

COMMITTEE ON AGING JOINTLY WITH SUBCOMMITTEE ON SENIOR  
CENTERS AND FOOD INSECURITY AND SUBCOMMITTEE ON COVID  
RECOVERY AND RESILIENCY 1

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING JOINTLY WITH  
SUBCOMMITTEE ON SENIOR CENTERS AND  
FOOD INSECURITY AND SUBCOMMITTEE ON  
COVID RECOVERY AND RESILIENCY

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April 6, 2022  
Start: 1:05 p.m.  
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HELD AT: REMOTE HEARING - VIRTUAL ROOM 3

B E F O R E: Crystal Hudson, Chairperson

COUNCIL MEMBERS:

Eric Dinowitz  
Linda Lee  
Christopher Marte  
Darlene Mealy  
Francisco P. Moya  
Diana Ayala  
Gale A. Brewer  
Selvena N. Brooks-Powers  
Mercedes Narcisse

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

Lorraine Cortes-Vazquez, Commissioner of  
Department for the Aging  
Louella Byers, Assistant Commissioner for the  
Bureau of Community Services  
Michael Ognibene, Chief Operating Officer, DFTA.  
Christian Gonzalez-Rivera  
Brianna Paden-Williams  
Farhana Hussain  
Dr. Cynthia Maurer  
Mohini Mishra  
Molly Krakowski  
MJ Okma  
Kathleen Torres  
Lisha Luo Cai

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SERGEANT KOTOWSKI: Computer recording  
started.

SERGEANT BIONDO: Thank you. Recording to  
cloud is underway.

Good afternoon, everyone, and welcome to  
today's Committee on Aging jointly with Senior  
Centers and Food Insecurity jointly with COVID  
Recovery and Resiliency.

At this time, would all panelists please  
turn on their videos for verification purposes?

To minimize any disruptions upon  
speaking, please place all electronic devices to  
vibrate or silent mode.

If you'd like to submit testimony, please  
send via email to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). Again,  
that is [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov).

Thank you so much for your cooperation.  
Chairs, we are ready to begin.

CHAIRPERSON HUDSON: Good afternoon. My  
name is Crystal Hudson, and I'm the Chair of the  
Committee on Aging. I would like to thank my co-  
Chairs, Council Member Darlene Mealy and Council  
Member Francisco Moya, as well as the Committee  
Members from the Aging Committee, the Subcommittee on

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Senior Centers and Food Insecurity, and the  
Subcommittee on COVID Recovery and Resiliency for  
coming together to hold this afternoon's hearing.

Today, the Committees will conduct a  
hearing on protecting older adults at older adult  
centers during the continued COVID-19 pandemic and  
the reopening of these centers. Older adult centers,  
or OACs, are designed to be spaces where older adults  
can learn, enhance their health and well-being, and  
find community. I'm especially proud to have an  
accessible, inclusive, and welcoming gathering place  
like the SAGE Center at Stonewall House in my  
district. Since opening, SAGE Center has been a  
welcoming space for LGBTQ+ seniors in my district,  
providing them with virtual and in-person programming  
and state-of-the-art facilities. OACs like SAGE play  
a vital role in community-based services which are  
especially relevant for low-income, vulnerable, and  
socially isolated older adults. As a key component of  
the continuum of long-term care, we must ensure that  
OACs are supported and have the resources they need  
to care for our older community members.

Last year, the city announced that it  
would invest 58 million dollars in a 5-year community

care plan for older New Yorkers including adding  
additional OACs and NORCs, or naturally occurring  
retirement centers. DFTA released a request for  
proposals to create at least 25 new OACs or NORCs  
with a focus on 18 community districts with a high  
projected need for more centers and 11 with a medium  
projected need. Many of these communities were  
disproportionately impacted by COVID-19 and are also  
impacted by other health and socioeconomic  
disparities. Since then, DFTA has added 31 new sites  
to its network, exceeding the commitment to add 25  
including 178 locations within those hardest hit  
neighborhoods. There are now 308 total sites, 222  
standalone OACs, 50 network OACs, and 36 NORCs.

The new request for proposals included  
241 million dollars for 3-year OAC and NORC  
contracts. I want to express my appreciation that the  
administration baselined 13 discretionary funded  
centers and exceeded its pledged commitment to add 25  
new sites. This is great news for our communities and  
for our aging populations, and I hope we can continue  
to grow these essential resources.

Earlier this year, DFTA reissued the RFP  
after finding that Crown Heights in Brooklyn, West

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Harlem, and Morningside Heights in Manhattan, and  
Corona, Jamaica, and Springfield Gardens Laurelton in  
Queens were underserved. The goal of the RFP is to  
have at least one contract in each of these 5  
neighborhoods for a starting contract date of July 1,  
2022. I look forward to discussing the  
administration's progress in addressing the needs of  
older adults in these underserved communities during  
this hearing.

Thank you to the advocates and members of  
the public who are joining us today. Thank you to  
representatives from the administration for joining  
us, and I look forward to hearing from you on how we  
can continue to make OACs safe and welcoming spaces  
for all older New Yorkers, especially during this  
pandemic we are still experiencing.

At this time, I'd like to acknowledge my  
Colleagues who are here today, Council Members Ayala,  
Marte, Brewer, Lee, Narcisse, and Dinowitz. I'd also  
like to thank my staff, Casie Addison and Andrew  
Wright, and Aging Committee staff Crystal Pond, Chris  
Pepe, and Daniel Kroop.

I will now turn it over to my co-Chair,  
Council Member Mealy.

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COUNCIL MEMBER MEALY: Good afternoon,  
everyone. Welcome to this joint hearing on older  
adult centers or you can say the new name, OACs. I am  
Darlene Mealy, Chair of the Subcommittee on Senior  
Centers and Food Insecurity. I want to thank Chair of  
the Department of Aging for being here, Chair of the  
Aging Committee, Council Member Crystal Hudson, and  
the Chair of Subcommittee on COVID Recovery and  
Resiliency, Council Member Francisco Moya, for  
joining us today to discuss this important topic.

OACs play a vital role in the lives of  
many older adults in the city by providing  
opportunities for recreation, socialization,  
volunteerism, and advocacy as well as access to  
benefits and services. One of the main services that  
OACs provide is congregate meals. During the  
pandemic, this basic service was stopped entirely and  
then as the centers reopened, capacity was only  
limited to 25 percent. Nothing compares to the social  
interaction and mental stimulation of shared meals  
and in-person activities. I must say I just went to  
Hugh Gilroy Senior Center this week and celebrated  
Miss Carol Jarrod's (phonetic) 100th birthday.  
Imagine they are still dancing, they're coming back,

so we have to make sure this city comes back with them. That is why I called to expand the capacity at the senior centers last month, and I am happy to report that DFTA lifted capacity restrictions at the OACs 2 weeks ago. Now, we have to figure out how to bring our older adults back to the centers so they can become the busy hubs they once were. While OACs were at a quarter capacity in FY-22, they had a daily average of a little over 6,000 participants for congregate meals. Last month, the average daily participation rate of the OACs for all activities was 15,500 (sic), a far cry from 3,000 older adult centers served daily before the pandemic was in. I understand that many do not feel safe or comfortable returning to the centers while the pandemic continues and for those I hope that grab-and-go meals continue to be an option. However, DFTA needs to conduct outreach to older adults to allay their fears, ensure them that their safety is our top priority, and let them know that older adult centers are an awesome place to be. DFTA needs to not just bring previous members back but also recruit new participants. We have more individuals entering the older adult world everyday and senior centers are there as a place to



hang out with friends, participate in activities,  
have a meal there. Conduct real services they need. I  
will not be satisfied until all our 272 DFTA older  
adult centers are at 100 percent capacity yet again,  
not just on paper, but in practice.

I want to thank the administration, the  
advocates, the members of the public who have joined  
us today in discussing older adult centers. I would  
also like to thank Subcommittee Staff Crystal Pond,  
Chris Pepe, and Dan Kroop. I know will return this  
over to Chair Francisco Moya. Thank you.

COUNCIL MEMBER MOYA: Thank you, Chair  
Mealy. Good afternoon, everyone. I'm Council Member  
Francisco Moya. I'm the Chair of the Subcommittee on  
COVID Recovery and Resiliency. I'd like to start off  
by thanking both my co-Chairs, Council Members Hudson  
and Mealy, for this important discussion, and I'd  
like to thank my Colleagues also for being present  
here today.

Today, we will be discussing how we can  
protect older adults at older adult centers during  
the continued COVID-19 pandemic as well as reopening  
older adult centers. As we know, COVID-19 has  
disproportionately impacted our older adult

population, specifically the rate of COVID-19 hospitalizations and deaths are drastically higher for those over the age of 75 compared to all other age groups, and those ages 65 to 74 are also at an increased risk. Recent data shows that those age 75 and older are 4 times more likely to be hospitalized with COVID than the city average and those from the ages of 65 to 75 are more than 2 times more likely to be hospitalized. This data, while not surprising, is also very disturbing, and not only have older adults been more disproportionately affected by the virus, but they have also been disproportionately affected by the food insecurity and social isolation and the disruption of their daily lives that has been exacerbated by the extended closure of in-person person resources that they rely on such as the older adult centers, libraries, and (INAUDIBLE) houses as well as the restricted reopening of restaurants and houses of worship. At the height of the pandemic, communicating basic information about the virus to older adults in New York City was difficult, especially for those who had limited English proficiency and were cut off from their families due to social distancing guidelines. The digital divide

made accessing information even more difficult. While the world turned to Zoom, Webex, and other online platforms to continue to communicate, the digital divide had increased social isolation for older New Yorkers as 50 percent of older New Yorkers live alone and 42 percent do not have broadband internet access. Food insecurity was also exacerbated during the pandemic as older adult centers which older adults typically would rely on for meals physically closed, and, according to a 2020 study done by the Food Bank NYC, prior to the pandemic 1 in 10 older New Yorkers was food insecure, and that number soared to 1 in 5 during the pandemic. Those of us living in and representing the communities hardest hit saw that right away, and that's why I helped fund and led efforts to get hot meals, food boxes, and other necessities to seniors in my district. We partnered up with local restaurants, EMCOR, (INAUDIBLE) City Meals, (INAUDIBLE) Association, houses of worship such as First Baptist Church to go door-to-door and not only to get seniors much needed food but also to check in to see if there was anything else that they needed including vaccinations. Food insecurities as well as isolation and becoming homebound became a

1 daily disturbance that contributed to a lot of older  
2 adults experiencing decline in mental, physical, and  
3 cognitive health. Loneliness and isolation are  
4 serious health risks for older adults which can  
5 significantly increase a person's risk of dementia,  
6 heart disease, stroke, depression, anxiety, suicide,  
7 and premature death. While things are improving and  
8 participation in older adult centers and other in-  
9 person resources is increasing, this pandemic is long  
10 from over. What is most concerning to me as we  
11 discuss reopening older adult centers is the  
12 continued low rates of vaccination among older  
13 adults. While the city average for vaccination among  
14 older adults is at 87.3 percent with many age  
15 categories having vaccinated rates of 99 percent,  
16 those ages 75 to 84 have a vaccination rate of 85  
17 percent, and those 85 and older have a vaccination  
18 rate of 68 percent. This is very concerning,  
19 especially given the data I previously mentioned on  
20 how older adults are the most vulnerable to COVID.  
21 These rates must improve. Also, it's not the first  
22 time we are raising the alarm on this. We brought  
23 this up, the older adult vaccination rate, several  
24 times now at past hearings, and the rate has remained  
25

stagnant so I hope to hear from the city how we are  
doubling down on reaching more older adults and using  
spaces such as older adult centers. I've seen this  
work well when we pushed for vaccination units near  
our senior centers and co-ops in the district. We've  
partnered with Health and Hospitals and T2 Senior  
Centers and houses of worship to make that happen,  
but we need to do more, and so I'm looking forward to  
hearing on how we can continue to invest resources to  
prevent isolation, food insecurity, and loneliness  
amongst our older adults.

I want to thank the administration for  
being here today, and I look forward to our  
discussion. Again, thank you to both Chairs Hudson  
and Mealy and the Members of the Subcommittee as well  
for joining us, but I also want to thank the  
Subcommittee staff for their work on this issue. I  
want to thank Sarah, Harbani, Em, Laura, my Chief of  
Staff Meghan Tadio and Carolina for helping get this  
wonderful hearing up and running. Now, I'd like to  
turn it over to our moderator to go over the  
procedural aspect of the hearing. Thank you.

CRYSTAL POND, MODERATOR: Thank you,  
Chair. I'm Crystal Pond, Assistant Deputy Director to

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the Human Services Division which oversees the Aging  
Committee and the 2 Subcommittees in today's hearing.

Before we begin today, I want to remind  
everyone that you will be on mute until you are  
called on to testify at which point you will be  
unmuted by a member of our staff.

We ask that all members of the  
administration who are testifying stay unmuted the  
Q&A portion of admin testimony.

I will be calling on public witnesses to  
testify after the conclusion of the administration's  
testimony and Council Member questions so please  
listen for your name to be called.

All hearing participants should submit  
written testimony to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov) if you  
have not already done so. The deadline for submitting  
written testimony for the record is 72 hours after  
the hearing.

I will now call on the following members  
of the administration to testify. Lorraine Cortes-  
Vazquez, Commissioner of the Department for the  
Aging, Louella Byers, Assistant Commissioner for the  
Bureau of Community Services, Michael Ognibene,  
DFTA's Chief Operating Officer.

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Before we begin testimony, I will  
administer the oath to all members of the  
administration who will be testifying or will be  
available for questions. Please raise your right  
hand. I'll read the oath and call on each of you  
individually for a response.

Do you affirm to tell the truth, the  
whole truth, and nothing but the truth before this  
Committee and to respond honestly to Council Member  
questions? Commissioner Cortes-Vazquez.

COMMISSIONER CORTES-VAZQUEZ: Yes, I do.

CRYSTAL POND, MODERATOR: Assistant  
Commissioner Byers.

ASSISTANT COMMISSIONER BYERS: I do.

CRYSTAL POND, MODERATOR: Chief Operating  
Officer Ognibene.

CHIEF OPERATING OFFICER OGNIBENE: Yes, I  
do.

CRYSTAL POND, MODERATOR: Thank you.  
Commissioner Cortes-Vazquez, you may begin your  
testimony.

COMMISSIONER CORTES-VAZQUEZ: Thank you so  
much, Crystal Pond. Good afternoon, Chairperson  
Hudson, Chairperson Moya, and Chairperson Mealy, and

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to the Members of the Committee on Aging and the  
Subcommittees on COVID Recovery and Resiliency as  
well as the Older Adult Club and Food Insecurity  
Subcommittee.

I am Lorraine Cortes-Vazquez as you all  
know, and I am also Commissioner for the Department  
for the Aging, and I'm joined today by Michael  
Ognibene, the Chief Operating Officer and First  
Deputy Commissioner, and Louella Byers, the Assistant  
Commissioner for the Bureau of Community Service.

We're happy to join you today to discuss  
topics that we've discussed in the past and we love  
to reinforce certain areas of protecting older adults  
during the pandemic and the reopening of older adult  
centers. Our priorities are even more critical during  
the pandemic as well as in the post-pandemic era  
ensuring uninterrupted access to services for older  
homebound individuals, maintaining social engagement,  
combating food insecurity among all older adults. We  
are proud to have made such great strides during the  
pandemic and look forward to a continued recovery. I  
would be remiss to say that the Department for the  
Aging provision of service is done with a network of  
about 300 community-based service providers who are



on the ground serving older adults every day. When the city shut down in March 2020, DFTA worked with our sister agencies and other networks 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 to share valuable information, all (INAUDIBLE) including older adult centers staff and all other social service agencies under the responsibility of the Department for the Aging had contacted members regularly through social engagement calls. Ongoing engagement calls enabled older adults to have a consistent and regular connection to a familiar staff and also with the goal to decrease social isolation. We constantly were assessing needs and linking the members with other vital resources. Since March 2020, DFTA and the 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 from congregate, from in-person to allow older adults to maintain access. Prior to the pandemic, 49 older adult centers provided virtual programming and quickly got into

starting this approach during the pandemic and that expanded to all centers. I am very proud of the robust virtual program classes that encompass a wide range of activities including the more traditional classes such as exercise or education. It also allowed for the development of some really innovative programming. Some centers did programs such as hybrid virtual photography, debate teams, senior spelling bee competitions. I remember the Fort Greene Center, being at the center and seeing how to organize an afternoon tea. These programs have been extremely successful, and all centers will continue to offer some form of virtual programming throughout the next contract. The lessons learned during the pandemic must be continued. That was a major lesson learned that it provides variety and an increase in accessibility to programming.

In order to support access to virtual programming, address the digital divide, and combat social isolation, DFTA has distributed more than 9,000 tablets and free data plans for older adults, caregivers, and...

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CRYSTAL POND, MODERATOR: Sorry,  
Commissioner, you seem to have been muted. We just  
lost you.

COMMISSIONER CORTES-VAZQUEZ: You mean to  
tell me I've been talking all this time...

CRYSTAL POND, MODERATOR: No, no, no, it  
just happened a few seconds ago.

COMMISSIONER CORTES-VAZQUEZ: Okay. I was  
going to say no. What was the last thing you heard,  
Chairwoman Hudson?

CHAIRPERSON HUDSON: 9,000 laptops and  
internet.

COMMISSIONER CORTES-VAZQUEZ: Yeah, 9,000  
tablets.

CHAIRPERSON HUDSON: Tablets.

COMMISSIONER CORTES-VAZQUEZ: We've  
distributed, and we will have one more distribution  
in a week or so in the South Bronx. That is in  
addition to the 10,000 tablets that we gave earlier  
in the year to residents who live in public housing  
facilities. Through this initiative, DFTA prioritized  
those clients with the highest risk of social  
isolation and who live in TRIE neighborhoods,  
neighborhoods identified by the Taskforce of Racial

and Equity and Inclusion, neighborhoods that were  
hardest hit by COVID-19 pandemic. The new research  
from DFTA found that more older adults view  
technology as a way to stay connected than they did  
before COVID-19. No surprise there given the  
increased virtual programming. 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 of the use of technology and increased  
access to devices and connectivity are essential for  
programming to be successful. We continue to provide  
funding for technology education and libraries for  
older adult centers.

As you know, the older adult centers were  
authorized to reopen for in-person services starting  
on June 20th. Prior to June 20th, there was a demand  
for the centers to reopen, but we followed the health  
guidance. In partnership with the Department of  
Health, we were able to authorize opening on June  
20th. Within this guidance, capacity at all centers  
was set at 25 percent at any given time. On March  
21st, all older adult centers, a year later, were  
authorized to return to 100 percent capacity just a  
few weeks ago following updated guidance so any

guidance that was in place before was superseded by this new guidance. COVID-19 prevention measures and guidance remain in effect which does include mask requirements, distancing, and health screenings. We also understand that there are factors that lead to lower in-person participation rates such as variants and upticks and positivity rates, unknown vaccination status of fellow attendees, and the center staff capacity. All of those affect the participation rates, and we saw a great uptick in participation rates even with the 25 percent limitation, and the minute Omicron came, that went down immediately.

So far in FY-2022, we have seen roughly 16,200 is the average daily participation rate, which is based on a 25 percent capacity restriction. All centers offer meals, including congregate and/or grab-and-go. Virtual programs have continued at all centers in addition to in-person programming has also increased. We continue to offer a wide range of options for older adults to engage in so that they can make the choice that is best for them.

We continue to have conversations with providers on a regular basis on how they will engage with former members and how they can reach new

participants because the pandemic also identified thousands of older adults who had never engaged with DFTA in the past or any DFTA program.

When older adult centers closed for in-person gatherings, DFTA quickly transitioned operations to ensure that members continue to have healthy nutrition meals and the nutrition meals pivoted to grab-and-go and then a centralized direct service delivery, which eventually merged with the city's broad emergency food initiative called Get Food NYC. All older adults received meals through Get Food until November 2021 when the remaining participants were transitioned to the temporary 60+ Recovery Meals. Michael Ognibene will testify on the Recovery Meals. Michael.

CHIEF OPERATING OFFICER OGNIBENE: To the Chairs and Members of the Committee and the Subcommittee. As noted earlier, in June 2021, older adult centers received guidance from Department of Health 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 Get Food NYC, DFTA launched the 60+ Recovery Meals

Service, a temporary meals delivery service for former Get Food participants who are 60 years of age 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 participants reminding folks that the Recovery Meals service is scheduled to end by June 30th.

Beginning last week, a survey was included with all the 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 Recover Meals Call Center has been making outgoing calls to participants to follow up on the survey and the HRA's public engagement unit is making calls to Recovery Meals recipients that are otherwise not known to DFTA.

Our vaccine efforts. Keeping older adults safe during the pandemic also included providing

information about the changing pandemic and eventually facilitating access to vaccination 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 for the rollout 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, fliers, and meetings including several town hall events. Last summer, DFTA partnered with DOHMH, Department of Health, to produce a television commercial PSA in both English and Spanish to emphasize vaccination among older adults. In December, DFTA launched the



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Stop Rampage PSA campaign, a COVID-19 vaccination  
PSA, public service announcement, 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, and I believe we're going to  
pause here for a quick run of this video.

(VIDEO PLAYING)

CHIEF OPERATING OFFICER OGNIBENE: Thank  
you. Vaccination administration efforts themselves  
included the following: More than 40 of our older  
adult centers and over a dozen naturally occurring  
retirement centers hosted vaccine hubs. The majority  
of OACs and NORCs assisted with the 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 vaccine. DFTA worked  
with DOHMH to identify older adult centers with low  
vaccination rates amongst 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 amounts of doses administer. 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 vaccination hubs. The vaccination effort continues as DFTA is partnering with Health and Hospital's Test and Trace division to deploy mobile vaccination and testing clinics throughout the 5 neighborhoods.

We cannot reiterate enough how important our provider and community partnership network has been through this 2-year process, calling older adults, helping to schedule appointments, disseminating information, and advocating for local sites for host testing and vaccination events. Our partners continue to advocate for and provide support to their communities. We appreciate their efforts.

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COMMISSIONER CORTES-VAZQUEZ: I will  
conclude by saying that we've learned a great deal  
from this pandemic through the collaboration with our  
community partners, and we will ensure continuity of  
services during the COVID pandemic and beyond. I'm  
glad that we have reached a point where older adults  
can be invited back 100 percent to in-person  
services. Our partnership with the Council, service  
providers, advocates, and older adults themselves are  
the key to shaping the future of our centers and of  
our city. We want to be the most age-inclusive city  
as we work collectively to meet the ongoing needs of  
the aging services in the face of these extraordinary  
circumstances during the past 2-1/2 years. With that,  
I conclude and welcome your questions.

CRYSTAL POND, MODERATOR: Thank you,  
Commissioner. Before I turn to Chair Hudson for  
questions, I'd like to remind Council Members to use  
the raise hand function in Zoom to indicate that they  
have a question for this panel. Please remember to  
keep questions and answers to 5 minutes.

Panelists from the administration, please  
stay unmuted if possible during this question and  
answer period.

I will now turn it over to Chair Hudson.

CHAIRPERSON HUDSON: Thank you so much,  
Crystal. Thank you, Commissioner and Deputy  
Commissioner and COO, for your testimonies.

In February 2022, DFTA reissued the  
OACs/NORCs RFP after finding that 5 neighborhoods  
were underserved in the initial RFP. Those  
neighborhoods were Crown Heights in Brooklyn, West  
Harlem, Morningside Heights in Manhattan, and Corona,  
Jamaica in Springfield Gardens and Laurelton in  
Queens. The goal of the RFP is to have at least one  
contract per neighborhood for a starting contract  
date of July 1, 2022. Are there any updates you can  
provide today about the reissued OACs RFP, and is  
DFTA receiving more robust responses, what's the  
status of the RFP process, etc.?

COMMISSIONER CORTES-VAZQUEZ: Thanks for  
the question. The application process closed I  
believe last Thursday. We did get responses, and  
we're in the process now of reviewing those responses  
with the commitment that those programs will start  
July 1st as all the other programs so we were very  
pleased to have the opportunity to ensure that we  
received a more robust response as I testified in the

2 last hearing. Also, our commitment to make sure that  
3 equity and inclusion was also addressed through this  
4 effort.

5 CHAIRPERSON HUDSON: Thank you. Before I  
6 get to my next question, I forgot to mention that we  
7 have also been joined by Council Member Brooks-  
8 Powers.

9 Does the new RFP address any lingering  
10 inequities that still existed between OACs after the  
11 model budget process?

12 COMMISSIONER CORTES-VAZQUEZ: That's a  
13 wonderful question because the entire RFP process was  
14 to address expansion, which that in itself was  
15 addressing inequities. In addition to addressing  
16 inequities and narrowing historical funding  
17 inequities, the Department for the Aging as I  
18 testified last month made sure that every provider  
19 had a minimum of 10 percent indirect cost, something  
20 that was not available to many of the small ethnic  
21 community-based organizations so that addressed some  
22 of the funding inequity, and we are doing the same  
23 thing with this RFP, having a base indirect cost so  
24 that the goal moving forward with all our efforts is  
25 to narrow those historical funding gaps because what

what's required now is expansion to address new  
growing diversity in the aging population. That said,  
I want to be real clear that in this RFP process, no  
one lost money, everyone gave money but what we did  
was we expanded and included new participants into  
this aging network field.

CHAIRPERSON HUDSON: Okay. Thank you. In  
2018, DFTA went through a model budget process for  
programming and then for food. How did that model  
budget process influence the new RFP for OACs?

COMMISSIONER CORTES-VAZQUEZ: The model  
budget process was one of the basis and it was  
included in not only the RFP but in many of the  
supplemental questions that come after the release of  
the RFP, supplemental information directives, and the  
model budget is a basis for that so what we have, if  
I remember correctly and we'll get you that a later  
date, but the model budget process which was an ideal  
process that was led by the City Council established  
that no center should be operating with less than, I  
think the threshold is either 350 or 400,000. Forgive  
me for not having that exact number. I can get that  
for you. So that was one phase. The first phase was  
looking at model budget that included staffing, for

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kitchen staffing and salary, and so that was another  
part of the model budget process. Does that answer  
you?

CHAIRPERSON HUDSON: Yeah, and I was going  
to ask actually about, you just mentioned the kitchen  
staff and meals, and we know that the model food  
budget raised the funding at OACs for that, but what  
exactly did the extra funding cover, and was it  
enough to address inequities across older adult  
centers?

COMMISSIONER CORTES-VAZQUEZ: I can get  
you more details on that because I don't have that in  
front of me so what I'm doing is I'm talking to you  
from what I recall, which might not be the latest or  
the most accurate information, but what it did  
include was a suggested pattern for staffing. For  
example, if you have X number of meals, the kitchen  
staff composition should be 1 staff, 2 cooks,  
whatever, whatever that pattern was so that it  
included looking at output, looking at what were the  
necessary staff components to satisfy that. I can get  
you the elements of the model budget after this  
hearing, but I don't have that in front of me but I  
know it was a staffing pattern, salary increases for

kitchen staff as well as a baseline budget for older  
adult clubs.

CHAIRPERSON HUDSON: Okay. What about  
inflationary costs? Was that taken into  
consideration, the additional costs?

COMMISSIONER CORTES-VAZQUEZ: No. At that  
time, there was no inflationary cost added because we  
were not experiencing inflation. We have since been  
in conversation with OMB around inflationary costs  
for older adult centers as well as all meal provision  
programs that we have.

CHAIRPERSON HUDSON: Okay. Sorry. You may  
have mentioned this briefly, but were the raised  
salaries for kitchen staff in the model budget  
maintained in the new RFP?

COMMISSIONER CORTES-VAZQUEZ: Yes, it  
guided and informed the RFP.

CHAIRPERSON HUDSON: Okay, thanks. There  
have been anecdotal reports that OACs have been asked  
to do more with the same amount of funding. Were any  
OACs told in the RFP negotiating process that they  
would be expected to deliver more services or serve  
more clients with the same or less funding? I know



you said earlier there was no reduced funding,  
everybody got more.

COMMISSIONER CORTES-VAZQUEZ: I can say  
unequivocally that everyone in this RFP process got  
an increase in funding, whether it was an increase in  
indirect costs, many, many programs got indirect  
costs that were never provided before, but I can say  
unequivocally, did programs get as much funding as  
they wanted, probably not because the goal here was  
not to increase funding for particular programs but  
the goal here was expansion to deal with service gaps  
as well as service inequities so did everybody get  
what they wanted, absolutely not. We don't have  
enough funding to give everyone what we believe they  
would like and we would like to see them get, but  
everyone, no one got a decrease in funding.

CHAIRPERSON HUDSON: Given the RFP covered  
31 centers rather than the 25 planned and DFTA will  
be adding 5 more with the reissued RFP, how is DFTA  
funding the extra 11 OACs and NORCs?

COMMISSIONER CORTES-VAZQUEZ: These 5 that  
we reissued were part of the 31. We didn't issue the  
full 31 because we didn't get adequate responses so  
these 5 were included in that 31 expansion.

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CHAIRPERSON HUDSON: Okay, so then  
technically that's 6 extra, right? How are you  
funding those extra 6 then?

COMMISSIONER CORTES-VAZQUEZ: Because we  
only gave out funding that would cover the number of  
RFPs that we were responding to so. Let me say this  
differently. We issued an RFP. The goal was to fund  
25 more. We identified 31 more, but when we did our  
review we saw that these 5 neighborhoods did not get  
the adequate response required that we felt it  
deserved, and so that money and those RFPs were  
pulled out of the pool.

CHAIRPERSON HUDSON: Okay. Understood.  
I've got plenty more questions, but I want to make  
sure my Colleagues have an opportunity to ask some  
questions as well so I will turn it over to Chair  
Mealy, I believe.

CHAIRPERSON MEALY: Yes, thank you, Chair  
Hudson. Thank you for your testimony and your staff.  
I just have about 3 questions. The food accessibility  
in FY-2022, while operating at 25 percent capacity,  
OACs had a daily average of 6,230 participants for  
congregate meals. Before the pandemic, OACs were  
serving 70,000 older adults a day. How can we ensure

that older adults feel safe returning back to the  
OACs?

COMMISSIONER CORTES-VAZQUEZ: Okay. Just  
for the record, on average pre-pandemic the number of  
meals was 25,000 a day so I just want to be clear for  
the record. One of the things that we've done as the  
testimony indicated and as you just indicated we have  
just recently opened up to 100 percent occupancy, and  
we expect that to have an uptick. For the safety of  
the older adults, we still have some guidance in  
place, which are mask requirement, which is some  
health screening requirements, optional really, and  
we also have a distance requirement or a suggested  
distance for particular activities so all of those  
things are keeping in mind the health and safety of  
the older adults is the most important and we monitor  
those regularly and ensure that they are the most  
appropriate guidance offered for that point in time.  
Our goal is, yes, 100 percent occupancy, but as long  
as the safety and the health of the older adults  
trumps occupancy.

CHAIRPERSON MEALY: Okay. Just to talk  
about the little video. I got kind of scared a  
little. The virus was coming after me. Do you think...

COMMISSIONER CORTES-VAZQUEZ: In real life, it was. In real life, the virus was going after people who were over 60. That's the reality.

CHAIRPERSON MEALY: How is that being out there for our seniors because now a lot of seniors may watch tv, may not, some get online or play casino on their phone so what part of that 2 million, I think it was 2 million, we gave in regards to marketing, how much went to doing that for our seniors? I guess it was that video, what other outreach...

COMMISSIONER CORTES-VAZQUEZ: No, no, no. I want to be clear. That video did not in any way impact the outreach efforts of the older adult clubs. That video was undertaken by DFTA, paid for by DFTA's administrative resources. The 2 million that you're referring to outreach is in community, so community centers can continue to do outreach.

CHAIRPERSON MEALY: What are they doing to, is it mailing, is it constant contact, blowing the horn, what are they doing with that, advertising?

COMMISSIONER CORTES-VAZQUEZ: Everything that you said and then some. Because the outreach was a new element that we focused on for older adult

clubs, what we did was ask the providers what was some, and Louella addresses this on a regular basis with them. We canvassed them. What's working? What are some of the best practices? We are pulling together a workgroup so that we could have shared knowledge as we have had with the video programming, shared knowledge around the colleagues, what are some of the most impactful outreach efforts, but currently it's fliers, it's mailers, it's working with local community groups, it's calling. Also, many of them are planning new large activities in preparation for the summer. Again, all kind of separate engagement activities. Some are large group. Some are individually focused.

CHAIRPERSON MEALY: Okay. What is the mandate from your department to the Directors in regards to showing vaccination cards coming into the senior centers? I know upstate they are doing it. Are we required or has that just vanished right now?

COMMISSIONER CORTES-VAZQUEZ: The new guidance trumps the old guidance. When we were at 25 percent, some congregate activities required a proof of vaccination if you wanted to participate in a congregate activity. Those, given the science, given

where we are now in this pandemic, that has been  
lifted, and that has been replaced with 100 percent  
occupancy rate with some requirements such as  
masking, some health guidance, and social distancing.

CHAIRPERSON MEALY: Not vaccination?

COMMISSIONER CORTES-VAZQUEZ: There's no  
requirement for proof of vaccination. That was from  
an old guidance.

CHAIRPERSON MEALY: Okay. This is my last  
question. Many older adults are increasingly fearful  
of walking to and from centers as a result of the  
rise in hate crimes and other public safety concerns.  
Does DFTA have any plans including older adults in  
the large public safety discussions and plans that  
are ongoing like more vans to pick them up or drop  
them off? Anything has been addressed in the public  
safety in regards to our seniors?

COMMISSIONER CORTES-VAZQUEZ: Public  
safety is always a large concern for the Department  
for the Aging. We have elder abuse programs to  
support programs, and we also provide information on  
safety provisions. It is a major concern for us. It  
has been a major concern for us in the last months

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because of the anti-Asian attacks so it is something  
that we're very vigilant of and we work very closely...

CHAIRPERSON MEALY: Do you have a plan for  
that, in regards to that? Is there any plan to set  
forth because it is happening, like you said,  
especially with the Asian, but all our seniors are  
vulnerable at this state and time so is there  
anything regarding transportation, buddy walking  
together, has the center, Department for the Aging,  
put anything in place like a safety package for our  
seniors?

COMMISSIONER CORTES-VAZQUEZ: We work in  
partnership with our providers, and we won't mandate  
that they put something in place. I have full  
confidence in the providers' knowledge of a  
particular community and we will support the  
providers' efforts for any effort that they put in  
place to address whatever the concerns are of the  
older adults at that time so if you're asking me am I  
giving additional vans or if DFTA is...

CHAIRPERSON MEALY: I'm just asking is  
there's a plan to make sure our seniors are safety,  
that it could trickle down to all of the senior  
centers. It could be just a memo just to let them

know you are a vulnerable population, be safe, be careful, try to be in pairs, that's all I'm trying to say. Are we talking to them and letting them be a part of this public safety awareness?

COMMISSIONER CORTES-VAZQUEZ: DFTA has issued 2 statements around public safety and it's concern, particularly on hate crimes and overall senior vulnerability, and we remind everyone in those statements that we have issued in the last few months regarding the resources that are available and I repeat that I have full confidence in the local community service provider and we will employ any approaches that they think that need to be supplemented to ensure the safety and the wellbeing of their members.

ASSISTANT COMMISSIONER BYERS: Also, our providers do work with the NYPD. The NYPD will come in, and they've been doing this virtually also, so they'll come in and give safety tips on everything from robbery prevention, scams, or anything like that so our providers are very much aware and do work with the NYPD to educate the older adults as to how to protect themselves.



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CHAIRPERSON MEALY: Okay. I'm going to  
turn it over to my Colleague. I can circle back.  
Thank you.

CRYSTAL POND, MODERATOR: Now we'll turn  
it over to Chair Moya.

CHAIRPERSON MOYA: Thank you. Good to see  
you, Commissioner. Glad you're doing well. I just  
want to focus in on a couple of things, which is you  
mentioned in your testimony a lot about the outreach  
that's been done to promote a lot of the services  
that you've been talking about. I believe, Mr.  
Ognibene, you brought this up and, excuse me if I got  
it wrong but I was making notes while you were giving  
your testimony, you spoke a program that was  
transporting seniors to get the vaccination. You  
mentioned that in your traffic.

COMMISSIONER CORTES-VAZQUEZ: It was  
taking vaccines to people's homes.

CHAIRPERSON MOYA: I just want to get  
clarity on that. Is it for the home vaccination  
program or was this transportation for seniors to a  
site that was giving the vaccine? I heard you mention  
a couple of things.

CHIEF OPERATING OFFICER OGNIBENE: It was  
a little of both.

CHAIRPERSON MOYA: Okay.

CHIEF OPERATING OFFICER OGNIBENE: Yes. We  
participated in a big in-home vaccination effort. At  
the same time, we asked our older adult centers that  
had transportation set up to help mobilize some of  
their older adults.

CHAIRPERSON MOYA: So the transporting  
aspect that you talked about in your testimony was  
not the agency itself providing vans to transport  
seniors to get a vaccination. You were then just  
reaching out to providers who had the vans or had  
transportation available to...

CHIEF OPERATING OFFICER OGNIBENE:  
Exactly.

CHAIRPERSON MOYA: Do that as an option.  
Okay. I just wanted to make clear that it wasn't the  
agency itself that was providing that.

CHIEF OPERATING OFFICER OGNIBENE: Right.

COMMISSIONER CORTES-VAZQUEZ: Chair Moya,  
for the record, there's very few services as you know  
us quite well that we provide directly to older  
adults.

CHAIRPERSON MOYA: That's why I just  
wanted to get clarity on that because you spoke about  
it in 2 different parts, and I just wanted to make  
sure I was clear that this wasn't the agency doing  
it. Okay.

To the home vaccination program, when did  
you begin to start that program for in-home  
vaccinations and also, to date, how many seniors have  
been vaccinated through your efforts through the in-  
home vaccination program.

COMMISSIONER CORTES-VAZQUEZ: Michael, I'm  
going to start and then I'm going to pivot to you,  
all right? When the home vaccination program started,  
Council Member Moya, it started with the Older Adults  
Initiative so from the inception of an in-home  
vaccination program, it was a partnership with the  
Fire Department and the Department of the Aging and  
some other EMS staff.

CHAIRPERSON MOYA: What was the date? I'm  
looking for the exact start of when DFTA partnered up  
with all the other agencies to start providing in-  
home...

CHIEF OPERATING OFFICER OGNIBENE: I would  
say... Can I jump in, Lorraine?

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COMMISSIONER CORTES-VAZQUEZ: Absolutely,  
and take it from there and give him the number which  
is...

CHIEF OPERATING OFFICER OGNIBENE: Right.  
We were still at home. We've been here since June of  
last year. We were still working at home when this  
started so I would want to say late, late winter,  
meaning February/March or March/April of 2021, the  
in-home began.

COMMISSIONER CORTES-VAZQUEZ: We'll give  
you the exact date because there was a press  
conference between the former fire chief, former  
mayor, and myself, and we can get you the exact date,  
Council Member.

CHAIRPERSON MOYA: Okay. Thank you. Then  
to date, how many seniors have been vaccinated  
through the in-home vaccination program?

CHIEF OPERATING OFFICER OGNIBENE: I  
included in my remarks 33,000 as per from the VCC.  
That's 65+, and that's about half of all the in-home  
that was administered.

CHAIRPERSON MOYA: Okay. I know we're  
touting this, but being in the epicenter of the  
pandemic we're talking close to almost a year after

the pandemic began to start offering that in-home  
service to seniors.

CHIEF OPERATING OFFICER OGNIBENE: The  
vaccine didn't begin until late, late '20.

CHAIRPERSON MOYA: I'm sorry. When did you  
say the program began exactly? Because I remember  
there being a very big lag time between when the  
vaccines were being offered and being rolled out, we  
had the issue which I'll get to in a minute as well  
that deals specifically with the digital divide here,  
but the services that were being provided, as we were  
giving categories out, remember, it started out with  
the older population first, when we kept asking for  
his because many homebound seniors could not get to  
the vaccination sites, a whole host of issues, I'm  
just trying to get timing from when that was  
available to when our seniors were able to get their  
vaccinations.

COMMISSIONER CORTES-VAZQUEZ: I'll give  
you the exact date so that we're not fabricating  
anything. That initiative started about maybe a month  
or so after vaccines, right, 8 weeks at the top. It  
was the advocacy of Council Members, it was the  
advocacy of then Manhattan Borough President Gale

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Brewer, it was the advocacy of certain other leaders  
that said we need to address in-home, and it was only  
a matter of weeks between when vaccinations started  
to when we started this initiative with the Fire  
Department, but we can get you those exact dates. We  
don't have that in front of us right now.

CHAIRPERSON MOYA: Got it.

COMMISSIONER CORTES-VAZQUEZ: We can get  
you those exact dates so that you can see what the..

CHAIRPERSON MOYA: Yeah, I'm just trying  
to get the actual timetable of when and how many were  
done throughout that time period.

I just want to now shift to talking a  
little bit more about equity, right, where New  
Yorkers, many intersecting identities such as older  
African Americans, Latinos that are living with a lot  
of underlying health conditions are at an increased  
risk of severe COVID-19 complications and death. For  
all age groups including those 75 and older the rate  
of death was much higher for those who were African  
American and Latino. What are we doing to better  
address the inequitable vaccine distribution among  
seniors of color?

COMMISSIONER CORTES-VAZQUEZ: What I can say to you and, Michael, you can take it. What I can say to you is all of our vaccination efforts, the priority was TRIE neighborhoods to address the 2 factors, the vulnerability of the older adult and then the fact of those older adults that were in communities that had historical health disparities that went unaddressed and that we discovered through the pandemic or that we were emphasized or escalated through the pandemic so all of our efforts from the beginning were TRIE neighborhoods and older adults, right, and particularly older adults in TRIE neighborhoods so that intersectionality was always very important and pivotal in our program design.

CHAIRPERSON MOYA: Okay, and are you now currently, is DFTA and the Department of Mental Health and Hygiene working together to sign up more seniors for the COVID vaccine?

COMMISSIONER CORTES-VAZQUEZ: We never stopped looking at vaccination rates because if you notice that vaccination rates for older adults citywide, it's about 89 percent, and one of the things that we continue to do is to make sure that those vaccination rates get higher than that. We are

particularly interested in those boroughs where it  
may be lower, and that is key to us, and that is for  
those individuals, it's 89 percent citywide for those  
who have received the first dose, and for those who  
are fully vaccinated the rate is 83 percent so our  
goal is to constantly monitor those numbers and  
constantly look at increasing the vaccination rate.

CHAIRPERSON MOYA: Got it. Now to  
something that we know has a huge impact not just on  
my district but in a lot of areas here in New York  
City, which is seniors with limited English  
proficiency and the digital literacy so while  
individuals from age 60 and above make up just 20  
percent of the city's population, they also represent  
36 percent of New Yorkers with no internet connection  
at home and, furthermore, half of New Yorkers age 80  
and above lack access to the internet at home. I know  
you mentioned some of this in your testimony and,  
excuse me if I missed it, how has DFTA been working  
together to reach seniors who lack digital literacy  
and seniors with limited English proficiency who have  
been isolated with the lack of internet connectivity,  
how are both agencies working together to reach those  
seniors of those 2 populations that I just mentioned?



COMMISSIONER CORTES-VAZQUEZ: We've worked very, very hard, and I'm glad because I'm going to throw the technology and the accessibility and affordability of internet back to you because I think that's an issue we all have to address. It's an issue that has been concerning for us. All older adult centers have internet access, and everyone who has received a tablet has been given free internet access for a year as they develop that. The concern for us as you so well stated but didn't say explicitly is the accessibility to internet and the affordability of internet, and that's something that we need to continue to address because it not only affects older adults but it affects all communities of lower income.

CHAIRPERSON MOYA: Right. Okay. Look, I just have 2 more questions then I'm going to turn it over to my Colleagues. Obviously, you know, the impact of isolation has been a huge concern, the impact that it has on the health of our seniors which includes mental health, cognitive health, and mobility. How is DFTA addressing the impact of the pandemic with program activities that you're doing currently to help mitigate that issue?

COMMISSIONER CORTES-VAZQUEZ: There are 2  
approaches that we've used, probably 3 approaches  
that we've used to mitigate social isolation. As we  
mentioned, we have engaged with the network of  
providers have done over 8 million wellness calls,  
check-in calls to older adults to make sure that they  
are not isolated and to just check in on their well-  
being. In addition to that, we have also provided  
something called friendly visiting, which is a  
service that was done virtually during this pandemic  
where you have a connection to an older adult and a  
trained volunteer for a sustained period of time.  
Then, we've also employed other methodologies like  
you just said, the virtual programming has been an  
essential methodology that we did to make sure that  
there was connectivity during this pandemic and that  
people can have the socialization and the  
entertainment that they sought from older adult clubs  
and were unable to have it because of the inability  
to congregate personally.

CHAIRPERSON MOYA: Okay. This is my last  
question here. There are core services for us to use  
that are not considered core services, for example,  
with case management. Why aren't these senior centers

that are already doing case management, even though  
that have case assistance, have case management  
funding, and how many senior centers in the last 2  
years have been bumped up from case assistance to  
case management?

COMMISSIONER CORTES-VAZQUEZ: They're 2  
very distinct services, right, and case assistance is  
available through all older adult centers, and they  
provide a myriad of services as well as assistance  
with applications for health benefits, for income  
benefits, and also they can do some interim supports  
for family members. Case management is the entrée to  
all of the in-home services as well as for those most  
vulnerable older adults who have critical needs. That  
is a more specialized assessment process that is  
offered through the case management agencies, and  
that's the distinction between those. Case assistance  
is if you were looking at escalating support and  
assistance, information and referral is the lowest  
intervention and entrée point then there is case  
assistance and then for the more vulnerable and those  
with the greatest needs there is case management  
services.

CHAIRPERSON MOYA: I guess what it is,  
what I saw in particular in some of the senior  
centers in my district was that the case assistance  
during this pandemic, you know a senior was  
homebound, unable to do things that are critical for  
their own health like the dishes, throwing out  
garbage, things that you mentioned, case management,  
what would it take to make the chore services, the  
program that is already offered there, the chore  
services as a core service that DFTA would fund?

COMMISSIONER CORTES-VAZQUEZ: It would  
require the specialization and staff at each senior  
center, and that is...

CHAIRPERSON MOYA: There are folks already  
doing that. That's why I'm asking because they're  
already doing it.

COMMISSIONER CORTES-VAZQUEZ: Folks are  
doing case assistance, absolutely right, Councilman.  
Everyone in a senior center, there is a case  
assistance component, but if we're talking about this  
higher level assessment, that is done by the case  
management agencies, and those agencies become the  
feeder agencies for home care, become the feeder  
agencies for home delivered meals, become the feeder

agencies for any other high level need that an older  
adult has.

CHAIRPERSON MOYA: Right, but some senior  
centers are doing case management beyond the case  
assistance already but they don't have the funding so  
my question goes back to how are we looking to  
address that in terms of funding senior centers that  
are already providing this service but not getting  
the funding for it?

COMMISSIONER CORTES-VAZQUEZ: There is no  
senior center, unless they have a case management  
contract, that's providing case management assistance  
services. They are providing case assistance.

CHAIRPERSON MOYA: Right, but they're  
doing the services that case management does, but  
they're labeled as case assistance and they never get  
the funding for doing the work there. That's what I'm  
trying to get at, Commissioner, and, if you like, I  
mean we can talk about it offline.

COMMISSIONER CORTES-VAZQUEZ: I would love  
to get some examples because, Council Member, that is  
not how...

CHAIRPERSON MOYA: I can name a bunch.

COMMISSIONER CORTES-VAZQUEZ: Sure.

(INAUDIBLE) those.

CHAIRPERSON MOYA: So that's why I wanted to get to why these senior centers in the districts that have been hardest hit can't get the funding for the services that they're providing because they are labeled as case assistance, not case management, but yet they're doing the work of case management so, again, we can talk about it offline, Commissioner. I just really want to be able to figure out how we solve that problem because it's a much-needed issue that really deals with getting the appropriate funding to these centers that are providing critical services to our senior population.

COMMISSIONER CORTES-VAZQUEZ: Louella, was there anything you wanted to add to that?

ASSISTANT COMMISSIONER BYERS: Not really. I would like to see those programs also.

CHAIRPERSON MOYA: Happy to do it.

COMMISSIONER CORTES-VAZQUEZ: Thank you, Louella. I think, Council Member, it really does warrant further discussion as to what (INAUDIBLE) between case assistance and case management and what

kind of funding would be required for some interim  
level between case assistance and case management.

CHAIRPERSON MOYA: I think all senior  
centers should have the funding for it. They're doing  
the services, they're helping people apply for SNAP,  
they're doing all of these things. This should be  
something that should be funded for all of our senior  
centers.

Look, I don't want to take up any more  
time. I'm sorry. I didn't mean to cut you off,  
Commissioner. Sorry.

COMMISSIONER CORTES-VAZQUEZ: No, no, no.  
I was going to say just for clarity sake and for the  
record, those are considered case assistance services  
and not case management.

CHAIRPERSON MOYA: I understand that. The  
point that I am making...

COMMISSIONER CORTES-VAZQUEZ: I got it, I  
got it, I got it.

CHAIRPERSON MOYA: That they do more than  
that so that's (INAUDIBLE)

COMMISSIONER CORTES-VAZQUEZ: It's an  
important point.

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CHAIRPERSON MOYA: Thank you,  
Commissioner.

CHIEF OPERATING OFFICER OGNIBENE: Chair  
Moya.

CHAIRPERSON MOYA: Yes.

CHIEF OPERATING OFFICER OGNIBENE: Chair  
Moya, before you leave, I just want to confirm so I  
knew my memory was pretty good. When I said February  
or March of 2021, it was indeed late February of 2021  
when the in-home vaccination started.

CHAIRPERSON MOYA: Got it. Thank you. So  
from February 2021 to now, it's been 33,000 in-home  
seniors that got vaccinated, correct?

CHIEF OPERATING OFFICER OGNIBENE: Yes.

COMMISSIONER CORTES-VAZQUEZ: Yes.

CHAIRPERSON MOYA: Great. Thank you. Thank  
you, Commissioner.

COMMISSIONER CORTES-VAZQUEZ: Thank you so  
much, Council Member.

CHAIRPERSON MOYA: Let me turn it over to  
our Counsel to take over from here.

CRYSTAL POND, MODERATOR: Thank you, Chair  
Moya. We will now turn to questions from other  
Council Members. Council Member Narcisse, you may ask



your question followed by Majority Whip Brooks-  
Powers.

SERGEANT KOTOWSKI: Time starts now.

COUNCIL MEMBER NARCISSE: Good afternoon,  
Commissioner, and good afternoon, Chairs Moya, Mealy,  
and, of course, Chair Hudson, thank you for the  
opportunity, and all the staff.

I'm coming from a perspective of being a  
nurse and being administrator part of Older Adult  
Day. What I realized during the height of the  
pandemic, we're not prepared. Everything was in  
chaos, and it was too much delay to react to the  
needs of the seniors. I'm in total agreement with  
Chair Moya saying all the services that the social  
daycare are giving, they're not getting paid. The  
reimbursement is ridiculous. You're getting about 60  
dollars to take care of a client to give them 3 meals  
a day, the meals come about 3 dollars and change.  
What can you get on that? No, 5 dollars and change.  
Transportation. And you're doing everything for those  
seniors, everything. I mean case management, case  
assistance management, you do the Medicaid  
application, you do a housing application, anything  
the seniors need, especially in the high-risk area.

When we're talking about where the seniors have limited language proficiency, they don't speak the language, and you cannot reach them. I had to be out there myself trying to locate them. They're scared, and the responses from DFTA was very, very slow. We could not get meals. I had to purchase meals myself for the seniors before we can get. What do we do? When they went home, we're not getting paid, but we had to provide the services. Then when the time that the city's trying to get together to say we're coming back, we're going to provide the services, the meal was not culturally competent. The seniors were not eating them so they were still calling us, that was not getting paid at all but we had to continue working to make sure that we provide the support that they needed because they did not have meals at home, they were living alone, they were scared, and when we come to technology most of them could not even have a decent phone to put on so my whole thing is what is the plan now moving forward if we have to deal with a pandemic or epidemic in our city. What are the policies you put in place that we as a community can support. Like Chair Moya, there is many, I'm not part of the senior center, but I lived it, I lived it. I

had to deliver meals every day with my own purchase,  
I had to purchase food before I could get  
organization to come and try to help us out so moving  
forward I think and I believe that we have to do  
better. Coming from you, Commissioner, what are the  
policies put in place, what's being done so we don't  
fall into the same chaos if we have to deal with  
epidemic or pandemic?

COMMISSIONER CORTES-VAZQUEZ: With all due  
respect, it was one of the most challenging periods  
for everyone in this city, and immediately our  
providers, on March 16th was when the city closed all  
congregate centers and from that period, from March  
16th, in a week's time, all of the network providers  
at DFTA went from a congregate meal program to a  
grab-and-go. The pandemic increased, and older adults  
became even more vulnerable and at that point we  
needed to stop grab-and-go and go to a direct meal  
provision program and so DFTA had Direct Meals 1, and  
we were providing and we were prepared to provide  
meals and did so for 25,000 older adults. What we  
found at that time, Council Member, was that that  
increased from 25 to 40,000, and at that point the  
Mayor also concurrently put in place a Food Czar

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because the capacity outgrew the capacity that the  
Department for the Aging had so we went from our 25  
traditional, which we were able to handle, went from  
grab-and-go to a direct service that grew in 1 week's  
time to 44,000. Our systems could not adapt that way,  
and, fortunately, the city put in a Get Food Program...

SERGEANT KOTOWSKI: Time expired.

COMMISSIONER CORTES-VAZQUEZ: That was to  
address all of the food insecurity needs, and you and  
I know that there were lots of conversations about  
the culture competency of that program at that time  
and about the quality of food, and it was something  
that the Get Food Program was constantly working to  
address. It was just the magnitude of the demand was  
so high at that period. We've learned so much thanks  
to all of the advocates who gave us suggestions.  
We've learned so much that I am proud that when we  
went from a transition from Get Food to Recovery, it  
was a seamless process so that is one lesson that  
we've learned. The other lesson that we've learned is  
to always have a variety of modality and so that is  
the other thing that we've learned. We've also upped  
our emergency plan. All programs in DFTA had  
emergency planning before, but this was something

that was totally unprecedented for the city and for  
the world and it was pivoting as much as we can  
always with the safety of the older adults in mind.  
Were there things that could've been done differently  
and faster? Absolutely. Absolutely, but the demand  
kept outpacing the capacity at any given time. We've  
learned that and so now we plan for more than rather  
than for what exists. That's one thing.

The other thing I want to be real clear  
of, Councilwoman, that I want to make the distinction  
between social adult daycare centers, which provide  
all of the service you were talking about, those are  
not the older adult clubs. Older adult senior  
centers, older adult day centers, are something  
operated by the state...

COUNCIL MEMBER NARCISSE: I know that.

COMMISSIONER CORTES-VAZQUEZ: I know that  
you know, but I just want to make that distinction.  
All right, they are not senior centers. Very, very  
different form of services, very different client  
populations.

CHAIR MEALY: Commissioner, can you tell  
us, I believe my Colleague asked what is the plan  
going forward? In China right now, they're on

lockdown. What plan that we could specifically see  
that if this ever happened again, what is in place?  
That's all, and she can speak for herself, but I  
would love to know because I asked that question  
before. Thank you. I don't know if she's available  
now, Council Member.

COUNCIL MEMBER NARCISSE: Yes, what's the  
plan moving forward. I understand the difference  
because I've been in the field for a long time, for  
over 30 years, but what I'm saying the same thing  
that we were dealing with is the same thing the OACs  
were dealing with as well because there was a delay.  
We all went through a spin trying to do the best we  
can because once you care for seniors, they become  
your family, because you know all their stories. You  
cannot turn your back so what I want to see DFTA do a  
plan and put a policy, what is the thing that we're  
going to do if a pandemic, because we're still in the  
pandemic by the way, if we are dealing with any new  
one or any epidemic, what do we do for the seniors  
because seniors, we talk the rhetoric all the time,  
we're standing on their shoulders but we're not  
making plan for seniors, especially if they live  
alone. They only have one place to go to see people.

1 They don't see anyone else, and what I said, language  
2 is a big deal in the black and brown community and,  
3 on top of it, the reimbursement of the senior  
4 centers, what they're getting, it doesn't match for  
5 the services they have to give. Now, you just  
6 mentioned during the height of the pandemic, when you  
7 have to give the vaccine, you relied back on the  
8 centers to use the transportation while they were not  
9 getting paid for the services but we had to do it  
10 because we're human, we're dealing with people, which  
11 I know you are too because I know you care, but it's  
12 just like the services we have to keep in mind what  
13 we ask people to do. You cannot ask people to do  
14 something that they don't have, like you cannot  
15 expect blood coming out of a rock so you cannot ask  
16 somebody to do something they don't have or provide  
17 something they don't have.

19 COMMISSIONER CORTES-VAZQUEZ: Let me try  
20 to unpack some of that. What I can say to you for the  
21 last issue that you raised, during the shutdown  
22 period, programs were being funded. The only funding  
23 that was not available to them for a short period of  
24 time was food funding because meal funding was being  
25 provided by essential source, but all of the staffing

money, all of the program money, none of that money was taken away from senior centers. Now we're talking about 2-1/2 years ago, all right, so I want to put that in perspective. None of the funding was taken away from senior centers other than senior center, food money was taken away, right, because they were not providing food services.

In terms of a plan, right now we work very closely with the Department of Health. We've just, 2 weeks ago, with the Department of Health have lifted the requirements to 100 percent occupancy. I can guarantee you, and we've also maintained the mask mandate. I can guarantee you that the city and this Department of Health are being extremely vigilant and, should there be a change that requires a shutdown of older adult centers, it will happen within a matter of time. We have the experience now of how to get food directly, and we have the number of providers beyond our own providers, how to get food to older adults in their homes should that be required. We already have that experience and we will build on that experience and those are the policies that we have in place. We respond to what the science



says and also really take the lead of our Department  
of Health who are constantly monitoring this.

COUNCIL MEMBER NARCISSE: Yeah, but you  
know that most of the food ends up in the garbage, by  
the way, because they're not culturally competent,  
because the people are not eating them so that's the  
plan that I'm talking about. If we have, because we  
don't want them to starve, what most of us had to do  
is to look for food for those seniors so now, moving  
forward, if we can look at that and then the message,  
like Dr. (INAUDIBLE) the message has to come from a  
trusted voice, right, so if we can use like tv or  
radios to send the message out because most of the  
seniors did not know what to do and then we have to  
do in the language in each area based on where  
they're at so you cannot send messages in English  
where most people don't speak English. That's the  
equity that I would like to see as well moving  
forward.

COMMISSIONER CORTES-VAZQUEZ: Thank you,  
but that has all been put in place already. All of  
our messages come in multiple languages and, as a  
result of some of, and I just want to be clear that I  
want to address something, because we're talking

about things that happened 2-1/2 years ago. As a  
result of some of the feedback that we got,  
immediately we started looking for, not us, Get Food  
and currently with our Recovery program, we look for  
providers who can provide those ethnic and cultural  
foods and also to meet religious requirements so that  
was done. Was it done from day 1? Absolutely not. Was  
it a lesson learned? Absolutely. Is it something  
moving forward that will never be repeated?  
Absolutely.

COUNCIL MEMBER NARCISSE: Thank you.

COMMISSIONER CORTES-VAZQUEZ: You're  
welcome. Thank you.

CRYSTAL POND, MODERATOR: Thank you. We  
will now move to Majority Whip Brooks-Powers followed  
by Council Member Brewer.

SERGEANT KOTOWSKI: Time starts now.

MAJORITY WHIP BROOKS-POWER: Thank you,  
and good afternoon, everyone. Thank you, Chairs  
Hudson, Mealy, and Moya, for today's hearing.

Just a real quick few questions for you,  
Commissioner. According to our hearing materials,  
DFTA found that among other neighborhoods,  
Springfield Gardens and Laurelton, which are in my

1 district, were underserved by the initial RFP issued  
2 last year. DFTA reissued the RFP in February so I'd  
3 like to know what outreach the agency conducted in  
4 the neighborhoods that were underserved by the  
5 initial RFP. I'd like to also know has the agency  
6 since identified providers in my district to apply  
7 for the RFP. Is the agency on track to meet the goal  
8 of having at least one contract per neighborhood by  
9 July 1st? I'd also like to know in DFTA's view, and  
10 I'm just pivoting real quick in terms of the  
11 vaccination rates among the older adults and the OAC  
12 residents relative to the general population. I just  
13 wanted to see from your perspective how are you  
14 seeing the risk levels differing from boroughs and  
15 neighborhoods, and is DFTA reopening the facilities  
16 at different rates across the city?

18 COMMISSIONER CORTES-VAZQUEZ: I want to  
19 answer your RFP question. Thank you so much. You know  
20 that it was important for us to reissue the RFP in  
21 those particular districts that you talked about and  
22 some that you didn't mention like West Harlem as well  
23 as Corona Queens and Fort Green or that community  
24 bBecause we didn't get enough responders to address  
25 the issues that we were hoping to address in those

particular communities. That RFP opened in February. It just closed, I believe, last Thursday, and we have gotten responses for each one of the communities, and we are reviewing those right now, and that's what I can share with you because we're still in the RFP process. We did all of the outreach that was done before, and, in addition to that, we reached out to community groups and to some leaders to say this RFP is out, you should look at who in the community should be responding to that so that's for that. What was the second question?

MAJORITY WHIP BROOKS-POWER: In terms of the RFP or in terms of COVID?

COMMISSIONER CORTES-VAZQUEZ: The opening. We are not doing a rolling opening. We've identified a date, and I'll give you the example of last June. When we opened at that point, each program decides when they're ready and able to open, and that's the same thing happening now. Two weeks ago, we said they can open at 100 percent capacity. They will open when and able that they're ready. There are lots of issues that they have to address. They've been occupied at 25 percent limitation so now they have to prepare to open at 100 percent. We still give them the guidance

that we believe will be the most prudent guidance with the Department of Health for the safety issues such as masking, health screenings, and some distancing, but are we doing it by community? No, to answer you specifically. We believe that each one of the partners and the providers will know when they're ready and able to open.

MAJORITY WHIP BROOKS-POWER: So DFTA is not really monitoring the varying risk levels across the different boroughs?

COMMISSIONER CORTES-VAZQUEZ: No, no. Are we talking about vaccinations or are we talking about opening? We're monitoring and are in constant contact with people around the opening.

MAJORITY WHIP BROOKS-POWER: Right, so just to clarify my question or my statement rather. I wanted to get your perspective on how the risk levels may differ across the boroughs and neighborhoods. That was one question. Then I had followed up with is DFTA reopening the older adult centers at different rates across the city. Just to clarify.

COMMISSIONER CORTES-VAZQUEZ: We constantly monitor with the city the different impacts on communities. As I said earlier in my

testimony and I've said in earlier hearing, that the  
TRIE neighborhoods became the focus. Those  
neighborhoods...

SERGEANT KOTOWSKI: Time expired.

COMMISSIONER CORTES-VAZQUEZ: By COVID  
were the neighborhoods that we've targeted many of  
our efforts for. That's first priority. Then we scale  
it out to others so yes, we monitor that very  
carefully. Again, in terms of the openings, it is the  
center that determines when they're able and ready to  
open.

MAJORITY WHIP BROOKS-POWER: What I'm  
trying to get from the question is when I asked about  
the different rates across the city, I'm trying to  
see if we're seeing in certain communities a slower  
opening and what root cause may be in terms of why  
some communities may have a longer delay in terms of  
being comfortable in reopening their facilities for  
the older adults.

COMMISSIONER CORTES-VAZQUEZ: I don't know  
that I can answer that. I know that we are monitoring  
it citywide. I know that the programs are in constant  
touch with their members and what are resistances to  
coming back to a center, but I don't know that I

could answer is there one neighborhood that is  
distinct from another and that that causal is why  
they're opening or not opening. I'm not prepared nor  
do I have enough information to give you a precise  
answer for that.

MAJORITY WHIP BROOKS-POWER: Would you be  
able to provide the Committee with the data in terms  
of like what the numbers are in terms of reopening  
across the city?

COMMISSIONER CORTES-VAZQUEZ: Oh, sure,  
sure, we can do that.

MAJORITY WHIP BROOKS-POWER: Okay.

COMMISSIONER CORTES-VAZQUEZ: Just  
remember, Majority Whip, Council Member, that that  
changes every day, right, so today there might be 69  
of them open and tomorrow they'll be 118 so we can  
provide you that for points in time and then give you  
an update if you wanted at a later time so we can  
give you that for what that is today.

MAJORITY WHIP BROOKS-POWER: My last  
question for you is does DFTA have adequate resources  
to continue testing and vaccinating older adult  
center residents?

COMMISSIONER CORTES-VAZQUEZ: We have just given out, Michael, correct me if I'm wrong, about half a million testing kits are available for all of the older adult centers and some home testing kits are available. DFTA doesn't do vaccination itself. We work with the city vaccination centers so what we do is develop plans so that we could make sure that our communities are utilizing those vaccination centers.

CHIEF OPERATING OFFICER OGNIBENE: This is Michael. I'm going to add 3 things to that. We have access to about that many test kits. We're going to be rolling them out in phases, though. We've already reached out to our programs and asked who needs what. Number one.

Number two, when you asked about outreach, every community-based organization that was prequalified to deliver older adult services received notice for the RFP so everyone that was prequalified received notice.

The third thing I want to clarify is an earlier point about the number and the RFP originally. In fact, there were 36 new additional sites from the first RFP.

COMMISSIONER CORTES-VAZQUEZ: 31.



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CHIEF OPERATING OFFICER OGNIBENE: 36 new  
total. The 31 is separate from the 5. Five plus 31  
will be 36 new. The one distinction I will say is  
there's a difference between the funding for an older  
adult center versus a NORC, and that allowed some  
flexibility.

MAJORITY WHIP BROOKS-POWER: Thank you for  
that, Michael. Thank you, Commissioner. Thank you,  
Chairs.

COMMISSIONER CORTES-VAZQUEZ: Thank you.  
Always a pleasure.

CRYSTAL POND, MODERATOR: Thank you. Up  
next we have Council Member Brewer.

SERGEANT KOTOWSKI: Time starts now.

COUNCIL MEMBER BREWER: Thank you very  
much, Commissioner and Chairs. I have 5 quick  
questions.

First of all is technology. I am  
supportive of the older adult center virtual  
programming and all the work that you're doing on  
technology, and I do want to say, just like Brookdale  
Center for Healthy Aging and Hunter College, you know  
well the wonderful folks there, and LiveOn New York,  
I want to find a way to provide universal tech

support for seniors via 311, and I know you've been thinking about this so I want to know what additional investments does DFTA require to expand tech access and tech literacy in the year coming up. Also, how are we going to get the libraries open more often and tech connect for in-person instruction on weekdays and weekends? I say that because with all due respect I know exactly how hard it is to get the technology to the seniors at NYCHA or elsewhere but they can't half the time use them even though the senior centers try to provide that technology, and the senior centers aren't there all the time. I want 311 to be there.

Number two, I know that everyone works really hard to deal with this cost of living in New York City, and I know the Council included 60 million for a cost of living adjustment for providers in our budget. I want to know if the administration supports that. DFTA needs more money, and I know maybe you can't say that, but we can. You've got to have more money. We all talk about parks 1 percent, DFTA needs more money. We're getting older as a city. DFTA needs more money.

Number three, again on the money front, I know that we're all trying to increase Home Delivered Meal reimbursement. You heard that from my Colleagues, but my understanding is it was in the Mayor's preliminary budget, but providers have not yet seen that increase into their contracts and, as Borough President, I fought for this hard so I want to know when will that be in the contracts.

Number four, you and I have talked, Commissioner, about JASA and the One Stop, and I know it wasn't possible to fund in the last go around so I want to know if there's a new RFP, would those services be able to be rebid in the new RFP.

And five, I do not like the for-profit, I don't know what they call, they call themselves senior centers. They are not. Margaret Chin did everything she could to get rid of them. I want to know how we're going to get rid of them and use that money for the beloved older adult centers that you manage and that we love. I think they're taking our Medicaid money and so I want to know how we're going to get rid of them. Thank you very much.

COMMISSIONER CORTES-VAZQUEZ: In terms of the technology, you're absolutely right. We really,

1 working together with you, working together with the  
2 Mayor's office, the Chief Technology Officer is  
3 really looking at this issue of expanding technology  
4 and expanding digital access to older adults. As you  
5 so aptly said, the companion piece to that is the  
6 training. You can't have access without knowing how  
7 to run the car well is useless. We've put a lot of  
8 effort into that. It is something that we're  
9 constantly looking at, and I cannot give you a dollar  
10 figure right now, but right now we have 20,000  
11 tablets. We've been working with the network to see  
12 how many more tablets are necessary, what that would  
13 require in terms of training, and we will have those  
14 kinds of conversations with OMB. I'm very pleased to  
15 say right now that the Mayor's Office and Deputy  
16 Mayor Williams also just approved that we can use  
17 designated state, city CDBG money to increase digital  
18 access and that literally came hot off the press last  
19 night so we're really pleased about that. Each one of  
20 those inches up closer to addressing this digital  
21 divide that we know exist, but it's incumbent upon  
22 all of us, there is a state law that talks about  
23 accessible access, digital access, we need to make  
24 sure that that gets implemented. I believe that it's  
25

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been bogged down in some sort of litigation, but  
that's a concern for us. We've created, and you'll be  
pleased to hear this, a lot of programs have digital  
libraries right now.

SERGEANT KOTOWSKI: Time expired.

COMMISSIONER CORTES-VAZQUEZ: Am I limited  
in my response to her too?

COUNCIL MEMBER BREWER: No. Keep going.

(INAUDIBLE)

COMMISSIONER CORTES-VAZQUEZ: We are  
working right now in creating sort of like a resource  
center, a mega digital library, so that every program  
could have access to state-of-the-art programming,  
and that is something that we're working on right  
now, and we hope that we could unveil sometime during  
the end of the summer. Staff will kill me for saying  
that.

In terms of the JASA contract, we can  
talk about that offline. JASA was fully funded, and  
they made the decision not to continue with the One  
Stop Center.

In terms of the SADs, you're right.  
Former Council Member Chin, former Chair Chin, this  
was one of the things that she wanted us to really be

1 vigilant. The city doesn't have much control over it  
2 because it's a state-run program, but what we were  
3 able to do with the support of the joint leadership  
4 was to create an ombudsman program so right now what  
5 we do have is access to know who's registered, who is  
6 running as an older adult center. It gives us access  
7 to their information. It also gives people in the  
8 City of New York an additional place to lodge  
9 complaints other than just the state and then we  
10 become very aggressive and active in the case and  
11 submit it to the state for rectification. It's been a  
12 concern for all of us, which is why we believe,  
13 Council Member, and I know you believe, in a  
14 community care plan that expands more services for  
15 quality services in the community that can have older  
16 adults live with dignity in the communities that they  
17 helped create so it's a matter of looking at state  
18 policy and looking at some joint advocacy.

19  
20 COUNCIL MEMBER BREWER: Then just the  
21 issue of getting more money for the meals. When is  
22 that going to happen? Do we know?

23 COMMISSIONER CORTES-VAZQUEZ: I wish Jose  
24 was on here. That contract amendment and registration  
25 process is going on now, and then that is for the

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initial 10.58 and then right after that one we're  
looking at the one that begins July 5.

COUNCIL MEMBER BREWER: 11 dollars.

COMMISSIONER CORTES-VAZQUEZ: 11  
something.

COUNCIL MEMBER BREWER: I haven't  
memorized it. Then the cost of living. What's going  
to go on with that?

COMMISSIONER CORTES-VAZQUEZ: The cost of  
living...

COUNCIL MEMBER BREWER: Because we put it  
in our budget. We just didn't know if you can say  
something to support the city (INAUDIBLE)

COMMISSIONER CORTES-VAZQUEZ: What's going  
on here? I'm...

COUNCIL MEMBER BREWER: We put in 60  
million dollars.

COMMISSIONER CORTES-VAZQUEZ: It's just  
that my screen just blacked out so if you can hear  
me, I will continue. Yes, you did, and, yes, we  
support anything that enhances older adult services  
at the community level including making sure that we  
have pay equity. You know that pay equity in the  
field of aging is something that we've taken a stand

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for and want to elevate the industry called aging  
network so, yes, we are in support of that.

COUNCIL MEMBER BREWER: Okay. Thank you  
very much. Thank you very much, everybody. I could go  
on forever. I'll stop.

COMMISSIONER CORTES-VAZQUEZ: I need  
people to know that for some reason my screen went  
blank and all I can do is hear. All right?

CRYSTAL POND, MODERATOR: Okay. We can see  
you and hear you.

So seeing no other hands raised, I will  
turn it back over to Chair Hudson for second round of  
questions.

CHAIRPERSON HUDSON: Thank you so much. My  
first question is on March 21st, DFTA notified  
providers that OAC capacity restrictions were lifted  
and programming could resume at 100 percent capacity.  
Are all OACs operating at full capacity again? I know  
you mentioned this a little bit earlier but just for  
the record.

COMMISSIONER CORTES-VAZQUEZ: No, they're  
not. No, they're not, and it really is the program's  
ability and readiness, and that's what guides the  
reopening.



CHAIRPERSON HUDSON: I'm sure I know the answer to this, but have OACs encountered difficulties in operating at 100 percent capacity and is DFTA proactively reaching out to OACs to assist them in any troubles that they're encountering?

COMMISSIONER CORTES-VAZQUEZ: I can say with confidence that our staff is in regular communication with the providers and the goal is that we're in this together and to make sure that we address this together. As far as, there's a variety of issues that impact the full opening. It could be members' hesitancy and concerns. It could be staffing requirements. It could be just getting the facility that had been operating for 25 percent for about a year to now 100 percent so it's upgrades in the physical plant needs. It's things of that nature.

CHAIRPERSON HUDSON: Understood. Will DFTA be sending out any guidance to all other programs such as NORCs and transportation confirming capacity restriction and guidance changes, which was done for the OACs?

COMMISSIONER CORTES-VAZQUEZ: We do that for the NORCs. We will do that for the 9 senior adult daycare centers that we operate. We will not do that

for the state because the state dictates the  
operations of the social adult daycare centers.

CHAIRPERSON HUDSON: Mask wearing and  
social distancing guidelines for staff and  
participants remain in place as well as health  
screening assessments for staff and participants upon  
entry. Are there plans to include proof of vaccine  
for that in terms of entry?

COMMISSIONER CORTES-VAZQUEZ: At this  
point, no, because it's 100 percent occupancy. That  
was the requirement before when it was 25 percent.

CHAIRPERSON HUDSON: Okay. A couple of  
counties upstate were requiring vaccines in senior  
centers. Did DFTA ever consider this in consultation  
with DOHMH? It sounds like you did. Why wasn't a  
vaccine mandate ever implemented at older adult  
centers, which is different than proof of?

COMMISSIONER CORTES-VAZQUEZ: I think  
that's a consideration and a conversation that we  
continuously have with DOHMH but now that we have 100  
percent occupancy I think that supersedes the mandate  
requirement because we also have the other health and  
safety requirements, but we do have a mandate  
requirement for staff at older adult centers.

CHAIRPERSON HUDSON: A vaccine mandate for  
staff?

COMMISSIONER CORTES-VAZQUEZ: Yes. That  
was imposed early on when the vaccine mandate was  
imposed for all human service employees as well as  
for city employees.

CHAIRPERSON HUDSON: Okay, so now going  
back to 100 percent capacity, there's no vaccination  
only programming. That's correct, right?

COMMISSIONER CORTES-VAZQUEZ: Yes, that is  
correct.

CHAIRPERSON HUDSON: Okay. Last month, the  
average daily participation rate was 15,800, about 60  
percent of pre-pandemic numbers and well below DFTA's  
target of 26,324. The FY-22 budget included 2 million  
dollars for marketing and outreach. How much of that  
has been spent so far?

COMMISSIONER CORTES-VAZQUEZ: That will  
depend on invoicing. I do not have that number for  
you, but I know that a lot of activities are going on  
for outreach and education by the local provider. I  
do not have that number because that is part of the  
entire program budget.

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CHAIRPERSON HUDSON: Okay. We can follow  
up with you on that.

COMMISSIONER CORTES-VAZQUEZ: Yeah, we can  
get...

CHAIRPERSON HUDSON: At last month's  
budget hearing, DFTA stated that it put together a  
working group to develop best practices for marketing  
and outreach to get older adults back into the  
centers. What's the status of this working group, and  
what's the outreach plan to increase participation at  
OACs?

COMMISSIONER CORTES-VAZQUEZ: The plan is  
to put together these members to see what the best  
practices are. We created work groups in the past  
that were very instrumental in informing our new  
directions, and, based on what they come up with, we  
could either make those mandates or strong  
suggestions on outreach efforts, but it's still early  
in its formation.

CHAIRPERSON HUDSON: Okay, so it hasn't  
started work yet?

COMMISSIONER CORTES-VAZQUEZ: No.

CHAIRPERSON HUDSON: Okay. I have a couple  
more questions. Bear with me here one second. Has

DFTA been tracking the demographics of the clients coming into older adult centers and whether or not the demographics have shifted during the pandemic?

COMMISSIONER CORTES-VAZQUEZ: What we track is daily average participant. When the older adult center staff input data on demographics of older adults, that's all voluntary. The older adult self-identifies in whichever manner they want then that data is keyed in.

CHAIRPERSON HUDSON: Okay, so how can we can ensure that seniors in all communities are being provided with the information and support they need to receive services at OACs again?

COMMISSIONER CORTES-VAZQUEZ: We make sure that older adults know that any older adult in the city of New York can go to an older adult center. That is universal. That is part of everything that we communicate. In addition to that, at the local level, each one of the providers has an engagement strategy, which includes trusted stakeholders and other community partners and so that is an ongoing effort, which is why in the RFP we added money so that could become part of a structure rather than it's uneven across programs. We wanted everyone to engage with

their local partners to make sure that more older adults were familiar with the services and would engage in the services, and that is why that particular effort was funded as a category. Before, it was never funded as a category.

CHAIRPERSON HUDSON: Okay. Thank you. I have a few more questions, but I wanted to just circle back to something, there was some conflicting information when I asked earlier about the funding for older adult centers and NORCs and the numbers, you said that the 5 were included in the 31, I believe, but then, Michael, you stated that the 5 were in addition to the 31 so can we just get some confirmation?

COMMISSIONER CORTES-VAZQUEZ: Yeah. The confirmation is that there's 31, and those include the 5. Michael added them. There were 31 total additional, and that includes the 5.

CHAIRPERSON HUDSON: Okay. All right. I just want to make sure that's the final because we received different information before the hearing and then 2 different bits during the hearing so I just want to make sure that's the...

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COMMISSIONER CORTES-VAZQUEZ: And I will  
confirm that again with Michael, but we didn't have  
36 new sites. We had 35 new sites. I mean 31 new  
sites. That was always the expansion, and what we did  
was we reprogrammed some of the money of the entire  
pot to readdress those 5 communities that needed more  
vibrant participation in the RFP.

CHAIRPERSON HUDSON: Okay. All right. If I  
need to come back to that one, then I will.

COMMISSIONER CORTES-VAZQUEZ: Yeah, and  
we'll get back to you on that because Michael and I  
are still debating that. All right?

CHAIRPERSON HUDSON: All right. Mental  
health support groups are some of the more in-demand  
programs for older adults returning to the centers.  
Does DFTA support the Council's preliminary budget  
response that includes 8.7 million dollars to expand  
DFTA's geriatric mental health program?

COMMISSIONER CORTES-VAZQUEZ: Is that a  
trick question? We will always support any additional  
support to expand with geriatric mental health as  
well as other DFTA services so yes, as long as we do  
that in consultation it will always be a plan to

address the needs because as you know and I've always  
said the needs way outpace the resources available.

CHAIRPERSON HUDSON: Right. We definitely  
know that for sure. Council Member Lee had to run  
earlier but she left me with a few questions so I'll  
run through her questions and then I'll turn it back  
over to the other chairs before we get into the  
public testimonies.

You mentioned that you received  
applications for the reissued RFP which were the 5  
locations that we've referenced a few times. How many  
applications exactly did you receive for that RFP?

COMMISSIONER CORTES-VAZQUEZ: I don't have  
that in front of me. I will get you that.

CHAIRPERSON HUDSON: Okay. I know that the  
neighborhoods were determined based on they were  
underserved, right, but just curious... Go ahead.

COMMISSIONER CORTES-VAZQUEZ: In the  
initial RFP, when we designated all of the  
communities we were looking at particular communities  
that were underserved, right, and that with growth,  
that's why we targeted particular communities.



CHAIRPERSON HUDSON: Okay, so she's  
curious to know how you determined... Was somebody  
saying something?

CHIEF OPERATING OFFICER OGNIBENE: I'm  
going to clarify that the 5 are not underserved, they  
were where we received proposals that were not viable  
the first go around so we're reissuing with the hope  
to get viable proposals this time.

COMMISSIONER CORTES-VAZQUEZ: But,  
Michael, the larger question becomes when we issued  
the original RFP, we looked at service gaps, we  
looked at ethnic disparities or needs for ethnic  
services. I was answering the larger question.

CHAIRPERSON HUDSON: Yes, but both answers  
are helpful. Thank you. I think just as followup,  
she'd like to know how those neighborhoods were  
determined so what were the metrics that were used to  
identify those underserved neighborhoods and if  
funding wasn't an issue, how many additional  
neighborhoods would potentially be identified? Did  
you have to narrow it down based on what was  
available?

COMMISSIONER CORTES-VAZQUEZ: Yes. Yes,  
and we were looking at current growth and future

growth, and what we were trying to address was at least the most immediate current growth needs that were going unaddressed, where the greatest service gaps occurred.

CHAIRPERSON HUDSON: Okay, so do you know how many more neighborhoods or communities, if funding wasn't an issue, how many more communities would fit those parameters?

COMMISSIONER CORTES-VAZQUEZ: We have that information somewhere more than likely, and we can give you that, we can give you the table of what we currently have and then where the growth is experiencing and what we can project will be the needs. We can do that. We will...

CHAIRPERSON HUDSON: Okay. That would be great.

COMMISSIONER CORTES-VAZQUEZ: It'll take us a while to do that, Council Member Hudson, but we can gather that information for you.

CHAIRPERSON HUDSON: Okay. We are a patient bunch so we'll wait for it.

COMMISSIONER CORTES-VAZQUEZ: I'm sure we followed up with you to give you the tutorial on how we do that, how we go about projecting growth and

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plotting it across the city, right? That's been a  
commitment that we have to do that with you and your  
Committee Members, the Aging Committee.

CHAIRPERSON HUDSON: Okay, so we look  
forward to doing that then.

COMMISSIONER CORTES-VAZQUEZ: Let's  
schedule that so that we can do that sooner than  
later.

CHAIRPERSON HUDSON: Okay. Will do. How  
much does it cost to fund a senior center?

COMMISSIONER CORTES-VAZQUEZ: Given the  
model budget, the model budget had a threshold of  
it's either 350 or 400,000 dollars. I will get you  
the precise number unless somebody can give that to  
me now, and, Louella, do you know, Michael, do you  
know, somewhere in that range, and that is why we did  
the model budget because in the past we had centers  
that were operating with 150,000 budget and we  
thought that there was some disparity and Council  
Member Chin at that time really pushed to have this  
model budget. If we look at cost of inflation, we're  
looking at that right now to see how we need to  
readjust or look at some of the factors that went

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into the model budgeting creation, right, just to see  
if there's any changes in those factors.

CHAIRPERSON HUDSON: Okay. In your  
testimony...

COMMISSIONER CORTES-VAZQUEZ: (INAUDIBLE)  
that that model budget was done at a point in time  
and that was over 2 years ago. That should be  
revisited, right.

CHAIRPERSON HUDSON: Right. That would be  
appropriate, I think. In your testimony, you  
mentioned connecting with 255,000 unduplicated older  
adults since March 2020 plus their caregivers through  
social engagement calls. How does that 255,000  
compare to the overall number of clients across all  
of DFTA's older adult centers and what are the  
challenges and barriers to reaching more if we think  
about the 1.7 million older adults we have in New  
York City?

COMMISSIONER CORTES-VAZQUEZ: That was  
just based on the wellness calls. If you add to that...

CHAIRPERSON HUDSON: (INAUDIBLE) home  
delivery meal program specifically.

COMMISSIONER CORTES-VAZQUEZ: Okay. Repeat  
the question because I was...

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CHAIRPERSON HUDSON: I was just saying the  
255 that you just mentioned for the wellness calls,  
the wellness calls were done for the home delivered  
meal program specifically, right?

COMMISSIONER CORTES-VAZQUEZ: No, wellness  
calls were done for all.

CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTES-VAZQUEZ: Wellness  
calls were done for all.

CHAIRPERSON HUDSON: Okay, so I guess the  
question is really 255,000 seems low.

COMMISSIONER CORTES-VAZQUEZ: Yes.

CHAIRPERSON HUDSON: So what's...

COMMISSIONER CORTES-VAZQUEZ: That's  
unduplicated count, right.

CHAIRPERSON HUDSON: Right, so what are  
the challenges or barriers to reaching more folks?

COMMISSIONER CORTES-VAZQUEZ: What I'm  
trying to say is that was just one measure, and that  
was wellness calls. There were other older adults  
being connected through virtual programming and so  
that number would go high. That number was  
specifically for the wellness calls.

CHAIRPERSON HUDSON: Okay. For the  
postcards that you distributed and I think you've  
already collected, you mentioned, what languages were  
they translated into and were they translated by the  
city or by the providers themselves?

COMMISSIONER CORTES-VAZQUEZ: Michael.

CHIEF OPERATING OFFICER OGNIBENE: I'll  
answer. The postcards went out with the meal delivery  
through last week. This week, only this week, we're  
asking that they return them to their delivery  
person. Hopefully, we'll get a lot, and, if not,  
we'll ask for them next week as well. We sent it to a  
source to do the translation, not with the original.  
The original postcard was sent in English, the survey  
was sent in English, the surveys are now being  
translated into the preferred language, and those are  
going to be mailed out very, very shortly.

CHAIRPERSON HUDSON: Do you know which  
languages?

CHIEF OPERATING OFFICER OGNIBENE: The top  
10 languages. I can get those to you.

CHAIRPERSON HUDSON: The top 10 languages  
in the city you're saying.

CHIEF OPERATING OFFICER OGNIBENE: Yes.

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COMMISSIONER CORTES-VAZQUEZ: No. Not the  
top 10 languages in the city. It's the top 10  
languages that older adults in the city speak.

CHIEF OPERATING OFFICER OGNIBENE: Yes.  
Each person that registered to get food had to  
identify their preferred language. We looked at those  
and translated the top 10, which mostly mimics the  
same.

CHAIRPERSON HUDSON: So you translated  
them or providers translated them?

CHIEF OPERATING OFFICER OGNIBENE: We have  
an outside vendor that is doing it.

CHAIRPERSON HUDSON: Okay.

CHIEF OPERATING OFFICER OGNIBENE: That  
has done it, that has done it.

CHAIRPERSON HUDSON: Okay. I think it  
would be helpful to just follow up on that and get  
the full list of the languages.

CHIEF OPERATING OFFICER OGNIBENE: Yes,  
and we're going to return, next mailing will be the  
English and their preferred language both, and we're  
also calling them.

CHAIRPERSON HUDSON: Okay. Do you call  
them in their preferred language?

CHIEF OPERATING OFFICER OGNIBENE: We have  
access to Language Line.

CHAIRPERSON HUDSON: Okay, and when you  
use this third party vendor, are the providers  
included in that process? Do they get to review a  
draft at all of the translations?

CHIEF OPERATING OFFICER OGNIBENE: We  
haven't asked them to. By the providers, you mean the  
vendors that are delivering the meals?

CHAIRPERSON HUDSON: Correct.

CHIEF OPERATING OFFICER OGNIBENE: They're  
subcontracts. We can discuss with the 3 vendors.

COMMISSIONER CORTES-VAZQUEZ: But for  
clarification, DFTA staff reviews those to make sure  
that it is done and communicated where we have the  
capacity. I mean that is not done without some  
review.

CHIEF OPERATING OFFICER OGNIBENE: Right,  
and the vendors did contribute to the English  
version. They haven't looked at the translated  
version. They reviewed...

CHAIRPERSON HUDSON: I think we're more  
concerned about the translated version than the  
English version.



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COMMISSIONER CORTES-VAZQUEZ: Yeah.

CHAIRPERSON HUDSON: Okay. Of the 2.7  
million congregate and grab-and-go meals that have  
been served since June 2021, how many of those are  
unduplicated meals?

COMMISSIONER CORTES-VAZQUEZ: That is  
unduplicated.

CHAIRPERSON HUDSON: So that's, okay, not  
together.

CHIEF OPERATING OFFICER OGNIBENE: Right.  
If you think about 13, 14, 15,000 average per week  
times the number of weeks over the 9 months, that's  
how you got to the 2.7 so on average it's been 15,000  
or so.

COMMISSIONER CORTES-VAZQUEZ: 14,200 to be  
precise.

CHAIRPERSON HUDSON: Right. Okay. Thank  
you. Just going back to, you answered the question  
about additional money from our budget response, the  
8.7 million dollars, if we're able to get that, what  
types of mental health services would you add, how  
would you expand services, would you only partner  
with Article 31 clinics or would you partner with  
other types of mental health providers and, if so,

which ones, and how would you address staffing for these programs, would you limit it to just social workers or would you consider paraprofessionals, and what would the plans be to scale up those mental health services?

COMMISSIONER CORTES-VAZQUEZ: The mental health service guidelines are determined by the state so we would follow the state, which is why we designed a hub and spoke model, which means that we will still have one geriatric mental health program that meets all of the requirements of the state but then they can have offshoots and staff that can go to other facilities so that we can expand the reach so that is why we have the hub and spoke model, to expand that reach because we wouldn't be able to serve the number of centers that we would like to reach because most of them would not meet the requirements of the state to provide mental health services, and it's a variety of things so that's why we decided that other model that expands our reach and doesn't restrict us to all of the guidelines imposed by the state. Yet the quality of service is never in dispute because it's the same staff providing it. They're just in a different facility or

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bringing older adults to their facilities so it's a  
different approach.

CHAIRPERSON HUDSON: Okay. Those are all  
my questions. I'll turn...

COMMISSIONER CORTES-VAZQUEZ: What I also  
want to remind or to bring up is something that we  
raised at the last hearing was that there were  
discretionary dollars that as a result of our  
commitment to fund ethnic and smaller community-based  
programs, 13 of them were funded under the RFP.  
There's 5.1 million dollars that those programs are  
now using city tax levies, federal, and state dollars  
to run their programs rather than just discretionary  
and so we want to reinforce the commitment of the  
Council to keep those 5.1 million dollars in the  
Aging portfolio so that we can continue expanding  
services.

CHAIRPERSON HUDSON: Okay. Thank you. I  
will turn it over to Chairs Mealy and Moya, and then  
I'll let Crystal come back on for the rest of it.

CHAIRPERSON MEALY: Thank you, Chair. I  
only have one question. So far in FY-22, OACs have an  
average of 5,541 daily participants in the grab-and-  
go meals. We have heard that, just rumors, that grab-

and-go meals will end at the end of this year. Will  
DFTA consider grab-and-go meals option long-term to  
allow programs the flexibility to serve nutritionally  
at-risk seniors as the older adults might prefer?

COMMISSIONER CORTES-VAZQUEZ: During this  
transition period, we are building in the most  
flexibility, particularly that we have the 100  
percent capacity lifted so we will put in as many  
opportunities as possible to expand and to ensure  
that people get the services that they need. Our  
commitment is to ensure that older adults can get  
those services met in the way that they prefer, but,  
that being said, grab-and-go was an emergency  
measure. It was put in as part of an emergency plan  
and our goal is to bring people back to socialize as  
much as they can in person so to the extent that we  
can do that, that is the goal.

CHAIRPERSON MEALY: The possibility of  
extending the grab-and-go meals?

COMMISSIONER CORTES-VAZQUEZ: It is  
something that we will monitor carefully with our  
providers and, if we think that that is an  
appropriate approach to continue, we would do that as  
long as it doesn't become a default and minimize in-

person participation. The Older Americans Act is funding these programs because they want in-person congregate activities and meals, and they built in some emergency flexibility. We can work and see how long that flexibility is allowed for us as a funding source from the overhead agency, but, yes, it's something that we will monitor carefully with our participants.

CHAIRPERSON MEALY: I appreciate it. I'm going to turn it over to Chair Moya.

CHAIRPERSON MOYA: I'm done with questions, Commissioner. I'll follow up with you on the things that we had discussed earlier today.

COMMISSIONER CORTES-VAZQUEZ: All right. By the way, we got some responses for the Corona RFP so I thought you would be very interested in that. All right.

CHAIRPERSON MOYA: Okay.

CHAIRPERSON HUDSON: Then turn it over to Crystal Pond, our Moderator.

CRYSTAL POND, MODERATOR: Thank you, Chairs Hudson, Mealy, and Moya.

We will now begin public testimony. The first panel of public testimony in order of speaking

will be Christian Gonzalez-Rivera followed by Briana  
Paden-Williams followed by Farhana Hussain.

I'd like to remind everyone that I'll be  
calling on individuals one-by-one to testify. Each  
panelist will be given 3 minutes to speak. Please  
begin your testimony once the Sergeant cues you.

Council Members who have questions for a  
particular panelist should use the Zoom raise hand  
function, and I will call on you in the order you  
raised your hand after the panelists have completed  
their traffic.

For panelists, once your name is called a  
member of our staff will unmute and the Sergeant-at-  
Arms will set the timer then give you the go ahead to  
begin. Please wait for the Sergeant to announce that  
you may begin before delivering your testimony.

I will now call on Christian Gonzalez-  
Rivera.

SERGEANT KOTOWSKI: Time starts now.

CHRISTIAN GONZALEZ-RIVERA: Hi, everybody.  
My name is Christian Gonzalez-Rivera, and I'm the  
Director of Strategic Policy Initiatives at the  
Brookdale Center for Healthy Aging. We're a research  
and policy center at Hunter College that's focused on

aging. Importantly, for the Members of the Council,  
we serve as a resource to you for scholarship and  
practical policy advice for making New York a great  
place to age. Our research work actually includes  
work on meaningful access to psychology and human  
services, which of course have been mentioned in this  
hearing so far. Thank you to Chairpersons Hudson,  
Mealy, and Moya, and Members of the Committees and  
Subcommittees for holding this oversight.

I want to start by acknowledging the fact  
that many writers and speakers have shared before,  
and that is that isolation is harmful to older adults  
and to New Yorkers of all ages so the effects of  
isolation are particularly insidious for older adults  
so we feel that the decision to reopen older adult  
centers and allow full capacity were the right  
decisions.

What I wanted to address my comments is  
that now with new leaders such as yourselves taking  
the helm of the city, this is a great time to think  
about the future and to think about some fresh ideas  
about what older adult clubs could be, not just try  
to go back to what they were so I'd like to address

my comments to the present moment and the possibilities for the future for these centers.

As you know, older adult clubs are a critical resource for 1 in 5 New Yorkers over the age of 60, but social connections don't just happen at older adult clubs. They happen in community so as the city's dedicated spaces for older adults, older adult clubs can be both portals and platforms that allow older New Yorkers to carve out meaningful roles for themselves in their own communities. To accomplish this, we suggest that the older adult clubs of the future serve 2 main functions. First, it should be a place that facilitates access to the city's abundant resources, many of which are outside of the walls of the older adult clubs. 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. I'll go over what I mean by each one of those.

The more than 250 older adult clubs across the 5 boroughs are asked to be a cafeteria, benefits counselor, mental health counselor, recreation center, etc., etc., etc. 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? What I mean by this is that the older adult  
center of the future would be funded not just by  
DFTA. I mean, imagine a future where the Department  
of Parks and Recreation could fund with older adult  
centers to provide exercise classes or where HRA  
provides funding for benefits counselors or where  
DOHMH could provide wellness activities so expanding  
beyond...

SERGEANT KOTOWSKI: Time expired.

CHRISTIAN GONZALEZ-RIVERA: Model to go  
beyond that. On the other end, sort of to power  
phrase former President JFK, older adult centers  
should also ask what New Yorkers could do for their  
city so imagine a future where older adult centers  
are not just dependent on DFTA for their lunch money  
but could hold a contract with the DOE to hold  
nutrition classes that are led by older adults for  
the benefit of younger people. I know that I'm above  
time so I just want to leave those ideas here, and  
I'd love to talk further about them offline with  
anybody who's interested in developing those ideas.

Thank you, again, for the opportunity to  
testify and, just as I said in the beginning, we  
remain always available to you as you think about how  
the city could become a better place to grow older.  
Thank you very much.

CRYSTAL POND, MODERATOR: Thank you. I  
will now turn it to Chair Mealy who I believe has a  
question or comment.

CHAIRPERSON MEALY: I just more have a  
comment. I would love to talk to you offline that we  
can shape the city a different way with (INAUDIBLE)  
Please count me in, and I would love to speak to you.  
Thank you.

CHRISTIAN GONZALEZ-RIVERA: Thank you.

CRYSTAL POND, MODERATOR: Thank you. I  
will now turn it over to Brianna Paden-Williams.

SERGEANT KOTOWSKI: Time starts now.

BRIANNA PADEN-WILLIAMS: Hello. I am  
Brianna Paden-Williams, the Communications and Policy  
Associate at LiveOn New York. Thank you for the  
opportunity to testify today.

LiveOn New York's members include more  
than 110 community-based non-profits including a  
number of our members who are testifying today

including JASA, SAGE, and Selfhelp just to name a few  
and, through our members, they provide core services  
which allow all New Yorkers to thrive in our  
community as they age and as you'll hear from our  
members that with our growing aging population, older  
adult centers were a lifeline during the pandemic and  
particularly in response to the increased risk of  
food insecurity and a rise in a social isolation that  
plagued many older adults.

For months, OACs operated at 25 percent  
capacity, and that really created a number of  
administrative challenges for providers. Yet,  
recently DFTA announced that all older adult centers  
can lift capacity limits, and LiveOn New York is  
appreciative of this new guidance that allows older  
New Yorkers to return to the centers that they know  
and love. Nonetheless, we know that there's more work  
to be done to fully support older New Yorkers back  
into the new normal and with older adult centers  
operating at full capacity, the city really has the  
opportunity to create long-term solutions and make  
meaningful investments to ensure all New Yorkers can  
access equitable and community-based services.  
Recognizing this opportunity, LiveOn New York

applauds City Council for their leadership in calling for additional investments in older adult centers in their response to Mayor Adams' FY-22 preliminary budget, and that includes the 8.7 million to expand DFTA's geriatric mental health service as well as a cost of living adjustment for human service workers as well as 30 million for recover meal transitions just to name a few. To programmatically support older adult centers into the future, LiveOn New York recommends that DFTA and the Department of Health and Mental Hygiene should continue to work in partnership with older adult center providers to respond to the future of COVID-related challenges as well as share public health response best practices with centers as needed.

In addition, the city should continue to work in partnership with community-based organization including older adult centers which are often sources of trust to marginalized communities to further promote access to vaccine and vaccine boosters.

Just as clear guidance was shared with providers to increase 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 to  
our understanding that OAC capacity restrictions  
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 new models of services, such as virtual  
programming and the grab-and-go meals that have  
proven to be successful into the future and, in  
particular, with the grab-and-go meals, it has proven  
successful in ensuring older adults...

SERGEANT KOWTOSKI: Time expired.

BRIANNA PADEN-WILLIAMS: Who remain  
uncomfortable congregating due to COVID risk or for  
personal reasons are going to meet their nutritional  
needs by eating at an older adult center and have an  
option to take their meal home, a decision that  
ensures one's nutritional needs can be met in the  
environment of one's choosing. More information can  
be found in my written testimony. Thank you for the  
opportunity to testify today.

CRYSTAL POND, MODERATOR: Thank you,  
Brianna. I'll now turn it over to Council Member  
Brewer.

COUNCIL MEMBER BREWER: Thank you very much. Two questions, one for Brookdale is, I had mentioned a little bit about the technology idea that you came up with or others, I wanted to know if you could expand on that for 2 minutes.

Then for Brianna and the great work at LiveOn New York where you have been our rock during the pandemic, what is the possibility of trying to do more scratch food in some of your centers as the time goes on? Those are my 2 questions.

CHRISTIAN GONZALEZ-RIVERA: Thank you for the question, Gale. Just quick overview. There are 400,000 New Yorkers over the age of 60 who do not have internet access at home just to give you an idea of sort of the scale of the issue and so we at Brookdale wrote a report called Meaningful Access in which we try to break down why that it is, and so we found that there are sort of 5 main reasons why. I guess let's say it the positive way. There's sort of 5 indicators of meaningful access to technology.

The first is access to devices, which is something that DFTA is making great strides on. The second is access to a connection, which of course involves affordability as well. Critically, in order

for New Yorkers, or older people in particular, to have access, you need to go beyond those two. The first is around education. Education is really thinking about why is the internet useful to you? Just the very, very first question. Before you even ask how do I use the internet, it's the question why so basically let's say I'm 82 years old, I've never used the internet until now, why should I start now. That's the main question, the education piece.

Then there's the training piece, which we've discussed in this hearing already, how critical it is to have the actual skills for being able to use the internet.

The last is what Council Member Brewer talked about, the idea of ongoing support for how to use the internet because basically put yourselves in the shoes of somebody who is just learning to use the internet. You've got the skills, okay, I'm getting online, I'm doing it, and then I run into trouble, what happens, what do I do, do I give up or who do I turn to for help.

Those 3 pieces are critical, and this doesn't just come out of thin air. This comes out of

research that I'm happy to talk a little further with  
you about.

The idea that Council Member Brewer  
talked about is the idea of universal 311 tech  
support so basically who do you turn to if you don't  
have a grandkid who's waiting by the phone to help  
you at any time. You might call 311 and you say I  
speak, hablo espanol, I speak Chinese, I speak  
English, etc., and you would be transferred to an  
organization who is trained to support you in your  
language with whatever your question is so that would  
be a service that New York City could offer through  
311, which is a number that everybody knows, it's not  
a new thing, and it would really help a lot of older  
New Yorkers and others, of course, to get the tech  
support that they really need in order to be  
functional online.

Is there anything else you want me to  
talk about, Council Member...

COUNCIL MEMBER BREWER: No because they'll  
kill me because (INAUDIBLE) talk too much, Christian.  
Thank you.

CHRISTIAN GONZALEZ-RIVERA: Sorry. What  
was that?



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1 SENIOR CENTERS AND FOOD INSECURITY AND SUBCOMMITTEE  
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2 COUNCIL MEMBER BREWER: No, nothing else.  
3 Thank you.

4 CHRISTIAN GONZALEZ-RIVERA: Okay. No  
5 problem.

6 COUNCIL MEMBER BREWER: Brianna, about  
7 your scratch food.

8 BRIANNA PADE-WILLIAMS: Sure. In regards  
9 to scratch foods, I will just note that we know with  
10 the traditional Home Delivered Meals program that  
11 there needs to be an infrastructure in place to  
12 ensure that providers can both buy the supplies, buy  
13 the food, but also have additional items such as new  
14 refrigerators to support the programs and so even I  
15 wasn't able to talk about some of the budgetary  
16 recommendations, we are also calling for 12.7 million  
17 in addition funding to meet the Home Delivered Meals  
18 program and so this would address as well as meeting  
19 the new capacity but also with some of those  
20 infrastructure needs such as new fridge, need to  
21 support providers with being able to produce the food  
22 within their kitchens.

23 COUNCIL MEMBER BREWER: Thank you very  
24 much. Thank you, Madam Chair.

25

CRYSTAL POND, MODERATOR: We will now turn  
to Farhana Hussain. The next panel after Farhana will  
be Dr. Cynthia Maurer followed by Mohini Mishra  
followed by Molly Krakowski. I'll turn it back to  
Farhana.

SERGEANT KOTOWSKI: Time starts now.

FARHANA HUSSAIN: Thank you for providing  
us this opportunity to speak at today's Committee  
hearing. I'm here on behalf of India Home, a non-  
profit 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 and beyond through programs such as congregate  
meals, case management, education, civic engagement,  
arts programs, advocacy, and more. We witnessed the  
needs of our seniors increase exponentially during  
the COVID-19 pandemic. In fact, accessing food in  
particular has been the number 1 cited concern for  
Asian-American New Yorkers. Through our home  
delivered meals and grocery assistance program, we  
have provided 621 vulnerable seniors with culturally  
competent halal and vegetarian meals and over 1,200  
grocery packages at India Home. However, despite our

efforts, we are at capacity and know that there is still a much greater need for culturally competent and nutritious food for all of our seniors.

There is also a greater need for more digital competency training and technology access among immigrant older adults. For over a year since the pandemic, we have provided health exercises, education, and creative aging sessions virtually.

Though we have shifted into offering in-person programming again, we've seen firsthand at India Home the benefits of virtual programming such as combatting 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 homebound or not, we want to continue providing our virtual programming post-pandemic. We request that the Committee allocate funding for capacity building equipment and training that will help sustain these programs.

Furthermore, health disparities have heightened, especially in access and COVID-19 vaccine and related information. The vaccination procedure

can be difficult for seniors who lack digital literacy and have language barriers, and many of our seniors do not have access to reliable internet, smart phones, or even an email address to navigate the system. These are just a few examples of the challenges faced by our seniors and the ways that we as an organization are under-resourced. As such, India Home makes the following recommendations.

One, support grassroots organizations like ours with resources and funding that will help us safely reopen our centers while also parallelly running virtual programs.

Two, working directly with immigrant senior-serving organizations to guide decision-making regarding senior center provision in a culturally competent manner.

Three, prioritize food security in the COVID-19 response for seniors.

Four, provide funding for technology to help newly arrived immigrant seniors who are even more vulnerable to social isolation.

Thank you for your time and consideration.

CRYSTAL POND, MODERATOR: Thank you for  
your testimony. The next panelist is Dr. Cynthia  
Maurer.

SERGEANT KOTOWSKI: Time starts now.

DR. CYNTHIA MAURER: Hi, everyone. I'm  
Cynthia from Visiting Neighbors. I want to represent  
a group that is basically on the frontlines that is  
not senior center oriented. We provided direct  
services throughout the pandemic. We were open and  
active full-time. We did not stay home. We were here  
because most of our clients are amongst the oldest  
old, which is 85+, and they do not use computers.  
Direct contact was absolutely needed so volunteers  
were incredible. They came up with all kinds of  
creative ways. In the beginning, remember, we didn't  
have access to PPE so we had to create our own in  
order to see people and we had to do it at a distance  
so volunteers were having friendly visits with  
seniors in hallways separated, grabbing chairs to do  
that. One of the things that we're noticing now is  
we've talked about, I've heard some mental health  
issues brought up as a concern, but one thing is  
self-esteem issues, like what those specific health  
concerns are and having a sense of self. This is a

1 real serious issue that we've seen amongst our  
2 seniors in terms of this pandemic. One thing that's  
3 really we're asking is that, first of all, let me say  
4 this, we love our New York City Council. You guys  
5 have really understood what the needs are of the  
6 seniors who are out here in New York City and you've  
7 been supportive of us and we ask that you continue.  
8 We think of ourselves at Visiting Neighbors as the  
9 little engine that could, did, does, and is going to  
10 continue to provide services such as friendly  
11 visiting so we're helping with isolation, getting  
12 people to and from shopping, getting people taking  
13 walks, therapeutic walks. Seniors have started to say  
14 I'm feeling cabin fever, I need to get out. Gale  
15 Brewer with her money coming from the restored  
16 funding through last year's Borough President  
17 funding, we started a therapeutic walking program  
18 which we are now developing. It is so important that  
19 we also help with end-of-life issues and life didn't  
20 stop either while the pandemic was going on. We still  
21 had the issues of talking to seniors about their  
22 problems and all of their concerns, everything from  
23 emotional, mental health issues, getting accurate  
24 information, self-esteem, depression, being  
25

stimulated, and street safety, need access to food.  
Volunteers stood in line and waited on food pantries  
in order to get food for seniors. We also talked to  
seniors about going to their doctors, having better  
communication with their health professionals. We are  
so grateful for all of the support and we extended  
our reach throughout this pandemic...

SERGEANT KOTOWSKI: Time expired.

DR. CYNTHIA MAURER: Again, we ask that  
you continue to fund programs like Visiting  
Neighbors. We're going to continue to be out here  
doing what we do best, all those extras, being the  
friends and the family to seniors who majority have  
nobody. We have 15 seniors turning 100 this year, and  
we're going to be celebrating with them because we  
need to honor this population with dignity and treat  
them in a way that lets them know that they matter.  
Thank you very much.

CRYSTAL POND, MODERATOR: Thank you. The  
next panelist will be Mohini Mishra.

SERGEANT KOTOWSKI: Time starts now.

MOHINI MISHRA: Good afternoon, everyone.  
My name is Mohini. I'm Vice President at Senior  
Communities at Selfhelp Community Services. Thank you

to all of the Chairs and the Committee Members for  
this opportunity.

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 and now each year we serve  
25,000 vulnerable New Yorkers, primarily older  
adults, through 26 program locations in Bronx,  
Brooklyn, Manhattan, Queens, and Long Island, helping  
them live with dignity and avoid  
institutionalization. We are the largest holocaust  
survivor program in North America. We have 5 homecare  
programs, home health aide trainings to serve at-risk  
populations. We have 50 state-funded case management,  
NORCs, and older adult centers. Our flagship virtual  
senior center program, which was established in 2010,  
combats isolation by connecting 1,200 homebound  
clients using technology across the country including  
700 right here in New York State and operates in  
English, Mandarin, Russian, Korean, and Spanish  
platforms. The need for support for our virtual  
senior center program and all efforts to expand to  
digital literacy and access to older adults is more



important than ever now. Before the onset of COVID-19, our senior centers were a source of nourishment for our seniors' well-being, it was a place to provide mental, physical, social activities 9 a.m. to 4 p.m. This was a home away from home. When senior centers closed during COVID, we saw increase in cases of depression and stress due to isolation. In response, our centers provided virtual classes available through computers or tablets. During this period, we served about 30 classes to senior centers, Zoom, telephone conference, we reached over 25,000 unduplicated members. We are now slowly phasing into becoming up to 50 percent but keeping all the mask mandates and making sure that our clients feel safe. We just want to thank the City Council for your generous support to Selfhelp and enabling us to continue our high-quality care for Holocaust survivors and most vulnerable older adults. We hope to continue on this important work in partnership with you. Thank you so much.

CRYSTAL POND, MODERATOR: Thank you for your testimony. The next panelist will be Molly Krakowski. Following Molly will be Kathleen Torres,

MJ Okma followed by Lisha Luo Cai. I'll now turn it  
over to Molly Krakowski.

SERGEANT KOTOWSKI: Time starts now.

MOLLY KRAKOWSKI: Thank you. Good  
afternoon. I'm Molly Krakowski. I'm Senior Director  
of Government Affairs at JASA. I want to thank  
Council Members Hudson, Mealy, and Moya for chairing  
today's important hearing and for the opportunity to  
share our experiences as a provider of 18 older adult  
centers and as we enter this latest phase of  
recovery. The pandemic's impact on older New Yorkers  
cannot be underestimated and, as you're well aware  
of, virtually all in-person programming and  
congregate social opportunities came to an end  
overnight and providers needed to pivot and quickly  
transform our services and delivery models. Older  
adults who were previously very active in DFTA-funded  
congregate settings such as older adult centers and  
NORC programs were no longer able to gather in crowds  
for their own safety, and all programming went remote  
with exercise and wellness classes, arts and lectures  
moving to Zoom platforms. While many older adults  
quickly shifted to the new remote option, for many  
others the learning curve was great and the digital

1 divide was and continues to be very apparent. New  
2 York City is thankfully in a very different place  
3 than we were in March 2020. With increased access to  
4 testing and vaccinations, the city began to reopen  
5 and provide opportunities for people to return to a  
6 semblance of normalcy, gathering with friends,  
7 enjoying a more active and engaged lifestyle and  
8 although this is not a complete return to pre-  
9 pandemic times, there is a marked change in the  
10 attitude and comfort levels. Restaurants, cultural  
11 arts, schools, libraries, sports and entertainment  
12 were all reopened, and JASA amplified the educational  
13 messaging that's coming from DFTA, DOH, and the CDC  
14 encouraging and providing on-site opportunities for  
15 older adults to receive the vaccine and subsequent  
16 booster shots. Vaccination rates among the 60+  
17 population remain relatively high compared to other  
18 populations within the city and, as the city reopened  
19 congregate programming in June 2021, participation  
20 initially capped at 25 percent with masking,  
21 programming is now hybrid with some classes in person  
22 and others offered remotely. Older adult members are  
23 welcome to participate in person regardless of  
24 vaccination status, and, while this is currently in  
25

line with New York City mandates and at the time it was in contrast to the requirement of vaccines at restaurants, entertainment venues, and in other workplaces. As of March 21st, DFTA has expanded the capacity of congregate programming to 100 percent and JASA welcomes the opportunity to serve more members. We're eager to return to the pre-pandemic attendance rates. However, there are concerns that we may face future outbreaks of the virus, and it's critical that we remain vigilant in our efforts to mitigate the impact of COVID on the older adult community. JASA will continue to work closely with DFTA and educate members on safety protocols and the availability of vaccines and boosters. Hybrid programming has emerged as a meaningful service modality during the pandemic for frail and isolated older adults. JASA will continue to offer a robust remote programming schedule for older adults and advocates for designated funding to support enhancing remote programming...

SERGEANT KOTOWSKI: Time expired.

MOLLY KRAKOWSKI: Including targeted technical skill training for older adults to improve access and participation. An older adult's ability to

access remote programming can be critical to avoid  
the negative consequences associated with social  
isolation in the event of future COVID outbreaks.

Thank you for the opportunity to provide  
today's testimony, and thank you for being a partner  
on the City Council and DFTA. Thank you.

CRYSTAL POND, MODERATOR: Thank you for  
your testimony. The next panelist is Kathleen Torres.

SERGEANT KOTOWSKI: Time starts now.  
Kathleen, we can't hear you. No.

CRYSTAL POND, MODERATOR: No, we can't  
hear you. You're unmuted, but we can't hear you.  
Maybe you could try headphones and we can come back  
to you.

All right, we're going to move on to MJ  
Okma.

SERGEANT KOTOWSKI: Time starts now.

MJ OKMA: Good afternoon. My name is MJ  
Okma with SAGE, the country's first and largest  
organization dedicated to improving the lives of  
LGBTQ+ elders. Sage provides social services through  
a network of 6 older adult centers across the city  
including being the on-site service provider in New  
York's first LGBTQ+ welcoming elder house

developments in Brooklyn and the Bronx. Through the ongoing pandemic, SAGE served as a lifeline for LGBTQ+ elders who depended on us for assistance with essentials like food and access to medical support. While SAGE has resumed in-person services, the ongoing pandemic response has created positive shifts in how we're able to provide our program and services, changes that have greatly extended our impact. We strongly recommend that the city codify some of these shifts in service delivery and not simply consider reverting back to pre-COVID-19 model as the end goal. Specifically, virtual programming and grab-and-go meals have been critical for older people in our city. These initiatives must continue even as in-person programming and congregate meals restart. In addition, those who are hesitant to return to in-person services during COVID, SAGE has experienced an increase in demand for virtual services among full-time working and disabled elders who are unable to easily travel to our centers. There has also been an increase in elders who are not out and who are still questioning their sexual orientation and gender identity. Similarly, 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 the weekends when centers are closed. It is also a powerful tool to reach and build relationships with community members who are not yet fully involved with our other programs. SAGE strongly supports the integration of grab-and-go meals into future contracts to provide more equitable support to food-insecure older New Yorkers.

We also want to express our support for DFTA's call for more intergenerational programming at older adult centers as creating ties across generations is one of SAGE's driving principles, and it is deeply necessary in light of the impacts of COVID. However, this work is currently disincentivized through DFTA contracts. OACs cannot track intergenerational participants in STARS and must maintain an entirely separate database. Additionally, young participants cannot be counted towards contract deliverables. SAGE supports the development of a better system to better incentivize vital intergenerational work.

I also want to touch on the fact that OACs continue to play a vital role in promoting the

vaccine. We know that the city is gathering data on  
vaccination rates among participants through cross-  
referencing STARS with data from the Department of  
Health and Mental Hygiene. Sharing this information  
on the current vaccination rates of participants  
would help SAGE and other aging providing better  
target vaccine hesitancy in our communities.

Thank you so much, Chairs Hudson, Mealy,  
and Moya, and all the staff who put together this  
important oversight hearing and providing me with  
this opportunity to testify. More details can be  
found in my written testimony. We look forward to  
working with you all to ensure that we're meeting the  
needs of LGBTQ+ elders who have been  
disproportionately impacted by the ongoing COVID-19  
pandemic.

CRYSTAL POND, MODERATOR: Thank you. I'll  
now turn it over to Chair Mealy.

CHAIRPERSON MEALY: You said they have  
tracking and have a database. Who is doing that? I  
would love to know.

MJ OKMA: My understanding based on our  
programs team is that DFTA has been kind of cross-  
referencing the data that providers put in STARS, the



Senior Tracking Analysis and Reporting System, with the data from the Department of Mental Health and Hygiene about vaccination rates so if they could share with providers, for privacy concerns, we don't need to know which (INAUDIBLE) is and isn't, but just an overall percentage, like if we knew that 80 percent of community members are vaccinated, that would change our strategy versus if like 20 percent of our participants were vaccinated. It would just us better serve our community.

CHAIR MEALY: Thank you, and that's one thing I think, I'm going to talk with City Council, how can we track and know what percentage of our seniors have been vaccinated that's gone back to 100 percent capacity. We don't want the spread to go out there again so how can we as a government agency not know the percentage of people being vaccinated and going into the centers and maybe infecting others or maybe not, but we do need that database. We need research and tracking to make sure that happens. If you got a database, I would love to talk to you about it, but I can see how some of our seniors in every area is being tracked with vaccinated and

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unvaccinated going back into a full capacity of our  
OACs. Thank you.

MJ OKMA: Thank you.

CRYSTAL POND, MODERATOR: Thank you. We'll  
now try to return to Kathleen Torres if her audio  
issues are resolved.

SERGEANT KOTOWSKI: Time starts now.

KATHLEEN TORRES: My name is Kathleen  
Torres, and I'm the Executive Director of RAIN, Inc.,  
Regional Aid for Interim Needs. On behalf of RAIN, I  
would like to thank Chair and Committee Members for  
the opportunity to testify today.

RAIN was established in 1964 and has  
grown to be one of the largest aging services  
providers in the Bronx but has extensive experience  
in addressing the social determinants of health  
within low-income underserved communities of color.  
RAIN is a culturally diverse organization across all  
levels of leadership and staffing. In March 2020, our  
city went into a full lockdown. Our most vulnerable  
and at-risk older adult population were faced with  
pandemic-related stressors such as confinement,  
illness, grief, loss, and social isolation. Older  
adults who were once independent and actively engaged

in their community could no longer visit their OAC safe haven and home away from home. Older adult centers offer wellness programs, recreational and educational programs, nutrition education, congregate meals, exercise classes, health promotion, and access to food pantry. These activities improve the quality of life and impact healthy aging by reducing isolation and fostering engagement and creativity that impacts cognitive and overall health. We also offer evidence-based workshops on a broad range of topics to empower individuals with the knowledge to facilitate and impact healthy practices and behaviors. Historically, older adult centers have been at the forefront of combatting social isolation and food insecurity and, throughout the COVID-19 pandemic, older adult centers functioned as a lifeline to preserve the well-being of older adults through daily wellness calls and virtual programming. RAIN staff continued to work on-site, enrolling older adults in the Get Food NYC program for meals and mitigating any delivery issues. Some of our older adult centers also functioned as COVID-19 testing locations and pop-up vaccinations.

Our home delivered meals programs continue to provide 10,000 nutritious meals a week to homebound older adults who are unable to prepare meals because of incapacity due to accident, illness, physical or mental frailty. These meals facilitate healthy aging by positively impacting nutritional health. Case management program also authorizes in-home support services to homebound older adults. Our transportation services provide individual transportation for older adults with mobility limitations or inability to drive or use public transportation. This positively impacts older adult aging in place by facilitating the ability to regularly attend doctor appointments, access to medical care, and participate in community programs such as older adult centers. On-site case assistance services including assistance...

SERGEANT KOTOWSKI: Time expired.

KATHLEEN TORRES: Applications for benefits and entitlements and supportive assistance, help older adults cope with the issues and the needs of daily living. Through this vast range of programs and services offered at our older adult centers, older adults remain integrated and supported within

the community. Older adult centers played a critical role as trusted and reliable partners in responding to the needs of the community during the pandemic.

Our current budgets remain at the same level despite the food and supply chain price increase that show no signs of dropping to pre-pandemic levels. It is also important to protect seniors from abuse and exploitations. Just this week, an older adult was caught in the crossfire and suffered a fatal gunshot wound. New York crime rate and elderly hate crimes have skyrocketed. I beg and plead to all Committee Members in attendance that as we move into the recovery phases of this pandemic it is especially important to recognize the need for increased security and safety measures, trauma focused geriatric mental health services to address the adverse psychological effects of the pandemic and community violence and look to increase funding to meet the growing needs of the aging population.

I would like to acknowledge and thank the Department for the Aging, Commissioner Cortes-Vazquez for her vision for an age-inclusive city, all advocates and older adult center staff, Chair Member

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Hudson, Mealy, and Moya, and also additional Council  
Members in attendance. Thank you.

CRYSTAL POND, MODERATOR: Thank you. I'll  
now turn it over to Chair Mealy.

CHAIRPERSON MEALY: Thank you for your  
resilience. I'm really thinking about, you said  
transportation, do they have to put their Medicaid or  
give you their Medicaid/Medicare in order to get the  
transportation to and from medical appointments?

KATHLEEN TORRES: There's a transportation  
program, and there's also transportation that's  
provided within the older adult centers. We have that  
service. There's 2 different services who are not  
Medicaid eligible.

CHAIRPERSON MEALY: Not Medicaid eligible...

KATHLEEN TORRES: For our transportation  
program, the stand alone.

CHAIRPERSON MEALY: Oh okay.

KATHLEEN TORRES: The centers, we have the  
vehicles at the centers that provide that service to  
and from as well.

CHAIRPERSON MEALY: Okay. I'm looking  
forward to talking to you in regards that, and I hope  
I can speak with Chair Moya from the isolation part

in regards to our seniors and that is a major factor  
going on right now and they're scared to go to and  
fro so we need to have that security package...

KATHLEEN TORRES: Exactly.

CHAIRPERSON MEALY: Not just from the  
police but from DFTA coming down so if we have to do  
that ourselves, create a plan for safety for our  
seniors, let them know, let's do the buddy system, if  
you don't get home within a certain time who are you  
going to call, if someone strange is standing by your  
door what are you going to do so I'm looking forward,  
I'm going to talk to you again...

KATHLEEN TORRES: Oh, yes. Thank you.

CHAIRPERSON MEALY: Thank you so much. I'm  
sorry, Chair. I'm finished.

CRYSTAL POND, MODERATOR: Thank you, Chair  
Mealy. The next panelist is Lisha Luo Cai.

SERGEANT KOTOWSKI: Time starts now.

LISHA LUO CAI: I want to thank Chair  
Hudson and the Council Members of the Aging Committee  
for holding this hearing and giving the Asian-  
American Federation 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 17 member  
non-profits serving 1.5 million Asian New Yorkers. As  
the members of our Seniors Working Group, the first  
and only Asian senior focused advocacy coalition in  
New York, can attest to, the dual crisis of COVID and  
anti-Asian violence are fundamentally changing the  
behaviors of clients as they seek out senior  
services. Many seniors are ready to get back to in-  
person services requiring efforts on the part of our  
senior service providers, adequate staffing for in-  
person services, and increased operational  
requirements around food services and COVID safety  
while maintaining remote service provisions. Senior  
centers are a senior's second home. 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 give  
them an opportunity to pick up food or eat together  
as well as participate in social activities or seek  
assistance applying for services and access health  
and mental health care, but our CBOs are overworked,  
understaffed, and underfunded. CBO staff members are  
the ones helping seniors apply for social services



when government offices themselves do not speak their language. All 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 that our most vulnerable where they are with culturally competent, effective senior services requires systemic change. This includes city 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 the (INAUDIBLE) For all the work our senior service agencies are doing from fiscal year 2002 to 2014, the Asian-American community received a mere 1.4 percent 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 provision of direct services including 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 increase funding to Asian-led, Asian-serving senior service providers and expand this funding to include time and expenses spent on case management, digital literacy devices and training.

Number two, 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 antiviolence programming in our Hope Against Hate Campaign.

Number three, expand funding to include culturally competent, in-language, and senior focused non-traditional mental health service...

SERGEANT KOTOWSKI: Time expired.

LISHA LUO CAI: Number four, fund our network of linguistically and culturally competent food service programs that provide alternative food benefits to compensate for their loss of access through traditional government assistance programs.

Asian-led, Asian-serving CBOs have been Asian seniors primary support since the day one of pandemic and long before that too. 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.

CRYSTAL POND, MODERATOR: Thank you for  
your testimony and sorry for fumbling your last name.

At this time, if your name has not been  
called and you still wish to testify, please raise  
your hand using the Zoom raise hand function.

Seeing no hands raised, Chairs Hudson,  
Mealy, and Moya, we have concluded public testimony  
for this hearing, and I will turn it back to you for  
closing remarks.

CHAIRPERSON HUDSON: Thank you so much,  
Crystal. Thank you to everyone who has testified  
today, both from the administration and the public.  
We do listen intently and take heed to the  
recommendations and suggestions that you all make so  
thank you, again, and we look forward to seeing you  
at the next hearing. Chair Mealy.

CHAIRPERSON MEALY: Thank you, Chair  
Hudson. I'm looking forward to working with you. I  
like to pull up my sleeves, and I know you, you, you,  
I have to speak with you, that we can get a  
comprehensive plan. Thank you to the administration  
for making sure we are on point. Thank you, Miss

Hudson. I see a couple other people, but all the advocates, thank you. That is our most vulnerable people out here right now so the hate crimes have to stop and we are their defenders so we have to be those super heroes. Thank you. Over to Council Member Moya, Chair Moya.

CHAIRPERSON MOYA: Thank you so much.

Again, just to reiterate, thank you to both of my co-Chairs for such an important hearing that we have on our most vulnerable population which is our seniors and, in particular, to our immigrant community who suffered through this pandemic. It was a very difficult time for a lot of our seniors, and you were all there on the frontline doing great work to ensure that our seniors were cared for. I want to thank the administration for being here as well and giving their testimony. I'm looking forward to the followup that we have to do on some of the questions that we have here, but, more importantly, I just want to thank the entire staff here at the Council, all the Committee staff that really worked very diligently and hard in making sure that we have a very seamless hearing come through so thank you to the staff for

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everything that they do, and I look forward to seeing  
everyone in the near future. Thank you.

COMMISSIONER CORTES-VAZQUEZ: Thank you,  
Commissioner. She's still here. She didn't disappear.  
She stayed and listened to all of our questions and  
all the answers. Thank you, Commissioner Cortes-  
Vazquez.

CHAIRPERSON MOYA: Great. With that, this  
concludes our hearing for today. Thank you very much,  
everyone. [GAVEL] This meeting is now adjourned.  
Thank you.

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C E R T I F I C A T E

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



Date May 17, 2022