



TESTIMONY

Presented by

**Dr. Lisa Scott-McKenzie
Commissioner**

on

Addressing Social Isolation Among Older New Yorkers

before the

New York City Council

Committee on Aging

on

**Friday, April 10, 2026
At 10:00 a.m.**

Introduction

Good morning, Chair Zhuang, and members of the Committee on Aging. My name is Dr. Lisa Scott-McKenzie and I am the Commissioner of the New York City Department for the Aging (NYC Aging). Today, I am joined by Eileen Mullarkey, Associate Commissioner for Supportive Services within the Bureau of Social Services at NYC Aging. I am very grateful for the opportunity to speak with you today about our agency's commitment to fighting social isolation among older adults. Combatting social isolation is a key reason the Older Americans Act established Area Agencies on Aging (AAAs), of which, NYC Aging is the largest in the US, to create the necessary programs and structures which provide older adults with the tools needed to stay socially, physically, and emotionally connected as they age. NYC Aging programs such as older adult centers (OACs), naturally occurring retirement communities (NORCs), the Friendly Visiting Program, Case Management (CMA), caregiving, Geriatric Mental Health, Home Delivered Meals (HDM), and caregiving programs integrate combatting social isolation into their program standards as a key component of their overall service. To say the least, we take social isolation incredibly seriously and it is a motivating factor behind our programs and services. As we learned during the pandemic, social isolation can have large impacts on everyone's health and well-being, yet in older adults, this has a major impact on their health which is linked to increased levels of heart disease, exacerbation of chronic issues, and limitations on their mobility.

As we have said many times before, we expect the number of older adults in New York City to increase significantly in the next decade. As the population of the City ages so does the need for expanded services to help older adults remain in their homes and communities with dignity. This includes a growing demand for caregiving support and resources to address the epidemic of social isolation. Older adults are particularly vulnerable to challenges like loneliness and financial insecurity which are further complicated by concomitant problems like food or housing insecurity. We recognize that these are the kind of "meat and potatoes" issues that older adults may face every day and this combination of issues can worsen conditions such as depression and anxiety. In response, NYC Aging has been working to meet these needs with a particular focus on innovative solutions that foster connection.

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

Older Adult Centers & Naturally Occurring Retirement Communities

It is clear to us that older adults want to remain in their homes and the communities they helped to build as they grow older. Our network of more than 300 Older Adult Centers—which I am currently working my way to visit *all* these centers—is fundamental to achieving this goal. These centers serve as true community hubs where older New Yorkers can congregate, learn, and socialize. Our approach is to meet older adults in their communities by ensuring the services they need are accessible and integrated into their neighborhood OACs as well. This aligns with our broader Community Care Plan which aims to promote independence and well-being of the aging population by connecting networks of services throughout the city.

These centers are the frontline of our defense against social isolation. Through diverse programming we offer much more than just a place to sit or grab a meal. Our centers provide art classes and technology education, as well as recreational activities. We also provide communal lunches that offer culturally aligned nutritious meals. With the goal of ensuring inclusion to make everyone feel welcome and respected at the table. These programs

provide the social infrastructure necessary for mental and emotional health. They are essential engagement opportunities that prevent older adults from withdrawing from society. By providing these services they can live healthier and more connected lives. We are building a city that truly embraces longevity as well as aging with dignity. We also recognize the need to provide services which are culturally and linguistically appropriate for older adults in various communities throughout the network—a goal that this committee and our agency have shared for years. Our programs are required to know and understand the communities they serve and provide programming in appropriate languages, but equally important, with an appropriate social-cultural focus. We see this in the diversity of centers which serve Spanish speaking communities, LGBTQIA+ specific centers, and centers serving Muslim, Asian, Caribbean, West African, and a range of other ethnicities and communities. The same applies to NORC services where older adults are further supported in their homes and buildings where they may have lived for decades. NORCs are set up to address and combat social isolation because of their unique position where they already exist in a place where other older adults have found and set up communities. These include healthcare management through nursing services, civic engagement through interactions with case assistance staff, and working with housing management to address long-term housing issues experienced by older adults. These are key services which help to prevent older adults from moving into institutional care and keep them in their homes and the communities they have built. When older adults remain in their homes and communities and receive the services they need to assist in activities of daily living, we are succeeding in our goals of combatting social isolation.

Case Management & Home Delivered Meals

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

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

Friendly Visiting & Mental Health Support

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

Bronx and encourage that anyone who is interested can call Aging Connect at 212-AGING-NYC or 212-244-6469, to begin the process of joining this incredible program.

These interactions are not just service calls. They often blossom into lasting friendships that bridge generational gaps. It significantly reduces feelings of loneliness for people who might otherwise go for days without a conversation. We have seen firsthand how a simple weekly visit can completely change the outlook of an older adult. It gives them something to look forward to and reminds them that they are a valued part of our City. Additionally, an innovative approach to reduce social isolation has been through our partnership with the New York State Office for the Aging (NYSOFA) and their lifelike animatronic pets project. While not always appropriate for every older adult, these robotic pets have had proven results as part of the 2018 pilot study which showed that 70% of older adults who receive the robotic pet did experience a decrease in loneliness. We are always looking for potential avenues to reduce the impacts of social isolation and loneliness, and these animatronic pets are just one of many options within our programs and services.

This focus on connection extends to our mental health programming as well. Placing licensed clinicians in our centers makes it easier for older adults to get help without the stigma often associated with seeking therapy. By coming into an OAC, an older adult will be able to access a hub of services—all of which are part of our efforts to reduce social isolation. If they don't want to come into an OAC, they can schedule mental health counseling over the phone or by calling Aging Connect who will then connect them to other programs. By treating mental health as a normal part of aging services, we can better address the depression and anxiety that often stem from isolation. We are giving older adults the tools to process their feelings and reconnect with the world around them. The goal is to be connected and ensure we limit isolation in every program or service.

Introductions

As part of today's hearing there are also two pre-considered introductions which we are here to discuss, Introduction 1634 from Councilmember Encarnacion establishes a system of completing wellness checks for older adults during extreme weather events, and Introduction 1630 would require that NYC Aging make non-digital applications—paper applications—available to older adults. We are aligned with Council on the spirit of these two pieces of legislation. We are very concerned about the impacts older adults feel during periods of extreme weather and want to ensure that our programs who serve the most vulnerable older New Yorkers maintain that connection and lifeline of assistance during emergency periods across the City. Similarly, we want to make it easier for older New Yorkers to access the benefits and services that will best help them. In many instances, our programs like OACs, case management, New York Connects, and others will assist older adults when filling out forms to access benefits and services. While sometimes a paper form may not exist, or we may need to be specific in how we identify vulnerable adults, we believe and support Council's intent on these bills and look forward to discussing these further as they become law. We are always grateful to have a relationship with Council where we can find solutions that work for our agency, providers, clients, and our shared goals.

Conclusion

I am immensely proud of the work our staff and provider network at NYC Aging accomplish every day. We are consistently working to be more innovative and efficient in meeting the diverse and growing needs of New York City older adults. Like you, we are concerned about social isolation in our communities and the ways in which older adults may be cut off from the bonds that have strengthened and enriched their lives. With your continued partnership we can ensure that older New Yorkers are not only cared for but are also celebrated and respected. We all must advocate for the same statewide, especially as we await a finalized state budget. We all must become the activists needed to ensure we achieve this goal. I thank you for your steadfast commitment to New York City older adults and your unflinching partnerships with this agency.

TESTIMONY OF MARK L. MERIDY, EXECUTIVE DIRECTOR, DOROT

New York City Council Committee on Aging

Social Isolation Among Older New Yorkers

April 10, 2025

Chairperson Zhuang and members of the committee: Thank you for the opportunity to speak to you today. My name is Mark Meridy, and I'm the Executive Director of DOROT in Manhattan.

DOROT was founded 50 years ago with the mission of alleviating social isolation and loneliness among older adults. We're unique among nonprofits in that building meaningful social connections, thereby easing social isolation and loneliness, is not simply *part* of what we do—it's built into *everything* we do. Every program we offer is designed to help older adults build social connections with others, and to feel a sense of purpose and belonging.

Social disconnection can have devastating health consequences, and the former US Surgeon General and World Health Organization have issued groundbreaking reports shining a spotlight on this serious public health issue.

The challenge is that social connection is an underappreciated factor in one's overall health and well-being, and there is simply not enough attention or resources being dedicated to alleviating this problem.

And yet, we know that feeling socially connected, regardless of one's age, helps us thrive, even when faced with other physical and emotional challenges.

What we've learned at DOROT is that there are many effective ways to build meaningful social connections. This includes programming that is in-person or conducted over the telephone or virtually. Regardless of the program's modality, the unifying factor in all of our programming is that we are highly intentional and focused on building meaningful social connections, and we know we are making a profound difference.

Some of DOROT's most effective programs include our Friendly Visiting or Caring Calls programs, where volunteers build one-on-one relationships with older adults in person or by phone.

But we know that older adults have different preferences and needs, based on where they live, their mobility, access to transportation, or the availability of reliable Wi-Fi. For instance, many people love to come to DOROT's Upper West Side location for concerts, art workshops, discussion groups, improv classes, and more. But we also reach thousands of older adults throughout the city and in 46 states around the country with our virtual and telephone-based programs, which offer a myriad of opportunities for lifelong learning, cultural enrichment, and discussion.

A recent study of regular participants in our Caring Calls program and our virtual community programs showed that a significant number in each group saw a reduction in loneliness and isolation and an increase in creating sustained relationships.

The takeaway is that in-person and virtual programs, when done well, can ease social isolation and loneliness, and improve the quality of life among people of all ages.

However, there is simply not enough attention at the city, state or federal levels on the importance of an individual's social health and wellbeing.

Therefore, it is imperative that the city create an effective strategy to build and support a stronger social infrastructure. The key to easing social isolation and loneliness is putting meaningful connection at the heart of as many programs as possible and providing the resources—and the flexibility—to reach people in a multitude of ways.

I'm grateful that the Committee on Aging is focused on easing social isolation among New York's older adults. We at DOROT are happy to assist in any way we can.

About DOROT

Mission:

DOROT alleviates social isolation among older adults and provides services to help them live independently as valued members of the community. We serve the Jewish and wider community, bringing the generations together in a mutually beneficial partnership of elders, volunteers, and professionals. Our work provides an effective model for others.

In Fiscal Year 2025 (July 1, 2024–June 30, 2025), DOROT served 6,697 older adults and welcomed 8,215 volunteers who dedicated 49,225 hours of their time to help older adults. Our staff members, interns, and volunteers interacted with older adults 88,787 times through programming and social work supportive services. The average age of our older adult participants is 81, and the oldest individual we served is an extraordinary 109; 64% live alone. We engaged older adults in 46 states, the District of Columbia, Canada, England, France, Israel, Scotland, Sweden, and, of course, New York City, where most of our community resides.

**Testimony of AARP New York
New York City Council Committee on Aging
Oversight Hearing: Addressing Social Isolation Among Older New Yorkers**

Good morning, Chair Zhuang and members of the Committee on Aging.

My name is Bill McDonald, and I am the State President of AARP New York. I am here on behalf of our approximately 750,000 members in New York City and the 2.5 million New Yorkers age 50 and older across the five boroughs.

Thank you for holding this important hearing on social isolation among older New Yorkers.

Social isolation is one of the most serious and growing challenges facing older adults — and it is being exacerbated by the chronic underfunding of the very services designed to prevent it.

For many older New Yorkers, staying connected is about more than social engagement. It is about whether they have access to the services and supports that allow them to remain healthy, independent, and in their communities.

But right now, those supports are not keeping pace with the need.

Over the past decade, the number of New Yorkers age 65 and older has increased by 34 percent, and the number living in poverty has risen by nearly 50 percent. At the same time, older adults make up about 20 percent of the city's population, yet the Department for the Aging receives just one half of one percent of the city budget.

That gap has real consequences — and it is unacceptable.

There are many vibrant Older Adult Centers across the five boroughs, but too many others have been left to deteriorate. And when centers are not warm, welcoming, and well-maintained, older adults simply stop coming.

We should be investing in centers so that they are inviting, offer good, nutritious food, and provide meaningful programming. In short, every Older Adult Center should be a place where older New Yorkers want to spend time.

Because when we get that right, we do more than serve a meal. We create community. We reduce isolation. And we help people stay healthy and independent.

The same is true for meal programs.

When congregate meals are underfunded, older adults miss not just nutrition, but daily interaction. When home-delivered meals are limited, homebound older adults can go days without seeing another person.

These are not extras. They are lifelines.

We also need to recognize the critical role of family caregivers in addressing isolation.

Across New York, nearly 4 million family caregivers are supporting loved ones — providing meals, transportation, medical care, and companionship. Caregivers are often the first line of defense against isolation. But they cannot do it alone.

Many are struggling to make ends meet themselves — juggling work, rising costs, and caregiving responsibilities, all while trying to afford to stay in New York City.

They rely on Older Adult Centers, meal programs, and community-based supports to help keep their loved ones connected and engaged.

When those systems are underfunded, caregivers are stretched thinner, and older adults are at greater risk of isolation, declining health, and institutionalization.

That is why the city budget is so critical.

It is where New York decides whether it will invest in the infrastructure that keeps older adults connected to their communities — or continue to fall short.

AARP New York urges the Council to prioritize investments in:

- **\$500 million for nutrition and wellness programs**, including expanded congregate meals, ensuring home-delivered meals are available seven days a week, and outreach to connect eligible older adults to benefits
- **\$800 million in community-based supports**, including funding for Older Adult Center programming, staffing, and critical capital improvements to ensure centers are safe, modern, and welcoming spaces
- **Targeted investments of at least \$60 million for congregate meals and \$30 million for home-delivered meals**, to meet growing demand and reflect the true cost of providing these essential services

These investments are not optional. They are essential.

Let me close with this.

Older New Yorkers built this city. They should not have to face aging alone.

If we are serious about addressing social isolation, we must be serious about investing in the services that keep people connected — to their communities, to their caregivers, and to each other.

Because affordability must include the ability not just to live in New York — but to live well, with connection, dignity, and independence.

Thank you for the opportunity to testify.

Oversight Hearing on Mental Health & Older New Yorkers

April 10, 2026

TESTIMONY OF CITYMEALS ON WHEELS

Before the New York City Council

Committee on Aging, Honorable Susan Zhuang, Chair

Submitted by:

Emma Bessire

Senior Associate, Policy and Advocacy

Citymeals on Wheels

Citymeals on Wheels addresses food insecurity among New York City's homebound older adults in three ways: by funding weekend meals for the City's home-delivered meals program, serving as an emergency food responder for this population, and providing additional food to those who need more than the one meal a day they receive. In FY25, Citymeals provided 2.3 million meals to 22,000 older adults in all five boroughs across all our programs.

Social connection is of particular importance for Citymeals, due to the heightened rates of social isolation among homebound older adults and its consequences. Numerous studies have found a link between being homebound and not only social isolation but also depression and a broad range of medical and psychological conditions.¹ Social isolation is also higher among older adults with lower incomes.² In New York City, 28% of people over the age of 65 live alone, which is a risk factor for social isolation, and nearly 20% now live in poverty, according to

¹ Qiu WQ, Dean M, Liu T, George L, Gann M, Cohen J, Bruce ML. (2010) Physical and mental health of homebound older adults: an overlooked population. Journal of the American Geriatric Society. <https://doi.org/10.1111/j.1532-5415.2010.03161.x>

² Lew, I., Klein, T. (2024). NORCs: An Antidote to Social Isolation. United Neighborhood Houses. [UNH NORCs Report](#)

research from the Center for an Urban Future.³ Among those enrolled in the city's home-delivered meal program, the percentage of those living alone is greater: according to data from NYC Aging, 58% home-delivered meal (HDM) recipients in FY25 lived alone.

Citymeals' own research from 2024 surveyed 500 older New Yorkers participating in the City's congregate and home-delivered meals programs to learn more about how they were meeting their food needs beyond the one meal a day they received through these programs. In addition to learning that **nearly half had experienced some level of food insecurity in the past year** and **over half lived alone**, we also learned a bit about their mental health concerns and access to social supports. Key findings from our research include: ⁴

- 38% of participants reported that loneliness and depression are problems for them.
- 45% reported having little to no support from family, friends, or a personal care attendant for meals.
- 82% had never accessed mental health services.
- 25% reported not knowing about the support services available to them.

Over the years, Citymeals has expanded our work to include social connection programs, such as our partnership with Life Story Club, and bring social elements into our food programming such as sponsoring holiday celebrations at OACs and our Shopping Assistance program. Through our work with Life Story Club, Citymeals is working with case management agencies to reach homebound older adults and connect them to weekly group social chats led by moderators, with annual in-person gatherings at their local Older Adult Center. The program is also accessible for those who may feel less comfortable using technology: participants are able to receive a call directly to their landline before getting patched through to their weekly meeting. Programs that address social isolation must be accessible to those unable to leave their home.

³ Bowles, J., Dvorkin, E., Neches, R. (2025) The Emerging Financial Security Crisis Facing NYC's Older Adults. The Center for an Urban Future. <https://nycfuture.org/research/the-emerging-financial-security-crisis-facing-nycs-older-adults>

⁴ Citymeals on Wheels and CUNY Urban Food Policy Institute. (2024). Aging without Hunger: Ending Food Insecurity for Older New Yorkers by 2040. <https://www.citymeals.org/sites/default/files/inline-files/Citymeals%20on%20Wheels%20AGING%20WITHOUT%20HUNGER%202024.pdf>

Often out of sight and behind closed doors, homebound older adults deserve the very same opportunities for social interaction as their more mobile counterparts.

Groups for our meal recipients are currently conducted in English, Spanish, Mandarin, and Cantonese. Participants have reported an 86% satisfaction rate with the program and 85% experienced a decrease in loneliness, per the UCLA loneliness scale. Over 95% of participants saw an improvement in their mood after participating in a club. One participant from Crown Heights shared:

“I’ve had about six of my close friends pass away, and a close cousin, too. We were in high school together, and some of us were in college together. What I like about Life Story Club is that it helps replace some of those friendships. I hear these voices on the phone, and I have something to look forward to once a week because I’m connecting with other people. We need that at my age. It’s like getting new friends.”

In addition to our partnership with Life Story Club, we also work to ensure that our volunteer programs are fostering connection through our Shopping Assistance pilot program. The program, based in East Flatbush, pairs older adults with volunteers who work with them to create a grocery list, and either go with them to help do their shopping and carry groceries home or go get groceries and bring them back to the older adult. Not only did we see a meaningful reduction in severe food insecurity, but clients shared experiences of reduced stress and anxiety about their finances and joy at being able to buy ingredients they would otherwise not be able to afford, such as meat and culturally specific items like yams and yucca. This program fosters independence by allowing older adults to exercise choice in the food they get and facilitates meaningful relationships between community members.

Recommendations

Investment in the city’s existing services and support network is vital in keeping programs sustainable and ensuring that they can meet the needs of a rapidly growing aging population. Citymeals supports **the Older Adults Mental Health Initiative** (formerly the Geriatric Mental

Health Initiative), which funds mental health services in community spaces where older adults may gather, bringing bridges to mental health care in non-clinical settings. The initiative is vital in destigmatizing mental health services and providing immediate interventions or referrals to further psychiatric treatment when necessary. **As such, it should be fully funded at \$3,450,000 in FY27.**

Naturally Occurring Retirement Communities, or NORCs, is a program rife with opportunities for expansion. Though not initially designed to be so, NORCs are housing developments or neighborhoods that have naturally become home to a high concentration of older adults over time. They are a key strategy in helping New Yorkers age in place, offering cost-effective on-site nursing, healthcare, and social services to residents in their homes and communities. Volunteer and civic engagement opportunities can prevent social isolation, along with intergenerational programming to connect older adults to young people. For older adults unable to leave their homes, these programs can be life-saving. Citymeals joins our partner, United Neighborhood Houses, in calling for a NORC in every neighborhood. There are over twenty-four neighborhoods in the city that do not have a NORC, despite high populations of older adults. **We call on the City Council to include \$10 million in the FY27 budget to create approximately 30 additional NORCs to address this gap.**

While in-person services and informational resources are vital in addressing social isolation, there must also be opportunities for older adults who are unable to access programs outside of their homes or online. Our research found that a quarter of respondents did not have internet access and 20% preferred to go online as little as possible. Additionally, a majority cited using technology as a problem for them in daily life.⁵ **As such, we support Intro. 1630 which would ensure that information on programs are available to older adults in non-digital formats such as by phone and in paper form in the ten designated citywide languages.**

⁵ Citymeals on Wheels and CUNY Urban Food Policy Institute. (2024). Aging without Hunger: Ending Food Insecurity for Older New Yorkers by 2040. https://www.citymeals.org/sites/default/files/inline-files/Citymeals%20on%20Wheels_AGING%20WITHOUT%20HUNGER_2024.pdf

As an emergency responder for homebound older adults, Citymeals also supports Intro. 1634, which would require the Department for the Aging to work with NYC Emergency Management to conduct in-person and phone-based wellness checks during extreme weather events. Citymeals responds to weather-related emergencies year-round, pre-supplying older adults with shelf-stable meals to have on hand and directly responding in the moment to bring food to those in need. Many of our recipients are unable to get to heating or cooling centers during such emergencies, and a phone call or visit to verify that their heat and air conditioning is functional could be lifesaving.

We thank the Council for their efforts to support the mental health of older adults through this hearing and urge you to adequately fund the programs older New Yorkers so desperately need.



Good afternoon. My name is Bridget Lee, and I am here on behalf of the Weinberg Center for Elder Justice. We are an advocacy and resource center made up of a leading multidisciplinary team of elder justice experts who have spent decades at the forefront of elder justice, providing services to thousands of older adults experiencing mistreatment, building the capacity of the professionals who serve them, and working to change the systems that shape their safety and wellbeing. I am here today to share what we have learned from that work and to urge City Council to act on it.

As people age, they experience a range of life changes that can fundamentally alter the nature of their social relationships. Reduced physical mobility, changes in cognition, the death or institutionalization of peers, and diminished financial circumstances can all lead to reduced opportunities for positive social interaction. The consequences are serious and well-documented in a report from the National Institute of Health: social isolation among older adults is associated with increased mortality, higher rates of depression and anxiety, and elevated risk of chronic health conditions including Type 2 diabetes and dementia.

But social isolation is not only a health issue, but an elder justice issue as well. According to the CDC, social isolation is one of the most significant risk factors for elder mistreatment, and our two decades of direct service confirm what the research shows: older adults who lack consistent, meaningful connections to others are far less likely to report abuse when it occurs. In fact, a New York state study on older adults revealed only 1 in 24 incidents of elder abuse is reported to a government agency or community-based service provider. Often, they have no one to tell, and without people in their lives who see them regularly, there is no one positioned to notice when something is wrong. Social isolation not only leaves victims without a lifeline but leaves perpetrators without witnesses.

We see this pattern repeatedly in our work. Last year, we launched SPEACH, a consultation helpline that began as a pilot with the Manhattan Family Justice Center and has since expanded to all five boroughs in partnership with the NYC Mayor's Office to End Domestic and Gender-Based Violence. Through that program, we provide real-time expert consultation and comprehensive action plans to service providers working with older adults experiencing mistreatment. What we see in those



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cases confirms what we already knew: the longer an older adult has been isolated, the longer it takes for them to seek help. Many only make it to a Family Justice Center when an acute crisis has already occurred. Part of what we do when we respond to those calls is not only address the elder justice issue at hand, but connect that older adult with community-based organizations that can provide the kind of ongoing social connection they have been missing. Meaningful human connection, sustained over time, is what creates the conditions for abuse to be seen, named, and addressed.

Research from the National Institute of Health has found that socially isolated older adults face significantly higher vulnerability to financial exploitation, with isolation more than doubling their risk of falling for scams. According to FINRA, as social isolation increases, older adults increasingly turn to the internet for social interaction, making them more susceptible to the relationship-based manipulation tactics that scammers rely on. In developing our evidence-informed scam prevention toolkit, research revealed that peer education is the most effective way to reach older adults on this issue. That toolkit is now in its final stages of development, and we hope to roll it out to organizations involved in older adult education across the city including older adult centers and city council members' offices. The educational content we have designed in the Scam Prevention Toolkit is centered around our ScamBuster Buddy program, connecting older adults so they can check in with each other, warn each other, and trust each other, because a peer network only works when older adults actually know one another. Without it, they are left isolated and exposed to the sophisticated manipulation techniques that predatory actors use. The same logic applies across all forms of elder mistreatment. Social connectedness is not a nice-to-have, but a protective factor.

With that in mind, we urge the City Council to take concrete action. We call on the Council to support programs that build lasting, consistent social connection for older adults, particularly those who are medically fragile, have mobility impairments, or face other barriers to accessing existing social structures. We encourage investment in community-based outreach and friendly visitor programs, as well as intergenerational programming and creative strategies that can reach older adults who have already fallen outside existing social networks.



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We also urge the Council to take seriously the role of technology, both as a threat and as an opportunity. According to the FTC, older adults ages 60 and over reported \$2.4 billion in fraud losses in 2024, a fourfold increase from 2020, with social media now the most common method scammers use to reach their victims. Technology has become one of the primary vehicles through which older adults are targeted, exploited, and isolated further. But the answer is not to turn away from technology, but to use it better. The same tools that scammers exploit to reach older adults can be used to connect them to community, to information, and to each other. Video calling, online community platforms, and remote social programming have real potential to extend the reach of human connection to older adults who might otherwise be entirely cut off. The same technology that puts older adults at risk, when properly supported and taught, can be what keeps them connected. The Weinberg Center brings both of these messages directly to professionals and older adults through presentations across the city, addressing technology as both a threat to guard against and a tool to embrace.

Combating elder mistreatment requires more than responsive services. It requires a city in which older adults are seen, known, and connected to others who will notice when something is wrong. Older adults are present in every community in New York, and they deserve to be fully seen and protected. We urge the City Council to keep that goal at the center of its work on social isolation, and we thank you for the opportunity to testify today.



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Works Cited:

Centers for Disease Control and Prevention. (2024). *Risk and protective factors for abuse of older persons*. <https://www.cdc.gov/elder-abuse/risk-factors/index.html>

Donovan, N. J., & Blazer, D. (2020). Social Isolation and Loneliness in Older Adults: Review and Commentary of a National Academies Report. *The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry*, 28(12), 1233–1244.

<https://doi.org/10.1016/j.jagp.2020.08.005>

Federal Trade Commission. (2025). *Protecting older consumers 2024–2025: A report of the Federal Trade Commission*. <https://www.ftc.gov/news-events/news/press-releases/2025/12/ftc-issues-annual-report-congress-agencys-actions-protect-older-adults>

Financial Industry Regulatory Authority. (n.d.). *Social isolation and risk of investment fraud*. <https://www.finra.org/investors/insights/social-isolation-and-risk-investment-fraud>

Gimm, G., & Beach, S. (2020). Financial Exploitation Vulnerability and Social Isolation in Older Adults: Results From a Longitudinal Survey. *Innovation in Aging*, 4(Suppl 1), 29.

<https://doi.org/10.1093/geroni/igaa057.094>

Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, & New York City Department for the Aging. (2011). *Under the Radar: New York State Elder Abuse Prevalence Study*.

Ploeg, J., Fear, J., Hutchison, B., MacMillan, H., & Bolan, G. (2009). *A systematic review of interventions for elder abuse*. *Journal of Elder Abuse & Neglect*, 21(3), 187–

210. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6805367/>



We are leaders in a global network of elder abuse shelters. For more information, visit springalliance.org



COUNCIL OF PEOPLES ORGANIZATION

IT'S ALL ABOUT PEOPLE HELPING PEOPLE
WWW.COPO.ORG

Testimony to the New York City Council

Committee on Aging

April 10, 2026

Thank you, Chair Susan Zhuang, and committee members Shirley Aldebol, Gale A. Brewer, Eric Dinowitz, Crystal Hudson, Christopher Marte, and Darlene Mealy, for holding this hearing and for the opportunity to testify.

My name is Mohammad Razvi, Founder and CEO of the Council of People's Organization. At COPO, our mission is simple: people helping people.

Each year, we serve more than 65,000 New Yorkers by providing immigration legal services, case management, and critical social support to immigrant families. We help individuals navigate complex systems, access essential resources, and build stability in their lives.

We are also proud to operate the first Halal Meals on Wheels program in the City, delivering culturally appropriate meals to those in need. This program serves approximately 30,000 meals annually, with the capacity to produce up to 1,000 meals per day.

In addition, COPO operates Older Adult Centers that serve as a lifeline for older adults. These centers provide congregate meals, social engagement, and access to essential services that reduce isolation and improve overall well-being. Many of the older adults we serve are immigrants, low-income, or uninsured, yet they still require consistent support to maintain their health and independence. Through our NYC Aging Case Management Program, we serve Brooklyn Community Districts 2, 6, and 7. Across all our NYC Aging programs, we support more than 1,200 older adults. Our services help seniors access health insurance, public benefits, and community resources while maintaining their independence. An on-site nurse monitors health indicators such as blood pressure and weight and connects clients to appropriate care when needed.

However, demand is rapidly outpacing our capacity.

1081 Coney Island Avenue,
Brooklyn, NY 11230

Phone (718) 434-3266
Fax (718) 859-2266
E-mail: info@copo.org

1814 Coney Island Avenue
Brooklyn, NY 11230

Phone (718) 434-3266
Fax (718) 859-2266
Email: info@copo.org



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We currently maintain a waitlist for home care services, with only up to three openings per month despite significant need. At the same time, demand for mental health support continues to rise. Even with two on-site therapists providing free services, we are unable to meet the growing need, resulting in waitlists for seniors seeking care.

These are not abstract numbers. These are real people waiting for help.

Just last month, on March 5, 2026, our Older Adult Center hosted a community Iftar, bringing together more than 70 older adults. Regardless of religion or background, everyone was welcomed. Chair Zhuang joined us and witnessed firsthand how these gatherings reduce isolation and strengthen community bonds.

Beyond this, our annual turkey distribution provides more than 4,000 turkeys and chickens to families in need, ensuring food security during critical times.

Despite these efforts, current funding levels are not sufficient to meet the scale of need we are seeing.

We respectfully urge the City Council to increase funding for NYC Aging. With expanded support, organizations like COPO can reduce waitlists, increase access to home care and mental health services, expand meal programs, and ensure that our seniors—especially the most vulnerable—can age with dignity, connection, and care.

Our older adults built our communities. It is our responsibility to ensure they are not left behind.

Thank you for your time and your continued commitment to the well-being of New York City's seniors.

Mohammad Razvi
CEO / Chaplain

1081 Coney Island Avenue,
Brooklyn, NY 11230

Phone (718) 434-3266
Fax (718) 859-2266
E-mail: info@copo.org

1814 Coney Island Avenue
Brooklyn, NY 11230

Phone (718) 434-3266
Fax (718) 859-2266
Email: info@copo.org



55 Water Street, New York, NY 10041-8190

**New York City Council Committee on Aging Oversight Hearing –
Addressing Social Isolation Among Older New Yorkers**

April 10, 2026

Testimony of EmblemHealth

On behalf of the hundreds of thousands of New Yorkers we serve and those we employ, EmblemHealth would like to thank Chair Zhuang and the members of the Committee on Aging for their commitment to improving the health and lives of older New Yorkers.

EmblemHealth is a mission-based, non-profit health plan with over 80 years of local experience, proudly serving more than two million New Yorkers. We operate 15 EmblemHealth Neighborhood Care centers where we provide free in-person and virtual support, access to community resources, and culturally competent programming to all community members. Many of our Neighborhood Care sites are co-located with our partner medical practice, AdvantageCare Physicians (ACPNY), which provides primary and specialty care at over 30 offices in the New York area to over 400,000 patients a year, including at 10 offices in designated Medically Underserved Areas.

We support the legislation under consideration today to improve access to resources and support for older adults, through weather alerts, access to non-digital forms, and transportation services.

EmblemHealth launched a weather resilience program last summer, where we use New York City Department of Health and Mental Hygiene's Heat Vulnerability Index and our clinical data to provide precise and personalized messages to at-risk members during adverse weather events. Cutting-edge AI agents outreach in English and Spanish, and interactions are triaged and escalated to our Care Management team, ensuring prompt connection to clinical or community resources. The program launched in response to ongoing heatwaves and is expanding to address poor air quality and extreme cold. This approach has also enabled us to provide targeted flu vaccine alerts, allowing us to reach more people where they are. We would be happy to keep you updated on our findings and experience as we continue to expand this program.

At EmblemHealth Neighborhood Care, over 23% of individuals we serve are over the age of 65, making us uniquely positioned to address their needs and provide tailored support. Of the older adults we see, 45% are repeated visitors to our sites, which highlights the importance of building trust and relationships. We have found that creating a safe, social space for individuals to gather is integral to combatting the loneliness and social isolation challenges that many older adults face, especially since we know that in New York City, 28% of adults over the age of 65 live alone.ⁱ We also know that loneliness and social isolation can increase risk for heart disease, type 2 diabetes, dementia, and more – and with 1 in 3 American adults reporting feeling lonely, and 1 in 4 reporting a lack of social and emotional support, it's critical that we provide comprehensive support to this community.ⁱⁱ

In recent months at Neighborhood Care we have launched lunch socials where we combine a meal with health education, activities, and social connection. These lunches complement our other popular offerings such as chair yoga, art therapy, and cellphone literacy classes. We also have virtual programming available to ensure we can reach homebound individuals. Keeping community members engaged is key to helping them learn and implement healthy behaviors. Our staff represent and reflect

the communities they serve and 81% of our team members are bi- or tri-lingual. The relationships that our team members build with community members are truly unique, and once trust is established, we see older adults coming in for help going through their mail, finding medical appointments, or even just stopping by to say hi. The impact is perhaps summed up best by a testimonial from a community member who began attending our wellness classes after a special event day: “I was hesitant to sign up because I was battling feelings of depression and fear of the unknown... I had been heading down a path of isolation, but now I'm beginning to feel like my old self. I have a new lease on life.”

At Neighborhood Care we have experience tailoring programming to meet the needs of specific communities, and we have won support for grant programs tailored to the needs of older adults, including social lunches, art and crafts classes, senior safety classes, food distributions, and health education and wellness event days. These programs have been held at our Cambria Heights, Crown Heights, Harlem, and Fordham Road (Bronx) sites, thanks to Deputy Speaker Williams, Council Member Hudson, Council Member Salaam, and Council Member Feliz. We’ve also been honored to participate in Council Member Hudson’s annual Spring Senior Series, hosting fitness classes, as well as partnering in her Lunch & Learn: Aging Well, Living Strong events, promoting physical and mental wellbeing among older adults.

We also recently hosted a webinar for community members on Rethinking Aging, where experts discussed strategies to prevent or delay chronic conditions, how to maintain brain health, and how to support loved ones as they age. We were joined by panelists from AdvantageCare Physicians, EmblemHealth, and the Alzheimer’s Association, and were honored to receive opening remarks from New York State Assemblymember Chantel Jackson. We will continue to bring more health education and resources to the communities we serve, whether it’s in person or virtually.

We know firsthand how tailored programming, critical weather alerts, and supportive environments can create opportunities for older adults to thrive and live more independently in their communities. We look forward to continuing to be a resource to the City Council and to the communities we serve, as we work together to improve the health and wellbeing of all New Yorkers.

ⁱ <https://www.nyc.gov/assets/cabinetforoldernewyorkers/downloads/pdf/Older-Adults-in-New-York-City-Report.pdf>

ⁱⁱ <https://www.cdc.gov/social-connectedness/risk-factors/index.html>



**NEW YORK CITY COUNCIL HEARING
Committee on Aging
Oversight: Addressing Social Isolation Among Older New Yorkers
4/10/2026 @ 10:00 AM**

Thank you for the opportunity to testify today on addressing social isolation among older New Yorkers.

For nearly sixty years, JASA has supported older adults across New York City through a comprehensive network of services that promotes independence, safety, wellness, and community participation. Each year, we reach more than 40,000 older adults through older adult centers, NORC supportive services, home-delivered meals, case management, health and mental health services, housing and residential services, legal services, and protective services.

Social isolation cuts across every part of the aging services system. We see it in older adults who come to our centers every day, and we see it in those who have not left their apartments in months. We see it among individuals receiving daily meals who have little other meaningful interaction, and among those whose isolation has escalated to crises that result in hospitalization, eviction, or involvement with protective services.

Addressing social isolation, therefore, requires more than expanding programs. It requires strengthening the infrastructure of connection across the entire system.

Older Adult Centers and NORC programs are among the City's most effective tools to combat isolation. They provide routine, accessible opportunities for connection, engagement, and support. At JASA, our centers serve more than 7,600 participants annually, and our NORC programs reach an additional 4,800 older adults. Across these programs, we can provide effective community-based activities and supports, including intergenerational activities, computer classes, health screenings, exercise sessions, dancing and special interest discussion groups. In 2025, we served over 200,000 meals and offered more than 18,000 different classes. We also distribute more than 500 food pantry boxes every month to our NORC residents.

Affordable senior housing is a critical area for investment across the city, as it is key to addressing both the housing crisis for older adults and combating social isolation. As an industry leader, JASA owns, manages, and operates 12 Affordable Housing properties, providing safe, affordable, and accessible apartments for more than 2,700 older adults throughout NYC. Through these buildings, we foster vibrant, connected communities that actively support successful aging in place. Onsite social services are integral, delivering meaningful programming that strengthens neighborly relationships and promotes overall well-being. Older adults in NYC deserve safe, affordable housing options. There is currently a significant shortfall of senior housing across the city. Investing in affordable senior housing is not only the right thing to do but is also cost-effective, as it reduces the need for premature and costly nursing home placement.



OAC, NORC, and Residential programs work because they are place-based, consistent, and trusted. But they require greater flexibility and investment to meet the needs of a diverse and growing older adult population. Programming must reflect different cultures, languages, and life stages, and funding must allow providers to adapt in real time to community needs. Whenever I visit centers and I ask what more we can offer, I hear time and again that participants want more dancing, more one-on-one technology help, more trips and more food pantry opportunities. We can offer more with more resources.

Special focus should be on programs that promote creative expression as a medium for connection. We recently held our Annual Art Show, which featured artwork from more than 80 participants across our programs. Some of our artists are professionals while others have never picked up a paintbrush before, but the message has been clear that art programming is an essential way to combat social isolation while fostering creativity.

In addition, many centers operate in outdated facilities that limit their ability to serve as welcoming and accessible spaces. Continued capital investment is essential to ensure these sites remain viable hubs for social connection.

At the same time, many of the most isolated older adults never walk through the doors of a center. We see this clearly in programs like home-delivered meals, case management, and caregiver support. These services are critical, but they often reach individuals who are already deeply isolated. For example, JASA delivers more than 700,000 meals annually. These daily touchpoints are invaluable, but they are not, on their own, sufficient to address isolation.

To address this gap, JASA launched JASACHat in March 2020, pairing volunteers with clients for weekly calls. We support 577 participants in this effort, of which 98% have reported that chatting with their match has improved their well-being. We have also just launched JASACakes because too many older adults spend their birthdays alone. JASACakes ensures seniors feel seen and celebrated with a cake, a card, and a moment of connection. We will provide these celebrations for every one of our nearly 2,500 home-delivered meal clients. The city should invest in outreach as a core function of the aging services system. This includes door-to-door engagement and phone-based outreach and peer programs like JASACHat, which connects volunteers with older adults and peer older adults to build consistent social connections. Outreach cannot be an add-on. It must be funded and structured as essential infrastructure.

Social isolation is closely linked to depression, anxiety, and cognitive decline. At JASA, we see that meaningful engagement is often the first step toward improved mental health. Programs that embed mental health services in community settings like older adult centers are particularly effective. These models reduce stigma and allow individuals to access support in familiar environments. Not only are mental health services accessible in our older adult centers, but services are also available through our geriatric mental health outpatient treatment clinic program, which is staffed by licensed mental health



professionals who provide individual and group therapy and medication management. One of our nearly 400 clients, recently indicated his therapy has helped him to get in touch with his feelings and that compared to when he started 6 years ago, he is “in a better place”. Another client said that they now feel like they can “take on the world” since participating in therapy. While we provided 5,000 hours of mental health clinic services last year, we could reach even more older adults if the City expanded investment in integrated mental health and social engagement models, ensuring that older adults can access both clinical and community-based support seamlessly.

We are currently witnessing the benefits of placed based services in our 18 senior affordable housing sites. As more older adults age in place, particularly in affordable housing, we must bring services directly to where people live. Three different programs increase housing accessibility and offer supportive services for low-income tenants and formerly unhoused seniors including HUD Service Coordination, Senior Affordable Rental Apartments (SARA) and New York State’s Empire State Supportive Housing Initiative (ESSHI). Through our various residential services programs, 1,089 residents received benefits and entitlements assistance, 577 received home visits, and 533 received housing stability assistance. JASA’s residential services and initiatives like NYC Aging’s Pop-Up Café demonstrate that combining meals, programming, and social engagement within senior housing settings can significantly reduce isolation and increase participation. Expanding these models will be critical, particularly for individuals with mobility challenges or those living in buildings without formal NORC programs.

Finally, any meaningful strategy to address social isolation must include investment in the workforce that makes this work possible. This work is inherently relationship-based and requires skilled professionals, particularly social workers trained in aging and community-based care. The City should prioritize ensuring that contracts include sufficient funding to offer competitive salaries. Without the ability to attract and retain qualified staff, even the strongest program models will fall short.

New York City has one of the strongest aging services networks in the country. The issue is not the absence of services. It is ensuring that older adults are meaningfully connected to them. Social isolation is preventable. But it requires intentional investment in outreach, flexible community-based models, integrated mental health services, and stronger coordination across systems. With the right investments, New York City can lead the nation in building a system where older adults are not just served, but connected, engaged, and able to thrive.

Thank you for your continued leadership and commitment to older New Yorkers.

**New York City Council Committee on Aging
Oversight: Addressing Social Isolation Among Older New Yorkers
250 Broadway, 8th Floor, Hearing Room 1
April 10, 2026 at 10:00 am**

Good morning. I am Linda Hoffman, President of New York Foundation for Senior Citizens. On behalf of our Board of Directors, we would deeply appreciate your ensuring the continuation of our Home Sharing and Respite Care Program by supporting the provision of \$500,000 from the Speaker's City-Wide Budget.

Our home sharing and respite care services: enable the City's older adults to prevent feelings of isolation, loneliness and depression by helping them to maintain and remain in their homes, obtain affordable housing, developing companionships and friendships, prevent institutionalization in nursing homes and homeless shelters.

Our home sharing service is implemented by Social Workers who use their skills to successfully match older adult "hosts" with space in their apartments or houses to share with "guests" in need of affordable housing.

Matches cost less than \$4,000 per person and offer stability and cost effectiveness, especially compared to the \$500,000 it cost to build a unit of affordable housing.

Our respite care service is also implemented by Social Workers. They arrange affordable, short-term, in-home care at the low cost of \$19.65 per hour, paid directly to the home care workers by the frail elderly, managing at home alone.

Although the cost of private agency home care is \$35 per hour, our respite care service provides the lowest cost, highest quality home care at \$19.65 per hour.

The current per person cost of providing respite care services during the last 2025 fiscal year was only \$553 per person.

Findings from our study of the July 1, 2024 – June 30, 2025 fiscal year demonstrate that New York City Council provided our Home Sharing and Respite Care Program with a total of \$200,000 and saved New York City nearly \$2 million in Medicaid expenses.

To continue our program, city-wide, requires \$500,000 from the Speaker's City-wide Budget, allocations of \$25,000 from your individual and \$25,000 from your borough delegations' discretionary budgets within the City's next budget.

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

Testimony

New York City Council
Committee on Aging
Oversight - Addressing Social Isolation Among Older New Yorkers

Friday, April 10, 2026

Submitted by:
SAGE

On behalf of SAGE and the LGBTQ+ elders and older New Yorkers living with HIV whom we serve, thank you to the members of the New York City Council Committee on Aging for providing a platform to speak on social isolation among older New Yorkers.

Founded in New York in 1978, SAGE is the country's first and largest organization dedicated to improving the lives of LGBTQ+ older people and helping them age with dignity and security. We have been serving LGBTQ+ elders and older New Yorkers living with HIV for almost five decades. We provide comprehensive social services and community-building programs through our network of LGBTQ+ welcoming older adult centers across New York City – called “SAGE Centers” – and through our partners across the state. SAGE has also worked with leading developers to open New York's first two LGBTQ+-welcoming affordable elder housing developments located in Brooklyn and the Bronx, each of which house a state-of-the-art, ground-floor SAGE Center that provides comprehensive LGBTQ+-centered aging services.

Research has shown that social connectedness is an important factor in healthy aging and impacts happiness, health, and lifespan.¹ Social isolation and loneliness, on the other hand, are associated with poor health, with some researchers equating the health risks of prolonged isolation with smoking 15 cigarettes a day.² SAGE's constituents—LGBTQ+ elders and older New Yorkers living with HIV—are often disconnected from services, and severely isolated. Roughly 60% of LGBTQ+ older adults report feeling a lack of companionship and 53% report feeling isolated from others, with transgender older adults reporting higher levels of loneliness than non-transgender older adults, even after controlling for socio-economic differences.³ In a recent AARP survey of LGBTQ+ older adults, nearly four in five (78%) respondents were at least somewhat concerned about having social support as they get older.⁴

¹ Cacioppo, J. T., & Hawkley, L. C. (2003). Social isolation and health, with an emphasis on underlying mechanisms. *Perspectives in Biology and Medicine*, 46(3 Suppl), S39-S52. PMID: 14563073.

² Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine*, 7(7), e1000316. <https://doi.org/10.1371/journal.pmed.1000316>

³ Fredriksen-Goldsen, K. I., Kim, H.-J., Emlert, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C. P., Goldsen, J., Petry, H. (2011). *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults*. Seattle: Institute for Multigenerational Health.

⁴ Burton, Cassandra. (2024, August). *Dignity 2024: The Experience of LGBTQ+ Older Adults*. AARP Research. <https://doi.org/10.26419/res.00805.001>

As they age and need more assistance and care, LGBTQ+ elders and people aging with HIV have fewer familial options for support than older people in general. They often cannot rely on children (they are less likely to have children), spouses (they are less likely to be partnered), or relatives (they are more likely to be disconnected from families of origin) for care. On top of that, many don't have the financial resources to pay for private in-home care. LGBTQ+ older adults are half as likely to have close relatives to call for help⁵ and nearly a quarter of LGBTQ+ older adults report that they have no one to call in case of an emergency.⁶ Because of their thin support networks, they need to rely more heavily on chosen family and community service providers for care as they age. And for those who are themselves caregivers, research has shown that LGBTQ+ caregivers are more likely to be caring in isolation, which can exacerbate stress and lead to caregiver burnout.⁷

On top of these challenges, social isolation may also adversely impact health. LGBTQ+ older adults experience significant health disparities, including increased rates of disability, poor physical and mental health, and alcohol and tobacco use. About 14% of LGBTQ+ New Yorkers over 50 report frequent poor physical health and transgender New Yorkers of all ages are nearly 50% more likely to report being in fair or poor health when compared to non-transgender respondents, even when controlling for age and education.⁸ These health disparities are rooted in the lack of access to competent, inclusive, and affordable health care systems, and social isolation.

The City Council's steadfast support has helped SAGE to mitigate these challenges. For these reasons, we not only reiterate our FY27 budget asks, but we urge the City Council to support legislation to reduce social isolation among the growing population of older New Yorkers, including LGBTQ+ elders and older adults living with HIV. Thank you.

⁵ Rosenwohl-Mack, A., Tamar-Mattis S., Baratz A. B., Dalke K. B., Ittelson A., Zieselman, K., Flatt, J. D. (2020) A national study on the physical and mental health of intersex adults in the U.S.. PLOS ONE, 15(10), e0240088.

<https://doi.org/10.1371/journal.pone.0240088>

⁶ SAGE, MAP, & Center for American Progress. (2020, May). LGBT older people & COVID-19: Addressing higher risk, social isolation, and discrimination. MAP. <https://www.lgbtmap.org/file/2020%20LGBTQ%20Older%20Adults%20COVID.pdf>

⁷ Kent, A. & Stewart, D. B. (2017). Caregiving in the LGBTQ community: A guide to supporting LGBT caregivers through programming. SAGE. Retrieved from <https://www.lgbtagingcenter.org/resources/pdfs/SAGE%20Caregiver%20Guide%20Final%20Interactive.pdf>

⁸ SAGE & AARP. (2025). Disrupting Disparities: Solutions for LGBTQ+ New Yorkers Age 50+. <https://www.sageusa.org/wp-content/uploads/2025/08/disrupting-disparities-lgbtq-new-yorkers-4.pdf>



**Written Testimony from Selfhelp Community Services
New York City Council Committee on Aging
Oversight Hearing: Addressing Social Isolation Among Older New Yorkers
Friday, April 10, 2026**

Selfhelp Community Services is a nonprofit organization that has supported New York City's older adults for 90 years. Selfhelp believes adults deserve to age with dignity and independence and serves more than 25,000 adults annually through community-based programs, home care, and affordable housing.

Thank you for an oversight hearing on addressing social isolation among older New Yorkers. Social isolation is one of the most pressing issues facing older adults, with serious implications for physical health, mental well-being, and quality of life.

Social isolation is not inevitable, and it is not unsolvable. By investing in a blended model of in-person and virtual engagement, New York City can ensure that all older adults, regardless of mobility, health, or geography, have access to connection, community, and purpose.

The Critical Role of Community-Based Programs

Community-based aging services such as older adult centers, NORCs, and other social and wellness programs remain essential tools in combating isolation. For older adults who can attend in person, these spaces provide opportunities for meaningful connection, routine, lifelong learning, and access to trusted supports. Selfhelp sees every day how these programs foster community, resilience, and dignity.

However, in our experience, in-person programs alone are not enough.

Reaching Older Adults Who Are Homebound and Isolated

Thousands of older New Yorkers are unable to access Older Adult Centers or NORCs due to mobility limitations, chronic illness, disability, caregiving responsibilities, sensory impairments, or fear of leaving home. These older adults are often the most socially isolated and at the highest risk for loneliness-related health decline—yet they are the least likely to be reached through traditional service models.

If our collective goal is to address social isolation equitably, we must invest in solutions that reach both mobile and homebound older adults.



The Virtual Senior Center: A Proven, Scalable Solution

To address this gap, Selfhelp operates the [Virtual Senior Center \(VSC\)](#)—a live, interactive, online community offering daily programming including exercise, arts, health education, discussion groups, language classes, and cultural programming. The VSC is designed specifically for older adults with physical, sensory, or functional limitations and is accessible with individualized technology support.

Today, the Virtual Senior Center serves thousands of members, many of whom are homebound or living with significant health challenges.

Recent evaluation findings underscore its impact:

- 80% of participants report reduced loneliness
- 60% report increased connectedness
- 51% report improved health and well-being
- 97% report that the VSC improves their overall quality of life

Importantly, comparative Social Determinants of Health (SDoH) data shows that homebound Virtual Senior Center participants experience levels of loneliness comparable to older adults who attend in-person senior centers, demonstrating that virtual engagement can effectively neutralize the isolation gap.

Preliminary findings from an ongoing Yeshiva University longitudinal study further show:

- Approximately 73% of participants live with physical, sensory, or functional limitations
- 57% report reductions in depressive symptoms
- 85% demonstrate stable or improved overall mental health

These outcomes confirm that when digital programs are well-designed, interactive, and supported, they can meaningfully reduce isolation and improve mental health—even among the most vulnerable older adults.

New York State Investment in the Virtual Senior Center

New York State has demonstrated strong leadership in addressing social isolation among older adults by investing in the expansion of Selfhelp's Virtual Senior Center (VSC) as a statewide resource. Through a partnership with the New York State Office for the Aging (NYSOFA), the VSC is now [available free of charge to any New Yorker age 60 and older](#), as a core strategy in the state's efforts to combat loneliness and isolation.

By supporting the Virtual Senior Center, New York State embraces the critical role that virtual programs should play in a modern, inclusive aging services system.



Technology as a Complement, Not a Replacement

Selfhelp strongly believes that digital engagement is not a substitute for in-person services, but rather a critical complement. A strong aging services system must offer multiple pathways to connection, allowing older adults to participate in ways that match their abilities, preferences, and life circumstances.

Virtual programming:

- Extends the reach of the aging services network
- Provides continuity of connection during illness, recovery, or mobility loss
- Offers engagement for older adults who may never be able to attend an OAC in person
- Strengthens overall system resilience during emergencies or disruptions

Policy Recommendations

To effectively address social isolation citywide, Selfhelp urges the City Council and NYC Department for the Aging to:

1. Expand citywide access to high-quality digital engagement programs for older adults, including those who are homebound and isolated.
2. Provide sustained NYC Aging funding and formal programmatic support for virtual senior engagement initiatives, alongside in-person OAC and NORC programming.
3. Invest in digital equity for older adults, including devices, broadband access, training, and one-on-one technical support.
4. Recognize virtual programming as a core aging service, not a temporary or supplemental solution.

Conclusion

Selfhelp stands ready to partner with the City Council and NYC Aging to expand proven digital solutions like the Virtual Senior Center and to build a more inclusive, responsive aging services system for all New Yorkers.

Thank you for the opportunity to submit testimony and for continued leadership on behalf of older New Yorkers.



SERVICE PROGRAM FOR OLDER PEOPLE

Testimony presented to the

New York City Council Meeting
Committee on Aging

April 10th, 2026 10:00 am

Service Program for Older People, Inc.

www.spop.org

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

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

Older adults with mental health conditions are among the most susceptible to isolative living and isolative dying. Social health and human connection are essential in order for older adults to recover from illnesses, cope with systemic inequities, and restore mental health. Social contact is critical for stress management and without it, older adults suffer.

Social isolation can almost inevitably occur as run-off from mental health disorders, including anxiety and depressive disorders, post-trauma response, or chronic serious mental illness like bipolar disorder and schizoaffective disorder. For those older adults that have cognitive decline and memory loss, isolation can be especially dire.

One way to address the rampant social isolation that affects nearly half a million older New Yorkers is to foster a strong, unwavering partnership between NYC Aging services and the NYC Department of Health and Mental Hygiene to provide social healthcare. Drawing on the

resources of these two agencies, we can identify those most at risk of isolation, connect them to medical and mental healthcare services, and encourage participation in congregate activities at older adult centers. DFTA and DOHMH are well-suited to address the gaps in care – and they can lead the city’s response with data, empathy, and innovation.

Social healthcare brings together mental healthcare and community care – and leads to documented improvements in health and longevity. When you add in support for housing, meals, and transportation, you create a truly liveable city for older adults. We urge the New York City Council Aging Committee to join forces with the Mental Health and Substance Use Committee through joint committee hearings and joint advocacy for robust funding that supports geriatric mental health programming.

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



80-45 Winchester Boulevard
Building # 4, CBU #29
Queens Village, New York 11427
T: (718) 454-2100 F: (929) 895-6628
E: info@snapqueens.org W: www.SNAPqueens.org

**TESTIMONY/VIDEO PRESENTATION
NEW YORK CITY COUNCIL COMMITTEE ON AGING**

HEARING

APRIL 10, 2026

10:00 A.M.

**NINA BHOLA-CRUZ, DIRECTOR OF EASTERN QUEENS OLDER ADULT
CENTER OPERATIONS**

Services Now for Adult Persons, Inc.

(SNAP)

80-45 Winchester Boulevard

Building # 4 CBU # 29

Queens Village, N.Y. 11427

Phone: (718) 454-2100

Fax (718) 740-4999

www.snapqueens.org

DISTINGUISHED MEMBERS OF THE CITY COUNCIL COMMITTEE ON AGING. MY NAME IS NINA BHOLA-CRUZ, THE DIRECTOR OF OPERATIONS FOR THE SNAP OF EASTERN QUEENS OLDER ADULT CENTER. WE ARE INCLUDING A VIDEO LINK OF OUR ORGANIZATIONS WORK WITH OLDER ADULTS AND ITS EFFECTIVENESS IN DIMISHING SOCIAL ISOLATION AND REDUCING PREMATURE INSTITUTIONALIZATION.

THIS VIDEO INCLUDES OLDER ADULTS SPEAKING ON THE OLDER ADULT CENTER AND ITS IMPACT ON THEIR LIVES. IT ALSO DEMONSTRATES OTHER SERVICES THAT IMPACT OLDER ADULTS IN EASTERN QUEENS.

SNAP IS A MULTI-SERVICE SOCIAL SERVICES AGENCY DEDICATED TO ADDRESSING THE NEEDS OF THE ETHNICALLY AND ECONOMICALLY DIVERSE OLDER ADULT POPULATION IN QUEENS. SNAP WORKS CLOSELY WITH OLDER ADULTS TO IMPROVE THEIR QUALITY OF LIFE. SERVICES INCLUDE PROVIDING OLDER ADULTS WITH HOT NUTRITIOUS CONGREAGATE MEALS, SOCIALIZATION AND CASE ASSISTANCE. IT ALSO INCLUDES PROVIDING HOME DELIVERED MEALS TO FRAIL OLDER ADULTS WHO ARE PART OF SNAP'S CASE MANAGEMENT PROGRAM.

PLEASE CLICK THE LINK BELOW OR COPY IT INTO YOUR BROWSWER:

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Testimony for the Committee on Aging

Subject: The critical need for programs targeting elderly social isolation. **On behalf of:** One Community / The Sharing Network

"Good morning, Chairperson and members of the Committee on Aging. My name is Fritz Valme, and I am here today to speak on behalf of One Community and The Sharing Network.

Three years ago, my life looked very different. I was recovering from my second brain surgery, and I was spending most of my days in total isolation. My world had shrunk to the walls of my home.

I came to this organization by way of a random, perhaps providential, meeting at a Town Hall. I wasn't there for myself; I was there to press the police for answers after my nephew had been assaulted. It was there that my wife and I met Charnora Simon. My wife and Charnora hit it off immediately, and she knew right away that joining this network would be the perfect step for my recovery.

She was right. The Sharing Network didn't just give me something to do—it changed my life. It pulled me out of the shadows of isolation and gave me a community. I made lifelong friends and eventually found the strength to begin volunteering myself.

Today, three years later, I cannot imagine my life without this work. But right now, The Sharing Network is facing a critical shortfall.

I am here today to ask—no, to plead—that you throw this program a lifeline. This organization threw me a lifeline when I was drowning in isolation. It is a vital safety net for New Yorkers like me who just need a place to belong. Please ensure that the funding is there so that the next person sitting at home alone has the same chance at a second act that I did.

Thank you for your time and for your commitment to our seniors.



**Testimony of UJA-Federation of New York
Oversight: Social Isolation Among Older New Yorkers
Committee on Aging
Chair, Susan Zhuang**

Submitted by: Abbie Rubin-Pope

April 10, 2026

On behalf of UJA-Federation of New York and our network of nonprofit partners across New York City, thank you, Chair Zhuang and members of the committee, for the opportunity to provide testimony today about social isolation among older New Yorkers.

Established more than 100 years ago, UJA-Federation of New York is one of the nation's largest local philanthropies. Central to UJA's mission is caring for those in need - identifying and meeting the needs of New Yorkers of all backgrounds and Jews everywhere. UJA supports an expansive network of nearly 100 nonprofit organizations, many of which operate older adult centers, Naturally Occurring Retirement Communities (NORCs), home-delivered meal programs, case management services, and other aging supports that allow older New Yorkers to remain safely in their homes and communities.

Social isolation is not just about loneliness—it is deeply tied to poverty, language access, health, and mobility. This is a prominent issue among older adults in Southern Brooklyn, where many face multiple, overlapping barriers to connection.

One group that requires particular attention is low-income, Russian-speaking Jewish older adults. According to UJA's 2023 New York Jewish Community Study, 47% of Russian-speaking senior households are poor or near poor, and among those who live alone, nearly 70% are poor or near poor. Many arrived in the U.S. later in life, have limited English proficiency, and face significant challenges accessing benefits and mainstream programs.

For many of these older adults, they are not just isolated—they are aging alone.

As a result, traditional senior programming often does not reach them. What we see works—and what we should be investing in—are culturally and linguistically tailored approaches that meet older adults where they are.

When older adults have access to programming in their own language, with familiar cultural references and trusted community figures, participation increases and isolation decreases. In one recent program model serving this population, hundreds of unduplicated seniors participated in free cultural events such as concerts, holiday celebrations, and educational gatherings. The vast majority reported feeling less isolated as a direct result.

These programs succeed because they are not just activities—they are entry points to community. They create routine, belonging, and trust. They also serve as informal hubs where older adults can connect to essential supports like food access, benefits, and health information.

Accessibility must be multifaceted. In-person programming is critical for fostering real connection, but hybrid options remain essential for homebound seniors who would otherwise be completely isolated.

At the same time, persistent challenges remain. Transportation barriers, mobility limitations, and rising costs continue to limit access and threaten sustainability. And because many of these older adults live on fixed incomes, these programs cannot be supported through participant fees.

The implication is clear: without targeted investment, the seniors most at risk of isolation will remain the hardest to reach.

If New York City is serious about addressing social isolation, it must prioritize funding for culturally responsive, community-based programming, particularly for populations facing language and economic barriers. This includes investing in models that combine social connection with access to basic needs and ensuring that homebound older New Yorkers are not left behind.

Thank you for your time and your commitment to older New Yorkers.

Please reach out to rubin-popea@ujafedny.org with any questions.



UNITED NEIGHBORHOOD HOUSES

45 Broadway, 22nd Floor, New York, NY 10006
212-967-0322 | www.unhny.org

Testimony of United Neighborhood Houses Before the New York City Council

**Committee on Aging
Oversight - Addressing Social Isolation Among Older New Yorkers
Council Member Susan Zhuang, Chair**

**Submitted by Anita Kwok, Policy Analyst
April 10, 2026**

Thank you for convening today's hearing on social isolation among older New Yorkers. United Neighborhood Houses of New York (UNH) is a policy and social change organization with a mission to promote and strengthen settlement houses' neighborhood-based, multi-service approach to improving the lives of low- and moderate-income New Yorkers. Settlement houses provide multi-generational services designed to support individuals, families, and communities. Settlement house programs build bonds within and between communities and create opportunities for advocacy and social change. UNH was founded in 1919 by settlement house leaders who recognized the strength in their collective voices to drive important social reforms. With this goal, UNH was tasked to coordinate the efforts of settlement houses; document their shared learning and experiences; and increase the influence and impact of settlement houses for the greater good of New York communities. UNH has successfully advocated for fair and affordable housing, child labor laws, inclusive policies and services for immigrants, adult literacy education, public recreation space, quality child-care and after-school programs, job training, programs serving older adults, access to the arts and to healthy food, and more.

UNH members provide a wide variety of services to over 130,000 older New Yorkers each year by operating programs such as older adult centers (OACs), Naturally Occurring Retirement Communities (NORCs), home delivered meal (HDM) programs, Geriatric Mental Health, case management programs, and others, often funded and contracted by NYC Aging and the City Council. UNH and its settlement house members employ the philosophy that older adults are valued members of our neighborhoods, whose wisdom and experience are important to the fabric of our communities.

Twenty years ago, UNH released "[Aging in the Shadows](#)" which highlighted the risk of social isolation among older adult New Yorkers. Since then, UNH has worked to advance policies and funding solutions that address isolation among older New Yorkers. In 2023, the Surgeon General [declared](#) loneliness and social isolation an epidemic, with real public health concerns for older adults including dementia and cognitive decline. As UNH's prior research demonstrated, investing in community-based programs and services are a clear antidote to this epidemic.

Settlement houses and other community-based organizations are ideally suited to identify and support isolated older adults. Their intimate knowledge of their communities, their participation in local networks and associations, and their web of contacts throughout their neighborhoods make them the optimal places to receive and act on information about older adults in distress. In addition, because these organizations offer a range of services in an integrated setting, they are able to address a multitude of causes of social isolation.

Community-Based Services and Contracts

Unfortunately, the essential services that settlement houses offer are often underfunded by government contracts. For example, older adult centers have not had a rate increase for congregate meal services since the last procurement in 2021, despite several recent years of high inflation. These meals physically bring older adults together – directly combatting social isolation – while also addressing food insecurity. In the FY27 budget, UNH calls for a new investment in congregate meals of at least \$60 million just to address inflation.

In addition, a multi-year agreement for the City to fund modest cost of living adjustments (COLAs) is expiring after next year (FY27 will be the last year). Even with COLAs, staff who support older adult programming are chronically underpaid due to their City contracts, making retention and recruitment of staff an ongoing challenge – and especially so for multi-lingual staff. Council Member Althea Stevens' Intro 452 would require that human services workers employed under City contracts be paid no less than a prevailing wage comparable to that of City employees performing similar work.

The new mayoral administration must understand that it is essential that the City Budget addresses long-standing underfunding of these contracts and include ongoing COLAs and adequate wages for program staff.

NORC in Every Neighborhood

The City must invest in its existing service network so it can sustainably address older adult needs and continue to combat social isolation. At the same time, we must look toward growing the network of these services to support more older adults, especially as the number of older adults in New York City continues to rapidly grow.

One program that is particularly poised for expansion is the NORC program – Naturally Occurring Retirement Communities. NORCs are housing developments or neighborhoods that were not originally designed as senior housing, but have naturally become home to many older adults over time. They play an essential role in combatting social isolation, enabling older New Yorkers to safely age in place. NORCs offer a cost-effective, evidence-based model that provides on-site nursing, healthcare, and social services to older adult residents in the comfort of their homes and neighborhoods. Furthermore, these programs combat the risk of social isolation through volunteer and civic engagement opportunities, as well as intergenerational programming that strengthen older adults' connections with young people in their communities.

UNH's 2024 report, *NORCs: An Antidote to Social Isolation*, analyzed the surge in the older adult population in New York State, their needs, and the challenges they face, and recommended expanding the program statewide. Key findings from the report included:

- There are now *4.7 million older adult New Yorkers, up 26 percent from 3.7 million a decade ago (in 2012)*. Older adults aged 60 and over make up a *quarter of all New Yorkers*, compared to 20 percent a decade ago.
- *Over half (51 percent) of poor older adult New York State residents live alone*, more than triple the share of higher-income older adult New Yorkers.
- As of 2022, an estimated *586,000 older New Yorkers—more than one in every 10—live in poverty*, up from about 409,000 a decade ago.
- Compared to costs of nearly \$160,000 for one older adult in a private room in a nursing home, NORC programs are incredibly cost-efficient: In New York City, the average NORC program costs *\$251,000 and serves 355 older adults a year*.

New York City is home to 1.9 million older adults aged 60 and over, a 28-percent increase from a decade ago.¹ Older adults now make up nearly one in four New York City residents at 24 percent. Over half a million of older adults live alone in New York City, putting them at greater risk for loneliness and social isolation. The risk of social isolation is even greater among older adults with lower incomes at which they are twice as likely as those with higher incomes to live alone.²

There is an urgent and well-documented need to expand NORCs in New York City. A 2025 NYSOFA survey found many older adults participating in NORC programs saw notable reductions in loneliness and social isolation. Prior to joining a NORC program, nearly half (49 percent) of surveyed older adults said that they felt isolated from others, but after joining, the share reporting isolation from others fell to 17 percent. NORCs are also a fiscally responsible, cost effective model of delaying institutionalized care and enable older adults to safely remain living in their own homes. The average cost of caring for one older adult in a private room in a nursing home is \$180,675 a year in the New York City metro area, compared to just \$480 for a New York Statefunded NORC program.³ Furthermore, the NORC program at Penn South Houses in New York City saved New York State an estimated \$11 million over three years by forestalling 460 hospital and 317 nursing home placements.⁴

Thirty one out of 55 neighborhoods in New York City lack a NORC program, despite thousands of older adults living in each of those neighborhoods. Overall, there are more than 965,000 older adults aged 60 and older living in neighborhoods that don't have a contracted NORC program.⁵ Queens Village, Bellerose & Rosedale; Canarsie and Flatlands; and Midtown East & Flatiron are the three neighborhoods with the highest percentage of older adult residents without a NORC.

¹ UNH analysis of Five Year 2019-2023 American Community Survey data, US Census Bureau

² UNH analysis of Five Year 2019-2023 American Community Survey data, US Census Bureau.

Low-income is defined as those with incomes at or below 200% of the federal poverty level, which was \$28,160 for a single-person household in 2023.

³ 2024 GenWorth Cost of Care study. <https://www.carescout.com/cost-of-care>, estimate for NYS-funded NORC is from the NY State Office for the Aging.

⁴ Lawler, Kathryn. Joint Center for Housing Studies of Harvard University and Neighborhood Reinvestment Corporation. "Aging in Place Coordinating Housing and Health Care Provision for America's Growing Elderly Population."

<https://www.cityofeastlansing.com/DocumentCenter/View/1566/Aging-in-Place---Coordinating-Housing-and-Health-Care-Provision-PDF>.

⁵ UNH analysis of Five Year 2019-2023 American Community Survey data, US Census Bureau.

In 2026, the City should invest in expanding these programs to ensure there is a NORC in Every Neighborhood with an additional \$10 million in the FY27 budget to create 31 additional NORCs. There should be a contracted procurement process through NYC Aging that prioritizes sitting a NORC program in each of the 31 neighborhoods that currently lacks one. This procurement could happen concurrently with a planned NORC Request for Proposals (RFP) for the entire system, or be a standalone RFP for new programs only. Each program would cost approximately \$322,000, more than the current contract average of \$251,000, to account for higher staff salaries and program costs. Notably, the New York City Council has funded new NORC program pilots in the last several years through the NORC Council Initiative. These programs are primed for formal contracts and could serve as some of the new NORCs, thus enabling them to receive stable, baselined funding each year.

Read UNH's companion analysis of the NORC landscape in New York City [here](#).

NORC Initiative

The City Council NORC initiative provides essential supplemental funding for programs, and also independently funds several NORCs that do not have separate City contracts. For the last several years, this funding has included support for nursing services in NYC Aging-contracted NORCs. This funding fills a gap left by the reduction of pro-bono nursing services that are required by NORC contracts. The nursing funding is essential and providers rely on this support. Since the Council began providing these funds in 2019, the standard hourly rate to hire nurses has increased from \$85 to approximately \$100 per hour. This rising cost must be reflected in future allocations to ensure programs can continue delivering essential care.

Council initiative funding also goes to some State-contracted Neighborhood NORCs, and serves as a required matching fund grant for these contracts that providers rely on. Because of the Council's enthusiasm for the NORC program, we have been able to bring resources and attention to the needs of a large and rapidly growing older adult population. **In FY 2027, the City must baseline long-standing NORC nursing support that is part of the City Council's NORC Initiative of approximately \$1 million, and continue to fund the Council's NORC Initiative funding.**

Older Adults Mental Health Initiative

UNH is a long-time supporter of the Council's Older Adults Mental Health Initiative (formerly Geriatric Mental Health Initiative). Older Adults Mental Health funds mental health services in community spaces where older adults gather, such as senior centers, NORCs, and food pantries. It increases the capacity of community-based organizations serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients for further psychiatric treatment when necessary. By placing mental health services in nonclinical settings, Older Adults Mental Health providers are able to improve access to mental health services in the community, and providers can adapt their programs to meet the needs of the community they serve without stigma. Older Adults Mental Health currently supports 33 organizations, 16 of which are UNH members.

Funds from the Older Adults Mental Health Initiative are used to promote healthy aging. One UNH member uses the funds to support depression screening in older adult centers and to conduct workshops on ways to improve mental health among older adults (i.e. support groups,

discussion of coping with loss, positive reinforcement, etc). Another UNH member uses the funds to ensure all senior services programs are safeguarded with the mental health of older adults, such as combating social isolation through congregate activities and meals at the Senior Center, recreational activities at the NORC, or friendly visiting from the Senior Companions program. All of their programs also have a team of social workers or case managers that are trained on mental health first aid and conduct wellness calls to clients and can provide informal counseling or referrals to clients.

Older adults are already at higher risk for anxiety, depression, and other mental health challenges. Even before the COVID-19 pandemic hit, the aging services network expressed an overwhelming demand to expand mental health services for older adults, especially at senior centers and NORCs and in multiple languages. Since 2020, recipients have observed rising levels of social isolation, bereavement, and fear among this population, and these sentiments remain high today. A Queens-based UNH member observed a notable increase in mental health needs among their Korean-American community members, driven by increased isolation, economic challenges, and higher anxiety levels. With funds from the Older Adult Mental Health Initiative, this member organization uses funds to support mental health services in non-clinical settings, such as religious institutions. Services include a combination of individual, couples, and group support and counseling as well as referrals and case management. Direct and indirect services are provided primarily by the mental health professionals including clinicians, nurse practitioner, psychiatrist, health facilitator, case management and program staff. Another UNH member reported increased fear among the older adult immigrant population they serve because of the anti-immigrant rhetoric and policies of the new federal administration. There is a growing openness to mental health services among older adults, particularly virtual counseling and psychosocial support groups, highlighting a shift toward proactive mental health management.

While contract registration and payment have been delayed – a systemic problem across human services contracts across the City that must be addressed – providers report very positive outcomes from this funding. Recipients of the Older Adults Mental Health initiative in UNH's network have utilized the funds to expand their mental health screenings. One UNH member has been providing screenings and group therapy sessions in multiple community spaces, including shelters, adult daycares, and religious institutions. Another UNH member is administering depression (PHQ-9), anxiety (GAD-7), and substance abuse (MSSI-SA) screenings at six Older Adult Centers, with bilingual caseworkers, including English, Spanish, Russian and Mandarin, and social work interns involved. This funding has enabled UNH members to be more proactive in their mental health support and counseling. At one of our member settlement houses, clients identified with mental health concerns are referred within five business days to mental health professionals, with 12-week follow-ups to ensure care. UNH recipients of the Older Adults Mental Health initiative have also been able to completely innovate their mental health programming. One of UNH's settlement houses members have been integrating mental health services within existing programs, including congregate meals, NORCs, and home-delivered meals, ensuring accessibility for seniors. **Given the vast success of this program, we urge the Council to restore full funding to Older Adults Mental Health of \$3,507,706 in FY 2027, which includes a 3% cost of living adjustment (COLA) to match the citywide human services COLA.**

Preconsidered Bill T-2026-1634

UNH's neighborhood settlement houses serve as lifelines for older adults in their everyday lives, as well as during weather related crises such as events of Code Red and Code Blue. Many of our members also serve as official cooling centers during the summer and are a key part of our city's response during a heatwave. These sites can serve anywhere from a few people to hundreds of people a day. As climate change worsens, increasing the likelihood of more frequent, longer, and intense heat waves in the summertime and freezing temperatures in the winter, the City must have a plan to keep people safe, especially those New Yorkers who are at risk of medical complications due to heat, including older adults and individuals with underlying medical conditions.

In many ways, Council Member Enarnacion's preconsidered bill for wellness checks on older adults during certain weather events is already in place for NYC Department for the Aging's case management and caregiver providers who are required to make these types of calls during emergency situations. Older Adult Centers are also required to do this when the centers are closed due to inclement weather such as Code Blue conditions. During extreme weather emergencies, older adult service providers still do their regular jobs with the exception of very occasional snow closures.

More staffing and funding is required across the aging services network to make this bill functional. Emergencies often happen outside of normal business hours, so if the expectation is for NYC Aging funded program staff to be working or providing this service, then providers would need to be compensated for it across the network including weekend hours/overtime, union considerations, and more. Staff make wellness calls to a large number of clients on top of running their programs, meeting with social service clients, serving meals, and more, which will require them to work overtime, which many community-based organizations cannot afford in their current budgets. In addition to wellness checks, weather-related emergencies require rapid coordination across multiple functions, including communication with instructors and members about center closure and cancellations, implementation of last-minute virtual programming, and last-minute preparation and distribution of take-home meals and materials. During the last two snowstorms, one of our members had six staff people attempting to call over 1,500 members with disproportionate division of labor due to differing language needs. This is not an anomaly, but the reality of community-based organizations and what emergencies look like under current staffing and funding levels. Codifying wellness checks without addressing this will only further strain the workforce. Furthermore, the City Council should be mindful about duplicating existing efforts for providers, especially since different providers often share the same clients.

With aging service providers already doing check-ins when directed by NYC Aging, the City Council must take into account the reality of the operations and compensation on contracts across the aging service network to add in emergency response.

With this bill being preconsidered, there is an opportunity to add additional guidance from New York City Emergency Management and elaborate how wellness checks will be implemented to ensure the City doesn't force providers to do more work with already stretched thin staff. If this bill were to become law and therefore a requirement from NYC Aging, the City must increase staff capacity, provide overtime for staff making wellness checks during emergencies, and provide additional money for utilizing Language Line Solutions.

Preconsidered Bill T2026-1630

UNH supports Council Member Linda Lee's preconsidered bill requiring NYC Aging to maintain non-digital access to forms and services. Across our settlement house network, neighborhood settlement houses have reported that many of their older adults face barriers to accessing services that are primarily offered online. Many older adults lack digital literacy and lack reliable internet access when not at their older adult centers. In early 2025, when the federal administration attempted to end over-the-phone identity verification for Social Security recipients and instead required older adults to verify either online or in person, aging service providers raised serious concerns; as significant number of older adults lack digital literacy and/or face mobility barriers that make in-person verification difficult or inaccessible. In a world where digital developments are happening rapidly with many services moving online, it is critical that the City maintains multiple pathways to access.

UNH's Institute for Empowered Aging and Intergenerational Programming

UNH seeks to promote new and innovative practices that require organizations to look at aging in New York City differently, changing the very paradigm of aging services in the City. The goal is to move from the dominant needs-and-services-based model to one that includes approaches that build upon the strengths, interests, and assets of older people and positions them as an important community resource for the greater good. To achieve this, UNH's Institute for Empowered Aging trains settlement house staff in approaches that mobilize the skills, creativity, and knowledge of older people to work in teams that address community issues, doing so in partnership with community members of all ages. This intergenerational approach vests later life with meaning and purpose, helps connect communities across age, and enables the development of the multi-aged social networks needed to successfully grow old in the communities older people know and love.

The Institute's work has demonstrated a highly effective intervention that senior services organizations can use to achieve a number of positive outcomes, including:

- **Reducing social isolation and loneliness** among those involved - both older and younger people - through the relationships that develop from working in teams.
- **Improving the physical and mental health and well-being of older people** as reported by them to the Institute's evaluators and as demonstrated in applicable national studies.
- **Combating ageism** by enabling older and younger people to see, value and appreciate each other in new and positive ways.
- **Building stronger communities** through intergenerational community projects such as: developing and running a new food pantry; launching an age-friendly improvement district; developing and implementing new afterschool, senior center, or adult literacy programming; or addressing poor mail delivery in public housing.

We hope NYC Aging can find ways to encourage similar efforts across its network that build upon the strengths and assets of older people through intergenerational approaches that combat ageism, promote teamwork, address community issues and enable the multi-aged social networks we all need in order to thrive throughout the lifespan. Examples whereby NYC Aging could encourage this type of work might include:

- Allowing for reimbursement for this program approach under current older adult center contracts.
- Incorporating this model into future older adult center RFPs.

- Creating a dedicated funding stream to support community-based intergenerational programs.
- Working with the Department of Youth and Community Development to develop, jointly fund and promote intergenerational initiatives. This work can also happen in partnership with the Cabinet for Older New Yorkers.

Thank you for your time. If you have any questions, please contact Anita Kwok at akwok@unhny.org.



**VNS Health Written Testimony
New York City Council Committee on Aging
Addressing Social Isolation Among Older New Yorkers Hearing**

Chair Zhuang and members of the Committee on Aging, thank you for the opportunity to testify today. My name is Teresa Lin, and I am the Vice President of Cultural Market Development at VNS Health.

We applaud the Council for promoting legislation that addresses social isolation among older New Yorkers and for its continued commitment to strengthening the supports that allow older adults to remain connected to their communities.

For more than 130 years, VNS Health has supported New Yorkers in living, aging, and healing in the place they call home. Today, we serve more than 117,000 patients, members, and clients annually across New York. The individuals we serve have an average age of 72, and in 2024 alone, we cared for more than 1,150 New Yorkers who were over the age of 100. Our mission is clear: to help older adults age safely, independently, and with dignity while staying connected to the communities they helped shape.

Across the city, we serve as a trusted entry point for care. For many older adults, particularly those navigating language barriers, complex health needs, or limited social supports, VNS Health is often the first place they turn when they need help and, in many cases, the only place they know to turn. Our teams help individuals navigate fragmented systems, access critical benefits, and connect to both health care and social supports. Without these touchpoints, too many older New Yorkers would be left to manage these challenges on their own.

We advance this mission through several key initiatives:

Brooklyn Personal Care Services

Our Brooklyn-based personal care services provide essential, hands-on support that enables older adults to remain safely in their homes and communities. We are proud to serve as New York City Aging's partner delivering this program in Brooklyn. Through assistance with activities of daily living, as well as ongoing supervision and coordination with care teams, we help stabilize individuals who might otherwise be at risk of hospitalization or institutional care. These services are often a critical first line of support, particularly for older adults with chronic conditions or functional limitations. Personal care workers also build trusted relationships with the individuals they serve, providing consistency, monitoring changes in condition, and helping to reduce isolation.

Naturally Occurring Retirement Community (NORC) Nursing

Through our NORC nursing program, we bring clinical care directly into residential buildings and neighborhoods where large numbers of older adults reside. Our nurses provide comprehensive health assessments, chronic disease education and management, preventative screenings, and care coordination with physicians and other providers. They also play a key role in helping residents understand and navigate the healthcare system, connect to needed services, and address emerging health concerns before they escalate. Our nurses speak English, Spanish, Russian, Mandarin, Cantonese, and French Creole.

We are grateful for the Council's continued investment in this program, which makes this work possible. As the need for these services continues to grow, we have submitted a request of

\$2.59 million in Fiscal Year 2027 discretionary funding to sustain and expand NORC nursing services.

By embedding nurses within these communities, NORC programs create accessible, trusted points of care that support aging in place and strengthen the overall health of the community.

Community Centers

Our community centers in the neighborhoods of Sunset Park, Chinatown, and Flushing serve as critical access points for older adults seeking support with benefits, health care navigation, and social services. These centers are particularly vital for immigrant communities and individuals with limited English proficiency, offering culturally and linguistically appropriate services in a trusted and familiar setting. In addition to helping older adults apply for and maintain essential benefits such as SNAP and other public programs, the centers provide opportunities for social engagement, health education, and connection to broader services. For many individuals, these centers are a consistent and reliable place to turn for guidance and support.

One community member and volunteer shared:

“I am an immigrant from China and work as a home health aide in my neighborhood. When the community center opened in late 2022, I first came seeking free social services and help applying for SNAP. From the very beginning, I felt welcomed because the staff are bilingual and able to communicate with me in my own language. They patiently explained what documents were needed, guided me through each step of the application process, and helped me understand important mail, which made me feel respected and supported. Through this experience, I saw how genuinely the center cares about the people it serves, and I wanted to give back by volunteering. I also learned about VNS Health’s comprehensive health plan and introduced it to my relatives—one of whom later became a member. Being part of this community has inspired me to help others just as I was helped.”

Older Adult Mental Health Initiative

Addressing social isolation must also include addressing behavioral health needs. Through our Older Adult Mental Health Initiative, we provide community-based mental health services tailored to older adults, with a focus on individuals who are homebound or face significant barriers to accessing care. Services include screenings for depression, anxiety, and substance misuse, as well as in-home counseling, telephonic support, psychoeducational groups, and case management.

This program is designed to reach individuals who are often underserved by traditional behavioral health systems, including those who are unable to travel or engage in clinic-based care. By delivering services directly in the home and community, we are able to identify needs earlier, connect individuals to appropriate care, and provide ongoing support that helps improve mental health outcomes and overall stability.

We are grateful to the City Council for its support of community-based behavioral health services. To continue and expand this work, we have submitted a request of \$300,000 in Fiscal Year 2027 discretionary funding to support the Older Adult Mental Health Initiative and ensure more older New Yorkers can access these critical services.

Conclusion

Together, these programs form a continuum of support that meets older adults where they are physically, culturally, and emotionally. They ensure that aging in place does not mean aging alone, and that older New Yorkers have consistent, trusted pathways to care and connection.

As New York City's older adult population continues to grow, sustained investment in these services is essential. These programs are not only effective; they are often the difference between stability and crisis for the individuals we serve.

We are grateful for the Council's leadership and partnership in supporting these efforts and in recognizing that combating social isolation requires both thoughtful policy and strong community-based infrastructure.

Thank you again for the opportunity to testify.

Testimony on Addressing Social Isolation Among Older New Yorkers

Kit Pang Ng

4/10/2026

Good morning Chair Zhuang and Committee Members. My name is Kit Ng. Thank you for giving me the chance to speak today.

Before I joined the senior center, I stayed home most of the time. I felt very lonely. Some days I had nobody to talk to. It was very hard and very quiet.

Homecrest OAC changed my life. Now I have friends. I can talk, laugh, and join activities. I can play ping pong, exercise, and stay healthy. I also volunteer at community events. This makes me feel proud because I can still help others.

The center is not just a place for activities. It is a place where we feel we belong. The staff care about us. We care about each other. This is like a second home to me.

Please continue to support older adult centers. Many seniors like me need a place to go, a place to make friends, and a place to feel we are not forgotten.

We may be old, but we still want to live with dignity, purpose, and connection. Please do not let seniors be invisible.

**THE COUNCIL
THE CITY OF NEW YORK**

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: EMMA LENTZ-BESSIRE

Address: _____

I represent: CITY MEALS ON WHEELS

Address: 360 LEXINGTON AVE, NEW YORK NY

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Name: Geordana Weber, SPOP

Address: 302 W 91st

I represent: SPOP - Service Program for Older

Address: People

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Name: Erin Reddan

Address: _____ NY NY 10029

I represent: Emblon Health

Address: 55 water st., NY NY

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(PLEASE PRINT)

Name: RIT FOXES XIG

Address: [REDACTED] NY 10016

I represent: HOMECREST

Address: 1415 WEST 111 ST

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Name: Anita Kwok

Address: _____

I represent: United Neighborhood Houses

Address: _____

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Date: 4/10/26

(PLEASE PRINT)

Name: Linda Hoffman

Address: 11 Park Place NY, NY

I represent: NY Foundation for Senior Citizens

Address: 11 Park Pl NY, NY

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Date: 04/10/2020

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Name: Bill Gross

Address: _____

I represent: SAGE

Address: _____

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Date: _____

(PLEASE PRINT)

Name: Mark Meridy

Address: _____

I represent: DOROT

Address: 171 W. 85th Street

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Date: 4/10/20

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Name: Boyle Horowitz

Address: 247 West 31st St

I represent: JASA

Address: _____

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Date: _____

(PLEASE PRINT)

Name: Teresa Lim

Address: 220 E. 42nd Street

I represent: JNS Health

Address: 220 E. 42nd Street

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Appearance Card

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 in favor in opposition

Date: 4/10/26

(PLEASE PRINT)

Name: Fritz Valmer

Address: 287 Hulsdale St. Brooklyn reg

I represent: One Community / Sharing Network

Address: _____

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Appearance Card

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I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 4/10/26

(PLEASE PRINT)

Name: Bill Gross

Address: _____

I represent: SAGE

Address: 305 7th Ave, 15th Fl - NY, NY 10001

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Date: 4/10/26

(PLEASE PRINT)

Name: Eileen Mullarkey

Address: 2 Lafayette St.

I represent: NYC Aging

Address: _____

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Date: 4/10/26

(PLEASE PRINT)

Name: Lisa Scott-McFenziel

Address: _____

I represent: Aging Commissioner

Address: _____

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Date: 4/10/26

(PLEASE PRINT)

Name: Eileen Mullarkey

Address: 2 Lafayette Street

I represent: NYC Aging

Address: _____

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Date: _____

(PLEASE PRINT)

Name: Mohammad Razi

Address: [Redacted] Island Ave

I represent: C O P O HALAL SENIOR Center

Address: 1081 Cones T.S. I.P. Ave

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Appearance Card

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in favor in opposition

Date: 4/10/2016

(PLEASE PRINT)

Name: Marcus Jackson

Address: _____

I represent: Encore Community Services

Address: _____

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in favor in opposition

Date: 4/10/26

(PLEASE PRINT)

Name: TERRY M. CAMPUZANO

Address: 94 East 1st Street

I represent: METZGER Tower

Address: 94 East 1st Street

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in favor in opposition

Date: 9/16/26

Name: Kalman Bolan (PLEASE PRINT)

Address: 178-36 Wexford Terr, Jamaica NY 11432

I represent: India Home

Address: 11

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Appearance Card

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in favor in opposition

Date: 4.10.26

Name: Helen Ann (PLEASE PRINT)

Address: _____

I represent: KCS

Address: 42-15 166th St. Flushing NY 11358

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

Name: Bridget Lee (PLEASE PRINT)

Address: _____

I represent: Weinberg center for elder justice

Address: 1156 palisade ave, riverdale bronx

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