



TESTIMONY

Presented by

**Lorraine Cortés-Vázquez
Commissioner**

on

Oversight: The Community Care Plan

before the

**New York City Council
Committee on Aging**

on

**Monday, September 23, 2024
At 1:00 p.m.**

Good afternoon, Chair Hudson, and members of the New York City Council Committee on Aging. I am Lorraine Cortés-Vázquez, Commissioner of the New York City Department for the Aging (NYC Aging). We have an opportunity to discuss with you NYC Aging's Community Care Plan and our vision for aging services in New York City today and into the future. At its heart, the Community Care Plan was developed to comprehensively address the needs and realities of an aging population. This plan is inextricably linked to the City's overall goal of increasing life expectancies post-COVID, and other public health successes, which means that New Yorkers are healthier, living longer, and spending a greater portion of their lives as older adults. We cannot promote policy solutions to improve people's health when they are young and middle-aged without also ensuring that a robust supportive social services structure is in place to meet their needs when they become older adults. The reality is that New Yorkers want to age-in-place in the homes and communities they have built, and they are living longer in the process.

Background & Origin

The Community Care Plan was developed in 2021 as part of the recognition that the growing and changing landscape of the older adult population would require new approaches to ensure that New York City supports older adults as they age-in-place in their homes and communities. This allowed NYC Aging to build on the existing community care elements already in place in order to promote independence, self-reliance, and well-being for the aging population. The plan was released in conjunction with the 2021 Older Adult Center (OAC) and Naturally Occurring Retirement Community (NORC) Request for Proposal (RFP), which expanded the number of centers and resources for older adults. The goal was to grow the existing NYC Aging network of programs and services to be more responsive to current and anticipated community needs.

In the first years, we focused on rightsizing congregate services and better aligning to the realities of aging services we learned at the end of the pandemic, including having providers follow model budgets and striving for salary parity. This resulted in an increase in the number of older adult centers with a focus on communities where aging populations were growing. In the subsequent years, we prioritized linkages and referral pathways to services between providers so that nearby programs can better benefit from resources and address community needs. We increased outreach citywide for our services through the "Join Us" campaign and worked with providers to do either own advertising. Last year, we also redeveloped NYC Aging's transportation program through an RFP which ensures that every community has access to individual and group rides, with a citywide provider who can supplement the need.

At the same time, NYC Aging also developed the vision for an age-inclusive New York with the goal of delaying or avoiding entirely a reliance on institutional care as an option for older adults. NYC Aging envisions a New York City where older adults benefit from all the cultural, art and entertainment this City offers coupled with supports, care, and services to live in their homes and community with dignity throughout their lifetime. Comprehensive community care reflects the languages and cultural needs of older New Yorkers when considering the nutritional, social, educational, and in-home care needs which contribute to our continued commitment to avoid institutional care.

Benefits of Community Care

When people remain at home, they are more likely to physically thrive for a longer period than if placed in institutional care. Their mental health also remains stronger when receiving services and supports in the community rather than in institutions. The community also benefits from having older adults aging in place. Remaining at home allows older adults to continue to be socially connected and bolster their communities through their high levels of faith-based and civic engagement.

Not only are there social and community benefits to older adults remaining in their homes and communities longer, but there are economic impacts to promoting community care as well. While living in the communities they helped build, older adults spend money locally, reinvesting in that community. Supporting a person at home also helps to decrease avoidable (re)hospitalizations, emergency room visits, and unnecessary nursing

home stays. Overall, the investment of community care—including meals, in-home services, recreation, and transportation—is roughly \$32,000 per older adult per year, while institutional care is about \$154,000 annually. This reflects the estimated cost savings of a compilation of services provided throughout New York City. There is also an impactful benefit to ensuring that more older adults can safely live in their homes through making improvements to apartments or buildings which promote universal design elements so that people of any age can live and thrive. This is future looking as we plan for the coming caregiving and home care needs which we know will only grow. Our programs and services offered to older New Yorkers should go beyond older adult centers but include the full compendium of needs which older adults experience throughout their lives.

NYC Cabinet for Older New Yorkers

A fundamental component of the Community Care Plan includes collaborations with partner agencies in the NYC Cabinet for Older New Yorkers. Because we saw the need for component parts of government to innovate and address issues affecting older adults, we tried to address problems individually between agencies as needs were identified. As we developed the Community Care Plan, we noticed that communication silos developed between NYC Aging and other agencies, creating gaps in services for older adults or prevented them from accessing the care and programs they needed. These gaps showed a need for agencies to collaborate which grew organically into the Cabinet for Older New Yorkers. That collaboration addresses key goals of the Community Care Plan by connecting the range of programs and services offered by NYC Aging and other partner agencies to fit the needs of New Yorkers as they age.

The Community Care Plan was part of developing cabinet priorities and provided a framework for subcommittees to identify issues most affecting older adults. For example, one priority born out of the Community Care Plan related to public and pedestrian safety. As older adults wish to remain in their communities and continue to age-in-place, they are more susceptible to injury or death when struck by vehicle or harmed because of issues with sidewalks and other elements on the street. We partnered with DOT to develop walking tours and discussions with older adults in NYC Aging OACs to better understand the issues in these communities and develop solutions. This is just one example of many Cabinet initiatives, which are key to the success of the Community Care Plan and is a fundamental to our overarching work.

Where We Are Today

Despite these benefits, we know there is more work to be done, especially in the caregiving sector as more New Yorkers—and Americans in general—struggle to afford and navigate long-term care solutions for their families and loved ones. In-home solutions and supports are fundamental to the success of the Community Care Plan and we are working to build out programmatic- and policy-based solutions to address the coming caregiver crisis. As more Baby Boomers retire and grow older, their families are navigating the challenges of an aging population who want to remain at home but need additional care and support. I know this experience firsthand and have said before, “not only am I the Commissioner, but I’m also a client.” As I’ve walked with my mother in her aging experience, and in my role as Commissioner, I’ve learned that the challenges in navigating services even as the executive head of the largest Area Agency Aging in the United States, can only be maximized when experienced by a person who is not as familiar with aging resources. Families and caregivers ask “where do I begin,” and they are frequently unaware of how to find help through city services. It is incumbent on NYC Aging to ensure that they have the resources they need to address their loved one’s situation.

Much of our focus in the caregiving space is on funding and education. Many people who find themselves to be caregivers do not know where to begin. The labyrinth of services and qualifications create daunting barriers to getting the care support they seek for their loved ones. At times, we run the risk of being our own worst enemy when we do not make options plainly available to people or do not clearly provide the linkages and supports which the Community Care Plan is intended to achieve. Options for caregiver supports and home care services can be expensive and government assistance does not always fully shield families from spending heavily on these necessary services. The New York State Expanded In-Home Services for Elderly Persons (EISEP)

program is meant to address the gap between individuals and families who are unable to pay out of pocket for some in-home services but also are not so low-income that they qualify for Medicaid services. However, the program requires more funding, and too frequently aging services employees receive different reimbursement rates for Medicaid clients which further disadvantage the EISEP-funded homecare clients.

Additionally, we know that transportation and micromobility solutions are fundamental to remaining in communities longer. Older adults are more likely to age-in-place when they can also get around or travel to their typical daily destinations with ease, even if they have a mobility impairment. For older adults this would mean improvements in public transit access and micromobility options such as tricycles at CitiBike locations. The alternatives to standard bicycles open an active and non-vehicular option to older adults to move about their communities and participate in normal aspects of daily living. Shopping, banking, attending church, or visiting friends is harder when you have a mobility impairment, or are simply aging, and the built environment and infrastructure is not appropriately developed with you in mind. Community care can be further strengthened by building off the work of the Cabinet for Older New Yorkers I mentioned before and ensuring that every aspect of aging-in-place is addressed.

Looking to the Future

Because the State of New York is integral to the funding structure for this portion of the Community Care Plan, we are looking to Council's leadership on advocacy for older New Yorkers. Like what we saw earlier this year in advancing wage increases and matches for EISEP funded homecare workers compared to their Medicaid funded colleagues, we need your advocacy in increasing New York City's fair share from the state for these vital services. Homecare and caregiver services funding are limited and not keeping pace with what we know will soon be the level of need given the rising number of older adults in New York City. It is imperative that New York State contribute at a commensurate level with the number of older New York City residents and ensure that the City is able to meet other important needs such as center improvements, infrastructure needs, and programs that benefit communities. I look forward to working with you all this fall and into next year as the State Legislature reconvenes in Albany to discuss best approaches that benefit New York City.

Conclusion

Before I close, I want to acknowledge the introductions included in today's agenda, namely the two surrounding a study on Naturally Occurring Retirement Communities (NORCs) and older adult workforce programs. As per usual, we are aligned with Council in support of older New Yorkers and our joint efforts to ensure that older adults know about aging services, have access to NYC Aging programs, and are given every opportunity to age-in-place. We support the spirit and nature of these bills, in particular further growing the NORC program and ensuring that older adults receive information on workforce programs. We look forward to discussing the specifics of these pieces of legislation with Council and finding a feasible solution that works for everyone.

In conclusion, there are many components to the community care vision that are required for it to be successful long term. What we have been able to accomplish in the first four years of this plan, would not have been possible without the Council's advocacy, support, and deep commitment to older New Yorkers. We have made strategic investments to continue to support these vital services for older adults. Thank you for the opportunity to speak with you about the Community Care Plan.

**New York City Council
Committee on Aging
September 23, 2024**

Good morning, Chair Hudson and members of the Committee on Aging. My name is Kevin Jones, and I am the Associate State Director for Advocacy at AARP New York. I am here today on behalf of the 1.3 million older adults living in the five boroughs. Thank you for the opportunity to testify.

New York City's older adult population continues to grow rapidly, making up a larger portion of the City's total residents. With over 1.7 million adults over the age of 60—many of whom are living below the federal poverty line or are homebound—the need for robust community care services has never been more urgent. The COVID-19 pandemic highlighted the vulnerabilities in our system, and while progress has been made, the recent *FY24 Mayor's Management Report* shows that much more needs to be done to ensure that all older adults can age in place with dignity and the support they deserve.

In 2021, the de Blasio administration announced a five-year Community Care Plan that sought to improve access to aging services so that older New Yorkers could continue to live in their communities. Aging in place is not only more cost-effective—approximately \$32,000 annually per person, compared to \$154,000 for institutional care in a nursing home—but also results in better health outcomes for older adults, reducing social isolation and allowing individuals to remain connected to civic organizations and local services.

However, the lack of expanded funding has translated to stagnant services by the city's older adult agency. According to the *FY24 Mayor's Management Report*, NYC Aging has seen little growth in key areas covered by the Community Care Plan. Between FY23 and FY24, the number of older adult center participants increased only five percent, while older adult center meal participants jumped nine percent. Yet, the number of Naturally Occurring Retirement Community (NORC) participants—a key pillar of the plan's initial rollout—fell 7.5 percent, from 19,085 to 17,650. Furthermore, the number of home-delivered meals, home-delivered meal clients, home care clients, and case management clients all dropped year-over-year. These

concerning trends reflect the broader challenge: without consistent, increased funding, critical services are unable to meet the rising demand.

At AARP New York, we hear daily from older adults throughout the five boroughs who are struggling to access the support they need. AARP's research shows that 76% of Americans aged 50 and older prefer to remain in their homes and communities as they age, yet less than 60% feel confident they will be able to do so. The Community Care Plan is supposed to bridge that gap, but without adequate and equitable funding, it falls short. The limited growth in participation and the reductions in essential services underscore the necessity of more robust investments in NYC Aging's programs.

During the COVID-19 pandemic, the vulnerabilities of our senior population became painfully clear. Homebound seniors struggled to access care, meals, and social services. Many older adults were cut off from the primary care and telehealth services they needed due to technological limitations and a lack of digital literacy. Social isolation and food insecurity surged, particularly in underserved communities and NYCHA housing, where aging infrastructure, such as unreliable elevators, compounded these issues. Senior centers, which served as lifelines for meals and social activities, were closed for in-person services, exacerbating the challenges.

Now, as we look ahead, these challenges persist. The *FY24 Mayor's Management Report* further emphasizes the urgency: the decrease in home care and case management clients indicates that critical services are still not reaching many of the older adults who need them most. While the Community Care Plan was a step in the right direction, it will require additional resources to fulfill its promise.

AARP New York remains committed to working with the City Council and the Administration to ensure that older New Yorkers can age in place with dignity, in their own homes, and with access to the full range of services they deserve. We cannot afford to let the services intended to support our older adults stagnate. Together, we can create a future where all older New Yorkers, regardless of their neighborhood or income, can thrive.

Thank you for the opportunity to testify today. I am happy to answer any questions.



Asian American Federation

Testimony to the New York City Council Committee on Aging

September 24, 2024

Thank you, Chair Crystal Hudson and the Committee on Aging, for the opportunity to testify on this important matter. I am Navdeep Bains, Associate Director of Advocacy & Policy at the Asian American Federation (AAF), where we proudly represent a network of more than 70 member nonprofits serving 1.5 million Asian New Yorkers. Since 1989, AAF has worked to raise the influence and well-being of New York's pan-Asian American community through research, policy advocacy, public awareness, and organizational development.

Background on Asian Older Adults

Asian older adults are the fastest-growing older adult community citywide, making up 14% of New York City's senior population. The number of Asian seniors in New York increased by 68% in a recent 10-year period (from 2012-2022). This population growth was coupled with a rise in poverty and currently, 42% of Asian seniors are low-income, making them among the City's poorest seniors. Twenty-five (25%) of Asian seniors experiencing poverty live alone and 84% have limited English proficiency (LEP).

Asian older adults continue to endure the impacts of teetering economic conditions and continued anti-Asian hate. Anti-Asian violence uniquely targets Asian older adults. The COVID-19 pandemic and its related crisis of anti-Asian hate have had a disproportionate impact on the Asian older adult population in New York City, with multiple of the most high-profile anti-Asian attacks recorded being against older adults of our community. Given this reality, our older adults require support that fully addresses their physical, emotional, and financial needs and the City must adapt its policies to adequately support our older adult service providers.

Asian American Federation's Seniors Working Group

Due to the growing needs of the Asian seniors community, AAF collaborated with member organizations in 2021 to convene the first and only Asian specific seniors advocacy coalition in New York City. The Seniors Working Group (SWG) is made up of 12 member organizations that together serve 125,000 low-income seniors annually, from 10 different Asian ethnicities. The SWG exists to identify, address, and advocate for resources to meet the social service needs of Asian seniors. In 2022, the SWG published a [Policy Agenda](#)— a public education tool to advocate for Asian seniors – outlining the most pressing needs of Asian seniors. Our policy agenda also makes recommendations on key areas including, protecting seniors from anti-Asian violence, promoting access to direct services (senior centers, social services, and food programs), promoting mental health, and combating social isolation.

Food insecurity is among the top concerns of Asian older adults within the SWG, in addition to anti-Asian violence, functioning older adult centers, and mental health, all of which are interconnected. Culturally competent meal programs have become our older adults' lifeline, especially amid an era of increased anti-Asian violence that have left older adults understandably terrified to leave their homes. Such conditions

make it even more critical that our older adults are receiving as much support as they can every time they interact with one of their trusted community-based organizations. The meal programs our SWG members offer not only give older adults an opportunity to eat together, but also to participate in social activities, receive assistance applying for services, and access health and mental health care.

Our SWG members have expressed that meeting our most vulnerable where they are with culturally competent, effective older adult services requires systemic change. They cite that DFTA's 'one-size fits all' models create additional challenges and barriers for Asian and immigrant communities. This necessitates further understanding of our diverse community's needs, as such change is dependent on the city and its work in supporting, reinforcing, and building capacity for programming by and for marginalized communities through prioritizing cultural competency and language access in contracting processes. It also requires a greater focus on funding smaller contracts so the organizations providing care to our most marginalized communities have access to funds they can spend down at their size.

The Community Care Plan

The Community Care Plan rightfully recognized that the demographics of New York City were changing and that bold new investments would be needed to increase capacity of the OAC network, bolster case management, serve more food, and build a system that would meet the needs of our population as we age. The reality of investments from the administration have not met the needs outlined in the document, or the greater needs that exist in our city today. We need bold new investment to ensure that we can meet the needs of both the existing population of older New Yorkers and to keep up with the growth in our aging population in the coming decade. If the city does not make this much needed investment – especially in light of documents like the Community Care Plan that clearly outline the unmet needs of our community – it is knowingly excluding New Yorkers from our communities as they age.

Recommendations

Our recommendations for further action are below:

1. Create a dedicated city pot of capital funds to keep centers in good repair and reform capital funding rules to match the reality of the spaces where services are provided. Many centers cannot access funds due to a lack of "site control" which leaves them without any resources from the city. Other arcane requirements can leave centers with no real options to repair necessary infrastructure.
2. Study the real needs of case management clients. Case managers in the field are seeing a stark increase in need among their clients and higher levels of physical and mental illness and the most recent RFP cut resources from programs. Caseloads must be reduced overall from 1:72 or more and a new program should be developed to deal with the highest need clients that allows for lower caseloads closer to 1:20. Funding must also be restored for administrative support positions to allow case managers to focus on their work.
3. Reform nutritional programs to match the reality of those using them and ensure our seniors receive culturally competent food. Homebound New Yorkers only get 5 meals a week from city funds and often are unable to get additional nutrition. Many centers also see a need for more than just one meal a day in their congregate meals programs.
4. Increase funding to Asian-led, Asian-serving older-adult service providers, and expand this funding to include time and expenses spent on case management and digital literacy, devices and training. It is important to note that from Fiscal Year 2002 to 2014, the Asian community received just 1.4% of the total dollar value of New York City's social service contracts, a reflection of a broader lack of support for the most vulnerable members of the Asian community.
5. Expand funding to include culturally competent, in-language, and older-adult-focused non-traditional mental health service models. This includes prioritizing organizations that have a history of providing free or subsidized nontraditional, culturally competent services for funding opportunities.

On behalf of AAF and our SWG, thank you for prioritizing the voices and needs of older adults and older adult service providers – the true experts doing this work. We look forward to working with you and want to emphasize that policymakers have a standing invitation to connect with AAF’s SWG to better understand the needs of Asian seniors.

Thank you for the opportunity to testify. For any questions, please contact Navdeep Bains, Associate Director of Advocacy & Policy at navdeep.bains@aafederation.org.

HUNTER | **Brookdale Center for Healthy Aging**

**TESTIMONY OF MARK BRENNAN-ING
OF THE BROOKDALE CENTER FOR HEALTHY AGING, HUNTER COLLEGE
BEFORE THE NEW YORK CITY COUNCIL COMMITTEE ON AGING**

**OVERSIGHT HEARING
"COMMUNITY CARE PLAN"**

SEPTEMBER 23, 2024

My name is Dr. Mark Brennan-Ing and I'm the director of research and evaluation at the Brookdale Center for Healthy Aging. We are an aging research and policy center at Hunter College.

Thank you, Chairperson Hudson and members of the committees for holding this oversight hearing, and for the opportunity to provide testimony on this important issue.

Brookdale supports Resolution No. 452, which calls on Congress to allow individuals living with HIV as young as 45 to access Older Americans Act-funded services and programs.

As research has shown, people with HIV may experience what is termed "accelerated" or "accentuated" aging. While advances in antiretroviral therapy have allowed many to live longer, the reality is that older adults with HIV face significant health and social challenges at younger ages compared to the general population. Studies indicate that individuals with HIV are more likely to experience multiple chronic conditions—such as cardiovascular disease, certain cancers, and neurocognitive issues—at an earlier age.

Additionally, older people living with HIV are disproportionately impacted by poverty, with over half of this population relying on disability benefits. Housing instability, food insecurity, and limited social support further exacerbate these challenges. For example, my research in New York City found fully one-third of this population to be extremely socially isolated and opportunities for socialization is one of the highest reported services needed. The current age threshold of 60 for Older Americans Act services does not reflect the reality of their lives. Lowering the eligibility age to 45 would enable individuals living with HIV to access essential services—such as nutrition, housing assistance, caregiving support, and socialization—at a time when these services are most critical.

Given the unique health and social circumstances faced by people aging with HIV, I strongly urge the City Council to support this resolution. It is a necessary step to address the inequities that continue to affect this population.

Thank you again for your advocacy on this issue and for the opportunity to testify. We remain, as always, available to you as you think about how New York City can become an even better place for older New Yorkers.



**Chinese-American Planning Council
Testimony Before the Committee on Aging
Chair, Council Member Crystal Hudson
September 23rd, 2024**

Thank you Chair Hudson and members of the City Council for the opportunity to testify today. The mission of the Chinese-American Planning Council, Inc. (CPC) is to promote social and economic empowerment of Chinese American, immigrant, and low-income communities. CPC was founded in 1965 as a grassroots, community-based organization in response to the end of the Chinese Exclusion years and the passing of the Immigration Reform Act of 1965. Our services have expanded since our founding to include three key program areas: education, family support, and community and economic empowerment.

CPC is the largest Asian American social service organization in the U.S., providing vital resources to more than 80,000 people per year through more than 50 programs at over 30 sites across Manhattan, Brooklyn, and Queens. CPC employs over 700 staff whose comprehensive services are linguistically accessible, culturally sensitive, and highly effective in reaching low-income and immigrant individuals and families. With the firm belief that social service can incite social change, CPC strives to empower our constituents as agents of social justice, with the overarching goal of advancing and transforming communities.

To that end, we are grateful to provide testimony about the issues that greatly impact our communities. CPC is proud to be a member of Live On and serves over 11,000 older adults annually through our culturally-appropriate, linguistically accessible, community-based Senior Centers, where they participate in classes and social activities, access nutrition, health and mental health services, and get connected to resources and support. We house 300 seniors through our affordable housing units. And we serve over 3,000 older adults and people with disabilities through our Home Attendant Program.

Asian Americans are the fastest growing population in New York State, and seniors are the fastest growing subset. Over 1 in 3 Asian American seniors live under the poverty line, and over 2 in 3 are Limited English Proficient (LEP). Broadly speaking, New York State has the fourth oldest population in the nation, with 3.7 million people aged 60 and over. By 2030, [5.2 million people](#) in the state will be 60 and older, with 1.81 million New Yorkers will be 75 or older.

The Community Care Plan under the de Blasio administration has been integral in expanding services for our growing older adult population. However, the City is facing a large fiscal cliff in the Department for the Aging (DFTA) budget in FY26 projected to be a cut of \$80 million and the historical lack of investment is deeply alarming. Time and time again, we hear from our seniors that they consider our senior centers to be safe havens to build community, where they can share joy with one another and access critical resources and information.

We recognize the value in supporting our growing senior population and recommend the following:



- **Don't cut the already low budgets for any service program.** Many programs are already on their last strings, further cuts jeopardize the fiscal solvency of the service network and undermine the goals of the contracts that the city already pays for.
- **Create a dedicated city pot of capital funds to keep centers in good repair.** Most centers don't have the resources to launch campaigns to get local elected capital money and the city has refused to consider their needs in the budget for over a decade.
- **Reform capital funding rules to match the reality of the spaces that services are being provided in.** Many can't access funds due to a lack of "site control" which leaves them without any resources from the city. Other arcane requirements can leave centers with no real options to repair necessary infrastructure and they are left to crumble.
- **Study the real needs of case management clients.** Case managers in the field are seeing a stark increase in need among their clients and higher levels of physical and mental illness and the most recent RFP cut resources from programs. Caseloads must be reduced overall from 1:72 or more and a new program should be developed to deal with the highest need clients that allows for lower caseloads closer to 1:20. Funding must also be restored for administrative support positions to allow case managers to focus on their work.
- **Reform nutritional programs to match the reality of those using them.** Homebound New Yorkers only get 5 meals a week from city funds and often are unable to get additional nutrition. Many centers also see that there is a need for more than just one meal a day in their congregate meals programs.
- **Work with HPD to understand the housing crisis among older New Yorkers.** Older adult homelessness is at an all time high and growing at a rate three times faster than younger demographics. Any community care plan must recognize this reality and explore further investment and new housing programs to meet this moment.

Thank you so much for the opportunity to testify on issues that greatly impact our communities. If there are any questions or concerns, feel free to reach out to Ashley Chen, Policy Analyst at achen9@cpc-nyc.org.



TESTIMONY OF CITYMEALS ON WHEELS

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

Oversight – Community Care Plan

September 23, 2024

**Submitted by:
Jeanette Estima
Director, Policy and Advocacy
Citymeals on Wheels**

Citymeals on Wheels thanks Chair Crystal Hudson and members of the Aging Committee for holding this hearing regarding the implementation of the Community Care Plan and its critical role in addressing the needs of the City’s growing population of older adults. Citymeals works in partnership with the City and the network of contracted meal providers to fill a significant gap in its home-delivered meals program by funding the preparation and delivery of meals on weekends. In addition, Citymeals has become a citywide emergency food responder for homebound older adults, beginning with 9/11 and continuing to the present day. In FY23, Citymeals provided over 2 million meals to 22,000 older adults in all five boroughs. We strongly urge the full implementation of the Community Care Plan, which calls for investments in aging services that are critically needed.

Background

In the City today there are 1.8 million people aged 60 and older.¹ An increasing number are immigrants, women, and people living alone with limited social support; 18 percent live below the poverty line.² It is estimated that 70% of adults over 65 develop needs that require long-term services and supports.³ Much of this care will be provided by family and unpaid caregivers, but those without family or community support and limited financial resources are most likely to require lengthy and expensive care, typically covered by Medicaid.⁴

The Community Care Plan, initiated in 2021, was designed to avoid this outcome by helping older New Yorkers age in their homes safely and with dignity. It outlines a five-year roadmap to expand case management, home care, caregiver services, home-delivered meals, and other community-based supports. Yet, as we have seen over the past few years, the promised funding for these services has not materialized. The Community Care Plan lays a strong foundation for creating an age-inclusive New York City, but it cannot succeed without adequate and sustained funding.

Of particular importance to us at Citymeals is the role that the core programs highlighted in the plan are essential tools in the fight against elder hunger. Without adequate community-based services, an older adult who is unable to access food may develop malnutrition or be unable to manage health conditions that require nutritional interventions, and ultimately this may force them into institutionalized care. But simply being unable to shop for groceries or prepare your own meals should not warrant institutionalization when these needs can be effectively managed through a network of community services and supports. Moreover, this outcome carries an average public cost of about \$154,000, which is about \$122,000 *more* than the cost of community care. Living at home with the support we need as we get older and our needs

¹ U.S. Census Bureau. 2022. *Population 60 Years and Over in the United States*. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102.

<https://data.census.gov/table/ACSST5Y2022.S0102?q=S0102&g=160XX00US3651000>

² Ibid.

³ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. *What Is the Lifetime Risk of Needing and Receiving Long-Term Services and Supports?* U.S. Department of Health and Human Services, https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/188046/LifetimeRisk.pdf.

⁴ Ibid.

For more information please contact:

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evolve is not only the overwhelming preference of older adults; it is also more cost efficient and has better outcomes for one's health and wellbeing.

Food Insecurity among Older New Yorkers

Congregate meals provided at Older Adult Centers (OACs) and home-delivered meals (HDM) are the two main food programs targeting older New Yorkers. In FY24, 119,321 older New Yorkers had meals at an older adult center (a 9% increase from FY23) and 24,572 received home-delivered meals.⁵ These food programs were established in 1965 through the Older Americans Act, which still ***only requires that they serve one meal a day, five days a week***. We have long known that this falls short in meeting the needs of the most food insecure older adults who cannot regularly access additional food. In a national survey from 2018, 66 percent of home-delivered and 54 percent of congregate meal recipients reported that these meals provide half or more of their daily food intake.⁶

Citymeals recently partnered with the CUNY Urban Food Policy Institute to better understand the nutritional needs and behaviors of older adults accessing New York City's congregate and home-delivered meals programs. Our study, *Aging without Hunger: Ending Food Insecurity for Older New Yorkers by 2040*, documents a high rate of food insecurity among older New Yorkers, with ***nearly half of all respondents "sometimes" or "often" experiencing indicators of food insecurity***.⁷ This number went up to ***60% for HDM recipients***.

We asked participants to tell us how they felt about their home-delivered and congregate meals programs and while they generally rated the programs highly, many indicated that they require more food and more choice and variety in what they receive. As one participant said, the service is *"appreciated, but just not enough."* When asked to imagine a new HDM program, ***52% of all respondents said that it should provide two or more meals per day***.

⁵ Mayor's Office of Operations. *Mayor's Management Report: Fiscal 2024*. New York City Mayor's Office of Operations, 2024, <https://www.nyc.gov/assets/operations/downloads/pdf/mmr2024/dfta.pdf>

⁶ U.S. Department of Health and Human Services, Administration on Community Living. *FY18 Older Americans Act Report to Congress*. Administration on Community Living. https://acl.gov/sites/default/files/about-acl/2021-06/ACL_FY2018%20OAA%20Report%20to%20Congress.pdf

⁷ Citymeals on Wheels. *Aging with Hunger: Ending Food Insecurity for Older New Yorkers by 2024*. Citymeals on Wheels, May 2024, https://www.citymeals.org/sites/default/files/inline-files/Citymeals%20on%20Wheels_AGING%20WITH%20HUNGER_2024.pdf.

For more information please contact:

Jeanette Estima, Director, Policy and Advocacy, Citymeals on Wheels, jeanette@citymeals.org

Survey participants experienced a number of challenges getting groceries and preparing meals. First, affordability was a clear barrier with **65% of respondents reporting incomes of \$15,000 or less**, making purchasing additional food extremely difficult, if not impossible. Getting to the grocery store is also difficult: half of our survey respondents walked to the store and reported on average a 40-minute walk round trip—which doesn’t include the time and physical effort to shop and wait in line. This can easily become overwhelming for an older adult if they’re not feeling well or if the weather is bad. **About 24% of respondents said they were only “sometimes” able to shop for groceries, and 17% were “never” able to do so.**

We saw similar responses to questions about preparing and cooking food. **About 38% said they were only “sometimes” or “never” able to wash, chop, or otherwise prepare food to be cooked, and 37% said they are only “sometimes” or “never” able to cook at home.** It’s important to note that these responses are not being driven by the oversampling of HDM recipients. When looking only at OAC participants, the data were very similar.

These findings may shed some light on the extremely low food-program utilization reported by the older adults we surveyed. **We asked survey respondents about their use of SNAP and food pantries and found that only 56% reported receiving SNAP benefits and only 18% had used a food pantry.** When asked about their use of food pantries, one respondent explained *“I can only access them when there are volunteers that bring it to me.”* **Only 4% had used a mobile food pantry**, which reflects the very low availability of these programs. Given the extremely low incomes and high levels of food insecurity reported, these low rates of SNAP and food pantry utilization suggest a serious disconnect in the need and the services offered to older adults. Despite its limitations, we found a significant, positive correlation between receiving home-delivered meals and food security and quality of life. Among HDM recipients:

- **90% report home-delivered meals help them to not be hungry**
- **87% state that the meals help them remain in their own homes**
- **85% state that the meals help them eat more healthily**
- **81% report that the program helps them manage one or more health conditions**

While the existing systems for providing food to older New Yorkers are in dire need of revitalization, the successes of the HDM program show the promise and potential of this infrastructure to provide targeted anti-hunger interventions at a larger scale. NYC Aging’s

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Community Care Plan, if fully implemented and properly funded, would allow for the modernization and expansion of these programs and ensure a secure foundation for ending hunger among older New Yorkers.

Recommendations for the Community Care Plan

Our research exposed alarming rates of food insecurity among older adults accessing the City's two core feeding programs that target this population. The barriers to accessing additional food beyond what is provided can be mitigated with support from family, friends, or a home care attendant, but 45% of our survey respondents did not have that support. Moreover, 52% reported living alone. This is why a robust network of community-based services and supports are so critical to fighting food insecurity in this population. The Community Care Plan has an important role to play in this effort by shoring up, modernizing, and expanding the full range of NYC Aging's services. Particularly, it should update its core food programs to include:

1. **Prepared meals 7 days a week** – Getting older does not mean that we stop needing to eat 7 days a week. The City must expand both congregate and home-delivered meals programs to provide at the very least one prepared meal for every day of the week to those who need it.
2. **Grocery delivery and shopping assistance** – Surely, the most vulnerable of older adults do need a fully prepared, hot meal delivered to their door every day. But many older adults could get to the grocery store with a bit of assistance, whether a shopping assistant, transportation services, financial support, or all of the above. All of these programs allow greater independence, more choices, and would be less costly than delivering a prepared meal to someone's door.
3. **Mobile food pantries** – Food pantries were not designed to meet the needs of the most vulnerable older adults who are not regularly able to travel to them, wait in lines, or carry heavy bags of food. A designated funding stream for mobile services is necessary to ensure that pantries can reach people in their homes.

For more information please contact:

Jeanette Estima, Director, Policy and Advocacy, Citymeals on Wheels, jeanette@citymeals.org

Conclusion

Citymeals on Wheels strongly urges the full and sustained implementation of the Community Care Plan, which has the potential to transform aging services in New York City. Our testimony highlights the critical importance of home-delivered and congregate meal programs in ensuring that older adults, especially those who are homebound, have access to the food they need to age safely. These services not only fight food insecurity but also improve health outcomes and reduce the need for costly institutionalization.

By investing in and expanding the full range of community-based services—beyond just food programs—we can create a comprehensive safety net that allows older New Yorkers to age in place, maintain their independence, and live with the dignity they deserve. This infrastructure is essential to addressing the growing needs of our aging population and ensuring that all older adults can thrive in their communities.

For more information please contact:

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**Testimony of Educational Alliance
Before the New York City Council Committee on Aging
Oversight - Community Care Plan
Councilmember Crystal Hudson, Chair
Submitted September 23, 2024**

Thank you Chair Hudson and members of the Aging Committee for the opportunity to provide comments on the Community Care Plan.

My name is Rich Baum and I am the President and CEO of Educational Alliance. Educational Alliance is a settlement house with community centers located throughout the Lower East Side and East Village that offer individuals and families high-quality, multi-generational programs and services that enhance their well-being and socioeconomic opportunities. Educational Alliance is guided by the principle that each person is born with a divine spark of dignity and creativity; this belief is central to our older adult services, which encourage healthy living and social engagement through the arts, drama, fitness, cooking and much more.

Our older adult services are supported by contract with NYC Aging. Our current contracts help fund programs in two older adult centers, the Sirovich Center for Balanced Living and the Weinberg Center for Balanced Living as well as the Co-op Village Naturally Occurring Retirement Community (NORC). This funding supports our Older Adults Services to provide approximately 4,000 seniors with daily meals, educational programming, fitness, recreation, and case assistance and referrals.

NYC Aging's Community Care Plan provided a common sense 5-year roadmap for long-term investments in services and programming for the City's growing older population. The specific goal of the plan is to help more people age in their homes and communities and avoid institutional care until medically necessary. The reasoning is solid: people prefer to age in their homes, and supporting their care at home is vastly less expensive and reduces hospitalizations, emergency room visits, and nursing home care.

The Community Care Plan called for new investments in older adult centers and NORCs, additional staffing and case management, and new investments in virtual programming. All of these are reasonable and necessary steps to create a more age-inclusive city.

Despite its value as a clear roadmap, the original vision of the Community Care Plan has not been fully realized – and in many ways, the opposite has happened. In each budget season since the plan was released, program providers like us have had to fight against proposed budget cuts that would have threatened our ability to provide quality programming each day for older adults. In the most recent budget cycle, the Adams Administration maintained an \$80

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million cut to NYC Aging for FY26. As Commissioner Cortéz-Vázquez has indicated, unless this cut is restored in the coming year, it will likely result in fewer Older Adult Centers across the City.

Such disinvestment is not only contrary to the Community Care Plan, but it would also be devastating for older adults now and in years to come. Community-based programming for older New Yorkers is critical. At Educational Alliance, our OACs and NORC work with the most vulnerable older populations in the City, including those living in poverty and with limited English proficiency. Over the last few years, we've seen demand for services and case management steadily increase. We have also seen an uptick in the number of individuals who are unhoused or are severely housing insecure and who participate in meals and activities. For these individuals especially, regular meals and case management support truly provide a lifeline.

At EA, we are dedicated to meeting our community members' needs, yet our NYC Aging contract does not fully cover the range of services required. To fill this gap, we supplement our NYC Aging contract through private philanthropic funds to hire additional case managers. Also, contracted rates through NYC Aging make it nearly impossible to hire bilingual staff, critical for providing services for our Chinese- and Spanish-speaking members

Our centers are meeting the needs of older New Yorkers each day. In a recent participant survey, we received valuable feedback from our members about their experiences. In the survey results, members consistently refer to the benefit of having opportunities to socialize and participate in activities to help them increase their mobility as well as social engagement. A member writes, ***"art classes allow me to be inspired and engaged. I love both in-person programs and zoom classes. The classes give me structure to my week. And without classes I would feel lost."*** Another member writes: ***"Having access to the activities available at the senior centers has helped me to stay healthy physically, mentally and emotionally. It has helped me to stay fit and has positively added to my well-being. I can feel the difference of when I attend the activities and when I do not."***

Likewise, our NORC provides comprehensive wrap-around nursing support that enables residents to age in their homes for as long as possible, improving their quality of life while reducing financial strain on long-term care facilities. We know that more older adults would benefit from homecare or NORC services, yet city funds for these programs or funding to assist caregivers have not increased.

For example, our Co-Op Village NORC provides boots-on-the-ground services, including home visits and community nursing, and staff can reach older adults isolated from their community. In a recent client satisfaction survey, one NORC member shared that the Co-Op Village NORC Case Manager and Nurse ***"saved my life by reaching out to me when I was in a deep, dark,***

prolonged depression." This person has once again become an active member post-pandemic, reconnecting with friends and enjoying exercise and education workshops.

Lastly, we have a long list of spaces that require capital repairs and improvements, from smaller upgrades to lighting and sound systems, to larger renovations. These improvements are necessary to keep our facilities and equipment in good condition, to be used and enjoyed by older adults for years to come. Organizations cannot continue to provide services without resources needed to keep our buildings in good repair.

With acute needs across the system, instead of cuts to NYC Aging, the City must invest funds into the older adult network for both services and capital repairs and maintenance of centers.

Thank you to Councilmember Hudson for reviewing progress on the Community Care Plan and for listening to program providers. The work we do is vital to communities and without sustained investment, as promised in the Community Care Plan, services for older New Yorkers are in deep jeopardy.



**Testimony for NYC Council Committee on Aging
Hearing on the NYC Aging Community Care Plan
September 23, 2024**

I am Kenneth Cox, Chief of Strategic Philanthropy of Encore Community Services. Thank you, Chairperson Crystal Hudson, and members of the Aging Committee, for the opportunity to submit this testimony on behalf of my organization.

At Encore Community Services, our mission is to improve the quality of life for older adults by helping them thrive in their homes for as long as possible and avoid costly and subpar institutional care.

We believe that the NYC Aging Community Care Plan is a brilliant model with the potential to transform aging in New York City by pooling resources and creating a supportive community. However, the plan needs more funding to make a meaningful impact.

Here is a glimpse at the need for, and potential of, the Community Care plan, and the reality that exists today:

- **Maximizing access to nutritious food:** Too many New Yorkers, including an estimated 20 percent of older adults, go hungry. We serve home-delivered meals to nearly 1,300 homebound seniors. However, one meal a day, five days a week, is not enough to meet the nutritional needs of many of our clients.
- **Fostering human-to-human connections:** The United States Surgeon General warned of a crisis of loneliness that gravely impacts health and well-being. Despite over 90% of our homebound clients living alone, city funding only allows us to provide friendly visitor services to 150 individuals, which is far too few.
- **Supporting Older Adult Centers:** These centers offer vital connections and support older adults in accessing the services they need and deserve. We serve nearly 2,000 seniors at our centers with only three city-funded caseworkers to assist our clients in navigating the complexities of aging on fixed incomes.

One of the biggest challenges we face as an organization is low wages for staff paid through city contracts, leading to high turnover and vacancy rates. Our caseworkers are essential to supporting the older adults we serve, but despite doing important work that often enables an older adult to age safely at home, these workers continue to be significantly underpaid.

To make New York City a place where older adults can age with dignity and avoid the high costs of institutional care, we urge the Council to allocate at least 3% of the city's budget to NYC

Aging so the agency can adequately fund the Community Care Plan. This investment is critical to ensuring that the plan can become a reality and better serve our city's growing population of older adults.

Thank you for considering this testimony.



**New York City Council
Committee on Aging
Chair Hudson
September 19th, 2024
Oversight Community Care Plan**

My name is Yifan Yang, and I am the Social Work Intern at Hamilton Madison House Confucius Plaza and Chatham Green NORC. Thank you for the opportunity to testify.

Hamilton-Madison House is a non-profit settlement house established in 1898 to improve the quality of life for NYC. We foster the well-being of vulnerable populations including the elderly, children, disabled, new immigrants and refugees and the unemployed. Hamilton-Madison House delivers critical, timely and culturally appropriate services for all stages of life.

Background

The Community Care Plan rightfully recognized that the demographics of NYC were changing and that bold new investments would be needed to increase capacity of the OAC network, bolster case management, serve more food, and build a system that would meet the needs of our population as we age. The reality of investments from the administration have not met the needs outlined in the document, or the greater needs that exist in our city today. We need bold new investment **NOW** to ensure that we can meet the needs of both the existing population of older New Yorkers and to keep up with the growth in our aging population in the coming decade. If we do not make those investments, especially in light of documents like the Community Care Plan that clearly outline the unmet needs of our communities, we are deciding that it is okay to exclude New Yorkers from our communities as we age. We cannot allow ageism to justify the current plan to divest from aging services and ignore the needs that have already been acknowledged by our city's leadership.

Recommendations

- **Don't cut the already low budgets for any service program.** Many programs are already on their last strings, further cuts jeopardize the fiscal solvency of the service network and undermine the goals of the contracts that the city already pays for.
- **Create a dedicated city pot of capital funds to keep centers in good repair.** Most centers don't have the resources to launch campaigns to get local elected capital money and the city has refused to consider their needs in the budget for over a decade.
- **Reform capital funding rules to match the reality of the spaces that services are being provided in.** Many can't access funds due to a lack of "site control" which leaves them without any resources from the city. Other arcane requirements can leave centers with no real options to repair necessary infrastructure and they are left to crumble.



- **Study the real needs of case management clients.** Case managers in the field are seeing a stark increase in need among their clients and higher levels of physical and mental illness and the most recent RFP cut resources from programs. Caseloads must be reduced overall from 1:72 or more and a new program should be developed to deal with the highest need clients that allows for lower caseloads closer to 1:20. Funding must also be restored for administrative support positions to allow case managers to focus on their work.
- **Reform nutritional programs to match the reality of those using them.** Homebound New Yorkers only get 5 meals a week from city funds and often are unable to get additional nutrition. Many centers also see that there is a need for more than just one meal a day in their congregate meals programs.
- **Work with HPD to understand the housing crisis among older New Yorkers.** Older adult homelessness is at an all time high and growing at a rate three times faster than younger demographics. Any community care plan must recognize this reality and explore further investment and new housing programs to meet this moment.

Thank you for the opportunity to testify.

For questions, please email Colleen Kremer, ColleenKremer@hmhonline.org &

YifanYang, YiFanYang@hmhonline.org



**New York City Council
Committee on Aging
Oversight - Community Care Plan
September 23, 2024**

Thank you, Chair Hudson and members of the Committee on Aging for the opportunity to testify today. JASA welcomes today's hearing to share our experience serving older New Yorkers and our perspective on legislation regarding the Community Care Plan.

JASA is a not-for-profit agency that honors older New Yorkers as vital members of society, providing services that support aging with purpose and partnering to build strong communities. For over 50 years, JASA has served as one of New York's largest and most trusted agencies serving older adults in the Bronx, Brooklyn, Manhattan, and Queens. JASA has a comprehensive, integrated network of services that promotes independence, safety, wellness, community participation, and an enhanced quality of life for New York City's older adults. These programs reach over 40,000 clients of diverse backgrounds and include home care, case management services, senior centers, NORC supportive services, home-delivered meals, caregiver support, continuing education, licensed mental health, senior housing, advocacy, legal services, adult protective services, and guardianship services. JASA also has an extensive history of providing information and referral services and benefits and entitlements assistance to ensure older New Yorkers are aware of and take advantage of the vast array of services available.

JASA's mission is to sustain and enrich the lives of the aging in the New York metropolitan area so that they can remain in the community, with dignity and autonomy. Inherent in our mission is embracing an age-friendly New York, identifying the needs of our clients and members, and working with the City to foster an environment where older adults are integral and thrive.

New York City, the birthplace of the first Naturally Occurring Retirement Community (NORC), is now home to numerous NORCs across the metropolitan area. A NORC refers to a community or building complex that, while not originally intended for older adults, has naturally evolved to

accommodate a significant population of older residents. With targeted onsite service delivery, these communities can offer a cost-effective, supportive environment, enabling older adults to live independently in familiar surroundings.

JASA currently provides NORC supportive services at 14 different locations, including six NORCs funded by the New York State Office for the Aging and NYC Aging, three exclusively supported by New York City Council allocations, and five funded by a combination of housing partners and NYC Council discretionary grants.

The range of services offered through NORC programs is comprehensive, addressing the diverse needs of senior residents. These services include social programs, educational and recreational activities, volunteerism, leadership skills, supportive counseling, assistance with benefits and entitlements, health-related services, and transportation. These services are designed to help older adults age in place while remaining actively engaged in community life. NORCs serve as vital hubs within the community, fostering intergenerational connections and acting as platforms for community building, where neighbors can share skills, exchange wisdom, and actively combat ageism.

JASA has a long-standing commitment to serving these unique communities, ensuring that older adults can age successfully in their homes. However, the traditional NORC model—which relies on partnerships between building management, social services agencies, nursing services, and residents—faces significant challenges. The requirements for matching funds and in-kind services as well as the high cost of nursing services present barriers to expanding NORC programs to other communities that would greatly benefit from them.

JASA is a strong advocate for the expansion of the NORC model and similar programs to meet the needs of New York City's growing older adult population within their communities. As part of a broader aging coalition, JASA has actively advocated at both the City and State levels to support NORC programs, calling for the elimination of unfunded mandates related to health services and the removal of burdensome matching fund requirements.

JASA fully supports **Intro 1022**, sponsored by Council Member Gutierrez, which mandates that NYC Aging conduct a three-year needs assessment focused on NORCs throughout New York City. This assessment will provide critical insights into the evolving needs of older adults and generate important data on demographic trends and health outcomes. Following the assessment, the legislation calls for the development of a plan to equip identified communities with the necessary resources and training, as well as the establishment of a grant program for age-friendly home modifications to enhance accessibility. JASA believes strongly that the NORC

model improves health outcomes, reduces healthcare spending, and supports older adults to remain in their homes and age within their communities of choice.

Today's hearing also presents an opportunity to discuss additional Community Care Plan legislation. The Community Care Plan accurately acknowledged the shifting demographics in NYC and the need for significant new investments to expand the capacity of older adult centers, strengthen case management, provide more food, and create a system capable of addressing the needs of our aging population.

JASA supports initiatives that enhance community education and raise awareness of the services and opportunities available to older adults. **Intro 1025**, introduced by Council Member Hudson, directs NYC Aging to develop brochures and informational materials about workforce programs administered by the Department for the Aging (DFTA) for distribution to older adult centers and service providers.

Over the years, JASA staff have frequently encountered older adults seeking employment opportunities, often after facing age discrimination or struggling to meet the rising cost of living in New York City. These individuals would greatly benefit from increased information and guidance on available workforce programs.

JASA also supports Council Member Hudson's **Intro T2024**, which calls for NYC Aging to conduct a feasibility study on the creation of older adult information and service centers. The study would identify at least five potential locations in each borough and evaluate the considerations for site selection and the services that could be offered at these centers. Additionally, the study would assess the potential benefits and challenges of establishing such centers. The findings would be compiled in a report submitted to the Mayor and the Speaker of the City Council.

To address the specific needs of individuals living with HIV, Council Member Hudson introduced **Resolution 0452**, which seeks to lower the age of eligibility for Older Americans Act (OAA)-funded social services from 60 to 45 for individuals living with HIV. The services provided through the OAA are vital to older adults, offering support for nutrition, social engagement, and mental and economic health, as well as providing security and legal protections.

JASA recognizes that medical conditions such as HIV, along with challenging life circumstances like homelessness, chronic illness, and prior incarceration, can contribute to premature or accelerated aging. Those affected by these factors would greatly benefit from expanded access to essential services. However, it is vital that any broadening of eligibility is matched by increased funding and resources to adequately support this wider population. Currently, services

are underfunded, and expanding access without the necessary financial backing raises concerns about the ability to meet the needs of both existing and newly eligible individuals. The Community Care Plan urgently calls for significant new investments to address the present needs of older New Yorkers and keep pace with the projected growth of the aging population over the coming decade.

Thank you for the opportunity to offer this testimony.

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Making New York a better place to age

**New York City Council
Committee on Aging
Chair Hudson
September 19th 2024
Oversight Community Care Plan**

My name is Kevin Kiproviski and I am the Director of Public Policy at LiveOn NY. Thank you for the opportunity to testify.

LiveOn NY's members include more than 110 community-based nonprofits that provide core services under the NYCAging portfolio and many other home and community based services in our city.

Background

The Community Care Plan rightfully recognized that the demographics of NYC were changing and that bold new investments would be needed to increase capacity of the OAC network, bolster case management, serve more food, and build a system that would meet the needs of our population as we age. The reality of investments from the administration have not met the needs outlined in the document, or the greater needs that exist in our city today. We need bold new investment **NOW** to ensure that we can meet the needs of both the existing population of older New Yorkers and to keep up with the growth in our aging population in the coming decade. If we do not make those investments, especially in light of documents like the Community Care Plan that clearly outline the unmet needs of our communities, we are deciding that it is okay to exclude New Yorkers from our communities as we age. We cannot allow ageism to justify the current plan to divest from aging services and ignore the needs that have already been acknowledged by our city's leadership.

Recommendations

- **Don't cut the already low budgets for any service program.** Many programs are already on their last strings, further cuts jeopardize the fiscal solvency of the service network and undermine the goals of the contracts that the city already pays for.
- **Create a dedicated city pot of capital funds to keep centers in good repair.** Most centers don't have the resources to launch campaigns to get local elected capital money and the city has refused to consider their needs in the budget for over a decade.
- **Reform capital funding rules to match the reality of the spaces that services are being provided in.** Many can't access funds due to a lack of "site control" which leaves them without any resources from the city. Other arcane requirements can leave centers with no real options to repair necessary infrastructure and they are left to crumble.
- **Study the real needs of case management clients.** Case managers in the field are seeing a stark



Making New York a better place to age

increase in need among their clients and higher levels of physical and mental illness and the most recent RFP cut resources from programs. Caseloads must be reduced overall from 1:72 or more and a new program should be developed to deal with the highest need clients that allows for lower caseloads closer to 1:20. Funding must also be restored for administrative support positions to allow case managers to focus on their work.

- **Reform nutritional programs to match the reality of those using them.** Homebound New Yorkers only get 5 meals a week from city funds and often are unable to get additional nutrition. Many centers also see that there is a need for more than just one meal a day in their congregate meals programs.
- **Work with HPD to understand the housing crisis among older New Yorkers.** Older adult homelessness is at an all time high and growing at a rate three times faster than younger demographics. Any community care plan must recognize this reality and explore further investment and new housing programs to meet this moment.

Thank you for the opportunity to testify.

For questions, please email Kevin Kiproviski, Director of Public Policy at LiveOn NY, kkiproviski@liveon-ny.org

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

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

September 23, 2024

NYAA Testimony on Int. 1022-2024

Thank you for holding this hearing today. I am Adam Roberts, testifying on behalf of the New York Apartment Association (NYAA). NYAA is a newly formed trade group representing multifamily housing providers across New York City. Our members are long-term owners and operators of rental housing. They collectively provide more than one million units of rental housing, most of which is subject to rent-stabilization and built before 1974, meaning they do not receive 421a or other subsidies. Our mission is to ensure New York’s rental housing stock is abundant, safe, and affordable for generations to come. We are here to testify on Int. 1022-2024.

New York’s aging population is concentrated in its rent-stabilized housing. According to the 2023 NYC Housing and Vacancy Survey (HVS), 31 percent of rent-stabilized households had older adults, higher than the share in free market units.¹ Meanwhile, in many rent-stabilized households, tenants live alone and are disabled, at 41 percent and 25 percent respectively. Unfortunately, the HVS does not show which crosssection of the population is older, alone, and disabled. However, we think it’s safe to say a significant amount likely falls into all three categories.

Since 2017, the City has had the *Aging in Place Guide for Building Owners* on how to design existing buildings, particularly affordable housing, for this segment of the population.² These guidelines were written by the Department of Aging and are the first resource listed for “Multifamily Building Owners” on the Department of Housing Preservation and Development’s (HPD’s) website.³

Since the City already has data and design guidelines regarding senior housing, additional studies are unnecessary. Rather, they delay the need to take action. Seniors in rent-stabilized housing live in buildings that are increasingly defunded. The Rent Guidelines Board (RGB) found in its *2024 Income and Expense Study* that by the end of 2022, over 10% of older rent-stabilized buildings were “distressed,” meaning that their expenses were higher than revenue.⁴

These buildings are also aging and require repairs. Looking at our own membership, the median building was built in 1922, over 100 years ago. These buildings were not designed with elevators, wide hallways, ramps, and other features necessary for aging in place. They do not need more studies. They need funding and the removal of bureaucratic barriers to make the upgrades their aging tenants deserve.

The longer the Council waits to take action, the longer aging tenants will be stuck climbing the stairs or struggling to fit walkers through tight hallways and doorways. We look forward to working with the Council to fund and renovate our senior housing – with a specific focus on the over 300,000 rent-stabilized households with elderly residents. Thank you.

¹ <https://www.nyc.gov/assets/hpd/downloads/pdfs/about/2023-nychvs-selected-initial-findings.pdf>

² https://www.aiany.org/wp-content/uploads/2016/10/AIP_2017_EN.pdf

³ <https://www.nyc.gov/site/hpd/services-and-information/aging-in-place.page>

⁴ <https://rentguidelinesboard.cityofnewyork.us/wp-content/uploads/2024/05/2024-HSR.pdf>

**New York City Council
Meeting of Committee on Aging
Community Care Plan Hearing
Committee Room – City Hall
Monday, September 23, 2024**

We, at New York Foundation for Senior Citizens, are extremely grateful to each of you for your past, present and, hopefully, ongoing support of our city-wide Home Sharing and Respite Care Program, which provides the only services of their types in New York City. In accordance with the Community Care Plan, our program's services enable our city's older adults to age in place in their own homes and neighborhoods. By preventing their institutionalization in nursing homes and homeless shelters, our program's services are both responsive to the city's housing crisis as well as providing significant annual savings to the City in Medicaid and other expenses.

Our free home sharing service matches adult "hosts" with extra space in their apartments or houses to share with responsible, compatible adult "guests" in need of affordable housing. One of the "matchmates" must be aged 60 or over.

During the past 44 years, we have successfully matched over 2500 persons in 1250 shared living arrangements. If and when appropriate, we would like to extend our home sharing services to asylum seekers and match them as guests in shared living arrangements with older adult New York City hosts.

Our respite care service provides affordable, short-term, in-home care at the low cost of \$18.55 per hour paid directly to the home care workers by frail elderly who are attempting to manage at home alone or with the help of others, and, thereby, prevent their need for nursing home care. Although the cost of private agency home care is \$30 per hour, our respite care service provides the lowest cost, highest quality home care at \$18.55 per hour and free of charge under emergency circumstances.

During the past 44 years, we have provided over 12,095 older adults and many more thousands of their caregivers with respite care services plus jobs for hundreds of Certified Home Health Aides. Over the past five fiscal years, despite the Covid pandemic, our program has served over 1500 older adults.

Continued funding for New York Foundation for Senior Citizens' Home Sharing and Respite Care and other programs implemented under the Community Care Plan is essential to the well-being of our city's older adults.

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

My name is Kahlia Thompson, and I represent Ocean Bay Community Development Corporation, a social service organization that has proudly served the Rockaway community for over 20 years. I am honored to testify today regarding NYC Aging's Community Care Plan and the critical need for continued funding for Older Adult Centers. As the Director of the Older Adult Center @ Arverne, a NYC Aging provider, we understand firsthand how vital it is for aging adults to have a welcoming, homelike facility where they can enhance their quality of life. Today, I want to emphasize the urgent need to safeguard our seniors' future by preventing budget cuts and the potential closure of many Older Adult Centers across New York City.

The Rockaways

We want to thank you for recognizing that support for our Aging population is needed throughout the city. However, I am here to focus on the Aging population of the Rockaway Peninsula.

The Rockaways, Community District 14, is an 11-mile-long peninsula. It is a Majority-Minority community that has endured the brunt of decades-long degradation and disenfranchisement. Rockaways residents often experience more intense storm effects as evidenced by the disparate impacts of Superstorm Sandy in 2012 and Ida in 2021. Capital projects designed to restore infrastructure damaged by Superstorm Sandy and to improve the area's resilience to storms and other climate events are still ongoing. Residents face numerous hardships and barriers, including limited access to quality food, reliance on a single subway line for transportation, and frequent delays in housing repairs, to name just a few. Also, because of its geographical position and years of disenfranchisement, our growing Aging population experiences these factors daily and utilizes the services provided through our Older Adult program as a means of combating their circumstances.

Older Adult Center @ Arverne

Our Older Adult Center @ Arverne offers quality programs for adults aged 60 and older on the Rockaway Peninsula. Since opening our doors in November 2022, we have been able to serve more than 200 aging adults annually. We provide a range of services, including weekly fitness classes and free, healthy, and nutritious meals (breakfast and lunch) that meet various dietary needs. We also offer free transportation to medical appointments, ensuring our participants can access essential care. Additionally, we host a variety of social activities, such as arts and crafts, music and theater programs, and intergenerational events focused on technology and communication.

Anecdote

I'd like to share a quick story that demonstrates the impact of the opening of our Older Adult Center @ Arverne.

In our community, the Ocean Bay Older Adult Center has become a lifeline for many seniors who might otherwise feel isolated or unsupported. One gentleman, Mr. J, began attending our programs last year after losing his wife. He was struggling to find purpose and connection. The simple act of joining our daily meal program gave him a sense of routine, and through our social activities and wellness programs, he found a community that embraced him during his most vulnerable moments.

Mr. J shared with us that without the support of our center, including the companionship and healthy prepared meals he receives, he doesn't know how he would have managed his grief or maintained his health.

Another story I would like to share with you happened last year when we hosted a community event for older adults from across the Rockaway Peninsula. The event was organized to celebrate older adults and recognize their contributions to the community. The day was filled with music, dancing, and a delicious meal, creating a lively atmosphere where participants could connect and enjoy the afternoon together.

One of our participants, Ms. L, who is 85, approached me at the end of the day, visibly emotional. She told me that it had been over a decade since she had felt part of a joyful, communal experience like this, apart from the occasional church gathering. Ms. L explained how, over the years, many of her friends had either moved away or passed on, and with no family nearby, she often found herself spending her days alone. The isolation had become so deep that she had begun to feel invisible.

That day at the event, surrounded by familiar faces and new ones, Ms. L said she felt alive again. She told me that just being able to share a meal, reminisce, and connect with others reminded her that she was still part of a community that valued her. The experience renewed her sense of belonging and gave her hope. She later joined more of our programs, forming new friendships and staying actively engaged, something she hadn't done in years.

For someone like Ms. L, who had almost entirely withdrawn from social life, this event marked a turning point. It is moments like these that remind us why these centers are so essential—they provide a space for connection, support, and the reaffirmation of one's place in the community, especially for those who have no other support system.

Through our center's programs, she found not only a safe space but a second family. The staff regularly checks in on her, and the friendships she has built have given her a sense of belonging she had long thought was lost. However, Ms. L often asks if the center will still be here next year, worried about the future. The possibility of budget cuts would not only remove this critical lifeline for her but for countless others who rely on these programs for their physical and emotional well-being.

These are just a few stories of the numerous individuals we serve whose lives have been transformed by our programming. Yet, we are stretched thin. Every day, the needs

grow, but our resources do not. If the proposed budget cuts go through, we will be forced to reduce or eliminate services that keep people like Mr. J and Ms. L connected and thriving. Our older adult population is rapidly increasing, and instead of scaling back, we must expand our capacity to meet this growing demand. More funding needs to be invested in older adult centers to ensure we can continue providing essential services and support, helping seniors maintain their independence, health, and well-being. Without this investment, we risk leaving our most vulnerable population without the care and sense of community they deserve.

Conclusion

We believe that a city with over 300 Older Adult Centers is not only needed but should be sustained for all of New York City's aging population.

Lastly, meeting the needs of the aging population should be non-negotiable, especially given the most recent Community Health Profile for The Rockaways, which reports that the average life expectancy is just 77 years. Isn't it part of the New York way of life to ensure a good quality of life from beginning to end? I urge you to work closely with officials, local community-based organizations, and residents across the city to prevent any interruptions in funding and programs for this critically important population. These are individuals we must prioritize and serve with the best possible outcomes.

Thank you for your time and consideration.

Again, my name is Kahlii Thompson, Director of the Older Adult Center @ Arverne, a program operated by Ocean Bay Community Development Corporation.



Advocacy &
Services for
LGBTQ+ Elders

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Testimony of Darcy Connors

Executive Director, SAGEServes

New York City Council Committee on Aging

Monday, September 23rd, 2024

Good Afternoon Chairperson Hudson and Committee Members

Thank you for the opportunity to testify today on behalf of SAGEServes my name is Darcy Connors (She/Her) and I am the Executive Director of SAGEServes, serving the needs of older LGBTQ+ adults in New York City. We are particularly committed to ensuring that older adults, including those from marginalized communities, can age with dignity, access to care, and opportunities for full participation in society.

Today, I would like to express our support for three critical pieces of legislation: Int. No. 1022 (sponsored by Councilmember Gutiérrez), Int. No. 1025 (sponsored by Councilmember Hudson), and Res. No. 452 (also sponsored by Councilmember Hudson). Each of these measures will help advance the well-being of older adults in our city, but I will focus the bulk of my testimony on Res. No. 452, which holds immense importance for individuals living with HIV.

Support for Int. No. 1022 – Naturally Occurring Retirement Communities (NORCs)

SAGEServes strongly supports Int. No. 1022, which calls for a study on Naturally Occurring Retirement Communities (NORCs) and the development of a plan to support aging in place. NORCs provide an incredible opportunity for older adults to remain in their homes and communities, surrounded by the familiarity and social networks that are crucial for healthy aging. We urge the City to explore how to expand support for NORCs, particularly in areas with large LGBTQ+ populations. Our older LGBTQ+ adults often face isolation and discrimination, making inclusive NORCs an essential part of their ability to age safely and in place.

Support for Int. No. 1025 – Older Adult Workforce Programs

We also support Int. No. 1025, which aims to ensure that older adults receive clear information about employment discrimination and workforce programs. Many older LGBTQ+ New Yorkers face barriers in employment due to ageism compounded by homophobia or transphobia. Latest research from SAGE found that 50% of LGBTQ+ elders 55+ believe they will have to work in their retirement years. Having clear, accessible resources will not only help them navigate these challenges but also connect them with programs that can provide financial stability and foster a sense of purpose as they age.

Strong Support for Res. No. 452 – Lowering the Age for Older Americans Act Services for Individuals with HIV

The centerpiece of my testimony today, however, is in strong support of Res. No. 452. This resolution calls on the United States Congress to pass, and the President to sign, legislation to lower the age of eligibility for Older Americans Act (OAA)-supported social services and programs from 60 to 45 years for individuals living with HIV. This is an issue of justice, urgency, and compassion.

As we know, the HIV epidemic disproportionately impacted the LGBTQ+ community, and those who survived the early years of the crisis are now aging with unique health challenges. People living with HIV often experience "accelerated aging," meaning they are more likely to face health issues typically associated with older adults, such as cardiovascular disease, bone density loss, and cognitive decline, at much younger ages than their HIV-negative peers. For this population, age 45 can feel like 65, and yet they do not have access to the same OAA services that others receive when they turn 60.

Lowering the age of eligibility for OAA services to 45 for individuals with HIV is essential. These services, which include nutrition assistance, caregiver support, and social programs, provide a lifeline to older adults who often live in poverty or face severe health challenges. For individuals with HIV, accessing these services earlier can make the difference between aging with dignity and falling through the cracks of our social safety net.

At SAGEServes, we have seen firsthand the struggles of older LGBTQ+ adults living with HIV. Many are isolated, facing not only the stigma of their sexual orientation or gender identity but also the stigma of an HIV diagnosis. By lowering the eligibility age, we can ensure that these individuals receive the care, support, and resources they need to live fulfilling lives as they age.

In conclusion, SAGEServes is proud to support Int. No. 1022, Int. No. 1025, and Res. No. 452. Together, these initiatives represent an essential step toward creating a more inclusive, supportive, and compassionate city for all older adults, especially those who are too often overlooked or marginalized. I urge the Council to pass these measures and continue to lead the way in supporting our aging population.

Thank you for your time and commitment to these vital issues.

Testimony of
The Legal Aid Society

on

Oversight: Community Care Plan, Int 1022-2024, Int 1025-2024, T 2024-2470,
T 2024-2487, and Res 0452-2024

presented before

The New York City Council's Committee on Aging

Jeannine Cahill-Jackson
Director of Elder Law
Civil Practice
The Legal Aid Society

September 23, 2024

The Legal Aid Society appreciates the opportunity to comment on the subject of Protecting, Preserving and supporting Naturally Occurring Retirement Communities in New York City and Resolution Number 0232-2024.

Who We Are

The Legal Aid Society (LAS), the nation's oldest and largest not-for-profit legal services organization, was founded in 1876 to provide free legal representation to marginalized New York City families and individuals. The Legal Aid Society's legal program operates three major practices – Civil, Criminal, and Juvenile Rights – and through a network of borough, neighborhood, and courthouse offices provides comprehensive legal services in all five boroughs of New York City for clients who cannot afford to pay for private counsel. With a caseload of nearly 200,00 cases and legal matters for clients, The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States.

Our Civil Practice works to improve the lives of low-income New Yorkers by helping vulnerable families and individuals to obtain and maintain the necessities of life- housing, health care, food, and self-sufficiency. We serve as a “one-stop” legal resource for clients with a broad variety of legal problems, ranging, among others, from government benefits and access to health care, to immigration and domestic violence. Our depth and breadth of experience is unmatched in the legal profession and gives LAS a unique capacity to go beyond any one individual case to create more equitable outcomes for individuals, and broader, more powerful systemic change at a societal level. Our work has always taken an explicit racial and social equity lens and the current housing crisis has further focused our efforts to advocate for the needs of New York's marginalized communities.

The Legal Aid Society has a long history of providing eviction defense services to seniors in the Bronx and Brooklyn. In 2023, the Legal Aid Society created a city-wide Elder Law Unit (ELU), combining the Brooklyn Office for the Aging and the Bronx Assigned Counsel Project. Currently, the ELU is comprised of a multi-disciplinary team specializing in eviction defense for seniors in the Bronx and Brooklyn. By specializing in eviction defense for seniors the ELU recognizes that the preservation of housing for a senior often involves many intersecting medical, financial and social issues. The ELU seeks to assess and address the needs of our senior clients to

not only prevent their eviction but to alleviate the underlying causes that lead them to be at risk of eviction.

Support for Proposed Legislation

We support Int 1022-2024 and T 2024-2487 and the Council's efforts to help older adults remain in their communities through strengthening and expanding NORC services and development of a 10-year plan to support aging in place. The Legal Aid Society has seen first-hand the difference that programs such as these can make in the lives of our clients through enabling them to maintain their autonomy and live safe and healthy lives in their long term homes.

We also support INT 1025-2024 and T 2024-2470 which would make important information more readily available to older adults including employment information and access to services and benefits.

Lastly, we support Resolution 0452-2024. As the Council aptly notes in the proposed Resolution, individuals living with HIV are at increased risk of numerous health complications typically associated with premature aging. As such, we support the Council's resolution calling on the US Congress to pass and the President to sign legislation to lower the age or eligibility for supportive social services for individuals living with HIV from 60 to 45.

Older New Yorkers Need Affordable Rents In Addition to Supportive Service to Remain Living in the Community Through Enhancements to the SCRIE Program.

The above proposed legislation, Int. 1022-2024 and T 2024-2487, focuses on studying and expanding programs and services needed for Older New Yorkers to age in place. However, if their rent is not affordable based on their fixed incomes, no amount of medical care or case work assistance will allow for them to remain in their long-term apartments. In order to address the issue of rent affordability, The Legal Aid Society proposes the following enhancements to the SCRIE program creating a framework to build on the already existing rent freeze program for seniors in a way that would more effectively ensure the rents are frozen at an amount that is actually affordable and for even more seniors to be able to benefit from this program.

Freezing Rent at 30% of the Household Income

Firstly, the SCRIE (and DRIE) frozen rent should be frozen at thirty (30) percent of the tenant's household income. Under the current construction of the program, when a senior applies at sixty-two (62) years old, the rent is frozen at the legal regulated rent at the time. However, there is no assessment at the time of application as to the affordability of that rent for the senior. Resultantly, the amount may already be a substantial rent burden for the senior on a fixed income. For example, a senior receiving Social Security Income of \$1034 applies for the SCRIE program and their rent is frozen at \$994. Although the rent is frozen, it is frozen at an amount that is not affordable and would leave the senior with only forty (40) dollars per month for other expenses. There is no option under the current law for this frozen rent to be lowered, despite this severe rent burden, unless the senior was to experience a decrease in their already very limited income.

To ensure that the rent is frozen at an affordable amount, we suggest frozen rent should be frozen at an amount which is thirty (30) percent of their income. This will ensure true affordability for seniors on low fixed incomes.

The adjustment of a frozen rent to allow for ongoing affordability is already addressed in the current regulatory structure, however this rent redetermination is only implicated when a senior, already enrolled in SCRIE experiences a permanent decrease in income of 20% or more. If this occurs, the regulations provide that the rent can be lowered based on the percentage decrease in the household income. For example, a 40% decrease in household income would result in a 40% decrease in the rent. However, there is nothing in place if a senior is severely rent burdened by their frozen rent amount at the outset of the program. Therefore, we suggest that the frozen rent when a tenant who is on fixed income applies for the SCRIE and DRIE program the rent should be set to set to thirty (30) percent of their income.

Rolling Back the Frozen Rent

Secondly, if the rent is not initially frozen at 30% of the senior's income, that is frozen at the amount the senior was charged at the time they turned 62, regardless of when they apply. This would be very valuable as well since many seniors miss the chance to submit the SCRIE application when they turn sixty-two (62) for a variety of reasons. Accordingly, when they do

finally submit the application, they run the risk of freezing the rent at an amount that is not affordable.

The importance of rolling back the rent is to ensure that we do not penalize the tenant for not submitting an application from the moment they became eligible. This would enable seniors of varying capabilities and resources to all receive the maximum benefit from the program once enrolled.

Expansion of SCRIE and DRIE eligibility to units covered by Good Cause Eviction Law

Lastly, we propose that the SCRIE and DRIE program should be expanded to units now covered by the Good Cause Eviction law.

In the past, the SCRIE and DRIE program may not have covered these units because of the uncertainty of how much the rent would increase after a lease expires in a market rate apartment. This is different from a rent stabilized apartment because the increases are known and monitored by the Rent Guideline Board. However, with the passing of the Good Cause Eviction law, landlords are now prevented from increasing the rent in Units that are covered by the Good Cause Eviction by more than 5% plus the Consumer Price Index without a reasonable justification for the increase.

The Good Cause Eviction law addresses the uncertainty in market rate apartments and implements a way to limit the amount rent can be increased. Therefore, expanding the program to cover these market units would increase the number of potential affordable apartments where seniors could maintain long term tenancies.

Implementation of the CITYFHEPS Reform Laws will Prevent the Eviction and Create Ongoing Affordability for Many Older New Yorkers.

In July 2023, the City Council passed a series of laws, Local Law Nos. 99, 100, 101, and 102 of 2023, designed to simplify and expand CITYFHEPS eligibility for households at risk of eviction (hereinafter “CITYFHEPS Reform Laws”). Among other changes, the CITYFHEPS Reform Laws made subsidies available to all income-eligible households at risk of eviction; superseding the previous more limited grounds for eligibility which required 90 days in a DHS

shelter or an open Adult Protective Services Case. The Council passed these laws over the Mayor's veto. However, despite the Council's override, in December 2023, the Commissioner of Social Services informed the Council in writing that the Adams administration was refusing to enact the duly enacted laws, despite failing to raise any cognizable legal grounds on which to base the refusal.

To date, the Adams administration has taken no steps to implement them, and numerous seniors and other New Yorkers remain unable to access the crucial rental subsidy to which they are now eligible for.

As per the Community Service Society's analysis of the 2017 Housing Vacancy Survey (HVS), there are 9,463 rent-regulated apartments with low-income tenants who are severely rent-burdened and have a head of household over the age of 65. However, these households, some of which rely on Public Assistance, do not currently qualify for CITYFHEPS, due to the failure to implement the expansion. This trend continues, as demonstrated in the 2021 HVS which further indicates that more than 40 percent of households with disabled or elderly family members are severely rent burdened.

The implication for Older New Yorkers is as it becomes increasingly challenging for folks to be accepted for APS services, it remains a criterion which must be met in order to qualify for this crucial rental subsidy, without which, most would face eviction to the shelter or a nursing home. It has become increasingly difficult for advocates to assist clients to obtain APS assistance and the first and sometimes the second referrals are denied despite the senior client being in need of services. The experience of our office is reflected in the data in the 2024 Mayor's Management Report, which Chair Hudson raised during the hearing, Page 204, which states that in 2023 APS received 23,485 referrals and only found that 5,556 of the referrals to be eligible for services.

In our work we see many senior clients that are in desperate need of CITYFHEPS rental assistance but continue to be denied by APS for services, thus rendering them ineligible for the subsidy under the laws as currently implemented. For example, a client has a granddaughter who comes to visit her, and they spend time together as companions. The client cannot afford her

ongoing rent and otherwise qualifies for CITYFHEPS, except that APS determined that she was not eligible for services because she has a granddaughter that can help her. However, one of the many gaps illustrated by this situation, is that she was denied APS services because there is someone willing to help her, however there is no analysis as to what type of help that is needed and whether that individual can in fact provide it. In this case, the granddaughter can keep her grandmother company but cannot pay the rent, but because of this companionship, the grandmother is foreclosed from obtaining rental assistance.

We ask that the City Council continue to advocate for the implementation of the CITYFHEPS Reform Laws.

Conclusion

Thank you for reviewing our testimony and for the opportunity to comment.

For more information, please contact Jeannine Cahill-Jackson at jcahilljackson@legal-aid.org, or at [REDACTED].



UNITED NEIGHBORHOOD HOUSES

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Testimony of United Neighborhood Houses Before the New York City Council Committee on Aging Council Member Crystal Hudson, Chair

Oversight: Community Care Plan

**Submitted by Tara Klein, Deputy Director of Policy & Advocacy
September 23, 2024**

Thank you for convening today's oversight hearing on NYC Aging's Community Care Plan. United Neighborhood Houses (UNH) is a policy and social change organization representing neighborhood settlement houses that reach over 800,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers. UNH leads advocacy and partners with our members on a broad range of issues including civic and community engagement, neighborhood affordability, healthy aging, early childhood education, adult literacy, and youth development. We also provide customized professional development and peer learning to build the skills and leadership capabilities of settlement house staff at all levels.

For decades, UNH has been on the frontlines of advocacy for programming to address loneliness and social isolation in older New Yorkers. Our members provide a wide variety of services to older New Yorkers 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.

The Community Care Plan and Growing Older Adult Population

In April 2021, the de Blasio Administration released a [Community Care Plan](#) for NYC Aging, setting forth a "broad, ambitious, and progressive plan to address the changing needs of older adults" by building upon current services and supports for older adults. The plan laid forth an ambitious effort, and UNH continues to support the core principles of the plan: the older adult population is growing rapidly in New York City, and we need to build out and invest in the City's network of older adult services to match that growth.

Data from the Census Bureau's 2023 American Community Survey show that the older adult population in NYC continues to grow, and there are more older adults living in poverty. As of 2023, there are now 1.9 million older adults aged 60 and over living in New York City, a 27% increase from 1.5 million a decade ago. Older adults now make up 23.5 percent of all New York City residents, up from 18 percent a decade ago. On top of this growth, citywide, one in five older adults aged 60 and over live in poverty; and the number of the City's older adults living in poverty has skyrocketed by 44 percent over the past

decade, from 270,000 in 2013 to 388,000 in 2023. This data provides strong evidence about the need to grow the City's aging services.

The Community Care Plan was accompanied by an additional \$48 million in funding in the FY 2022 budget, which was allocated toward expanding the number of older adult centers (OACs) and Naturally Occurring Retirement Communities (NORCs) following a new procurement earlier that year, with 36 new programs added in total. Our understanding was that this funding was baselined using City Tax Levy dollars.

Through the opening of new centers and enhanced funding for existing programs, the Community Care Plan has been a success. The growing number of OACs and NORCs has been good for the City and its older adult population. Several UNH members have opened new OACs and NORCs thanks to that expansion, and as they have built out those programs they have seen a large number of older adults receive essential services and social connection who otherwise would not have had that access. While UNH continues to highlight the need for more funding to realize the plan's full vision, it did move our city in the right direction to grow older adult services and investments.

Failing to Meet the Vision in 2025

The FY 2025 budget process was mired in cuts in many citywide services. While some of those cuts were restored, the NYC Aging budget still faces a deep fiscal cliff of approximately \$80 million¹ beginning in FY 2026. On top of that, there are also still several PEG cuts in effect over the last several years, including \$4.5 million in FY24 (and increasing to \$7 million in FY25), \$1.1 million in FY25, and \$13.48 million beginning in FY27.

We are having trouble making sense of what is happening with the budget, and would appreciate the Council's support in getting to the bottom of things. We originally heard that Community Care Plan funds were baselined. This year, we saw the large fiscal cliff in the FY26 budget, which are coded as federal stimulus dollars, which are expiring and must be spent by December 2024. When the Council pressed NYC Aging on this during the Executive Budget hearing, NYC Aging staff essentially said this was a mistake and those dollars were supposed to be swapped for City Tax Levy, and they were working with OMB to correct things. However, budget documents continue to say that the cuts remain. We cannot take City agencies at their word that these funds will be restored, because they were not restored in the Adopted Budget in June as NYC Aging had indicated at the last budget hearing.

We have heard that if the fiscal cliff cuts go into effect, NYC Aging will close between 50-60 older adult centers through the next RFP process in early 2025. This would be catastrophic for New York's older adults who currently use those centers, who would lose access to services that promote health and wellbeing, provide access to food, connect to essential government benefits and services, combat social isolation, and support aging in place.

The Adams Administration is sacrificing the goals of the Community Care Plan by not addressing the fiscal cliff in NYC Aging's budget. While other agencies that support children, youth, and adults saw their federal funds replaced in the last budget, and some of their PEG cuts restored, NYC Aging is still left without support. Budget decisions make it clear that the Mayor doesn't prioritize older New Yorkers. With every year that passes, New York City's older adult population grows, but Mayor Adams has done little to follow the Community Care Plan and ensure that the City's aging services infrastructure has grown with them.

¹ We note that the budget numbers are confusing. According to documents from the FY25 Adopted Budget, there appears to be a \$125 million cut in FY26, though we have been told some of this is reserved for the 3% human services COLA and will be filled in. We estimate the true cliff to be totaled at \$80 million.

The City must act now to reverse these cuts - including both the fiscal cliff and the outyear PEG cuts. OMB, NYC Aging, and the Mayor's office must come up with a plan to sustain older adult services going forward. We need investments – not cuts.

Introduction 1022

UNH supports Intro 1022 by Council Member Gutiérrez, which would require a three-year study on Naturally Occurring Retirement Communities (NORCs) – including assessing the needs of older adults, evaluating necessary improvements, and collecting data on demographic trends and health outcomes – and the development of a plan to support aging in place. UNH has been a long-time supporter of the NORC model, and we believe the time is ripe to expand them, as laid out in our recent report, [*NORCs: An Antidote to Social Isolation*](#). This bill would ultimately pave the way for the City to create new NORCs and Neighborhood NORCs. Should this bill advance, we encourage City researchers to connect with staff at the New York State Office for the Aging (NYSOFA), who have conducted similar studies of NORC programs including through their ongoing health indicators study. The City should also take care to ensure this study does not burden NORC program staff with overly-extensive and time-consuming data requests.

Thank you for your time. To follow up, please contact me at tklein@unhny.org.



**New York City Council
Committee on Aging
Chair Hudson
September 23 2024
Oversight Community Care Plan**

My name is Elizabeth Weingast and I am the Clinical Director at Vesta Healthcare. Thank you for the opportunity to testify.

Vesta Healthcare supports older adults in New York City and around the country to live the way they want by staying safe at home with clinical support available around the clock. Vesta Healthcare's clinical care team, including medical providers, helps its clients by virtually monitoring health, assessing care, coordinating with providers and helping clients get what they need to stay well at home.

Background

The Community Care Plan rightfully recognized that the demographics of NYC were changing and that bold new investments would be needed to increase capacity of the OAC network, bolster case management, serve more food, and build a system that would meet the needs of our population as we age. The reality of investments from the administration have not met the needs outlined in the document, or the greater needs that exist in our city today. We need bold new investment **NOW** to ensure that we can meet the needs of both the existing population of older New Yorkers and to keep up with the growth in our aging population in the coming decade. If we do not make those investments, especially in light of documents like the Community Care Plan that clearly outline the unmet needs of our communities, we are deciding that it is okay to exclude New Yorkers from our communities as we age. We cannot allow ageism to justify the current plan to divest from aging services and ignore the needs that have already been acknowledged by our city's leadership.

Recommendations

- **Don't cut the already low budgets for any service program.** Many programs are already on their last strings, further cuts jeopardize the fiscal solvency of the service network and undermine the goals of the contracts that the city already pays for.
- **Create a dedicated city pot of capital funds to keep centers in good repair.** Most centers don't have the resources to launch campaigns to get local elected capital money and the city has refused to consider their needs in the budget for over a decade.

healthcare Vesta

- **Reform capital funding rules to match the reality of the spaces that services are being provided in.** Many can't access funds due to a lack of "site control" which leaves them without any resources from the city. Other arcane requirements can leave centers with no real options to repair necessary infrastructure and they are left to crumble.
- **Study the real needs of case management clients.** Case managers in the field are seeing a stark increase in need among their clients and higher levels of physical and mental illness and the most recent RFP cut resources from programs. Caseloads must be reduced overall from 1:72 or more and a new program should be developed to deal with the highest need clients that allows for lower caseloads closer to 1:20. Funding must also be restored for administrative support positions to allow case managers to focus on their work.
- **Reform nutritional programs to match the reality of those using them.** Homebound New Yorkers only get 5 meals a week from city funds and often are unable to get additional nutrition. Many centers also see that there is a need for more than just one meal a day in their congregate meals programs.
- **Work with HPD to understand the housing crisis among older New Yorkers.** Older adult homelessness is at an all time high and growing at a rate three times faster than younger demographics. Any community care plan must recognize this reality and explore further investment and new housing programs to meet this moment.

Thank you for the opportunity to testify.

For questions, please email Elizabeth Weingast at eweingast@vestahealthcare.com

**Oversight Hearing on Community Care Plan
NYC Council Committee on Aging
September 23rd, 2024**

Good afternoon, Speaker Adams, Chair Hudson, and Members of the New York City Council Committee on Aging. My name is Rhonda Soberman, and I am the Manager for Program Development at VNS Health. The focus of my work for over 20 years has been working alongside NORCs and NNORCs (Neighborhood Naturally Occurring Retirement Communities) to care for vulnerable populations and promote successful aging in place for older adults. Thank you for allowing us to comment on the proposed community care plan and Int. 1022- a bill to require a study on naturally occurring retirement communities (NORCs) and developing a plan to support aging in place.

VNS Health is the largest not-for-profit home and community-based healthcare organization in New York State. For more than 130 years, we have been committed to delivering high-quality and culturally competent care to individuals with complex clinical and social needs. We meet the healthcare needs of underserved communities through services including home care, hospice care, behavioral health, health plans, and care management.

We want to thank Speaker Adams, Chair Hudson, and the City Council for supporting NORC Nursing Services in the NYC budget this year and in past years. Thanks to this vital funding, VNS Health can provide embedded nurses at almost 40 NORCs to assist clients in reducing their risk for unnecessary emergency room and hospitalization visits. These nurses provide health assessments, health education, linkages to appropriate care, health screenings, and advocacy.

Navigating the healthcare system is extremely challenging, and our nurses support clients throughout their healthcare journey by prioritizing early intervention to foster community living at the highest functional level for older residents. By providing access to care in a less fragmented way, members in need can be linked to all levels of social and health service support. Our proactive and risk-reduction interventions are designed to prevent crises, improve the client's quality of life, and reduce costs to social and healthcare systems.

(Please see in the appendix a story about a NORC resident who benefitted from our nursing services, followed by the NORCs by council district where we currently provide nursing services.)

In addition to partnering with NORCs, our VNS Health [Center for Home Care Policy & Research](#) has assisted NORCs to better understand their communities using the "Advantage Initiative Survey" and guided their NORC staff on how to provide essential resources to their constituents based on collected real-time data. Through our targeted work with the United Hospital Fund and UJA Federation on the "Health Indicators Initiative," we also have supported NORCs in utilizing their data to better understand the health needs of their communities and ways to address them through evidence-based practice and linkage to care as well as invaluable and consistent health advocacy to meet the needs of an aging community.

We fully support the Community Care Plan and proposed study on NORCs and offer our expertise as both a provider of nursing services and our research in supporting aging in place. When rolling out the study, we recommend that DOH closely examine best practices in service provisions being

utilized today, focus on the importance of interdisciplinary collaboration, and look realistically at funding and resources that help NORC programs achieve true success.

Thank you for the opportunity to testify today. Given our experience and our commitment to aging-in-place communities, we hope you will continue to include community organizations like VNS Health in discussions and planning so we can address the needs of this growing aging population and transform NYC into a place for these individuals to thrive and prosper. For further questions, I can be reached at Rhonda.Soberman@vnsny.org or (212) 609-6312.

Rhonda Soberman

Rhonda Soberman, LCSW
Manager, Program Development

Appendix

NORC Nursing Client story: A 79-year-old female NORC member with a medical history of hypothyroidism and chronic hypertension visited the NORC Register Nurse (RN) office. The NORC RN completed a health assessment that indicated that she was hypertensive and had an elevated irregular heart rhythm. The nurse recommended the member contact her primary care provider (PCP) and request a cardiologist referral. The member wasn't convinced with the assessment and refused additional treatment. However, the nurse, through patience, education, and persistence, performed another test on a secondary with similar results thus confirming the assessment. The member, followed the RN's advice, and was diagnosed with Atrial Fibrillation and prescribed new medications. She was very thankful and emotional when connecting with the RN because if it wasn't for the nurse's thorough work this health condition would have went unaddressed. The member stated that she is grateful and glad that she followed the RN's advice to see her PCP, which resulted in the promptly ongoing treatment of her heart and the timely discovery of her new health issues.

NORC Sites with VNS Health Nursing Services	District/Council Member
Confucius Plaza/Chatham Green NORC (Hamilton Madison)	1-Marte
Delancey Senior Residences NORC (Vision Urbana)	1-Marte
Chinatown Neighborhood NORC (VNS Health)	1-Marte
Co-op Village NORC (Educational Alliance)	1-Marte
Knickerbocker Village NORC (Hamilton Madison)	1-Marte
Smith Houses NORC (Hamilton Madison)	1-Marte
Phipps Housing NORC	2-Rivera
Village View NORC (University Settlement Society)	2-Rivera
BEST NORC (Grand Street)	2-Rivera
Cooper Square	2-Rivera
Vladeck Cares NORC (Penn South Board & JASA)	2-Rivera
Elliot Chelsea NORC (Hudson Guild)	3-Bottcher
Penn South NORC	3-Bottcher
Stanley Isaacs NORC	5-Menin
West Side NORC (Goddard Riverside)	6-Brewer
Morningside Retirement and Health Services (MRHS)	7-Abreu
Franklin Plaza NORC (Union Settlement)	8-Ayala
Amalgamated NORC (Riverdale Y)	11 -Dinowitz
Co-op City NORC (JASA)	12 -Riley
Bronx House NORC (Bronx House)	13 -Marmorato
Clearview Assistance Program NORC (Commonpoint Queens/Samuel Field Y)	19 -Paladino
Young Women's Christian Assoc. of Queens NNORC	20 -Ung
Queensview NORC (HANAC)	22 -Cabán
Deepdale CARES NORC (Commonpoint Queens/ Samuel Field Y)	23 -Lee

NNORC WOW (Commonpoint Queens/ Samuel Field Y)	23 -Lee
Selfhelp Fresh Meadows NORC	23 -Lee
Queensbridge NNORC	26-Won
Rochdale Village NORC	28-Adams
Forest Hills NORC (Queens Community House)	29-Schulman
Bushwick Hylan NORC (JASA)	34-Gutiérrez
Brooklyn Neighborhood Services NNORC (Bedford-Stuyvesant)	36-Ossé
Spring Creek Senior Partners	42-Banks
Sheepshead Nostrand NORC (Catholic Charities)	46-Narcisse
Coney Island Active Aging (JASA)	47-Brannan
Warbasse Cares NORC (JASA)	47-Brannan
Shorefront Y NNORC (Shorefront YM-YWHA of Brighton-Man. Beach)	48-Vernikov
Trumps United NORC (JASA)	48-Vernikov
Stapelton NNORC (Jewish Community Center of Staten Island, Inc.)	49-Hanks

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I represent: CPC OPEN DOOR OLDER ADULT CENTER

Address: 168 GRAND STREET N.Y. N.Y. 10013

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