

COMMITTEE ON AGING AND COMMITTEE ON WOMEN  
AND GENDER EQUITY  
CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING with  
COMMITTEE ON WOMEN AND GENDER EQUITY

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June 21, 2022  
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HELD AT: HYBRID HEARING: COUNCIL CHAMGERS -  
CITY HALL

B E F O R E: HONOR. CRYSTAL HUDSON  
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HONOR. TIFFANY CABÁN  
CHAIRPERSON, COMMITTEE ON WOMEN  
AND GENDER EQUITY

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

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COMMITTEE ON AGING AND COMMITTEE ON WOMEN  
AND GENDER EQUITY

UNIDENTIFIED INDIVIDUAL ON SCREEN: Alright, and thank you.

SERGEANT AT ARMS: Good morning and welcome to today's hybrid New York City Council hearing for the Committee on Aging jointly with the Women and Gender Equity. At this time, would all panelists please turn on their videos for verification purposes? To minimize disruptions upon speaking, please place all electronic devices to vibrate or silent mode.

If you'd like to submit testimony, please send via email to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). Again, that is [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). Thank you for your cooperation. Chairs, we are ready to begin.

[GAVEL]

CHAIRPERSON HUDSON: Okay. Good morning. Happy Pride. My name is Crystal Hudson and my pronouns are she/her. I'm the Chair of the Committee on Aging and proud to be Co-Chair of the LGBTQIA+ caucus with my colleague, Chair Cabán. I'd like to thank Chair Cabán as well as the Committee members from the Aging Committee and the Committee on Women and Gender Equity for coming together to hold this morning's hearing.

Today, I'm proud that the Committees are creating space for the Council's first ever hearing focusing on LGBTQIA+ older adults. As a black, queer, masculine of center woman living in the city with the largest population of LGBTQIA+ adults in the country, I believe it is critical that we give our LGBTQIA+ older adults the attention and the resources they need to age with dignity and that we advance policies that center and uplift this population, especially those of color. In a period where LGBTQIA+ people and most acutely our transgender, gender non-conforming, and non-binary communities face rampant discrimination in this country and live in fear of being attacked just for existing, we must ensure that we are doing all we can as the people who hold power to make New York City a safe, comfortable, and affirming environment for LGBTQIA+ adults to age with dignity and without fear.

New York City is home to over 700,000 LGBTQIA+ people, and it is estimated that almost 200,000 out of this population are over the age of 50. As New York City's general population ages, so will our LGBTQIA+ population and we need to be ready with the resources and competencies to serve them. Many

LGBTQIA+ older adults have experienced discrimination throughout their lives and the cumulative effect of this discrimination, stigma, and living with unequal and discriminatory laws and policies is that LGBTQIA+ older adults face unique challenges as they age. These unique challenges demand unique solutions. Unfortunately, this population remains largely invisible and the City collects almost no data specifically about LGBTQIA+ older adults.

That's why I'm introducing legislation with Chair Cabán to create a commission of experts within DFTA to identify challenges, share best practices, and develop recommendations on ways to improve the quality of life of LGBTQIA+ older adults in our city. I hope that we can discuss this proposal and other ways that DFTA can collect and use data to better serve our LGBTQIA+ elders.

I also want to highlight that June is Elder Abuse Awareness month. Elder Abuse is an issue that disproportionately impacts LGBTQIA+ older adults. Elder abuse can be financial, physical, emotional, and include neglect. Compared to their non-LGBTQIA+ peers, LGBTQIA+ older adults are more likely to live alone, less likely to be partnered, less likely to

have children, and they experience higher rates of loneliness and isolation. These are well-known risk factors for elder abuse. LGBTQIA+ older adults may fail to seek help because they fear revealing their sexual orientation or identity.

I hope to hear more on what DFTA is doing to assist those victims of elder abuse and whether we can take further steps to ensure that such assistance is sufficiently sensitive to their needs. There's a lot of ground to cover with this topic and so, I want to say thank you to the advocates and members of the public who are joining us today to educate us and shine a light on this population.

I especially want to thank SAGE and GRIOT Circle for the remarkable and invaluable work they do in District 35 for LGBTQIA+ older adults. Thank you to representatives from, from the administration for joining us. I look forward to hearing from you on what you're doing to support our aging LGBTQIA+ population and what is possible moving forward.

I would also like to thank my staff, Casie Addison and Andrew Wright, and Aging Committee staff, Christopher Pepe, Chloe Rivera, and Daniel Croup (SP?). Uh, I believe Chair Cabán is. Okay, so, uh,

Chair Cabán has given me permission to share that she's not present physically.

CHAIRPERSON CABÁN: I'm and I'm here. I could also share with you all too, actually, so there's quorum.

CHAIRPERSON HUDSON: Okay, great. So, I was just going to say.

CHAIRPERSON CABÁN: Sorry.

CHAIRPERSON HUDSON: Uh, that's, that's okay. Because we have, um, quorum, Chair Cabán will be joining us virtually, but before she gives her opening remarks, I do just want to acknowledge the Council Members who are present. Uh, Council Member Althea Stevens, Council Member Chris Marte, Council Member Kristin Richardson Jordan, and Council Member Lyn Schulman. Thank you.

CHAIRPERSON CABÁN: Um, thank you. Uh, and, I am attending virtually as, as you all can see. Thank you to my fellow Chair, um, Chair Hudson, and just like, uh, an added, I always want to give thanks to the, the staff and Committee Members, but just an added, uh, layer of gratitude because we've been scrambling a lot leading up this morning. Um, and before I give my opening statement on this hearing that I am very, very proud that we are, are doing here today. This is

incredibly important. I just want to share some information with folks.

Uh, I am, uh, participating virtually for this hearing because I tested positive for COVID over the weekend. The pandemic is still raging. Thankfully I am experiencing mild symptoms and so, it allows me to, to still work from home, although, I'm a little, a little winded so I might keep my, um, remarks short. But, I wanted to share with you how this will work. I think that my constituents deserve to know, um, residents of New York City deserve to know.

So, state law basically requires that in order for me to participate in this hearing virtually, there has to be an in-person quorum of the Members of the Committee present. So, it is conceivable that at some point during this hearing, I will no longer, under law, be able to participate if we lose quorum.

Um, it's a frustrating thing because, you know, there are multiple hearings happening at the same time, and so Council Members absolutely need to be moving in and out and, and able to, to get to different hearings and do other things. And so, I just want to highlight, um, that, you know, this is a, a frustrating problem, that these laws were

ableist before the pandemic hit, uh, and they obviously remain so. Um, and, you know, hopefully, we can see some changes at the, the state level to allow for participation and make sure that, um, these things don't, don't happen.

But I appreciate you all's patience. I am very eager to, to dive in and be able to participate on this hearing that we all have prepared very, very hard for today. Uh, and with that, I'm going to give you my, my opening statement.

So, again, thank you Chair Hudson, um, good morning, folks. My name is Tiffany Cabán. [COUGH] Excuse me. My pronouns are she/her and I am Chair of the Committee on Women and Gender Equity. And while it's well-known that a historic percentage of New York's young people identify as LGBTQIA+, discussions of the over 100,000 LGBTQIA+ New Yorkers, um, aged 65 or older are, are rare.

And so, the questions that we want to explore, right, are, are what challenges does this population face, why, why there are disproportionately high rates of disability, physical and mental distress. Um, why is there a lack of access to services? Uh, what is the cumulative effect of enduring

discrimination, stigma, and discriminatory laws and policies decade after decade? What is life like for the generation who lost so many of their peers to the ravages of HIV, AIDS, um, in the 1980s and '90s?

And we know that compared with older adults in general, LGBTQIA+ older adults experience disparities in access to quality healthcare, uh, achieving economic stability and security, finding welcoming housing and inclusive long-term care facilities, and maintaining strong and social and family support.

[COUGH] Excuse me. Um, what are the causes of these disparities and how can we address them?

This pride month, let us hear from our beloved older, our LGBTQIA+ neighbors, friends, and family, our elders, um, what do they need to allow them to age with dignity, how culturally competent, equitable are the City's services? And how can the Council help improve these outcomes?

You know, I'm so glad to help Chair today's hearing to probe into these and related questions and help make our City safer, healthier, and more welcoming to all who live here. And especially proud to be doing this work as a, a queer, Latina alongside another member of our queer family, Chair Hudson, um,

and acknowledge the fact that I would not be here but for my queer elders, and so it is deeply personal to make sure that we are living up to the promises of our City and providing dignity and care for all the folks, um, in our community. So, thank you all.

SENIOR COUNSEL PEPE: Thank you, Chair. Um, I am Chris Pepe. Here we go. Sorry about that. Thank you, Chair. Uh, my name is Chris Pepe. I'm the Senior Legislative Counsel to the Committee on Aging. Uh, before we begin testimony, I want to note that hearing participants may submit written testimony for the record up to 72 hours after the hearing. Uh, now I will administer the oath, um, to the Commissioner, uh, who will be, uh, offering testimony. Please raise your right hand. I will read the oath.

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

COMMISSIONER CORTÉS-VÁSQUEZ: (INAUDIBLE)

SENIOR COUNSEL PEPE: Thank you, Commissioner. You may begin your testimony.

COMMISSIONER CORTÉS-VÁSQUEZ: Is this on?

SENIOR COUNSEL PEPE: Um, sorry. We just want to take one, one second, Chair.

CHAIRPERSON HUDSON: I just wanted to also recognize Council Member Mealy for the record. Thank you.

COMMISSIONER CORTÉS-VÁSQUEZ: Okay.

SENIOR COUNSEL PEPE: Thanks, Commissioner.

COMMISSIONER CORTÉS-VÁSQUEZ: Great. Thank you all. Good morning and happy pride, Chair Hudson, Chair Cabán, and the Members of both the Aging and the Woman and Gender Equity Committees. Thank you for this opportunity to discuss LGBTQIA+ older adults and their unique needs. In the middle of pride month, it is particularly poignant to highlight the, oh, you know. I'm going to take this off. I think it's easier for you and me, so I can breathe.

Um, it is particularly poignant to highlight the older adult LGBTQIA+ population and how we can continue to strengthen our services for them. For the purposes of this hearing, I will use the terms LGBT and TGNC, although I understand the diversity of this community exceeds just these terms.

Nationally, it is estimated that there are 2.7 million LGBT people that are age 50 and over, of which 1.1 million are 65 and older. Based on DFTA's review of the research literature, we estimate that

there are at least 100,000 older adults aged 60 and over who are LGBT. We think this is a conservative estimate, um, given the silent generation effect where some older New Yorkers are reluctant to share their self-identification information with others. It is expected that this population will grow somewhat between now and 2040. Parallel with the overall expected growth in the older New York City population during this time.

Roughly 1.6% of adults identify as transgender or non-binary. Within the LGBT older population, approximately one in five are people of color, a proportion that is expected to double by 2050. Approximately one in three LGBT older adults lives at or below 200% of the federal poverty level. Within the LGBT older adult population, there are a few sub-generations who have very different life experiences, especially as it relates to the rights of the LGBT community.

LGBT people born between 1920s and 1940s are in the invisible generation. They grew up during World War II and during a time in which LGBT individuals could be arrested for suspicion of being gay. It is followed by the silent generation born between the

'50s and '60s. This generation was subject to McCarthyism where people who were LGBT were categorized as a threat to national security, and many were fired or denied employment based on their sexual orientation.

Following the Stone, uh, Stonewall Riots, many achievements were achieved, advancements were achieved, including the passage of marriage equity, and the 2015 Supreme Court decision upholding same-sex marriage equality.

With these varied experiences, also came a wide range of engagement with formal and informal systems of care, and the history of engagement, or the lack of engagement in formal or government services. These generational experiences within the LGBTQAI+ community parallel those that we see broadly within older adults in other services.

While we make great strides towards equal equality, towards rights and protections for LGBT individuals, in recent years, have been particularly challenging, often resulting in a sense of reduced safety and less openness. The previous federal administration, for example, put policies in place

that derailed years of progress and the path towards increased inclusion and protection.

We also have seen an increase in hostile state and local laws that threaten the safety of the LGBT population. I think of Florida. This is compounded by a history of discrimination that leaves many LGBT older adults with general distrust of mainstream institutions that many heterosexuals and LGBT young people assume are in place to help them.

Within the transgender, uh, gender non-binary and non-conforming, TGNBNC population, challenges can be even higher. New York has been proactive in protections, including allowing gender X on the IDNYC, a New York state drivers license or birth certificate, the legal right to use a bathroom of choice, and continued funding for GNBNC and LGBT services.

I am thrilled that just last week, President Biden reinforced the need for increased support and protections for the LGBT individuals by issuing an executive order. In this executive order, the President specifically outlines the need to address discrimination, social isolation, and health

disparities faced by older adults. I look forward to further implementing guidance from this order.

In addition to the stereotypes and discrimination, LGBT individuals are also subject to the intersection of discrimination based on other identities such as age, race, language, and gender. These overlapping identities add to the complexity of ensuring that programs and supports are best equipped to support the needs of this population. As such, one of the best ways to increase access to services, is to build trust and credibility. Not only are DFTA staff required to take mandatory training, we are continuing to work with DFTA providers to ensure that cultural competencies are developed among staff and clients. We had provided such training pre, in the pre-pandemic.

On, um, the Older Adult Awareness Day on May 16<sup>th</sup>, at a SAGE event, I had a conversation with Lynn, uh, the, uh, Deputy Director at SAGE to talk about resuming these training programs. This includes creating safe spaces for people of all identities. While seemingly simple to many, using a, a person's correct pronouns can have a positive impact on the experience of that individual.

We know that COVID-19 was isolating for older adults. The impact of isolation can be higher in the LGBT community as they are twice as likely to be single, four times more likely not to have children, and twice as likely to live alone than other heterosexual older adults. As a result, the care, the care structure that they rely on is often horizontal, peer to peer supporting, rather than a vertical one.

Since the start of the pandemic, DFTA and our providers have conducted over 9.2 million, uh, wellness engagements with older adults focusing on reducing isolation. Additionally, DFTA continues to work with experts in the field to ensure that cultural competency extends to the LGBT population and the care they receive.

As you know, all services offered through DFTA and our network of providers, are open to all older adults, 60 and older, regardless of any other factors such as race, language, gender, expression, income, or sexual orientation. That said, there are unique needs of sub-populations within the older adult community. And DFTA and our providers continue to build culturally competent services to address these unique needs.

Within our older adult center network, there is at least one center in each Borough that specializes in LGBT older adult centers. These centers such as SAGE, Queens Community House, the Pride center, the GRIOT Circle, welcome all older adults. Historically, LGBT individuals have often felt safer travelling outside their immediate community to access services. As such, there is often an increased willingness to travel to specialized centers where safety and community could be found. Same can found in communities of color, um, and also communities with special language needs.

This is similar to what we have seen in some ethnic and minority groups who prefer to travel to a specific center to be further entrenched in community. That said, building cultural competency and safe spaces for all adults across the network is imperative.

As part of the newest RFP for OACs and NORCs, for which contracts started in December 2021, all centers are asked how they will increase LGBT competencies. We also will continue to work with providers and this progress will be evaluated in annual reviews.

Often, LGBT older adults worry about the care they receive, including finding home health aides that will not have personal bias in their provision of service, and will be sensitive to their specific needs and circumstances.

For those in need of caregiving services, the SAGE Caregiver Program serves LGBT informal caregivers throughout the five Boroughs of New York. The program offers caregiver information and assistance about services available in their community. They also offer supports, training, supportive counseling, and respite care. The program offers a service named Respite Buddy where they contact an LGBT older adult care receiver with an LGBT volunteer that can offer them companionship and socialization.

I'm going to ad lib here. I remember that being so vital during the height of, of, um, of the, of the virus. Uh, often this program, not the COVID virus, the AIDS virus. Often this program assists both the caregiver and the care receiver since often the care receiver might be an LGBT older adult with limited social supports and they may identify a friend or

neighbor as their caregiver who provides some assistance to help them remain in the community.

The SAGE Caregiver Program provides a great deal of flexibility in order to assist these dyads by recognizing that many LGBT older adults have chosen family as part of their lives. For many people, including LGBT, uh, individuals, home is a safe haven. For many, home is a place of refuge and comfort, free of judgement and discrimination. Unfortunately, it can also be very isolating which can inadvertently impact one's mental health.

To help combat social isolation among older adults who prefer to stay at home, we even, even as we continue to recover from this pandemic, DFTA and our providers have, since March 2020, conducted, I said, 9.2 social engagements and wellness calls to older adults at their homes.

Additionally, DFTA has provided mental health aide training to older adults and staff through the SAGE, GRIOT to help identify and triage mental health concerns. The entire geriatric mental health network is trained health professionals who are multilingual, multicultural, and can work with the LGBT community. Outside of the geriatric mental health, we also have

a mental health provider who specializes in services for LGBT older adults.

DFTA also continues to monitor and to respond to emerging needs. For example, in 2020, DFTA partnered with SAGE Puerto Rico to run a PSA, uh, campaign targeting Puerto Rican LGBT older adults living in Puerto Rico and in New York City where the increase of suicide, um, suicide ideation was pandemic. This followed an increase in mental health concerns in response to the impact of COVID-19 and the natural disaster that had taken place on the island. The ad reinforced that they were not alone and there were resources available to make them feel valued.

I know today's hearing is also for a pre-consideration Intro to establish a commission for LGBT older adults within DFTA. I support this bill and the intent of this bill and look forward to working with you on the specifics.

As you know, DFTA currently has an Older Adult Advisory Council which makes recommendations to DFTA. One of the, of the 31 members of the New York City Council has 10 recommended appointees, of which six are currently vacant, um, rep, comprising two representatives per Borough. Members must be

representative of social service agencies, healthcare, businesses, legal services, and academic community and local neighborhoods.

The Older Adult Advisory Council is tasked with, tasked with making recommendations to improve the lives of older adults including recommendations to address workforce development, which is a process that we worked with the Council recently, and to prevent age discrimination. SAGE has been represented on the Older Adult Council since 2007, LGBT older advocates have served as members of, as well. I welcome the opportunity to discuss ways to add additional parameters to this Council by the City Council.

In conclusion, while we firmly believe our network does a lot for the LGBT community broadly, we are cognizant that the trans experience, and the experience of TGNC folks may require more specific services. We will continue to engage our providers, advisors, and advocate community to identify specific ways that we can support the nuanced needs of trans older adults and other subsets within the LGBT community. It is imperative that LGBT older adults feel safe while having access to all DFTA's services

and programs. This is best established over time and can be started through simple acts like ensuring that people are referred to by their preferred name and their correct pronouns, acknowledge and celebrating expanded definitions of family, using inclusive language, and actively listening to a person's story without judgement. This requires continuing, continuous training of DFTA staff and providers.

We appreciate the partnership that we have with, with SAGE over the years and look forward to continuing this information-sharing, and instituting the, the different levels of SAGE care in our training curriculum. While DFTA and provider staff regularly participate, we are in conversations to provide additional competence, uh, competency training for all contracted providers. LGBT providers such as SAGE often work to identify and partner with organizations where they can train staff on how to be inclusive and understand the unique needs of LGBT older adults. But organizations, but other organizations must also seek out these trainings as well.

Getting advisory input from LGBT organizations and advocates is imperative. DFTA is proud to have

LGBT organizations and, um, and advocates represented at our, on our Older Adult Council and our New York Age Friendly Commission.

Additionally, DFTA's grandparent's resource center team attends required LGB, uh, uh, competencies training annually as well as access to other workshops such as legal training, uh, workshops focusing on LGBT youth and the justice system.

We also continue to partner with sister agencies who provide other services and support the LGBT older community. We are proud to have such strong relationships with the LGBT community within our network and outside of our network. Through these partnerships, we continue to advocate the best services in, uh, and all, to serve the needs of the LGBT older adults who call New York City their home.

As always, we are grateful to the Chairs and the Committee for your advocacy and continued support of older New Yorkers. Thank you.

CHAIRPERSON HUDSON: Thank you so much, Commissioner. Um, I have a, a few questions. I'll start with some questions, um, specific to your testimony, if that's okay. Um, so to start, you testified that there will not be personal bias in the

delivery of services, but how specifically can you ensure this?

COMMISSIONER CORTÉS-VÁSQUEZ: I'm sorry. I could not hear you.

CHAIRPERSON HUDSON: Yes. In, you testified that there will not be personal bias in the delivery of services and I'm wondering specifically how can you ensure that?

COMMISSIONER CORTÉS-VÁSQUEZ: We can ensure that by enforcing it, by monitoring it, and by offering training.

CHAIRPERSON HUDSON: Um, I guess the, the question is more so, by, because by enforcing it, you're in, like what is it specifically that you're enforcing. Like, how do you know that bias isn't being included in the delivery of services? Like, are you surveying people? Are you doing any type of outreach?

COMMISSIONER CORTÉS-VÁSQUEZ: No, we, as we do with all other services, where bias could emerge, you know, there is, there's two avenues, right. There's two pathways. One is in, in a complaint, all right, and then taking action against that complaint. Uh, another one is to prevent bias by providing training and information, right. Uh, and the other pathway is

by our regular monitoring, right, and to ask what trainings have you attended? What is being done for the LGBT? It was part of the RFP for older adult clubs and for NORCs this year so that we have the avenue to ask the questions.

CHAIRPERSON HUDSON: Okay. Um, I just want to, want to note that this population doesn't always, um, report, right. We know with hate crimes, for example, uh, hate crimes against LGBTQIA+ community are not always reported and, in fact, they're underreported. Um, so just, you know, uh, just a note for you to take into consideration, um.

COMMISSIONER CORTÉS-VÁSQUEZ Yeah, I just, it's very similar in the overall older population.

CHAIRPERSON HUDSON: Right.

COMMISSIONER CORTÉS-VÁSQUEZ: One in, one in 24 cases are, are reported. Uh, and so, it's something that we have to be vigilant about.

CHAIRPERSON HUDSON: Yeah, absolutely. Thank you. Um, so, you, you just mentioned the RFPs, the centers asked how they'll increase competencies. Do you have any early feedback on increasing competencies at some of these older adult centers?

COMMISSIONER CORTÉS-VÁSQUEZ: No, not yet.

CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: We're just, what, I, I, I had a conversation this morning which reminded us, we're just getting back to a sense of normalcy about following up for the last two years.

CHAIRPERSON HUDSON: Yeah.

COMMISSIONER CORTÉS-VÁSQUEZ: We've been in an emergency.

CHAIRPERSON HUDSON: Yeah.

COMMISSIONER CORTÉS-VÁSQUEZ: Survival mode. Uh, and making sure that people have the basics, food and security, so, now we're looking at all of those programs, and doing a thorough programmatic review. So, that's where we're at right now.

CHAIRPERSON HUDSON: Okay. Well, I'll get a little bit more into the, the NORC RFP in just a second.

COMMISSIONER CORTÉS-VÁSQUEZ: Sure.

CHAIRPERSON HUDSON: But I want to go through some of these, um, broader questions. What does DFTA consider to be the biggest challenges facing LGBTQIA+ older adults in New York City and why?

COMMISSIONER CORTÉS-VÁSQUEZ: I think one of the biggest challenges for any older adult in New York City is housing and the affordability. Um, I think,

uh, the second, uh, issue is, is, uh, safety, you know, for LGBT community, um, as it is for all older adults and, um, those are the basic, you know, food and security, the issues that we work on all the time. You know, food insecurity, financial insecurity, and, and services that keep you in your home, uh, with the level of support so that you can, uh, avoid institutionalization.

CHAIRPERSON HUDSON: Thank you. And, uh, I just want to pause for a second and, uh, acknowledge for the record, Council Member Kevin Riley. Um, more specifically, uh, what do you see some of the biggest challenges facing LGBTQIA+ older adults of color?

COMMISSIONER CORTÉS-VÁSQUEZ: Income security, safety, housing, uh, food insecurity, um. I would just say, it's, if, if you take it, take it to an uber level, you know, and if you, all of these intersectionalities just compound, um, the issue, and, uh, it's something that as a woman of color, I'm pretty much aware of and very cognizant of, a woman of color with language, with special language preferences, um, is something that I'm very much aware of and I think that, um, you know, we're tackling these things every day in this city. Every day that, and I have to say

that, astonishingly, that we are still confronting those kind of issues in New York City. It's just indicative of the time.

CHAIRPERSON HUDSON: And I know you mentioned, um, SAGE and GRIOT Circle in your, in your testimony and I know those are both organizations doing great work across the City. Um, so I know they're included in this, but with whom does DFTA partner to provide services and resources?

COMMISSIONER CORTÉS-VÁSQUEZ: We have also in addition to SAGE and GRIOT [COUGH] Excuse me. We have the Queens Community Center, which, uh, provides services in Queens. We also, uh, work with what? There's one more. I'll tell you in a minute. Uh, the Pride Center. Um, that we work with closely. But if you were to ask me, training and most of the in-home supports our, our strongest partner has been SAGE.

CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: And SAGE has, um, centers throughout the Boroughs, too.

CHAIRPERSON HUDSON: Is there anyone on DFTA's staff solely dedicated to improving the agency's work within the LGBTQIA+ community or the HIV+ community?

COMMISSIONER CORTÉS-VÁSQUEZ: Uh, you're just talking about one single person.

CHAIRPERSON HUDSON: Yeah. I mean, or, or more if you have more.

COMMISSIONER CORTÉS-VÁSQUEZ: Oh, we have, we have plenty people on.

CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: On staff.

CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: Who this is a primary issue for them for a variety of reasons. Um, we also, we also have our DEO Officer who is, whose primary responsibility is, this falls under this Officer, also.

CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: That being said, I just want to go back to the intent of the bill, you know, and how we support that. Okay.

CHAIRPERSON HUDSON: Thank you. LGBTQIA+ aging advocates recommend creating a standing commission on LGBTQIA+ aging within DFTA to identify challenges, share best practices, and develop expert recommendations on ways to improve the quality of

life of older LGBTQIA+ New Yorkers. And is DFTA open to such a commission?

COMMISSIONER CORTÉS-VÁSQUEZ: I'm open to the intent of it and we would love to have discussions with you on the specifics. Um, and this goes back to a, a broader view that we have about age inclusion and, and being inclusive, um. At the Department for the Aging, because we're, older adults are so marginalized, so we would love to use this opportunity to have discussions with you about building that into the advisory council so that all of the issues can be addressed simultaneously.

Um, and right now the Council has five vacancies and one soon to, uh, another vacancy soon to be created because a term has expired. So, there's six vacancies, so we have a great opportunity to build in the infrastructure, um, and then we will do comparable, uh, in our age-friendly, uh, commission, which already has a strong representation of LGBTQ older adults.

CHAIRPERSON HUDSON: Cool. I know the Borough delegations are working on those recommendations. So, soon, hopefully that.

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah, there're two in the Bronx. Well, there's one in the Bronx, with a possible, uh, second, two in Staten Island, two in Queens, one in Brooklyn.

CHAIRPERSON HUDSON: Yeah.

COMMISSIONER CORTÉS-VÁSQUEZ: Okay.

CHAIRPERSON HUDSON: We're on it.

COMMISSIONER CORTÉS-VÁSQUEZ: Good, we need it.

CHAIRPERSON HUDSON: Does DFTA assist agencies in crafting more inclusive policies, practices, and written materials for older adults including LGBTQIA+ older adults, for HIV+ older adults?

COMMISSIONER CORTÉS-VÁSQUEZ: It was part of the, the RFP this year, um, and the NORCs, the older adult club, so it'll be something that we'll be reviewing with them regularly. And again, it's going to be part of the training that we will be rolling out soon. But I think.

CHAIRPERSON HUDSON: Do you help other agencies?

COMMISSIONER CORTÉS-VÁSQUEZ: I beg your pardon?

CHAIRPERSON HUDSON: Do you help other agencies, though, in, in terms of providing some of that information to other agencies, other City agencies?

COMMISSIONER CORTÉS-VÁSQUEZ: We're always providing aging information, and this part of it, to other City agencies. You know, it's not, I wouldn't say that it's in isolation, but it, it's all inclusive, as we do in language rights as we do with, uh, other biases.

CHAIRPERSON HUDSON: Okay. Um. Sorry, I'm just pulling questions from a lot of different places here.

COMMISSIONER CORTÉS-VÁSQUEZ: That's okay.

CHAIRPERSON HUDSON: Um, going back to some of the, the calls that you mentioned in your, in your testimony, um.

COMMISSIONER CORTÉS-VÁSQUEZ: The wellness calls?

CHAIRPERSON HUDSON: Social engagement. Yes, the wellness calls. When you conduct those calls, do you always, do you always do more than one call or how do you identify who to reach out to and is there an outreach program, where do people learn about or how do people learn about the resource?

COMMISSIONER CORTÉS-VÁSQUEZ: Well, there's two ways. There's two avenues. There were avenues were people identified that they wanted a call. There, and then there's the service providers. It could be the

older adult club. It could have been the geriatric mental health provider. It could have been the case management agencies. And that's how, we did multiple calls.

Um, not to be flip or glib here, but there were times when we made so many calls that someone would say, "I'm fine. Uh, You don't need to call me again."

But, um, it was just constant checking. We were in a, in the state that we had no idea how people were doing and we needed to make sure. If you weren't getting a food, a meal delivered to your home, that, you know, usually you came to the center and that was our point of contact. But now everything was being done to your home and so we needed to make sure that there were still points of contact.

CHAIRPERSON HUDSON: Thank you. And then just getting into, uh, demographics a bit. Can you describe the kind of demographic information DFTA collects from older New Yorkers that accessed DFTA programs and, and services? And when and how is such data collected and for what purposes so, you know, including the, the wellness calls, or beyond those?

COMMISSIONER CORTÉS-VÁSQUEZ: So, I'm going to go back to some basics. The, the demographic information

is self-identified, right, and the provider does that through our, through our client data system, and that's on a regular basis. All right, they provide that on a regular basis.

Um, the other data we collect is from census data or other research that we do to collect data on the various inter-sectionalities of older adults. Was that the question?

CHAIRPERSON HUDSON: Yes. And then, my, I mean, my next question was going to be can you disaggregate the race and ethnicity of New Yorkers that accessed DFTA programming and services? So, you just, you know, talked about various populations.

COMMISSIONER CORTÉS-VÁSQUEZ: Right. It's, it's self-identified, um, so we do it to the best of the, to, to the best of the ability that we have.

CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: And then.

CHAIRPERSON HUDSON: So, no.

COMMISSIONER CORTÉS-VÁSQUEZ: And then we extrapolate sometimes based on census.

CHAIRPERSON HUDSON: Okay. Um, do you ever collect data related to an individual's sexual orientation, or gender identity or HIV status?

COMMISSIONER CORTÉS-VÁSQUEZ: No, we do not collect it. We just gather it from self-identified.

CHAIRPERSON HUDSON: Okay. Is there a specific reason why you don't collect that information or why you haven't? And might you consider doing that in the future?

COMMISSIONER CORTÉS-VÁSQUEZ: It would be something we would look at on all data, so I'll get back to you on that. I'm not.

CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: Michael?

CHAIRPERSON HUDSON: All right. Can.

COMMISSIONER CORTÉS-VÁSQUEZ: So.

CHAIRPERSON HUDSON: Sure.

COMMISSIONER CORTÉS-VÁSQUEZ: Uh, what Mike, what I've just been informed is that we do collect data, but obviously people refuse to answer some of, of the questions.

CHAIRPERSON HUDSON: Right.

COMMISSIONER CORTÉS-VÁSQUEZ: And so that, we're limited by people's responses.

CHAIRPERSON HUDSON: Okay. Understood. Um, can you estimate the number of queer older adults that access

DFTA programming and services on either a monthly or annual basis?

COMMISSIONER CORTÉS-VÁSQUEZ: We'll get back to you on that.

CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: We, we're estimating that there are 100,000 older adults, uh, in New York City and if you think that, if you extrapolate that we serve about 50,000 of the 1.6 million.

CHAIRPERSON HUDSON: I think that, just to correct it for the record, I think that number's over 200,000 that we've estimated.

COMMISSIONER CORTÉS-VÁSQUEZ: 200,000 for 50 and over. We.

CHAIRPERSON HUDSON: And you're saying 100,000 for.

COMMISSIONER CORTÉS-VÁSQUEZ: 60.

CHAIRPERSON HUDSON: I see. Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: Okay.

CHAIRPERSON HUDSON: Thank you. Okay. Um, I'm going to toss it over to Chair Tiffany Cabán to ask some questions and then we'll come back to my other colleagues who are in the room.

CHAIRPERSON CABÁN: Thank you, appreciate it. Um, so I, I'd like to start by moving into talking a little bit about social isolation. Commissioner, I know that you touched on this in your, in your testimony, and I'd love to dig into that in, in, a, a, a bit greater detail.

Um, so we know that a third of LGBTQIA+ adults report feeling socially isolated, and there are similar rates among individuals age 50 plus living with HIV, and these feelings were obviously only exacerbated by the pandemic and other things that, that you obviously acknowledged in, in your testimony.

In, uh, FY '21 the City Council priorities outlined in schedule C, uh, included prioritizing services for socially isolated older adults. Um, and so, a, a couple questions related to that. You touched on it a little bit, but, specifically in more detail, can you talk about the steps, uh, what steps was DFTA able to take to ensure dedicated outreach to older adults, um, who are categorized as, as having little to no support structures that were supported under DFTA contracts funded by discretionary, Council discretionary dollars?

COMMISSIONER CORTÉS-VÁSQUEZ: So, the process, uh, was the same. There would be, uh, wellness calls. We did virtual programming, right, and we, and individuals were identified either by the home delivered meals program, the case management agency, the, uh, older adult clubs made the calls to their individuals, to their, to their members and as well as the mental health service providers. So, all of those, uh, service providers were reaching out to their constituents as well as other constituents.

We also were able to identify, uh, individuals who were getting GetFood, and some of those individuals also got called. People who were unknown to DFTA's network in the past.

CHAIRPERSON CABÁN: What, uh, what, what do those outreach efforts look like? And you've named the, the categories, um, and the services that were provided, but, but how were targeted populations identified and reached and, and what metrics were used to determine the efficacy of that outreach?

COMMISSIONER CORTÉS-VÁSQUEZ: So, uh, the primary point of contact was a call. All right, and, um, the other was a, uh, emails at times were sent. But the primary point of contact was a call. And it was a

wellness check. It was to ensure that that person was either receiving services and also just to break the isolation that so many of us felt. And we collected, we collected data on, not only the number of calls made, but where the calls were made, also.

CHAIRPERSON CABÁN: Um, and in addition to, to calls and emails, are there any other mediums that you all used for, for outreach? Um, did you do any door to door, or, um, any other forms?

COMMISSIONER CORTÉS-VÁSQUEZ: We rely on our, our local partners, you know. It's, it's the older adult club. It's the, those are the partners that we rely on. Those are our trusted partners. And in addition, those trusted partners have other trusted partners in the community, um, that were also providing fluid information as to what were some of the needs needed at that time.

Um, those are the main forms of communication. Oh, and there was also virtual programming, which was another way to get people engaged and continue to be engaged as they were isolated and could not go to their congregate sites.

CHAIRPERSON CABÁN: Thank you. Um, and you talked about the, obviously, you touched on, on the clubs,

uh, and there are many queer older adults who want to have community spaces where they can socialize without receiving services and, and many of those folks are under the age of 62. And I know SAGE provides programming to people 50 plus living with HIV, with HIV and so my question is, can more OACs be opened up to this population whether it's by bringing in new funding or, or otherwise?

COMMISSIONER CORTÉS-VÁSQUEZ: As I testified, all older adult clubs, uh, are eligible for all older adults. They cannot, whether it's race, gender, sexual orientation, they cannot be prohibited from receiving those services. What we've done for this round of RFPs, excuse me, uh, which we had not done before, was that we will now be collecting data as to what kind of outreach, um, and services are being provided to the LGBT community, was something that was not done in the past.

CHAIRPERSON CABÁN: Yeah, and, and again, just to, to follow up, or double down on the question, is, more specifically, you know, can, can, can more, um, can more of these clubs be, do you think it's possible for more of these clubs to be opened up? And

also, you know, what kinds of, how can we at the Council support that work?

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah. So that's, that's a yes, yes, right. Yes, we should have more clubs that are specialized and where people can have the safety and the comfort of being around individuals that are similar to them, whether that is an AAPI, whether that's an LGBTQ, um, whether that is, uh, a Latino club, so that we are encouraging that. But what I'm also encouraging is the, ensuring that the staff have the training to make sure that we eliminate any biases so that people of any kind can be comfortable in those settings also. So, it's cultural competency.

CHAIRPERSON CABÁN: Yeah. You know, I think, I think, [COUGH] excuse me [COUGH].

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah.

CHAIRPERSON CABÁN: I think the point is taken. I guess, I guess one thing that I would like to offer, um, is, you know, and, and this is just like, personally speaking from, uh, my experiences as a, as a, um, as a queer person, not, not an elder just yet, but I hope to live long enough to be one. Um, but, you know, I, I think, yes, it is one thing to create

spaces that are incredibly, you know, inclusive so, um, that all types of folks can congregate and be.

COMMISSIONER CORTÉS-VÁSQUEZ: Absolutely.

CHAIRPERSON HUDSON: In community with one another. There, you know, also really is no substitute for like those specialized spaces that create the opportunity for, you know, just queer folks, um, to get together and, you know, I think, I could, I could probably take a lot longer to articulate it, but.

COMMISSIONER CORTÉS-VÁSQUEZ: No, that, you said it perfectly.

CHAIRPERSON CABÁN: I'm a little out of, out of breath. But, um, but, you know, it is, I think that even as a, a young person, I can only imagine as an older adult how, um, how, how much that is additive to mental, emotional, and physical health, and I'd go even as far as saying it's life-saving in a lot of places. So, I, I do, it's something that I strongly, you know, support and encourage, for sure.

Um, but you brought up the, the, the biases point so I actually wanted to roll back for, uh, a second. I know, my, my colleague, Chair Hudson, touched on this a little bit, uh, asking follow ups around how

biases get booted out or identified. And I know that you mentioned training, um, that you, uh, address them as complaints come in, that you do some regular, um, monitoring, um, and, and I, I just wanted to clarify. You said that there wasn't proactive surveying?

And then, and then my follow up question to that is, um, do you have, again, cause there are all kinds of reasons why folks don't, um, don't report and they can differ based on, you know, intersection of identities, um, differ based on the, the types of trauma history some folks have. And so, is there a, a network of, of, like, you know, peer navigators, or, or peer supports that are also able to do some of this like proactive reaching out to, to folks who might not be inclined to, on their own, um, issue a complaint when, you know, the training doesn't end up being enough or, you know, we're not seeing as, as high of a reporting rate as we would like.

COMMISSIONER CORTÉS-VÁSQUEZ: No, we don't. But that's an excellent idea. We're going to look into that. I mean, seriously, there is, um, I just thought as you, you just prompted the thought of working with SAGE so that we can have, and GRIOT and the Queens

Community Center and the Pride Center, to work with them to develop this core of peer navigators that can help us in the 308 older adult clubs. Um, so that is, that is an idea that I would love to, um, to ponder and, and really figure out how we could do this. Um, and yes, we always welcome your support.

CHAIRPERSON CABÁN: (CROSSTALK) I knew you'd say that, yes.

COMMISSIONER CORTÉS-VÁSQUEZ: But the other, I want to go back to your earlier question, which is about being in, creating spaces, um, where can, people can fully self, uh, self-actualize, whatever that is, um, and whatever, whatever, regardless of your, of your orientation, language, or race.

In, in particular for LGBTQ, is it sufficient that we have one per Borough? Absolutely not. Should we be working towards that expansion? Absolutely, and that is something that we will continue working with you on and also we'll be reviewing. Um, in, in, in, in the interim what we can do is make sure that we create as many of those spaces that we do have to make sure that we create safety within those. You know.

CHAIRPERSON CABÁN: Okay, thank you. And, and, my next question, forgive my ignorance, so, I imagine maybe this has been explored in, in earlier, um, hearings, but with the clubs, what requirements are there? Do they have to be, do folks have to be residents? Can they, you know, what about if you're undocumented, um, you know, like residents of, of, of New York City or New York State or, could they, or, what if they're from New, whatever it might be.

COMMISSIONER CORTÉS-VÁSQUEZ: You cannot be from New Jersey, so I'm glad you stopped yourself. Uh, but if you are a resident of New York, you can go to any older adult club. I can choose to go to Betances in the Bronx even though I might live in East Harlem. I may choose to go to the Pride Center even though I don't live in that Borough or in that neighborhood. You can choose to go to any older adult club that, of your choice. All right.

CHAIRPERSON CABÁN: And, and in terms documentation status, there's no, uh.

COMMISSIONER CORTÉS-VÁSQUEZ: Um, we're, New York is a Safe Haven state and New York City is a state, Safe Haven city. We absolutely, we, we are, so, we don't, the question is never asked.

CHAIRPERSON CABÁN: And do you have to, um, do you have to show an, an ID to, to, to be able to access the space?

COMMISSIONER CORTÉS-VÁSQUEZ: No. Not at all, regardless of income, um, and any other identification. As long as, the only requirement is that you're 60 plus and that you live in the City of New York.

CHAIRPERSON CABÁN: Got it.

COMMISSIONER CORTÉS-VÁSQUEZ: Okay.

CHAIRPERSON CABAN: Thank you. Um, so I'm going to shift a little bit. I want to move over into, um, food insecurity, um, you know, again, many aging service providers who work with communities facing high poverty rates including, uh, queer older adults report that the Grab-and-Go, uh, meal program has been instrumental in their communities, and are worried about the impact of, of that program shutting down.

And so, has, has DFTA considered, um, you know, maintaining that program at older adult centers in perpetuity despite it originally being an, an emergency COVID program?

COMMISSIONER CORTÉS-VÁSQUEZ: Are you talking about recovery meals? I don't, I didn't hear you. I'm sorry.

CHAIRPERSON CABÁN: The, the, Grab-and-Go meal program.

COMMISSIONER CORTÉS-VÁSQUEZ: Oh, Grab-and-Go. Thank you. That's a good question. So, Grab-and-Go was an emergency provision, um, that was allowed during the pandemic. As a matter of fact, it was allowed because New York City started it, um, and it was, uh, it has been suspended by the State Office on Aging. We are looking at phasing out, um, the suspension of it because we know that it's a, a tool. Uh, but what we've allowed is, um, before we start implementing the SOFA, a new requirement, is that, um, a program could continue to provide, uh, Grab-and-Go as long as they're also providing congregate meals.

The issue is that we would not want Grab-and-Go to become a substitute for congregate sites. We've invested in this whole notion called older adult clubs. We want people to start coming back. It was something that the Council has, you know, wanted people to start coming back fully. And that Grab-and-

Go is also, almost becomes a barrier for people to come back. Or not a barrier. Barrier might be a too strong a word. I don't know, whatever the artful word is of, you know, being in, in a default, uh, program rather than people coming back to the older adult club. And we want to really encourage more and more people.

We know this pandemic, you're a perfect example, is not over, um, but we have guidance, and we have provisions, and we really want older adults to start coming back to the centers as much as possible.

CHAIRPERSON CABÁN: Well, and I, I guess I want to, I want to push on that a, a little bit because I'm glad you said it, right, the pandemic is not over and I, I understand the inclination of wanting to get people in for programming, but to your point, and I'm a, a perfect, um, example of somebody who consistently masked, right, especially indoors, um, you know. I still, where I can, avoid gathering in certain places and things, and so, you know.

I just, like, how, how do you, how, how does DFTA reconcile, um, you know, giving older adults, for example, the, the freedom and autonomy to, to take the calculated risks that they feel comfortable with

and not having it be at the expense of being able to participate in what is clearly, you, um, a really, uh, a, a really important program, right, providing, um, providing meals. And so, would, would you all consider pursuing keeping this program in perpetuity so that people have the option to do Grab-and-Go food for really valid reasons, still don't want to be gathering in congregate settings, which is, is going to be the case for the foreseeable future, right? Like, this, the pandemic is not gone. I don't see it being gone any time.

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah.

CHAIRPERSON CABÁN: Remotely. You know, and people still need to eat.

COMMISSIONER CORTÉS-VÁSQUEZ: So, we would, we would, we would, uh, keep advocating to SOFA that in New York, it may be required to go on longer than they have anticipated. That goes without saying. You know, we have to base it on what. We started Grab-and-Go and we will know to advocate with SOFA if it needs to be continued as an option. All right.

In perpetuity, I think that's a little too far-fetched. Um, so, we agree in concept that this has to be a, a service available. Should it be continued as

a service model forever? Um, I don't know that I agree with that. But I do agree that, until we get to a comfortable level, we meaning older adults and the City of New York, we need to keep having some emergency provisions in place.

CHAIRPERSON CABÁN: I'm just going to ask one more follow up and then I want to pass it one of my, my colleagues. So, um, I feel like what, there is what we call, uh, uh, your, your disagreement is duly noted. So, I feel like we do sit in what we call a zone of agreement where there is at, at least some period of time.

COMMISSIONER CORTÉS-VÁSQUEZ: Yes.

CHAIRPERSON CABÁN: Um, where we agree this should continue. And so, what does, what does that look like right, right now, so it, it, as we sit right now, for how long would you all continue to, to push and advocate for these, these Grab-and-Go meals to continue so that folks can have that option and, and, um, and absorb the risks that they feel comfortable taking?

COMMISSIONER CORTÉS-VÁSQUEZ: Well, it was, the, the goal was to suspend Grab-and-Go in the new fiscal year July. Given where we are and given the

participation levels at older adult clubs, it is something that we have to, uh, revisit and we have to revisit that with SOFA, SOFA meaning the State Office on Aging who, who, who suspended, you know, the, uh, the emergency procedure, provision.

CHAIRPERSON CABÁN: And can DFTA follow up with Council on, on how those, on how those conversations are, are going?

COMMISSIONER CORTÉS-VÁSQUEZ: Sure, absolutely.

CHAIRPERSON CABÁN: Awesome. Thank you. And then I'll, I'll pass it over to, uh, Council Member Stevens who I know had some questions.

COUNCIL MEMBER STEVENS: Um, good morning. Thank you for being here with us. I just have one question because the bulk of my questions were already asked by Tiffany cause she did such a great job. Between her and Chair, um, Hudson, they've been doing a great job asking the questions. So, I just wanted to know, um you might not have them today, but it is possible for you to provide a breakdown of the LGBTQI seniors by Borough?

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah. It'll probably be, uh, an estimate, you know, uh, based on the data that we have, but, yes, we could do that.

COUNCIL MEMBER STEVENS: Is it not up to date?

COMMISSIONER CORTÉS-VÁSQUEZ: I beg your pardon?

COUNCIL MEMBER STEVENS: Cause you said it's an estimate. Is it not up to date, is this, is (CROSSTALK)?

COMMISSIONER CORTÉS-VÁSQUEZ: No, no, no. It's an estimate because it's all self-identified data.

COUNCIL MEMBER STEVENS: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: Okay.

COUNCIL MEMBER STEVENS: Thank you.

COMMISSIONER CORTÉS-VÁSQUEZ: And then, what we usually do if it's self-identified, then we extrapolate. They're much smarter than I am, so they'd look at the data and then they'd compare it to total populations and they can come and give an estimate of what that number is. All right. Yeah, we'll provide that. Okay. Right, well, we could do that for, give you something currently, and then we could report it back to you in the, you know, as, as time goes on so that we could. All right. Great. Thank you.

SENIOR COUNSEL PEPE: Okay. We're now going to move to, uh, Council Member Richardson Jordan.

COMMISSIONER CORTÉS-VÁSQUEZ: Hi.

COUNCIL MEMBER RICHARDSON JORDAN: Hi. Thank you for the testimony. I, um, I, I wanted to ask about kindred networks that are run by peers and actually, Chair Cabán, uh, touched on it and I, I like where that conversation went in terms of the peer navigators. Um, but specifically in my district, we have, uh, a population of older, African American women, um, who are lesbian community. And, you know, we, we, of course, have a rich LGBTQ community in general, but, um, in terms of the district and the demographics, we have, we have older black women.

And so, I wanted to ask specifically about funding and resources and community-based, um, orgs that deal with, uh, African American lesbians. Um, is there funding available and programming available for that specific group? And is that something being tracked?

COMMISSIONER CORTÉS-VÁSQUEZ: Um, there is no funding specific to that. We would engaged, love to engage with you in a conversation about that. Um, as you always, as I always say, the needs are greater than the resources, so, um.

COUNCIL MEMBER RICHARDSON JORDON: So, when, when we talk about the breakdown of LGBTQIA, do we, uh, do

we not, then really have a breakdown of, you know, the L specifically, or the, you know, do we, do we have it actually broken down at, at that kind of level for (CROSSTALK).

COMMISSIONER CORTÉS-VÁSQUEZ: You know, we don't. We, we, we know that 66% of our population are female, so.

COUNCIL MEMBER RICHARDSON JORDAN: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: Um, and then we know the African American population. And so then, what we would have to do is, you know, look at the data and come up with, you know, figure out what, what that number is. Um, but there are no.

So funny, cause I was looking at a lunch yesterday, uh, special that they had on TV. There is no programs specific for African American, uh, uh, gay women. And, um, one of the things that we would have to look at is, you know, who, who is that, where is it, and how would we fund that? And that would be a conversation that we will continue with you.

COUNCIL MEMBER RICHARDSON JORDAN: Okay. I definitely, I definitely look forward to the conversation. And, um, I just want to say that when I was reading this bill, one of, this is the type of

work that I thought would be great, um, coming from a commission if there were, were folks who were able to laser focus and drill down on, on intersections and, and things like that.

Um, I did also want to ask, cause you brought it up in your testimony and I was curious about the annual reviews for all centers, and you were saying that, um, uh, there's a look at LGBTQIA competencies. Uh, could you just expand on that? Like, what exactly is measured or, or looked at in that space, in, in the review, in the annual review?

COMMISSIONER CORTÉS-VÁSQUEZ: So, as I said, as I said earlier in my testimony also, for the last two years, we've been focused on pandemic and food insecurity and isolation, right. We've, beginning in May, we had a little bit of breather and we could put our heads up and start looking at program issues. But we had the foresight, uh, when we did the RFP to include the LGBT language in there. All right. And so, that will give us the opportunity to, um, that'll give us the opportunity during, um, our regular monitoring.

It also gives us the opportunity to work with programs around outreach, work with programs around

training. But I want to also say that the network of providers also have the responsibility to reach out and do that. It should not always be top down. It, it should be peer to peer. Um, there are resources that they could reach out to also.

COUNCIL MEMBER RICHARDSON JORDAN: Okay, thank you.

COMMISSIONER CORTÉS-VÁSQUEZ: Thank you.

SENIOR COUNSEL PEPE: Uh, now we're going to move up to Council Member Schulman.

COUNCIL MEMBER SCHULMAN: Thank you very much. I want to thank.

COMMISSIONER CORTÉS-VÁSQUEZ: Can I want, I just wanted to, uh, I'm sorry go back to, the, and I was just told by staff, reminded that last week the Mayor announced \$6.7 million for LGBT services including Harlem Pride. So, it is one of those areas that we should have a conversation around older adults and any, any specific, uh, groups in that intersectionality that we would like to focus on. So that's an opportunity.

COUNCIL MEMBER SCHULMAN: I, I want to thank, um, Chairs Hudson and Cabán for today's important hearing. I want to thank you, Commissioner, for your

testimony and your openness, uh, to what we're talking about. I am sitting here as an older adult lesbian, so I'm the person that you would be trying to recruit, uh, for your senior centers. Uh, so, here's my question. How do you, how do people that live in a neighborhood or community find out about their local senior center? Like what kind of recruitment materials or outreach do you do?

COMMISSIONER CORTÉS-VÁSQUEZ: There's a variety of ways that people could find out about their local, uh, older adult club. The way they do that is one, the older adult club reaches out to all of the trusted partners, churches, community centers, and other trusted partners in the community, and vice versa. Those trusted partners also reach out to the older adult club.

In addition to that, um, we encourage and have provided funding so that older adult clubs can do outreach. Um, in DFTA's website, there is a listing of all of our older adult clubs and in our aging connect, uh, uh, center, our information, our major information and referral, uh, uh, program, there is also information that they will give you beyond, um, where your local center is, where your local home

delivered meals is, where, you know, what the, what the gamut of services are that the department offers.

COUNCIL MEMBER SCHULMAN: So, for the LGBTQIA+ community, some of those trusted partners are not places where we would necessarily have relationships. So, something maybe to do is to talk to the LGBTQ political clubs, to the LGBTQ bars. I know DOHMH goes into the bars and when they have information about various programs and services that they want to connect folks with. I mean, there's a variety of places that would not, because the trusted partners would not necessarily reach to me. Um, so I, you know that's one.

And the other is that, um, you know, to collaborate, and there are, there are a number of them, and we can, we can certainly work with you on that, um, and the other is, do you have marketing materials that say, so if I go up on a website and I see all of these, older centers, older senior, older, centers for older adults, sorry. Um, I don't know which ones are LGBTQ-friendly or not. I understand, overall, that everyone's supposed to be accepting, but some may, you know, I, like, so I want to go someplace where I know that I'm going to be, you

know, welcomed and it's going to be, uh, something that's easy for me to enter into and, you know, so that's what I'm asking you.

COMMISSIONER CORTÉS-VÁSQUEZ: So, yeah. Uh, we have, in each Borough, uh, there is a center, um, that will be, that will be identified so that you would know exactly where you can choose to go.

COUNCIL MEMBER SCHULMAN: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: But in the ideal world, in my ideal world, we would have the sensitive.

COUNCIL MEMBER SCHULMAN: No, I, I, I get that and you.

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah, I mean, one day I will be happy when all of the inter-sectionalities can feel comfortable.

COUNCIL MEMBER SCHULMAN: Do you have like, so for example, do you partner with AARP and send out to folks, uh, brochures or something else saying, "Hi, You've reached X age." Um, maybe there's a way to do a mailing to folks and say, um, you know, "We have these, you've, you know, we have these centers in your community. We welcome you to come visit them." Maybe you have something where you have, uh, some of

these centers maybe can do welcoming days, um, for folks, and, you know, people can see what they are like. So, you know, and I'm, I'm talking from personal experience. So, that's why I'm asking these questions.

COMMISSIONER CORTÉS-VÁSQUEZ: Thank you for that question, then, I mean, Councilwoman. There is, um, there's a variety of approaches that the local, um, clubs use, the local older adult clubs use including welcome centers, um, and welcome days. Um, and I'd never thought of, frankly, that the Department would do a massive outreach on that. I'm just trying to educate the community to be less ageist than what it is.

COUNCIL MEMBER SCHULMAN: Right.

COMMISSIONER CORTÉS-VÁSQUEZ: So, if I'm going to put my money, that's where I put my money, in combatting ageism, but it'll be interesting to see if we can get a partner to help us with a PSA to that effect.

COUNCIL MEMBER SCHULMAN: No, I think.

COMMISSIONER CORTÉS-VÁSQUEZ: And my, but our biggest issue here is ageism that we have to combat.

COUNCIL MEMBER SCHULMAN: No, no, understood. And, um, so, I know you do demographics on age, um, not necessarily LGBTQIA+ unless, uh, let me just finish this question, unless somebody is self, um, reflecting of that. Um, do you have data of the age, the ages of the people that use the older adult centers in each district, because some districts are older than others? And so, somebody like me that's in my, you know, I'm 64, but I'm not 74. And so, is there a way to get that data so that we can make an assessment, too, of, you know, who's using these centers?

COMMISSIONER CORTÉS-VÁSQUEZ: We have. We have.

COUNCIL MEMBER SCHULMAN: And maybe there's some outreach that can be done around that.

COMMISSIONER CORTÉS-VÁSQUEZ: The one data that we have definitively is age data.

COUNCIL MEMBER SCHULMAN: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: And that we could do, and we can disaggregate that.

COUNCIL MEMBER SCHULMAN: Okay. Thank you. My, my time is up, so thank you.

SENIOR COUNSEL PEPE: Um, we're going to move to Council Member Riley.

COMMISSIONER CORTÉS-VÁSQUEZ: Hi.

COUNCIL MEMBER RILEY: Thank you. Good morning.

COMMISSIONER CORTÉS-VÁSQUEZ: Absolutely.

COUNCIL MEMBER RILEY: How you doing, Commissioner? It's a pleasure to meet you. Um, I'm just going to piggyback off of Council Member Schulman because she asked a question that I was going to ask. Um, how can it become, uh, how can an organization become a trusted partner to an older adult center or club?

COMMISSIONER CORTÉS-VÁSQUEZ: Oh. Easily, you know, uh, they welcome partnerships, you know. Um, we encourage certain partnerships, uh, with the older adult clubs for example, health providers, uh, local banks, uh, faith-based organizations. You know, we encourage those because we know that those are all places that older adults go to. Um, and so, we want that, you know, exchange.

COUNCIL MEMBER RILEY: Because I know in my district, I represent the northeast Bronx, so I have RAIN, I have JASA. All my, uh.

COMMISSIONER CORTÉS-VÁSQUEZ: Do you have me?

COUNCIL MEMBER RILEY: I have you. All my senagers, uh, that's what we call them in my

district. Uh, they usually go to the centers, but I just want to make sure that we're, uh, partnering then with the older adult, uh, clubs within the Bronx. And for the record, and for, to educate me, can you just name the older adult club that's in the Bronx, uh, so I can know it, for my knowledge?

COMMISSIONER CORTÉS-VÁSQUEZ: Well, uh, RAIN has seven of them.

COUNCIL MEMBER RILEY: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: All right. So, they're RAIN Parkchester, RAIN Bailey, RAIN Boston Road. Um, there is also Bronx House has, uh, several. They are, um, let me see who else is in the Bronx. There's Parkchester. Um, there's Neighborhood SHOPP. There's Betances. There is East Side House, um, there about.

COUNCIL MEMBER RILEY: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: There's a whole host of programs in the Bronx. In the northeast Bronx, in particular, it would be, um, RAIN is the predominant one.

COUNCIL MEMBER RILEY: I think there's RAIN and we, we have some JASA programs over there as well. Um, I did come in, you were talking about financial

insecurities. Uh, could you just elaborate on how, uh, DFTA assists older adults with financial insecurities that they're going through? Uh, for instance, I do have a lot of homeowners in my district who aren't cognizant of a lot of programs, grants that are out there that can help them with a lot of bills, uh, that they're, uh, seeing now, especially during the pandemic. Could you just elaborate more how does DFTA assist older adults with those, uh, issues?

COMMISSIONER CORTÉS-VÁSQUEZ: There is a variety of ways that we assist older adults around the issue of financial insecurity. One is, uh, information. The other one is workforce opportunities. Um, we have a senior employment program for low income. Right now, we are in conversations with AmeriCorps to expand that for the non-income eligible and then we have, uh, Silver Stars, uh, that would be called Silver Corps. And then we have Silver Stars, which in New York City, older adult retirees can return back to, to an agency for, um, up to \$38,000 to continue, because you no longer can afford to retire. People are working longer because of, uh, the income insecurity.

COUNCIL MEMBER RILEY: And the Silver Star program, I was in the center last week, uh, does DFTA go out and help seniors, uh, sign up for these programs? Because I did have a senior, uh, who didn't know how to sign up for the program. Um, so, do, do you guys actually go out and help them at these centers?

COMMISSIONER CORTÉS-VÁSQUEZ: We work with the agencies.

COUNCIL MEMBER RILEY: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: And we have, we were very, very, uh, fortunate that we sent a letter signed by Dawn Pinnock at, uh, DCAS, myself, and Jacques at OMB, Jacque Jiha at, at OMB, three of us cosigned the letter, um, to make sure that every agency, City agency knows that this is an opportunity for their retirees.

COUNCIL MEMBER RILEY: Thank you. And my last question. Uh, social isolation, uh, is something that we spoke about and Chair Cabán went into that, um, something I see that works in my neighborhood, uh, there's a lot of youth, uh, that go, uh, grew up on certain blocks that go in and check on a lot of the seniors. Um, they even may help mow their lawn, uh,

shovel their snow. Is there any way that DFTA could work with DYCD to see if we could create like a program, uh, that younger, uh, youth on certain areas could actually check up on, uh, the seniors? Because I do feel like phone calls, are, are, are cool, they're nice. But I do feel like, you know, physical and social engagement is important. So, uh, it's just an idea, something we could kind of, you know, think about and go into details moving further. But I do think it would be a good idea for you to kind of involve our youth with, uh, checking in on our seniors as well.

COMMISSIONER CORTÉS-VÁSQUEZ: Right now, we're in conversations with DYCD about an inter-generational program. It is not about friendly visiting. Um, that is a whole host of issues.

COUNCIL MEMBER RILEY: Well not friendly, maybe like a buddy system.

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah.

COUNCIL MEMBER RILEY: That they could have.

COMMISSIONER CORTÉS-VÁSQUEZ: So, we're looking at, um, just having them engage with older adults and having older adults engage in some of the youth

programs. So, that's a conversation that we're currently having.

Um, to go back to another question you had asked. The other way that we help, uh, people around, uh, financial insecurities, is that we have a bill payer program. And it sounds almost, you know, it's, it's intuitive, right, you know, it helps you pay bills. But it also, uh, provides training programs that we have conversations like Meet the Expert to help people around some of their financial questions.

COUNCIL MEMBER RILEY: Thank you, Commissioner.

COMMISSIONER CORTÉS-VÁSQUEZ: Thank you.

COUNCIL MEMBER RILEY: Thank you, Chair Hudson.  
Thank you, Chair Cabán.

CHAIRPERSON HUDSON: Thank you.

SENIOR COUNSEL PEPE: So yeah, so we will turn it back to Chair Hudson now for more questions.

CHAIRPERSON HUDSON: Thank you and thanks to all of my colleagues for, um, asking such great and thoughtful questions. I would like to, um, just go back a little bit to inclusivity. Um, and ask, what work is DFTA doing to ensure that all older adult centers are welcoming and affirming to LGBTQIA+

elders? And then you mentioned in your testimony, um, the training that, uh, folks take on.

So, if you can just describe that training in a bit more detail, who's required to take it and how often, and, um, does the training include how to handle issues such as harassment or discrimination related to a client's gender identity, HIV/AIDS status, or sexual harassment, for example, among clients?

COMMISSIONER CORTÉS-VÁSQUEZ: Um, so, DFTA staff is required to take the training every year, right. Uh, for providers, we are reinstituting that, uh, training. We're working with SAGE to look at the, SAGE has SAGE Care, has about five levels, maybe four, gold, platinum, bronze, whatever, maybe about four stages. And we're looking at offering the basic introductory, uh, program, um, and then gradually coming up with a plan so that we can offer all of those services to the providers.

CHAIRPERSON HUDSON: Thank you. And, uh, what queer-focused programming does DFTA sponsor? Is there any consistent queer-focused programming across, across older adult programs in the DFTA network, such as pride celebrations?

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah, that's done throughout. You know, um, individual centers do it and that has been something that has been encouraged as we do, definitely at DFTA, um, but also across our network.

CHAIRPERSON HUDSON: So, all, all older adult centers provide some sort of?

COMMISSIONER CORTÉS-VÁSQUEZ: No, that's not what I said.

CHAIRPERSON HUDSON: You're, you're saying that it's select ones based on their, so, are you saying that it's just the five that are identified as?

COMMISSIONER CORTÉS-VÁSQUEZ: No, I'm saying throughout the network you'll see a variety of programs offering all kind of, of, of celebrations including pride celebrations, not just the five programs.

CHAIRPERSON HUDSON: But nothing that's specifically sponsored by DFTA? Like it's not, it's not like a standard, like for example, probably most, if not all, centers celebrate something like Black History Month.

COMMISSIONER CORTÉS-VÁSQUEZ: Right, right.

CHAIRPERSON HUDSON: Women's History Month, something like that. So, not as many celebrate pride or anything else that's specific to the LGBTQIA+ community.

COMMISSIONER CORTÉS-VÁSQUEZ: Absolutely, yes.

CHAIRPERSON HUDSON: Is that, is that a correct statement?

COMMISSIONER CORTÉS-VÁSQUEZ: That is a correct statement.

CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: Um, I wouldn't say not as many because I don't know the number, but I do know that it is celebrated across the City at different centers, um, as Black History, you know, uh, Latina History, Puerto Rican Pride Month which is November, um, and any of those kind of, um, celebrations, identification celebrations. Um, are any of them DFTA sponsored? Uh, no. Uh, we don't sponsor those activities. What we do is support and encourage them to be done at the local level.

CHAIRPERSON HUDSON: So, you are supporting and encouraging centers to do pride celebrations?

COMMISSIONER CORTÉS-VÁSQUEZ: Yes, right, yeah.

CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: And I, no to that. We have not done that yet. What we did do was introduce the notion that LGBTQ, uh, had to be included as part of, as part of the center now. And it's something that we'll be looking at. And of course, is something that we'll always encourage. I have conversations monthly with the providers and this is the stuff that we will be rolling out all the time.

CHAIRPERSON HUDSON: Okay. Um, you know, we know, uh, that we exist, right, that older LGBTQIA+ folks exist, so, I think any opportunity to affirm the existence of older LGBTQIA+ folks.

COMMISSIONER CORTÉS-VÁSQUEZ: Absolutely.

CHAIRPERSON HUDSON: Um, and make sure that all centers have the tools and resources they might need and they may not even know they need, in order to support those individuals would probably go a long way, um.

COMMISSIONER CORTÉS-VÁSQUEZ: Totally agree with you.

CHAIRPERSON HUDSON: Thank you. Uh, one third of, uh, LGB older adults and one half of transgender older adults live at or below 200% of the federal

poverty line compared to a quarter of all older people. Higher poverty rates disproportionately impact LGBTQIA+ older adults of color. What is DFTA's strategy to identify and conduct outreach to economically insecure LGBTQIA+ older adults and connect them to services?

COMMISSIONER CORTÉS-VÁSQUEZ: We don't have a strategy specific for LGBTQ. Uh, that's not to say that it's not something that is part of a broader program that we would not, uh, encourage.

CHAIRPERSON HUDSON: I think, um, and forgive me, I just have a lot of thoughts.

COMMISSIONER CORTÉS-VÁSQUEZ: That's all right.

CHAIRPERSON HUDSON: But, you know, we know, obviously, that the older adult population is increasing and with that, will be the older LGBTQIA+ population as well. And, you know, something that I say all the time, and I know that, you know, people know, is that we've come a very long way in terms of, you know, LGBTQ rights, um, but we still have a lot further to go.

And so, I think whatever, and, and this population, I think Chair Cabán touched on this in her opening statement, but, you know, we stand on the

shoulders of some people who are still here with us and, and walking around. And so, we want to make sure that they have everything they need to, to thrive and survive and live with dignity and to live safely. And so, I think we can't really stop at, you know, the pride parades and marches and rallies that we, as a society, have that really, I would venture to say, perhaps tends to exclude older adults.

I mean, even thinking about the capacity one might have to actually march a mile or two miles or three miles in these parades is not necessarily the most accessible way for older LGBTQIA New Yorkers to celebrate, um, you know, our history.

And so, creating, you know, explicit and very intentional opportunities in older adult centers where people have the space to be, you know, who they are and to celebrate themselves and, and the lives and the work that they've done, um, I think is something that we have to be proactive about and we can't really wait for.

Um, you know, we, I, I feel like, and, and we've had this conversation before with regards to all older adults, right, it's like too late once you're

already the older adult to start advocating for older adults.

COMMISSIONER CORTÉS-VÁSQUEZ: Money and jobs.

CHAIRPERSON HUDSON: Right. Exactly. So, I just want to say for the record that I think as much as we can do, um, to support this community in particular, you know, the better.

COMMISSIONER CORTÉS-VÁSQUEZ: I, I, you know, and I'm not going to let that go without a response.

CHAIRPERSON HUDSON: Sure.

COMMISSIONER CORTÉS-VÁSQUEZ: So, as much as we can do, we will do. All right. And I think the Department for the Aging had clearly an intent when we put it into the RFP explicitly. Um, so that being said, we know, I know, the importance of not being marginalized and being able to self-actualize my whole being, wherever I am, and to have safe places for that. And that is no different for the older LGBT population. It's no different for the African American woman, for the Latina, it is, and that is what we strive for is to create havens where they can totally self-actualize.

CHAIRPERSON HUDSON: Thank you. Thank you for saying that, um, and for your commitment as well. Um,

I want to get a bit into health and, and mental health. And if you can describe the mental health programming that's available to older adults, and I'm wondering if providers are culturally, culturally competent to take on LGBTQIA+ clients specifically.

COMMISSIONER CORTÉS-VÁSQUEZ: Um, so, let me describe the program for you first. All right. Um, let me get to my right page. The, what we, what we now have is, we started out with 25, um, I can't read my own handwriting. Um, we started out with 25, um, mental health, geriatric mental health program, hi, and we had them since 2007, way before the pandemic. And one of the things, and then, um, fortunately, we were able to grow to 40, um. Thank you. We were able to grow to 40, and now, uh, with the, with the influx of some additional funds, of which we always are going to thank you and the City Council for your partnership, we now will be, we now will have 88 programs.

The way to expand our capacity, and then I also, before I get to that, and, and one of the things that is very much on my mind, and it's, it's been imprinted, was a conversation that we had with Councilwoman Linda Lee several months ago, um, where

she was real clear, can we start looking at opportunities to make sure that the geriatric mental health services can be done in communities of color and communities with special language needs? And it's something that we've been looking at, um, for the last, uh, few months since then.

Um, so we have 88, uh, programs. And what our model is, it's a hub and spoke model. Geriatric mental health, uh, are health services provided by a licensed, uh, clinician through older adult, uh, centers, uh, and to individuals or groups. Uh, the programs now, because of the pandemic, are provided by via telephone and of course, we'll resume, uh, in person.

Group therapy includes happy days, coping with everyday life, brain health, uh, mindfulness, decluttering. And the group is currently on hold, of course, because of the pandemic. But we're, we're also hoping to come back. One of the basic, uh, services that we provide is a desensitization around mental health, uh, to try and eliminate the stigma.

Um, for the primary, uh, mental health provision, uh, provider, there're specific physical space needs. Um, so as, as such, many older adult sites cannot

serve as a direct site for a geriatric mental health program. Our model is a hub and spoke that, um, which allows a direct access to the program. In this model, clinicians provide engagement, assessment, uh, treatment at the hub site, the primary site. And then which spokes over to engagement and assessment, uh, and brings back the, um, the individual to the hub site for treatment.

These services, obviously for now, are being done virtually. Um, we will be able to do these hopefully soon, in person. And we do have a, a center that is, uh, trained and targeted to help with the LGBT community.

CHAIRPERSON HUDSON: Thank you. Um, I know, uh, Council Member, uh, Richardson Jordan also asked questions about inter-sectionality, um, so I won't get into that. But I did want to just, um, touch on the HIV positive population. Three out of every five people living with HIV in New York City are now over the age of 50 and these older New Yorkers have pronounced physical and mental health needs that have been greatly exacerbated by the pandemic. What is DFTA's role in promoting greater collaboration

between HIV providers and aging providers to best support this growing population?

COMMISSIONER CORTÉS-VÁSQUEZ: I believe that the programs that we have targeted, um, that specifically serve the LGBTQIA+ community, um, have those kind of relationships. As we evolve and train more program, um, in this particular area, those relationships will continue and expand. And New York has God's Love We Deliver which handles, uh, the food insecurity for many of the HIV positive older adults who have medical needs.

CHAIRPERSON HUDSON: Um, okay. That kind of gets into this next question, but I'm going to ask it anyway for the record. New Yorkers aged 50 plus living with HIV are experiencing unmanaged rates of behavioral health issues. These needs must be met in order to adequately end the AIDS epidemic. How is the City addressing this population's unique mental health needs?

COMMISSIONER CORTÉS-VÁSQUEZ: Through our regular mental health programs, and, um, obviously, we're going to have to do more through partnerships. We already have one geriatric mental health program that is specific to LGBTQ populations.

CHAIRPERSON HUDSON: Thank you. Um, I think we're going to turn it over to some other Council Members for a second round of questions.

SENIOR COUNSEL PEPE: Yes. So, uh, first we're going to move back to Council Member Schulman.

COUNCIL MEMBER SCHULMAN: Thank you. I actually just had one other question. Um, when we talked about trusted partners and we also talked about making sure that the older centers, um, make people, make LGBTQIA members of the community feel welcome and all of that stuff, what do we with faith-based centers because sometimes there are concerns there or concerns in the community that they're not as welcoming as others?

COMMISSIONER CORTÉS-VÁSQUEZ: Um, when we hear that any center is discriminating or excluding, uh, it's something that we look at carefully.

COUNCIL MEMBER SCHULMAN: Is there anything that you do proactively when you go to, whether it's churches or temples or any place that has a religious component to it to make sure that they're following the guidelines of, uh, the Department of the Aging?

COMMISSIONER CORTÉS-VÁSQUEZ: All of our programs have to follow our guidelines.

COUNCIL MEMBER SCHULMAN: Okay. No, I understand that.

COMMISSIONER CORTÉS-VÁSQUEZ: If, if we have, if we find anyone willfully or insidiously, uh, discriminating against anyone, it's something that we will look at.

COUNCIL MEMBER SCHULMAN: Okay. So, so let me change the question for a second. When you provide the training, you provide the training to everyone that you, in terms of inclusivity and all of that, um, and if.

COMMISSIONER CORTÉS-VÁSQUEZ: Well, yeah. We haven't provided the training in a while.

COUNCIL MEMBER SCHULMAN: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: We are resuming the training class.

COUNCIL MEMBER SCHULMAN: Okay. So, when you resume the training, are there, the people that provide the training, are they on the outlook for different kinds of, um, things that would, might come up that might say hey this is a problem, or this could be a potential problem or that kind of thing? Do you give them, do they have, do they have

guidelines that they follow to kind of assess where they are and potential issues?

COMMISSIONER CORTÉS-VÁSQUEZ: I have the utmost confidence in the training curriculum that SAGE has developed.

COUNCIL MEMBER SCHULMAN: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: And it's various stages.

COUNCIL MEMBER SCHULMAN: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: And that I also have the confidence that if we hear of anything, we take action against it immediately.

COUNCIL MEMBER SCHULMAN: Right. I'm trying to figure it out before that happens to make sure that these faith-based centers are aware of, and I mean, I know they all are, everyone is. But, I just, just wanted to flag that. That's all.

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah, so, of course.

COUNCIL MEMBER SCHULMAN: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: You know.

COUNCIL MEMBER SCHULMAN: Thank you.

COMMISSIONER CORTÉS-VÁSQUEZ: I wish we didn't even have to experience this in New York in this day and age.

SENIOR COUNSEL PEPE: All right. Um, Council Member Dinowitz temporarily stepped away, so I think we're going to back to Chair Cabán for questions.

CHAIRPERSON CABÁN: Thank you. Um, I'm happy to be back. I just want to note that we did lose quorum for, uh, a little bit there, so I had, I was, again, as per the state law, um, was removed from being a panelist on the hearing so I was just watching like the rest of you.

Um, but, grateful to have the opportunity to, to ask some more questions. Um, I wanted to move into, I know that my colleague Chair Hudson had hit some of the, the, the health and, and mental health care pieces. Um, wanted to add a little bit of that and, and focus on some of the, the sex, uh, health education, um, piece.

You know, one in five people who contract HIV is, is age 50 plus, um, yet sexual health education programming is not a common feature at, at OACs. And so, would, um, and I apologize if this has already been, been covered, but would DFTA be willing to work with healthcare providers and HIV providers to create LGBTQIA+ inclusive guidance and best practices for

providing sex education at City-funded, um, aging service providers?

COMMISSIONER CORTÉS-VÁSQUEZ: That's the goal. That, that's, that's the goal that we're working toward. I'm sorry. I thought you could hear me. I feel like we're talking to each other, uh.

CHAIRPERSON CABÁN: So close, yet so far.

COMMISSIONER CORTÉS-VÁSQUEZ: That is, by the way, I like the painting behind your head.

CHAIRPERSON CABÁN: Oh, yeah.

COMMISSIONER CORTÉS-VÁSQUEZ: That is, um, that's the goal. You know, the goal is to come up with a training plan that we do exactly that, you know, where, where we could create an environment in as many of our centers, uh, as possible. And in addition to that, having these other programs that are natural safe havens for, for the, for the population.

CHAIRPERSON CABÁN: And, I mean, what can we do, what can the Council do to support and, and facilitate that happening?

COMMISSIONER CORTÉS-VÁSQUEZ: Um, you could, two things. You could, um, always help us with additional resources. Um, you could help us in our advocacy efforts, uh, with the existing resources that are now

emerging. Um, and to be our partner in that. You know, and, and to be a voice with us on the importance of this issue in the community.

CHAIRPERSON CABÁN: Great. Thank you. Um, and the, the, the, I'm going to completely shift, uh, topics here, uh, a bit. But the SAGE programs in, in Harlem and Brooklyn, the, the Stonewall Center that were baselined in the last RAP, RFP, how many total queer-focused NORCs and, and older adult centers are in the new RFP universe?

COMMISSIONER CORTÉS-VÁSQUEZ: Say, I didn't hear your question clearly. I know it's something about how many NORCs.

CHAIRPERSON CABÁN: Oh, sorry.

COMMISSIONER CORTÉS-VÁSQUEZ: No, it's not you, it's the transmission. Um, how many NORCs and OACs are LGBT? Is that what you're asking me?

CHAIRPERSON CABÁN: Yeah, how many total, yeah, LGBT or queer-focused NORCs and OACs are in the, the new, uh, RFP universe?

COMMISSIONER CORTÉS-VÁSQUEZ: Beyond the ones, first of all every SAGE program that was, that was funded by discretionary funds has been baselined. And you'll have my conversation again about how we should

repurpose, uh, those discretionary dollars back for aging and in, and in some of these targeted areas.

Um, so, um I, I can give you the actual number. I, I can tell you the ones that we have currently, but we don't know how many of the other centers may be identified as LGBT or even LGBT-sensitive, you know, in terms of the RFP. All right. Is that, does that sort of answers your question? Because I don't have a complete answer for you.

CHAIRPERSON CABÁN: Okay. Thank you. Um, and, in terms of some of the, and I know again, we've talked about this a lot, and I imagine you end up covering this every single you're up here, um, testifying no matter the kind of population, just because we know that housing insecurity, is, is something that is, uh, you know, a really big challenge, problem for, for all, uh, older adults. But obviously, New York City is currently experiencing a housing crisis, with record homelessness, um, and according to an AARP study, 90% of older adults prefer to age in their homes instead of moving to institutional settings. Again, I don't need to tell you this. You are the expert in this. Uh, and moreover in New York City,

homes in retirement communities are prohibitively, um, expensive.

So, I mean, these are, are more general, but what is DFTA doing to assist the rapidly growing older adult and elderly population to remain in their, their homes as, as they age? Accounting for the things that you've already mentioned, but if there is anything that, that you feel like you've left out that you could put on the record here for us today.

And, um, you know, do you do any work to assist lower income older adults to receive accessibility improvements in their homes? And then finally, the last piece of this, um, is does DFTA, uh, DFTA advocate for prioritizing older New Yorkers for affordable housing?

COMMISSIONER CORTÉS-VÁSQUEZ: Okay. Let me try to unpack all of that. All right.

CHAIRPERSON CABÁN: I'm worried I'm going to get knocked off again, so I'm just trying to.

COMMISSIONER CORTÉS-VÁSQUEZ: So, in terms of, I know, no, no, no. I know you want to get them all in. And I'm going to try to answer all of them again, and then whatever I forget, you remind that you asked me. All right.

So, we have a five-year strategic community care plan which funds obviously the key services that we know older adults need to stay in their home, right. You've heard me say before. It's about \$58,000 to provide wrap around services for an older adult to stay in their home. And it's about \$185,000 to keep an old, older person in a nursing home. It just makes economic sense.

Um, the, um, what we've done is thanks to you, we've been able to increase home-delivered meals. Thanks to you, we've been able to, uh, expand, um, uh, older adult clubs. Um, thanks to you, we, we're working on transportation. Um, and those are the, those are some of the basic, and home care services. And thanks to you, we've been able to increase the number of case management agencies which is in an entre to stay in your community.

So, those are the things that we've done over, with the last year and a half of advocacy, we've been able to increase and we really are grateful to you for, for that. And also, the mental health programs.

So that is our plan, to continue that five-year strategic plan. So far, we're in year two. We have year three funded. We need to work on years four and

five. Um, although food insecurity is handled all the way through year five. That is something that we continue.

We have a strong relationship with HPD around affordable housing, uh, around design to keep people in their homes, you know, universal design and, uh, working on, on some of those other issues. And, in terms of mental health, it's, um, it's about building the cultural competencies in the other mental health programs but we already have a targeted mental health provider who deals with, uh, LGBT, uh, QA+ population.

Um, and I, um forgot, your other part of that question.

CHAIRPERSON CABÁN: Thank you, you, you hit, you hit the pieces of it. Uh, I think just more specifically, um, the, like, what do you all do to assist folks with like direct accessibility improvements in their home? Like, I know that, you know, you talked a little bit about, uh, working with HPD. I'm assuming that has, that, what you were talk, or maybe I shouldn't assume, but I guess a clarification is were you mostly talking about, um, new construction opportunities? Or does that include

folks that, like, are in their homes that are, are looking to have upgrades get, get made?

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah, so one of the things that we've been working with, um, and I'm going to give you another one. One of the things that we've been working with HPD is around universal design so that, um, having them work with older adults who live in, uh, HPD run housing, to make sure that those are age, uh, friendly as much as possible, that's a conversation that we continuously have with them.

Uh, we would hope that at some point, and it's, I believe we're close, is to start looking at, um, making sure that all City property is, is, is what I call, with a universal design because it helps not only older adults, it helps people with disabilities and it helps families with small children. So, that's a conversation.

The other conversation we have, again, retaining people in their communities is that we've worked very closely with the Department of Transportation, um, in making sure that, um, we've started looking at Vision Zero for our, and created a plan, in partnership with them. They created a study that we were very, uh,

engaged in, to make sure that we have Vision Zero and safety zones around, uh, around large communities with large number of older adults and around, um, older adult clubs. And that's one of the things that we continue to work with them.

We are also in, in conversations with them about having curb cuts in front of every older adult club. That conversation, uh, is still in its very nascent stage.

CHAIRPERSON CABÁN: Thank you. And then, I, I just want to make one final comment. Um, my understanding is we're going to lose quorum again shortly, and so I think that there may still be some additional questions, but I might not get the opportunity, um, to, to talk with you, directly again during this, during this hearing.

So, I mean, I just wanted to, to one, to thank you again for your testimony. And Commissioner, you, you emphasized that DFTA relies on, on your trusted partners and that's really, really great to hear because those trust partners like SAGE who are asking for the LGBTQIA+ commission in, in DFTA and in spite of the existence of the, uh, advisory council and so I just want to, again, thank you to your thoughtful

responses to the questions so far. And I hope that you're able to stay for the remainder of the hearing to hear public testimony, uh, around the pre-considered, uh, Introduction and with that, I will pass it back over, to Chair Hudson.

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah, but in addition to SAGE, we work very closely with Queens Community House, the Pride Center, and GRIOT. So, you know, but around training and some of our, um, main programming to elevate this conversation and to expand this conversation, to go back to the Chair's commitment or my commitment to the Chair that we will make sure that older adults who are LGBTQI, uh, A+ have safe havens and that when we age, and when you age, you'll still, you'll be able to have some place to go to.

Um, but that's, that's something that we will continue working, uh, with you on. So, I thank you for your questions.

CHAIRPERSON CABÁN: Thank you.

CHARIPERSON HUDSON: Thank you, Chair Cabán. And thank you, Commissioner, and I appreciate you, uh, calling out the, the budget wins because we worked very, very hard to ensure that, um, older adults had,

you know, all the things they need, and that was in our, you know, through, through partnership with you and your team, so, um, thank you.

I have one last question and then I'm going to turn it over to the Council who I think will then get into, um, the public panels. But, in 2016, the Council passed local law 128 that requires DFTA and other agencies to provide all persons served by the agency with a demographic information survey that contains questions regarding sexual orientation and gender identity. To date, has DFTA administered this survey?

COMMISSIONER CORTÉS-VÁSQUEZ: We are in compliance with that and because we started collecting data voluntarily, but we will, uh, continue to. We are in compliance with that, yes.

CHAIRPERSON HUDSON: Okay, and what's been the response rate? Any idea?

COMMISSIONER CORTÉS-VÁSQUEZ: No, I'll have to get back to you on that.

CHAIRPERSON HUDSON: Okay, and then what challenges has DFTA found in administering the survey?

COMMISSIONER CORTÉS-VÁSQUEZ: Getting people to respond.

CHAIRPERSON HUDSON: Okay, well we'll have to work on that. Um, and then just lastly to Council Member Richardson Jordan's question. This, the data collected by this survey should have the LGBTQIA+ disaggregated.

COMMISSIONER CORTÉS-VÁSQUEZ: Yes.

CHAIRPERSON HUDSON: So, the L, the G, the B.

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah.

CHAIRPERSON HUDSON: Just want to make sure. Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah. Yeah, and we will work with you in partnership with that discretionary money that you still have left, uh, to come up with, uh, ways that we could address those things.

CHAIRPERSON HUDSON: Okay. Um, and so, if you're, if you're in compliance, then presumably we can get access to, um, those reports and that data.

COMMISSIONER CORTÉS-VÁSQUEZ: Sure.

CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTÉS-VÁSQUEZ: We'll give you.

CHAIRPERSON HUDSON: It should be publicly available.

COMMISSIONER CORTÉS-VÁSQUEZ: Yeah. I'll, I'll, I'll check and then we'll see what we have and then when we can make a commitment to give you more data.

CHAIRPERSON HUDSON: Great. Thank you so much for your testimony, um, and for all the information that you've, uh, been able to provide us with today. I hope you're able to stay for the public panel, but I know it's now 12:00 so, after 12:00, so, thank you.

COMMISSIONER CORTÉS-VÁSQUEZ: Thank you, really. I, I, I enjoy this opportunity and I look forward to working with you on the intent of the Intro, um, and also encourage you to look at the structures that currently exist, again, to your point, to making sure that we're inclusive and that we create as many safe havens as possible. We do that structurally. So, thank you. All right.

SENIOR COUNSEL PEPE: Okay. Uh, we will now begin public testimony. Uh, and the first panel that we're going to have for public testimony, uh, will be Arthur Fitting from VNS Health, Elena Waldman from Translatinx Network, Dr. Mark Brennan-ing from the Brookdale Center for Healthy Aging at Hunter College, Kevin Jones from AARP New York and Paul Nagle from

the Stonewall Community Development Corporation. And I believe we have Arthur in person.

Okay, um, and, uh, each panelist will be given three minutes to speak, um, so you'll begin your testimony once the Sergeant announces that your time is starting. Sir.

PROGRAM MANAGER FITTING: I just want to make sure, okay. Um, thank you for the opportunity to provide testimony on health disparities in the older LGBTQ+ New Yorkers. On behalf of VNS health, formerly known as the Visiting Nurse Service of New York, my name is Arthur Fitting. My pronouns are he/him/his and I am a gay, cisgender man who's experienced discrimination in the health care system.

I am a nurse, and I've worked with VNS Health for 30 years in various roles. I am now the program manager of the LGBTQ+ program at VNS Health. For over 126 years, our organization has provided high quality, cost-effective care to underserved and marginalized communities throughout New York who are otherwise shut out of the healthcare system.

VNS Health has been a trailblazer in LGBT home and community-based care for decades. We lower the institutional barriers to care by meeting our

patients where they are most, in their own homes and communities. To advance our efforts in supporting and caring for this vulnerable community, we fully support the establishment of a commission on LGBTQ+ older adults within the Department for Aging.

We believe that the development of this commission with its goal being to identify challenges, share best practices, and develop expert recommendations on ways to improve the quality of life of LGBTQ+ older adults will help us provide, help providers to come to a consensus on what actions need to be taken to best support our LGBTQ+ older adults in New York City.

Uh, sorry. Uh, we also want to thank the City Council for providing \$200,000 to our gender affirmation program and for targeting the \$1.5 for LGBT senior services in every Borough in the New York City fiscal year '23 budget.

New York state is a home to over 800,000 LGBTQ+ adults, the vast majority in New York City, of whom one third are over 50 years old. But only a fraction of these people has the information about and access to services such as home care and hospice care. Not all are aware that there are medical professionals

who are, who will respect and celebrate their unique identify, and many may be wary of the healthcare system due to discrimination bias and other negative experiences.

VNS Health is the largest healthcare organization in New York with the SAGE Care Platinum LGBT cultural competency credential, meaning more than 80% of our staff including in hospice, home care and behavioral health, has received training in working with LGBTQ+ communities. The training helps to ensure that our team members are aware of and sensitive to the needs and concerns of LGBTQ+ older adults. This creates a safe space in the patient's home by providing cultural competent care.

VNS Health LGBTQ+ community outreach brings education, resources, and training about LGBTQ+ health to communities throughout and beyond New York City. Working with the LGBTQ outreach, works with more than 100 community-based organization and health care partners to increase awareness of LGBTQ+ issues and health needs. VNS Health serves a population with a LGBTQ care type, which is a data driven model that helps identify social risk factors such as race,

income, housing stability, caregiver support, so we can address these factors when providing care.

We can then work with LGBTQ+ culturally competent CBOs to ensure our patients get care they need in a safe, welcoming environment. The process starts with our trained staff observing for those who are self-identifying as LGBTQ+. Uh, once a patient receives the initial welcome call from VNS Health, our LGBT program manager introduces them to a variety of services offered within the program, including LGBTQ+ health education and connection to local community-based organizations in their area linked to additional resources and services.

Patients undergoing gender affirmation transition are particularly vulnerable, making their care during and after surgery critically important. In 2016, VNS Health created a ground-breaking program known as the Gender Affirmation Program, dedicated to transgender, non-binary, post-surgical patients, the only program of its kind in the US. VNS Health's Gender Affirmation Program, known as GAP, has provided home care to over 1,400 patients and expects to provide care to over 250 patients in 2022. With more than 450 health care providers trained in the cultural and

nuances of caring for gender affirmation surgery patients, VNS Health GAP role begins upon a patient's discharge from the hospital following gender affirmation surgery.

Our clinicians come into their homes and provide affirming care. These clinicians are trained in cultural competency as well as post-surgical care for the gender affirming surgery.

VNS Health has long been a forefront on caring for people with HIV/AIDS. Since the beginning of the AIDS epidemic, we have provided compassionate care in the home to thousands of New Yorkers living with HIV/AIDS. Today, nearly half of the people living with HIV in the United States are over the age of 50 and many face unique needs as they get older. The increase in new cases, is in men ages 55 and above.

But the basic premise for living long has not changed. If the HIV virus can be suppressed in a person's system, they will not develop AIDS. But compliance with medications, treatment, and following up appointments for the older adult living with HIV/AIDS can be complicated by social risk factors. Our HIV special needs Medicaid health plan has the highest rate of viral load suppression in New York

City because of how we effectively manage the health of our members living with HIV.

Conclusion, thank you again for giving me the opportunity to testify today. We appreciate the Council's leadership on facing LGBTQ+ older adults. VNS Health hopes to continue to work closely with City Council and community-based organization to provide high quality, culturally competent care to this population. Thank you.

SENIOR COUNSEL PEPE: Thank you. We'll move on to Elena Waldman:

SERGEANT AT ARMS: Time starts now.

MS. WALDMAN: Thank you. Um, good, good afternoon, I guess. My name is Elena Waldman. I work at Translatinx Network. I am, I use they/them pronouns. I am a non-binary, fem-presenting, queer baby boomer. Try putting that on an intake form. Um, I don't want to repeat things that were already said, but I do want to express my immense gratitude for the thoughtfulness and clarity that was, uh, brought today by, uh, all of the folks from the City Council and DFTA and the comments around the room.

Um, two of the things that really, uh, uh, present themselves to me, are issues of violence and

cultural competency that older, I use the queer. It includes all of us. I apologize if somebody feels uncomfortable with that. Um, the, the violence and cultural competency issues facing queer folks, um, as we know and as it has already been stated, queer folks experience street violence, not just because they're older but also because we're queer and we get targeted, especially, um, folks who do not seem to comport with gender norms or folks who are, quote, "obviously queer."

Um, we can all speak volumes about that, I'm sure. I'd like to focus a little bit about cultural competency and the intersection of that to what we are speaking of today. Um, I live in a NORC. We have a beautiful little NORC center there. There are about 12 or 15 of us queer folks, uh, who kind of hang out together. We don't go there.

One of the reasons why we don't go there is because, not that the staff there are unwelcoming. They're lovely, but the cultural competency training that gets done is to the staff, and although we would like to think that that gets passed on to the participants, that's not always what happens. What does happen, is as trans and queer folk, we walk into

a place like that and we become the cultural competency trainers, which means that I can't participate without having to wear several hats explaining my gender identity, um, explaining the use of non-conforming pronouns, talking about your queerness.

So, what one of the things that I think would be really helpful is training the trainers. In other words, if we are training staff at older adult centers, how do we train the staff to train the participants so that everybody feels welcome and doesn't feel like they have to wear the mantle of trainer? Um, I think that that's a one, small but important component. Um, I also want to address the issue of cultural competency.

SERGEANT AT ARMS: Time is expired.

MS. WALDMAND: Oh, thank you all very much. Have a great day.

SENIOR COUNSEL PEPE: Great. Um, we'll move onto Dr. Mark Brennan-Ing.

SERGEANT AT ARMS: Time starts now.

DIRECTOR DR. BRENNAN-ING: Hi, good afternoon. My name is Dr. Brennan-Ing. I use they and them pronouns. I'm the Director of Research and Evaluation

at the Brookdale Center for Healthy Aging. We are CUNY's aging research and policy center, and part of Hunter College.

Thank you, Chairpersons Hudson, and Cabán, and members of the Committee for holding this oversight hearing and the opportunity to provide testimony on this important topic.

My scholarship focuses on socioemotional challenges facing LGBTQIA+ older adults and the critical role of behavioral health on efforts to combat the HIV/AIDS epidemic. As a sexual minority person who came of age during the HIV epidemic, and who has known many who have faced the challenge HIV infection and many have died from the disease, this also a very personal issue to me.

For older New Yorkers who lack sexual health education, it's a barrier to getting tested for HIV. Medical providers often do not address sexual health issues with older patients, do not have conversations about them about HIV and other STI risks. As a result, older people are more likely to be infected with HIV years before being diagnosed and are more likely to receive a dual diagnosis of HIV and AIDS when they are diagnosed.

In 2018, the latest year for which we have data, 17% of new HIV infections were among people 50 and older. At the same time, due to successful treatment, over 50% of people living with HIV today are aged 50 and older, and according to the CDC, 60% of these people are gay, bisexual, and other men who have sex with men.

That's, there are two separate reasons why the HIV epidemic is now a majority 50 plus phenomena, new cases due to ignored unprotected sexual activity and increased survival of people who got HIV at younger ages.

HIV infection does not inevitably lead to AIDS, and it's no longer the death sentence it was at the start of the epidemic. Increasingly, sophisticated anti-retroviral therapy, or ART, has lowered the share of HIV+ people whose infections progresses to AIDS by keeping viral loads undetectable. Research finds that black people living with HIV are typically overrepresented among those whose vial loads are consistently unsuppressed. Diagnoses of depression, bipolar disorder, schizophrenia, and other mental health problems are all associated with consistently unsuppressed viral load status.

Why is this of concern? Depression is one of the strongest predictors of non-adherence to ART and other medical treatments. Alcohol and substance use not only interfere with ART adherence, but also reduce the effect of ART in controlling HIV. Our research of older people with HIV finds that over 60% suffer from clinically.

SERGEANT AT ARMS: Time is expired.

DIRECTOR DR. BRENNAN-ING: Symptoms. Thank you very much.

SENIOR COUNSEL PEPE: Thank you and we'll move onto Kevin Jones.

SERGEANT AT ARMS: Time starts now.

ASSOCIATE STATE DIRECTOR JONES: Good afternoon, Council Members Hudson, and Cabán, and Members, uh, of the Committees on Aging and Women and Gender Equity. My name is Kevin Jones, and I am the Associate State Director of Advocacy at AARP New York. And I'm here today on behalf of our 750,000 New York City members. I'm truly honored to be able to testify at this historic hearing, the first focused on the needs of LGBTQIA+ older adults.

As you know, New York City has a large and active LGBTQ, uh, plus community and a lot of them are older

adults. Of the estimated 800,000 LGBTQIA adults in New York state, 28% are over the age of 50 and because the older population is growing 12 times faster than young, than the younger demographics, we can expect the number of older LGBTQ+ adults to swell.

Although New York City has been one of the most welcoming and supportive places for members of the LGBTQIA community, we've found that LGBTQ+ older people remain largely invisible and face unique challenges in aging when putting discrimination is compounded by race. Disparities are in fact, often compounded, and thus even greater, uh, even greater for the estimated one in five LGBTQIA older people of color. Analysis from AARP shows that older New Yorkers of color face significant disparities in health, economic security, and livable communities.

In AARP's report, *Disrupting Disparities: Solutions for LGBTQ New Yorkers 50+*, which we developed in partnership with SAGE, we found that LGBTQ+ older people experience a range of disparities relative to non-LGBTQ older people including increased rates of disability, poor physical and mental health, alcohol and tobacco use, and HIV.

LGBTQ+ New Yorkers over 50 report frequent mental distress, probable depression, and frequent poor physical health. And transgender New Yorkers of all ages are nearly 50% more likely to be, uh, report being in fair or poor health when compared to non-transgender respondents, even when controlling for age and education.

In 2017, more, uh, more than half of people in living with HIV in New York state were over age 50. A survey released by AARP last week reaffirms and expands our findings. 49% of LGBTQ survey respondents were either extremely or very concerned about having enough money and social supports to rely on as they age. 52% report being socially isolated, and 22% see mental health professionals for depression or anxiety.

In addition to family and social supports, LGBTQ adults also report concerns about having their financial security as they age. The vast majority of respondents, about 85%, are at least somewhat concerned about having enough income or savings to retire, with the highest concern among respondents who are ages 50, 50, excuse me, 45 to 54, black, and

transgender or non-binary. Additionally, 35% evaluated their financial situation as fair or poor.

SERGEANT AT ARMS: Time expired.

ASSOCIATE STATE DIRECTOR JONES: Older adults across all spectrums of the community, uh, have anxiety over discrimination and the negative impact it may have as they age.

Um, I, uh, I know I'm out of time. I want to say that we do support, uh, the legislation that was introduced, um, at this hearing. And I will support, I will be, uh, submitting, uh, a longer testimony online. Thank you very much.

SENIOR COUNSEL PEPE: Thank you, uh, and we'll moving to Paul Nagle.

SERGEANT AT ARMS: Time starts now.

EXECUTIVE DIRECTOR NAGLE: My name is Paul Nagle, he/him/his and I have the privilege of serving as the Executive Director for Stonewall Community Development Corporation. Our mission is to see New York City's LGBTQ older adults in safe, welcoming housing they can afford with access to health and mental health services that meet their unique needs.

Thank you to Chairs Hudson, and Cabán, for representing the issues so well in your opening

remarks. The lack of ability to self-identify as LGBTQIA+ at point of service makes us invisible to both the state and the City. There's no data, there's no public policy issue. Correcting this will need to be affected through clear and enforceable City and state legislation.

There have been several unsuccessful attempts. In fact, Council Member Dromm passed such legislation in 2016, Intro 552A, but to my knowledge, none of the agencies required to formulate such schemas for LGBTQIA+ data collection have done so. I would love to be proved wrong on that, but to date, that data appears to be unavailable.

Stonewall Community Development Corporation stands ready to assist, uh, in any way we can in passing legislation, and we are already in conversation with people at the state level about this. Another issue is the way Department for the Aging has structured its funding schemes through the new RFPs, which preclude us from getting funding, even though we are very much providing services. Many seniors do not use senior centers and the naturally recurring retirement community funds are geographically based. We are not a fiscal center. We

build our constituency from on-the-ground organizing, allow us to reach folks who don't go to centers and aren't comfortable seeking services in their local NORCs for all the reasons we've been exploring today.

Previous Aging Chair Margaret Chin was visionary in recognizing the importance of our approach. We are still getting discretionary allocations, but are precluded from this new RFP even though we are very much providing services. I suspect we are not the only community-based service provider experiencing this.

In closing, as an elder gay man, I remember in 1986, when Bell Telephone finally allowed the words lesbian and gay to be used in the phone book. Imagine how hard organizing had been in light of that obstacle, and yet we did. I am a survivor of full-blown AIDS. I am alive to testify today because I joined Dare (SP?), a local buyers club and illegally bought a second anti-retroviral from France.

As LGBTQIA+ folks, we are a community with a shared, lived experience, a history of building community networks and support, and an incredible collective imagination. Equality and freedom was a collective imagination that we made real. We know how

to get things done. Imagine if the City had the same resource.

We look forward to working with you, sharing our knowledge, our work, and our proposals. Thank you for the opportunity to testify today.

SENIOR COUSEL PEPE: Thank you, panel, for your testimony. We'll be moving to our second panel now. Um, so, on our second panel we have, um, and I apologize for any mispronunciation, uh, Lynn Faria, um, Latisha Millard-Bethea, Jose Collazo, Joanna Rivera, and RE Lunderman, all from SAGE.

And, just a reminder that, um, for the panelists, please wait for the cue from the Sergeant at Arms to begin speaking. Also, when you hear the, uh, the beep, that means that your time has expired.

EXECUTIVE VICE PRESIDENT FARIA: Good morning, Chair Hudson, and Chair Cabán, and the Members of the Aging, and, um, Women and Gender Equity Committees. Thank you so much for hosting today's hearing and a huge thank you to your staff, to the Committee staff, and to all of the members and my colleagues both from SAGE and within the movement for, uh, testifying today.

My name's Lynn Faria, as you heard. I use she/her/they pronouns and I'm the Executive Vice President at SAGE, which is the country's largest and oldest organization dedicated to improving the lives of LGBTQ+ older people and HIV-affected older people.

We are truly making history today. This, it's so fitting that we're hosting, that you're hosting this, uh, this hearing in pride month where 53 years ago, a group of activists stood up to the harassment, discrimination, and bigotry that they felt and blazed the trails for today's movement for LGBTQ equality. Those, those activists, among those activists who, who were lucky enough to, to survive, um, those 53 years, those are today's elders and those are the folks who we are talking about today. And as you've heard today, they deserve our support.

I'm not going to be repetitive because I have a number of colleagues on who are going to talk about particular issues, but I do want to lift up what you've heard today, which is, we're talking about a population of older people who are far less likely to have children and far more likely to live alone. And, often disconnected from family support systems. This is what makes aging services provided through the

City so crucial. And, as we've heard, fears of discrimination, actual lived experienced discrimination, often preclude LGBTQ+ older people from actually accessing the services to which they are entitled. And we know that elders of color and trans older folks face even greater disparities and deeper challenges to access.

SAGE recommends the following policies to address some of these issues. One is to require that all City aging services, long-term supports, housing services, and community-based, home- and community- based services receive training in LGBTQ+ cultural competency. As the Commissioner indicated, we've had conversations about that and look forward to working with her in enacting those.

Including questions about sexual orientation and gender identity wherever those demographic questions are asked, and that includes in some of the databases that City contractors are required to report in, so we can start to really, truly see the needs of this community and expand LGBTQ+, and age competent mental health services to address the issues that so many older adults struggle with.

Uh, SAGE also supports legislation introduced today. Thank you, both. We look forward to.

SERGEANT AT ARMS: Time is expired.

EXECUTIVE VICE PRESIDENT FARIA: Uh, we look forward to working with the Chairs as well as with DFTA about the best way to implement this. Thank you so much.

SENIOR COUNSEL PEPE: Great, thank you. And then we're moving on to, uh, Latisha Millard-Bethea.

SERGEANT AT ARMS: Starting Time. Starting Time.

DIRECTOR MILLARD-BETHEA: Okay, thank you. Good, good afternoon. My name is Latisha Millard-Bethea. I use she/her pronouns, and I am the Director of Resident Services at SAGE. I oversee the City's, our City's, first two LGBTQ+ welcoming (INAUDIBLE). Stonewall House in Fort Greene, Brooklyn, and the Crotona Pride House in East Tremont Neighborhood in the Bronx.

LGBTQ older people face significant barriers to, to accessing safe, affordable, and welcoming housing. Due to fears of discrimination, 34% of LGBTQ older, LGBTQ+ older people, and 54% of transgender older adults fear having to re-closet themselves when seeking elder housing.

Furthermore, countless LGBTQI+ older (INAUDIBLE) finding themselves priced out of neighborhoods in which they've lived in, lived for many years due to rising rents and financial insecurity as they age. Unless effectively addressed, this housing crisis among LGBTQ+ older adults will only worsen as the population of older New Yorkers and out LGBTQ+ elders continue to grow.

Stonewall House and Crotona Pride House help to alleviate this crisis and these two buildings combined offer 228 LGBTQ+ friendly elder housing units. Units are supported by project-based, Section 8 rental subsidies from NYCHA which restricts the income of eligible elders to 50% of the area, uh, area median income. A (INAUDIBLE) in each building are also set aside for formerly homeless elders.

SAGE also receives funding from New York City's Senior Affordable rental assistance program, or SARA for two housing staff, uh, positions in each building. But the needs of our residents often outstrip, outstrip the capacity of the housing staff. These include physical and mental healthcare, loneliness and isolation, food in, food security, and overall well-being as well as support navigating

social services benefits such as the complication and stressful annual recertification process for Section 8 vouchers. There is also a growing need for 24-hour security at these buildings, and other elder housing in the City. The particular need for the L (INAUDIBLE) face escalating anti-LGBTQ racist violence.

SAGE strongly encourages the preservation of existing affordable elder housing and the creation of more LGBTQ.

SERGEANT AT ARMS: Time expired.

SENIOR COUNSEL PEPE: Latisha, you can finish your testimony.

DIRECTOR MILLARD-BETHEA: LGB, thank you. LGBTQ+ affirming housing options. In addition, we want to elevate the need for increased housing staff to best support the SARA-funded developments. We look forward to working with the City to ensure that the housing needs of LGT, LGBTQ+ elders in these communities can be fully addressed and explore the options to ensure that senior housing across the City is safe through 24 hour security.

Thank you for providing me the opportunity to testify on these important issues.

SENIOR COUNSEL PEPE: Thank you very much. And we're moving on to Jose Callazo.

SITE DIRECTOR CALLAZO: Oh.

SERGEANT AT ARMS: Starting time.

SITE DIRECTOR CALLAZO: Good. Oh, um, mute, I'm muted. Okay. Good afternoon. My name's Jose Callazo. I am the Site Director at SAGE Center Bronx, located at the ground, uh, floor at the Crotona Pride House. And, um, I'm really honored every day when I come to work because I am among the original pioneers of the LGBT rights movement, um, that paved the road so that we can openly be who we are.

Uh, each SAGE center is unique and is catered to the community that they're rooted in. For example, in the Bronx, we have a, a, a large Spanish speaking population, and so, our, we have services and events in Spanish. And in Brooklyn SAGE, um, there is a large Asian population where we offer program services in Mandarin and Cantonese.

Um, for LGBT elders of color, in particular, it is incredibly important that LGBTQ+ aging services are available in culturally and linguistically competent manor. Currently, there are still English proficient LGT, LGBTQ+ elders that are not being

reached in New York City. One role that a commission within DFTA on LGBTQ+ aging can play, is identifying these gaps and working to ensure services are LGBTQ+ competent and accessible to elders who come from different cultures and speak different languages other than English.

To help in defining these services gaps in immigrant communities and communities of color, the City must collect data on these populations. SAGE recommends that the City starts incorporating voluntary questions about sexual orientation, gender identity, gender expression, on all the forms where demographic, uh, information is already collected, such as age and race.

Many LGBT+ elders of color enter retirement age in a financially precarious position. They also face additional social, uh, uh, detriment of health such as poverty, unemployment, racism, um, that further limit access to health care and healthy living.

One of the top concerns faced in the Bronx (INAUDIBLE) is access to fresh produce and other nutritional services. An issue for many area cities that are considered food desert. We're currently in a food desert, where the, uh, nearest, uh, place to

find, uh, fresh fruits and vegetable might be the bodega, uh, across the street. And if you seen that tomato on Tuesday, you're most likely going to see it on Friday.

Uh, uh, while DFTA Grab-and-Go meal program was created as emergency in response to COVID-19, uh, it has proven to be vital resources to our community members. Recently SAGE has piloted food pantries at all three of the centers, uh, the response has been overwhelming. At many of our centers, we have lines around the block.

Uh, if our discretionary funding was more flexible outside of DFTA standard expense contract template, SAGE could better provide supplemental nutrition.

SERGEANT AT ARMS: Time expired.

SITE DIRECTOR COLLAZO: Food and pantries. Thank you for your time.

SENIOR COUNSEL PEPE: Thank you and we'll be moving on to Joanna Rivera.

SERGEANT AT ARMS: Starting time.

MANAGER RIVERA: Good afternoon. Thank you, Chairs Hudson, and Cabán, for hosting this extremely important conversation. My name is Joanna Rivera. I

use she and her pronouns, and I am the Manager of Transgender of Non-binary Outreach and Community Engagement at SAGE, so I work specifically with transgender and non-binary older adults aged 50 plus.

The health disparities, violence and discrimination that transgender and non-binary elders or TGNB elders, face even up to this date is unacceptable, unacceptable and their needs must be center when speaking about older LGBTQ+ New Yorker needs. SAGE's TGNB elder participants who are (INAUDIBLE) experiences that they should with us and have impacted their abilities to age with dignity and respect, the dignity and respect that they respect.

Trans elders have been denied medical care, uh, you know, a lot of us have seen those TV shows about the drastic measures that have, that transgender people have gone to, to become themselves. One of them being injecting free-flowing silicone into the body. That, that is a real community and that is a community that we are serving at SAGE that is speaking up about health needs. And they have been denied medical needs because of, of the things that they've had to do to become themselves.

Um, many TGNB elders, um, are also facing a lot of street harassment, public transportation harassment. They are sharing this with us. And as shared during the meeting earlier, um, LGBTQ people, um, travel further than their, uh, local communities for programming so that know, knows that they're coming.

One example is our transgender programming at SAGE. We do have a transgender and non-binary aging community at SAGE and, and they travel from all over to these programs because we're the ones who are expecting them. We're saying our transgender and non-binary elders are coming. They need these resources. At SAGE we actually serve, um, transgender community, aged 50 plus, even though DFTA is 60 plus, and it because of the different needs. Our transgender and non-binary elders, many of them don't have places that are going to be welcoming to them.

One example of that is, like, we've taken our participants places and we're just sitting down having lunch, and people are coming and saying, "Oh, what's happening? Is a show happening?" Um, people want to talk about celebrities and all this stuff. And it's like, no we're talking about older adults

that are just trying to sit down and have lunch. And, um, you know, our elders, 65% of TGNB elders report having limited access to care that they deserve. Just like they travel from all over to receive competent care in LGBT, um, center, older adult centers, um, they're having to travel for medical care.

Um, and then initial stuff that can be taken is requiring all City funding aging services, long-term support services, community healthcare providers, and housing services to receive transgender and non-binary cultural competency training. There, there is a dire need out there.

SERGEANT AT ARMS: Time expired.

MANAGER RIVERA: Thank you.

SENIOR COUNSEL PEPE: Thank you, panel. Chair, um, if, if you have any questions.

CHAIRPERSON HUDSON: Yes. Lynn, I did have a quick question, if that's okay. Um, just wanted to get your thoughts on, uh, the current, uh, commission that DFTA has and then the proposed bill, um, that we have to create, um, how will these be different, from your perspective?

EXECUTIVE VICE PRESIDENT FARIA: Thank you so much for that question, Chair Hudson. Um, from, from what

I understand from the, uh, uh, from what, from what I understand, the existing advisory council within DFTA could actually be a vehicle to elevate LGBTQ+, uh, elder voices. I would say that the number can be, uh, limiting, uh, if we're talking two, per Borough, to really ensure a full spectrum of diversity. You know, in some ways it's not an either or, it can be a both and, and to really look to, you know, a commission. I really look to partner with, with you Chair Hudson, Chair Cabán, and Commissioner Cortés-Velásquez as to like, what is the best vehicle to make sure that there is a comprehensive look by the City at the needs of LGBTQ+ older people, you know, in all five Boroughs, you know, recognizing and, and lifting up, you know, how inter-sectionality plays into, you know, the experiences of, of that community within the City? And, and what are some of the remedies and solutions that we can put forward?

You know, we've, we've, you know, we've obviously elevated issues related to, you know, racial inter-sectionality, folks living, uh, folks of trans and non-binary experience, and also, we also should lift up issues related to ability and disability. Uh, so, you know, in terms of, of how this gets implemented,

certainly, you know, look to have deeper conversations, you know, with you and, and DFTA. And perhaps there could be room for both.

CHAIRPERSON HUDSON: Thank you.

SENIOR COUNSEL PEPE: Uh, and then I apologize. We do have one more panelist. Um, RE Lunderman, I apologize.

SERGEANT AT ARMS: Starting time.

PROGRAM MANAGER LUNDERMAN: Good afternoon. My name is RE Lunderman. My pronouns are they/them, and I am the Program Manager of SAGE Positive at SAGE. SAGE Positive works with and creates programming for LGBTQ+ people over the age of 50 that are living with and impacted by HIV. Our programming is directly influenced by the community, and we see first-hand the necessity of the City's involvement to increase the availability of services and training in order to improve the care of aging New Yorkers living with HIV.

This has been mentioned, but I want to reemphasize. Three out of every five people in the New York City metropolitan area living with HIV is 50 years of age or older. That is 60% of those living with HIV are 50 or older, a population that makes up

of nearly 80,000 New Yorkers, with people of color making up 77% of this aging community.

We believe that public discourse should not only center ending the HIV epidemic, but we must also center the needs of those who are currently living with HIV. The aging community has experienced incredible erasure and we hope that this will change moving forward.

We're here to highlight the increased challenges that continue to present themselves, challenges to a system of HIV care that was not initially designed to address these complex needs, challenges that we believe need to be prioritized. Older people living with HIV are more likely to be diagnosed with depression and a multitude of comorbidities.

Participants in SAGE Positive share that they continue to face immense social stigma and isolation, continue to experience providers who lack an understanding of the lived experiences of long-term survivors.

All of these factors contribute to an urgent need for more culturally competent care. We believe redesigning the existing service models is imperative to improve the quality of life among older persons

living with HIV, while ensuring that healthcare and psychosocial services remain accessible and manageable.

We recommend that the City promote and fund programming that has the goal of increasing collaboration between HIV providers and aging providers in order to create more effective approaches to improving the health and well-being of the community. An example includes increased collaboration and case conferencing between the HIV providers and aging providers, as well as the expansion of existing industry-led programs and services.

We recommend that there be a requirement for all staff, subcontractors, subgrantees, volunteers of City-funded aging services, long-term support services, home- and community-based services, and housing services to receive at least a minimum level of training in providing care and support to the older New Yorkers living with HIV.

The aging community living with HIV in New York City will only continue to grow. We're hopeful that the City will take today's recommendations into consideration and move forward with the goal of

improving the care and services available to our older community. Thank you for your time.

SENIOR COUNSEL PEPE: Thank you, panel. Um, we will be moving on to our next panel. Just a reminder that if you are testifying in person, please to fill out, um, an appearance card. Um, so on our next panel, we will have Tanya Walker, Bill Mehan (SP?), uh, Lajura (SP?) Cooper, David Martin, and Richard Daniels.

And you will please wait for the, uh, cue from the Sergeant at Arms to begin speaking.

SERGEANT AT ARMS: Starting time.

SENIOR COUNSEL PEPE: Tanya? Tanya Walker?

CO-FOUNDER WALKER: Yes, hello. Hello everyone, uh, thank you for inviting me to this important conversation and also letting me testify on behalf of the, uh, LGBTQ or TGNCNB, transgender, gender non-conforming, non-binary community, uh, about housing. I'm a Combat Engineers Army Veteran. I am the co-founder of New York Transgender Advocacy Group. Uh, and I'm on the advisory board at Equality New York.

In the past, I worked as a case manager. I, I worked with homeless, or houseless single families and TGNCNB single adults.

Um, I'm happy to be able to testify today. Uh, I stand on the shoulders of Marsha P. Johnson and Sylvia Rivera. What is needed, uh, in the community that I've seen, boots on the ground, is, uh, like someone said in the past, better data collection, um, uh, which, with demographics that reflects all of our identities, uh, in the TGNC community or gender-expansive community, uh, so that funding will go to our most vulnerable here in society.

Uh, too many in our community are falling through the cracks and some have died. We do not have data on how many gender-expansive or TGNCNB, transgender, gender non-conforming, non-binary folks, uh, have died as result of COVID-19. We do not know, uh, how many houseless or homeless people living with HIV, uh, and who are experiencing significant mental health issues or substance use issues, currently.

Uh, I live in a rent-regulated apartment, uh, and I fear that one day, you know, due to the high cost of living, I may, uh, be a homeless veteran on the streets, uh, uh. I think we need more low-income housing for, uh, for, uh, TGNCNB folks, transgender, non-conforming, and non-binary folks in New York, uh, cause when you say affordable, affordable to who? So,

I say low-income, which would, uh, which would target a specific population in our city of older adults who are, who may be, uh, close to homelessness. Uh, I think there needs to be some type of prevention dollars in place.

SERGEANT AT ARMS: Time expired.

CO-FOUNDER WALKER: Uh, to help folks so they don't end up homeless on the streets one day.

Um, I think that, uh, we need like a transgender center, uh, international educational center here in New York where folks can come around, come from around the world to get educated about trans people since all the hate that's out there in society on the, on the so-called right, is against transgender children, and transgender people, adults.

Um, I think that this center should be, uh, a model for the world to see that we are just like everyone else. Um, you know, we, you know, we get educated. We, we live our lives as who we are, and we're born who we are and that gender identity is in your mind. It's not in your sexual organs like most people tend to think. And that, you know, so people will take us more seriously.

Currently, uh, as far as housing's concerned again, we need, uh, we need, transgender-expansive people need safe housing and safe spaces, you know, with culturally competent residents and staff who need cultural competency training on a regular basis. Even some in the LGBTQ community, uh, need this training, several. Um, I know a lot of people like to, can use the language good, but some people need that training because they do, still do have a fear of being around us, you know, being around trans people or gender-expansive folks.

Um, the types of housing that we currently need, uh, we need congregate housing, we need transitional and permanent housing. Uh, in the congregate housing, we need, uh, wrap-around services in it, and in the transitional housing, uh, those are for folks who have moved on, who are currently attending college, and who are, are, or who are, are seniors and, um, and then they can move on to permanent housing because everybody doesn't have life skills. Everyone doesn't, even if they're a senior, everyone doesn't know how to how to pay bills, how to work a credit card, or, or how to, to, you know live their lives, how to cook, how to clean. Many of our folks have

been homeless mostly all of their lives and some are experiencing, you know, significant mental health issues, like I said, and they need that extra help. Oh, hello?

Uh, most, uh, will need this extra help so they can move into permanent housing, permanent, you know, uh, low-income housing and then maybe one day they can move to, you know, affordable housing, uh, in the future because most of us weren't lucky enough to complete our education.

SERGEANT AT ARMS: Time expired.

CO-FOUNDER WALKER: I don't know who's ringing my. I'm sorry. Somebody keeps ringing my bell. I'm sorry. Um.

SENIOR COUNSEL PEPE: Thank you very, thank you very much for your testimony. Um, we're going to be, uh, moving on.

CO-FOUNDER WALKER: Thank you. Thank you.

SENIOR COUNSEL PEPE: Moving on to Bill Mehan.

SERGEANT AT ARMS: Starting time.

MISTER MEHAN: Good day, happy pride to all. Thank you to both Chairs Hudson and Cabán for hosting this very historic meeting. I applaud the idea. By the way, I'm a gay senior residing in SAGE's Stonewall

House in Brooklyn in Council District 35, and I applaud the idea of creating a commission within the Department of Aging to address the needs of senior LGBTQIA+ senior communities. And I hope that this, this commission will have a majority people from that community on it. Our voices are necessary.

I also applaud the recent increase in minimum wage. Uh, not a be-all or and end-all solution, but definitely a step in the right direction. An increase in wages will drive prices up and that will have a negative affect on those of us on fixed incomes. Uh, this is not an either/or issue. Both groups are very much in need.

Seniors in your District, both gay and straight, seniors on SSI pensions, um, will see their purchasing power decrease by a rise in prices. This needs to be addressed and remedies need to be found or we, in effect, will create a new class of poverty.

Many of us are not qualified for Medicaid but not rich enough to pay for medical services. For example, shingles shots are \$190 a piece, nearly \$400 out of pocket for needed protection. Seniors need assistance in getting needed inoculations.

Because of a lack of elevators and escalators, subways aren't as accessible as needed, and we need to ride the bus. Multiple transfers in a system that only allows one free transfer. We shouldn't have to pay extra because the City failed to, to meet ADA compliance.

Section 8 needs to be expanded. We need to use Section 8 to keep us seniors in place. It will allow us to do that. We need to be more aggressive in seeing that landlords accept Section 8. LGBTQIA+ seniors need safe and secure housing, 24 hour security in senior buildings shouldn't be looked at as a luxury, but as a necessity.

LGBQ seniors don't, uh, some of the stuff that we need, don't really require miracles. They need attention. As a society, as a City, we have the means. We need to find the determination. And for that, we need your voice. Be our voice with your state and federal colleagues. Together we can do the right thing and not only identify senior needs but address them. Thank you for the opportunity to offer testimony today.

SENIOR COUNSEL PEPE: Thank you very much. Um, and we'll be moving on to Lajura Cooper.

SERGEANT AT ARMS: Starting Time.

MS. COOPER: Good afternoon and thank you all for allowing me to testify. Mary Jenkins once said, "New York is a mosaic, not a melting pot." It is an inter, inter, I can't speak, interlocking portrait of, of the world and these pieces need New York City to support all its senior citizens as we age. However, the LGBTQ+ community, more now with the rancor going throughout the country, needs to feel valued, safe, and free. The City Council can show us it cares by training in cultural competency in all senior centers and can be creating additional ones.

When I was houseless, SAGE Midtown was a lifesaver. It gave me a place to go until I could return to a drop-in shelter. Counselors spoke to me about options and all staff made me feel valued. Many seniors, because of the pandemic, became more isolated. The closures felt like abandonment with curtailed activities such as congregate lunches, dinners, and places to meet friends and partake in activities.

As elders, we need to know these are safe places. Isolation, the pandemic, and family loss or rejection makes aging unbearable.

As an elder, I have no family to support me, nor console me except my chosen ones through SAGE and DOROT. The meager grants from government for LGBTQ+ programs lead to isolation and fear of visibility. The Department for the Aging needs to create a standing commission for training to deal with LGBTQ seniors and the, with the physical and mental health issues along with social and wellness programs.

LGBTQ elders, plus, in this mosaic of New York, need to believe through affordable housing, health services, physical and mental, and safe spaces. We need to know New York cares. Invisibility is death. So, to quote SAGE's motto, we refuse to be invisible. Thank you.

SENIOR COUNSEL PEPE: Thank you very much. And we'll be moving on to David Martin.

SERGEANT AT ARMS: Starting time.

MISTER MARTIN: Good afternoon. Uh, thank you for the opportunity to speak as a member of SAGE. I am a consumer-health advocate, long-term survivor of 35 years, and a same-gender loving man. My concerns are about the programs and services provided to aging persons with HIV.

People with HIV over 50 make up the majority of the total HIV population in New York City. To date, the medical community has focused on achieving viral load suppression and managing HIV, as is appropriate. However, 40 years into this epidemic, and there seem to be no anticipation of, or plan to, address needs when HIV and aging converge.

The medical community seem to have had a wait and see mindset without foresight for this population. What is known is HIV acceleration is causing patients to age more rapidly than the general population, approximately 10 to 15 years. Providers need to consider conducting age-related assessments and screenings much earlier.

Aging persons with HIV are likely to face increased stigma, comorbidities, isolation, and can easily fall out care without it being noticed. They often do not have children or family support, especially in the LGBTQIA+ community. There are inequities in data collection, surveillance of health, of the health of same-gender loving women, and bisexual women does not exist. These are other, these, among other priority populations are vulnerable, making ending the epidemic unattainable.

Health systems, healthcare systems should be able to find and retain patients who are out of care. There is no formal effort to support achieving this aspect of the ETE. Providers should focus on developing partnerships with their patients. It's important to have trust to garner disclosures and agreements in support of patients' treatment. Patients are integral to providers successfully achieving care goals.

Assessments of ACES, or Adverse Childhood Experiences, should be executed to identify persons who may be pre-disposed to poorer health outcomes. In a Kaiser Permanente study, subjects who were white had high scores. It's estimated that persons of brown and black communities would surpass these high scores based on the on-going societal persecutions and substandard quality of care.

Oral health is crucial to aging persons with HIV, to masticate food and support proper nutrition. Dental standards are low and often lead to tooth extractions replaced with dentures and partials, instead of an allowance for permanent implants. These are not cosmetic when tooth-loss exists.

And finally, patient appointments with provide, with providers are way too short to conduct comprehensive exams.

SERGEANT AT ARMS: Time expired.

MISTER MARTIN: Inquiries and interactions with patients. Aging persons with HIV have increased need for geriatric and behavioral health services from culturally similar providers. However, the availability of providers is woefully inadequate, with many providers who do not accept insurance. Thank you for this opportunity.

SENIOR COUNSEL PEPE: Thank you for your testimony. We're moving on to Richard Daniels.

SERGEANT AT ARMS: Starting time.

MISTER DANIELS: I'm Richard Daniels, 70, married to an older spouse for whom I am now a full-time caregiver and am a long-term AIDS survivor with health needs of my own. Caring for an elderly partner facing illness and decline, shares some similarities to my previous experience. The distinction between private medical insurance which we had then and Medicare, which we have now, is blatant as we face what isn't covered, issues of hearing, dental, vision, prescriptions, alternative therapies, and

most crucially, in-home assistance, all those expensive things that aging and genders in requires.

Hospital care has been okay, but what of the things to help keep you out of the hospital? I am learning to navigate various social service agencies to help with the care I now provide, SAGE among them. Some have led us to home health aide options which are very limited. Though I'm grateful these agencies have already equipped themselves to deal with LGBTQ clients. We participated in several friendly visitor programs to universities and social service agencies, all of which are valuable to counter isolation.

One agency offered a seminar I attended that was to address caregiver support, how to create caring circles. Her first instruction was to appeal to family, siblings, children, etc. While her assumptions had a narrow, hetero bias, limiting her program's application, I was reminded how during the AIDS wars, friends and extended friends were corralled into care groups. Yet, at this stage of life, the human resources are much diminished. Most LGBTQ people, for any number of reasons, lack the generational support of younger family upon which to rely.

The first time I cared for an ill spouse, I had living parents, even a grandparent, and a much larger circle of friends. That circle is diminishing as our peers retreat to face their own health demands. I had said before that living through the early AIDS era left me with a PhD in grief and loss. It's left other scars as well.

Due to COVID's lockdown moment, anyone should be able to identify with the effects of isolation. Couple that with age, physical decline, vulnerability, immobility, and you've got quite a stew.

Consider the difficulty in getting around, for one moment early in the pandemic, Project CART was shuttling folks to and from medical appointments. That was fantastic. Now that service is limited to a very confined radius. With public transport now unfeasible, we spend a fortune on taxis. And it's disconcerting and angering to see them passing by when they see you with a person using a walker, just as I experienced 30 years ago when I'd be trying to hail a cab with my black partner. Having a strategy to get taxis by hiding the person I'm with has come in handy again.

Living with AIDS can exacerbate the effects of aging and disease progression. Juggling my need to stay active with the demands of caregiving is often challenged by my PTSD.

SERGEANT AT ARMS: Time is expired.

MISTER DANIELS: Prior caregiving. Issues of well-being in addition to concrete medical and living needs must be considered. Aging and healthcare services don't always consider this reality. We are treated and seen based on age or based on diagnosis, but hardly ever both identities together. There must be increased coordination between aging services and healthcare providers to ensure older New Yorkers living with HIV are supported. Thank you for this opportunity.

SENIOR COUNSEL PEPE: Thank you, panel. We'll be moving on to our next panel. Uh, we'll have in person, Linda Hoffman, and then on Zoom, Mark Milano, Jason Cianciotto, and Judith Ribnick.

PRESIDENT HOFFMAN: Good afternoon, especially to our Chairs, Chair Hudson and Chair Cabán, and also to the Members of this Committee. I am Linda Hoffman. I am President of New York Foundation for Senior Citizens, and we applaud the City Council's bill, uh,

to develop a committee at DFTA and only in relation to LGBTQ.

We're also truly appreciative of the City-wide budget funding that the Speaker, Speaker Adams, has provided as well as a support for that funding and individual discretionary budget funding that many Council Members have provided toward our home-sharing and respite care program for the next fiscal year.

Our program, which provides the only services of their type in New York City, has been helping seniors of all ethnic, racial, and religious backgrounds, income levels, and sexual orientations for the last 42 years. While we celebrate gay pride this month, we're especially appreciative of your prioritizing the issue of equity for our City's LGBTQ population, 60,000 of whom have self-identified and many of them are seniors.

They are struggling to survive on social security, as we've said earlier, they live alone, and require and have, and require services and have no supports. Our mission is to enable such vulnerable populations to remain healthy and safe in their own homes. And along with home-sharing, and in-home respite care, we offer EISEP homecare and numerous

other social services as well as affordable and homeless housing for older LGBT populations.

Our free home-sharing service matches adult hosts who have extra spaces in their apartments or homes, to share with responsible, compatible adults we call guests, in need of affordable housing. One of the match mates must be over the age of 60. And over the past four decades, we have successfully matched 2,500 persons in 1,250 shared living arrangements. And just last week, our staff matched a married male couple in their, who are in their 60's who are sharing their Upper West Side apartment with a woman in her 60's.

Speaking of the need for housing for the LGBT population, this is a population that we are serving with home-sharing as well as with respite care which provides affordable, short-term in-home care at the low cost of \$15 per hour for frail elderly who are attempting to manage at home, um, with the help of, uh, others or on their own.

And, uh, this, this type of service, um, has been provided again, um, for over, almost 10,000 older adults over the last 42 years, and thousands of their caregivers. This also serves the LGBT population. I just want to say thank you to each and every one of

you, um, for being so supportive of this and that this a very important affordable housing option and it really works. And thank you for recognizing it and I wanted to bring it to everyone's attention, and we want to work together with you to make sure that we reach everyone in the LGBT community, uh, who requires these services.

CHAIRPERSON HUDSON: Thank you so much.

PRESIDENT HOFFMAN: Others.

CHAIRPERSON HUDSON: Thank you.

PRESIDENT HOFFMAN: Thank you.

CHAIRPERSON HUDSON: Thank you for your testimony.

SENIOR COUNSEL PEPE: Thank you very much. We're moving on to Mark Milano.

SERGEANT AT ARMS: Starting time.

LEAD TRAINER MILANO: Hi, I'm Mark Milano. I am the Lead Trainer at the ACRIA Centers at GMHC, and I've been an HIV trainer since about 1990. I'm also a long-term survivor. I recently noted the 40<sup>th</sup> anniversary of my AIDS diagnosis on April 12, 1982. And I am here today, uh, because of the two words that I want to speak about which are self-empowerment.

I, I think it's critical that we look at older adults aging with HIV, not as people, not as children who must be taken care of, but as adults. I'm 66 years old. I have 40 years of experience dealing with HIV and I need assistance in taking care of myself, rather than in being taken care of by somebody else. In the hundreds of trainings I've given to older adults with HIV, I hear a number of things over and over again. And I want to share some of those with you.

Uh, the first thing I hear is so many of us being tired of being reduced to a viral load. So many programs are mainly concerned about, about us being undetectable and looking at us as vectors of viral transmission. So, as long as we're undetectable, we're not a threat, and we're one and done. And that's completely misses the point of the things that we, as older adults and long-term survivors, have to deal with, the trauma of living through the '80's or '90's, the huge gaps in our social networks because of all the family and friends that we have lost, uh, to date, the comorbidities that we're dealing with. I'm an anal cancer survivor which was a battle of 14 years that really sacked me.

So, we need education. We need to learn how to take care of ourselves. Some of the things that we provide at the ACRIA Centers at GMHC include a series of workshops called I'm Still Here for long-term survivors that talk about all the psychological, physical, uh, and social things that we need to survive. I do a series of webinars called Take Charge of Your Health that helps empower people to become active participants in their healthcare, rather than passive consumers.

Um, we have, uh, the Health Literacy for Older Adults Project which is funded by Public Health Solutions, uh, and the DOH which does a lot of trainings for older adults and does partner-engagement meetings, um, between, uh, various partners. We have the Brenneis-Boger, uh, long-term survivors hub, uh, we have our buddy program, so.

SERGEANT AT ARMS: Time expired.

LEADER TRAINER MILANO: We here are doing everything we can to connect people to give them the information they need to empower them to, like the (INAUDIBLE) says, take charge of their health and take charge of their life, because giving this away to other people, does not lead to good health

outcomes. So, I encourage, uh, the Council to be aware of the need for education for older adults with HIV. It's the critical component of our ability to live long healthy lives. Thanks.

SENIOR COUNSEL PEPE: Thank you and we're moving on to Jason Cianciotto.

SERGEANT AT ARMS: Starting Time.

VICE PRESIDENT CIANCIOTTO: Good afternoon. Thank you, Chairs Hudson, and Cabán, Committee Members, for this hearing and opportunity. My name is Jason Cianciotto. My pronouns are he/him. I am the Vice President of Communications and Policy at GMHC, which was founded in 1982 as the world's first HIV and AIDS services organization. Um, over 70,000 New Yorkers living with HIV are aged 50 and older. I'm not going to repeat a lot of the really wonderful and important information shared by others.

I do want to add that a 2018 report by the New York City Department of Health and Mental Hygiene revealed that the overall viral suppression rate for New Yorkers over 50 living with HIV was 10% less than that of New York City residents living with HIV overall. Um, put simply, unless the comprehensive needs of older adults living with HIV, are addressed,

New York City will not, uh, end the HIV epidemic, and many older, uh, New Yorkers living HIV will continue to suffer disproportionately, um, as Mark just shared.

Um, communities served by New York City's HIV service providers and aging services providers will overlap more each year. Yet, these services often remain siloed. In absent increased collaboration, this growing population will continue to face negative health outcomes. This is why we require whole-system approaches and collaborations that will improve the way that health and support services engage with older New Yorkers living with HIV.

New York City Council can lead the way by creating a pilot project for a new City-wide HIV and aging initiative which has been proposed by GMHC, and SAGE, too, among other things, support increased collaboration and case conferencing between HIV service providers and aging providers, expand industry-leading programs and services, combat stigma, and reduce healthcare costs, among other things.

The psychosocial programs that this new initiative can support, can include culturally

competent mental health and substance use treatment, linkage to HIV medical care, multi-lingual staff and peer navigators, health provider training and education, in-person and virtual social activities to address the social isolation compounded by COVID-19, housing navigation, sexual wellness education, and so much more.

These services would be provided and/or developed through collaborations between GMHC, SAGE and other services providers. GMHC and SAGE have proposed that this initiative pilot project be funded at \$200,000 in the first year with the potential for subsequent growth pending outcomes. Per the direction and leadership of the Council, um, of course, other organizations would be welcome to be a part of the pilot project pending availability and funding. I'll stop there and welcome any questions. And thanks again.

SENIOR COUNSEL PEPE: Thank you for your testimony and we're moving on to Judith Ribnick.

SERGEANT AT ARMS: Starting Time.

DIRECTOR RIBNICK: [SINGING HEBREW PRAYER] Hello, my name is Judy Ribnick, pronouns she/her. I am the Director of Aging Together at Congregation Beit

Simchat Torah, the world's largest LGBTQ synagogue located right here in New York City. Founded in 1973, we are one of New York City's legacy LGBTQIAS+ organizations and we'll soon enter our 50<sup>th</sup> year.

I sang an excerpt of a well-known hymn, Hine Ma Tov, that states, "[HEBREW]. How good and how pleasant it is, all of us, to dwell together in community." It's from Psalm 133 and is a guiding principle of our synagogue, Congregation Beit Simchat Torah, or CBST for short,

CBST is a welcoming and safe have for people of all gender and sexual identities, HIV status, and we're a vibrant spiritual community and progressive within Judaism. We champion a Judaism that rejoices in diversity, denounces social injustice wherever it exists, and strive for human rights for all people.

While CBST has approximately 1,300 members, our doors are open to all. CBST has played a vital role in the lives of hundreds of thousands of people in our community, in this City and beyond.

As an LGBTQIAS+ oriented congregation, we know what's it's like to feel marginalized and the inequalities that come to us as a community and also an isolation and loneliness can do for us, can feel

like for us as individuals. Certainly, COVID has amplified all of these.

CBST has risen to the challenge in maintaining a sense of community during COVID in providing much needed to individuals, many of whom live alone and are without family.

As a social worker focused primarily on supporting older congregants, I can attest to how important it is for religious organizations to provide culturally sensitive care to its members and the broader community. We know that LGBTQIAS elders are often invisible, and their needs not considered.

Funding that we currently do receive from the New York City Council enables us to provide much-needed support from professionals as well as creating networks for congregants to support one another during these challenging times as they and we age.

We appreciate and applaud the Council Member's and Committee's efforts today to address the needs of older LGBTQIAS+ adults in New York City. Indeed, how good and how pleasant it is for all of us to dwell together as community. Thank you.

SENIOR COUNSEL PEPE: Thank you for your testimony and thank you, panel. We will be moving on to our

next panel. Uh, just a reminder that, um, for panelists, please, uh, wait for the cue from the Sergeant at Arms to begin speaking. Um, on our next panel we have, Ellen Amstutz, Jose Albino, Robert Waldrun, and Sharon Lowe. Ellen Amstutz, when you're ready, you can begin speaking.

SERGEANT AT ARMS: Starting time.

SENIOR PROGRAM OFFICER AMSTUTZ: Okay. Thank you, um, Members of the City Council Aging committee and Committee on Gender Equity. My name is Ellen Amstutz. My pronouns are she/her. I am the Senior Program Officer with DOROT. I'm pleased to, um, to be here today to speak in support in the City's efforts to improve the lives of older New Yorkers and especially those of our LGBT community of older adults whose needs have been long overlooked.

DOROT is a 47-year-old non-profit organization which works with older adults in Manhattan and beyond. Our mission is to alleviate social isolation and bring generations together. We do this through a range of programs and services that build social connections, create bonds between volunteers, youth, and older adults, and provide supportive services and

enable older adults to remain independent and engaged.

Our programs bring social connections to seniors in their home, on site, and in the community through a range of virtual and telephone-based programs. This year, we provided services to 3,000 older adults through a network of 5,000 volunteers.

Some of the programs that we are most known for is our one-to-one programs such as our Caring Calls programs which matches seniors for weekly telephone conversations, our friendly visiting in seniors' homes which cultivate one-to-one ongoing friendships between older adults and volunteers, our University Without Walls programs which connect older adults by telephone to group learning programs for those who are not, have not yet crossed the digital divide and still rely on their telephones for social connections, our group Zoom programming, um, and on-site programs, our inter-generational teen programs which engage youth with older adults for learning activities and camaraderie throughout the school year and during the summer, and our tech coaching program which provides one-on-one assistance to older adults who are new to technology to help them gain the

skills and comfort with their devices so that they can use them for social connections and getting the things that they need.

Why do we do this work? We all know that social isolation is, um, a, a serious, uh, public health concern. Social isolation is as dangerous as smoking up to 15 cigarettes a day. It's linked to increased risk of heart disease, stroke, and a 50% increase in dementia. It's expensive. AARP study found that social isolation among older adults is associated with an estimated \$6.7 billion in additional Medicare spending annually.

SERGEANT AT ARMS: Time expired.

SENIOR COUNSEL PEPE: Ellen, you can wrap up really quickly if you'd like.

SENIOR PROGRAM DIRECTOR AMSTUTZ: Okay, thank you. Yeah, and we, uh, DOROT has a range of LGBT specific programs because we know this population is at high risk of social, social isolation and we are, um, pleased to be a part of the community providing services to the LGBT older adult population. Um, and support SAGE's recommendation that the New York City, uh, with DFTA create a commission specifically to address the needs of LGBT older adults. Thank you.

SENIOR COUNSEL PEPE: Thank you very much. We're moving on to José Albino.

SERGEANT AT ARMS: Starting time.

EXECUTIVE DIRECTOR ALBINO: Good afternoon, all. My name is José Albino. I'm the Executive Director of GRIOT Circle. Thank you to Council Member Hudson as well as Cabán for this opportunity for us to (INAUDIBLE) to testify. GRIOT Circle was founded in 1996 when LGBTQ elders of color in order to respond to the social, psychological fragmentation caused by ageism, racism, sexism, homophobia, poverty, in the lives of LGBT elders of color. Our mission is to respond to and eliminate all forms of oppression including ageism, racism, sexism, misogyny, transphobia, homophobia, poverty, xenophobia and their intersections.

We achieve this by providing health wellness advocacy and leadership (INAUDIBLE) activities to remove isolation and fear, to build community as well as honor racial and ethnic conditions. The organization, uh, remains the only staffed organization in the country exclusively designed to serve the needs of LGBTQ elders of color. We serve individuals from 50 years and above. We will serve or

currently serve over 400 registered members across the City, 60% living in Brooklyn.

The key organization of programs and services include leadership development opportunities, (INAUDIBLE) peer caregiver program, case management, health and wellness community trainings, peer-led support groups, and nutritional lunches.

While GRIOT has been providing services in Brooklyn for over 25 years, it does not receive any federal, state, city or contract, or, or, federal, state, or city contract dollars. This includes a recent older adult RFP put out at DFTA. The organization survives via discretionary dollars that are given by selected Council Members, by the foundations, and support by individual donors that center intersectional justice in their giving patterns and priorities.

Coupled with the aforementioned, GRIOT recently faced its biggest challenges yet, early this year when it became necessary to move out of the office and programming space that it's occupied for more than a decade in kind by the New York City Office of Mental Health.

GRIOT has continued to provide critical support to its members and continues to operation, operationalize a strategic plan centered on a sustainable fundraising plan that will enable the organization to find GRIOT a permanent space as well as allow us to provide the highest levels of service to its member, members.

We are currently still continuing to offer online classes, meal provision, and limited safe, in-person health and wellness classes at SAGE Stonewall, Brooklyn, SAGE providing GRIOT exemplary space at the site twice a week.

As a non-profit leader who has been doing this work in the aging space for 25 years, what I need you to know is that no non-profit organization in this City or in this country will survive let alone thrive without the investment of public dollars. GRIOT has proved.

SERGEANT AT ARMS: Time expired.

EXECUTIVE DIRECTOR ALBINO: In August celebrating its 26 years that it's able to sustain itself by appealing to and receiving the support of private foundation and individual dollars. Without the equitable investment form the City Council body,

GRIOT's future is compromised which means the pipeline to supportive services to BIPOC older adults will be insanely compromised. Many do not and will not be willing to receive services from organizations that may deem unsafe and do not affirm their identity, their intersectional identify.

We can't continue to fight this fight alone. We usher in pride weekend, my ask of this body is to invest more public dollars in doing more for the LGBTQIA+ older adults of color and to lift and amplify the contributions to the queer movement because they built it. Thank you.

SENIOR COUNSEL PEPE: Thank you very much. Moving on to Robert Waldrun.

SERGEANT AT ARMS: Starting time.

MISTER WALDRUN: Can you hear me?

SENIOR COUNSEL PEPE: Yes.

MISTER WALDRUN: Thank you for having me. My name is Robert Waldrun. I'm a part of GRIOT Circle. I've been a part of GRIOT Circle for the last 15 years. Sorry you cannot see me because I'm not home. I was looking for a place that I would be comfortable as a gay man. I became a member of GRIOT Circle and I'm here for over 15 years. I volunteer my service and I

do a support group on Thursdays for men over 65 living with HIV. I'm also HIV positive.

GRIOT Circle has been very, very good and welcoming to me when I started out there. I was living HIV and I didn't want people to know. But finally, Mr. Albino, God bless him, we got together, we decided that I had to do something to put my story out there. We put our story together, two other guys and myself. We were able to go to senior centers because seniors are, we met seniors, who are from the LGBT community who are afraid that they have no space (INAUDIBLE).

It's hard to find a community that welcomes you as, uh, black, Caribbean, American, and I'm from the Caribbean. I love the space at GRIOT Circle in (INAUDIBLE) We have a system called the Buddy to Buddy system. We reach out to members who are not able to come to our meetings or our gatherings. But we reach out to them to let them know we are here for them, we still care for them, and especially when they are single and have no one to sit and talk with.

GRIOT Circle has empowered me to be who I am. And founder of GRIOT Circle, Regina Shavers, God bless her for founding this space for people of color. We

do hope that GRIOT Circle will be here for another 25 years and more. And Council Members, please, please help us to stay alive.

SERGEANT AT ARMS: Time expired.

MISTER WALDRUN: Thank you for giving me the time. And happy pride.

SENIOR COUNSEL PEPE: Thank you very much and we're moving on to Sharon Lowe.

SERGEANT AT ARMS: Starting time.

MS. LOWE: Good afternoon, everyone. Good afternoon, Chairperson Cabán, Hudson, and the Committee on Women and Gender Equity and the Committee on Aging. My name is Sharon Lowe. Can anyone hear me?

SENIOR COUNSEL PEPE: Yes, we can hear you.

MS. LOWE: Excellent, thank you. My name is Sharon Lowe. My pronouns are she/her, and hers. And I serve as a behavioral health provider and Callen-Lorde Community Health Center. Callen-Lorde provides services focused on New York City's LGBTQIA+ communities while remaining welcoming to all regardless of ability to pay. Callen-Lorde serves as an affirming environment for our patients seeking

culturally competent care who are over, from over 195 zip codes across the five Boroughs in New York City.

According to Webster's Dictionary, the word closet has a definition as a noun, a state of, condition of secrecy, privacy, or obscurity. Just by definition alone, being in the closet is not a healthy place to be. It can have a significant impact on one's overall health and navigating through the world. I reference this word because of our LGBTQ+ elders fought so hard to come out of the proverbial closet only to have to return time after time when they are unable to receive affirming care within our healthcare system.

Without affirming healthcare systems to address the unique needs of our LGBTQIA+ elders, they are forced to put off seeking help. When this is the only choice left, we are forcing them to a state of, to disassociate. And what exactly does that mean? Whenever there is a traumatic event that happens to someone, they tend to disassociate from the event and that's just them protecting themselves.

I have stories from our LGBTQIA elders who have stated they have been misgendered, assumptions were made about them, or healthcare providers ignore them.

Numerous times, I hear stories of these mis, these micro aggressive acts, where our LGBTQIA+ elders are being demoralized, judged, and treated less than human beings. These negative experiences only serve to conform why so many LGBTQ elders put off seeking help from our healthcare system.

There needs to be a built-in partnership between our healthcare system and how the system addresses these unique needs for the LGBTQIA+ elders without forcing them back into the closet.

LGBTQ elders should have to be, should not have to be exposed to undue harm in the process of seeking care.

SERGEANT AT ARMS: Time expired.

MS. LOWE: From professionals. Thank you.

SENIOR COUNSEL PEPE: Thank you very much. And we will be moving on to our next panel. Um, our next panel will be, uh, Brianna Peyton-Williams, Catherine Thurston, Dr. Cynthia Maurer, and Peter Kempner.

And just a reminder to our panelists to wait for the cue from the Sergeant at Arms to begin speaking. Um, up first is Brianna Peyton-Williams.

SERGEANT AT ARMS: Starting time.

MS. PEYTON-WILLIAMS: Hello. I'm Brianna Peyton-Williams, the Communications and Policy Associate at LiveOnNY. Thank you for the opportunity to testify today. LiveOnNY's members include more than 110 non-profit organizations that provide core services to older New Yorkers to ensure they have the services they need to age in place. In New York City, LGBTQIA+ older adults, are the pioneers of the pride movement who stood at Stonewall and paved the way for the younger generation. Yet many older New Yorkers, uh, many, uh, older New Yorkers, excuse me, refuse to be invisible, yet face unique and serious obstacles as they age, with many older New Yorkers facing years of stigma and discrimination throughout their lives.

Too often, older people have thinner support systems creating a growing demand for LGBTQI+ affirming, community-based services and care, including affirming housing developments, healthcare services, and community-based services. Community, uh, based organizations including a number of our members who have testified today including SAGE, um, Queens Community House, and DOROT, are trusted sources for older adults and provide critical services for LGBTQI+ people. Yet, the City can do

more to support LGBTQI+ older adults and fund services that address the disparity impacting older adults, including LGBT older adults.

To create a city that supports all New Yorkers, the City must make long-term investments in older adults and community-based services that support LGBTQIA+ older adults and empower and uplift a community that for too long has been invisible.

LiveOnNY recommends the following. First, the City should ensure that LGBTQIA+ competent aging services are offered in a culturally and linguistically competent manner that better reaches LGBT older adults including communities of color. And due to the thinner networks many older networks rely on community-based services to access critical support.

We also recommend that the City should continue to support new models of service including the Grab-and-Go meals. It is evident that these new models like Grab-and-Go were critical and successful in ensuring older adults, including LGBT older adults, who may not be able to attend in-person congregate meals, or are just not uncomfortable, or comfortable with attending in-person for whatever reason they may

have, um, to have the option to take their meal home, a decision that ensures that no one's nutritional needs, um, can be met in the environment of one's choosing.

We also recommend the City expands competent mental health services for older adults to combat loneliness, depression, and anxiety. We also recommend that the City expands access to affordable housing across the city. Older adults face difficulties in finding affordable housing with rising rent costs and over half of older adults are rent-burdened, spending more than 30% of their income on rent. We recommend that the City allocates funding to develop 1,000 units of affordable housing each year, in addition to increasing the reimbursement rate for the SARA services, so from \$5,000 per unit to \$7,500, uh, per unit. But in particular, the City must.

SERGEANT AT ARMS: Time expired.

MS. PEYTON-WILLIAMS: Double down on its commitment to provide affordable housing to the LGBT community.

Um, lastly, uh, we strongly support Council Member Hudson and Council Member Cabán's new

legislation to establish a commission on the LGBTQI+ older adults within DFTA. Um, more information can be found in our written testimony. Thank you for the opportunity to testify today.

SENIOR COUNSEL PEPE: Thank you very much. Moving on to Catherine Thurston.

SERGEANT AT ARMS: Starting Time.

CHIEF PROGRAM OFFICER THURSTON: Good afternoon. Thank you for the opportunity to testify today. My name is Catherine Thurston and I am the Chief Program Officer at Service Program for Older People, or SPOP. SPOP is the only agency in New York City exclusively dedicated to community-based mental health services for older adults.

Our agency offers services via telehealth and in-person at our Manhattan offices and 19 satellite locations throughout Manhattan, downtown Brooklyn, and the Bronx. We serve over 2,000 adults annually, and provide individual and group therapy, psychiatry, medication management, specialized counseling for substance use disorders, and linkages to other community-based services to support aging in place.

Central to our mission is a commitment to eliminate barriers to care and our foundational

program model is based on bringing mental health services to where older adults live, gather, and socialize. Whether through co-locating licensed mental health clinics within older adult centers, treating clients in their homes, or partnering with state-based (INAUDIBLE) or public libraries to address stigma, we recognize that creative solutions make a difference.

Six years ago, SPOP and SAGE worked together to create the first LGBTQ+ older adult mental health clinic in New York City located at the Edie Windsor SAGE center in Manhattan. Recognizing that LGBTQ+ older adults evidenced behavioral health challenges at higher rates than their cohorts and are historically mistrustful of the mental health profession and therefore far less likely to reach out for help, SPOP provides LGBTQ+ affirming mental health care, medication management, and other services to ensure that any older adult who walks into a SAGE center can receive mental health support in addition to all the wonderful programs SAGE has to offer.

The idea of a no-wrong-door for our most vulnerable populations is a critical piece of

expanding access to good care, and to building community. In this last year, we have opened a second licensed clinic at SAGE's Crotona Pride House in the Bronx and are already at full capacity, demonstrating once again the enormity of the need for behavioral health support.

SPOP would also like to applaud the recent proposed legislation that would enable the New York City Department for the Aging to create and implement a commission specifically focused on the needs of LGBTQ+ older adults, and we would hope that such a commission would include the older adults themselves as well as subject matter experts who have demonstrated their commitment and competency to the community of LGBTQ+ elders.

I'd like to thank Chairpersons Hudson and Cabán and the Members of the Committee on Aging and Committee on Women and Gender Equity for your support and your work on behalf of older New Yorkers. Thank you.

SENIOR COUNSEL PEPE: Thank you very much. We're moving on to Dr. Cynthia Maurer.

SERGEANT AT ARMS: Starting time.

EXECUTIVE DIRECTOR DR. MAURER: Happy pride. Thank you for the opportunity to submit testimony. My name is Cynthia Maurer. I'm the Executive Director of Visiting Neighbors. And we're now in our 50<sup>th</sup> year providing support services that help seniors, 62, centenarian, plus. And actually, uh, we work with the, predominantly with the oldest old population which is 85 plus. The average age of our client is 89 and we are definitely graying as the, um, years go by. Uh, 10 years ago the average age was 79, and now it is 89. And we have 100-year-olds that are coming in for the first time services.

Our humble beginnings started in the Greenwich Village in 1972 and we continued with the concept of neighbors helping neighbors. We have always embraced inclusivity for not only the seniors, the volunteers, and the student interns. Um, we really are about here, what is the, what is, what makes you, you, and we open, we open, uh, our arms and our hearts.

Um, we find that for us, the population that, um, we work with, a lot of our seniors are very quiet. We've heard that said today. We see that all the time. And they're not necessarily, um, comfortable,

the LGBTQIA+ population, spelling out who they are, where they are come from or what their interests are.

But we, because of the nature of our intimate programs, we get to know our people very, very well, and create a safe space where they feel loved, respected, and accepted. Um, Maya Angelou would say, do the best you can until you know better. And then when you know better, do better. And we are learning and teaching ourselves all the time as an agency.

Um, we are here to advocate for all of our seniors and keep them at home and be able to say we welcome you with open arms. And it's very important to recognize that there are some organizations that serve all seniors that are on the front lines, like ours. We were open and active and providing direct services right out of our offices throughout the pandemic, full-time, and we are here to continue to do so.

Um, we are thanking you so much for the opportunity to speak today. And we want you to know we will do whatever we can and want to be allies and friends to our neighbors, to our seniors, and be able to serve in any way we can.

Um, we are all about acceptance, and support, and be who you are, and in time, people do share this information, so we do have some data on that. Um, but again, we're learning as well. And this is a population that chooses to stay quiet about themselves.

Um, to end in a quote with, um, that was said, uh, by, um, Dr. Cornell West.

SERGEANT AT ARMS: Time expired.

EXECUTIVE DIRECTOR MAURER: You can't, you can't save the people if you can't serve the people. Thank you very much.

SENIOR COUNSEL PEPE: Thank you very much and then we're moving on to Peter Kempner.

SERGEANT AT ARMS: Starting time.

LEGAL DIRECTOR KEMPNER: Good afternoon. My name is Peter Kempner, pronouns he/him. And I'm the Legal Director and Senior Law Project Director at Volunteers of Legal Service, also known as VOLS. The VOLS Senior Law Project serves low-income New Yorkers aged 60 and over, primarily by providing last wills and testaments, powers of attorney, healthcare proxies, and other essential advanced directives, free of charge.

These life planning documents enable our clients to properly prepare for possible incapacity and death. They allow our clients to maintain income and avoid homelessness, ensure that their dying wishes are fulfilled, and empower our clients' caregivers to obtain services necessary for our clients to access healthcare and age in place.

We strongly believe that all older adults should have the right documents in place as they plan for the future. But we have several initiatives that focus on vulnerable subsets of the older adult population. These include veterans, Spanish speaking citizens, older women, and LGBTQIA+ seniors.

WE have created these initiatives because we know it is important to deliver culturally competent services that are tailored to the communities we serve. We specifically target services to LGBTQIA+ older adults because of the unique challenges they face as they age.

Despite the US Supreme Court's decision in 2015 upholding marriage equality, this does not mean that these older adults aren't similar, are now similarly situated to their heterosexual peers. As a population, they're twice as likely to live as, live

alone as they're straight counterparts. And they're four times less likely to have had children.

As we age, family members are often step in as caregivers and the importance of planning for the future becomes amplified when those traditional caregiving structures are not present. Because medical decision-making defaults to blood relatives, unless a patient has completed an advanced directive, people who are estranged from their families may not have their wishes followed.

In New York state, the family healthcare Decisions Act lays out a hierarchical structure of who can step in to make healthcare decisions if the principal is unable to make those decisions themselves. While chosen family members or close friends as defined by this statute may be able to step in to make critical decisions, their ability to do so is subservient to spouses, domestic partners, parents, children, and siblings. A close friend may only exercise decision-making ability after presenting a signed statement to an attending physician that they maintain regular contact with the patient, has to be familiar with the patient's activities, health, and religious or moral beliefs.

These statutory requirements are clearly a burden when a loved one is facing a medical crisis. No one's partner should have to prepare a signed statement in order to get access to and make decisions on behalf of their loved one, especially when a blood relative has the authority to step in and veto that ability.

SERGEANT AT ARMS: Time expired.

LEGAL DIRECTOR KEMPNER: We prepare these healthcare proxies and other advanced directives for our LGBTQIA+ older adults, clients, to ensure that their families they choose are able to make decisions for them. Um, I have fuller testimony that I'll be submitting but I'd also like to end by saying that, um, the creation of a commission to identify challenges, share best practices, and develop expert recommendations on ways to improve the quality of life of LGBTQIA older adults is an honorable endeavor and one that could only serve to improve the lives of New Yorkers as they age. Thank you.

SENIOR COUNSEL PEPE: Thank you very much for your testimony. Um, just noting that we are moving on now to our last panel. Um, and our last panel will consist of Adena Wayne and Lisa Santiago. And just a

reminder to, um, those testifying to wait for the Sergeant at Arms to call. So now we have Adena Wayne.

SERGEANT AT ARMS: Starting time.

STAFF ATTORNEY WAYNE: Good afternoon. Thank you to Chairs Hudson and Cabán for holding this important hearing. My name is Adena Wayne and I'm a staff attorney for the LGBTQ Law Project at the New York Legal Assistance Group, or NYLAG. Our office provides free legal services and advocacy to low-income LGBTQ communities throughout New York City. We work to defend and expand the rights of New York City's LGBTQ community and offer legal advice and representation in a wide variety of poverty related civil legal matters.

On behalf of NYLAG, I'm here to offer our strong support for increased services and resources for LGBTQ older adults. At NYLAG, one of our main areas of focus is advanced directives for older LGBTQ adults. LGBTQ elders' family structures are often non-traditional, making advanced directives such as wills, healthcare proxies, and powers of attorney exceptionally important. Older LGBTQ adults who pass away without a last will and testament in place may leave their possessions to estranged family members

who have rejected them and their identities rather than to their loved ones who are not recognized as their legal heirs.

Should they fall ill and become incapacitated, their sibling they have not spoken in 40 years, may be the one making medical decisions, rather than their life partner of 30 years. Those without partners may wish for their chosen family to make such end of life decision, rather than their family of origin.

For instance, during the height of the pandemic, NYLAG received a phone call from a grieving older gay man whose partner of almost 50 years had recently passed. They had never desired to get married and had maintained separate residences, but they spent of their time at his partner's apartment. As a result, their relationship held no legal status when his partner died without a will. He was immediately locked out of his partner's apartment where many of his belongings remained. He learned that his partner's possessions now belonged to his partner's nieces and nephew who lived in Georgia.

When he tried to follow through with his partner's wishes to be cremated, the funeral told him

that, the funeral home told him that his partner's next of kin, the nieces and nephews thousands of miles away, would need to give consent first.

And this story is not unique. Many older LGBTQ adults particularly those living in poverty and without easy access to legal advice, pass away without crucial advanced directives in place. Such directives can ensure that their wishes are respected should they become ill and that their chosen family is taken care of after their passing.

Yet despite the increased need for advanced directives for LGBTQ older adults as compared to their non-LGBTQ, LGBTQ counterparts, it is frequently more challenging for LGBTQ elders to access these crucial legal services.

Moreover, compared to aging non-LGBTQ people, older LGBTQ adults are far less likely to rely on adult children and other family members for caregiving. LGBTQ older adults' family structures frequently look different from those of straight, cisgender elders. Many LGBTQ older people experience social isolation. More than 50% of LGBTQ older adults have reported feeling isolated from others. Because

LGBTQ older adults may rely on other members in their community, and in their age group.

SERGEANT AT ARMS: Time expired.

STAFF ATTORNEY WAYNE: Uh, many do not have people in their lives that can care for them as they age. Thank you very much. I am also submitting a longer written testimony.

SENIOR COUNSEL PEPE: Thank you very much and moving on to Lisa Santiago.

SERGEANT AT ARMS: Starting time.

MS. SANTIAGO: Hi, and thank you for this opportunity to talk as part of your hearing as a panelist for the Committee on Aging. My name is Lisa Santiago and I work at Sunrise at East 56<sup>th</sup>. What we wanted to address today is how valuable our relationship with SAGE is, and how to bring, help bring awareness that there are very specific needs as seniors age, uh, specifically the LGBTQ+ community.

As a senior service organization, specifically assisted living and memory care services providing care in one of the largest cities in the world, it was so important for us to incorporate training and development programs to reflect the diverse city that we live and work in. I am not personally a member of

the LGBTQ+ community, but I do have family and friends who are, and I also work with seniors and have been doing so for almost 12 years. What I've learned and continue to learn is that seniors have varying needs and there's not one sized approach to caring for a senior as they age.

So, for us, partnering with an organization like SAGE and training our front-line staff has been a huge education in the senior living space. There are still so many stigmas that exist today. One of the things we really, one of the things we really wanted to learn and instill in our staff as a community with a healthcare component was how to be in tune with our residents' needs. Meeting them where they are in the aging process really needs to be parallel to the offering of our residents in the City.

We need to challenge our assumptions of what seniors want by providing for their needs in a dignified way. How do we help seniors, which I would say are one of the more vulnerable populations, without truly understanding their needs? In order to do that, we need to do that without judgement in open conversations without censorship.

By utilizing our partnerships in the community such as SAGE, we can continue to address needs with an awareness on approach so we can be culturally competent.

It is a sad thing for me to think that the challenges and discriminations that people faced when they were younger, are often worsened through the aging process. The reality is that many of the individuals in the LGBTQ+ community, do not have a support system in place and can become extremely isolated as they, as a result as they age.

Before I close, I would like to share a personal story that my paternal grandparents both had dementia, most likely Alzheimer's. My maternal grandmother had a stroke and my grandfather had dementia. And thankfully, my family has a big support system. There were family members that were able to step in and help. Now imagine that you do not have that support system and are struggling with physical or cognitive issues. What are your choices? What do you do?

Having resources like SAGE offers the LGBTQ+ community.

SERGEANT AT ARMS: Time expired.

MS. SANTIAGO: More choices, less isolation for seniors, and a lot of the training and support in their community. Thank you very much.

SENIOR COUNSEL PEPE: Thank you very much. Um, at this time, this concludes our public testimony. Because this is a hybrid hearing, if you are on Zoom and your name has not been called, and you still wish to testify, uh, please raise your hand using the Zoom raise hand function.

Seeing no hands, turning it over to Chair Hudson.

CHAIRPERSON HUDSON: Thank you so much and thank you to everyone who has provided testimony today. Um, you know, on behalf of myself and Council Member and Chair Cabán, um, I'd like to just say thank you again. Chair Cabán has been actively engaged though she couldn't actively participate the whole time due to, uh, the open meetings law at the state level. So, I just wanted to, to share that.

You know, we're at a time right now where particularly in the City Council, we're still experiencing, not just words, um, and also acts of homophobia and transphobia, uh, but actions from our colleagues, uh, who have made it clear, you know, that, uh, not everybody is, is welcomed and accepted,

um, here in New York, And, obviously, those of us who are here today, and, and all of you who have testified today, uh, know differently and know that New York City is a place where all are welcome.

Um, but the idea that here in the City Council, we're still facing such remarks especially during pride is unsettling to say the least. Um, there are folks who were around in the 1970's and also through the AIDS, and HIV crisis in the 1980's that are still here, um, that we're lucky to have here that are doing well and thriving and we need to show them the respect and the dignity that they deserve across housing, healthcare, and all services and resources that are needed.

We've heard here today that so many members of the LGBTQIA+ community are less likely to have family support, less likely to have children. We don't have the data, uh, and we aren't frankly centering or prioritizing this community, uh, as a city, and, and culturally, and so, I think creating a specific commission to address the needs of older LGBTGNC, non-binary, and queer folks is clearly needed. And we've heard so much about that today. So, I just want to thank again everyone who's provided testimony. Uh,

thank the Commissioner for being here with us today.  
Thank you to Chair Cabán. Thank you to all the staff,  
the committee staff for both, uh, the Women and  
Gender Equity Committee and also the Committee on  
Aging, uh, and thank you. And Happy Pride.

And, I'm gaveling us out.

[GAVEL].

C E R T I F I C A T E

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



Date July 25, 2022