



TESTIMONY

Presented by

**Lorraine Cortés-Vázquez
Commissioner**

on

**Protecting Older Adults at Older Adult Centers During the Continued COVID-19
Pandemic & Reopening Older Adult Centers.**

before the

**New York City Council
Committee on Aging**

Subcommittee on COVID Recovery and Resiliency

Subcommittee on Senior Centers and Food Insecurity

on

**Wednesday April 6, 2022
1:00pm**

Good afternoon, Chairpersons Hudson, Moya and Mealy, members of the Committee on Aging and the Subcommittees on COVID Recovery and Resiliency and Senior Centers and Food Insecurity. I am Lorraine Cortés-Vázquez, Commissioner of the New York City Department for the Aging (DFTA). I am joined by Michael Ognibene, Chief Operating Officer and First Deputy Commissioner, and Louella Byers, Assistant Commissioner for the Bureau of Community Services. We are happy to join you to discuss the topic of protecting older adults during the pandemic and the reopening of older adult centers.

Our priorities are even more critical during the pandemic—ensuring uninterrupted access to services for older homebound individuals, maintaining social engagement, and combating food insecurity among older adults. We are proud to have made such great strides during the pandemic and look forward to the continued recovery.

Older Adult Centers

When the City shutdown in March 2020, DFTA worked with our sister agencies and our network of dedicated providers to implement innovative approaches to provide uninterrupted services for older adults. For example, to help combat social isolation and loneliness during the pandemic, as well as share valuable information, all programs, including older adult center (OAC) staff, have contacted members regularly through social engagement calls. Ongoing engagement calls enable older adults to have a consistent and regular connection with familiar staff to decrease social isolation, assess needs, and link center members with vital resources. Since March 2020, DFTA and our provider network have made over 8 million social engagement calls, connecting with about 255,000 unduplicated older adults plus their caregivers.

Services also pivoted to virtual to allow older adults to maintain access. Prior to the pandemic, 49 older adult centers provided virtual programming and quickly into the start of the pandemic, that expanded to all centers. Virtual program classes encompass a wide range of activities including more traditional classes such as exercise or education classes, but also allowed for the development of some really innovating programming. Some centers did programs such as hybrid virtual photography, debate teams and a senior spelling bee competition. These programs have been extremely successful and all centers will continue to offer some form of virtual programming throughout the next contract.

In order to support access to virtual programming, address the digital divide and combat social isolation, DFTA distributed 9,000 tablets and free data plans to older adults through our older adult centers, caregiver, and mental health providers. Through this initiative DFTA prioritized those clients with the highest risk of social isolation who live in TRIE (Taskforce on Racial Equity and Inclusion) neighborhoods that were hardest hit by the COVID-19 pandemic. This follows the 10,000 distributed to older adults living in NYCHA. New research from AARP found that more older adults view technology as a way to stay connected than they did before COVID-19¹. In addition, 4 out of 5 adults age 50+ rely on technology to stay connected and in touch with family and friends. We know that education on use of technology and increased access to devices and connectivity are essential for virtual programming to be successful. We continue to provide funding for technology education and libraries at older adult centers.

¹ <https://www.aarp.org/research/topics/technology/info-2022/2022-technology-trends-older-americans.html>

As you know, older adult centers were authorized to reopen for in person services starting in June 2021 in accordance with public health guidance created in partnership with the Department of Health and Mental Hygiene. Within this guidance, capacity at centers was set at 25% at any given time. On March 21st, all older adult centers were authorized to return to 100% capacity following updated guidance. COVID-19 prevention measure and guidance remain in effect, including mask requirements, distancing, and health screenings.

We also understand there are factors that lead to lower in person participation rates such as variants and upticks in positivity rates, unknown vaccination status of fellow attendees and center staff capacity. On average so far in FY '22, we have seen roughly 16,200 daily average participants which is based on 25% capacity at centers. All centers offer meals, including congregate and/or grab-and-go. Virtual programs have continued at all centers, even as in person programming has also increased. We continue to offer a wide range of options for older adults to engage so they can make the choice that is best for them. We continue to have conversations with providers about how they will engage former members as well as reach new participants.

Maintaining Access to Essential Services

When older adult centers closed for in person gatherings, DFTA worked to quickly to transition operations to ensure that members continued to have access to healthy, nutritious meals. Meal service operations shifted first to a “grab-and-go” model, then to a centralized direct delivery system (DFTA Direct), which eventually merged with the City’s broader emergency food initiative, GetFoodNYC. All older adults could receive meals through GetFood until November 2021, when the remaining participants transitioned to the temporary 60+ Recovery Meals service.

As noted earlier, in June 2021, older adult centers received guidance from DOHMH to reopen for in person programming, including meals. Since then, over 2.7 million congregate and grab-and-go meals have been served at older adult centers.

In the Fall of 2021, with the end of GetFoodNYC, DFTA launched 60+ Recovery Meals- a temporary meals delivery service for former GetFood participants who are 60 or older and in need of meals. As we approach the end of Recovery Meals in June, DFTA is working to ensure that older adults identify alternatives to the temporary service.

On March 7th, we mailed postcards to all 60+ Recovery Meals recipients, reminding folks that the recovery meals service is scheduled to end by June 30th. Beginning last week, a survey was included with all Recovery Meal deliveries, with a goal to better understand more about the meals recipients and to identify appropriate off ramp alternatives. Meanwhile, older adult centers are reaching out to participants that have been receiving Recovery Meals to welcome them back to the OAC for meals and other programs. The Recovery Meals Call Center has been making outgoing calls to participants to follow up on the survey and the Public Engagement Unit is making calls to Recovery Meals recipients that are otherwise not known to DFTA.

Vaccine Efforts

Keeping older adults safe during the pandemic also included providing information about the changing pandemic, and eventually, facilitating access to vaccinations and boosters. As we know, homebound individuals and older adults have been particularly vulnerable throughout the pandemic. In addition to sharing medically accurate and up to date information about COVID and how to safely navigate the pandemic, DFTA and our network of providers assisted with vaccination efforts for older adults.

DFTA was among the first City agencies to support the efforts of the Vaccine Command Center (VCC) for the roll out of the COVID-19 vaccine to vulnerable populations. DFTA activated our provider network to contact older adult clients to distribute information about the vaccine as well as assist older adults with scheduling their appointments, including in-home appointments, and free transportation to those appointments. DFTA and its provider network increased awareness and mitigated misinformation via calls, emails, flyers, and meetings, including several Townhall events. Last summer, DFTA partnered with DOHMH to produce a television commercial PSA in both English and Spanish to emphasize vaccinations among older adults. In December, DFTA launched the “Stop Rampage” PSA campaign, a COVID -19 vaccination PSA for older New Yorkers. It has been featured on television, newspaper print and digital sites, social media, and outdoor media, like bus shelters. The English and Spanish video PSAs are currently airing on local television channels.

PAUSE FOR RAMPAGE PSA

The vaccination administration efforts themselves included the following:

- 40+ Older Adult Centers and over a dozen Naturally Occurring Retirement Centers hosted vaccine hubs;
- The majority of Older Adult Centers and NORCs assisted with vaccination scheduling outreach, which included hundreds of provider staff calling and messaging older adults;
- 50+ Mobile Vaccination Clinics partnered with DFTA providers to host vaccination and test events at or near provider locations;
- Robocalls in multiple languages to older adult clients providing information regarding the COVID vaccines.

DFTA worked with the DOHMH to identify Older Adult Centers with low vaccination rates among their respective constituents; resources were allocated to those neighborhoods and community-based partners to increase vaccination uptake among those populations. We also supported the City’s In-Home Vaccination Program as well as the TRIE Neighborhood vaccine initiative. According to the VCC, there were 33,000 doses administered to individuals 65+ through the at home vaccination program, roughly half of the total amount of doses administered. DFTA and its providers were able to directly schedule and refer tens of thousands of older New Yorkers for COVID vaccination appointments at City operated COVID vaccination hubs. The vaccination effort continues as DFTA is partnering with Health and Hospitals Test & Trace Division to deploy mobile vaccination and testing clinics throughout the 5 boroughs.

I cannot reiterate enough how important our provider and community partnership network has been through this process, from calling older adults, to helping schedule appointments, disseminating information, and advocating for local sites to host testing and vaccination events. Our partners continue to advocate for and provide support to their communities. We appreciate their efforts.

Conclusion

DFTA and our partners have learned a great deal as we collaborated closely to ensure continuity of services for older New Yorkers during the COVID-19 pandemic. I am glad that we have reached a point where older adults can be invited back in to in-person services. Our partnerships with the Council, service providers, advocates, and older adults themselves are key to shaping the future of centers, as we work collectively to meet the ongoing need for aging services in the face of these extraordinary circumstances.



**Testimony to the NYC Council Committee on Aging
Jointly with the Subcommittee on COVID Recovery and Resiliency and the
Subcommittee on Senior Centers and Food Insecurity**

*Oversight Hearing Regarding: Protecting Older Adults at Older Adult Centers During the
Continued COVID-19 Pandemic and Reopening Older Adults Centers*
Wednesday, April 6, 2022

Delivered by:
MJ Okma, Senior Manager of Advocacy and Government Relations

Good afternoon, Chair Hudson and members of the New York City Council Committee on Aging along with Chair Mealy and Chair Moya and members of the Subcommittees of COVID Recovery and Resiliency and Senior Centers and Food Insecurity. On behalf of SAGE, thank you so much for holding this important oversight hearing on protecting older adults and reopening older adult centers during the ongoing COVID-19 pandemic.

SAGE is the country's first and largest organization dedicated to improving the lives of LGBTQ+ elders. SAGE's mission is to lead in addressing issues related to LGBTQ+ aging. In partnership with our constituents and allies, SAGE works to achieve a high quality of life for LGBTQ+ elders, supports and advocates for their rights, fosters a deep understanding of aging across communities and promotes positive images of LGBTQ+ aging.

Here in New York City, with the support of the New York City Council, we provide comprehensive social services and community-building programs through our network of six LGBTQ+ older adult centers—in Midtown, Harlem, Brooklyn, The Bronx, and Staten Island—along with extensive support services for homebound LGBTQ+ elders and older New Yorkers living with HIV. Also, SAGE is proud of our role as the on-site service provider in New York's first two LGBTQ+ welcoming elder housing developments located in Fort Greene, Brooklyn, and the Tremont neighborhood in The Bronx.

Since the beginning of the COVID-19 pandemic, LGBTQ+ elders and older people living with HIV have been at the epicenter.¹ This is not only because of their age but also because of: (1) disproportionately high levels of underlying health conditions like HIV and diabetes; (2) higher levels of poverty and food and housing insecurity; (3) lower access to health care and supportive services; (4) social isolation and thin support networks; and (5) mistrust of government and other institutions based on historical and current discrimination and mistreatment. All of these challenges are even further exacerbated for transgender elders and LGBTQ+ older people of color.

Throughout the ongoing pandemic, SAGE has been and continues to be a lifeline for LGBTQ+ elders who depend on SAGE for assistance with essentials like food and access to medical support. Many have also turned to SAGE for social connection and community through social and educational programs.

While SAGE has reopened our network of LGBTQ+ older adult centers and resumed in-person services following guidance from the New York City Department for the Aging (DFTA) there have been positive shifts in how older adult centers provide programs and services, enabling the City's aging network to support more elders. SAGE recommends that we institutionalize some of these shifts in service delivery and not simply revert back to our pre-COVID-19 program and service model. Specifically, virtual programming and grab-and-go meals have been crucial to older people in our City and these initiatives should continue, even as in-person programs and congregate meals restart.

Further, older adult centers play a crucial role in increasing vaccination rates by educating older New Yorkers about the benefits of the COVID-19 vaccine and offering testing and vaccination events at these sites. We know that the City is gathering preliminary data on vaccination rates among older adult center participants through cross-referencing data imputed by providers in the Senior Tracking Analysis and Reporting System (STARS) portal with data from the Department of Health and Mental Hygiene. Sharing information on the vaccination rate of older adult center participants would help SAGE, and other aging providers, better target vaccine hesitancy in our communities.

Continued Need for Virtual Programs and Services:

Severe social isolation, which was already a tremendous challenge for older LGBTQ+ people have greatly increased due to COVID-19.ⁱⁱ Pre-pandemic studies showed that LGBTQ+ older people are half as likely to have life partners or to have close relatives to call for help and four times less likely to have children to provide care.ⁱⁱⁱ Many LGBTQ+ older people are also disconnected from families of origin and almost one-quarter of the elders who rely on SAGE for care management services have no one to call in case of an emergency.^{iv}

To ensure that LGBTQ+ older New Yorkers have the support that they need to navigate this public health crisis, SAGE quickly pivoted our service delivery model offering ongoing virtual and telephonic meetings, support groups, financial support services, and programs. We are currently offering over 100 virtual programs each week and there continues to be a high demand for virtual services for LGBTQ+ elders who do not feel comfortable attending in-person services due to their health or ongoing concerns about the transmission of COVID in indoor spaces.

Further, SAGE has also experienced an increased demand for virtual programs and services among working LGBTQ+ elders who are unable to travel to SAGE Centers, as well as homebound and disabled elders who don't have easy access to transportation services. There has also been an increase in elders who are not out or who are still questioning their sexual orientation or gender identity.

Safely resuming in-person programs and services are crucial to connect participants to deeper support. As demonstrated, there is a strong need for a hybrid program and service model that meets elders at their own comfort levels and continues to provide services to communities we were unable to reach with only in-person services.

Continued Need for Grab-and-Go Meals:

Food insecurity among LGBTQ+ elders is extremely prevalent. Nearly one-third of LGBTQ+ older people aged 65 and older (32%) live at or below 200% of the federal poverty level, compared to a quarter of non-LGBTQ+ older people.^v Studies have shown that over one-fourth of LGBTQ+ people reported food insecurity during COVID-19 with even higher rates for African American, Hispanic or Latino, Native American, and Pacific Islander LGBTQ+ people.^{vi}

Grab-and-go meals expanded access to nutrition services and remain necessary for LGBTQ+ elders who are concerned about dining indoors as well as those who are food insecure on weekends when Centers are closed. There have been recent conversations about ceasing the grab-and-go meal programs at older adult centers. SAGE strongly supports the continuation of grab-and-go meals and the integration of the program into future contracts to provide necessary nutritional support to food-insecure older New Yorkers. If the City decides to scale the program back, it is important that at grab-and-go meals are still offered on Fridays in order to hold participants over during the weekend when congregate meals are not provided.

Support for Intergenerational Programming:

SAGE is in full support of DFTA's call for more intergenerational programming at older adult centers, which is an excellent resource to combat social isolation and build understanding and respect between people of different age groups. This is especially the case in the LGBTQ+ community, knowing that LGBTQ+ elders are deeply isolated and have thin support networks. Forging intergenerational connections in the LGBTQ+ community supports LGBTQ+ youth in connecting with older LGBTQ+ role models in their community, expands LGBTQ+ elders' support networks, and helps to combat ageism.

Creating ties across generations is one of SAGE's driving principles. One example is the intergenerational friendly caller program, called SAGEConnect, that SAGE launched in response to the pandemic, which since its launch has paired over 1,000 LGBTQ+ elders and younger volunteers for regular connection and consistent phone support. Another intergenerational initiative is our partnership with the Generations Project—a youth and older adult storytelling program—that is offering programming at three of our SAGE Centers. Further, SAGE Center Bronx is instituting programming to become an intergenerational LGBTQ+ community hub for LGBTQ+ Bronxites across the age spectrum.

Intergenerational programming is vital; however, it is currently disincentivized through DFTA contracts. Older adult centers cannot track intergenerational participants and must maintain a separate database, resulting in a major administrative burden. Further, young participants cannot be counted toward contract deliverables. SAGE supports the development of a better system to incentivize this vital work.

Conclusion:

Social isolation continues to be a top concern for older New Yorkers, especially LGBTQ+ elders. While the virtual programming and more robust grab-and-go meals were created in response to the height of the COVID-19 pandemic, they are still deeply necessary not only because COVID-19 continues to impact our communities, but because they extended the reach, access, and impact of aging services.

Thank you so much to Chair Hudson, Chair Mealy, Chair Moya, and all the staff who put together this important oversight hearing and providing me with this opportunity to testify. We look forward to working with you to ensure we are meeting the needs of LGBTQ+ elders who have been disproportionately impacted by the ongoing COVID-19 pandemic.

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ⁱ Heslin KC, Hall JE. "Sexual Orientation Disparities in Risk Factors for Adverse COVID-19-Related Outcomes, by Race/Ethnicity — Behavioral Risk Factor Surveillance System, United States, 2017–2019," MMWR and Morbidity and Mortality Weekly Report, February 2021 www.cdc.gov/mmwr/volumes/70/wr/mm7005a1.htm?s_cid=mm7005a1_x

ⁱⁱ Human Rights Campaign Foundation, SAGE. "COVID-19 & LGBTQ OLDER PEOPLE," April 2020 www.sageusa.org/wp-content/uploads/2020/04/covid19-elder-issuebrief-032720b-1-1.pdf

ⁱⁱⁱ Movement Advancement Project, "LGBT Older People & COVID-19 Addressing Higher Risk, Social Isolation, and Discrimination," May 2020 www.sageusa.org/wp-content/uploads/2020/05/2020-lgbtq-older-adults-covid.pdf

^{iv} Ibid.

^v AARP NY, "Disrupting Disparities: Solutions for LGBTQ+ New Yorkers 50+," January 2021 <https://aarp-states.brightspotcdn.com/ca/eb/c2353b1e45b3a7fa0f15991c47a6/disparities-lgbtq-full-final-spread-v4>

^{vi} Wilson, Bianca et. al, "National Estimates of Food Insecurity LGBT people and COVID-19," UCLA Williams Institute, April 2020 <https://williamsinstitute.law.ucla.edu/publications/food-insecurity-covid19/>



Asian American Federation

Testimony to the New York City Council Committee on Aging Jointly with the Subcommittee on COVID Recovery and Resiliency and the Subcommittee on Senior Centers and Food Insecurity.

April 6th 2022

Written Testimony

I want to thank Chair Hudson and the Council Members of the Aging Committee for holding this hearing and giving the Asian American Federation (AAF) the opportunity to testify on the needs of our senior community. I'm Lisha Luo Cai, Advocacy Coordinator at AAF, where we proudly represent the collective voice of more than 70 member nonprofits serving 1.5 million Asian New Yorkers.

We are here today because we convene the Seniors Working Group. It is the first and only Asian senior-focused advocacy coalition in New York, made up of 12 Asian-led, Asian senior-serving AAF member organizations. In 2021, these groups served nearly 250,000 Asian seniors, 87,000 of whom were low-income. With 13.9% of the city's senior population identifying as Asian, more work needs to be done to serve our community, especially when the number of Asian seniors living in poverty has increased by 63.4% between 2010 and 2019, the largest percent increase of any major racial group. Of our seniors in poverty, 29% live alone and 80% have limited English proficiency (LEP).

In Fall 2021, the Seniors Working Group surveyed over 150 Asian senior clients about their greatest challenges and needs, the results of which have reached major news sites like Politico, NBC, and NextShark. From this survey and our group's convenings, we narrowed down our seniors' needs to four main categories:

1. Safety from anti-Asian violence,
2. Access to direct services at senior centers,
3. Access to food programs, and
4. Addressing mental health and combating social isolation.

For this hearing, we'll focus on the second point, our senior centers.

As you know from the news, anti-Asian violence against our seniors shows no signs of slowing down. We all have read articles and seen videos of brutal attacks on people who could be our parents and grandparents. It comes as no surprise that many of our seniors are still feeling threatened and on high alert. These anxieties become a reason for our seniors to be afraid to leave their homes for basic needs, like food or vital senior center programs. As our partners in the Asian community can attest, the dual crises of COVID and anti-Asian violence are fundamentally changing the behavior of clients as they seek out senior services.

Our CBOs have been creative in continuing virtual programs and making sure each touchpoint they have with seniors provides as many services as possible. But many seniors are ready to get back to in-person services, requiring a juggling effort of sorts on the part of our senior service providers, including providing adequate staffing for in-person services and increased operational requirements around food



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services and COVID safety while maintaining remote service provisions. However, City funding simply hasn't reflected the flexibility that's been asked of service providers.

Senior centers are our seniors' second home—it's often where they eat their meals, see their friends, and spend a majority of their waking hours. This is because our CBOs provide linguistically, culturally, and financially accessible resources that Asian seniors can actually take advantage of. Culturally competent meal programs have become our seniors' lifeline because they not only give them an opportunity to pick up food or eat together, but also to participate in social activities, receive assistance applying for services, and access health and mental health care.

Nevertheless, our CBOs are overworked, understaffed, and underfunded. CBO staff members still do double the work for programs by conducting them in-person and virtually, which requires one-on-one technology assistance. CBO staff members are the ones helping seniors apply for social services when the government offices, themselves, do not speak their language. Asian seniors from different ethnic communities have different language, culture, and food needs that our CBOs match. All of this physical, emotional, and financial toll throughout the pandemic has led to more burnout among staff who are stretched to their limits with too much work and not enough support.

In our Seniors Working Group, CBO staff members say meeting our most vulnerable where they are with culturally-competent, effective senior services requires systemic change. This includes the City supporting, reinforcing, and building capacity for programming by and for marginalized communities by prioritizing cultural competency and language access in contracting processes. It also means focusing more funding on smaller contracts so the organizations providing care to our most marginalized communities have access to funds they can spend down at their size. For example, among our 12-member Seniors Working Group, only about half the organizations even had the capacity to apply to last year's RFP, when we know for a fact each of them is doing indispensable work in their communities that 87,000 low-income Asian seniors depend on. Our seniors seek out services in a variety of ways, often receiving multiple services in single senior center visits. How our seniors seek out and receive services can and must be the primary guiding force behind City contracting processes.

Recommendations

For all of the work our senior service agencies are doing, from Fiscal Year 2002 to 2014, the Asian American community received a mere 1.4% of the total dollar value of New York City's social service contracts, a reflection of a broader, long-term trend. Our CBOs already have Asian seniors' trust through culturally competent programming, and they consistently lead by example in the provision of direct services, including providing meal programs, safety reporting programs, and mental health support. But, this work depends on the support of our elected officials. We recommend that the City:

1. Increase funding to Asian-led, Asian-serving senior service providers, and expand this funding to include time and expenses spent on case management and digital literacy, devices and training. Even though funding has historically prioritized mainstream organizations, our marginalized elders have always first come to our CBOs to access services they can actually take advantage of; these providers deserve easier access to funds as they provide irreplaceable services.
2. Increase funding for the AAPI Community Support Initiative in order to sustain and expand direct services that are seeing increased demand as well as fund critical anti-violence programming in



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our Hope Against Hate Campaign. This includes safety ambassador programs that match seniors with volunteers providing physical protective accompaniment when they go outside, upstander and anti-violence trainings, as well as victim support services across the City.

3. Expand funding to include culturally competent, in-language, and senior-focused non-traditional mental health service models. This includes prioritizing CBOs that have a history of providing free or subsidized nontraditional, culturally competent services for funding opportunities.
4. Fund a network of linguistically and culturally competent food service programs that provide alternative food benefits to seniors to compensate for their loss of access to traditional government assistance programs.

Asian-led, Asian-serving CBOs have been Asian seniors' primary support since the beginning of the pandemic, and long before that, too. These same CBOs are the key to restoring trust between our most vulnerable populations and the City. We at the Asian American Federation thank you for allowing us to testify and look forward to working with all of you to make sure our senior communities get the support they deserve.

**American Institute of Architects New York
Testimony to the Committee on Housing and Buildings, Committee
on Fire and Emergency Management, and Special Committee on
Twin Parks Citywide Taskforce on Fire Prevention**

Thank you to the City Council for holding this hearing today. I am Steve Zirinsky, Chair of the Codes Committee at the American Institute of Architects New York, also known as AIA New York, the professional association representing nearly 6,000 of New York City's architects and related professionals.

Since our founding in 1857, AIA New York and our members have worked to advance New York's quality of life and protect the public's health, safety and welfare. Working alongside our partners in City government, AIA New York is committed to resolving the fire safety challenges that our city faces, and look forward to working with the City Council to take action that will protect our city from future tragedies.

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In the wake of the tragedy on January 9, architects and others saw how the deaths from the fire were entirely preventable. Self-closing doors have long been mandatory, while the dangers space heaters pose are well-established. Nevertheless, a lack of proper enforcement meant that Twin Parks Northwest had broken self-closing doors and a faulty heating system, which forced tenants to supplement with space heaters.

AIA New York applauds the Council and the Twin Parks Fire Safety Task Force for their work creating the sensible legislation being introduced today. This multifaceted approach, which includes inspection, communication, and prevention strategies, will ultimately help save lives. In particular, we are in support of Introductions 104, 105, 106, and 131. Intro. 104 effectively adds 'self-closing door' to the Housing Maintenance Code. The Department of Buildings should consider issuing a corresponding Building Notice upon enactment of this legislation. Intro. 105 reduced the times to correct a violation regarding those self-closing doors and increase penalties for false certification. Intro. 106 prohibits the sale of electric space heaters without automatic shut-off, which we saw contributed to the start of the fire on January 9. Finally, Intro. 131 provides for additional fire safety education and outreach through the Fire Department.

Of the legislation under consideration today, AIA New York is in opposition to Intro. 115, which raises the required minimum temperatures to be maintained in residential buildings. Recognizing the result of this legislation will increase the use of fossil fuels and the release of harmful emissions into our City in order to provide additional heating, we hope to work with Council to provide alternative solutions that keep New Yorkers warm during the coldest months. The City and the private sector have each committed to significantly reduce greenhouse gas emissions through the Climate Mobilization Act and Local Law 97, the goals of which run counter to this proposed legislation.

Thank you again for your timely and important work addressing our city's fire safety. Today's actions are an essential step towards the goal of preventing another tragedy from ever occurring again and we look forward to continuing this critical work together.

HUNTER | Brookdale Center for Healthy Aging

**TESTIMONY OF CHRISTIAN GONZÁLEZ-RIVERA
OF THE BROOKDALE CENTER FOR HEALTHY AGING, HUNTER COLLEGE
BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON AGING,
THE SUBCOMMITTEE ON SENIOR CENTERS AND FOOD INSECURITY
AND THE SUBCOMMITTEE ON COVID RECOVERY AND RESILIENCY**

**OVERSIGHT HEARING
"PROTECTING OLDER ADULTS AT OLDER ADULT CENTERS DURING THE CONTINUED COVID-19 PANDEMIC &
REOPENING OLDER ADULTS CENTERS"**

APRIL 6, 2022

My name is Christian González-Rivera and I'm the director of strategic policy initiatives at the Brookdale Center for Healthy Aging. We are CUNY's aging research and policy center and a part of Hunter College. We are changing the future of aging by supporting innovative research and developing policies and practices for New York that will become models used around the world. Through this work, we strive to create opportunities for *everyone* to age as well as *anyone* can.

Thank you, Chairpersons Hudson, Mealy, and Moya and members of the committees and subcommittees for holding this oversight hearing.

I want to start by acknowledging a fact that many writers and speakers have shared before: that isolation is itself harmful to older adults and to New Yorkers of all ages. The effects of isolation are particularly insidious for older adults because of its association with an increased risk of dementia, heart disease, and stroke. This is in addition to the effects on people of all ages, which include higher rates of depression, anxiety, and suicidal ideation. Because of this, we feel that the decision to reopen senior centers last year was the right one.

Now, with new leaders such as yourselves taking on the helm of the city, this is a great time for fresh ideas about what senior centers *could* be, not just try to go back to how they were. Senior centers are already a critical resource for one in five New Yorkers over 60. But social connections don't just happen at senior centers. They happen in community. As the city's dedicated spaces for older adults, senior centers could be both portals and platforms that allow older New Yorkers to carve out meaningful roles for themselves in their communities.

To accomplish this, we suggest that the senior center of the future serve two main functions. First, it should be a place that facilitates access to this city's abundant resources. Second, it should be a place that unleashes older New Yorkers' power to use their knowledge, skills, and energy to support their fellow New Yorkers, regardless of age.

Senior centers should be older New Yorkers' portal to the city

The more than 250 senior centers across the five boroughs are asked to be a cafeteria, benefits counselor, mental health counselor, recreation center, wellness center, art studio, college, and corner café for New Yorkers

ages 60 to 100 and beyond. Why do this when we live in a city with thousands of restaurants, the most cultural and recreational opportunities in the country, and hundreds of colleges and other learning centers?

The senior center of the future would be funded not just by DFTA. Imagine a future where the Dept. of Parks and Recreation funds and partners with senior centers to provide exercise classes to older adults. And where HRA provides funding for benefits counselors. And where the Department of Health and Mental Hygiene helps design and provide wellness activities and links older adults to the mental health services system. And where senior centers join forces with public libraries, museums, colleges, and nonprofit arts organizations to provide cultural offerings, leveraging the public and private funding that those institutions have at their disposal. And where senior centers work with providers of virtual services of all kinds to make their programming accessible to older adults.

The senior center of the future should be a space where older adults help each other and government helps them do that. But first senior centers have to go from seeing themselves as service providers to seeing themselves as neighborhood hubs and portals to the city, facilitating mobilization of the resources their members and the wider community have to offer.

Senior centers should be older adult-centered spaces in service to the whole city

To paraphrase former President John F. Kennedy, senior centers should also ask what older New Yorkers can do for their city.

Imagine a future where senior centers with kitchens were not solely dependent on DFTA for their lunch money, but could hold a contract with DYCD or the Dept. of Education to run cooking classes and nutrition education programs for young people that are led by older adults. Most senior center kitchens sit idle when not used for lunch service. Why not put them to work for all New Yorkers and engage older adults in the process?

Some senior centers already encourage their participants to share their skills and knowledge by leading classes and workshops for their peers within the walls of senior centers. But why stop there? Older adults can have a lot to offer younger people, too. Imagine a future where any New Yorker can go to a senior center to take classes on cooking, appliance repair, storytelling, sewing, gardening, and lots of other DIY and maker skills. And imagine a senior center having the resources to help older adults turn their skill into a service or perhaps even a business enterprise or a job. And where artists, teachers, and entrepreneurs of all ages can come and lead an activity, focus group a service or product, try out a lesson or group activity. What if senior centers were maker spaces where older adults can showcase the skills that they are seldom invited to use out in the world?

Making New York a great place to grow old – especially for people without a lot of money – means connecting them to the full resources of this city. While senior centers already play a critical role for thousands of older New Yorkers, we would be doing them a disservice by giving them just the sliver of services that a small agency budget can supply.

Thank you again for the opportunity to testify. And, we remain, as always available to you as you think about how New York City can become an even better place to grow older.

April 6, 2022

Testimony of Shehila Stephens, Encore Community Services

New York City Council Committee on Aging, Subcommittee on Senior Centers and Food Insecurity, and Subcommittee on COVID Recovery and Resiliency — Oversight Hearing

Good afternoon council members. My name is Shehila Stephens and I am the Senior Director of Programs at Encore Community Services, a nonprofit serving older adults on Manhattan's Westside. Encore runs an Older Adult Center network, has two senior housing buildings, and is a Home Delivered Meals and Recovery Meals Contractor.

At Encore, we have seen first hand the way the pandemic has been particularly devastating to seniors. Even those who have stayed healthy have experienced increased food insecurity and the detrimental effects of isolation. As our city works towards recovery, we have a unique opportunity to invest in meeting the needs of our older adults for years to come. But in order to do that, we must address the chronic underfunding of the Department for the Aging, which requires senior service providers like Encore to operate on shoe-string budgets, and does not allow us to serve our community to the fullest potential.

For example, we have found that demands on our case workers have risen significantly during the pandemic, but we are not able to hire additional staff due to funding limitations, and are at constant risk of turnover due to low pay. It's extremely difficult to retain highly skilled staff when we can't pay an MSW more than \$50,000 despite their advanced degree.

Our flagship older adult center near Times Square is home base for two caseworkers who are currently booking appointments for 6-8 weeks out. That means significant delays in getting seniors the services they deserve. When we are able to meet with seniors, we are finding that their cases are more intensive and require more time than they did on average pre-pandemic. We track our referrals, and the number our staff is making has increased over the past year.

Recognizing the need for additional services, we recently hired a financial navigator to join our team, thanks to private fundraising. The instant demands for his services has demonstrated just how many people are looking for help. He is also booked 8 weeks out.

DFTA needs more funding for case management services, and more resources broadly to provide wraparound services at older adult centers. The community care plan introduced last year is a fantastic step towards improving senior services, and the approach has gotten the approval of seniors in our focus groups. However, there has not been enough of a funding boost to carry out the plan as intended. We have had to work with DFTA to scale back planned programs and deliverables for our new older adult center because the proposed contract would not cover it. The city is moving in the right direction, but we need the budget to reflect these intentions as well.

One positive change in the last two years is an increased flexibility in how we are able to engage seniors, with the implementation of grab-and-go meals and increased virtual programming. We have seen these methods be successful in introducing new folks to the range of services offered, particularly through repeated grab-and-go interactions, as well as retaining seniors who are not ready to return to congregate settings. We also find some folks like to be at the center some days, and other days grab-and-go or virtual classes fit better with their schedule. We want to be able to engage seniors in whatever way they prefer, and we ask that the city continue to prioritize flexibility in our service models as we move forward in pandemic recovery.

Thank you all for your time today.



Commitment to Improve Quality of Life

Committee on Aging, Subcommittee on Senior Centers, Food Insecurity and COVID-19 Recovery and Resiliency Hearing

To: New York City Council Committee on Aging

From: India Home, Inc.

Re: Food Security, Senior Center Services, & COVID-19 Vaccination for Immigrant Older Adults

Thank you for providing us this opportunity to testify in front of the City Council Committee on Aging in conjunction with the Subcommittee on Senior Centers, Food Insecurity, and COVID-19 Recovery and Resiliency. I am here today on behalf of India Home, a non-profit organization founded by healthcare professionals dedicated to serving South Asian older adults in New York.

Our programs have touched the lives of over 5,000 older adults, almost all of whom are immigrants, across Queens, NY and beyond through programs such as congregate meals, case management, education, civic engagement, art programs, ESL classes, advocacy, and research. We have witnessed the needs of our seniors increase exponentially during these unprecedented times, particularly in areas that they have already been facing disparities in prior to the COVID-19 pandemic including food security, affordable housing, culturally competent case management and healthcare access, and digital literacy training & access, among many other support services.

Accessing food was the #1 cited concern for Asian American New Yorkers during the COVID-19 pandemic. This was especially challenging for our seniors, who could not prepare meals or purchase food themselves and needed culturally appropriate food meeting their dietary restrictions. Through our Halal home delivered meals, Grab & Go meals, and grocery assistance program, we have provided 621 vulnerable seniors with 24,911 culturally competent Halal/ vegetarian unit meals and 1,200+ grocery packages deliveries to our seniors since launching this program in March 2020. Despite our efforts, we are at capacity and know that there is still a much greater need for culturally competent and nutritious food accessibility that we anticipate will continue even after COVID-19 reduces, within the immigrant senior populations.

There is also a growing need for more digital competency training and technology access among immigrant older adult populations. For over a year since the pandemic, we have provided Health Exercises, Education, and Creative Aging & Recreational group class sessions for the first time since our organization's inception in 2007. Though we have shifted into offering in-person programming, we've seen firsthand the benefits of virtual programming such as combating isolation and depression, maintaining cognitive and physical health, and even reducing the effect of chronic health illnesses for some of our seniors. Given this great potential for keeping our seniors connected and engaged whether they are home-bound or not, we want to continue providing our virtual programming post-pandemic. In order to do so, we request that the Committee allocate funding for capacity building, equipment, and training that will help to sustain our virtual programming and senior center support services, such as wellness check-up calls. Currently, we do not have adequate technology or enough government backed funding to support these programs in full. We are grateful for the more than 62,904 units of virtual programming that we have been able to offer during this time, and we hope that with this increased funding we can provide the technology and in-language individualized assistance needed for more seniors to participate in our programs and/ or become more digitally competent.

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Dr. Ankineedu Prasad

Furthermore, health disparities have heightened during the pandemic, especially in accessing COVID-19 vaccine and related information. According to a recent Needs Assessment report conducted by Coalition for Asian American Families, Bangladeshi and Nepali adults reported having the lowest vaccination rate compared to other Asian subgroups despite having a high approval and acceptance rate of COVID-19 vaccines. This very likely means that many South Asian immigrants did not get vaccinated due to lack of access, rather than hesitancy for getting vaccinated.

The vaccination procedure can be complicated and difficult for seniors who lack digital literacy and have language problems to access online services. Many of our seniors do not have access to a reliable internet, smartphone/other device, or even an email address to be able to navigate the system. India Home has stepped in to conduct outreach and connect our communities with such resources, having distributed 400,000+ masks, conducted 5,470+ vaccine referrals to testing sites, and engaged in-person with over 160,000 community members.

These are just a few examples of the ways that we are under-resourced and limited in our access to funding. We are grateful for our partnership with government agencies to serve our clients. However, the budget cuts and limited access that AAPI organizations like ours face are barriers in being able to meet the needs of our devastated community during this time. We have worked hard and have had to think creatively to provide these services to the South Asian community during this pandemic. But we need more partnership and collaboration with government agencies to be able to sustain and stabilize the future of our community.

As such, India Home makes the following recommendations:

1. Support grassroots organizations such as India Home with resources and funding to better serve and stabilize the vulnerable immigrant aging community with access to crucial resources, and more resources to be able to safely re-open our centers while also parallelly running virtual programs according to the needs of our community
2. Work directly with immigrant senior serving organizations to guide decision-making regarding senior center provision in a culturally competent manner
3. Prioritize food security in the COVID-19 response for seniors
4. Provide funding for technology to help newly arrived immigrant seniors who are even more vulnerable to social isolation
5. Work directly with local nonprofits to handle meals so that cultural competence is ensured and allow flexibility of discretionary funding to support meals of all kinds based on the public health situation (e.g. home-delivered, Grab-and-Go, congregate)

We urge the City & government agencies to provide funding for language support, access to technology and capacity building for digital literacy training, healthcare resources, and accessible methods for South Asian immigrant older adults to access these crucial services. We urge the support to increase the capacity of direct service organizations such as ours that will help bring our communities to a more equitable future, especially in regards to our culturally competent meal programs and programming initiatives. We urge your support for initiatives such as the Senior Centers for Immigrant Populations Initiative, Cultural Immigration Initiative, Immigrant Opportunities Initiative, Adult Literacy Initiative, and Immigrant Health Initiative, and we look forward to working together to help stabilize the vulnerable South Asian senior community.



Commitment to Improve
Quality of Life

Thank you for your time and consideration.

Sincerely,

Vasundhara D. Kalasapudi, M.D.

Executive Director

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Dr. Ankineedu Prasad



April 6th Hearing Testimony

Hi, my name is Helen Ahn, Director of KCS Older Adult Centers.
Thank you for your time and the opportunity to speak.

KCS Older Adult Centers have provided its services since 1986 including culturally appropriate “Grab & Go” meals and in-person meals, ethnic home-delivered meal services, case assistance, information & referral, education/technology and recreation, transportation, food pantry and more which are provided Monday through Friday. Our biggest fear during the pandemic was a stoppage of services for community members. I am happy to report that since March 23, 2020, we have never experience one stoppage of services.

The culturally appropriate Meal Programs like ethnic home-delivered meals is an important lifeline of nutrition for home bound immigrant seniors and is a crucial service because healthy meals are a vital component in improving mental and physical health among older adults.

Especially during the pandemic, the sudden freeze on raw food for congregate meal program impacted and exacerbated existing food insecurity. The Meal Program at Korean Community Services of Metropolitan New York (KCS) focuses on under-served homebound seniors and adults in-need who do not have immediate family or caretakers to provide them with balanced and nutritious meals. Homebound Asian American immigrant clients are particularly isolated and suffering from anxiety and further insecurity due to the lack of caregivers, existing language barriers, and lack of social contact; conditions that were all worsened by the pandemic.

The Home-Delivered Meal Program (HDML) allows us to provide balanced and nutritious food to the elderly community members so that they can remain in their own homes and not be forced to move into an institution. Under the current system in place since 2009, our existing HDML program provides social contact as well as essential nutrition. Our dedicated program staff, delivery crew and volunteers visit homes in full protective gear with regards to COVID-19 safety, not only to deliver meals, but also to provide daily wellness check and social interaction, which in-turn helps the isolated, monolingual homebound community members to interact with our staff and feel the sense of security, all the while receiving balanced meals.

However, our unique HDML program faces the daily challenge of delivery due to the increasing number of clients, lack of staff and vehicle, high maintenance of old vehicle and gas, and the rising cost of raw food.

Our cost for every face-to-face home-delivered meal is \$10, so we run the program on a deficit of \$2.60 per meal due to insufficient reimbursement from the city. In addition, a 3-hour delivery NYS compliance rule is never possible with current conditions of old vehicle, staff shortages, and poor senior housing conditions such as frequent elevator malfunction and no attention to repair.

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THE KOREAN COMMUNITY
SERVICES OF METROPOLITAN
NEW YORK, INC.

뉴 욕 한 인 봉 사 센 터

Since 1973

For senior center/older adult center, we face daily difficulties working with non-resumed services of Government Agency and due to lack of leadership of DFTA for launching new DFTA RFP awarded contract.

Although we open fully Monday to Friday, we should still continue to provide hybrid services including “Grab & Go” meals and have more bilingual staff to provide language appropriate services and tech supports.

In addition, our older adults are still afraid of going out due to anti-Asian hate crime and concerned of Omicron variants as well. These are some of the challenges our community faces during this time of recovery and will struggle with to fully meet the level of services they received before the pandemic.

Without Senior Center and Home-Delivered Meal Program, the 370 home-bound seniors who receive our services in our community would lose their lifeline and over 62,000 Korean “Grab & Go” and in-person meals since July 2021 would not be provided for senior members who suffer from food insecurity. Since the COVID-19 outbreak, we have experienced a 30% increase in need of service year over year and over 147,000 Korean and Chinese home-bound meals were provided since FY21. As stated previously, we run the program on a deficit of \$2.60, which is not equitable as other HDML providers and all older adult centers do not get the same \$24 rate per participants.

In order to solve and improve the problems and difficulties, not only for us, but also for all service providers, more funding for ethnic meals and culture training and safe zone for NYPD should be fully allocated. Furthermore, restoring budget cuts to DFTA should be made, so that retaining and hiring good staff, launching DFTA RFP awarded contracts, Geriatric Mental Health services, recovery of food insecurity among older adults and home bound seniors, new vehicles for home-delivered meal services and other capital and infrastructure

Lastly, more senior housing within community should be invested, so that our seniors can live mentally physically healthier in the community.

Thank you.

Sincerely,

Helen Ahn, MPH

Director of KCS Older Adult Centers

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New York City Council
Committee on Aging: Chair, Council Member Hudson
Subcommittee on Senior Centers and Food Insecurity: Chair, Council Member Mealy
Subcommittee on COVID Recovery and Resilience: Chair, Council Member Moya

April 6, 2022

**Oversight - Protecting Older Adults at Older Adult Centers During the Continued COVID-19
Pandemic & Reopening Older Adults Centers**

Thank you for the opportunity to testify and our congratulations to Commissioner Cortés-Vázquez on her reappointment to the role of DFTA Commissioner.

LiveOn NY's members include more than 110 community-based nonprofits that provide core services which allow all New Yorkers to thrive in our communities as we age, such as older adult centers, home-delivered meals, affordable senior housing, NORCs, and home care. LiveOn NY is also home to the Reframing Aging NYC Initiative, part of the national Reframing Aging Initiative aimed to counteract ageism and improve the way policymakers, stakeholders, and the public think about aging and older people. With our members, we work to make New York a better place to age.

Background

Two years ago, Older Adults Centers (OACs) closed their doors for in-person programming, shifting to virtual programs to mitigate the risk of contracting the virus. During this time, OACs found new ways to provide critical services from setting up zoom classes to enrolling clients in emergency food systems, all in the face of unprecedented demand and a public health crisis. For a growing diverse aging population, Older Adults Centers were a lifeline during the pandemic, particularly in response to the increased risk of food insecurity and rise in social isolation that plagued many older adults.

For months, OACs operated at a 25% capacity restriction that created administrative challenges for providers to execute. Recently, the Department for the Aging (DFTA) announced that all Older Adults Centers can lift capacity limits and resume programming at 100% capacity. **LiveOn NY is appreciative of the new guidance to resume full capacity for OACs and allow all older New Yorkers to return to the Center they know and love in their community.** This is a major step towards getting older adults back out into the community and their local centers, which we know are hubs for socialization, diverse programming, and other critical services.

Nonetheless, we know there is more work to be done to fully support older adults back into a new normal. **With OACs operating at full capacity, the City has the opportunity to create long term solutions and make meaningful investments to ensure all New Yorkers can access equitable community-based services in their community.**



Recognizing this opportunity, **LiveOn NY applauds City Council for their leadership in calling for additional investments in Older Adult Centers and the aging sector in their recent response to the Mayor Adam's FY23 Preliminary Budget** by including an additional \$8.7 million to expand DFTA's Geriatric Mental Health Program (DGMH), \$60 million to provide a cost-of-living adjustment for human services workers, \$7.5 million to improve IT education for older adults, \$30 million for the Recovery Meals transition, and \$12.7 million for the home-delivered meals program, among other key investments.

Recommendations

To programmatically support Older Adult Centers into the future, LiveOn NY recommends:

DFTA and the Department of Health and Mental Hygiene (DOHMH) should continue to work in partnership with Older Adult Center providers to respond to future COVID related challenges, as well as share public health response best practices with centers as needed.

As we move forward and the relative risks of COVID variants evolve, it's critical that DOHMH and DFTA continue to provide science driven best practices and information for Older Adult Centers in response to trends and risk of transmission. Through this partnership, Older Adult Centers can truly support older adults as they safely re-engage with the community.

In addition, the City should continue to work in coordination with community-based organizations including Older Adult Centers, which are often sources of trust to marginalized populations, to further promote access to the vaccine and vaccine boosters.

LiveOn NY and our members have seen the hurdles older adults have experienced to simply get a shot, and distribution has also revealed the racial inequities that already plague communities of color. As older adults return to OACs, it is critical the City continues working with community-based organizations such as Older Adult Centers to ensure older adults are able to receive the life-saving vaccine.

Just as clear guidance was appreciatively shared with providers highlighting the increase in Older Adult Center Capacity restrictions to 100% capacity, DFTA should clearly share this information, and any relevant best practices, with other contracts such as NORCs, Transportation, Case Management, and others.

It is our understanding that the OAC capacity restriction changes do indeed extend to these programs, however, it would be beneficial to have this point clearly documented.

In addition, the City should continue to support the new models of service, such as virtual programming (a priority of DFTA's that is further outlined below) and grab-and-go meals, that



have proven to be successful during this time into the future.

By continuing to work with providers to cement best practices learned during the pandemic into the long-term models of service applied by OACs into the future, New York again has the opportunity to be a model of innovation replicable by centers across the country. These new models have expanded the work of OACs to older New Yorkers who may not have been aware of or able to access the network of OAC services available in the past. For example, grab-and-go meals have proven successful in ensuring older adults who may not be comfortable congregating due to COVID risks, or for personal reasons are less willing to meet their nutritional needs by eating at an Older Adult Center, have the option to take their meal home, a decision that ensures one's nutritional needs can be met in the environment of one's choosing.

In addition to the aforementioned programmatic recommendations, LiveOn NY also offers the following budgetary recommendations, much of which were also emphasized in the aforementioned City Council Preliminary Budget Response:

First, recognizing the operation of Older Adults Centers would not be possible without the tireless work of human service professionals, we join our partners in calling for the City to Just Pay for all human services workers a liveable and equitable wage.

Despite their essential work throughout COVID-19, the wages of human services workers, the majority of whom are women and Black and brown individuals, are slated to remain stagnant at near poverty levels, as a result of government underfunding. This, in a City where costs are notoriously high. To address this crisis, the City must implement changes that address the inequitable pay of human services workers, including:

- Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts.
- Set a living wage floor of no less than \$21 an hour for all human service workers.
- Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.

Allocate an additional \$7 million investment to make virtual programming and technology more accessible

While Older Adult Centers are operating at full capacity, for older adults, and particularly those who are homebound, virtual programming will continue to be an important tool to remain connected in one's community into the future. This ability to remain connected virtually will undoubtedly save lives, given the acute health risks of social isolation among older adults. It is therefore critical that Centers have a strong technology infrastructure to further enable OACs and



other DFTA programs to connect with older adults through virtual programming, during the pandemic and beyond. For example, this means making it easy for older adults to find programming that is right for them, by creating an accessible online database featuring the virtual programming offered by OACs.

LiveOn NY is appreciative of DFTA's continued championing of virtual programming and seeks to support this technology focus by requesting an additional \$7 million investment to expand DFTA virtual programming accessibility, through an online database, devices and connectivity. This technology investment would also create a new program to promote tech literacy among older adults by funding community-based organizations to offer this support.

Restore the \$10.2 million cut to DFTA including a \$1.3 million PEG to the Geriatric Mental Health program.

The budget cut to DFTA under the PEG puts a further strain on the future of aging services. The City should restore the \$10.2 million PEG to DFTA's budget, including the \$1.3 million PEG to the Geriatric Mental Health (DGMH) program that supports Older Adult Centers to provide critical mental health services to older adults. The cut to DGMH is particularly concerning, as LiveOn NY's member organizations have raised mental health issues as one of their chief concerns coming out of the pandemic. As we look ahead, it's critical the City prioritizes the need for older adults to access mental health services at Older Adult Centers.

\$12.7 million in additional funding to meet the home-delivered meal demand that will result from the termination of the GetFood Recovery Meals Program in June.

The traditional home-delivered meals system is a lifeline for homebound older New Yorkers, providing nutritious assistance and preventing social isolation. This program is critical to serving older adults who are unable to get to an Older Adult Center for their daily nutrition. At this time, the City must make long-term investments to ensure a seamless transition of clients from the Recovery Meals Program, envisioned as a temporary program and set to end at the close of the Fiscal Year, to traditional home-delivered meals, which already serves approximately 20,000 older New Yorkers. As the Recovery Meal program is set to end, many clients will continue to need nutritional support – support for which there is currently no funding allocated to provide.

This investment would include \$9.7 million to support continued growth in demand for the HDM program, equating to funding to serve roughly 3,100 new clients at the \$11.78 reimbursement rate, as a conservative estimate of the number of clients that might need meals beyond the Recovery Meal clients transition. Additionally, this would provide \$3 million to support weekend and holiday home-delivered meals, which are not provided through current contracts, and did not receive the same investment to address reimbursement rate as weekday meals received.



DFTA must assess and invest in addressing the capital needs for van purchases and other infrastructure needs by HDM providers.

LiveOn NY recently informally surveyed providers and found an estimated 65 replacement or new vans are needed to support the home-delivered meal program. This in addition to consistently hearing of capacity concerns due to needs for larger kitchen spaces (some of which are used for both OAC and home-delivered meal services), new refrigerators, and other infrastructure investments. By working with providers to more formally survey and understand the needs, DFTA would be well positioned to make an investment that would put the wheels in motion towards expanded capacity for this mission driven system. Further, such an investment would recognize that the growing demand for home-delivered meals is unlikely to be an emergency situation, as demand has historically risen year-after-year, a fact mirrored by the rapidly expanding older adult demographic citywide.

Fund an additional \$2.6 Million for Support our Seniors and continued full funding for all discretionary initiatives.

Many Older Adult Centers rely on discretionary funding including the Support our Seniors Initiative to ensure their communities can be served. Recognizing the importance of these discretionary initiatives, it's critical the City fully funds all aging service discretionary initiatives.

LiveOn NY is also requesting an additional \$2.6 million for the Support Our Senior Initiative that would provide an additional \$50,000 per district on average to better support older New Yorkers, in particular for services or programs including transportation, social isolation, technology and more.

Thank you for the opportunity to testify.

LiveOn NY's members provide the core, community-based services that allow older adults to thrive in their communities. With a base of more than 100 community-based organizations serving at least 300,000 older New Yorkers annually. Our members provide services ranging from senior centers, congregate and home-delivered meals, affordable senior housing with services, elder abuse prevention services, caregiver supports, case management, transportation, and NORCs. LiveOn NY advocates for increased funding for these vital services to improve both the solvency of the system and the overall capacity of community-based service providers.

LiveOn NY also administers a citywide outreach program and staffs a hotline that educates, screens and helps with benefit enrollment including SNAP, SCRIE and others, and also administers the Rights and Information for Senior Empowerment (RISE) program to bring critical information directly to seniors on important topics to help them age well in their communities.

Rethink Food

**The New York City Council
Protecting Older Adults at Older Adult Centers During the Continued COVID-19
Pandemic & Reopening Older Adults Centers
Oversight Hearing
Wednesday April 6th, 2022 1 P.M.**

TO: The Committee on Aging and the Subcommittee on Senior Centers and Food Insecurity & the Subcommittee on COVID Recovery and Resiliency

FROM: Kathleen DiPerna, Rethink Food NYC, Inc.

DATE: Wednesday April 6th, 2022

Good Afternoon Chair Hudson, Chair Mealy, Chair Moya, Commissioner, Committee Members, Council and Staff,

Thank you for the opportunity to testify today on behalf of Rethink Food, a New York City-based nonprofit with the mission to create a more sustainable and equitable food system - one where every New Yorker has access to dignified, culturally responsive, nutritious food.

My name is Kathleen DiPerna, and I am the Director of Government Relations. Rethink Food currently operates in 35 council districts across all 5 boroughs and has plans to expand to 40 districts by Fiscal Year 2023. I come to you today to discuss how our services have supported food insecure seniors across the City, and how together we can continue support them through our citywide funding requests through the Speaker's Initiative, Food Access and Benefits, Food Pantries, Access to Healthy Food and Nutritional Education and A Greener NYC Initiatives.

Rethink was founded in 2017, and started with a commissary kitchen, with the goal of transforming excess food from restaurants, corporate kitchens, and grocery stores into healthy meals that could be provided – at no cost – to communities in need. The kitchen prepares an average of 8,000 meals per week, which are distributed to 8 CBOs in Queens, Brooklyn and Manhattan, and last year, recovered nearly 500K pounds of excess food.

At the height of the pandemic, Rethink leveraged its experience to address the dual challenges of escalating food insecurity rates and restaurants facing widespread closures, to launch Rethink Certified. Through this program, we partner with local restaurants to prepare delicious, culturally responsive meals that are provided free of charge to CBO's. In exchange, Rethink provides small grants to offset food, operating, and staffing costs. In 2021, we delivered nearly 3.3M meals to 88 CBOs and invested more than \$15M dollars into 76 restaurants, three quarters of which were minority- and/or women-owned.

We know that COVID left our seniors isolated at home, and at a higher risk of food insecurity due to the closure of senior centers, where they relied on hot communal meals. Rethink responded to this need at the height of the pandemic in partnership with the Chinatown Strong Initiative, by providing nearly 14,000 culturally relevant meals per week, delivered door to door to Chinatown/LES seniors and residents. In the Bronx in

Rethink Food

partnership with BronxHouse, we provided on average 700 kosher meals per week for just over a year to its seniors while their senior center was closed. As senior centers re-open, the need for culturally relevant, healthy and delicious meals for our seniors remains, whether it is at the senior centers or at home, and we continue to meet this need by providing meals to the City's seniors through our vast network of nearly 70+ CBO partners.

Looking ahead, we must ensure that our senior neighbors are adequately fed and continue to support restaurants feeding their community. Thank you for the opportunity to testify before you today, and we look forward to discussing how in partnership, we can work together to feed the most vulnerable New Yorkers as our

Respectfully Submitted,

Kathleen DiPerna

Visiting Neighbors' Testimony
New York City Council's Committee on Aging
Hearing April 6th, 2022

My name is Dr. Cynthia Maurer and I am the Executive Director of **Visiting Neighbors**. Thank you for the opportunity to submit Testimony. We are grateful to the NYC Council and the Committee on Aging for your support in our current fiscal year of our vital programs and we need you to continue that support in 2023 as we have not stopped working and have continued to support our seniors. **We provide life enhancing and essential services to hundreds of seniors and continue to be on the front-lines.**

We have had an increase in demand for our services all throughout COVID. What remains a constant throughout it all is our mission, the population we serve and our great appreciation of all of your support along the way, enabling us to keep going to keep seniors safe, informed, connected, healthy, as healthy, active and engaged with their community as possible, feeling a lot less lonely and fearful and in their own cherished homes to the best of our ability.

Our mission:

Visiting Neighbors, enables individuals age 60+ to remain independent and safe in their own homes and a vital part of the New York Community. Through programs of "neighbors helping neighbors," volunteers, supported by Visiting Neighbors' professional staff, help older adults alleviate loneliness and isolation, provide mental stimulation and emotional security, share information about wellness and health related concerns and encourage physical independence and quality of life at home. Visiting Neighbors champions the power of the volunteer and encourages interdependence so that mutual learning and understanding bring generations together to share life experiences and gain respect for each individual's uniqueness. The organization promotes a positive acceptance of life after sixty and the value of the elderly in society. Visiting Neighbors' main programs are Friendly Visiting, Shop & Escort, Telephone Reassurance, Health Advocacy, Student Nursing Health & Wellness (Physical, Mental and Emotional) Programs, Caregiver Support, Remembering Special Occasions and Information & Referral.

Description of the population we serve:

Visiting Neighbors' clients are age 60 and over. Currently our eldest client is 105 years of age. The average age is 89. Our clients tend to be frail, with one or more ailments. We serve a diverse group of individuals, most of whom live on fixed incomes and can't afford to pay for help. There are no income eligibility requirements, nor a fee for services.

Our population is among the most vulnerable in the city. The senior who comes to us usually lives alone, most of their friends are frail themselves or have died, and has little or no family nearby, that they can turn to for support. Some have family that do not

care. Some do have family that care, but are not in a position to help. Some have friends who are elderly themselves and not able to help. The seniors are often isolated, nervous about crossing streets and getting to and from their appointments safely. The majority of our clients have at least one significant health concern such as mobility issues, diabetes, macular degeneration, osteoporosis, COPD, CAD or peripheral neuropathy, etc. Our 850+ seniors who are receiving direct services regularly are proud and determined to remain independent, relevant and in their own homes.

All of our clients are self-directed. However, individual personalities vary, with a few who are a bit offbeat or eccentric. Our volunteers escort clients to and from medical appointments and other vital errands, accompany them outside for fresh air, provide socialization or take a walk. Like many of us, they all want to be valued, understood and respected. We let them know they matter.

Visiting Neighbors' seniors feel more confident knowing we are here to listen, offer support and guidance. We earn their trust. They understand that we do not judge them and know they will be treated with respect, empathy and kindness.

We serve seniors who reside in Manhattan, from South Ferry to 30th Street, river to river, but receive calls from all over NYC and its surrounding vicinity. We get calls from all over NYC and its surrounding vicinity. We responded to every call. During the pandemic we were compelled to stretch our reach and helped seniors just outside our catchment area because seniors had no one else to help them. Hundreds of volunteers of all ages rose to the challenge to help our seniors.

Some additional current demographics:

*75% are female and 24% are male and 1% define themselves as non-binary.

*90% live alone

*75% of our clients are over 80 and 33% are over 90

*70% are homebound but can get outside with assistance and 7% are fully bedbound

*99 % want to continue living in their own cherished homes and 1% seek support to transition into assisted living, nursing homes or their family's residence.

*95% of our clients can neither pay for private services, nor eligible for Medicaid. We do not collect further socio-economic data, but collect info that seniors choose to share and we help individuals regardless of their finances or their ability to contribute.

Our most significant accomplishment to date: We let every senior we serve, every caregiver and every volunteer engaged in our programs know that they matter. We remain steadfast in our commitment to our mission. We focus on what is possible, we learn lessons from our own experiences and we have applied them. We proudly can say because of our New York City Council and the Aging Committee, our Local Legislators and Local Initiatives we are still here doing what we do best – making a difference in the lives of others, helping keep individuals focused on the positive and find ways to cope and experience more joy. **And most recently, during the pandemic we helped keep 1500 individuals informed, calm and feeling emotionally supported.**

Our Core Programs:

Services and Activities we have been and are continuing to provide throughout this pandemic:

Friendly Visiting & Shop and Escort Programs

Volunteers are matched with seniors based on mutual interests, hobbies, needs, etc. to either spend a couple of hours a week providing companionship and/or take seniors to and from important medical appointments. Volunteers also pick up seniors after medical procedures, take them to and from getting their vaccinations, physical therapy, accompany them on walks, help with errands (such as escorts to/from banks, helping read mail, shopping, hair salons, social programs, rehabs, and escorting to/from Access-A-Ride renewal application centers.) We have also helped seniors with getting pets to vets. Our staff also encourages seniors to vote, including helping seniors mail absentee ballots when they can't get out. Volunteers escort seniors who want to vote in person and we are promoting seniors using absentee ballots. This includes helping them get the mail in ballots. We also work with another charity, "*Meals on Wheels*," to deliver Saturday meals to seniors in need and we worked with local restaurants who had extra food/meals they were willing to donate that our volunteers picked up and delivered to seniors. Access to food and essential supplies continues to be a main focus, as does seniors maintaining connections to the outside world and having correct health information.

Health Advocacy

Our Health Advocate helps our existing clients better communicate with their doctors, as well as formulate key questions to ask medical professionals to ensure they understand instructions when leaving their offices (including how to take medications, what they are for, what to expect and side effects). Our Health Advocate and trained cadre of volunteers also encourages seniors to go to see their doctors in the first place, as well as advocate for them when they are being admitted into the hospital. It always helps a patient to let medical personnel know someone is watching. When a senior comes home from a hospital, we are there to make sure they have what they need. We will pick up medications and supplies, as well as provide emotional reassurance and a chance to vent about their experience.

Health and Wellness Programs

All of our volunteers who are providing direct in-person contact services must be vaccinated and show proof of their completed card. Even as more things open, the COVID threat continues and there is a lot of uncertainty. We are hoping to hold larger in-person wellness discussions, including an emotional venting session and lessons learned, at a later date, and only until COVID-19 and its' variants are under much more stable control. We work in collaboration with our student nurses to engage seniors and volunteers in one-on-one and small group discussions and wellness activities/programs. All of the nurses are fully vaccinated verified by their respective schools. Throughout the pandemic staff shared wellness tips with our seniors, discussed exercises that were safe and doable at home and constantly related updated COVID-19 information. We are still keeping our masks on! We started working with Mercy College

this Fall and Spring and each set is supervised by their respective professor. Students, under supervision of Visiting Neighbors' staff, discuss heart health, fall prevention, nutrition, staying flexible, advanced directives and many other wellness topics, as well as do medication reconciliation and discuss management of those medications, check for possible safety hazards in home assessments, check blood pressure and oxygen levels. We also use a wellness visit as an opportunity to update seniors' current emergency contacts, primary care and other significant physicians and make sure they keep lists of key info (such as medication list, amounts, when taken and what for, allergies, etc.) readily handy. The nurses also address any issue a senior might have including balance problems, their gait, vision, depression, pain, changes in sleep habits, weight and/or cognitive changes.) Our Health Advocate and staff will follow up with seniors and provide referrals and strongly urge them to get to their doctor for further discussion(s). Students and trained volunteers also go on therapeutic walks indoors and outside with our clients. The students work in conjunction with the staff to do group presentations and small group workshops on a variety of issues.

Telephone Reassurance:

Telephone reassurance requests have continued since the beginning of the pandemic and this year still are constantly ringing. Our volunteers were/are amazingly generous with their time. Volunteers and staff contacted seniors who were/are feeling isolated, very lonely and afraid or want a check-in call to get updated information or to make sure they are okay. In addition to providing accurate information and correcting false messaging during the pandemic, we are offering positive emotional support for seniors who have expressed feeling very lonely, scared and/or discouraged. For clients who went/go into the hospital, we check up on them, offer encouragement through calls and notes, and when they return home remind them that they are a survivor and are loved. Most seniors just liked knowing someone is checking in with them to make sure, as 94-year-old **Sallys M.**, who leaves a message for us every morning says, "I'm A OK." Our Health Coordinator gives her a call back every day to make sure. We provide wellness visits to our clients to assess their overall health and provide guidance on how they can sustain themselves while aging in place and/or feel better. Some seniors have expressed feeling emotionally frustrated and exhausted from the pandemic having gone on as long as it has. We let them know they are not alone.

We have been making four types of calls to seniors by trained volunteers, staff and board members, depending on their level of experience with us and what the seniors' needs are:

1. Check- in calls (seniors just want to receive a call to say that they are alright)
2. Friendly Visiting Calls (ranging from chatting to lengthy conversations)
3. Emotional Support Calls (reassurance calls that take that are lengthy & information sharing)
4. Calls to new seniors who are/were sick and engaging in troublesome/risky behaviors that are of concern, including not following doctors' instructions, not taking proper doses of or following directions when taking medications, going outside in cold weather without warm enough clothing, or without an umbrella in the rain, or using a shopping cart to hold on to instead of a needed walker and are seeking caring, "tough love" responses and parameters from us to know they matter and to make safer choices.

Additional Activities:

We remember and celebrate special occasions! Local school children handmade personalized birthday cards, Valentines, Mother's, and Father's Day cards. A few seniors became pen pals with some of the students. When a senior turn 85 years of age (the oldest-old age group - the largest number of seniors we serve are in this age category), they also enter the *Fortitude Circle*. When they turn 100 years of age, we honor them as a member to our *Centenarian Club*. In the month of December, we had volunteers put together care packages of donated items, which can often be a time that is especially lonely for seniors who otherwise have no one to share in the joys of the season. Our volunteer "Elves" remind them that they are not alone and share holiday cheer. We have continued to send out birthday and cards of encouragement which the seniors expressed being very happy to receive. This past Spring, we have several grade school teachers working with their students to make Happy Spring Cards with positive messages of wishes for good cheer, happiness and hope. The seniors have loved these cards and many called us and/or wrote back to us sharing how the cards brought some brightness into their day. Regular communication with our clients continues to be our priority, with multiple mailings, such as, birthday cards, cheer-up and "hang-in there" notes, sympathy cards, seasonal newsletters and get-well greetings. We have unfortunately, had to make quite a few condolences calls to both seniors and volunteers this past year, but our message is always one of "someone does care about you." We are creative in our efforts to communicate both important and uplifting mailings, including sending inspirational poems, word games and puzzles, stress relieving tips, at-home exercise using a chair and household items, easy recipes and messages of hope. Most of our seniors do not use advanced technology and/or do not have e-mails. They really appreciate all of our mailings that include and "hang in there" notes, sympathy cards, get well greetings, humous stories and jokes and sharing information, uplifting poems, word games, riddles & puzzles, stress relieving tips, easy recipes and we have been creative in our efforts. We also hand deliver donated bottles of hand sanitizer, face masks and COVID home test kits to seniors who request them. Many seniors have expressed having developed "cabin fever" and a need to go outside for a safe walk and we responded by creating a Therapeutic Walking program and we are going to be developing this program further. Also, we actually have a list of seniors (and volunteers) who have requested to be put on a "hug" waiting list - which we have started to give now that we safely can.

Our greatest challenge this past year has been the nonstop nature of the needs of seniors (new and existing) who were asking for our help. Throughout the pandemic the request for services didn't stop. We managed to achieve all of our expected results (and then some).

Visiting Neighbors will continue to advocate on behalf of seniors to be better understood, treated with compassion, dignity and respect and to not be ignored, overlooked or forgotten, to help foster their self-esteem and self-worth and enable them to be as safe as possible

Just as our seniors need us more than ever, we need your support more than ever! We would not be able to do what we do, nor at the level and pace we have been working without the support of our City Council, The Speaker and Aging Committee Members!! We need you to continue to be our champions so we can continue to succeed as we have for the past 50 years. As our seniors are living longer, their needs intensify and require more time and attention. We have second and third generation clients and here's a quote sent to us from Marilyn B., age 78, a daughter of client Julio B., who passed away 10 years ago, *"You were always there for my mom and now I am so grateful that you are here for me."*

Funding from Senior Centers, Programs and Enhancement Initiatives, Support our Seniors, Discretionary funds from our Local Legislators and the Council Speaker are a life-line for us. Please continue to fund and advocate for us!

We are determined to help our seniors survive, stay as safe and healthy as possible and thrive at home. We are counting on your continued support, as we face what may lay ahead with strength and resolve. We focus on what matters most – good health, staying informed, good communications and connections with others, inner-strength, peace-of-mind, forming lasting loving friendships and experiencing more laughter and joy! **Visiting Neighbors is a cost-effective solution that has a huge positive impact and makes our community a better place for seniors and for those who care about them.**

Thank you for this opportunity to submit testimony and for partnering with us so we can continue doing our vital work.

Sincerely,



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**New York City Council
Presentation to the Aging Services Hearing
FY23 Budget**

Hello, my name is Mohini Mishra, and I am the Vice President of Senior Communities at Selfhelp Community Services. Thank you to Aging Committee Chair Crystal Hudson, Senior Centers Subcommittee Chair Darlene Mealy, and COVID-19 Recovery & Resiliency Chair Francisco Moya for the opportunity to present today.

Selfhelp is a mission driven community-based organization, which was founded in 1936 to help refugees fleeing Nazi Germany maintain their independence and dignity as they struggled to forge new lives in America. Selfhelp began with a small group of volunteers helping émigrés and has grown over the last several decades to become one of the largest and most respected not-for-profit human service organizations in the New York metropolitan area. Each year Selfhelp serves over 25,000 vulnerable New Yorkers, primarily older adults, through its 26 programs located in the Bronx, Brooklyn, Manhattan, Queens, and Long Island, helping them to live with dignity and avoid institutionalization.

We are the largest Holocaust Survivor Program in North America, serving 5000 clients annually. Selfhelp serves as a court appointed guardian both in community and institution through its community guardianship program in NYC and Nassau County on LI. We are also one of the Adult Protective Services partners for HRA. We have 5 home care programs and have Home Health Aide trainings to serve at risk populations. Selfhelp has city, state funded case management, Naturally Occurring Retirement Communities (NORCs) and Older Adult Centers. We are also the State funded information and referral program like NY connects serving Queens. Our flagship Virtual Senior Center program connects 1200 home bound clients using technology across the country, including more than 700 right here in NY state. Selfhelp programs support and provide Social Determinants of Health (SDOH) for older adults in areas such as economic stability, housing, transportation, social engagement, access to food and culturally competent health services onsite or through community partnerships.

Older Adult Centers

Before the onset of the Covid 19 pandemic, our senior centers were a source of nourishment for the seniors' whole being. It was a place which provided mental, physical and social activities from 9 AM to 4 PM five days a week. This was a home away from home.

When senior centers closed during covid , we saw an increase in cases of depression and stress due to isolation. In response, many centers provided virtual classes which were available on computer or tablet. During the period 3/18/2020 - 6/30/2021, Selfhelp's 5 senior centers implemented over 30 classes via virtual senior center, zoom and telephone conference calls, with which reached over 25,000 unduplicated members.

Now, we are continuing to focus on phasing our senior centers' in-house programs in, adhering to the space utilization limits of 25% with masking and social distancing.

There are many new faces and a feeling of sadness as members learn of the passing of many old friends. In spite of it all, seniors look forward to the centers' increased ability to provide classes at 50% utilization and a return to a more normal way of life. Many of the programs have returned, such as technology, education classes, art classes, nutrition classes, and physical health and wellness classes, totaling over 100 different classes, with over 35,000 unduplicated members with in all 5 centers. We look forward to reopening to 50% capacity on April 11th and increasing activities and class membership.

Pre-COVID our centers served **137,488** congregate meals. Currently at 25% capacity we are serving **16,718** congregate and **9,425** grab and go meals. We look forward to working with DFTA and the New York City Council to ensuring that all our older adult clients have continued access to nutritious meals.

FY23 Funding Needs

We provide a complete network of community-based home care, social services, and senior affordable housing with the overarching goal of helping our clients to live with dignity and independence and avoid institutional care. Our flagship **Virtual Senior Center** program , which was established in 2010, combats social isolating by connecting 1,200 home bound clients using technology across the country, including more than 700 right here in NY state, and operates on English, Mandarin, Russian, Korean and Spanish platforms.

The need for support for our Virtual Senior Center program and all efforts to expand digital literacy and access to older adults **is more important than ever.**

That is why we also ask for your support for our citywide initiative and Speaker initiative asks, and consider us on your Speaker's list, which include:

- Additional Citywide/Speaker initiative asks
 - \$50,000 Speaker initiative for Clearview Senior Center, to support transportation to medical appointments for seniors living in the borough of Queens.
 - \$200,000 from the Social Adult Daycare initiative for our Alzheimer's Resource program
 - \$140,000 Senior Centers, Programs, Enhancements Initiative (with support from Council Member Schulman) for Austin Street Senior Center Program in Council District 29, which provides operational support for the senior center including a secure facility, social work services, educational classes, and nutritious and culturally-competent Kosher meals
 - \$35,000 from Support Our Seniors and/or Digital Literacy for Virtual Senior Center in Council District 29
 - \$50,000 from Support Our Seniors from Brooklyn Delegation, Manhattan Delegation for Safety Net Case Management, which will support operational costs of the program and allow us to reduce the wait list.
- Discretionary
 - \$15,000 from Dinowitz for Van Cortlandt Green Housing in District 11
 - \$5,000 discretionary from each member of the Jewish Caucus for Selfhelp Community Services - Safety Net Case Management

Conclusion

We will follow up with each of your offices with more details on these requests. I want to thank the City Council for their ongoing support of Selfhelp's initiatives which has enabled Selfhelp to continue our high quality of care for vulnerable New Yorkers. Thank you for the opportunity to testify today.