



TESTIMONY

Presented by

**Caryn Resnick
Acting Commissioner**

on

FY 2020 Preliminary Budget

before the

**New York City Council
Committee on Aging**

on

**Tuesday, March 12, 2019
10:00 A.M.**

at

**Council Chambers, City Hall
New York, NY 10007**

- To strengthen the City's ability to address complex elder abuse cases in a coordinated fashion, we expanded Multi-Disciplinary Teams comprised of professionals from Adult Protective Services, law enforcement, medical centers, financial institutions, and community based organizations, through a \$1.5 million increase. Originally based in Manhattan and Brooklyn, these teams were established in all five boroughs.
- To provide more support to caregivers and care receivers with the creative flexibility they need to access caregiver programs, we doubled DFTA's existing allocation for these services to \$8 million.
- To build upon the agency's efforts to address the demand for mental health services for older New Yorkers, we committed an initial \$3.2 million investment in DFTA's budget to focus on geriatric mental health as part of the suite of groundbreaking initiatives under ThriveNYC, including one program that embeds mental health practitioners in senior centers across the City, and another program that combats social isolation among homebound older adults.

DFTA is grateful for the ongoing support of the City Council. In FY '19, the Council allocated nearly \$30 million to DFTA programs. This level of support makes a significant impact on the services that our community based partners in the DFTA network provide. Through the close partnership of the Administration and the Council, DFTA has been able to successfully respond to the needs of the growing population of older New Yorkers.

SENIOR CENTER MODEL BUDGET

As the largest Area Agency on Aging in the nation, DFTA currently funds senior centers at 249 sites across the five boroughs, serving about 173,000 older New Yorkers in FY '18. Senior centers provide meals at no cost to seniors, though modest contributions are accepted and are completely voluntary, and an environment where older New Yorkers can participate in a variety of recreational, health promotional, and cultural activities, as well as receive counseling on social services and obtain assistance with benefits. Each day, 25,000 older adults receive meals at senior centers, and another 5,000 participate in activities without taking a meal. According to a recent Fordham University study commissioned by DFTA, which followed older adults who attended senior centers and older adults who did not, the older adult population served by senior centers are among those with the lowest

Some serve meals prepared on site and others serve catered meals. The sites include Brookdale Senior Center in Council Member Eugene's district; KCS Flushing Senior Center in Council Member Vellone's district; and West Brighton Senior Center in Council Member Rose's district. In addition, we have collected information concerning efficiencies, innovations, and practices in other large cities so that we can learn from their successes and challenges.

Similar to the initial phase of the senior center model budget process, DFTA has been working with OMB on an extensive data analysis. In this analysis, we are evaluating many different factors that impact cost and quality. Some of these factors include the varying size of senior centers, whether centers cook in their own kitchens or use caterers, and what types of ethnically diverse meals a center serves. We expect to have the results of this analysis later this spring.

THRIVENYC: DFTA INITIATIVES

According to the American Psychological Association, prevalence estimates suggest that approximately 20 percent of older adults throughout the U.S. meet the criteria for a mental disorder, and in New York State, that number is expected to increase by more than 50 percent by 2030. Accurate prevalence rates are difficult to determine, as many older adults are not diagnosed, are misdiagnosed or do not seek treatment. Older adults have high rates of late onset mental health disorders and low rates of identification and treatment. Mental illness and aging are often a double stigma that older adults face. There is a growing need for the provision of mental health services for older adults. Stigma surrounding mental illness, an inability to recognize mental health issues, and a lack of available services and providers continue to impede accessibility to needed mental health services for older adults. In light of the demand for geriatric mental health programs, DFTA has engaged in various initiatives throughout the years focusing on education for both staff and older adults, as well as screenings and referrals for mental health services.

In 2015, Mayor de Blasio and First Lady McCray released *ThriveNYC: A Mental Health Roadmap for All*. ThriveNYC is a plan of action to guide the City toward a more effective and holistic system to support the mental well-being of New Yorkers. Two ThriveNYC initiatives focused on geriatric mental health are led by DFTA. One initiative places mental health practitioners in 25 senior centers across the City, and the second initiative addresses social isolation among homebound older adults.

Friendly Visiting

The Friendly Visiting Program focuses on isolated, largely homebound seniors who are served through DFTA's 21 contracted case management programs, which cover all 59 Community Districts. The program was designed to connect seniors facing the negative effects of social isolation with well trained volunteers who spend time with them in order to provide social interaction. As a result, Friendly Visiting serves as a mental health intervention program. The program model expands the older adult's connection to their community and may prevent the isolated senior from declining into depression and loneliness. Additionally, all 16 Friendly Visiting Program coordinators have received Mental Health First Aid training. These coordinators have learned how to recognize possible behavioral health issues, so that older adults in need can be immediately referred to their case manager and linked to appropriate services. The program coordinators recruit friendly visitors who are matched with a homebound older adult. Friendly visitors then visit the senior at least two times per month. Any changes in functioning, including identified mental health issues, are referred to the case management agency for appropriate referrals and follow-up. Since the program's inception, volunteers have made nearly 35,000 visits to older adults in their homes, and have spent more than 52,000 hours with seniors. As of earlier this year, 42 percent of seniors who have been evaluated using standardized measures throughout a six-month period have reported a reduction in loneliness, and 51 percent have reported a reduction in social isolation.

CONCLUSION

Thank you for this opportunity to testify about DFTA's Preliminary Budget for FY '20. Together we have made major investments in aging services, and have helped rebuild vital infrastructure within DFTA's programs. I look forward to continuing the partnership with the City Council in ensuring the dignity and quality of life of New York City's diverse older adults, and supporting their caregivers, through service, advocacy, and education. I am pleased to answer any questions you may have.



Department for the Aging

Fiscal 2020 Preliminary Budget Fact Sheet

\$356 million

FY20 Preliminary
Budget

-\$30 million

Budget Since
FY19 Adoption

+\$1.7 million

New Needs in FY20

330

Full-Time Positions

+\$3.9 million

Proposed New State
EISEP Funding

88%

Contracts as a Percent
of OTPS Budget

\$54.4 million

10-Year Capital
Strategy

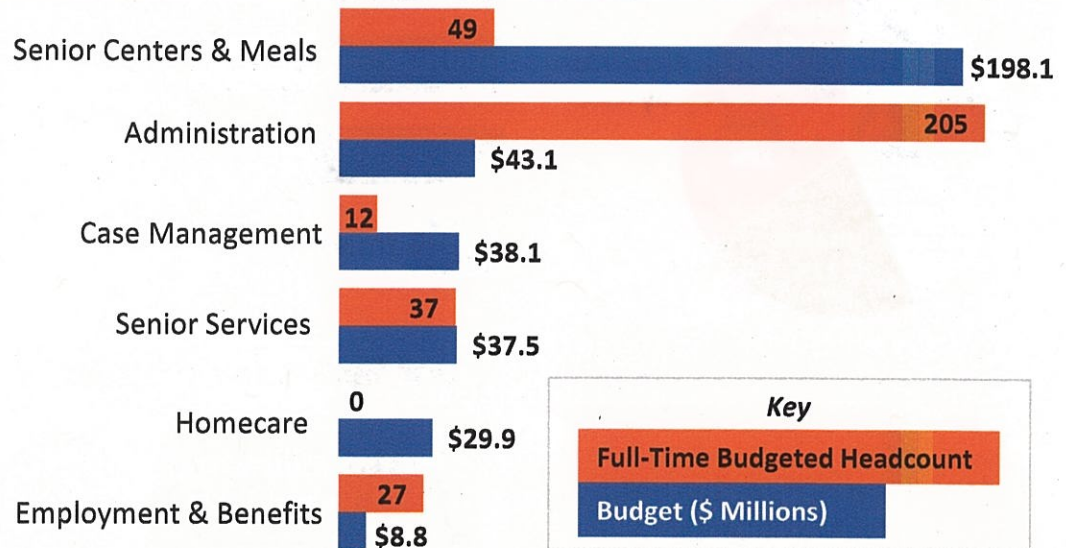
\$48.9 million

5-Year Capital Plan

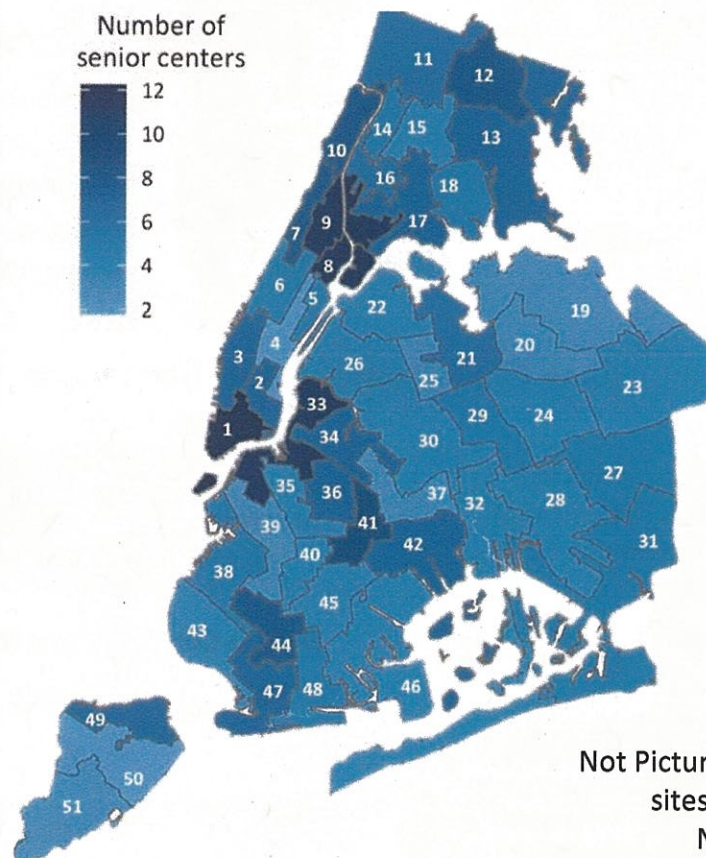
24%

Capital Commitment
Rate

Budget and Headcount by Program Area



Senior Centers by Council District



1.6 million
Seniors in NYC

249 Senior Centers:

- 230 Neighborhood Centers
- 16 Innovative Centers
- 97% Utilization Rate

Landlords of Centers:

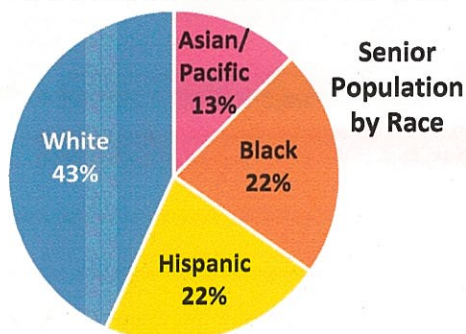
- 103 Sponsor-Leased with Private Landlord
- 74 in NYCHA
- 38 Sponsor-Owned
- 21 City-Leased
- 13 City-Owned

Not Pictured: 29 affiliated program sites of senior centers and 14 NYCHA senior social clubs

Growing Senior Population and Proportion of Services Used by Women



1 in 5 New York City residents
will be over **60** by 2040



Senior Population by Borough

Brooklyn 476,741

Queens 470,619

Manhattan 344,283

Bronx 243,010

S.I. 101,941

Women Are a Majority of DFTA Program Participants



- **60%** of home delivered meal recipients are women, in addition to:
- **70%** of senior center and NORC attendees, case management, caregiving, employment, and nutrition education clients;
- **75%** of Friendly Visiting clients;
- **80%** of home care and transportation clients; and
- **85%** of Grandparent Resource Center clients.

Senior Centers and Meals

\$10 million rising to **\$20 million** by FY21 for Senior Center Model Budgeting Phase 1 (Programs & Staff)

11.7 million
Meals Served FY18

29,201
Daily Senior Center
Attendance FY18

319
Social Adult Day
Cares (SADCs)

287
Senior Centers (Inc.
Affiliate Programs)



New Need: \$1.7 million for the Thrive: Geriatric Mental Health program to expand services beyond the 25 existing senior centers

SADCs Now Outnumber Senior Centers

Type of Meal Prep	No. Senior Centers
Meal Prep on-site	168
Catered	74
Both	28
Not Applicable	17

Borough	No. SADCs	No. Senior Centers
Bronx	22	53
Brooklyn	131	92
Manhattan	33	71
Queens	120	59
Staten Island	13	12

Case Management and Homecare

33,894
Case Management
Clients FY18

10,676
Caregiver Clients
FY18

3,645
Homecare Clients
FY18

+19%
Number of
Homecare Clients*

+6%
Number of
Caregiver Clients*

**When comparing
the first four months
of FY18 vs. the first
four months of FY19*

Major investments in FY18 of **\$4 million** for caregiver programs and **\$10.7 million** for homecare have led to improvements in the number of seniors reached

DFTA Is Conducting an RFP for New Caregiver Services

Nov. 2018 Feb. 2019 July 2019 June 2022



DFTA
Releases
RFP



Deadline
to Submit



Contracts
Begin



Contracts
End



**Testimony of Educational Alliance
FY 2020 New York City Preliminary**

Budget Hearing

Aging Committee

Submitted by Bonnie Lumagui

March 12, 2019

I am Bonnie Lumagui, Director of Educational Alliance's Co-Op Village Naturally Occurring Retirement Community Supportive Service Program (NORC SSP) on the Lower East Side of Manhattan.

Thank you very much convening what we believe is a highly important and very timely hearing regarding Older Adult Services in NYC. Today I am here to speak about NORC SSPs, a program that, in our view, has benefitted many thousands of seniors and their families in this City in the most profound ways and has had a transformational effect on our City.

At the Co-op Village NORC program, since 1994, we have been pleased to work closely with approximately 5000 seniors. For them, we have provided medical, mental health and a range of social support services alongside a full calendar of social, cultural and community-building activities. We engage with them in their homes and in our programmatic spaces, wherever is most convenient and sensible for them, and we develop customized service plans for each participant.

We are certain that the program has enabled hundreds of seniors to avoid nursing homes, illness, isolation and alienation while affording nearly all participants greater quality of life. We also have the ability to nimbly respond to emerging needs and crises, for whom we are in many instances the first and sometimes only source of support.

We are pleased to be a partner with City government in operating the program and we look forward to working together to ensure that it remains strong and relevant far into the future. In this spirit, we offer a number of points and recommendations:

A key component of the NORC program model is health care management and assistance, and most programs partner with healthcare organizations to fulfill this requirement. Nurses provide services to NORC residents that might not otherwise exist in the community, such as medication education, diabetes testing, flu shots, mobility and balance screenings, and helping clients get in touch with doctors. Many residents rely on these services as a main source of health care and value the consistent, quality care they provide.

NORCs were previously able to secure nursing hours pro-bono by partnering with hospitals, Visiting Nurse Service of New York, retired nurses, or supervised student nurses. However, in the wake of recent Medicaid Redesign and billing changes, in addition to an aging population with increased needs, these arrangements are becoming unstable and many nursing service providers are cutting back on their pro-bono hours. With many of these partnerships greatly diminished or fully terminated, N/NORCs must find funding to pay for hours that were previously free, essentially spending more to maintain the same level of service. →

197 East Broadway

New York, New York 10002

- Our health partners Mount Saini and Visiting Nurse Service of NY are a crucial component to meeting the deliverables NYC Department for the Aging and NY State Office for Aging requires. Educational Alliance needs a minimum of \$43,000.00 in additional funds to continue to provide the vital nursing services we presently offer to our clients. These services enable faster identification of medical issues before it becomes critical and more hospitalization and increased healthcare costs are required. If increased funding for nursing services is not provided we will have to reduce this service. Reduction in nursing services will create a dangerous and potentially life threatening impact to the Co-op Village NORC seniors because they have come to rely on this essential care.

We have found in recent years that the numbers of seniors in our community is rising, and that it is becoming an increasing struggle to accommodate all participants.

- We are struggling to maintain qualified staff especially MSW social workers because our salaries are significantly lower than average. We can only afford to pay 45,000.00 for an entry level position. We cannot attract and retain strong candidates for our open positions. In one year I lost three excellent MSWs because of the low salary. This constant transitioning negatively impacts our seniors and our program. I am requesting starting salaries of 50,000 for an MSW entry level position which would help to retain staff and improve how we meet older adult's social service needs.
- We are now being asked by the City to collect and maintain data to help measure the effects of the program. While we wholeheartedly support the intent of this effort, we are very concerned that we have not been extended the funds necessary to manage this function.

So, in sum, the points we most want to convey are: we believe NORC programs are vital and deeply necessary, but we are being increasingly challenged to manage the program financially as the demand for services grows larger and more complex while the funding does not keep pace with these demands.

The Preliminary Budget cuts \$3.65 million to N/NORCs that was previously covered by the Council. It also fails to restore \$1 million on the Administration side that was added in FY 2019.

This funding is vital to ensure that current programs can continue to provide services.

We ask that the Council to restore \$3.65 million, and that the Administration restore the \$1 million it previously supported. Further, the City must make additional investments for NORC nursing hours.

We urge City government ~~then~~, to invest more deeply in the program. Our conviction is that such an investment will reduce our society's expenses in medical and institutional care while making possible humanistic rewards that are unquantifiable.



Visiting Nurse Service of New York
220 East 42nd Street
New York, NY 10017
www.vnsny.org

NY City Council Budget Meeting for Aging Committee Presentation

Visiting Nurse Service of New York

Tuesday, March 12, 2019

Good Morning Chair Chin and Members of the Aging Committee. My name is Rhonda Soberman, Manager of Program Development for the Visiting Nurse Service of New York (VNSNY) and I appreciate the opportunity to testify today. Each year I look forward to having this chance to speak to you about VNSNY and our work, as well discuss our commitment to the community, and our NORC social service partners.

VNSNY is the largest not-for-profit home and community-based health care organization in the United States, but we are rooted in our commitment to New Yorkers and those most vulnerable among us. We work to ensure these populations have access to cost-effective health care services in their communities and in the comfort of their own homes. Every day, our organization touches the lives of more than 48,000 people who are faced with a wide range of health care challenges that are managed either with short-term intervention, ongoing chronic care services or with end of life care support.

We are also the sponsor and frontline provider for the Chinatown Neighborhood NORC (NNORC). Navigating the health and social service world is especially challenging for our members who seek treatment at the Chinatown NNORC, which provides interventions and services to more than 800 actively engaged seniors. Our NNORC members are very low income, generally do not speak English, and live in walk-up tenement buildings. These individuals participate in our NNORC as a means to receive social services and non-reimbursable health care, while also connecting to social and health care services that are culturally aligned with their needs.

We believe that **NORC Programs** are able to provide critical social services and health care linkages that support successful community living. The NORC model focuses on both the health and social needs of senior residents in their housing community and is one of the most effective ways of providing support for a growing aging population. NORC programs also develop a "community", and promote the concept of neighbors helping neighbors to encourage healthy aging in their community.

VNSNY has successfully supported NORC programs for more than 20 years by providing "in-kind" uncompensated nursing services at more than 20 NORCs in NYC. Over the last eight years, VNSNY – like so many other health care organizations – has been impacted by changes in the health care system. These changes have led to inadequate payment for services by managed care plans, which resulted in major losses for VNSNY and has made it a growing challenge to continue providing unreimbursed NORC nursing services. As a result, over the years we have reduced our in-kind support. Last month, we notified the 14 NYC NORCs – who have counted on us for in-kind support – that effective July 1, 2019, we will no longer be able to continue providing these uncompensated services. This was an incredibly difficult decision because we greatly value our relationship with our NORC partners and the members of their communities.

Still, though, we remain committed to the NORC model of supportive services to promote successful aging in place.

NORC nursing focuses on client assessment, health education, health resources, health care advocacy and linkages to necessary health care services. The concept of a “team approach to care” is very significant in the NORC model. The nurse is a valued and important member of the interdisciplinary team, helping staff and clients alike better understand health-related issues and concerns and their impact on the client’s ability to remain at home. NORC nurses develop important relationships with community residents and work to empower residents to manage their chronic health conditions. All these efforts are aimed at reducing unnecessary emergency room visits and avoidable hospitalizations, while increasing positive health outcomes and resident satisfaction.

We know our social service partners believe in the importance of providing nursing services at NORC programs and share our concerns about the potential gaps in care if the appropriate funding is not made available. With the change in demographics, NORC programs need sufficient funding for these nursing services in order to address the increased needs of those aging in place – enabling these programs to support successful community living.

Conclusion

In summary, we urge the City Council to assist NORC programs in securing governmental support for consistent **financial resources for nursing services** at DFTA funded NORC programs. By funding nursing services, DFTA will stabilize the interdisciplinary NORC team and better coordinate the health needs of NORC residents, with the goal of reducing health related crisis intervention and moving towards health empowerment.

125 years ago, our founder Lillian Wald, brought compassionate care to low-income, needy families living in the tenements of lower Manhattan. In VNSNY, her vision and mission to serve those in need, in the comfort of their home and community, is as relevant and critical today as it was then. NORCS and N/NORCs are the “natural” outgrowth of the longstanding commitment the City has demonstrated to help our seniors live and thrive in the communities they call home. We thank you for your continued investment and look forward to working with the Council to ensure that our seniors have the appropriate nursing and social services they deserve.

New Yorkers for Culture & Arts
160 Sixth Avenue Suite 2
NY NY 10013

Lucy Sexton, Executive Director
lucy@ny4ca.org

City Council Preliminary Budget Hearing on Aging
March 12, 2019

Good morning Chairwoman Chin, Councilmember Daniel Dromm and the entire committee. My name is Lucy Sexton and in addition to being a choreographer, director, Su Casa teaching artist, and lifelong New Yorker, I am the head of the cultural advocacy group New Yorkers for Culture & Arts. We are a coalition of groups and individuals across the five boroughs working to ensure every New Yorker has the right and opportunity to engage in culture, express their humanity, and strengthen their community.

I'm here at the hearing on Aging because of the enormous and well documented affect that cultural activities have on older adults. Since a landmark study in 2001, it's been

proven time and again: elder engagement in arts and culture improves overall health, mental acuity, and mental health; it can reduce falls, doctor visits, and the need for long term care, keeping people independent, happy, healthy, and actually extending longevity.

In terms of how this relates to our budget discussion, this is from a recent article in Forbes magazine:

“The study demonstrated the dramatic benefits of arts participation for adults in lower socioeconomic groups. Those who do so, she concludes “are performing much better than their peers on multiple wellness metrics.”

Meanwhile, she pointed out ‘a clear chasm’ in the U.S. between low-income and high-income households when it comes to arts participation. Her conclusion: ‘In short, creative aging is a social privilege in the U.S.A.’”

The entire article is included in my printed remarks.

So there is much data, but equally powerful are the stories. I was a Su Casa teacher at the Open Door Senior Center in Chinatown last year---Councilmember Chin was at the gala

where my storytelling and movement class of 25 seniors performed their work—in their own dialects, telling of their upbringing, immigration, and current lives. In the class one day the prompt was to talk about the time in your life you felt the most loved. A gentleman in the class said, “I’ve been working in factories since I was 14. These past 2 years, taking classes at the senior center, is the happiest time in my life,” Tears ran down his cheeks as he talked about the loving community he found in these classes.

Too often people talk about NY’s culture—going to a museum or botanic garden or poetry reading-- like the decorations we put on a tree. But the truth is that culture is at the very roots of what makes the lives of NY’s citizens great---and we need to be sure it is reaching all our citizens. By supporting culture you are supporting better aging, improved mental health, stronger communities, and a city that respects the dignity and humanity of every one of its citizens.

Oct 3, 2016, 02:17pm

The Arts And Aging: 5 Surprising Insights On Creativity

By Heidi Raschke, Next Avenue Contributor

I was fortunate enough to attend the National Center for Creative Aging conference in Washington, D.C., last week. The theme was “Global Perspectives on Creativity and Aging,” and it was truly an international crowd coming together to talk about the importance of artistic and creative endeavors to combat ageism and help people stay vital and connected as they age.

Experts from around the world spoke about how creative endeavors — storytelling and singing, weaving and dancing and painting and poetry — make people’s lives better as they grow older and deal with the challenges of aging. This artistically-minded group of individuals told stories, recited spontaneous poems, played music and even got the crowd dancing (I’ve never seen a conga line break out before noon before) to prove their points. But they also presented compelling evidence to reinforce the many stirring anecdotes they shared.

These are just a few of the insights I gleaned:

1. The need to engage older adults is great and the benefits are clear.

Peishan Yang, a professor at National Taiwan University who is known as “the Dr. Gene Cohen of Taiwan,” reported the results of the History Alive and Legacy Art Work performance and art-making programs that have served more than 60,000 older adults in her country since 2005.

Participants had lower rates of loneliness and depression, higher morale and improved hand dexterity. In addition, participants found that having new social roles because of the programs led to improved mood and confidence, better family relationships and in some cases even increased income.

To underscore the importance of serving an aging population in her country, Yang told me after her presentation about a dramatic shift taking place in Taiwan, where a low birth rate and increased life expectancies have meant the closure of schools and an increased need for facilities for older adults. “You have to come to Taiwan to see it,” she said.

“There are no babies in the streets.”

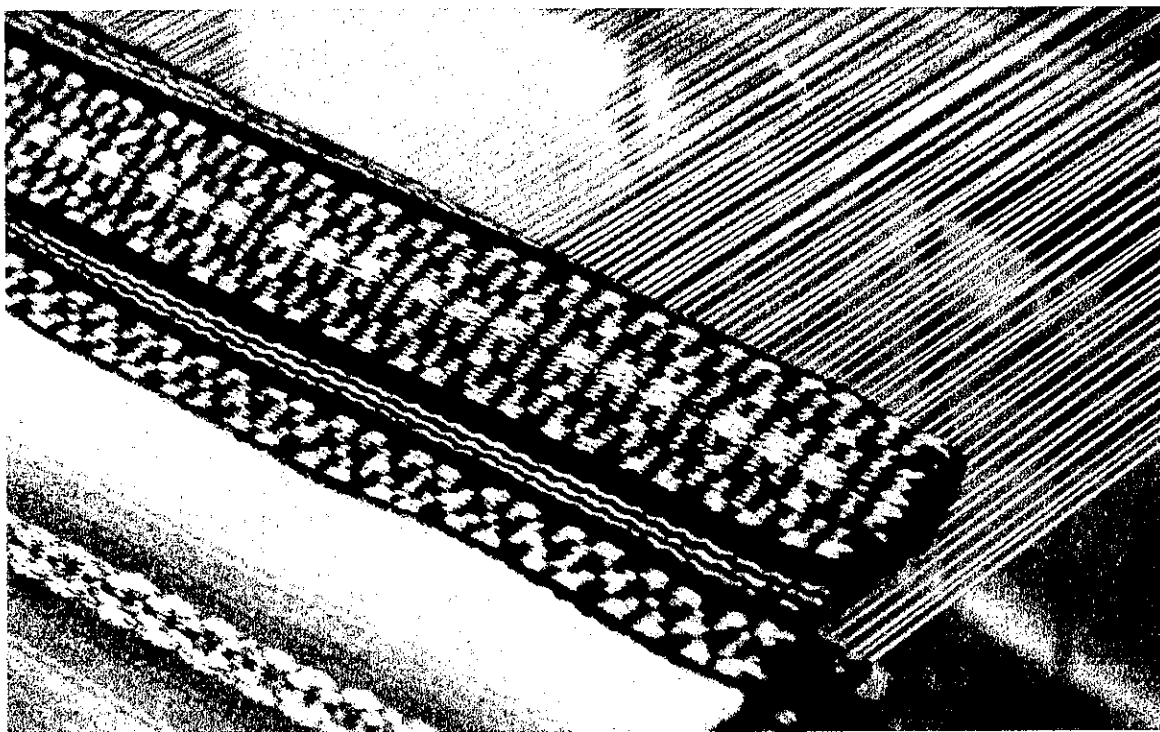
2. There's a big socioeconomic divide in arts participation.

In a series of fascinating charts on memory performance, executive function performance and personal health, data scientist Linchiat Chang demonstrated the dramatic benefits of arts participation for adults in lower socioeconomic groups. Those who do so, she concludes “are performing much better than their peers on multiple wellness metrics.”

Meanwhile, she pointed out “a clear chasm” in the U.S. between low-income and high-income households when it comes to arts participation. Her conclusion: “In short, creative aging is a social privilege in the U.S.A.”

3. It's important to get personal.

Karsten Klein, deputy mayor of The Hague in the Netherlands, gave an overview of how his city has been transformed since joining the WHO Global Network of Age-friendly Cities and Communities. Welfare workers or volunteers personally visit all residents over age 75 to learn their biggest concerns and what makes them happy. Before, he told me someone might say they needed extra housekeeping services when the problem was really loneliness or a lack of purpose — problems not solved by housekeeping but by activities that engage them socially and creatively.



Credit: Shutterstock

When I asked him and Elderly Care and Welfare Policy Advisor Elisabeth De Vries how they were evaluating effectiveness, they said they were interviewing each older adult. “You have to go to the individual level,” he said.

4. History matters.

Raquel Stephenson, associate professor at the Lesley University in Cambridge, Mass., told of her surprise when art therapy techniques she'd used successfully in the U.S. didn't work in Estonia — even though the people belonged to the same generation. She eventually realized that understanding someone's personal and cultural history is crucial to engagement in the arts.

To demonstrate, she asked those in attendance to consider the significant historical moments — both public, such as 9/11, and personal, such as a death of a family member — as well as cultural and aesthetic experiences that shaped us. At my table, we had a boomer, a Gen X'er and a Millennial — and our answers were dramatically different.

5. Hearing is crucial to brain health.

Nina Karus, who runs the Auditory Neuroscience Laboratory at Northwestern University, showed the impact of hearing loss on brain health. "Hearing loss will speed up cognitive aging," she said, pointing out how we take sound for granted because it, like gravity, is invisible. Her research points out the importance of feeding our brains what she called a "healthy diet in sound."

That includes music. "If you have played music throughout your life, you have a brain that looks biologically younger," she said.

And listening isn't enough. You have to participate.

"You're not going to get physically fit watching sports," she said.



COUNCIL OF PEOPLES ORGANIZATION

1077 Coney Island Ave. Brooklyn New York 11230.

Phone 718-434-3266 Fax 718-859-2266

mravzi@copo.org 917-416-2664

Date March 12, 2019

Good afternoon.

My name is Mohammad Razvi I am the CEO of Council Of Peoples Organization- COPO. I would like to thank the Council Member Margaret Chin, and DFTA representatives. COPO is the largest Muslim Arab South Asian (MASA) servicing organization in Brooklyn, our center is over 20,000 sqft. With a staff and volunteers of 45. COPO serves over 15,000 community members annually. Our programs consist of Voter registration, Universal PreK, Afterschool, Adult Literacy, Immigration services, SNAP enrollment, Health insurance, halal food pantry and a halal senior center. We are a one stop shop. There are over 1 million Muslims in the city and growing. Many are becoming seniors and like all seniors they have worked hard in the city, they have provided for their families and they have paid taxes, yet they receive little to no services. There are no senior centers to provide them with a culturally sensitive and dietary appropriate meals for them. Our center provides much as possible with very, very, very, very, little funding. Our program is depended on discretionary resources that is the only way we are able to run our program, we need support to provide these services to our aging community. Their needs are many, from time to time seniors share their hardships with us, after all the years of providing for their children they could not save money for themselves now in their time of need the children are not able to support them.

In the years it has become expensive to live in the city, even in my neighborhood in Brooklyn. The seniors have to make a decision whether to pay for food or pay for rent, medicine or other expenses.

Here is a story about one of our seniors Mr. Z, a 64 year old senior who came to us in 2017. He seemed depressed. He used to be a cab driver for his entire adult life, after a few complications with his health he became disabled. His only source of income and dignity was gone. His routine was -in the evenings sleep in subways and in morning come to COPO center to eat breakfast - lunch and then leave again to repeat next day.

We assessed him and enrolled him in our DFTA food program and further enrolled him in SNAP program, health insurance, social security benefits program and finally an apartment through the City Shelter.

Mr. Z is one of many. DFTA funding becomes a stepping-stone for our clients, so that they can affectively get the city services they are entitled to.

These services fulfill basic needs and then some. I am proud to say that to date we have served 2,026 DFTA meals to our seniors in the City.

This would not have been possible without the help of Commissioner Carrado and DFTA team. As I mentioned last year's testimony we were starting the first ever Halal Meals on Wheels Program in the State.

I would like to invite you all to the Ribbon Cutting Ceremony of the Program on March 29th 6:00pm at P.S. 217 in Brooklyn.

Finally I humbly request you to allocate more resources to DFTA and DFTA to support our program and other community programs like this. I know that there are many large senior centers and programs. They serve everyone, God Bless them for their efforts.

Let me and other ethnic community senior centers service our own ethnic communities. Like said before this is not rocket science, we are not putting a man on the moon, we are not performing heart surgery, it is simply helping community members in their time of need.

Let us serve our community with a dietary appropriate and culturally sensitive services.

God Bless,

Mohammad Razvi



About

Services

Caregivers

Volunteering

Community Partners

Search



Delivering Halal Meals to the Homebound

IN THIS STORY

Our home-delivered meals program now offers halal meals in parts of Brooklyn through a partnership between JASA and COPO. Halal meals provide diverse, nutritious options for homebound older adults. For more information, call 311 and ask for the [JASA case management program](#) in Brooklyn.



**Testimony of Stanley M. Isaacs Neighborhood Center
Gregory J. Morris, Executive Director
FY'20 DFTA Preliminary Budget Hearing
March 12, 2019**

I'd like to thank Chair Margaret Chin for her leadership and the opportunity to provide testimony. I'm Gregory J. Morris, President and Executive Director of the Stanley M. Isaacs Neighborhood Center, a multi-service non-profit organization embedded within two public housing developments in upper Manhattan.

Isaacs Center provides access to critical programs and social services to residents and community members year-round, through our Senior Center, Naturally Occurring Retirement Community (NORC), and Meals on Wheels program, operating at the Isaacs/Holmes New York City Housing Authority developments in upper Manhattan. As a provider of services to older adults for nearly 60 years, we have a unique understanding of the growing challenges and changing needs of this population and recognize that older adults living in public housing experience these challenges much more acutely. Those we serve are more vulnerable to falls/accidents, experience ongoing food and financial insecurity, and suffer from higher rates of chronic illnesses.

I would like to start by thanking the Chair, members of the committee, and DFTA for the additional investment made to Senior Centers in 2018 with the model budget funding. As we know, the "model budget" process has added \$10 million for senior centers across the system. For the Isaacs Center, this translated to approximately \$36,000 for FY '18 and FY '19.

The model budget process was a truly promising first step, though it does not nearly achieve the Administration's stated purpose of funds – to "right-size" the operational budgets of senior centers/programs across the City. FY'20 is the opportune time to build upon the momentum. As DFTA prepares to release the Requests for Proposals for *Senior Center* and *Meals on Wheels* contracts there is an opportunity to acknowledge and address gaps in funding for items such as realistic and appropriate personnel costs, costs for effective and evidenced based programming, and the cost of providing nutritious and tailored meals. Here are some recommendations for how we believe the new Senior Center and MOW contracts could better account for the actual needs of older New Yorkers in the areas of meal service and case management:

Meal Service: If the intent of model budget funding is to "right-size" the system, \$20 million is simply not enough to cover the meal and social service costs across the sector, in support of high-quality services to older adults. The Isaacs Center provides nutritious meals to over 1,000 homebound seniors every day - many of whom reside in public housing - and is an essential component of assuring food security and health for our most vulnerable. Costs for these programs do not simply include the preparation of the meal itself. MOW programs rely on drivers and deliverers, who are rarely compensated at higher than minimum wage to serve as a lifeline for our homebound elderly. Additional costs include food storage and equipment, as well as trainings and personnel to conduct recruitment and outreach, ensuring that programs are not underutilized by eligible older adults. The future of meal services to older adults should also consider complex medical needs and meals should be tailored appropriately. Current funding does not allow for *Therapeutic Meal* service of this kind. **Engagement between city government and nonprofit leaders is recommended to undergo a citywide analysis to determine the**

true cost of providing meals, with the intention of using the analysis to fully fund these services in the FY '20 Adopted Budget for DFTA.

Case Management: The current Senior Center contract provides limited funding to provide “Case Assistance” for its members, including help with benefits and making referrals. The reality is our members have complex needs and require full case management supports from our staff. Providing good case management also requires the skill set and experience of Masters level Social Workers. The new RFPs should fund and encourage the use of MSWs for Case Management services. For homebound MOW recipients, the fact that waiting lists still exist for case management services is simply unacceptable. **Case Management should be funded to eliminate waiting lists, secure skilled workers at an MSW level, and reduce oversized caseloads.**

I would also like to speak to the importance of ensuring continued critical funding for NORCs and other citywide initiatives including *Support Our Seniors* and *Senior Centers, Programs and Enhancement*. These investments allow the Isaacs Center to provide hundreds of older adults per year with access to services that improve their financial security, support their health and wellness, and ensure the stability of their housing. These efforts provided by inter-disciplinary teams of social workers, nurses, psychotherapists, and program specialists maximize the potential of older adults to “age in place” safely and comfortably. **We respectfully request both the restoration and expansion of each of these three citywide initiatives which heavily support our work.**

The challenges we face as we grow older are vast. We at the Isaacs Center are committed to working with the City Council to maximize our sector’s potential to serve our aging communities with the supports and dignities that they deserve. I appreciate the time today and the opportunity to provide this testimony. I am happy to answer any questions that the committee may have.



KCS
WWW.KCSNY.ORG

THE KOREAN COMMUNITY
SERVICES OF METROPOLITAN
NEW YORK, INC.

뉴 욕 한 인 봉 사 센 터

Since 1973

New York City Council FY 2020 Preliminary Budget Hearing

March 12, 2019

New York City Council Committee on Aging

Honorable Margaret Chin, Chair

Testimony of Korean Community Services of Metropolitan New York, Inc.

The ethnic Home-Delivered Meal Program is an important lifeline of nutrition for home bound immigrant seniors and is a crucial service because healthy meals are a vital component in improving mental and physical health among older adults. Hunger and malnutrition are major contributors to the decline in geriatric resistance to disease or recovery from illnesses as seniors age; such contributors may also cause unexpected immobility. The Meal Program at Korean Community Services of Metropolitan New York (KCS) focuses on under-served homebound seniors and adults in-need who do not have immediate family or caretakers to provide them with balanced and nutritious meals. Homebound Asian American immigrant clients are particularly isolated due to the lack of caregivers, existing language barriers, cultural differences, and lack of social contact. These at-risk seniors also have additional special needs and no one to tend to them. The Home-Delivered Meal Program (HDML) allows us to provide balanced and nutritious food to the elderly community members so that they can remain in their own homes and not be forced to move into an institution. Under the current system in place since 2009, our existing HDML program provides social contact as well as essential nutrition. Our dedicated program staff, delivery crew and volunteers visit homes not only to deliver meals, but also to provide daily social interaction, which in-turn helps the isolated, monolingual homebound community members to interact with others, all the while receiving balanced meals.

However, our unique HDML program faces the daily challenge of delivery due to the increasing number of meals, frequent change of delivery schedule, unexpected weather, traffic, etc., as well as struggling with rising raw food costs, increased hourly wages, high maintenance costs of special hotshot vehicles, low reimbursement rates as a subcontractor, and a low collection rate of the \$1.25 contribution. These deficits increase rapidly especially when it comes to special ethnic food due to ethnic ingredients.

The current reimbursement rate of Korean and Chinese home-delivered meals as a subcontractor ranges from \$5.42 to \$6.45, which is far below the average reimbursement rates of Nation, DFTA and UNH Network Agencies, which are \$11.06, \$8.42 and \$8.12 respectively, according to UNH data. In FY 2018, our cost per home-delivered meal was \$8.78 with \$1.08 as deficit per home-delivered meal to KCS. For FY 2019, a \$61,500 deficit is already estimated for average 200 ethnic home-bound meals delivered every day.

KCS has made efforts to fill the increasing financial gap by applying for foundational grants and institutional fundraising. We hope DFTA can reflect the rise in cost of providing **special ethnic meals**, which cost more than a regular meal, regardless of the provider's status as a subcontractor or a contractor. An increase of \$1.08 per meal only covers the bare minimum meal cost excluding any possibility of a raise in compensation for our hard-working kitchen staff and delivery crew. This

KCS Main Office
Adult Daycare | Afterschool
| Immigration | ESOL |
203-05 32nd Avenue
Bayside, NY 11361
Tel: (718) 939-6137
Fax: (718) 886-6126

Corona Senior Center
Korean Mutual
Aid Society
37-06 111th Street
Corona, NY 11368
Tel: (718) 651-9220
Fax: (718) 478-6055

**Flushing Senior
Center**
42-15 166th Street
Flushing, NY 11358
Tel: (718) 886-8203
Fax: (718) 886-8205

**Public Health and
Research Center |
Workforce Development**
2 W 32nd Street, Ste. 604
New York, NY 10001
Tel: (212) 463-9685
Fax: (212) 463-8347

**Brooklyn
Project**
8710 5th Ave. 1FL
Bay Ridge,
NY 11209
Tel: (718) 630-0001
Fax: (718) 630-
0002

**Mental Health
Clinic**
42-16 162nd Street, 2FL
Flushing, NY 11358
Tel: (718) 366-9540
Fax: (718) 534-4149



KCS
WWW.KCSNY.ORG

THE KOREAN COMMUNITY
SERVICES OF METROPOLITAN
NEW YORK, INC.

뉴 욕 한 인 봉 사 센 터
Since 1973

increase will only go toward reducing the financial gap due to extremely low reimbursement rate among subcontractors and the increased costs associated with serving culturally appropriate special ethnic food.

Thank you for the testimonial opportunity and your time.

Sincerely,

Helen Ahn, Director of KCS Senior Centers

KCS Main Office
Adult Daycare | Afterschool
| Immigration | ESOL |
203-05 32nd Avenue
Bayside, NY 11361
Tel: (718) 939-6137
Fax: (718) 886-6126

Corona Senior Center
Korean Mutual
Aid Society
37-06 111th Street
Corona, NY 11368
Tel: (718) 651-9220
Fax: (718) 478-6055

**Flushing Senior
Center**
42-15 166th Street
Flushing, NY 11358
Tel: (718) 886-8203
Fax: (718) 886-8205

**Public Health and
Research Center |
Workforce Development**
2 W 32nd Street, Ste. 604
New York, NY 10001
Tel: (212) 463-9685
Fax: (212) 463-8347

**Brooklyn
Project**
8710 5th Ave. 1FL
Bay Ridge,
NY 11209
Tel: (718) 630-0001
Fax: (718) 630-
0002

**Mental Health
Clinic**
42-16 162nd Street, 2FL
Flushing, NY 11358
Tel: (718) 366-9540
Fax: (718) 534-4149



Commitment to Improve the Quality of Life

Tuesday March 12, 2019

To: New York City Council Committee on Aging
From: India Home, Inc.
Re: FY20 Preliminary Budget Hearing

We thank Councilmember Margaret Chin and the Committee on Aging for helping India Home provide better senior center services.

India Home is a non-profit organization founded by community members to serve South Asian older adults. The mission of India Home is to improve the quality of life for older adults by providing culturally appropriate social services.

India Home has been on the forefront of advocating for increased senior services and programs and especially highlighting the needs of immigrant older adults. We have regularly testified in front of the Committee on Aging for many years now. We believe that all service providers need help keeping up with the large demand for senior services. Our larger partners such as Queens Community House, Sunnyside Community Services, and others deserve these increases because they are doing important work and support our work by incubating and nurturing organizations such as India Home. We are here today to advocate for greater increases to the DFTA budget in the coming years.

We must note that despite our continued advocacy, grassroots, community-led programs such as India Home has only minimally received the benefits of the baseline budget increase. India Home and other immigrant-led organizations that serve seniors fill a critical gap in serving a intersectionally vulnerable population – those who are immigrants, LEP, and low-income. We are laying the foundation for services that will only be more in demand in the coming years. Every week, we receive a multitude of phone calls and inquiries on behalf of seniors who are looking to attend our centers and receive our services. The demand is undeniably palpable, and we are being creative to best meet their needs. The city council has been an invaluable partner in our efforts to provide these critical services to immigrant older adults. However, our community resources are running thin.

India Home started in 2008 and our largest most successful center, Desi Senior Center, which gets on average over 100 immigrant Bangladeshi Muslim seniors a day, was started in 2014. Each day, we see our congregate meal programs filled to capacity. We try to address the growing need for case assistance and various one-on-one services, however, we are understaffed and unable to meet the high demand of cases that come to us. Furthermore, even though we do not receive fully adequate support to sustain all our innovative programming, we are expected to be compliant to DFTA standards and regulations.

Since we received the capital grant in FY19, we will be starting our senior center activities and Social Adult Day Program at our new location in Jamaica Estates. We ask for increased funding for this expansion of our senior center activities and to support our case management. We ask for expanded support for the Senior Centers for Immigrant Populations Initiative, as well as the Support Our Seniors, Healthy Aging, Social Adult Daycare and Access to Critical Services for Seniors Initiatives. We ask for equity in resource allocation and distribution. Our communities cannot continue to be shortchanged especially when they exist at the intersections of marginalization. The need is urgent and the time to act is now!

We thank the council for your leadership in pushing the city budget, the council budget, the Department for the Aging, and various other stakeholders and for listening to our needs and concerns. We want to make New York City a better place to age for everyone, and we appreciate your support in our journey to do so.

Sincerely,



Vasundhara D. Kalasapudi, M.D.

Executive Director

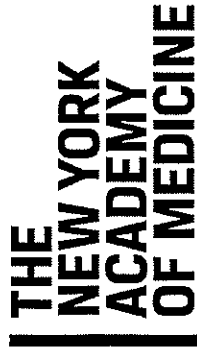
178-36 Wexford Terrace Suite 2C Jamaica, NY 11432
Phone: (917) 288 7600 ■ Fax: (718) 425 0891 ■ www.indiahome.org ■ indiahomeusa@gmail.com

Board of Director Officers
Mr. Mukund Mehta, President
Dr. Amit Sood, Treasurer
Mr. Ali Najmi, Secretary

Board of Director Members
Ms. Jaya Bahadkar
Ms. Neetu Jain
Dr. Ankineedu Prasad

DFTA Budget Requests for FY 2020

Item	Description	Amount
Senior Center Immigrant Population	Funds to support linguistically and culturally appropriate program expansion	\$250,000
Healthy Aging	Funds to support India Home's culturally appropriate health and wellness programs	\$58,000
Support Our Seniors	Funds to support India Home's creative aging programs such as writing, public speaking, & more	\$38,000
Speaker Initiative	Funds to support linguistically and culturally appropriate program expansion and case management	\$100,000
Local/Aging	Funds to support India Home's congregate meal program	\$140,500
Access to Critical Services for Seniors	Funds to support India Home's case management activities	\$50,000
Elder Abuse Enhancement	Funds to support case assistance for seniors facing elder abuse	\$10,000
Social Adult Day Care Enhancement	Funds to support India Home's new Social Adult Day Care program for dementia patients	\$50,000
Queens Delegation	Funds to support linguistically and culturally appropriate senior center services	\$100,000
Total:		\$796,500



**Testimony of The New York Academy of Medicine to the Council of the City of New York:
Committee on Aging and Committee on Finance**

Lindsay Goldman, LMSW
Director, Healthy Aging

March 12, 2019

Good morning, Council Member Chin, Council Member Dromm, and Members of the Committee on Aging and Committee on Finance. Thank you for the opportunity to testify before you today. My name is Lindsay Goldman, and I am the director of healthy aging at The New York Academy of Medicine (the Academy).

An initiative of *OneNYC* and a component of DFTA's *Annual Plan Summary* (April 1, 2019 – March 31, 2020), Age-friendly NYC generates international acclaim and publicity for the City of New York as the vanguard of the Age-friendly cities movement. The Academy is asking the City to increase the annual funding to support the Age-friendly NYC Commission to \$350,000 to maximize the Commission's impact from 2019-2021.

Background

Today, 1.6 million New York City residents are aged 60 and older (17 percent).¹ By 2040, the population is projected to increase to over 1.8 million.² This demographic shift has the potential to produce a "longevity dividend," comprised of "social, economic, and health benefits for current and future generations,"³ if older people are able to remain actively involved in public life. However, social systems and institutions, designed when life expectancy was much lower, often require adaptation and improvement to facilitate sustained engagement.⁴

Beginning in 2007, the Academy initiated Age-friendly NYC as a public/private partnership with the Mayor's Office and City Council to make the city more inclusive of people as they age, even in the presence of chronic conditions and care needs. Using a framework developed by the World Health Organization* and qualitative and quantitative research methods, Age-friendly NYC generates evidence-informed policy solutions that prioritize the social, physical, and economic participation of older New Yorkers. By optimizing existing assets, Age-friendly NYC

* WHO Eight Domains of an Age-friendly City:

1. Outdoor spaces and buildings; 2. Transportation; 3. Housing; 4. Social participation; 5. Respect and social inclusion; 6. Civic participation and employment; 7. Communication and information; 8. Community support and health services.

has resulted in improvements to city services and amenities across 22 different agencies, including but not limited to:⁵

- Data-driven mitigation measures at dangerous intersections, resulting in a citywide reduction in senior pedestrian fatalities by 16 percent.[†]
- Increased walkability through 1,500 specially-designed benches.
- New programming at parks, educational, and cultural institutions and greater access to public and green space.
- Increased access to local arts and culture through artist residencies in 153 senior centers.
- A new Geriatrics Center of Excellence at Harlem Hospital.
- Legal protections for caregivers.
- Legal representation in housing court for people under 200 percent of the federal poverty rate.
- HPD Seniors First Initiative to increase housing affordability and accessibility for 30,000 senior households over 12 years.

The Age-friendly NYC Commission

To ensure accountability and to complement the City's work with private industry investment, the Commission for an Age-friendly NYC is approved by the City Council, appointed by the Mayor, and staffed by the Academy. The Commission was first appointed from 2010-2013, reappointed from 2015-2018, and at the end of this month, the Commission will be reappointed for the third time from 2019-2021. The Commission is comprised of multisectoral leaders representing finance, business, real estate, architecture, pharmaceuticals, higher education, arts and culture, law, healthcare, and social work, as well as ex-officio members representing the Council and the Administration.

Widely recognized as a model for implementing "health across all policies and sectors," the Commission's structure, governance, and initiatives have been replicated by other localities around the world. Most recently, on November 14, 2018, Governor Cuomo issued Executive Order 190 to spread and scale Age-friendly principles and practices across New York State, and the New York State Office for the Aging will soon issue a request for proposals to support local implementation.

As per the Commission's 2010 Charge, the Commission works to:

- *Identify existing best and innovative policies and programs.*
- *Tap into nonprofit and private sector networks to adopt a similar "age-in-everything" approach to planning and work.*
- *Catalyze change across public funding silos to demonstrate the potential for integrated strategies among agencies and with the private sector.*
- *Monitor City and private sector progress in implementing initiatives to enhance the age-friendliness of New York City.*

[†] From an average of 65 senior pedestrian fatalities per year between 1999-2007 to an average of 54 between 2008-2016.

Commission Working Groups

The Charge also states that the Commission will “*establish topic-specific Work Groups which will develop action plans and promote their implementation.*” Over the years, the Academy has convened ten working groups, resulting in innovative products leveraging private funding sources, including: www.imagenycmap.org, an interactive map of the current and projected population aged 65 and older with overlays of resources, services, amenities, council and community districts, and neighborhood tabulation areas, supported by the Fan Fox and Leslie R. Samuels Foundation; the [Financial Health and Wellbeing in Later Life Symposium and Webpage](#), supported by AARP and Bank of America; and the [Resilient Communities: Empowering Older Adults in Disasters and Daily Life Report](#), supported by the New York Community Trust and the Altman Foundation.

Working groups strengthen the Commission’s impact by engaging a wide range of multidisciplinary leaders and subject-matter experts, beyond the select group appointed by the Mayor, to elevate aging-related issues with new audiences and to provide these audiences with tools to better serve a growing aging demographic. Working group priorities are grounded in evidence and responsive to feedback solicited from older New Yorkers by the Academy.

The reseating of the Age-friendly NYC Commission, which will include a mix of existing and new private sector and ex-officio members, presents an opportunity to convene new working groups to address pressing challenges faced by older people in our city with greater intensity. During the last meeting of 2018, the Commission recommended working groups focused on optimizing 2020 Census participation to ensure accurate representation of and resources for the older population; and improving financial health and wellbeing to ensure economic security in later life.[‡] However, these priorities must be formally endorsed when the Commission is reseated this spring.

Since 2010, the Academy has received an annual allocation of \$100,000 which supports 30 percent of Commission-related activities. In the past, the Academy provided in-kind support to staff Commission working groups, develop action plans, and fundraise to implement the action items described above. Unfortunately, we are no longer able to offer this support without additive funding.

With our current allocation of \$100,000, our scope of work includes: staffing the Commission, including logistics, background materials, facilitation, and minutes for quarterly meetings and supplementary subject-matter specific conference calls; serving as the liaison to the WHO and maintaining New York City’s status in the WHO Global Network of Age-friendly Cities; providing limited training and technical assistance to local partners on maximizing resources to promote health across the life course; issuing an annual report on activities; and maintaining the www.agefriendlynyc.org website.

[‡] This focus would build on sector-specific calls to action that emerged from our fall 2017 symposium.

An additional \$250,000 (a total annual allocation of \$350,000) will enable the Academy to convene two topic-specific working groups with subject matter and activity to be determined by the Commission. This includes organizing and hosting quarterly meetings, developing action plans, project-specific fundraising, and implementing action items. We will also work to develop a strategy to leverage the Commission, the Council, and the Administration to raise awareness of existing, yet underutilized, Age-friendly resources and to ensure implementation of neighborhood-level improvements in collaboration with the Borough Presidents, as we have started to do in Brooklyn and Manhattan.

Adequate support for the Commission is required to capitalize on the momentum of the past 10 years to ensure that all older New Yorkers know about and personally experience our collective commitment to an Age-friendly city. We look forward to strengthening our longstanding and productive collaboration with the City of New York to improve the health and quality of life of current and future older residents.

The New York Academy of Medicine

Established in 1847, The New York Academy of Medicine is dedicated to ensuring everyone has the opportunity to live a healthy life. Through our original research, policy and program initiatives we provide the evidence base to address the structural and cultural barriers to good health and drive progress toward health equity. This work, and our one-of-a-kind public programming, is supported by our world class historical medical library and our Fellows program, a unique network of more than 2,000 experts elected by their peers from across the professions affecting health.

References

1. United States Census Bureau. Age and Sex 2013 - 2017 American Community Survey 5-Year Estimates.
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S0101&prodType=table. Accessed February 11, 2019.
2. Corrado DM. *Annual Plan Summary (APS)*.; 2019.
<https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/DFTAAAnnualPlanSummary2018.pdf>.
3. Olshansky SJ, Perry D, Miller RA, Butler RN. Pursuing the Longevity Dividend: Scientific Goals for an Aging World. *Ann N Y Acad Sci*. 2007;1114(1):11-13.
doi:10.1196/annals.1396.050
4. Rowe JW, Kahn RL. Successful Aging 2.0: Conceptual Expansions for the 21st Century. *Journals Gerontol Ser B Psychol Sci Soc Sci*. 2015;70(4):593-596.
doi:10.1093/geronb/gbv025
5. New York City Department for the Aging. *Age-Friendly NYC New Commitments For A City For All Ages*.; 2017.
http://www.nyc.gov/html/dfta/downloads/pdf/age_friendly/AgeFriendlyNYC2017.pdf. Accessed October 12, 2017.

TESTIMONY: UJA-FEDERATION OF NEW YORK

**New York City Council Committee on Aging
Honorable Margaret Chin, Chair**

FY20 Preliminary Budget Hearing

**Submitted by:
Hillary Stuchin**

March 12, 2019

On behalf of UJA-Federation of New York, our network of nonprofit partners and those we serve, thank you, Chairperson Chin and members of the Aging Committee, for the opportunity to submit testimony on the importance of supporting New York City's older adults. I am Hillary Stuchin, Director of Government and External Relations at UJA-Federation of New York.

Established more than 100 years ago, UJA is one of the nation's largest local philanthropies. UJA's mission is to fight poverty; connect people to their communities and respond to crises both locally and around the world. UJA supports nearly 100 nonprofit organizations serving those that are the most vulnerable and in need of programs and services.

UJA-Federation's network of nonprofit partners oversee DFTA and Council-funded programs for older adults, including senior centers, home delivered meals, NORCs, services for Holocaust survivors and case management. We thank the City Council the significant support it has provided for older adult services and Initiatives in past budgets and hope to see it continue.

UJA offers to the following recommendations for the FY 2020 budget:

Supporting the Human Services Sector

New York City's human services nonprofits are in a state of emergency. Government contracts make up the majority of most nonprofit providers' budgets, but pay only 80 cents on the dollar or less of the true cost of implementation. Furthermore, 89% of city contracts for human services are late, delaying vital funding and leaving 20% of New York City's nonprofit human services institutions technically insolvent. It is vital that no cuts are made to human service programs as part of the mandated budget reductions and the chronic underfunding of the sector is rectified.

The nonprofit human services sector is united in asking the City Council to include in their budget response a request for the Mayor to invest \$250 million dollars to fill the gap between provider's indirect costs and the contract reimbursement rates from the City.

In order to address this crisis, our sector also needs the following core improvements in partnership with the government:

1. Clean up the backlog of all contract action registrations and ensure a transparent and timely registration system going forward.
2. Pay providers a fair indirect rate (aligned with Federal guidance).
3. Ensure a rational rate/budget setting process for solicitations/contracts moving forward.

Without a crucial investment organizations will have to reevaluate how to engage with the City to provide crucial services to communities. As things stand, they can no longer carry the deficit of their City contracts.

Supporting New York City's Older Adults

UJA applauds the Council's continued interest and support of New York City's seniors and the programs and services on which they rely. More than 1.1 million older adults, age 65 and older, make up more than 13% of City's total population, a number that is projected to increase by 20% by 2030. According to Comptroller Stringer's March 2017 report, *Aging with Dignity: A Blueprint for Serving NYC's Growing Senior Population*, a growing number of seniors live at or below the poverty line; more than 40% of New York City's senior-headed households depend on government programs, and 25.5% of adults over 65 rely on nutrition assistance programs like SNAP.¹ As this population grows, their needs will increase. The Council's investments in this population help bolster the Department for the Aging's core services, and through Initiatives, maintain vital programs for older adults, many of whom might otherwise not have access to these resources.

UJA, along with a coalition of advocacy organizations and providers dedicated to ensuring support for New York City's older adults, respectfully requests the Council to consider the following investments for seniors in FY20:

1. Senior Centers

UJA-Federation thanks the City Council and Chairperson Chin for securing baselined funding for DFTA in FY 2018. We were particularly encouraged that \$20 million was allocated to develop "model budgets" for senior centers; \$10 million was already released and an additional \$10 million was promised by FY21.

DFTA distributed the first \$10 million installment, which applied only to personnel and programming. We appreciate efforts to right size senior center budgets, particularly when it will bolster staff salaries and help implement high quality programming; however, these funds do not cover the full cost of services. OTPS (other than personnel services) costs such as rent, meals and kitchen staff salaries, utilities and insurance remain unaccounted for.

The next projected RFP for senior centers is set to be released in 2020. It is important that these funds are committed prior to the RFP so that future awards account for the full cost of running a

¹ https://comptroller.nyc.gov/reports/aging-with-dignity-a-blueprint-for-serving-nycs-growing-senior-population/#Aging_by_the_Numbers

successful senior center. **We request that the release of the remaining investment of \$10 million promised through the "model budget" process be expedited and fully allocated by FY20.**

2. Senior Nutrition Programs

Congregate Meals

With nearly 30,000 individuals visiting senior centers daily, these sites play an important role in connecting older adults to services and community supports. The "model budget process" was meant to right-size senior center budgets; however, these funds neither supported all of New York City's senior centers, nor did they cover the full cost of services. Funding for meals and kitchen staff was not included, despite a noted increased rate of food insecurity among older adults. In FY20 the city must make a serious commitment to fund the full scope of services needed to support a robust senior center, including kitchen staff and meal costs.

New York City funds congregate meal reimbursements at a rate that is 20 percent lower than the national average. Additional investment is needed to adequately fund staffing, address the unfunded costs of running senior center kitchens, and provide culturally competent meals, such as kosher or halal, so that senior centers can meet demand, comply with DFTA requirements and best serve their clients. Furthermore, some of the senior centers in our network have reported running out of food for weekend and holiday meals. More resources are clearly needed to ensure that individuals receive the nutritious meals they need to thrive. **We urge the Council to work with the Administration to invest an additional \$20 million for congregate meals in the FY20 budget.**

Increase the Reimbursement Rates for Home Delivered Meals

Beyond simple meal provision, home-delivered meals provide important social contact for those who are confined to their homes. Recipients of home delivered meals are chronically disabled due to heart disease, mobility challenges, diabetes, arthritis or severe vision impairment and are reliant on these supports. Regular meal deliveries provide health and psychological benefits beyond nutrition, and can act as an access point for other critical support services, which help older adults continue to live in their homes. However, New York City funds home delivered meals at rate that is 20 percent below the national per meal average. This low rate neither allows for programs to expand their services to meet increasing demands nor are they able to adequately provide culturally competent meals to their clients. We thank the Council for working with the Administration to invest \$2.8 million in one-time funding in FY19 for home delivered meals for seniors. **However, to fully address these needs, we request the Administration invest an additional \$15 million in FY 20 to support home delivered meals.**

3. Naturally Occurring Retirement Communities (NORCs)

NORCs are housing developments or neighborhoods that were not intentionally built for older adults, but are now home to a significant number of older people. NORCs coordinate support for

housing, social service, and health care providers to promote health and stability among older adults in apartment buildings and housing complexes, as well as in lower-density neighborhoods.

NORCs are funded through both DFTA and the City Council. In FY 2019, the Administration added \$1 million to shift some Council-funded NORCs over to DFTA. This money was not included in the Preliminary Budget. **It is critical that this \$1 million be restored to ensure stability to the NORC program. Additionally, Council Initiative funding for NORCs must be restored at the FY 2019 level of \$3.65 million.**

Many NORCs are struggling to meet requirements for on-site nursing hours, which are mandated in DFTA contracts. Nurses provide important services that might not otherwise exist in the community, such as medication education, diabetes testing, flu shots, mobility and balance screenings, and helping clients get in touch with doctors. Many older adults rely on these nurses as a main source of health care and truly value the care they provide. The estimated average annual cost of a nursing home for one person in New York City is \$149,000². In contrast, NORC contracts are funded at roughly similar rates, while providing services to hundreds of residents, helping them age in place.

At many NORC sites, providers secure pro-bono nursing service through hospitals, student nurses or retired nurses volunteering their time. However, these arrangements are becoming unstable in the wake of recent State Medicaid Redesign and billing changes, in addition to the growing need for health care as the state's population ages. Many nursing services providers have been cutting back on their pro-bono hours, and for those that remain, nursing providers and NORC programs are worried about being able to continue these arrangements. Consequently, NORCs are spending more funds to maintain the same level of service they have continuously provided, though these expenses are not reimbursed by the City.

A survey of NORC programs conducted by UNH and UJA-Federation in November 2018 found that for DFTA-funded NORCs, pro-bono nursing hours have been reduced by 38% over the last three years. While no two programs are identical, the average NORC program currently utilizes 22 nursing hours per week, an average of 10 of which are pro-bono. This includes some programs with zero pro-bono hours. **An additional \$750,000 in Council funding (which should not impact service delivery level requirements) would cover the loss in pro-bono nursing hours in the 28 DFTA-contracted NORCs over the last three years.**

This figure does not account for future potential cuts to nursing hours. Unfortunately, we saw this materialize last month when one major nursing provider informed all of its NORC directors that their pro-bono hours would be terminated effective July 1, 2019. Further analysis of these costs is needed and there is urgency for the City to step in and stabilize NORC nursing services.

Finally, with attention being giving to other DFTA-contracted salaries, UJA requests that the City Council further advocate to implement salary increases for NORC contracts, which remain significantly underfunded. Without any increases, providers are left wrestle with the inequity of paying varying salaries to staff doing comparable work, and the inevitable recruitment, turnover, and morale problems that lower service access and quality for New York's seniors. For some of

² https://www.health.ny.gov/facilities/nursing/estimated_average_rates.htm

our larger nonprofit partners, who provide services to seniors citywide, this cost has amounted to millions of dollars. Competitive salaries are needed in order to retain qualified staff, avoid turnover, and provide uninterrupted service to clients. With the aging population growing at an incredible rate, the City should recognize the ever growing need to attract skilled individuals, interested in the geriatric field.

4. Elie Weisel Holocaust Survivor Initiative

New York City is home to roughly 40,000 Holocaust survivors—almost half of the total population of survivors living in the United States. An estimated 40% of Holocaust survivors live at or below 150% of the national poverty line; many live month to month on meager assistance that does not cover the cost of food, heat, rent and medical expenses. Furthermore, as survivors grow older they require enhanced health and mental health care as the trials of their younger years show dire effects with age. It is crucial to provide specialized care and support services to this vulnerable population and enhance their quality life to allow them to live out their remaining years with dignity.

UJA applauds the leadership of the City Council in its continued investment in New York City's Holocaust survivors. Many of our nonprofit partners have received initiative grants to provide specialized programming and comprehensive services for Holocaust survivors. Grants funded through the Elie Weisel Holocaust Survivor Initiative provide case management services, personal care and assistance, legal services and entitlement counseling, transportation services, end of life care and specialized caregiver supports. As we continue to care for this last generation of survivors, we ask that the City Council continue its compassionate support for this vulnerable population.

UJA respectfully requests that the City Council increase funding for the Elie Wiesel Holocaust Survivor Initiative and invest \$4 million in FY 2020.

CONCLUSION

UJA-Federation of New York respectfully urges your consideration and support of these vital programs, services and resources that assist our City's most vulnerable and neediest individuals and the organizations that serve them.



**UNITED
NEIGHBORHOOD
HOUSES**

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

**Testimony of United Neighborhood Houses
Before the New York City Council**

**FY 2020 Preliminary Budget Hearing: Committee on Aging
Council Member Margaret Chin, Chair**

**Presented by Tara Klein, Policy Analyst
March 12, 2019**

Thank you for convening today's hearing. My name is Tara Klein, and I am a Policy Analyst at United Neighborhood Houses (UNH). UNH is a policy and social change organization representing 40 neighborhood settlement houses in New York City with two in upstate New York. We mobilize our members and their communities to advocate for good public policies, and we promote strong organizations and practices that keep neighborhoods resilient and thriving for all.

The work we do strengthens the capacity of more than 30,000 employees and volunteers working across 680 locations to continue providing necessary services for people of multiple generations with programs that provide skills, education, social services, health, arts, and connection to community and civic engagement opportunities for over 765,000 New Yorkers who visit settlement houses each year. UNH members provide a wide variety of services to support older adults, including operating senior centers, home delivered meals programs, NORCs, case management, homecare and other programs.

In FY 2020, there are many funding needs that will support older adults and help truly make New York a Fair City for All Ages. UNH supports the following:

- Investing the previously-promised **\$10 million** in senior center “**model budget**” funding.
- Enhancing senior nutrition by adding **\$20 million** to support **senior center congregate meals** and kitchen staff and **\$15 million** to bolster **home delivered meals** programs.
- Supporting the **NORC program** by restoring **\$1 million** in Administration-side funding, restoring **\$3.65 million** in Council funding, and adding **at least \$750,000** to cover cuts to pro-bono nursing hours.
- Creating an **emergency repairs fund** for DFTA Capital and expense needs, starting with a **\$10 million** investment.
- Restoring critical Council initiatives including **Support Our Seniors** at **\$4.08 million** and **Healthy Aging** at **\$2.04 million**.
- Restoring and enhancing the **Geriatric Mental Health Initiative** at **\$2.5 million**.
- **No PEG cuts** to DFTA programs.
- **Fair contracts for the nonprofit human services sector** through procurement reforms and funding.

Senior Center “Model Budget”

UNH appreciates that in FY 2018 the Administration began to address the chronic underfunding of senior center contracts by investing \$20 million in a “model budget” process, with the goal of more closely funding the true cost of administering senior centers. \$10 million of this investment has been allocated and baselined to date, with the second round of \$10 million promised by FY 2021. It is urgent that this funding be included in FY 2020 to address the large needs in our City’s senior centers.

As the City looks to allocate this second round of \$10 million, and as it considers future investments in older adult services, it is important to learn from past challenges of the model budget process:

- First, there was inadequate transparency from the City surrounding its methodology and rationale. In the future, DFTA must engage providers more meaningfully, similarly to how agencies like ACS have conducted model budget processes.
- Key cost drivers such as food, rent, and OTPS were excluded from receiving model budget funding, and these need to be addressed in the future.
- Several senior centers were excluded from receiving model budget funds in the first round, often based on technicalities around funding sources. While we understand the second round of funding will be allocated identically to the first, we hope minor adjustments can be made to address these deficiencies.

Senior Nutrition: Congregate and Home Delivered Meals

Meal programs are critical for older adults, as good nutrition is a key determinant of health outcomes as people age. Unfortunately, hunger among older adults in New York City remains high, with approximately 11% percent of New York City residents over age 60 experiencing food insecurity, with that figure at 24% for older residents of the Bronx.¹ Access to congregate meals in senior centers and home delivered meals are key to decreasing food insecurity among older people. These programs also help address social isolation and its related health risks (see UNH’s *Aging in the Shadows* report).²

Unfortunately, senior meal providers face a major barrier because DFTA contracts do not cover the full cost of providing meals. Organizations will often incur deficits to meet the needs of their communities and ensure seniors receive meals. Daily attendance at senior centers tends to fluctuate, which also has an impact. One UNH member has said they are contracted to provide 65 daily lunches at their senior center but regularly provide over 90 due to increased attendance, but are not reimbursed by DFTA for additional incurred costs. There is an outsized impact on programs that serve culturally appropriate or therapeutic meals, as these often have higher costs.

A national evaluation of Administration on Aging (AOA) Nutrition Programs in 2015 found that the average true cost of a congregate meal was \$10.69 and the average cost of a home delivered meal was \$11.06.³ However, across DFTA meal programs, while there is great variation in reimbursement rates across programs, the average reimbursement rate per meal is about 20% lower

¹https://www.hungerfreeamerica.org/sites/default/files/atoms/files/NYC%20and%20NYS%20Hunger%20Report%202018_0.pdf (2018 report)

²http://www.unhny.org/literature_239781/UNH_Aging_in_the_Shadows

³<https://www.acl.gov/sites/default/files/programs/2016-11/NSP-Meal-Cost-Analysis.pdf>

than the national average, and those rates are even lower for programs in UNH's network (according to a 2017 survey of settlement houses):

	National Average Reimbursement Rate (2015)	DFTA Network Average Reimbursement Rate (2018)	UNH Network Average Reimbursement Rate (2018)
Congregate Meals	\$10.69	\$9.06	\$7.98
Home Delivered Meals	\$11.06	\$8.42	\$8.12

The differences are even more urgent when considering that the cost of living is higher in New York City, and the U.S. Consumer Price Index for food has increased each year since 2015.⁴

Critically, senior center cooks and kitchen staff work very hard for extremely low pay. These workers are expected to do more than just prepare and serve food; they are administrators, working to complete inventory, order supplies, create menus that cover nutritional requirements, and supervise volunteers who help in the kitchen. At the same time, many cooks lack administrative job skills, do not have a high school diploma, or cannot read in English. Programs fill this need by having directors and other senior center staff fill in on an ad-hoc basis. Small senior centers with few staff often have just one cook running the entire kitchen, and if that cook is out sick or taking personal time there is no substitute – the senior center director (who is not a cook) will often fill in. For kitchens that prepare both congregate and home-delivered meals, staff often cook 3 meals per day and will work more than 12 hour days. Programs have expressed having to make a difficult choice between hiring more staff for low pay or overworking existing staff.

Meal programs in the UNH network report paying kitchen staff around the minimum wage, with raises only given when DFTA provides funding for a COLA or the minimum wage increase. One UNH member expressed anger over feeling “forced to reinforce poverty” due to these low reimbursement rates and consequential low salaries. This low pay has led to high turnover rates, with many staff opting to work at higher-paying institutions like schools and colleges or at restaurants. Hiring is difficult, with one program reporting a job posting for an assistant cook that was unfilled for 6 months.

Thanks to the Council's support, in FY 2019 an additional \$2.84 million was added to the home delivered meal program, which helped bring reimbursement rates up system-wide by about 46 cents per meal. Unfortunately, this money was not baselined and was not included in the Preliminary FY 2020 Budget.

This year, in order to meet the nutritional needs of New York City's growing older adult population, support a decently-paid workforce, and ensure programs are paid for the true costs of running a meal program, UNH recommends the FY 2020 budget include an additional \$20 million for senior center congregate meal programs and \$15 million for home delivered meal programs, for a total of \$35 million in new investments. Further, contracts should have regular cost adjusters to account for rising food costs and inflation, and should be adjusted regularly as the number of older New Yorkers increases.

⁴<https://www.usinflationcalculator.com/inflation/food-inflation-in-the-united-states/>

Naturally Occurring Retirement Communities (NORCs)

NORCs are housing developments or neighborhoods that were not intentionally built for older adults, but are now home to a significant number of older people. NORCs coordinate support for housing, social service, and health care providers to promote health and stability among older adults in apartment buildings and housing complexes, as well as in lower-density neighborhoods.

NORCs are funded through both DFTA and the Council. On the DFTA side, \$1 million was added in FY 2019 to shift some NORCs from the Council side to the Administration side. This money was not included in the Preliminary Budget. It is critical that this \$1 million be restored to ensure stability to the NORC program. Additionally, Council funding for NORCs must be restored at the FY 2019 level of \$3.65 million.

Many NORCs are struggling to meet requirements for on-site nursing hours, which are mandated in DFTA contracts. Nurses provide important services that would not otherwise exist in the community, such as medication education, diabetes testing, flu shots, mobility and balance screenings, and helping clients get in touch with doctors. Many older adults rely on these nurses as their main source of health care and truly value the care they provide. Economically, the average annual cost of a nursing home for one person in New York City is \$149,000⁵, while individual NORC programs provide hundreds of residents with the health care and supports to help them age in place for a similar contract cost as the cost of one nursing home resident.

At many NORC sites, providers secure pro-bono nursing service through hospitals, students, retired volunteers, and other means. However, these arrangements are becoming unstable in the wake of recent State Medicaid Redesign and billing changes, in addition to the growing need for health care as the State's population ages. Many nursing services have been cutting back on their pro-bono hours, and for those that remain, nursing providers and NORC programs are worried about being able to maintain these arrangements. Consequently, NORCs are spending more to maintain the same level of service they have continuously provided, though these expenses are not reimbursed in DFTA contracts.

A survey of NORC programs conducted by UNH and UJA-Federation in November 2018 found that for DFTA-funded NORCs, pro-bono nursing hours have been reduced by 38% over the last three years. While no two programs are identical, the average NORC program currently utilizes 22 nurse hours per week, an average of 10 of which are pro-bono. This includes some programs with zero pro-bono hours. An additional \$750,000 in Council funding (which should not impact service delivery level requirements) would cover the loss in pro-bono nursing hours in the 28 DFTA-contracted NORCs over the last three years.

This figure does not account for future potential cuts to nursing hours. Unfortunately, we saw this materialize last month when one major nursing provider informed all of its NORC directors that their pro-bono hours would be terminated effective July 1, 2019. Further analysis of these costs is needed and there is urgency for the City to step in and stabilize NORC nursing services.

Finally, most NORC programs in our survey expressed a desire to have more nurse hours if they could afford it, lending support to the success and high demand for these services.

⁵ https://www.health.ny.gov/facilities/nursing/estimated_average_rates.htm

Emergency Repairs

DFTA-funded senior centers often face a challenging reality when it comes to building upkeep, with issues ranging from broken stoves to leaking roofs. According to DFTA, in the summer of 2018, 30 air conditioners did not work in senior centers that were designated as official NYC cooling centers. This problem is even more acute for those senior centers that are located in NYCHA facilities – given the multitude of crises NYCHA currently faces, the upkeep of senior centers in NYCHA facilities run by community-based organizations has become a back-burner priority. Senior center maintenance and repairs are not covered in DFTA contracts, and available funding for repairs comes from a confusing range of agencies and pots of money. At the same time, senior centers often face administrative challenges and delays even after funding has been secured. DFTA and the Council should create a \$10 million emergency repairs fund to support much-needed repairs and building improvements, covering both expense funding and Capital funding for major projects worth \$35,000 or more.

Council Aging Initiatives

Settlement Houses cite the Healthy Aging and Support Our Seniors initiatives as key to their ability to provide older adults services. The Healthy Aging initiative provides funding for health promotion services to prevent chronic disease, prevent falls, and promote good nutrition and exercise at senior centers and other sites, and the Support Our Seniors Initiative provides funding for any organization funded through a city agency that administers senior services and programming. We encourage the Council to renew these two valuable initiatives at their FY 2019 levels of \$2.04 million for Healthy Aging and \$4.08 million for Support Our Seniors.

Geriatric Mental Health

The Council's Geriatric Mental Health Initiative funds mental health services in community spaces where older adults gather, as well as in their homes, and is an important part of improving access to, and removing the stigma associated with mental health care. UNH encourages the City Council to restore this initiative at its FY 2019 level of \$1.9 million with an additional investment of \$600,000, for a total of \$2.5 million, in order to meet growing demand and support staffing needs.

UNH is also glad to see a new investment of \$1.7 million in the Preliminary Budget to expand Geriatric Mental Health through DFTA under Thrive. This funding is intended to expand service to new sites, and thus should not supplant the Geriatric Mental Health Initiative funding. Settlement Houses are eager to learn more about this new funding and how they might apply.

City Budget Concerns and Procurements

We understand the City budget is constrained by a \$750 million Program to Eliminate the Gap (PEG) this year. While we certainly understand the City's fiscal constraints, it is urgent that DFTA not face cuts under the PEG. DFTA programs have been underfunded for many years. Only recently have DFTA and the Council begun to address these long-standing deficiencies through new funding and looking to redesign programs. DFTA is currently preparing to re-procure the home delivered meal system, to be followed by senior centers. To build a system that adequately addresses the growing older adult population, and with programs that are currently very financially strained, we cannot afford to lose any funding.

Fair Contracts

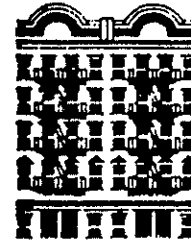
In addition to our requests on behalf of older adults and the settlement houses that serve them, it is essential that the City recognize and address the larger-scale underfunding of city contracts across the nonprofit human services sector as a whole, which is calling into question the solvency of nonprofits and their ability to provide services in their communities.

The City must invest \$250 million to fill the gap between providers' indirect costs and contract reimbursement rates. The new Health and Human Services Cost Policies and Procedures Manual, which was developed alongside Deputy Mayor Palacio, lays out standardized indirect costs for the sector. However, without increased funding to address the contract gaps, this fiscal crisis will remain unaddressed. Based on numbers provided by the Office of Management and Budget, \$250 million should cover the costs to fully implement this manual's recommendations.

Finally, we urge the Council to support timely contract registration and establishing a transparent process for tracking contract actions, address increased costs associated with the increase in the New York State overtime exemption level, and provide sample budgets in procurements so providers can accurately assess the feasibility and level of risk in bidding for contracts.

Thank you for your time. For questions, I can be contacted at 917-484-9326 or tklein@unhny.org.

FOR THE RECORD



**Cooper
Square
Committee**

61 E. 4th Street, New York, N.Y. 10003
Tel: (212) 228-8210; fax: (646) 602-2260
email: csc@coopersquare.org

Website: www.coopersquare.org

TESTIMONY ON:

T2019-3860

**New York City Council Budget and Oversight Hearings on The
Fiscal Year 2020 Preliminary Budget - Department for the Aging**

PRESENTED BEFORE:

**THE NEW YORK CITY COUNCIL COMMITTEE ON
AGING**

MARGARET S. CHIN, CHAIR

**COMMITTEE MEMBERS: Diana Ayala
Ruben Diaz, Sr., Paul Vallone, Daniel Dromm, Mathieu Eugene,
Mark Treyger, Chaim M. Deutsch, Deborah Rose**

PRESENTED BY:

**CARMEN L. PEREZ
DIRECTOR OF NEIGHBORHOOD NORC PROGRAM
COOPER SQUARE COMMITTEE**

March 12, 2019

Good Afternoon, my name is Carmen Perez, Director of the Neighborhood NORC Program at the Cooper Square Committee. I am delighted to be here today to testify in support of NORC and Neighborhood NORC's. N/NORCs provide programs and services that support a group that might otherwise fall through the cracks and specifically the need for more funding for nursing services in N/NORCs.

First, I would like to thank the Council for supporting N/NORCs. Because of your enthusiasm for this program, we have been able to bring resources and attention to the needs of a large and rapidly growing senior population.

N/NORCs were founded with the ultimate goal of transforming residential complexes and neighborhoods to meet the needs of a growing cohort of older residents and enable them to remain living independently in their homes; thrive in their communities, and delay hospitalization or nursing home placement. The density of older adults and their proximity to each other further fosters creative approaches to providing health and social services. N/NORC programs provide case management services; nursing services; recreational, social and cultural activities and ancillary services tailored to meet the needs of each community. Programs actively encourage healthy aging by providing access to health care, promoting health and wellness activities, addressing disease prevention and responding to chronic health conditions. By providing these vital programs and resources aging New Yorkers from low to middle income can be assured of not having to go out of their way to continue to enjoy their independence.

The Cooper Square Committee's mission is to work with area residents to contribute to the preservation and development of affordable, environmentally healthy and community/cultural spaces so that the Cooper Square area remains racially, economically and culturally diverse. Through this aim we have seen our elder population grow and thus recognized the needs of our East Village aging community by developing and shaping a program by their own design. Through a partnership among low and moderate income residents, housing management companies, and health care and social service providers, facilitated by the CSC N/NORC program since its formation three years ago has cast a wider net throughout the East Village/Lower East Side community through strong outreach, networking and activities such as workshops and presentations.

Our N/NORC Program thanks to the generosity of the City Council Committee on Aging and the Department for the Aging (DFTA) has allowed both Cooper Square Committee (CSC) and its surrounding aging community to enjoy and partake of programs and services that they were not privy to in the past. As of now the N/NORC is providing the following services:

Health, Legal and Benefits Planning workshops:

The CSC Neighborhood NORC has sponsored over 60 workshops for seniors at three or more different sites, with a total attendance of over 600 people. Topics have included disaster preparedness and response, falls prevention, medication safety, depression, ageism, decluttering, health care options, Oral hygiene, fraud prevention, how to create end of life documents such as wills, health proxies and power of attorney.

Case Management and Home Visits:

Our Social Service staff consisting of a part-time employee and N/NORC Director provides one-on-one counseling and entitlement assistance for seniors 60 and over, including helping them enroll in Meals on Wheels, access to Medicaid and SNAP, obtain a home health aide, apply for SCRIE and DRIE, and apply for affordable senior housing when opportunities arise. Our NORC staff triages with CSC Organizing staff to deal with seniors who have housing issues. Overall, the CSC & N/NORC serves over 150 seniors per year for Case Management.

Social and Recreational Events:

The Senior, Health, Advocacy and Recreational Program (SHARP) Committee at Cooper Square is a senior led group that plans a lot of the workshop topics as well as social and recreational activities for seniors. This past year, SHARP's members have participated museum outings in particular the Rubin and Whitney museums, sub-prime lending and other housing related issues, social lunches and dinners at local restaurants that offer early bird specials. This year we have embarked on a healthy cooking course and chair yoga exercise program.

In total, CSC's N/NORC serves over 500 unduplicated seniors per year. Through additional funding to CSC and other NORCs would be vital to ensure that the NORC programs can continue to provide services, particularly health care management services, to expand the program culturally and linguistically to underserved areas with increasing aging populations.

A key component of the N/NORC program model is health care management and assistance, and most programs employ nurses to fulfill this requirement. Nurses provide services to N/NORC residents that might not otherwise exist in the community, such as medication education, diabetes testing, flu shots, mobility and balance screenings, and helping clients get in touch with doctors. Many residents rely on these services as a main source of health care and value the consistent, quality care they provide.

N/NORCs were previously able to secure nursing hours pro-bono by partnering with hospitals, retired nurses, or supervised student nurses. However, in the wake of recent Medicaid Redesign and billing changes, in addition to an aging population with increased needs, these arrangements are becoming unstable and many nursing services providers are cutting back on their pro-bono hours. With many of these partnerships greatly diminished or fully terminated, N/NORCs must find funding to pay for hours that were previously free, essentially spending more to maintain the same level of service.

The Preliminary Budget cuts \$3.65 million to N/NORCs that was previously covered by the Council. It also fails to restore \$1 million on the Administration side that was added in FY 2019. This funding is vital to ensure that current programs can continue to provide services.

We ask that the Council restore this \$3.65 million, and that the Administration restore the \$1 million it previously supported. Further, the City must make additional investments for NORC nursing hours.

Finally, we ask that the Council work with the Administration to ensure salary parity for N/NORC staff. While there have been salary increases for case managers and senior center staff over the past few years, N/NORC salaries remain underfunded. Competitive salaries are needed to retain qualified staff, avoid turnover and provide uninterrupted services to residents.

Older adults across New York City rely on N/NORC services to remain healthy and stably housed; without these services, their options for receiving appropriate community-based care would be greatly diminished. It maintains viability while preserving the integrity of the community.

In closing, the Cooper Square Committee N/NORC program is in agreement with the general NORC communities to have programs in place that run efficiently and sufficiently for a healthy perspective for our seniors. Further if anyone has questions, I can be reached at carmenp@coopersquare.org or 212-228-8210 ext. 8.

Thank you.



Selfhelp Community Services, Inc.
520 Eighth Avenue
New York, New York 10018
212.971.7600
www.selfhelp.net

**Testimony from Selfhelp Community Services, Inc.
New York City Council Aging Committee
FY20 Preliminary Budget Hearing
March 12, 2019**

My name is Katie Foley and I am the Director of Public Affairs at Selfhelp Community Services. Thank you to Finance Committee Chair Daniel Dromm, Aging Committee Chair Margaret Chin, and the members of both committees for the opportunity to testify today on the FY20 Preliminary Budget.

Selfhelp was founded in 1936 to help those fleeing Nazi Germany maintain their independence and dignity as they struggled to forge new lives in America. Today, Selfhelp has grown into one of the largest and most respected not-for-profit human service agencies in the New York metropolitan area, with 46 program locations throughout Manhattan, Brooklyn, Queens, the Bronx, and Nassau County. We provides a broad set of services to more than 20,000 elderly, frail, and vulnerable New Yorkers each year, while remaining the largest provider of comprehensive services to Holocaust survivors in North America. Selfhelp offers a complete network of community-based home care, social service, and senior housing programs with the overarching goal of helping clients to live with dignity and independence and avoid institutional care.

Our services are extensive and include: specialized programs for Holocaust Survivors; eleven affordable senior housing complexes; four Naturally Occurring Retirement Community (NORC) programs; three intensive case management programs; five senior centers including one of New York City's first Innovative Senior Centers; home health care; client centered technology programs including the Virtual Senior Center; court-appointed guardianship; the Selfhelp Alzheimer's Resource Program (SHARP); and New York Connects, which provides seniors and people with disabilities with the information and support they need to remain living independently in their own homes.

We are grateful for the Council's ongoing support for so many important senior programs and for always emphasizing the needs of older adults in policy decisions and budget allocations. With strong community based programs, we are confident that older New Yorkers will be able to access the care and support they deserve and need to be able to age in their own homes and communities.

Today I will focus on a few of Selfhelp's priorities that we hope that Council will highlight over the next few months and in budget negotiations.

Senior Center Model Budget

We commend the Department for the Aging (DFTA), Office of Management and Budget, and the City Council for the ongoing commitment to senior centers since the beginning of the model budget process. Funding for the City's senior centers is a critical step to stabilizing one of the core programs that supports older New Yorkers, including many immigrant seniors.

Selfhelp is requesting that the remaining \$10 million that has been committed to the model budget process be allocated this year, instead of FY21. Allocating the remaining funding will have a very positive impact on the operations of our programs, and is critical before the next RFP for senior centers to be released in calendar year 2020.

We remain concerned that other costs beyond salaries were not included in the model budget process, in particular for food, which is a significant cost for senior centers. We hope that the allocations in the subsequent years will focus on food, rent, OTPS, and other associated costs.

We know that there continues to be a need for accessible and nutritious meals for older adults in all boroughs. We serve over 200,000 meals each year at our five senior centers and request for additional funding. We request \$20 million in additional funding to increase funding for the reimbursement rate for meals (which is currently 20% below the national average), adequately fund staffing, and address the unfunded costs of running senior center kitchens so that seniors can eat nutritious, culturally competent meals. This funding is particularly important for culturally-competent meals, such as the kosher meals provided at our Austin Street Senior Center in Forest Hills. Since these meals are catered, we have less flexibility catering the kosher meals, and rising food costs were not reflected in the model budget process.

Resident Advisor Service Coordinator

Selfhelp appreciates the strong support of Mayor de Blasio and the City Council for senior affordable housing in New York City. However, when it comes to housing for older New Yorkers, it's not just the bricks and mortar that helps us achieve our joint goals. Selfhelp believes that housing plus services is the right model to ensure that seniors are able to thrive as they age in their communities, and the best outcomes for older adults are achieved when social services support client health.

We urge the City Council to advocate for the creation of a senior housing resident coordinator program, which invests \$5 million in social workers within new and existing senior affordable housing. Resident assistance includes an array of "light-touch" services that promote healthy living by extending independence and improving quality of life. An investment by the City for service coordinators outside of the SARA program would provide support for all older New Yorkers to age with the independence and dignity they deserve.

Recently published research by Dr. Michael Gusmano of Rutgers University proves that Selfhelp's housing-plus-services model has a significant impact on health and reduces healthcare costs. The study compared Medicaid and Medicare data for residents in our housing in two zip codes and compared it

to other seniors living in the same zip codes over two years. Compared to the control group, we found the following for our residents

- 68% lower odds of Selfhelp residents being hospitalized
- \$1,778 average Medicaid payment per person, per hospitalization for Selfhelp residents, versus \$5,715 for the comparison group
- 53% lower odds of a Selfhelp resident visiting an emergency room compared to a non-Selfhelp resident

Selfhelp's eleven affordable residences offer seniors the opportunity to lead independent lives in their homes with the additional support of the unique Selfhelp Active Services for the Aging Model (SHASAM), which makes available social work services, education, and recreation, if and when requested by the resident. This model results in a savings to the Medicaid program by keeping low-income seniors out of more costly levels of care such as assisted living or nursing homes. Further, this investment would further enhance the Mayor and Council's investments in affordable housing.

Holocaust Survivor Initiative:

For the past few years, the City Council, with the leadership and advocacy of Council Member Espinal, along with the Jewish Caucus started and expanded the Elie Wiesel Holocaust Survivor Initiative. This investment demonstrates the commitment of the City to ensure that some of our City's most vulnerable receive the care and services they need. This year, we are urging the City Council to renew this initiative, with continued support for Selfhelp and our Holocaust Survivor Program. In FY20, Selfhelp is seeking \$350,000 to fund direct social services to frail, isolated, and financially needy Holocaust survivors. Approximately 50% of the survivors served by Selfhelp are living at or below the poverty line, while 80% of survivors from the former Soviet Union are living in poverty. As the largest provider of comprehensive services to survivors, Selfhelp is uniquely positioned to assist this last generation of survivors, especially as their needs grow more intense and more costly.

We have over 300 survivors on a waitlist in Brooklyn that we are working to address with the FY19 City Council initiative grant. Additional funds in FY20 will help to address this population of survivors in Brooklyn, as well as direct social services to frail, isolated and financially needy Holocaust survivors across the City. Services include case management to assist in assessing and developing a mutual agreed upon care plan that will be implemented to keep the client safe in the community with dignity and independence.

Virtual Senior Center

As the aging population grows, so too does the number of homebound elders who are at a high risk of social isolation and depression. Social isolation is one of the most serious issues affecting the elders of our community. Selfhelp's Virtual Senior Center is one program which has been proven to effectively and profoundly impact this problem. A study conducted by the AARP Public Policy Institute and Stanford University found that a lack of social contacts among older adults is associated with an estimated \$6.7 billion in additional federal Medicare spending annually. As DFTA has noted, loneliness and social isolation are associated with increased mortality among older adults.

The VSC has been able to expand due to the support of members of the City Council. However, in order to address the needs of this population across the City, we strongly encourage DFTA and City Council to consider creating new investments in technology services, such as the Virtual Senior Center, that can help reduce social isolation amongst homebound older adults. As we've done in the past, we're requesting support from various Councilmembers to provide access in various districts, and we are also seeking \$25,000 from the Queens Delegation to expand the Virtual Senior Center to homebound older adults throughout the borough. Last year, the Queens delegation awarded us \$15,000 to offer the VSC, and we hope to be able to continue and grow this program with that funding. Additional investments in technology services will result in reduced social isolation and overall better health for older adults in New York City.

The Virtual Senior Center (VSC) engages homebound seniors, who are no longer able to get to their local senior centers, into the larger community by using technology to connect them with other participants in a range of activities. A cornerstone activity of the program is its interactive, real-time classes where participants can hear, see and talk with each other in an interactive session. Over 40 classes are typically offered each week ranging from art history to current events to museum tours to weight training and other exercise programming. This groundbreaking program effectively reduces social isolation by creating social networks for otherwise homebound seniors, connecting them to each other and to the outside world.

In addition, the program has been shown to break down barriers of digital literacy, reduce social isolation by up to 85% and improve participants' quality of life by 97%. As one of our participants said, *"The program is truly extraordinary. We're homebound. It's a gift. I live alone but I don't feel alone."*

Through independent research, Selfhelp assessed the impact of the Virtual Senior Center on the health of participants, and we found:

- 85% reduction in social isolation as a result of participation in the VSC
- 51% increase in self-reported health status because of VSC participation
- 97% of participants reported that the VSC improved their quality of life

The program has become a lifeline for over hundreds of participants. Participants enjoy taking part in engaging live classes facilitated by dozens of instructors, chatting with friends, enjoying yoga, learning wellness tips and discussing politics, surfing the Internet and playing games all from the comfort of their own homes. To serve a broader community, the VSC is now available in multiple languages including Mandarin, English, Korean, Russian, and Spanish.

Senior Transportation Program

With support from Council Member Paul Vallone and the Queens Delegation, Selfhelp has been operating a senior transportation program to provide free transportation to and from medical appointments. Due to the success of the program and high demand from individuals, we are seeking to continue this program across Queens. With funding provided by the delegation for this year, Selfhelp

has so far provided approximately 300 rides across multiple City Council districts in the borough. Due to the demand for accessible transportation and popularity of this program we believe that with this funding, Selfhelp will be able to continue to serve the Queens seniors that in need.

Based on feedback received by individuals who benefitted from the program, as well as the demand for services, we know that the program improves quality of life for older New Yorkers, as it eliminates concerns about transportation costs, traveling alone, and navigating public transit. Further, in transportation deserts in parts of NYC and Queens in particular, this program removed a significant barrier for older adults in caring for their health.

Naturally Occurring Retirement Communities (NORCs)

Selfhelp provides social services to more than 1,300 residents at four Naturally Occurring Retirement Communities (NORCs) and Neighborhood NORCs throughout Queens. We are very appreciative of the consistent support the NORC program has received in the City Council. Because of your enthusiasm for this program, we have been able to bring resources and attention to the needs of a large and rapidly growing senior population.

N/NORCs were founded with the ultimate goal of transforming residential complexes and neighborhoods to meet the needs of a growing cohort of older residents and enable them to remain living independently in their homes; thrive in their communities, and delay hospitalization or nursing home placement. The density of older adults and their proximity to each other further fosters creative approaches to providing health and social services. N/NORC programs provide case management services; nursing services; recreational, social and cultural activities and ancillary services tailored to meet the needs of each community. Programs actively encourage healthy aging by providing access to health care, promoting health and wellness activities, addressing disease prevention and responding to chronic health conditions.

A key component of the N/NORC program model is health care management and assistance. Nurses provide services to N/NORC residents that might not otherwise exist in the community, such as medication education, diabetes testing, flu shots, mobility and balance screenings, and helping clients get in touch with doctors. Many residents rely on these services as a main source of health care and value the consistent, quality care they provide.

The Preliminary Budget does not include \$3.65 million to N/NORCs that was previously covered by the Council. It also does not restore \$1 million on the Administration side that was added in FY 2019. This funding is vital to ensure that current programs can continue to provide services. We ask that the Council restore this \$3.65 million, and that the Administration restore the \$1 million it previously supported

Finally, we ask that the Council work with the Administration to ensure salary parity for N/NORC staff. While there have been salary increases for case managers and senior center staff over the past few years, N/NORC salaries remain underfunded. It is difficult to recruit and retain highly trained staff without salary parity across all DFTA-funded programs.

Older adults across New York City rely on N/NORC services to remain healthy and stably housed; without these services, their options for receiving appropriate community-based care would be greatly diminished.

Discretionary Funding For Core Senior Services

In order to create a robust aging services network to meet the needs of today's seniors and those turning 60 each day, Selfhelp supports the priorities of our partner organizations, including continued investment in all the Council initiatives that support aging programs, found in Schedule C. A few examples include:

- Support our Seniors provides diverse services across the City
- SU-CASA programs are creative aging art programs at senior centers
- Senior Centers for Immigrant Populations support New York City's diverse older adults with culturally competent services
- Healthy Aging Initiative provides support for various health-promotion programs
- Social Adult Day offers additional support for seniors with high levels of need, including for Selfhelp's Alzheimer's Resource Program

We appreciate the City Council for consistent support of these program and all senior services.

Conclusion

Thank you for the opportunity to testify today. On behalf of the 20,000 clients we serve, I am grateful for the Council's support on so many important programs.



City Council Committee on Aging

FY20 Budget Hearing

March 12, 2019

Remarks by Molly Krakowski, Senior Director, Government Affairs
Jewish Association for Services for the Aging (JASA)

Good morning. Thank you Councilmember Chin for chairing today's Fiscal 2020 budget hearing on aging, thank you to Council Member Dromm for your leadership of the Finance Committee and thank you to all the Committee members. My name is Molly Krakowski and I am Senior Director of Government Affairs at JASA.

JASA is a not-for-profit agency serving the needs of older adults in the greater New York area. Its mission is to sustain and enrich the lives of the aging in the New York metropolitan area so that they can remain in the community with dignity and autonomy. JASA has developed a comprehensive, integrated network of services that provides a continuum of community care. Programming promotes independence, safety, wellness, community participation, and an enhanced quality of life for New York City's older adults. These programs reach over 40,000 clients and include home care, case management services, senior centers, NORC supportive services, home delivered meals, caregiver support, continuing education, licensed mental health, housing, advocacy, legal services, adult protective services, and guardianship services. We welcome today's hearing as an opportunity to share our priorities for FY20 and beyond.

We are very appreciative to the Council, and Council Member Chin, for your continued support of aging services, and the needs of the human services sector. For example, there are still significant continuing inequities in salary parity - specifically for staff in NORC programs and senior centers that were left out of the model budget in FY18.

JASA's budget requests and priorities for FY20 are inextricably tied to fair funding of social services contracts in New York City. We are looking to the City to fully fund NYC contracts, to both fully cover the costs of service delivery and ensure that the staff in NYC contracted non-profit organizations are paid a decent, livable wage.

In FY20, JASA is calling for the following:

Adequate Funding for Culturally Appropriate Home Delivered & Congregate Meals

For over 30 years, JASA has provided homebound older adults with a daily nutritious and culturally appropriate home delivered meal. Meals are prepared by caterers with very clear nutrition guidelines, and delivered to clients' homes. As with other City-funded contracts, the Home Delivered Meal program is significantly underfunded, and to provide a culturally appropriate meals is nearly unsustainable at the current rate of reimbursement. Last year, JASA served 683,084 home delivered meals, 57% were kosher meals. Providing kosher meals cost JASA an additional \$1.35 - \$1.45 per meal; as a result, JASA projects a deficit of \$542,864 for FY19. The last rate increase for home delivered meals was in FY15. Despite this increase, DFTA funding remains well below the national average of providing a meal (\$11.06).

The congregate meals provided at senior centers are also underfunded and reimbursement rates are not uniform across contracts and providers. JASA operates neighborhood senior centers throughout the Bronx, Brooklyn, Manhattan, and Queens. These programs offer older adults a hot and nutritious meal, as well as health and wellness workshops, classes, lectures, trips, meaningful volunteer opportunities, and intergenerational activities. They operate as local hubs of meaningful activity and social relationships. Unfortunately, the lack of funding to provide for consumer food choices often correlates to general reduced participation in senior centers, potentially resulting in a higher incidence of social isolation and poor access to important health related programming.

Food costs were not addressed in the first phase of the Senior Center Model Budget process. At the last Aging Committee hearing on Senior Center Model Food Budgets, DFTA testified that they are evaluating the current allocations for food, and anticipate adjusting food rates in FY21.

As the aging community grows in numbers and diversity, City contracts must pay for the full cost of service delivery. We ask the City to invest in funding for culturally appropriate congregate and home delivered meals. JASA joins with other aging advocates in calling for \$20 million this year for congregate meals and an additional \$15 million to address the costs of home delivered meals. Both congregate meals and home delivered meals are currently reimbursed at 20% below the national average. This funding will provide appropriate compensation for culturally appropriate meals, increased salaries of staff involved with food preparation (previously excluded from the senior center model budget in FY18), increase flexibility for providers and address the growing demand for services.

Senior Center Model Budgets

For years, senior centers have operated with bare bones funding without sufficient funds to cover increasing rent and utilities, competitive salaries in all categories, quality food and programs at the government funded sites. Generous City Council members have kept senior centers alive through discretionary funds, and Council Initiatives. After years of advocating for greater investment in senior centers, the FY18 budget baselined \$10 million for "model senior center" budgets, with additional funds in FY19 and FY20.

Unfortunately, only 223 Senior Centers received increases through the model budget. There were 38 senior centers left out of the process altogether. Most of these senior centers and programs are held to the same standards as other DFTA senior centers, and yet were excluded from a process that was meant to rightsize their budgets. These centers were not included because they are either: formerly City Council discretionary funded sites (11), former NYCHA senior centers (4), are considered NYCHA Social Clubs (17), or are called Social Service Programs (6). JASA has four of programs that were excluded: JASA Club 76 was formerly funded by a grant secured by Council Member Rosenthal; Einstein Loop Senior Center was formerly funded by a grant secured by Council Member King; Sue Ginsburg Senior Center, a former NYCHA site in Council Member Gonaj' district; and Cooper Park, a former NYCHA social club in Council Member Reynoso's district. We do not agree with DFTA's decision to omit them from the model budget process. It is a serious inequity. Before DFTA moves on to the next phase of the model budget process, and addresses underfunding of congregate meals, we ask DFTA and OMB to evaluate these and the other remaining centers and rightsize their program budgets and staff salaries.

Fair Salaries

As the City continues to rightsize budgets, JASA is seeking a targeted focus on implementing increases in salaries for all DFTA funded contracts. Over the past few years, DFTA has listened to the aging network providers and recognized the need to make adjustments in salaries and program budgets in order to recruit and retain a skilled workforce to provide programs and services for older adults. This was true of the Case Management programs' and now Senior Centers through the model budget funding, and accounts for a significant portion of personnel. We were also able to secure salary increases from HRA for Adult Protective Services workers, who work with some of the most vulnerable older adults in New York.

However, there are DFTA contracted programs that have seen no increases in compensation. Most egregiously, this includes staff at NORC programs, and home delivered meals programs. It also includes staff at four senior centers which were excluded from the FY18 model budget

process (discussed in the previous section).

We are also concerned about staff at JASA Friendship Houses, which are funded by DOHMH and provide supportive environments for older adults with mental illness. These program staff are also in need of salary adjustments.

With the minimum wage increasing to \$15/hour, there must be greater recognition of the professional staff at City contracted programs reflected in salary increases for supervisors, social workers and other program staff. Competitive salaries are needed in order to retain qualified staff, avoid turnover, and provide uninterrupted service to clients. With the aging population increasing at an accelerated rate, the City should recognize the necessity of having a skilled workforce to meet the needs and preferences of its older residents.

NORC Program Nursing Services

JASA has more than 20 years of experience with the classic NORC services model, and now sponsors the program, or operates as the sub-contracted social services provider in 14 NORCs throughout New York City.

NORC programs provide case management services; nursing services; recreational, social and cultural activities and ancillary services tailored to meet the needs of each community. Programs actively encourage healthy aging by providing access to health care, promoting health and wellness activities, addressing disease prevention and responding to chronic health conditions.

JASA is committed to this community specific service model as it is a uniquely comprehensive and flexible program type, offering multidisciplinary services, multiple portals for service entry and genuine opportunities for partnership-driven community building. Perhaps most significantly, service delivery is based on need and preference. That is, seniors are eligible to and do move in and out of the system, sometimes receiving services as 'traditional' clients and at other times functioning as program leaders and members. The partnerships - with funders, housing entities, health services providers, not for profit services providers, vendors, community residents of all ages, religious leaders, etc., provide additional resources and promote the creation of an aging friendly community.

A key component of the NORC program model is an unfunded mandate for healthcare management and assistance, and most programs employ nurses to fulfill this requirement. Nurses provide services to NORC residents that might not otherwise exist in the community, such as medication education, diabetes testing, flu shots, mobility and balance screenings, and helping clients get in touch with doctors. Many residents rely on these services as a significant source of health information, support and advocacy and value the consistent, quality care they provide.

NORC programs were previously broadly able to secure nursing hours on a contributed, in-kind basis, by partnering with hospitals, retired nurses, or supervised student nurses. However, every agency has fiscal challenges and priorities, and, in the wake of recent Medicaid Redesign and billing changes, as well as an aging population with increased needs, these arrangements are becoming unstable and many nursing services providers are eliminating donating hours. With many of these partnerships greatly diminished or fully terminated, NORCs must find funding to pay for hours that were previously donated to the program.

In FY20, we are asking for the Administration to designate funds for nursing hours in NORC programs. A recent survey of NORC programs conducted by United Hospital Fund and UJA-Federation of New York, found the reduction in pro-bono nursing hours over the last three years to be valued at \$750,000 for DFTA-funded NORC programs. As many of the NORC programs in New York City are also funded by New York State, we have been asking for State support for nursing hours as well.

New York City Council Initiatives:

JASA is very appreciative of the generous support provided to senior programming through the City Council Initiatives each year. Schedule C funding provides essential support, which allows programs to flourish and serve older adults throughout the City. Without the Council's support, many programs would cease to exist. I'd like to highlight some of these Initiatives:

- The NORC Initiative provides ten NORC programs with the funding necessary to help older adults age in place. JASA provides social services through the NORC Initiative at Rochdale Village, Queens; 1199 Plaza, Manhattan; and in Far Rockaway, via a Neighborhood NORC program. Without continued funding of the NORC Initiative, these programs will close.
- The Support Our Seniors and Healthy Aging Initiatives are integral to many of JASA's senior centers and NORC programs. The funding supports programs that promote healthy behaviors such as: physical activity, smoking cessation, and nutrition programs that detect the onset of chronic disease such as diabetes and hypertension; strength training to prevent falls and other injuries through education or exercise; and daily living skills instruction to help older adults manage the pain of arthritis or deal with fatigue and stress.
- Senior Centers for Immigrant Populations provides operation support to culturally competent and linguistically accessible senior centers that predominantly serve immigrant seniors. This population is the fastest growing, and is in need of culturally appropriate food, programming and bilingual staff.

- DOVE Funding supports victims of domestic violence and elder abuse. JASA is at the forefront of elder abuse prevention and intervention. There is a significant under-reporting of elder abuse by older victims, and this funding is essential to helping address the unique needs of the community.
- SU-CASA has provided incredible arts programming and opportunities at senior centers throughout the City. The funding significantly impacts program participation levels.

City Council Initiatives are unique in their flexibility and the degree to which they impact programs and services in the community.

Thank you for the opportunity to offer this testimony on issues relevant to supporting New York City's aging population. JASA looks forward to working with the City Council, the Mayor, and the Department for the Aging in implementing a FY20 senior-friendly budget.

Molly Krakowski, LMSW
Senior Director of Government Affairs
JASA
212-273-5260
mkrakowski@jasa.org



**New York City Council
Committee on Aging, Chair, Council Member Chin
March 12, 2019
Preliminary Budget and Oversight Hearing**

Thank you Chair Chin and the Aging Committee for the opportunity to testify on how we can work together to make New York a fair city for all ages. LiveOn NY also thanks Mayor de Blasio, Speaker Johnson, DFTA Acting Commissioner Caryn Resnick, Aging Committee Chair Margaret Chin and the entire City Council for their consideration of needs of older adults in the FY20 budget.

With a base of more than 100 community-based organizations, LiveOn NY's members provide core services that allow older adults to thrive in their communities, including senior centers, congregate and home-delivered meals, affordable senior housing, elder abuse prevention services, caregiver supports, transportation, NORCs and case management. DFTA's network provides services to over 50,000 older adults daily. *Let's be clear, these services aren't just nice to have: studies have shown that services such as senior centers, home delivered meals and others are key to positively affecting health impacts and preventing isolation.*

LiveOn NY recognizes and is encouraged by initial investments in senior services by the de Blasio Administration and ongoing investments by City Council. That said, the DFTA budget still accounts for less than 1% of the total city budget, a point that is only exacerbated by the fact aging New Yorkers are the now fastest growing demographic. Further, New York City spends 20% below the national average on senior meals – that means they are only paying for 4 out of every 5 needed meals. This does not reflect fairness for older New Yorkers, senior service staff and nonprofits that serve older New Yorkers. ***In order for New York to truly be the fairest big city, it must be a #FairCity4AllAges.*** Fairness does not have an age cutoff.

LiveOn NY's priorities are attached to our testimony, and are briefly highlighted them below.

Invest \$20 million in Senior Center Meals and Kitchen Staff

WHY:

- Senior centers provided 7.6 million senior center meals in FY17¹
- 30,000 seniors visit senior centers daily
- 56% of seniors report that meals eaten at the center makeup ½ or more of their daily food intake
- NYC currently funds senior meals on the average at 20% below the national average funding 4 out of every 5 meals, with nonprofits picking up the rest of the costs.²
- In 2008-2013 alone, the cost of food increased by 11% according to the Consumer Price Index while nonprofits struggle to keep pace.
- Food costs, raises for kitchen staff and kitchen equipment and maintenance costs were specifically **excluded** from the model senior center budget funding last year, leaving a void in

¹ New York State Office of the State Comptroller congregate Meal Services for the Elderly study, 2018

² In FY17, NYC reimbursed nonprofits an average of \$9.06 compared to the 2015 national average rate of \$10.69 for congregate meals. For home delivered meals, DFTA reimbursed providers on the average \$8.24 compared to the national average rate of about \$11.06.

budgets despite the fact that kitchens are core to a senior center.

- Over 50% of older New Yorkers are foreign born according to a recent Center for an Urban Future study, reflecting a significant need for meals that are culturally appropriate to an array of backgrounds, which brings an underfunded fiscal impact. In 2015, DFTA stated that, “in DFTA’s HDML network, each catered Kosher [meal] is on average \$1.38 more than non-Kosher catered meals.” Similar to Kosher meals, Halaal, gluten free, vegetarian, vegan, or other cultural or nutritional needs have an associated cost-increase.
- A citywide RFP for senior centers is expected in the near future.

\$20 MILLION WILL FUND:

- Increase for **raw food costs**, including funding for culturally competent meals
- Increase in costs for **disposables** to serve food
- Increase in funds to support **fair salaries for kitchen staff** and to fully staff kitchens to address numerous responsibilities including food preparation, cooking, serving meals, menu planning and submissions, inventory, ordering, accounting, managing volunteers and numerous other responsibilities required to operate a kitchen.
- **Repairs and maintenance** for critical kitchen equipment including ovens, refrigerators and HVAC systems. These costs and needs are heightened in NYCHA senior centers and programs, which have critical additional infrastructure and repair needs.
- Funding for critical **inspections and services** that are required annually or several times a year, including extermination, grease trap cleaning and grease removal, hood cleaning, fire suppression systems, maintenance of HVAC systems and refrigerators and freezers as well as treating sewage back up problems and security alarm service and maintenance.
- All DFTA senior centers, including the 38 additional programs were not evaluated in the “model senior center” budget process last year³, should receive funding for meals.

Expedite the Additional \$10 million “Promised” for Senior Center Staff and Programs

DFTA allocated the first \$10 million in model senior center budget funding late in FY19 and the second \$10 million is “promised by FY21.” As noted, this funding specifically excluded meals and meal staff. We see no reason for the city to hold this funding. It should be expedited as soon as possible.

Invest \$15 Million in Home Delivered Meals

WHY:

- This year, providers will distribute over 4.6 million home delivered meals
- The majority of seniors utilizing the program are women, living alone, receiving meals that on average account for ½ or more of their total food for the day
- Nationally, 59% of meal recipients live alone – and the person delivering the meal is often the

³ 38 centers were not evaluated in the model senior center budget process. In that group are former discretionary funded sites that are now under DFTA (11 centers), former NYCHA (4 centers), “social clubs” (17) and other social service programs (6). Many, if not all, of the sites not evaluated in the “model senior center” budget process are held to the same standards as the sites that were evaluated, yet were not given funding as the others were. The appropriateness of this decision must be evaluated and reconciled moving forward.

only person they will see that day⁴

- Seniors are underenrolled in SNAP - among those living with hunger, the under-enrollment rate of SNAP benefits is around 40%
- NYC reimbursed providers 20% below the national average for home delivered meals⁵
- A citywide RFP is expected for home delivered meals in the near future

\$15 MILLION WILL FUND:

- Increase for **raw food costs**, including culturally competent meals and for the costs of disposables to serve food
- Critical increase in funds to support **fair salaries** for home delivered meals staff, who are critical to the human interaction for home delivery
- Funds for **equipment, kitchen needs** and **food preparation**

Invest \$10 Million for Repairs, including funding for NYCHA Senior Programs

Senior Centers have infrastructure and repair needs, often that arise in an emergency, however there is not set funding or process to request these funds and centers are often confused and unaware of how to address such needs. These issues are exacerbated in the nearly 100 DFTA programs that operate in NYCHA community spaces which offer critical programs for older adults. The city should invest \$10 million to provide funding for DFTA senior center and program infrastructure needs, and for accessible funding for emergency repairs and conditions, particularly in the 100 DFTA NYCHA Senior Centers and Clubs.

Invest \$5 Million for Service Coordinators in Senior Housing

87% of senior of seniors would prefer to age in their homes. Research has shown a service coordinator located in a senior building is a proven cost-effective way to support seniors in their community, reducing hospital & nursing home costs. *Seniors at Selfhelp Community Services were found to have significant healthcare savings: Selfhelp residents were 68% less likely to be hospitalized compared to seniors in the same zip codes, representing an average savings of \$3,937 per person, per hospitalization.*

Investing \$5 million in a citywide Service Coordinators Program would provide one full time and one part-time service coordinator at nearly 40 new or existing affordable senior housing buildings to provide culturally competent information and support. Promotion of overall health and wellness the interconnection of services through the co-location of services can mean the difference between successfully aging in place verses experiencing costly hospitalizations or a move to a nursing home. Service coordinators provide culturally and linguistically competent opportunities for seniors in affordable housing buildings. Qualified social workers in these buildings can help older adults to access benefits, provide referrals to other services as needed, including home care, and combats isolation by connecting residents to socialization opportunities and other local resources, all of which promote healthy aging in the community.

⁴ Meals on Wheels of America, Delivering So Much More than Just a Meal Fact Sheet, United States, 2018

⁵ For home delivered meals, in FY17 DFTA reimbursed providers on the average \$8.24 compared to the national average rate of \$11.06.



Invest \$1 Million for Case Management

There are over 1,000 seniors on case management waitlists citywide. LiveOn NY greatly appreciates the investments in FY18 which are beginning to address waitlists, as well as funding added by Council in FY19, but the need continues to grow. We must continually build this system to serve today's need and the needs of the future. Additional funding is needed to reduce caseloads, which already very high at an average of 65. Funding is also needed to serve frail, homebound seniors on waiting lists so that a social worker is available to visit them at home, assess their needs and provide ongoing services. MSW compensation, as well as multilingual staff needs to be funded to ensure there is a professionally trained social worker who can work with immigrant and diverse populations and complex situations. Funding growing need and agency infrastructure are cornerstones to strengthening the case management system citywide. Case Management is a key program that services seniors that are not Medicaid eligible but still need these services, and it is vital to sustain this program.

No PEGs for DFTA

Across the board reductions through the recently announced Program to Eliminate the Gap (PEG) disproportionately and unfairly affect small agencies, such as DFTA, which receives such a small portion of the city budget to begin with. To avoid cutting direct services to older New Yorkers and the staff that serve them, DFTA should not be subject to PEGs.

Council Restorations and Investments in Senior Services Through Schedule C

City Council has long been a staunch supporter of senior services programs through allocations in Schedule C. We thank you for your investments and advocate for full restoration for all discretionary funded Senior Service Programs. These include NORCs, Support our Seniors, SuCasa, Senior Centers for Immigrant Populations, Health Aging Initiative, Social Adult Day, and others.

Age Friendly Commission

LiveOn NY sits on the Age Friendly Commission and knows the importance of the Commission and its work groups. It is critical to convene thought leaders from across disciplines working on these critical issues. LiveOn NY supports continued funding for \$100,000 for the Age-Friendly Commission to support its critical work, as well as an additional \$250,000 to support the ongoing and new work groups for the commission for a total of \$350,000.

Continued Investments in Human Services Sector

LiveOn NY is a member of the Human Services Advancement Strategy Group (HSASG).

The human services sector of our City is in crisis. Providers have long been sounding the alarm about the impact of the chronic underfunding of government contracts, and now we have reached a breaking point. Without a crucial investment on our current contracts, my organization will have to reevaluate how we can engage with the City to provide crucial services to our communities. As things currently stand, we can no longer carry the deficit of our City contracts.

The gap between what the City funds on human services contracts and what providers can supplement with private and philanthropic dollars has grown too wide. It is vital that no cuts are made to human



service programs as part of the mandated budget reductions and the chronic underfunding of the sector is rectified.

The sector is united in asking the City Council to include in their budget response a request for the Mayor to invest \$250 million dollars to fill the gap between provider's indirect costs and the contract reimbursement rates from the City. The new *Health and Human Services Cost Policies and Procedures Manual*, which was developed alongside Deputy Mayor Palacio, lays out standardized indirect costs for our sector. However, without increased funding to address the gaps this manual displays in our contracts, the fiscal crisis we are facing remains unaddressed. Based on numbers provided by the Office of Management and Budget, \$250 million should cover the costs to fully implement this manual.

While we understand the driving narrative around this budget is mandated budget cuts, there is money to go around. The City has made massive investments in areas including city staff and infrastructure while the needs of the human services sector have gone largely ignored. It is time to take the state of emergency facing this sector seriously and prioritize the needs of organizations that provide an estimated 2.5 million New Yorkers annually with critical services including after-school programs, supportive housing, homeless services, job training, and mental health services.

LiveOn NY looks forward to working with Mayor de Blasio, City Council, DFTA, all city agencies to make New York City a fair city for all ages and better place to age through a strong network of community based services.

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

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

FY20: Make New York City A #FAIRCITY4ALLAGES

The 3 Pillars of Fairness

1

DID YOU KNOW?
NYC currently funds seniors' meals at a rate of 20% below the national average.

Independence

- **Senior Center Meals:** Invest \$20 million for healthy, culturally competent meals, critical staffing needs, and the unfunded costs of safely running a kitchen. Include all senior centers in process.
- **Home Delivered Meals:** Invest \$15 million to ensure homebound seniors have access to nutritious meals and staffing is fully funded.
- **Service Coordinators:** Invest \$5 million to help seniors living in affordable housing to age in place.
- **Case Management:** Invest \$1 million to help address the 1,000 + client waitlist.

2

Equity

- **No PEGs for DFTA:** To avoid cutting direct services to older New Yorkers and the staff that serve them, DFTA should not be subject to PEGs.
- **Workforce Salary Fairness:** Invest across the DFTA workforce so that individuals performing similar roles in different programs are each paid an equitable, competitive salary.
- **Senior Center Model Budget Inclusivity:** Invest in the 38 senior centers that were not included in the Model Budget Process.
- **Model Budget:** Invest the promised \$10 million in funding for senior centers **this year**.

3

Safety

- **Funding for Repairs:** Invest \$10 million to provide funding for DFTA infrastructure needs, and for accessible funding for emergency repairs and conditions, particularly in the 100 DFTA NYCHA Senior Centers and Clubs.

Executive Director
Allison Nickerson
anickerson@liveon-ny.org

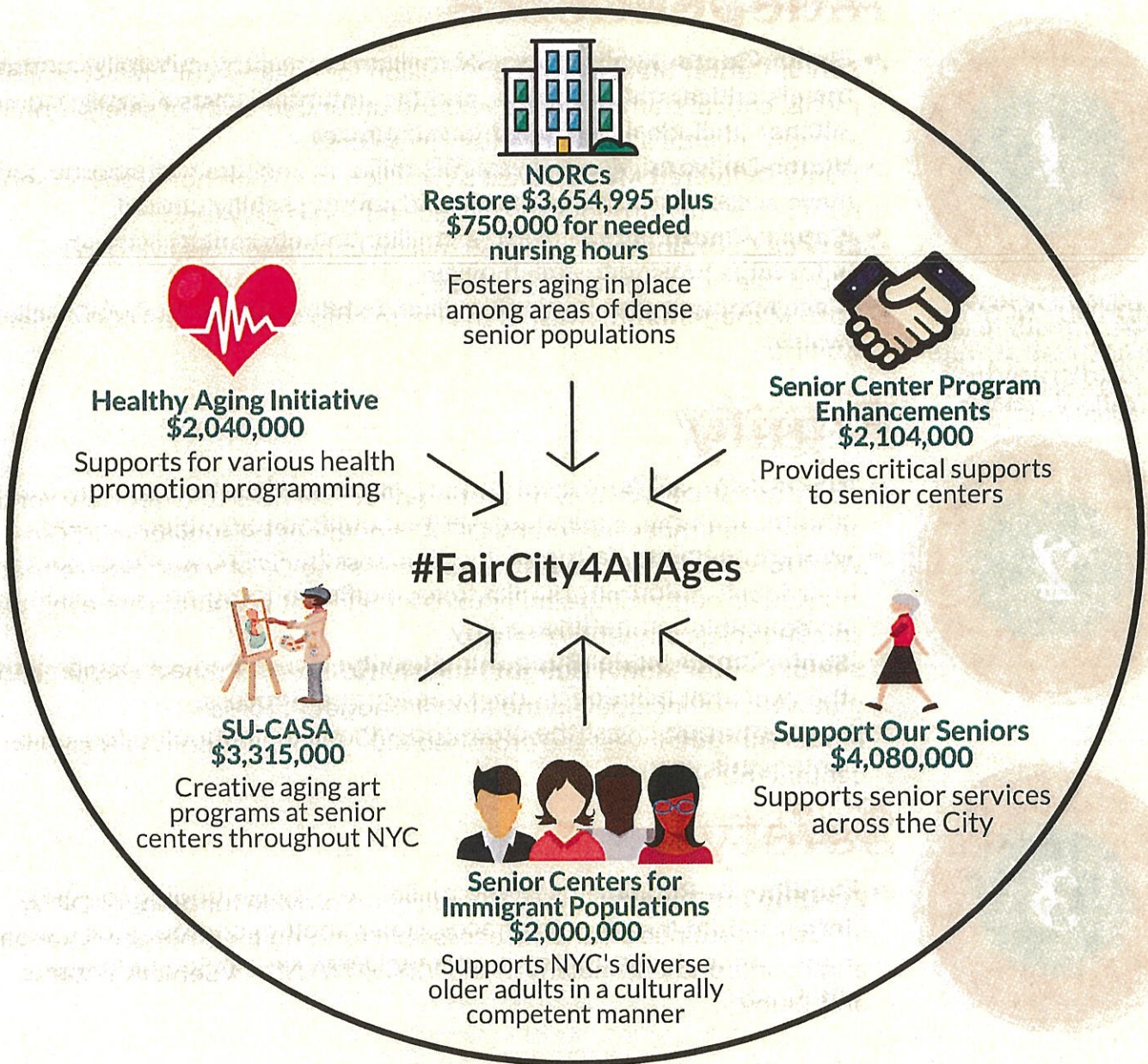
Public Policy Associate
Katelyn Hosey
khosey@liveon-ny.org

Director of Public Policy
Andrea Cianfrani
acianfrani@liveon-ny.org

Policy & Outreach Associate
Jenna Gladfelter
jgladfelter@liveon-ny.org

Restore Aging Discretionary Funding

We ask for continued investment in *all* Senior Services Council Initiatives funded in FY19 including:



Executive Director
Allison Nickerson
anickerson@liveon-ny.org

Public Policy Associate
Katelyn Hosey
khosey@liveon-ny.org

Director of Public Policy
Andrea Cianfrani
acianfrani@liveon-ny.org

Policy & Outreach Associate
Jenna Gladfelter
jgladfelter@liveon-ny.org



TheRadicalAgeMovement

**CITY COUNCIL COMMITTEE ON AGING
COUNCILWOMAN MARGARET CHIN, CHAIR
BUDGET HEARING
MARCH 12, 2019**

My name is Bobbie Sackman, a Steering Committee member of the Radical Age Movement. I am the former Director of Public Policy with LiveOn NY where I served for 28 years advocating on behalf of services and supports for older adults and family caregivers. On behalf of thousands of older New Yorkers living in quiet desperation because they can no longer find employment and struggling daily with economic insecurity, I would like to thank Chair Councilwoman Margaret Chin making age discrimination in the workplace a priority and putting it on the radar of City Council.

The workplace is central to all working age Americans economically, socially and culturally. Older adults are being told to literally “get lost” due to ageism. That’s like putting older workers on a piece of ice to float out to sea. Age discrimination in the workplace renders older workers invisible, isolated, silenced and facing decades of financial struggle. It has economic as well as physical and mental health ramifications.

Radical Age Movement is a non-profit based in New York City that rejects long-standing misinterpretations of aging. Our goal is to end these misperceptions and skewed attitudes toward aging so that people of all ages, races, classes, genders, and sexualities can participate productively in areas of cultural, professional and community life. Simply put, Radical Age Movement (RA) was founded to confront ageism in its myriad of forms – economic security, workplace discrimination, health care, protecting the safety net including Social Security, Medicare and Medicaid, cultural and societal discrimination and stereotypes, internalized ageism and other parts of life.

Longevity is a success story. It has opened up a new stage of life, age 50-80, where we are healthier and more able to remain active than past generations. However, ageism is often keenly experienced in one’s 50’s onward. RA is working with its partners to bring ageism to the surface, on to the radar of government leaders, the media, foundations, researchers, academia, advocates and society in general, so that it is taken seriously. All too often, the response to something being called “ageist”, comes with a look of confusion and somehow it’s “cute”, the soft “powder puff” discrimination.

There are 1.2 million people between ages 50-60 in NYC. There are 1.5 million people over the age of 60 in NYC. Amazingly, that is the same size as the whole city of Philadelphia which is the sixth largest city in the nation. Also, there are 1.1 million people over age 65 in NYC. The older adult population is as diverse as younger New Yorkers with over 50% being immigrants. Almost one out of five older adults lives in poverty with thousands more struggling economically in terms of income, affordable housing, food insecurity, high medical/drug costs and the ever increasing cost of living.

NYC has an opportunity to lead the nation in developing job training and employment programs, laws and regulations, and other policies that protect older workers from discrimination and encourage employers to

One East 53rd Street, 8th Fl. 10022, 646-630-4443, info@radicalagemovement.org, www.radicalagemovement.org



The Radical Age Movement

hire them. Some older adults are still supporting families. They tend to spend their money locally – increased employment would be a boon to local businesses and the tax base of NYC.

A 2018 AARP national study, “The Value of Experience: Age Discrimination in the Workplace Persists”, surveyed 3900 older adults. **Older workers reported that age discrimination in the workplace is common:**

- ✓ About three in five older workers (61%) have either seen or experienced age discrimination in the workplace.
- ✓ Unemployed respondents are more likely than employed respondents (74% vs. 61%) to say they have seen or experienced age discrimination.
- ✓ Women are more likely than men (64% vs. 59%) to say they have seen or experienced age discrimination.
- ✓ African Americans/Blacks are more likely than Hispanics/Latinos and Whites to say they have seen or experienced age discrimination (77% vs. 61% and 59%, respectively).

When asked to identify why they were “not getting hired and hearing negative remarks about older age are the most commonly reported or experienced types of age discrimination”:

- ✓ Not getting hired for a job you applied for because of your age
- ✓ Heard negative remarks related to your older age from a colleague
- ✓ Passed up for a chance to get ahead because of your age
- ✓ Heard negative remarks related to your older age from a supervisor
- ✓ Laid off, fired or forced out of a job because of your age
- ✓ Denied access to training or professional development opportunities because of your age

Overall, 30 percent of respondents experienced at least one of these six actions and 17 percent experienced two or more.

Only five years from now in 2024, women, age 55+, are projected to be 25% of the women’s labor force which is double their share from 2000. The Bureau of Labor Statistics reports that two times as many age 55+ women as women age 16-24, by 2024, will be in the workforce. Women age 65+ make up roughly the same percentage of the female workforce as older men do of the male workforce.

More to the point, age discrimination prevents workers from getting jobs. Facebook is being sued as the algorithms they use leave out older workers who never even see ads for certain jobs that are available. Facebook’s response is that this is what employers want. It is discriminatory and makes no sense given the “talent shortage”.

The good news is that there is positive language that is more reality-based on the value and capabilities of older workers. AARP’s 2015 report stated that **“employee engagement”** was higher among older workers than younger workers leading to less turnover, retain institutional knowledge and go the extra mile. Older workers **bring a cross-generational transfer of knowledge to the job and add diversity to the workforce.** This begins to change the framework of how older workers are viewed and why they are of value to organizations. It also



TheRadicalAgeMovement

means that retaining older workers can be **cost neutral or of minimal cost** to the organization or company. **The difference is made up in productivity of older workers.**

Workplace discrimination against family caregivers – Family Responsibilities Discrimination (FRD), also called caregiver discrimination, is employment discrimination against workers based on their family caregiving responsibilities. It is well recognized that many caregivers have to juggle work and caregiving or leave the workforce altogether (mostly women). What happens when they want to return to the workforce? Could companies have caregiver friendly policies that support them in remaining on the job?

In a March, 2018 investigatory story written by Peter Gosselin and Ariana Tobin, “Cutting Old Heads at IBM”, Pro Publica reported that IBM’s layoffs in recent years fell disproportionately on its older employees – it was called “cutting old heads”. IBM eliminated more than 20,000 American employees ages 40 and over, about 60 percent of its estimated total U.S. job cuts during those years. The story reports that “IBM targeted people for layoffs and firings with techniques that tilted against older workers, even when the company rated them high performers. In some instances, the money saved from the departures went toward hiring young replacements.” The story goes on to report:

- “In recent decades, however, the courts have responded to corporate pleas for greater leeway to meet global competition and satisfy investor demands for rising profits by expanding the exceptions and shrinking the protections against age bias.” **Follow the money.**

That turned out to be a prescient statement. As reported in Forbes reported on January 27, 2019, **a recent court decision stated that federal age discrimination law protects only current employees not outside job applicants.** How insane. Imagine laws addressing gender or race discrimination only covering those already on the job.

<https://www.forbes.com/sites/ruthumoh/2019/01/27/older-job-applicants-not-protected-by-age-bias-law-says-us-appeals-court/#4a85fa7a14d9>

A December 28, 2018 investigatory article by Pro Publica in collaboration with the an Urban Institute study, “If You Are Over 50, Chances Are The Decision To Leave A Job Won’t Be Yours”, further uncovered the depth of age discrimination in the workplace and its economically devastating impact. **Some highlights are:**

- ✓ **Slightly more than one-half of adults in their early 50s** who are working full time, full year with a long-term employer subsequently experienced an employer-related involuntary job separation.
- ✓ **Only 1 in 10 of these involuntarily separated workers ever earned** as much after their separation as before.
- ✓ **Median household income fell 42 percent** following an employer related involuntary job separation,
- ✓ **Median household income at age 65 for workers** who experienced an involuntary separation was 14 percent lower than for those who did not.
- ✓ **56% of workers over age 50 leave their jobs involuntarily** due to layoff or business closing, job dissatisfaction or unexpected retirement.
- ✓ **8% leave their jobs due to personal reasons** including health and family concerns.



TheRadicalAgeMovement

- ✓ **Median income fell slightly more for people of color and for less-educated adults** because they generally received less income outside of earnings; on average, they had less savings than others
- ✓ **Older women who experienced an employer-related involuntary separation generally lost a smaller share of household income than men** – but they experienced a 38% income loss, not so different than the 42% loss for men, and it is due to women earning less.
- ✓ **Forced retirements increased over time for both men and women and for all educational and racial and ethnic groups.** Between 1998 and 2014, the share of new retirees who reported being forced or partly forced to retire increased most for men (60% for men, 50% for women), for African Americans, and for people who did not attend four or more years of college.

<https://www.propublica.org/article/older-workers-united-states-pushed-out-of-work-forced-retirement>

The NY Daily News reported, July 6, 2018, that a lawsuit has been filed against HHC for firing a disproportionate number of older workers:

“City-run hospitals targeted older employees during a purge of 400 managers in 2017, according to a discrimination lawsuit filed Thursday in Manhattan Supreme Court. People over 40 made up 86.3% of the Health and Hospitals Corp. managers laid off in June 2017 — even though people over 40 constitute just 80.4% of the agency’s managerial workforce, says the class action lawsuit filed by lawyers Joseph Aron of Brooklyn and Michael Taubenfeld of Manhattan. The numbers are starker for laid-off managers over age 60. People between 60 and 70 years old represent 20.2% of Hospitals’ managerial employees — but made up 30.1% of those laid off, the suit says.

Finally, as suggested previously, a task force would help to ensure an ongoing dialogue about age discrimination in the workplace and solutions. Radical Age Movement appreciates the leadership of CM Chin and her staff in developing a legislative package. We look forward to its release so we can all move forward on this – age discrimination in the workplace is a social justice issue with economic and social consequences for individuals, families, communities and the city. The legislative package could include a study showing the scope of age discrimination in the workplace and its ramifications, identifying the leverage the city has in addressing this issue through its billions of dollars of contracts, job training and employment programs and other policies, developing a job corps program for older workers, and other ways to confront age discrimination in the workplace. Funding for a job training and employment program for older workers could be included in the next city budget.

The Radical Age Movement believes that older adults are part of the future too! Age justice in the workplace is overdue. Age Justice: Economic Security! Invest in Older New Yorkers!

Bobbie Sackman, Steering Committee
Radical Age Movement
bobbiesackman6@gmail.com
917-690-2805



GOD'S LOVE WE DELIVER
TESTIMONY FOR NEW YORK CITY COUNCIL'S COMMITTEE ON AGING
MARGARET S. CHIN, CHAIR
MARCH 12, 2019

God's Love We Deliver is New York City's leading not-for-profit provider of medically tailored home-delivered meals and nutritional counseling for people living with life-threatening illnesses. Over 30 years ago God's Love began with one person's simple, compassionate response to hunger. God's Love provides services to the most underserved and isolated populations in our City: those who are sick and unable to take care of their most basic need – the need for food and nutrition. God's Love is an integral part of the City's safety net. As a key service agency within the local care continuum, we maintain relationships with 200 community organizations to reach those in need. God's Love has a network, a reach and a program that greatly benefits coordination of care for the elderly.

We believe that being sick and hungry is a crisis that demands an urgent response. When someone calls us for help, we deliver their first meal on the next delivery day, we never charge clients for their meals and we have never had a waiting list. Each year, God's Love continues to grow to meet the demand, last year alone, we delivered nearly 1.8 million meals to over 7,000 men, women and children living with severe illness throughout the NYC metropolitan area. As NYC's population ages, senior New Yorkers are increasingly relying on God's Love We Deliver for meals to meet their specific medical needs. **For seniors in New York City who are living with complex illnesses, God's Love is the only service that stands between them and hunger. People living with serious illnesses that require very specific diets (like Renal Failure) are unable to be served by DFTA-contracted meal providers and due to their lack of mobility, are unable to use SNAP benefits. As a result, these clients are regularly referred to God's Love from DFTA-contracted meal providers who cannot address the clients' complicated nutritional needs. These factors have contributed to an enormous increase in demand for our services for seniors. Over the last 5 years, we have seen a 57% growth in our senior clients (60+) and currently, 68% of the people we serve are seniors (60+).**

At God's Love, nutrition is our signature difference. Although some seniors are able to tolerate regular food, aging and illness can lead to a variety of complications that require a specialized diet. We are able to meet this need as part of our commitment to food as medicine. God's Love clients receive services from our 7 Registered Dietitian Nutritionists (RDNs) who tailor each meal to meet each client's specific medical needs. All of our meals are well-balanced: low in sodium, free of highly allergenic foods such as nuts and shellfish, and immune supporting. Our menu allows for individualization of meals according to dietary needs, including texture restrictions such as minced and pureed diets, and renal diets. Based on a client's nutrition assessment with an RDN, additional restrictions may be added to the client's diet for medical, nutritional, or cultural reasons. Our goal is to provide clients with the least restrictive meals possible that meet their medical needs and nutritional requirements.

God's Love does not have a contractual relationship with DFTA and does not receive funding support from the Administration for its services. To date, the New York City Council and Borough President's offices have been responsible for any City funding to support our work. While we greatly appreciate their support, the cost of meeting the need for our services for seniors far exceeds discretionary funding available from these resources. In addition, in this current political climate, the resources that are currently available to fund our services are being threatened. Last year, 4,800 New York City seniors received over 1.2 million meals from God's Love. Over 70% of these services were supported with private funding, which gets harder and harder to raise each year. For certain populations, this percent is higher. For seniors with end stage renal disease, which disqualifies individuals from eating meals from DFTA-funded agencies, over 93% of the meals we deliver to this population (about 90,000 meals last year) are funded through private donations.

Research has shown that food and nutrition services are key to accomplishing better health outcomes, lower cost of care and improved patient satisfaction, especially for the elderly. When people get access to medically-tailored meals like those provided by God's Love We Deliver, they are more likely to stay in care, manage their medications successfully and remain in their homes and out of institutions, resulting in significant cost savings to the healthcare system.

There is a service gap in the DFTA model for severely ill seniors who need customized nutrition.

Chronic illness is on the rise for older adults: 92% of seniors in the United States are living with at least one chronic illness, 72% are living with more than one chronic illnessⁱ. Individuals with chronic health conditions count for approximately 86% of all health care spending.ⁱⁱ Combined with the fact that 75% of seniors were unable to shop for food on their own and 58% were unable to prepare their own food, means risk factors align for malnutrition.ⁱⁱⁱ In addition, half of seniors recently discharged from the hospital are malnourished, and hospitalization within the previous six months is a risk factor for malnutrition in some seniors. A recent study suggests significant food insecurity in patients with high rates of inpatient hospitalization. According the study, "[u]sing the USDA definition of food insecurity, 30% (95% CI, 17% to 47%) were food insecure and 25% (95% CI, 13% to 41%) were marginally food secure. Forty percent responded that, in the past 30 days, they worried that their food would run out; 35% that their food would not last; 17.5% that they did not eat for a full day; and 10% that they were hungry but did not eat some or all of the time. More than half reported using food pantries or other community food resources."

Furthermore, providing medically-tailored meals makes good fiscal sense. Meals are a relatively inexpensive way to address the risk factors of costly interventions. By saving one night in a hospital, you can feed a person a medically-tailored diet for half a year. We also maintain a key link in the safety net for people over the age of 60 by providing meals for the senior caregivers of our clients.

Because of all of these benefits for the senior population, we ask the City Council to fund the discretionary requests submitted for God's Love for FY2020 and to urge DFTA to include medically-tailored, specialty meals for the senior population most at risk for malnutrition, hospitalization and institutionalization in their upcoming RFP.

Thank you for your time and consideration.

For further information please contact:

Alissa Wassung
Director of Policy & Planning
212-294-8171
awassung@glwd.org

Kate Janeski
Senior Director of Client
Services
212-294-8120
kjaneski@glwd.org

Danielle Christenson
Policy & Planning Associate
212-294-8185
dchristenson@glwd.org

ⁱ According to the National Council on Aging. Available at <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/>. Accessed July 24, 2017).

ⁱⁱ According to 2010 data. *Chronic Disease Overview*, CTRS. FOR DISEASE CONTROL & PREVENTION. Available at <https://www.cdc.gov/chronicdisease/overview/>. Accessed Mar. 28, 2017.

ⁱⁱⁱ Ibid. Phipps et al.



FY20 City Council Funding Requests

To Support Services for Clients Citywide

- **Speaker/Citywide Delegation Expense (ID # 71519)** **\$200,000**

To Support Services for Clients in the Borough

- **Borough Delegation Expense** **\$20,000**
 - Bronx (ID # 67902)
 - Staten Island (ID# 71117)
 - Brooklyn (ID # 70847)
 - Queens (ID # 71068)
 - Manhattan (ID # 70918)

To Support Services for Clients in the Council District

- **Member Item/Local Expense or Anti-Poverty Initiative (ID# 75072):** **\$10,000**
- **Member Designated Healthy Aging Initiative: (ID# 71395)** **\$10,000**
- **Member Designated Support our Seniors Initiative (ID# 72020)** **\$10,000**
- **Member Designated Food Pantry Initiative (ID# 75565)** **\$10,000**

To Support Services Citywide

We ask for your support for our FY20 Speaker/Citywide Delegation Expense Request of \$200,000 which will support meals and nutritional counseling to our clients located in every zip code citywide and to help bridge the cost of rising food and gas prices and our higher volume of service. We hope you will lend your voice to the approval of this request.

We have now delivered more than 22 million meals to one of the most underserved and isolated populations in our city: those who are sick and unable to take care of their most basic need – the need for food and nutrition. Each year, the demand for our services continues to rise steadily and **in just the last 10 years, we have seen 150% increase in demand** for our services, **In CY2018, we delivered nearly 1.8 million meals to over 7,000 unduplicated individuals.**

Currently, the burden to address the need for medically tailored food falls mainly on the private, non-profit sector, and there is no dedicated federal funding stream which provides for medically tailored meals, unless a client is living with HIV. That funding source, the Ryan White Treatment and Modernization Act, does not even support all of those with HIV that come to us for help. If you have any other debilitating illness, from kidney disease to cardiovascular disease to cancer, there is only God's Love. **God's Love raises a stunning 65% of our funding from private sources. Increased and sustained funding from the City Council is critical to support our program.**

To Support Services in the Borough



We request \$20,000 from the Borough Delegation in FY20 to support our home-delivered meal and nutritional counseling services which reach God's Love We Deliver clients located in every Council District throughout the borough as well as our clients' children and their senior caregivers.

To Support Services in Your Council District

We request a \$10,000 FY20 Member Item / Local Expense allocation and/or FY20 Anti-Poverty Initiative allocation to support our home-delivered meal services and nutritional counseling services which reach God's Love We Deliver clients from every zip code in your Council District as well as our clients' children and their senior caregivers.

In addition, **God's Love We Deliver requests that you allocate \$10,000 from the FY20 Support Our Seniors Initiative** to support our services for our senior clients (60+) from your Council District as well as their senior caregivers. **In addition, we are requesting \$10,000 from the FY20 Healthy Aging Initiative to support Medical Nutrition Therapy for our clients from our Registered Dietitian Nutritionists.** Currently, 65% of the people we serve are seniors, and over the last 5 years, we have seen a 30% growth in our senior clients (60+). Responding to this enormous growth has become increasingly challenging, in large part because unlike other home delivered meal providers, God's Love does not have a contractual relationship with DFTA, requiring us to **raise private funds to pay for the majority of the meals served to senior clients in CY 2019.**

NYC Council Funding Allocated in FY19

In FY19, we were privileged to receive \$201,581 in discretionary funding from a variety of City Council sources:

- Speaker Initiative- \$95,000
- CM Rivera- \$2,500
- CM Adams- \$2,000
- CM Chin- \$5,000
- CM Cornegy- \$5,000
- CM Torres- Anti-Poverty Initiative- \$10,000
- CM Gibson- Anti-Poverty Initiative- \$6,000
- CM Diaz -Anti-Poverty Initiative- \$5,000
- CM Levine- Anti-Poverty Initiative- \$4,000
- CM Powers- Anti-Poverty Initiative- \$2,500
- CM Ampry-Samuel- Healthy Aging Initiative- \$10,000
- CM Perkins- Healthy Aging Initiative- \$10,000
- CM Torres- Healthy Aging Initiative- \$12,745
- CM Perkins- Support our Seniors Initiative- \$10,000
- CM Chin- Support our Seniors Initiative- \$10,000
- CM Keith Powers- Food Pantry Initiative \$5,000
- Queens Delegation- Food Pantry Initiative- \$6,836



Asian American Federation

Testimony for New York City Council Budget and Oversight Hearings on FY 2020 Preliminary Budget

New York City Council Committee on Aging
March 12, 2019

Thank you to Chair Margaret Chin and the rest of the Committee on Aging for convening this hearing and for the opportunity to share this testimony. I am Tiffany Chang, Advocacy and Policy Manager at the Asian American Federation (AAF). AAF's mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. We come to you today representing our network of nearly 70 member organizations supporting our community with their work in health and human services, education, economic development, civic participation, and social justice.

We are here to highlight the needs of Asian seniors, who are the fastest growing senior population in New York City and in the state. From 2000 to 2016, the Asian senior population in the City more than doubled, increasing faster than all other major race and ethnic groups. There are now more than 150,000 Asians age 65 and older living in New York City.

Immigrants are driving growth in the senior population.

The Department of City Planning's most recent Newest New Yorkers report tracks the changing demographics of the senior population in New York City. Immigrants are becoming a bigger share of the senior population in the City due to two demographic trends. First, the large wave of immigrants who arrived after the immigration reforms of 1965 are now aging into the senior population. Second, some seniors are also immigrating later in life, with about 10% of the City's immigrant seniors arriving since 2000.

While Chinese are still the majority of Asian seniors, immigration and settlement trends are increasingly diversifying and dispersing the Asian senior population.

- Both the South Asian and Southeast Asian senior populations more than doubled in size since 2000, while the Chinese senior population grew by more than 80% and the Korean senior population grew by more than 75%.
- The Asian senior population has more than doubled in all boroughs with the exception of Manhattan, where growth was still a healthy 70% from 2000 to 2016. There are more than 6,000 Asian seniors in each of Bronx and Staten Island Boroughs, nearly 27,000 in Manhattan, 34,000 in Brooklyn, and 76,000 in Queens.
- Geographically, each of the major Asian groups in the city has settled in several distinct patterns. Chinese seniors are nearly equally split between the Chinatowns of Brooklyn, Manhattan and Queens. Indian and Korean seniors were largely in neighborhoods in Queens. Bangladeshi and Pakistani seniors are found in neighborhoods in Queens, Brooklyn and the Bronx. Japanese seniors are concentrated within neighborhoods of Manhattan.

Asian seniors are uniquely burdened by linguistic and economic challenges.

The needs of Asian seniors are great. Overall 1 in 4 Asian seniors live in poverty, with poverty rates reaching as high as 35% for Bangladeshi seniors and 30% for Chinese seniors. Additionally, language barriers remain high among Asian seniors and present an added complication in poverty alleviation efforts. More than 90% of Chinese and Korean speaking seniors had limited English proficiency (LEP). Among Bengali speakers, 88% were LEP.

More than 75% Urdu speakers and half of Hindi speakers were also LEP. Even among Filipinos who have a reputation of high English proficiency, 44% of Tagalog speakers identified themselves as LEP. For seniors living in poverty, LEP rates were 83% for Asians, compared to 24% for non-Asians.

Poverty and immigration status also hurt Asian seniors' ability to access affordable health insurance. Overall 5% of Asian seniors did not have health insurance coverage, compared to 2% of all seniors. And only 24% of Asian seniors had additional private coverage, compared to 43% of all seniors.

Exacerbating this disparity is the negative effects of immigration policy. Seniors who are qualified for poverty-alleviating and lifesaving safety net programs are resistant to enrolling due to their fear of immigration consequences. Many of our member agencies are responding to requests to withdraw from benefits and services that seniors can rightfully claim. As a result, Asian seniors are further deprived of basic necessities.

Asian seniors need culturally competent services in order to thrive.

Asian seniors are more likely to utilize services that reflect their traditional values and ethnic identities. Thus, community-based organizations with roots in their neighborhoods are best placed to get Asian seniors the help they need. Asian seniors, particularly more recently arrived ones, are less likely to know what services and programs are available to help them acclimate to life in New York City and to address life events as they occur. Culturally competent programs will also understand the cultural and generational barriers that stop seniors from seeking help, particularly mental health services.

Access to mental health services is critical since 40% of Asian seniors report experiencing depression, and Asian women ages 65 and older have the highest suicide rate across all racial and ethnic groups. Furthermore, there is a correlation between poverty and the likelihood of developing mental disorders. Due to the high rates of poverty among Asian seniors, access to mental health services is of utmost concern.

Recommendations:

On behalf of our nearly 70 member agencies, we request resources for the following priorities:

- **Increase funding to expand senior services for the growing and diversifying Asian senior population, including the Senior Centers for Immigrant Populations Initiative.** Immigration and integration trends are diversifying and dispersing the Asian senior population. Our member agencies need sustained funding to expand existing senior centers, create new senior services in emerging communities and neighborhoods, and provide opportunities to improve the cultural and linguistic competency of senior programming across the city, not just in traditionally Asian neighborhoods.
- **Ensure that DFTA receives the funding they need to fully implement the new citywide languages covered in the new Local Law 30.**
- **Address the growing need for in-language and culturally competent health care and mental health services for Asian seniors.** In particular, overcoming cultural stigma surrounding mental health services requires a multipronged approach to incorporating mental health services into existing services such as homebound meal delivery or adult social day care to reach Asian seniors where they are. This approach would gradually introduce mental health concepts into their lives to avoid socially stigmatizing terms and concepts.
- **Establish protections for subcontractors or restructure contracts to enable Asian senior centers to contract directly with the City for homebound meals.** Despite the fact that 1 in 10 seniors in New York City is Asian, no Asian-led homebound meal provider has a direct contract with the city, and instead often find their programs are cut first when the city's budget axe falls on the contracting agency.
- **Amend the contracting process in order to acknowledge that Asian-led agencies providing services directly to Asian seniors are in the best position to use additional dollars cost effectively.**

Committee on Aging: Preliminary Budget Hearing

Good morning members of the Committee on Aging. My name is Coco Culhane and I am the founder and director of the Veteran Advocacy Project ("VAP"). Since 2010, we have been providing free legal services to low-income veterans and their families, with a focus on those who have Post Traumatic Stress Disorder ("PTSD"), Traumatic Brain Injury, and other mental health issues. Our holistic approach to advocacy removes barriers to housing, health care, and income; and our work doesn't end with a legal decision; we ensure that veterans access these services and benefits through our many partnerships across the city.

While the veteran population in New York City has been shifting as the war in Afghanistan continues in its 18th year, the largest population of our city's veterans remains those who served during the Vietnam War.¹ In New York State, overall, half the population of veterans is over the age of 65.² The New York metropolitan area has four of the five counties with the most veterans, with Queens leading in New York City, at approximately 50,000 residents who served in the Armed Forces.³ Over the last five years, VAP has served over 2,400 seniors across the five boroughs.

As veterans age, the need for care, particularly in the face of isolation, increases.⁴ Studies show that veterans experience greater health problems across all socioeconomic categories than their civilian counterparts.⁵ By total numbers, veterans over age 55 are taking their own lives more than any other age group.⁶ They make up close to 60 percent of all veteran suicides.⁷ With an average 20 veterans taking their lives each day, 12 are seniors.

The good news: The VA has extensive services for elderly veterans and the suicide rate is lower for those vets who receive VA care. While it is true that the Veterans Health Administration ("VHA") has had far too many scandals, including wait times, waste, and corruption, that hasn't been the case in New York City. And in a recent RAND study, the VA outperformed commercial HMOs and Medicaid HMOs in all 16 categories of outpatient effectiveness and it out-rated

¹ As of 2016, Vietnam veterans made up 29% of New York City's veteran population. "New York City Veterans Demographics," NYC Veterans, *citing* VetPop 2014, Department of Veterans Affairs, *available at*: <https://www1.nyc.gov/assets/veterans/downloads/pdf/NYCVeterandemographics.pdf>.

² *Veterans and Health in New York State*, NYS Health Foundation, 2017, *available at*: <https://nyshealthfoundation.org/wp-content/uploads/2017/11/veterans-and-health-in-new-york-state-july-2017.pdf>

³ *Id.*

⁴ Mistry R, Rosansky J, McGuire J, et al. "Social isolation predicts re-hospitalization in a group of older American veterans enrolled in the UPBEAT Program: Unified Psychogeriatric Biopsychosocial Evaluation and Treatment." *INT J GERIATR PSYCHIATRY*. 2001;16:950-959.

⁵ Luncheon, Cecily and Matthew Zack. "Health-related quality of life among US veterans and civilians by race and ethnicity." *PREVENTING CHRONIC DISEASE* vol. 9 (2012): E108.

⁶ VA National Suicide Data Report 2005-2016, Office of Mental Health and Suicide Prevention, Department of Veterans Affairs, September 2018. *Available at*: https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf.

⁷ *Id.*

Medicare HMOs in 14 of the 16.⁸ Despite inconsistency among medical centers, the Bronx and Manhattan centers were rated 4 stars this past year.⁹

There are important services available to seniors at the VHA. An example: for veterans with more than one chronic disease and declining capabilities, the VA assigns a team that integrates health care with community-based services. These teams are called GeriPACT; a Geriatric Patient Aligned Care Team includes a primary care physician along with nurses, a pharmacist, social workers, and other specialists. From our experience with clients, the geriatric social work department at the 23rd Street VA has provided the kind of care you want for your loved ones. That is just one part of the geriatric programs the VHA offers.

Combined with specialized health care, the Veterans Benefits Administration ("VBA") provides numerous benefits intended to assist veterans as they age. For instance, a low-income veteran who served one day in a period of war and is over the age of 65 (or disabled) is eligible for a VA Pension.¹⁰ A veteran who comes to VAP on Supplemental Security Income ("SSI") or Cash Assistance is screened for Pension eligibility for two reasons: One, because it's hundreds of dollars more per month. Currently, SSI is \$858 per month with the New York Supplement for an individual,¹¹ but a VA Pension is \$1,127.92.¹² Those \$270 dollars a month make a massive difference in our clients' lives. The second reason we ask about Pension with SSI: so many veterans are often incorrectly advised to collect both SSI and Pension at the same time, and then owe thousands of dollars in "overpayment". It is usually years before the government lines up the two benefit streams to notify a vet. We apply for waivers and negotiate payment plans with the Debt Management Center.

On top of the Pension, there are additional benefits not only for dependents but for senior vets who need help at home. Aid and Attendance is a cash benefit (tied to Pension) for veterans or spouses who need assistance with the daily activities of life; the Housebound benefit is an extra amount added on for those vets who are confined to their home due to disability.¹³ There is also a fiduciary program that appoints a person to manage a veteran's financial benefits and ensure that the veteran has health care, food, secure housing, and more. There are also a host of survivors' benefits that many veterans' families ones have not accessed because no one told them about them. VAP has the expertise to advise on all of these entitlements.

⁸ Rebecca Anhang Price, Elizabeth M. Sloss, Matthew Cefalu, Carrie M. Farmer, Peter S. Hussey. "Comparing Quality of Care in Veterans Affairs and Non-Veterans Affairs Settings." J GENERAL INTERNAL MEDICINE [Epub April 2018]. doi:10.1007/s11606-018-4433-7.

⁹ Department of Veterans Affairs, Quality of Care, End of Year Hospital star rating (FY2018). *Available at:* https://www.va.gov/QUALITYOFCARE/measure-up/End_of_Year_Hospital_star_Rating_FY2018.asp.

¹⁰ The veteran must have served a minimum of 90 total days, with one in a statutorily defined period of war; rates are determined by a Maximum Annual Pension Rate. *See* 38 C.F.R. § 3.3(a)(3).

¹¹ "SSI and SSP Benefit Levels Chart, effective January 1, 2019." Office of Temporary and Disability Assistance, New York State. *Available at:* <https://otda.ny.gov/programs/ssp/2019-Maximum-Monthly-Benefit-Amounts.pdf>.

¹² Department of Veterans Affairs, Maximum Annual Pension Rate, effective December 1, 2018. *Available at:* https://www.benefits.va.gov/pension/current_rates_veteran_pen.asp.

¹³ 38. C.F.R. § 3.352(a).

Perhaps one of the biggest resources that so many New Yorkers are unaware of: the VA Caregiver Program. It provides stipends, training, and access to counseling and respite care to a relative or friend who cares for a veteran with a service-connected condition that requires health assistance a regular basis—either physical or mental. Until recently, only caregivers of Post-9/11 veterans were eligible. The Mission Act, signed into law this past summer, authorizes the VA to provide the benefit to veterans who served before May 1975 and will expand the program to veterans who served in between the Vietnam and Gulf Wars (1975-1990) in the near future. There have been problems with the administration of this benefit program as it applies to Post-9/11 veterans—the VA has made seemingly arbitrary cuts to those enrolled. So, more advocacy will surely be needed as the VA rolls out eligibility for older veterans.¹⁴

Finally, another area of advocacy cannot go unmentioned: veterans with less than honorable discharges. A veteran's discharge status determines their access to VA health care and benefits. There are approximately 560,000 Vietnam era veterans who were given a less than honorable characterization, colloquially known as "bad paper."¹⁵ For those who went AWOL or self-medicated with drugs to calm their nerves through long nights of terrorizing nightmares, PTSD didn't exist yet as a defense for their misconduct. It was not until 1980 that it was recognized by the medical community and added to the Diagnostic and Statistical Manual.¹⁶ So these servicemembers not only came home from war to an icy reception, they had no resources to help them heal. This generation is now entering its elder years and the pain of untreated traumatic injury is apparent in the suicide rate. There is a window of opportunity to restore dignity to the service of these men and women – and to connect them to benefits and services that they not only deserve but *need* in order to live healthy lives.

There are also over 100,000 veterans who were discharged due to their sexuality. Until 2011 it was illegal for LGBTQ veterans to serve openly in the military.¹⁷ We see clients who were discharged in the 1960s and '70s with the status of "Undesirable" and a narrative of "homosexual admission" long before the country instituted the "Don't Ask, Don't Tell" policy.¹⁸ Still others were discharged due to misconduct that was actually a pretext for discrimination. Their cases are more difficult: They need expert advocacy to investigate and uncover these prejudiced characterizations.

¹⁴ For a summary of the extension of the program and its past problems, see "VA Still Arbitrarily Cutting Caregivers From Program, Even as It Aims to Expand," Quil Lawrence, *Morning Edition*, National Public Radio, December 18, 2018; *available at*: <https://www.npr.org/2018/12/18/677346997/va-still-arbitrarily-cutting-caregivers-from-program-even-as-it-aims-to-expand>.

¹⁵ Legal Services Center, Harvard University, National Veterans Legal Services Program, & Swords to Ploughshares. (2016, March). *Underserved: How the VA Wrongfully Excludes Veterans with Bad Paper*. Cambridge, MA: Harvard.

¹⁶ Friedman, Michael J., MD, PhD. "PTSD History and Overview: A brief history of the PTSD diagnosis," *citing*: American Psychiatric Association, *Diagnostic and statistical manual of mental disorders*, (3rd ed.) Washington, D.C. (1980).

¹⁷ Don't Ask, Don't Tell Repeal Act of 2010, *repealing* 10 U.S.C. § 654; *see also* Memorandum for Secretaries of the Military Departments Chairman of the Joint Chiefs of Staff: Certification of the Repeal of "Don't Ask, Don't Tell", Undersecretary of Defense Clifford L. Stanley, July 22, 2011.

¹⁸ Department of Defense Directive 1304.26, "Qualification Standards for Enlistment, Appointment, and Induction," December 21, 1993, Enclosure 1 at E1.2.8. "Provisions Related to Homosexual Conduct."

For many veterans the shame attached to “bad paper” is the true burden. We worked with a Korean War era veteran who attempted suicide four times over his life, all connected to the humiliation he felt for his discharge. Another client, discharged in 1969, with three adult children in the military now, had kept his discharge hidden for decades. When we needed affidavits from his family, and he prepared to tell them, we made sure he was connected to a counselor via our medical-legal partnership at Community Healthcare Network.

For others it is the loss of resources that is devastating: a client who served in Vietnam and lives with severe PTSD had written to the Army Board for Correction of Military Records *eight times*, begging for relief. He told them of the flashbacks he had every time it rained, but was always denied by the board. Our client's crime? After his tour in Vietnam he went AWOL when he was denied leave to see his dying mother. When we met him he had been asked not to share in his trauma group because his war memories were too violent. We were able to get him a positive Character of Discharge from the VA and he and his new wife now live on \$3,228 per month instead of \$1,261 in SSI. Just last month I found out that because it took so long for the VA to award his back benefits, he was able to use the lump sum to put a down payment on a house. From his home, he is able to go to one VA medical center for all of his health needs and, most important, he has been able to join the Vietnam veteran support group there. Too many vets are still waiting on this kind of justice.

Veterans like that client have a suicide rate that is nearly three times as high as other vets, on top of the high rate noted earlier for vets entering their senior years and already vulnerable.¹⁹ Moreover, an involuntary discharge is the second highest predictor of homelessness.²⁰ We cannot leave these men and women behind. They deserve the VA Pension and a GeriPACT plan; they deserve HUD-VASH, the section 8 voucher for vets. They deserve Aid and Attendance to get through the day successfully. Too many of our former servicemembers have been left to struggle alone; let's make sure *all* veterans have the resources and security to age with dignity.

The Veteran Advocacy Project asks that you consider supporting our request for funding so that we can continue fighting for elderly veterans and their families in New York City.

Thank you for opportunity to speak today.

¹⁹ Bryan, CJ. "On Deployment and Military Suicide Risk." JAMA PSYCHIATRY. 2015; 72(9):949–950. doi:10.1001/jamapsychiatry.2015.0671.

²⁰ See, Gundlapalli AV, Fargo JD, Metraux S, et al. "Military Misconduct and Homelessness Among US Veterans Separated From Active Duty," 2001-2012. JAMA. 2015;314(8):832–834. doi:10.1001/jama.2015.8207.

VETERAN ADVOCACY PROJECT

LEGAL SERVICES FOR LOW-INCOME VETERANS AND THEIR FAMILIES

Most veterans make a successful transition back to civilian life, but it is not always easy. The VA's records indicate that 20 veterans die by suicide each day. An estimated 20% of our troops come home with Post-Traumatic Stress and countless servicemembers struggle with Traumatic Brain Injuries, depression, and substance use problems. When these veterans face legal challenges, such as eviction or an improper termination of benefits, it dramatically increases the risk that they will spiral further into illness, become homeless, or die by suicide. The Veteran Advocacy Project intervenes *before* veterans reach the breaking point by ensuring their access to housing, health care, and income.

We are partnered with VA hospitals, health clinics, and local veterans' groups to reach servicemembers where they are. While our attorneys tackle the legal challenges, our advocates ensure that our clients are connected to appropriate social services. Our project helps veterans and their families achieve the stability needed to regain their health and rebuild their lives.

OUR SERVICES:

- **Housing**
Represent clients in Housing Court & public housing hearings to prevent evictions and homelessness. Help veterans maintain housing subsidies and supportive housing.
- **Health Care**
Ensure veterans' legal access to health care; appeal military discharges characterizations that deny these health benefits. Connect veterans with the appropriate services and support through our partnerships, including behavioral health treatment and trauma counseling.
- **Income**
Assist clients in maintaining benefits, such as VA Pensions & Compensation, Public Assistance, and Food Stamps. Represent veterans in VA overpayment disputes and appeal negative Character of Discharge determinations, so they can access VA benefits.
- **Referrals**
If we cannot assist clients in a particular area, we find someone who can. Veterans are matched with partner organizations and we follow up, so our clients get services—not just another phone number. Our current partners include Jericho Project, Services for the Underserved, VA Vet Centers, Community Healthcare Network, and more.

WHY IS OUR WORK NECESSARY?

Legal action can remove barriers to treatment, housing, benefits, employment, and more. There is a common misperception that all of veterans' needs are taken care of by the VA for life. The truth is that the VA does not provide legal assistance, and access to VA services can be a complicated and lengthy process—not every veteran will qualify. Community partners and state and local governments must come together to serve those who served us.

For more information, please contact (646) 602-5620 or veterans@urbanjustice.org.

VETERAN ADVOCACY PROJECT

The Veteran Advocacy Project was founded in 2010 and has served thousands of veterans and their family members. Our advocacy removes barriers to housing, health care, and income.

Through a number of initiatives, we ensure clients receive holistic, trauma-informed services. Our latest include:

- Homelessness prevention partnerships, including on-site office hours, with social service agencies **Jericho Project** and **Services for the Underserved**;
- Two medical-legal partnerships (on-site office hours with three **VA Vet Centers** and a network of health centers, **Community Healthcare Network**) provide primary and behavioral health care to our clients and their families;
- Outreach for justice-involved veterans with the **VA's Veterans Justice Outreach** team in treatment courts & at Rikers, improving reentry & connecting families to benefits;
- Outreach to LGBTQ veterans in a new partnership with **SAGEVets**;

In addition to our initiatives, we specialize in veterans law, with an emphasis on fighting for veterans who have experienced trauma and those who have been cut off from VA health care and benefits because of unjust less-than-honorable discharges. We are the only legal services organization in the city with a practice dedicated to military discharge upgrades. Together with our pro bono network, including the New York County Lawyers' Association (NYCLA) and the Veterans' Rights Clinic taught by our director at Brooklyn Law School, we represent hundreds of veterans to restore honor to their records and open the door to the benefits they earned.

A discharge upgrade to Honorable status for a single Post-9/11 veteran opens the door to a conservatively estimated **\$3 million** federal dollars over a lifetime.

For more information, or to partner with VAP, please contact Coco Culhane, cculhane@urbanjustice.org.

**TESTIMONY OF CHRISTIAN GONZÁLEZ-RIVERA, CENTER FOR AN URBAN FUTURE
BEFORE THE NEW YORK CITY COUNCIL COMMITTEE ON AGING**

PRELIMINARY BUDGET HEARING – AGING

March 12, 2019

My name is Christian González-Rivera, and I am a senior researcher at the Center for an Urban Future, an independent, nonpartisan research organization based here in Manhattan that generates smart and sustainable public policies to reduce inequality, expand economic opportunity, and grow the economy.

As part of our work we also analyze how demographic changes affect the city's economy. We have writing about and contributing to the public discourse around the aging of the population for several years, starting with our 2013 report *The New Face of New York Seniors*, which found that nearly half of older New Yorkers are immigrants and face significant barriers to accessing services. Thank you for the opportunity to testify.

The Center for an Urban Future published a data brief this month entitled, "New York's Older Adult Population is Booming Statewide" that showed that older New Yorkers are driving the city's and the state's population growth. There are now 1.2 million New York City residents over the age of 65, and that number has increased by 237,000 people in just the last ten years. Meanwhile the number of New Yorkers under the age of 65 increased by 110,000 people in the same time period; just half as much of an increase as the older population. This growth is happening across the five boroughs. Notably Manhattan gained 67,000 older adults over the past decade while losing 23,000 younger people. There are now more older adults in the five boroughs than there are children under the age of 13.

Despite that older adults are a large and growing part of New York's communities, they don't get the respect they deserve in the city's budget. The Department for the Aging's (DFTA) budget is still less than 2 percent of the city's overall budget. To the deBlasio Administration's credit, the city has been steadily increasing DFTA's budget for the since taking office. DFTA's budget has increased by 26 percent since deBlasio took office, despite severe cuts in federal funding.

But the problem is that those increases are not keeping up with the even faster increase in the number of older New Yorkers. New York City is home to 28 percent more older New Yorkers than when deBlasio took office in 2004, but the amount of DFTA funding per New Yorker age 60 and above has actually declined by 1 percent. In the meantime, participation in senior centers, demand for case management and home care programs, and other services has been increasing citywide. So this means that providers have to serve more people with less money.

But that's not the end of the story. Not only is New York City's older adult population larger than ever before, but it is also much more diverse. Our 2017 report *The Aging Apple* revealed that for the first time since the end of World War II, half of the city's older adults are immigrants. But while in 1950, a whopping 95 percent of the city's older immigrants hailed from Europe, today's seniors are vastly more diverse. Today only 26 percent of older immigrants are from Europe, while 46 percent are from Latin America and the Caribbean and 23 percent are from Asia and Oceania.

Moreover as that report and our latest one also show, immigrants are responsible for the vast majority of the growth in the older adult population. Our latest report found that the number of U.S.-born older adults grew just 10 percent from 2007 to 2017, while the number of older immigrants jumped 42 percent.

Older New Yorkers born in the U.S. are also becoming more diverse. Over the past decade, the number of U.S.-born Latinx in New York City increased by nearly 34,000 people, while the number of African American older New Yorkers increased by a little over 8,000 and the number of U.S.-born Asians and Pacific Islanders increased by nearly 1,000. Meanwhile, the U.S.-born white non-Hispanic population increased by a little over 10,000 people.

This means that New York City's older adults are increasingly immigrants and people of color, which has significant implications for the way services are delivered. Fully 60 percent of older immigrants in the city have limited proficiency in English, so in-language services for immigrants are crucial. And all older adults, whether they are immigrants or born in the U.S., are more likely to participate in services that are culturally relevant.

Investing in services for older adults means investing in combatting the loneliness that afflicts so many older people. That loneliness is not only sad for older adults themselves, but research shows that loneliness and social isolation increase the risk of dementia and other cognitive illnesses. Investing in services for older adults also helps their younger family members by lessening the physical, emotional, and financial load of caretaking for the families of the frailest older adults.

And that's not all. Investing in more and better services for older adults also means removing the physical, emotional, and financial barriers that prevent more older New Yorkers from contributing more to their communities through becoming volunteers, being mentors, and even becoming entrepreneurs. (The Center for an Urban Future also published a report recently on the growth in the number of entrepreneurs over the age of 50 in New York City.)

Older adults are part of New York City's present and future, just as children and those of us who are younger than 65 are also part of New York's present and future. Older adults are one of the city's greatest untapped resources and investing in services is the best way to unlock that potential.



We refuse to be invisible

Testimony to the New York City Council's Aging Preliminary Budget hearing

Delivered in person on March 12, 2019

by Melissa Sklarz, Senior Governmental Relations Strategist

On behalf of SAGE and the lesbian, gay, bisexual, and transgender (LGBT) elders we serve, thank you to the members of the New York City Council for holding this hearing today and allowing me the opportunity to present testimony with respect to the FY 2020 City Council Budget. My name is Melissa Sklarz and I am the Senior Government Relations Strategist for SAGE.

Founded in 1978 in New York City, SAGE is the country's first and largest organization dedicated to improving the lives of LGBT older people. Forty years after our founding, SAGE is realizing a dream that has been years in the making. With support from the City and New York State, SAGE is working with developer partners to build New York State's very first LGBT welcoming affordable elder housing: Ingersoll Senior Residences in Fort Greene, Brooklyn, and Crotona Senior Residences in Bronx, NY.

These buildings will offer affordable senior housing and will feature ground floor SAGE Centers, open to building residents and older people from the local neighborhood. Through these SAGE Centers, SAGE will offer care management and support services for the entire local elder neighborhood in both locations.

In Brooklyn, SAGE is working with BFC Partners to build Ingersoll Senior Residences, located on NYCHA's Ingersoll Houses campus. Ingersoll Senior Residences will be the largest LGBT welcoming elder housing development in the country, and will offer 145 affordable apartments, of which 25% will house formerly homeless elders. The marquee of the development will be a brand new, state-of-the-art 6,800 square foot street level SAGE Center that will offer LGBT-affirming programming and services. The additional services that our SAGE Center will provide stability for elders residing in the neighboring public housing campuses of Whitman and Farragut Houses, in addition to older people residing in the Ingersoll Houses.

In the Bronx, SAGE is partnering with HELPUSA to build Crotona Senior Residences in the Tremont neighborhood of that borough. Crotona Senior Residences will offer 83 LGBT welcoming affordable apartments and the 10,479 square foot ground level SAGE Center there will be the largest SAGE Center in the city. This development will also house a diverse elder population and 30% of the units will house chronically homeless older people. Like Ingersoll, the crown jewel of this development will be its ground-floor, brand new SAGE Center. At 10,000 square feet, this will become the largest SAGE Center in the city.

Each of these SAGE Centers will provide life enhancing and medical cost saving services to both building residents and elders from the nearby neighborhoods. These centerpieces will be managed and staffed by SAGE and provide a full array of needed elder services, such as programming, meals, comprehensive

care management and building support services. And all of this will be provided for elders, whether living in the SAGE buildings, or from the local neighborhood. SAGE Centers have a history of success through our network of five SAGE Centers across the city. Through our SAGE Centers, elders can access a full range of diverse programming to ensure that LGBT older people can thrive – all of these services offered through the SAGE Centers are complimented with onsite care management.

Service-enriched LGBT friendly housing, like that offered through Crotona and Ingersoll Senior Residences, is crucial for our LGBT elders. Aging can be wrought with challenges, including social isolation and diminished income. For LGBT elders, the barriers mount. Many LGBT older people have experienced stigma and discrimination throughout their lives as a direct result of their sexual orientation and/or their gender identity. This affects their financial security and overall well-being. Recent studies show that more than four in ten LGBT Americans over the age of 65 cite financial problems as a major concern. Further 47% report having less than \$10,000 in savings and assets, and 30% are concerned about their housing stability.

LGBT older people are also facing serious challenges in accessing welcoming housing. A 2014 ten-state investigation conducted by the Equal Rights Center and SAGE found that 48% of same sex older couple testers seeking housing in senior independent living facilities across the country experiences discrimination.

In New York City, housing challenges are severe. Countless older LGBT people find themselves priced out of the neighborhoods where they have lived for years, due to rising rents and diminishing income, typical of older people. Unless effectively addressed, this crisis among LGBT older people will only worsen, as this populations doubles as more out LGBT people age into their retirement years. Research estimates there are between 3- 4 million LGBT older people in the United States and this population will double by 2030 according to a 2016 Williams Institute study. Yet, today, there are only 500 units of LGBT-welcoming affordable housing nationwide. The gap between the need and available housing units is a chasm.

This is why SAGE is partnering with BFC Partners and HELPUSA to build New York's first LGBT welcoming affordable housing, along with our full service SAGE Centers.

SAGE's ask before you today is a restoration of \$1,200,000 in Council Initiative funding to support our expanded network of LGBT Centers in the Bronx, Harlem, Brooklyn, and Staten Island, where LGBT elders can received the full array of services as mentioned.

Additionally, SAGE respectfully requests a restoration of \$150,000 for our SAGE Centers, Programs and Service Enhancement, to support care management and social services for vulnerable LGBT elders at our flagship SAGE Center in Midtown Manhattan. There are more than 3,000 older New Yorkers registered at the Windsor Center. As the Center has grown, the number of fragile and vulnerable LGBT elders has increased dramatically. Many of our participants struggle with mental illness, substance abuse and homelessness, requiring intensive amounts of care management and service support.

Finally, it is essential that communities in need of housing be aware of the availability of quality affordable housing. And so, we ask for the restoration of the \$75,000 to support SAGE's Housing Navigation efforts among LGBT Elders of Color. Our outreach and housing navigation support will focus on low income neighborhoods in Brooklyn and Bronx and will ensure that age and income qualified elders in those neighborhoods are aware of the developments and received assistance when they apply for this housing.

SAGE is a good neighbor, providing safety and security for an at risk population. Data shows that care management and support services diminish health care costs, both Medicare and Medicaid, and a reduction of the need for ambulatory care. We are proud of our record of providing services for our elders and are confident that our new LGBT friendly housing will increase the reputation of New York as a exemplary care provider for elders. As affordable housing becomes a serious urban priority across the nation, SAGE, in partnership with the New York City Council, can show other cities how to ensure that elders can age with dignity and safety.

With continued support from the Council, together we can send a strong message to our City's LGBT elder trailblazers. Ingersoll Senior Residences will open in 2019, the year in which our City will commemorate the 50th Anniversary of the Stonewall uprising and the birth of the modern LGBT civil rights movement and the time when our city will host the global celebration of World Pride. What a message that our city will send to the world – New York City takes care of its LGBT elders.

Thank you for the opportunity to testify. SAGE deeply values our partnership with the Council – your support continues to be greatly valued and appreciated. We look forward to working together to ensure that our LGBT elder pioneers can age with dignity and respect.

Testimony to the City Council Aging Committee
Xiomara A. Maldonado | March 12, 2019

My name is Xiomara Maldonado, and I am the Director of Program and Operations at Educational Alliance's Sirovich Innovative Senior Center. We manage to pull off incredible programming on a limited budget, but we are in dire need of additional support for our 2000 members and for Sirovich staff.

In our dining room last month, a member stopped me to say how much she loves the meals we provide. I smiled and thanked her. It always makes me happy when members share how much they enjoy our Kitchen's freshly made food! Then, she said, "No, you don't understand how much these meals mean to me. The outlets in my kitchen haven't been working for over a year, and I only get hot food when I come here." I couldn't help it—my face fell. I immediately referred her to our Social Services team, but it's heartbreaking stories like this one that remind me—our nutrition program is a vital lifeline for older adults.

Unfortunately, the meal reimbursement rate is too low. This rate simply does not cover the full cost for the kinds of exciting, nutritionally balanced meals our members crave. Furthermore, we are struggling to keep up with demand. For instance, we are contracted to serve 50 dinner meals per night, but we are actually serving an average of 80 meals per night, and on some days, up to 106 meals. We do all this with only 1 full-time Kitchen staff person, and the turnover rate for this position is high. Therefore, I encourage the Committee to advocate for an additional \$20 million to enhance congregate meals, to provide higher reimbursement rates, and to adequately support kitchen staff.

I'd like to share with you an email I received from a member last December, as she expresses just how meaningful Sirovich is to her better than I ever can. These are her words: "I would like to let you know that I am feeling very happy and very lucky to be a member of your Sirovich Center for Older Adults. I am a visual artist and I lost my sculpture studio because my Landlord doubled my rent. Without a work space, I am not able to earn a living and buy food for myself. Your Sirovich Center is a lifesaver for all of us who come here every day. I am not only happy because I get food here two or three times a day, but I admire this place because you have so many great programs like fitness classes, yoga, dance classes, painting, ceramics, computer help, etc., etc. I consider this place a miracle in NYC. Thank you for giving us life sustaining food and the great programs which we would never be able to afford without your help."

I do not share these stories to inspire pity for our members. I share it to cultivate hope. These older adults need our Center, and we need your support. With your partnership, we can meet the basic health needs of older adults in our community. Please enhance our congregate meal program and help to adequately fund the critical work Sirovich staff is so committed to doing.



New York City Council Executive Budget Hearing

Committee on Aging

March 12, 2018

Presented by Debra Wimpfheimer, Interim Executive Director

Good morning.

Thank you to Committee Chair Chin and members of the Committee for allowing us to testify today and for your continued support of arts and culture.

My name is Debra Wimpfheimer. I am the interim director of the Queens Museum and I am here today on behalf of the Museum and the Cultural Institutions Group.

I am joined by Mitra Dejkameh from the Queens Museum and Laurie Avery from Queens Community House. We would like to thank you for the opportunity to share our partnership program - a unique example of the exceptional work that cultural organizations do to serve New York City's aging populations.

On behalf of the CIG, and in support of programs like the one we are focusing on today, we are requesting \$20 million in FY20 for Culture in New York City. This funding helps to support our efforts providing critical senior programming and enacting the goals laid out by the City in the Cultural Plan.

In 2015, together with Queens Community House, we piloted a program called Creative Imagination to offer a variety of workshops for aging individuals. Our aim was to do work that resulted in increased self-esteem, improved cognitive skills, reduced isolation and that encouraged self-expression.

In launching the program we decided to focus on three populations: individuals with Alzheimer's disease and other related dementia disorders, caregivers and LGBTQ seniors.

Because individuals with memory loss —especially those living in Queens—do not have adequate opportunities to participate in cultural activities outside of their homes and other clinical settings, we offer art therapy workshops at Queens Community House.

Because living with a cognitive impairment not only affects the individual, but those closest to them, we offer weekly workshops with trained art therapists for caregivers.

Because we want to be inclusive of minority senior populations, we provide art workshops, gallery tours and intergenerational workshops and dialogues for LGBTQ senior groups at Queens Community House in Jackson Heights.

All of our Creative Imagination programs culminate with an exhibition in the Museum's Partnership Gallery where participants and their loved ones celebrate their work.

We believe our program not only demonstrates the therapeutic benefits gained through artistic self-expression but also the value of partnerships with social service organizations.

In closing, I'd like to thank members of the Committee and the City at large for your longtime support. I, along with new Queens Museum Executive Director Sally Tallant, look forward to meeting with all members of the Council in the coming weeks.

Thank you for your time.

**TESTIMONY BEFORE
NEW YORK CITY COUNCIL
COMMITTEE ON AGING**

**FISCAL YEAR 2020 PRELIMINARY BUDGET
TUESDAY, MARCH 12, 2019**

PREPARED BY
MICHAEL SCHNALL
VICE PRESIDENT, GOVERNMENT RELATIONS & COMMUNITY INVESTMENT
NEW YORK ROAD RUNNERS

Good morning Chair Chin. My name is Michael Schnall and I serve as Vice President of Government Relations & Community Investment at New York Road Runners. Thank you for this opportunity to testify before the Committee on Aging on the FY 2020 Preliminary Budget.

INTRODUCTION

New York Road Runners' (NYRR) mission is to help and inspire people through running. We achieve our mission by creating running and fitness opportunities and programming for people of all ages and abilities.

NYRR demonstrates its commitment to keeping New York City's five boroughs healthy through races, community events, youth initiatives, school programs, senior programs, and training resources that provide hundreds of thousands of people each year with the motivation, know-how, and opportunity to run and be active for life.

NYRR's premier event, the TCS New York City Marathon, is not only a celebration of New York City but is a powerful contributor to its betterment. The Marathon generates over \$415 million in economic impact for New York City annually, and in 2018, a record 10,000 charity runners raised \$40 million on behalf of hundreds of not-for-profit organizations.

NYRR is woven into the fabric of our city, with programming across all age groups and an activated constituency. We engage over 25,000 volunteers annually, providing free time, talent, and energy to keep our events safe, and parks and communities clean and beautiful. Our free community running and walking initiative, NYRR Open Run, is getting thousands of New Yorkers out running and walking weekly in 16 local New York City Parks in all five boroughs, with two more sites set to open in New York City parks this year. NYRR is also working with local stakeholders to identify areas with high health disparities, participating in local health fairs, walking with over 2,500 seniors as part of our NYRR Striders walking program, and serving as a resource and partner to public officials, community boards, business improvement districts, hospitals, community health organizations, and grassroots community groups.

While NYRR is best known for producing the TCS New York City Marathon and our free school-based programs, our organization is also **a dedicated provider of free community programming for parks in all five boroughs of New York City.**

In 2018, our weekly senior walking program **NYRR Striders**, operated in 36 unique senior and community centers, and our other free programming and resources—like our **Walking 101** workshops coordinated in partnership with New York City’s Department for the Aging—combined to touch the lives of over 3,000 older adults and seniors throughout New York City.

THE NEED FOR HEALTH AND FITNESS SERVICES FOR NEW YORK CITY SENIORS

Maintaining and increasing access to free health and fitness services is an imperative for the wellbeing of our City’s seniors and the people who call them friends, parents, grandparents, and loved ones. The U.S. Department of Health and Human Services recognizes physical activity as critical for both preventing and treating many chronic conditions that affect people of all ages and abilities. You may be aware that the Surgeon General formalized a call to action surrounding this issue called *Step It Up!*, which promotes walking and walkable communities to improve the physical, social, and emotional well-being of all Americans. There is an abundance of evidence that active older adults are less likely to suffer from falls, and that walking is an easy way to help seniors enjoy better quality of life and live independently for longer. Additionally, walking programs and walkable communities are good for social connectedness, good for business, and good for the environment.

BUDGET REQUEST FOR FISCAL YEAR 2020

NYRR respectfully asks the New York City Council to consider a request of \$75,000 to support our free health services to over 3,000 seniors in all five boroughs through the Healthy Aging Initiative during the 2020 Fiscal year.

NYRR is asking the New York City Council to support our free services for seniors, which in 2018, operated in 44 New York City Council Districts. NYRR received generous support from the New York City Council last budget year under the Healthy Aging Initiative in the amount of \$60,000. With this FY2020 request, we are hoping to continue to provide, at no cost, the organized and supportive program environment that helps our weekly NYRR Striders participants across New York City take the steps necessary to make fitness and wellness part of daily life. We also hope to continue to, in partnership with the New York City Department for the Aging, provide free Walking 101 workshops to senior centers surrounding Heart Health Month in February and Fall Prevention Awareness Week in September.

NYRR Striders

The NYRR Striders program serves adults and seniors in predominantly low-income and under-resourced communities in New York City with free, weekly walking and fitness

programs. Currently, NYRR is offering this coach-led walking program every week in 35+ unique senior centers, community facilities, and neighborhood parks across all five boroughs to more than 2,500 seniors. While we are operating the program in almost every single New York City Council District, more than half of our participants hail from Districts 3, 8, 9, 18, 22, 36, 41, and 49. The program is geared toward adults aged 50 years and older and aims to improve attitudes toward exercise, to make running and walking more accessible, and to build and contribute to communities. Each session includes:

- 30-45 minutes of walking or physical activity (indoor or outdoor)
- Stretching and drills to develop strength, coordination, and flexibility
- Active conversations on nutrition and best practices for healthy living
- An opportunity to gather with peers in a fun, social environment

In 2019, we are expecting to serve more than 2,000 seniors with the Striders program and select a number of participating senior and community centers to serve as “Striders Neighborhood Hubs,” with the goal of increasing local participation at each site by inviting and engaging the larger aging communities that surround them.

NYRR Walking 101

Walking 101s are free, on-site, wellness education workshops provided by NYRR to senior and community centers in New York City. These one-hour interactive sessions, led by one of the NYRR Striders certified running coaches and fitness instructors, focus on critical areas of adults' health, nutrition, and independence. Walking 101 workshops are usually requested by the New York City Department for the Aging senior centers twice a year surrounding Heart Health Month (February) and Fall Prevention Awareness Week (September). In addition to a fun and active session, NYRR also gives each attendee a free walking journal, nutrition guide, and chair exercise guide. Technical Assistance is also provided to senior and neighborhood centers that want to start walking programs at their locations. In 2018, NYRR held Walking 101s for nearly 500 unique participants in all five boroughs.

CONCLUSION

As the premier non-profit community running organization of our great city, NYRR recognizes that health disparities and inequities stifle growth opportunities within communities. Running and walking is something that almost everyone can do and is an activity that empowers you in your day-to-day life. NYRR is committed to working with and in every community to bring opportunities for physical activity and fitness to every aging adult and senior who wants and needs it.

NYRR looks forward to continuing our commitment to New York City's aging population and growing our relationship with the New York City Council. Thank you for allowing me to testify today. I would be happy to answer any questions you might have about the work of New York Road Runners, and I urge you to prioritize the funding of health and fitness programs for our City's seniors.



CITYMEALS
ON WHEELS

FOR THE RECORD

Preliminary budget and oversight hearing for the Department for the
Aging
Aging Committee
March 12, 2019

Testimony submitted by: Rachel Sherrow
Associate Executive Director
Citymeals on Wheels
355 Lexington Avenue, NYC 10017
(646) 866-6289
Rachel@citymeals.org

My name is Rachel Sherrow and I am the Associate Executive
Director at Citymeals on Wheels. I would like to begin by thanking
the Council for their continued support of aging services and
Citymeals on Wheels which will help to deliver over 2 million meals to
nearly 18,400 homebound elderly citywide this year. I also want to
thank the Aging committee, and most especially Council woman
Margaret Chin for continuing to take the lead in advocating for the
support of senior services which have been under funded for years.
A report just out from the Center for New York City Affairs outlines
how the state has decreased their funding for the human service
sector which includes aging services since the Great Recession and
even though the economy has recovered, their responsibility has
not. This disinvestment manifests in severely under funding core
services.

As most of you know, Citymeals on Wheels is a not-for-profit agency working in a public/private partnership with the New York City Department for the Aging. The Department funds the meals that homebound elderly receive Mondays through Fridays, and Citymeals on Wheels funds the same network of providers to deliver weekend and holiday meals. On the days the city does not provide a meal, Citymeals steps in to prevent our aging neighbors from being without food or human company. In fact, Citymeals, as an added benefit generates revenue for New York City through the federal government's cash in lieu of commodities program which reimburses DFTA approximately 67 cents for every meal funded by Citymeals. All of this money goes toward the city-funded weekday meals program, bringing in over \$1.4 million last fiscal year and an additional 180,000 home delivered meals for those who need it. In-home services like meals on wheels are incredibly vital to those who are frail and vulnerable and often hidden behind their doors.

Another report just out, by the Center for An Urban Future stated the population of those 65 and older increased 26% in the last ten years, while the overall population grew by only 3%. It also reports that 1 in 7 older New Yorkers lives in poverty.¹ Living longer, and on fixed incomes means more struggle over access to food for this population.

Unfortunately, for homebound elderly to access supplemental food is a more difficult and often times impossible task. They are unable to walk to pantries, or wait in line and carry the bags home, and as we know, 40% of our meal recipients are unable to leave their homes, and many do not have support to help them.

Therefore it is not surprising that the Nutrition Screening Initiative estimates that one in four senior citizens living in our communities is malnourished.² It has also been estimated that up to 55% of seniors admitted to hospitals are suffering from malnutrition.³ In addition food insecure seniors are 60% more likely to suffer from depression, and 40% more likely to experience congestive heart failure.⁴

Thus, meals on wheels is a vital service for our homebound elderly to prevent hunger, decrease isolation and ensure our older neighbors can remain in their homes and live within their communities and neighborhoods. It is a cheaper alternative to institutionalization, more dignified, and what the majority of older adults prefer. Neither the State nor the City have kept pace with the increase in the aging population, with the state spending 40% less per older New Yorker than it did twenty years ago. We need to fix this and make sure we have the appropriate funds in order to meet the needs of our homebound elderly now, and into the future; understanding that meal providers often operate in a deficit due to the rising costs in food, appropriate salaries and infrastructure issues. Due to these

deficits, the aging coalition will be seeking funding from the Council for FY 20 in order to help right these discrepancies and to make sure additional money continues to be added annually to senior services. Citymeals is supporting the #FairCity4AllAges, FY20 aging budget priorities, which includes both new needs for senior center meals and home delivered meals money, NORCS and an emergency DFTA capital needs fund, as well as restorations to senior service council initiatives. Fairly funding costs for core services in senior centers and those that keep them in their communities like meals on wheels are crucial to this population. With a request to increase the reimbursement rate by a dollar, for both home delivered and congregate meals, (a total funding request of \$35 million) providers will be more adequately able to support their programs and ensure the need is being met. This will not get them to a fully funded contract but on the way to right sizing them.

Unfortunately, Citymeals will have to face some cuts to programs for FY 20 due to our own fundraising issues; foundations have shifted priorities, the political landscape has made many focus more on social justice issues and environmental causes. No one would deny any of these aren't crucial to our survival, but we must not let our homebound elderly, and those aging into this population, suffer in the meantime. Therefore, Citymeals is requesting \$1.2 million for FY20 in order to provide the over 18,000 homebound elderly with a shelf stable Emergency Food Package consisting of 8 meals which will

ensure there is extra food on hand if their regular delivery is unable to get through due to inclement weather, localized or city-wide emergencies. Because our meal recipients have more difficulty accessing supplement food, this box will enable more food security among a more vulnerable and marginalized population.

Citymeals on Wheels together with the Department for the Aging, and The New York City Council, are determined to keep older adults living safely in their own communities and at least 18,400 elderly New Yorkers who receive meals on wheels, fed 365 days a year plus some extra. We hope you, our partner in city government, will help us to continue to advocate on behalf of those who are often forgotten and marginalized and support solvency for senior services.

As we move through our 37th year, we thank you for consistently working with us and I hope we can count on all of your support once again this year.

¹ Mercado and Abraham, 2/28/2019 A Snapshot of Poverty Among Older NYers Shows Pockets of Deep Need, "City Limits". ² NYCCAH 2015 Hunger Report. ³ Measuring the costs and savings of aging in place, 2013. (Accessed December 3, 2014, at http://www.huduser.org/portal/periodicals/em/em_archive.html). ⁴ Christian González-Rivera (May 2017) Center for an Urban Future, THE AGING APPLE: OLDER IMMIGRANTS A RISING SHARE OF NEW YORK'S SENIORS.



Testimony Presented by Karen Zhou
Executive Director, Homecrest Community Services
Margaret Chin, Chair of Aging Committee
Corey Johnson, Speaker
NYC Council Budget and Oversight Hearings on the FY2020 Preliminary Budget
Submitted to the NYC Council Committee on Aging
March 11, 2019

Good afternoon.

My name is Karen Zhou and I'm representing Homecrest Community Services (HCS). We were started 22 years ago to fill a gap in services that was needed for the rapid growing and greatly underserve Asian immigrant population in Brooklyn.

According to the most recent US Census data, the Asian population in NYC have reached 1.23 million in 2015, accounting for nearly 15% of the city's population. Of the five boroughs, Brooklyn has the fastest growing Asian population with a change of 43.9% according to NYC Dept. of Planning research from 2008-2012. Today you can see vibrant Chinatowns in Sunset Park, Bensonhurst and Sheepshead Bay neighborhoods with dozens of retail businesses.

Since 1997, HCS have never wavered from our mission of improving the quality of life for immigrants, seniors and those who may otherwise be disadvantaged be more self-sufficient in society.

The current population we serve includes the Asian immigrant population with an age range between 60-100 years and up. More than 2 in 3 Asian seniors in NYC have limited English proficiency (LEP) and language barriers present a major problem in accessing help. According to Asian American Federation's Senior Study in 2017, "more than 1 in 3 Asian seniors live in a limited English speaking household, where no one in the household ages 14 years or older speaks English very well. These households often rely on younger children to translate."

To help overcome language barriers, Asian immigrant seniors need programs that are both linguistically and culturally competent so that they do not have to rely on young children for translation. Instead they can come to a place like HCS where case workers can help them through a myriad social services so they can have a sense of independence having things done without having to burden their own

families and most especially young children who may not know how to properly translate and help.

Additionally, risk factors for social isolation among Asian seniors are high. The Asian American Federation of NY study states that 55% of Asian seniors expressed some symptoms of loneliness or depression. When they come to a senior center, we have found that social activities (e.g. free classes in ESL, computer, tai chi, music, dance & mahjong) help provide structure for seniors and is where they can meet friends and have a safe and caring space to get through the day. We believe that learning does not end after retirement, it should be a continuous part of life to grow and learn.

HCS currently operates two community senior centers in Brooklyn. One of our centers is funded through DFTA, while our other center located in Sheepshead Bay is non-DFTA funded. As a community service provider, this inequity in funding have been hard for us. It is like a parent having two children and not being able to provide the same for each because of resource constraints. For the non-DFTA funded center, we have been surviving on year-to-year in kind donations, City Council discretionary and private support to keep the doors open.

It is hard for an organization to turn anyone away and so we are thankful to our local elected officials for their compassion in understanding the hardship of our circumstance and for providing local funding support for our senior programs. We are also thankful to the City Council for continuing to support the **“Senior Centers for Immigrant Populations Initiative”** and other essential senior related initiatives which senior centers like us desperately need in order to support the abundance of programs and services we offer to the community for free.

More recently, we had a senior who was not feeling well at the center. She told us that she hadn't gotten her heart medication because her favorite Chinese pharmacy was closed for the Chinese New Year and that was the only pharmacy she went to. The senior showed us an empty pill container which showed that it had a refill. The center staff helped the senior get her medication refilled and also helped get the senior home so she could get rested. A day later, the senior returned to center to thank our staff for taking such good care of her. She said her adult children had been calling every day worry about their mom. Her adult children live out of state and she lives all alone at home. When this senior tells her adult children she is coming to our center, there is a sense of relief and reassurance for the adult children to know that their mom won't be home alone and that she's got a place to come to daily where they'll be staff at our center who can look after her, help her with letter translation and provide social activities to keep her active throughout the day so that she can successfully age in place.

In short, we know DFTA is cognizant that in order for senior centers to adequately and successfully serve the communities it represents, the services offered at each senior centers must reflect the changing demographics of the community. The demographic shifts in Brooklyn have shown a significant increase over the past

two decades of an ever increasing Asian population, particularly in areas in which HCS currently operate. These newer Chinatowns are bringing with it more Asian immigrants that need help. We hope that the City Council will help to continue the support of the **“Senior Centers for Immigrant Population Initiative”** because centers like ours have demonstrated through our long-standing track record that we have the capability of providing high quality culturally competent programs and services for immigrant populations.

We believe that senior centers are essential for every community since it is inevitable that we will all age and eventually become a senior one day. In modern times, more seniors need special assistance and senior centers to help reduce social isolation, provide emotional and mental support. Many of our seniors live on fixed income, worry about rent and food insecurities, and living alone. Their best connection to society is through a neighborhood senior centers like HCS and so we recommend having more budget for DFTA so that it can fund additional neighborhood senior centers. We hope you will consider these factors when you make decisions on the FY2020 budget to include senior funding support and the impact it will have on the millions of seniors living in NYC. The wave of baby boomers retiring each year need services.

I thank you in kind for your consideration and time!

Homecrest Community Services' Community/Senior Center and Main Office: 1413 Avenue T, Brooklyn, NY 11229

Mailing Address: PO Box 290-728, Brooklyn, NY 11229-0728

Tel: 718-376-4036

Fax: 718-376-4124

Bensonhurst Neighborhood Senior Center (Funded by the Department for the Aging)

7907 New Utrecht Avenue, Brooklyn, NY 11214

Tel: 718-621-7960

Fax: 718-621-7961



New York's Older Adult Population is Booming Statewide

Christian González-Rivera, Jonathan Bowles, and Eli Dvorkin

February 27, 2019

From Saratoga to Suffolk County, the Empire State is graying. There are now more residents aged 65 and older in New York State—3.2 million—than the entire population of 21 states. Today, nearly one in six New Yorkers is 65 and above (16 percent), a larger share of the state's population than ever before.

This data analysis provides a new level of detail about the aging of the population in cities and counties across New York State. Our analysis finds that older adults are the fastest-growing segment of the population statewide. Over the past decade, the number of New Yorkers ages 65 and over increased by 647,000, or 26 percent. During the same period, the state's overall population grew by just 3 percent. There are now more New Yorkers ages 65 and older statewide than there are children under the age of 13.

The boom in older adults is occurring in nearly every corner of the state, with the biggest increases over the past decade in Saratoga County (which experienced a 55 percent spike in the number of older adults), and Orange County (40 percent increase), and Dutchess County (36 percent increase). Indeed, the growth of the older adult population is outpacing overall population growth in all of the state's 20 largest cities and counties, including Rochester, Syracuse, Yonkers, Albany, and New York City. Today, New Yorkers ages 65 and above account for a whopping 19 percent of the population in Ulster and Sullivan Counties and 18 percent of the population in Erie, Nassau, Niagara, and Saratoga counties.

With New Yorkers across the state living longer than ever before, the population ages 85 and above is also booming.¹ Overall, the number of 85-plus New Yorkers has also increased 26 percent since 2007, going from 353,299 to 444,005. The greatest increase was in Dutchess County (which saw an 80 percent increase in the 85-plus population), followed by Orange County (65 percent increase), Suffolk County (56 percent increase), and Jefferson and Lewis Counties (53 percent increase).

New York State's aging population is more diverse than ever

We also find that New York's older adult population is more diverse than ever. The number of older immigrants statewide is growing at nearly double the rate of U.S.-born older adults, increasing 41 percent compared to 21 percent since 2007. Outside New York City, the older immigrant population in the state has increased by 37 percent, compared to a 25 percent increase in the U.S.-born older adult population. In New York City, the older immigrant population has grown even faster, increasing 42 percent over the past decade. Ten years ago, 25 percent of the state's older adult population was foreign-born, compared to 28 percent today.

Over the past decade, the population of older immigrants has more than doubled in Ulster and Sullivan Counties (107 percent increase), followed by Jefferson and Lewis (89 percent increase), Rockland County (77 percent increase), Bronx County (67 percent increase), and Albany County (56 percent increase).

At the same time, New York's U.S.-born older adults are increasingly likely to be African American, Latinx, or Asian. Today, nearly one-third (31 percent) of U.S.-born older adults in the state are non-white, a share that has increased from 26 percent ten years ago. Over the past decade, the number of African American residents ages 65 and above doubled in Dutchess County (100 percent increase) and Schenectady (104 percent increase), and more than tripled in Rensselaer County (217 percent increase).

The number of Latinx residents ages 65 and above more than doubled in Queens County (106 percent increase), Dutchess County (119 percent increase), Nassau County (130 percent increase), and Orange County (133 percent increase, and nearly tripled in Buffalo (170 percent increase), Westchester County (175 percent increase), Rockland County (177 percent increase), and Staten Island (190 percent increase). Yonkers registered the fastest-growing older Latinx population of any city or county in the state, more than tripling since 2007 (201 percent increase).

Over the past decade, the number of Black older adults has grown faster than the older white population in five of the state's six major cities—except Yonkers—and in 11 of the 14 major counties outside of New York City: Rensselaer, Schenectady, Dutchess, Niagara, Rockland, Albany, Suffolk, Nassau, Orange, Westchester, and Erie. The number of Latinx older adults has outpaced that of the older white population in four of the state's major cities and in eight counties outside New York City: Rockland, Westchester, Orange, Nassau, Dutchess, Suffolk, Erie, Schenectady, Albany, and Ulster and Sullivan.

Nearly 1 in 7 older New Yorkers is living in poverty, with higher rates for African American, Latinx, Asian American, and immigrant older adults

As New York's older adult population grows, the number living in poverty has increased. The number of older adults in poverty increased from 401,488 in 2007 to 443,941 today—an 11 percent increase. However, this analysis also finds that the total poverty rate among older New Yorkers has declined by 2 percent statewide since 2007—from 16 percent in 2007 to 14 percent in 2017.

A closer look at older adult poverty statewide finds that some populations and regions of the state are experiencing poverty rates significantly above the statewide average. U.S.-born Latinx New Yorkers 65 and older are experiencing the highest rates of older adult poverty, at 26 percent. Asian American older adults have the second-highest poverty rate, at 22 percent, followed by African American older adults at 19 percent. The poverty rate for older immigrants is 20 percent statewide. Rochester has the highest older adult poverty rate of any city or county we examined, at 31 percent. The cities with the next-highest poverty rates for older adults are New York City and Buffalo at 20 percent and Syracuse at 18 percent.

Although poverty rates have declined slightly over the past decade across all demographics, in some areas of the state, the older adult poverty rate is increasing. Schenectady County registered the sharpest increase in older adult poverty, going from 7 percent in 2007 to 11 percent in 2017, and the number of poor older adults the county has nearly doubled from 1,555 to 3,006. In the Bronx, the older adult poverty rate has increased from 26 percent to 28 percent, and the borough's poor older adult population has swelled by 13,585 people over the past decade. The total number of older adults in poverty increased sharply in several other cities and counties, including Rochester (38 percent increase), Suffolk County (33 percent increase), Dutchess County (28 percent increase), and Nassau County (22 percent).

Among older immigrants, poverty rates have increased in several parts of the state, including Erie County, where the poverty rate among older immigrants has gone from 10 percent in 2007 to 17 percent in 2017; Suffolk County, where it has gone from 6 percent to 12 percent; Rockland (11 to 14 percent), the Bronx (25 to 28 percent), and Nassau (7 to 9 percent).

To meet the needs of New York State's booming older adult population, Governor Cuomo and the State Legislature will need to make investing in older adult services a top priority statewide. The state's Office for the Aging spends 40 percent less per older New Yorker than it did in 2000, after adjusting for inflation, and high rates of older adult poverty remain a persistent and alarming reality across much of the state.² With older New Yorkers driving population growth statewide, the state will have to do more to support comprehensive and effective older adult services in the years ahead.

At the same time, local officials in cities and counties across New York should be doing more to plan for the aging of their populations and make sure new programs and policies are in place to ensure older adults can thrive across multiple generations.

To produce this report, the Center for an Urban Future analyzed data from the U.S. Census' American Community Survey. This analysis includes 20 cities and counties in New York State for which detailed data was available, including the state's six largest cities and 14 of its largest counties. Some counties are combined due to data availability limitations. Parts of this report separate New York City into its constituent counties to provide a borough-level analysis.

The following are findings for each of the state's major regions:

Capital Region

Saratoga County

- Saratoga County experienced a 55 percent increase in its older adult population over the past decade, making it the fastest-growing older adult population in the state.
- Overall, the number of older adults in the county increased by 14,300—from 26,055 in 2007 to 40,355 in 2017.
- This growth has been driven by Saratogans ages 65 to 84; the population ages 85 and above declined 16 percent during the same period.
- Older adults now account for 18 percent of the county's overall population, up from just 12 percent a decade ago.
- The under-65 population of the county, meanwhile, has remained flat over the past ten years.
- Immigrants make up 5 percent of the county's older adult population, down from 6 percent a decade ago.
- The number of older adults in poverty in Saratoga County increased by 3 percent—from 3,366 in 2007 to 3,451 in 2017.

Albany County

- Albany County experienced a 23 percent increase in its older adult population over the past decade.
- Overall, the number of older adults in the county increased by 9,348—from 40,598 in 2007 to 49,546 in 2017.
- The number of residents ages 85 and above increased 18 percent—from 5,800 to 6,856.

- Older adults now account for 16 percent of the county's overall population, up from 14 percent a decade ago.
- Immigrants make up 14 percent of the county's older adult population, up from 11 percent a decade ago, and the number of foreign-born older adults increased at a faster rate (56 percent) than U.S.-born older adults (19 percent) over the past decade.
- Albany County's U.S.-born older adult population is growing increasingly diverse. It's now 10 percent non-white, up from 8 percent in 2007.
- Albany County experienced an 18 percent increase in its 85-plus population over the past decade, increasing from 5,800 in 2007 to 6,856 in 2017.
- In Albany County, 9 percent of older adults live in poverty, a 2 percentage point decline over the past decade. Currently 4,335 older adults live in poverty in the county.

Albany (City)

- The city of Albany experienced a 10 percent increase in its older adult population over the past decade.
- Overall, the number of older adults in the city increased by 1,303—from 13,082 in 2007 to 14,385 in 2017.
- This growth has been driven by residents ages 65 to 84; the population ages 85 and above declined 11 percent during the same period.
- Older adults now account for 13 percent of the city's overall population, the same share as in 2007.
- Immigrants make up 19 percent of the city's older adult population, up from 14 percent a decade ago. The city's older immigrant population swelled by 46 percent over that time.
- The city's U.S.-born older adult population is growing increasingly diverse. It's now 23 percent non-white, up from 17 percent in 2007.
- The city's Black older adult population has grown 89 percent over the past decade, while the city's white older adult population has shrunk 3 percent.
- In the city of Albany, 11 percent of older adults live in poverty, a 6 percentage point decline over the past decade. Currently 1,637 older adults live in poverty in the city.

Rensselaer County

- Rensselaer County experienced a 32 percent increase in its older adult population over the past decade, compared to a 1 percent decline in the population under 65.
- Overall, the number of older adults in the county increased by 6,525—from 20,471 in 2007 to 26,996 in 2017.
- This growth has been driven by residents ages 65 to 84; the population ages 85 and above declined 3 percent during the same period.
- Older adults now account for 17 percent of the county's overall population, up from 13 percent in 2007.
- Immigrants make up 4 percent of the county's older adult population, down from 5 percent a decade ago.
- The county's U.S.-born older adult population is growing increasingly diverse. It's now 7 percent non-white, up from 3 percent in 2007.
- The county's African American older adult population increased faster than any other county in the state, growing 217 percent over the past decade—from 373 in 2007 to 1,181 in 2017.
- The number of older adults in poverty in Rensselaer County increased by 3 percent—from 2,712 in 2007 to 2,790 in 2017.

Schenectady County

- Schenectady County experienced a 13 percent increase in its older adult population over the past decade—the lowest increase among the state’s largest counties.
- Overall, the number of older adults in the county increased by 2,931—from 23,382 in 2007 to 26,313 in 2017.
- Older adults now account for 17 percent of the county’s overall population, up from 16 percent in 2007.
- Immigrants make up 9 percent of the county’s older adult population, down from 11 percent a decade ago.
- The county’s U.S.-born older adult population is growing increasingly diverse. It’s now 7 percent non-white, up from 4 percent in 2007.
- The county’s African American older adult population increased 104 percent, going from 629 to 1,286.
- Schenectady County experienced a 13 percent increase in its 85-plus population over the past decade, increasing from 3,789 in 2007 to 4,287 in 2017.
- The poverty rate among older adults in Schenectady increased from 7 percent to 11 percent in the past decade.
- Older adult poverty increased faster in Schenectady County than anywhere else in the state. The number of older adults in poverty in the county jumped up 93 percent, going from 1,555 in 2007 to 3,006 in 2017.

Western New York

Rochester

- The city of Rochester notched a 36 percent increase in its older adult population over the past decade, the highest rate of any major city in the state, despite a 10 percent drop in its overall population since 1990.
- Overall, the number of older adults in the city increased by 6,618—from 18,431 in 2007 to 25,049 in 2017.
- This growth has been driven by residents ages 65 to 84; the population ages 85 and above declined 18 percent during the same period.
- Older adults now account for 12 percent of the city’s overall population, up from 9 percent a decade ago.
- Today, 46 percent of Rochester’s U.S.-born older adults are non-white, making Rochester the major city with the most diverse U.S.-born older adult population in the state.
- Immigrants make up 13 percent of the county’s older adult population, down from 17 percent a decade ago.
- Rochester’s older adults have the highest poverty rate of any city or county in the state, at 31 percent. This is even higher than the Bronx’s older adult poverty rate of 28 percent.
- The number of older adults in poverty in Rochester increased by an alarming 38 percent—from 5,639 in 2007 to 7,798 in 2017.

Buffalo

- The city of Buffalo experienced a 2 percent increase in its older adult population over the past decade, the smallest increase of any city in the state.
- During that same period, Buffalo’s total population declined 2 percent.
- Overall, the number of older adults in the city increased by 574—from 31,061 in 2007 to 31,635 in 2017.
- Older adults now account for 12 percent of the city’s overall population, the same share as a decade ago.

- Buffalo has the second-most diverse population of U.S.-born older adults in the state; 43 percent of Buffalo's U.S.-born older adults are non-white.
- Older African Americans comprise 37 percent of Buffalo's U.S.-born older adult population—the largest share in the state.
- Immigrants make up 10 percent of the city's older adult population, up from 7 percent a decade ago.
- The number of older immigrants increased 49 percent, while the number of U.S.-born older adults declined by 2 percent.
- Buffalo is tied with New York City for the second-highest poverty rate among older adults, at 20 percent.
- Buffalo experienced a 7 percent increase in its 85-plus population over the past decade, increasing from 3,542 in 2007 to 3,799 in 2017.
- In Buffalo, 20 percent of older adults live in poverty, a 4 percent decline over the past decade. Currently 6,222 older adults live in poverty in the city.

Erie County

- Erie County saw a 19 percent increase in its older adult population over the past decade, compared to a 2 percent decline in the population under 65.
- Overall, the number of older adults in the county increased by 25,517—from 136,642 in 2007 to 162,159 in 2017.
- Older adults now account for 18 percent of the county's overall population, up from 15 percent a decade ago.
- Immigrants make up 8 percent of the county's older adult population, the same share as a decade ago.
- The county's U.S.-born older adult population is growing increasingly diverse. It's now 12 percent non-white, up from 11 percent in 2007.
- Erie County experienced a 31 percent increase in its 85-plus population over the past decade, increasing from 19,472 in 2007 to 25,595 in 2017. This is the fastest growth rate for the 85-plus population among the cities and counties we analyzed in Western New York.
- In Erie County, 12 percent of older adults live in poverty, a 2 percentage point decline over the past decade. Currently 19,163 older adults live in poverty in the county.

Niagara County

- Niagara County experienced a 24 percent increase in its older adult population, compared to a 6 percent decline in the population under 65.
- Overall, the number of older adults in the county increased by 7,429—from 31,371 in 2007 to 38,800 in 2017.
- Older adults now account for 18 percent of the county's overall population, up from 15 percent a decade ago.
- Immigrants make up 6 percent of the county's older adult population, down from 8 percent a decade ago.
- The county's U.S.-born older adult population is growing increasingly diverse. It's now 6 percent non-white, up from 4 percent in 2007.
- Niagara County experienced a 20 percent increase in its 85-plus population over the past decade, increasing from 4,678 in 2007 to 5,623 in 2017.
- In Niagara County, 11 percent of older adults live in poverty, a 3 percentage point decline over the past decade. Currently 4,311 older adults live in poverty in the county.

Hudson Valley

- Throughout the Hudson Valley, the number of older adults increased by 26 percent while the overall population declined by 2 percent and the under-65 population fell by 5 percent.
- The number of older adults across the region increased from 303,380 in 2007 to 382,083 in 2017.

Orange County

- Orange County experienced a 40 percent increase in its older adult population, which is the third-fastest increase of any of the state's largest counties. In contrast, the under-65 population declined by 3 percent.
- Overall, the number of older adults in the county increased by 14,894—from 37,600 in 2007 to 52,494 in 2017.
- Older adults now account for 14 percent of the county's overall population, up from 10 percent a decade ago.
- Immigrants make up 13 percent of the county's older adult population, the same share as a decade ago.
- The county's U.S.-born older adult population is growing increasingly diverse. It's now 15 percent non-white, up from 13 percent in 2007.
- Orange County experienced a whopping 65 percent increase in its 85-plus population over the past decade, increasing from 4,001 in 2007 to 6,617 in 2017. That's the second-fastest growth rate for the 85-plus population in the state.
- In Orange County, 8 percent of older adults live in poverty, a 3 percentage point decline over the past decade. Currently 4,030 older adults live in poverty in the county.

Dutchess County

- Dutchess County experienced a 36 percent increase in its older adult population, compared to a 4 percent decline in the population under-65.
- The number of older adults in the county increased by 13,368 during the past decade, from 37,202 to 50,570.
- Older adults now account for 17 percent of the county's overall population, up from 13 percent a decade ago.
- Immigrants make up 13 percent of the county's older adult population, down from 16 percent a decade ago.
- The county's U.S.-born older adult population is growing increasingly diverse. It's now 12 percent non-white, up from 7 percent in 2007.
- The county's population of Black older adults has doubled over the past decade, increasing from 1,526 to 3,050.
- Dutchess County experienced an 80 percent increase in its 85-plus population over the past decade, the fastest growth rate of any of the state's largest cities and counties. The 85-plus population increased from 4,523 in 2007 to 8,141 in 2017.
- The number of older adults in poverty in Dutchess County increased by 28 percent—from 4,004 in 2007 to 5,114 in 2017.

Rockland County

- Rockland County registered an increase of 12,551 older adults, a 32 percent increase.

- The number of older adults jumped from 39,019 in 2007 to 51,570 in 2017.
- Older adults now account for 16 percent of the county's overall population, up from 13 percent a decade ago.
- Rockland has experienced rapid growth in its population of foreign-born older adults. More than a third are foreign-born (34 percent), up from 25 percent a decade ago.
- The county's U.S.-born older adult population is growing increasingly diverse. It's now 15 percent non-white, up from 8 percent in 2007.
- Rockland County's population of Latinx older adults has nearly tripled over the past decade, increasing from 773 to 2,140.
- Rockland County experienced a 46 percent increase in its 85-plus population over the past decade, increasing from 4,758 in 2007 to 6,955 in 2017.
- The number of older adults in poverty in Rockland County increased by 11 percent—from 4,019 in 2007 to 4,455 in 2017.

Westchester

- Westchester experienced a 15 percent increase in its older adult population, an increase of 21,646 people. In contrast, the county's under-65 population declined by 10 percent.
- Older adults now account for 17 percent of the county's overall population, up from 13 percent a decade ago.
- Immigrants make up 29 percent of the county's older adult population, up from 25 percent a decade ago.
- The increase in the number of older immigrants is outpacing the growth in the U.S.-born older population, growing 30 percent in the last decade compared to 10 percent growth among U.S.-born older adults.
- The county's U.S.-born older adult population is growing increasingly diverse. It's now 18 percent non-white, up from 15 percent in 2007.
- Westchester County experienced a 27 percent increase in its 85-plus population over the past decade, increasing from 22,527 in 2007 to 28,582 in 2017.
- In Westchester County, 11 percent of older adults live in poverty, a 2 percentage point decline over the past decade. Currently 17,388 older adults live in poverty in the county.

Yonkers

- The city of Yonkers experienced a 23 percent increase in its older adult population, with the number of older adults increasing by 6,586—from 28,176 in 2007 to 34,762 in 2017. In contrast, the city's under-65 population declined by 1 percent.
- With 17 percent of its population being age 65 and above, Yonkers is the oldest major city in the state.
- However, this growth has been driven by residents ages 65 to 84; the population ages 85 and above declined 1 percent during the same period.
- Over the past decade, the share of non-white older adults in Yonkers grew from 16 percent of the population to 26 percent—the largest increase of any major city or county in the state.
- Latinx older adults led that growth, tripling over the past decade from 982 to 2,951.
- More than a third of the older adults in Yonkers (35 percent) are foreign-born, and the number of foreign-born older adults increased at a faster rate (27 percent) than native born older adults (21 percent) over the past decade.

- In Yonkers, 10 percent of older adults live in poverty, half the rate of a decade ago. This 10 percentage point decline is the sharpest decrease in the older adult poverty rate of any major city or county in the state. Currently 3,575 older adults live in poverty in the city.

Ulster & Sullivan

- Ulster and Sullivan Counties experienced a 35 percent increase in their older adult population, with the number of older adults increasing by 12,296—from 35,451 in 2007 to 47,747 in 2017. In contrast, the counties' under-65 population declined by 7 percent.
- This growth has been driven by residents ages 65 to 84; the population ages 85 and above declined 2 percent during the same period.
- Over the past decade, the population of Latinx older adults in Ulster and Sullivan Counties increased 40 percent, going from 812 in 2007 to 1,135 in 2017. The population of white older adults grew 27 percent during the same period.
- About 15 percent of the older adults in Ulster and Sullivan Counties are foreign-born, and the number of foreign-born older adults increased at a faster rate (107 percent) than native born older adults (27 percent) over the past decade.
- In Ulster and Sullivan Counties, 9 percent of older adults live in poverty, a 2 percentage point decline over the past decade. Currently 4,506 older adults live in poverty in the counties.

Long Island

- Long Island's older adult population increased by 27.9 percent during the past decade, from 379,242 residents aged 65 and over in 2007 to 484,862 in 2017. In contrast, Long Island's overall population increased by 3.7 percent (from 2,760,505 to 2,862,310) and the under-65 population decreased by 0.1 percent (from 2,381,263 to 2,377,448).

Nassau County

- Nassau County experienced a 22 percent increase in its older adult population over the past decade, with the number of 65-and-over residents increasing by 43,406—from 196,254 in 2007 to 239,660 in 2017.
- Older adults now account for 18 percent of the county's overall population, one of the highest shares in the state.
- In Nassau County, the population of foreign-born older adults increased much faster than native born older adults: 41 percent over the past decade compared to 16 percent, respectively.
- Nassau County is now home to more than 65,000 foreign-born older adults. Immigrants now make up 27 percent of the county's older adult population.
- The population of non-white older adults expanded much faster than the white population over the past decade. The number of older African Americans in the county grew by 42 percent, from 7,345 in 2007 to 10,448 in 2017, while the U.S.-born Latinx population grew 130 percent (from 2,328 to 5,357 older adults), and the Asian American population increased 71 percent (from 664 to 1,135).
- Nassau County experienced a 52 percent increase in its 85-plus population over the past decade, growing from 25,970 in 2007 to 39,573 in 2017.
- The number of older adults in poverty in Nassau County increased by 22 percent—from 15,693 in 2007 to 19,120 in 2017.

Suffolk County

- Suffolk County is now home to nearly a quarter of a million residents 65 and over. It has more older adults than all but three counties in the state (Brooklyn, Queens, and Manhattan).
- The county experienced a 34 percent increase in its older adult population over the past decade, with the number of older adults increasing by 62,214—from 182,988 in 2007 to 245,202 in 2017. That's the third-largest increase in older adult population of any county in the state and the largest increase outside of New York City.
- In contrast, the county's under-65 population declined by 2 percent.
- Older adults now make up 16 percent of the overall population in Suffolk County, up from 11 percent in 1990. Only one other major county in the state experienced a larger increase during this period.
- The number of Latinx older adults grew by 4,637 in Suffolk County, the largest increase in the state outside of New York City.
- Suffolk County is now home to 38,865 foreign-born older adults. Over the past decade, the number of older immigrants grew at a much faster rate (52 percent) than U.S.-born older adults (31 percent).
- Immigrants account for 16 percent of all older adults in the county, up from 14 percent a decade ago.
- Suffolk County experienced a 56 percent increase in its 85-plus population over the past decade, increasing from 21,709 in 2007 to 33,937 in 2017.
- The number of older adults in poverty in Suffolk County increased by 33 percent—from 16,834 in 2007 to 22,407 in 2017—the fourth-fastest increase among the state's major cities and counties, including the five boroughs of New York City.

Northern and Central New York

Syracuse

- Syracuse experienced a 9 percent increase in its older adult population over the past decade. Although this is a smaller jump than most other parts of the state, it outpaced the city's overall population growth of just 2 percent.
- In Syracuse, the number of older adults increased by 1,355—from 15,755 in 2007 to 17,110 in 2017.
- This growth has been driven by residents ages 65 to 84; the population ages 85 and above declined 22 percent during the same period.
- Immigrants now make up 10 percent of the city's older adult population, up from 9 percent a decade ago.
- In Syracuse, 22 percent of the city's older adult population is African American—the fourth-highest share of any city in the state.
- While the number of white older adults in the city declined by 4 percent, the number of older African Americans swelled by 59 percent, from 2,142 in 2007 to 3,398 in 2017.
- The number of older adults in poverty in the city of Syracuse increased by 2 percent—from 3,084 in 2007 to 3,138 in 2017.

Jefferson & Lewis

- Jefferson and Lewis Counties experienced a 17 percent increase in their older adult population over the past decade, compared to a 4 percent decline in the population under 65.
- In Jefferson and Lewis Counties, the number of older adults increased by 2,835—from 16,782 in 2007 to 19,617 in 2017.

- Immigrants make up just 4 percent of the city’s older adult population—up from 2 percent a decade ago—but their growth is outpacing that of U.S.-born older adults. The number of older immigrants in the counties increased by 89 percent, compared to a 15 percent increase among U.S.-born older adults.
- Jefferson and Lewis Counties experienced a 53 percent increase in its 85-plus population over the past decade, increasing from 2,018 in 2007 to 3,083 in 2017.
- The number of older adults in poverty in Jefferson and Lewis counties increased by 4 percent—from 1,882 in 2007 to 1,949 in 2017.

New York City

Brooklyn

- Brooklyn is home to more older adults (357,855) than any other county in the state.
- The borough’s older adult population increased by 18 percent over the past decade. The number of older adults increased by 53,689—jumping from 304,166 in 2007 to 357,855 in 2017.
- Older adults now make up 14 percent of the borough’s population, up from 12 percent in 2007.
- Brooklyn’s growth in its older adult population was driven entirely by the 39 percent growth in the older immigrant population over the past decade. The borough experienced a 3 percent decrease in the U.S.-born older adult population in the same period.
- Immigrants now account for 206,577 of Brooklyn’s 357,855 older adults, or 58 percent. This is up from 49 percent a decade ago.
- Brooklyn has the second-lowest share of white older adults of any county in the state, at 49 percent.
- While the U.S.-born older white population in the borough has declined by 16 percent over the past decade—a decrease of 14,637 people—the African American older adult population has increased 14 percent (an increase of 6,116 people) and the Latinx older adult population increased 12 percent (an increase of 2,665 people).
- Brooklyn experienced a 10 percent increase in its 85-plus population over the past decade, increasing from 40,969 in 2007 to 45,232 in 2017.
- Brooklyn was the only New York City borough where the number of older adults living in poverty dropped in the past decade, by 2 percent (from 82,203 in 2007 to 80,596 in 2017). The poverty rate dropped from 27 percent in 2007 to 23 percent in 2017.
- Currently 80,596 older adults live in poverty in the county, still the largest number of any county in the state.

Queens

- Queens has the second-largest older adult population of any county in the state, with 353,536 residents ages 65 and over.
- The borough’s older adult population increased by 22 percent over the past decade. The number of older adults rose by 62,948—from 290,588 to 353,536.
- Older adults now account for 15 percent of the borough’s population, up from 13 percent a decade ago.
- In Queens, the foreign-born older adult population increased by 45 percent, while the U.S.-born older adult population declined by 2 percent.
- Queens has the most diverse older adult population in the state. Fully 60 percent of the older adult population is foreign-born, compared to half of the older adult population citywide and 28 percent of the state.

- While the U.S.-born white older adult population in the borough has declined by 12 percent over the past decade—a decrease of 12,137 people—the African American older adult population has increased 2 percent (an increase of 739 people), the older Asian American population has increased 111 percent (an increase of 1,003 people), and the U.S.-born Latinx older adult population increased 106 percent (an increase of 8,976 people).
- Queens experienced a 15 percent increase in its 85-plus population over the past decade, increasing from 43,730 in 2007 to 50,177 in 2017.
- The number of older adults in poverty in Queens increased by 10 percent—from 51,703 in 2007 to 56,694 in 2017.

Manhattan

- Manhattan registered the largest jump in older adults of any county in the state between 2007 and 2017, with the number of residents 65 and over increasing by 66,994.
- The number of older adults in Manhattan increased by 33 percent, going from 200,261 in 2007 to 267,255 in 2017, compared to a 2 percent decline in the population under-65.
- Older adults now make up 16 percent of the borough's population, up from 12 percent in 2007.
- There are more residents ages 65 and above in Manhattan (New York County) than there are people under the age of 19. That is the largest spread of any county in the state, by far.
- In Manhattan, the U.S.-born older adult population increased by 37 percent, a faster rate than the growth in foreign-born older adults (28 percent).
- Immigrants currently comprise 35 percent of all older adults in the borough
- Manhattan led New York City's growth among white older adults over the past decade. That population grew 47 percent, an increase of 36,680 people.
- Meanwhile, the U.S.-born Latinx older adult population grew 46 percent, adding 8,078 people.
- Manhattan experienced a 38 percent increase in its 85-plus population over the past decade, the highest percentage and numerical increase in the five boroughs. The borough added 10,626 adults ages 85 and above, increasing from 27,708 in 2007 to 38,334 in 2017.
- The number of older adults in poverty in Manhattan increased by 16 percent—from 42,891 in 2007 to 49,816 in 2017.

Bronx

- The older adult population in the Bronx increased by 26 percent over the past decade.
- The number of older adults jumped by 38,010, increasing from 144,879 in 2007 to 182,889 in 2017.
- Older adults now account for 12 percent of the borough's population, up from 11 percent in 2007.
- The Bronx has the most diverse U.S.-born older adult population in the state, which is 74 percent non-white.
- The white older adult population dropped 23 percent over the last decade, the largest decrease of any county in the state.
- The Bronx has by far the largest share of U.S.-born Latinx older adults in the state, comprising 43 percent of the borough's U.S.-born older adults.
- The Bronx registered the second-fastest growth in older immigrants of any county, after Rockland. The number of older immigrants expanded by 67 percent over the past decade compared to just a 5 percent increase in the number of U.S.-born older adults.
- The Bronx experienced a 28 percent increase in its 85-plus population over the past decade, increasing from 20,617 in 2007 to 26,378 in 2017.

- The number of older adults in poverty in the Bronx increased by 36 percent—from 37,517 in 2007 to 51,102 in 2017. That's the third-fastest increase of any major city or county in the state, and the fastest increase in New York City.

Staten Island

- The older adult population on Staten Island increased by 27 percent, compared to a 4 percent decline in the population under-65.
- The number of older adults in the borough rose by 15,837, from 59,194 in 2007 to 75,031 in 2017.
- Staten Island is tied with Manhattan as the oldest borough in the city, with 16 percent of Staten Islanders being age 65 and older. The share of the borough's overall population that is 65 and over increased from 12 percent in 2007 to 16 percent in 2017.
- Over the past decade, the U.S.-born older adult population increased by 27 percent and the foreign-born older adult population rose by 25 percent.
- Today, 26 percent of all older adults on Staten Island are immigrants.
- While Staten Island's white older adult population expanded by 20 percent over the past decade, the African American population grew 41 percent, adding 923 people, and the U.S.-born Latinx population grew 190 percent, adding 2,920 people. Staten Island's Latinx older adult population grew at the second-fastest rate of any major city or county in the state.
- Staten Island experienced a 17 percent increase in its 85-plus population over the past decade, increasing from 8,006 in 2007 to 9,350 in 2017.
- The number of older adults in poverty on Staten Island increased by 15 percent—from 9,531 in 2007 to 10,983 in 2017.

Methodology

The Center for an Urban Future analyzed data from the U.S. Census' American Community Survey, 2007 and 2017, tabulated using IPUMS. The analysis includes New York State's six largest cities and 14 of its largest counties for which detailed data is available: Suffolk County, Nassau County, Westchester County, Erie County, Orange County, Rockland County, Albany County, Dutchess County, Saratoga County, Niagara County, Ulster & Sullivan Counties, Rensselaer County, Schenectady County, and Jefferson & Lewis Counties, as well as New York City, Buffalo, Rochester, Yonkers, Syracuse, and Albany. Some counties are combined due to data availability limitations.

Acknowledgments

This data analysis was written by Christian González-Rivera, Jonathan Bowles, and Eli Dvorkin and generously supported by **AARP**.

General operating support for the Center for an Urban Future has been provided by **The Clark Foundation**, the **Bernard F. and Alva B. Gimbel Foundation**, the **Lucius N. Littauer Foundation**, and the **Altman Foundation**. Support for CUF's Middle Class Jobs Project is provided by **Fisher Brothers Foundation**.

Center for an Urban Future (CUF) is an independent, nonprofit think tank that generates innovative policies to create jobs, reduce inequality and help lower income New Yorkers climb into the middle class. For 20 years, CUF has published accessible, data-driven reports on ways to grow and diversify the economy and expand opportunity that are anchored in rigorous research, not preconceived notions about outcome. Our work has been a powerful catalyst for policy change in New York City and serves as an invaluable resource for government officials, community groups, nonprofit practitioners and business leaders as they advocate for and implement policies to address some of New York's biggest challenges and opportunities.

Endnotes

¹ U.S. County Profiles", Institute for Health Metrics and Evaluation, <http://www.healthdata.org/us-health/data-download>

² Budget figures from New York State Office for the Aging Budget, 1994-2019. Accessed from <https://openbudget.ny.gov/spendingForm-classic.html>.



**Testimony of
Beth Finkel, State Director
AARP New York**

**New York City Council
Committee on Aging**

**FY'20 Preliminary Budget Hearing
March 12, 2019**

**City Hall
New York, New York**

Contact: Chris Widelo (212) 407-3737 | cwidelo@aarp.org

Chairperson Chin and members of the Aging Committee, my name is Beth Finkel and I am the state director for AARP New York. On behalf of our over 725,000 members age 50 and older in New York City, I want to thank you for the opportunity to testify today on the Mayor's FY'20 Preliminary Budget.

In good times or bad, NYC needs to prioritize funding for programs that serve a population that is rapidly ageing. Furthermore, funding for these services allows older residents to successfully age in their homes and neighborhoods in a more cost effective way than institutional care, like nursing homes.

No additional dollars were allocated in the Mayor's preliminary budget for important programs like home care, case management, NORCs, home delivered/congregate meals, and senior centers! In fact, the administration is asking DFTA to make cuts to their budget in Fiscal Year 2020! All that while statewide, the 65+ pop has grown by 24%, 12x's the rate of those under 65! This is according to a new report published last week that provides a wealth of new data about the aging of the population in New York City and across the state. The study, by the Center for an Urban Future, reveals that the number of older adults in New York City—residents aged 65 and over—increased twelve times faster than the city's under-65 population over the past decade, and that there are now a record 1.24 million adults aged 65 and over living in the five boroughs.

Despite this significant increase over the last decade, the state's Office for the Aging spends 40 percent less per older New Yorker than it did in 2000, after adjusting for inflation, and high rates of older adult poverty remain a persistent and alarming reality across much of the state.¹

In an analysis of spending in the FY'19 budget, the NYC Department for the Aging budget is about one half of a percent of the overall city budget and less than one percent of the NYC Health and Human Service budget. And, as we have shared many times before, older New Yorkers will account for 20% of NYC's overall population in just a few years.

¹ Budget figures from New York State Office for the Aging Budget, 1994-2019. Accessed from <https://openbudget.ny.gov/spendingForm-classic.html>.

This report also details that the state's older adult population is more diverse than ever. Immigrants now account for 50 percent of New York City's 65-plus population, up from 44 percent in 2007. At the same time, the U.S.-born Latinx older adult population in the city grew by 42 percent, accounting for the lion's share of the increase in native born older adults. The study also finds that one in five older adults is living in poverty, with the number of older adults in poverty increasing by 11 percent during the past decade.

A copy of the report is included as an addendum to our written testimony that includes a borough by borough analysis. At the end of this testimony we have included a few maps to highlight the aging trends in NYC.

AARP wants to echo and fully support the budget priorities of the NYC aging advocates. A complete list of those priorities is listed at the end of this testimony.

New York City should take great pride in leading the country as an age-friendly city. We owe much of this NYC's Age-friendly NYC Commission. A one-of-a-kind partnership with the Office of the Mayor and the New York City Council, and The New York Academy of Medicine, the Age-friendly NYC initiative has catalyzed thousands of changes throughout the city since 2007. The first Commission was appointed in 2010 and then reappointed in 2015. The Commission will reappoint again at the end of this month through the year 2021. The Commission is comprised of multisectoral leaders representing finance, business, real estate, architecture, pharmaceuticals, education, arts and culture, law, healthcare, and social work, as well as ex-officio members, representing the Council and the Administration.

Since 2010, NYAM has received an annual allocation of \$100,000 which supports 30 percent of Commission-related activities. Previously, the Academy was able to provided in-kind support to staff Commission working groups, develop action plans, and fundraise to implement the action items described above. Unfortunately, NYAM is no longer in a position to offer this support without additive funding.

An additional \$250,000 (a total allocation of \$350,000) will enable the Academy to convene two topic-specific Working Groups, host quarterly meetings, develop action plans, fundraise, and implement action items. Funding will also allow for a strategy with City Council and the Administration to assure implementation of neighborhood-level improvements in collaboration with the Borough Presidents.

The work here in NYC has resulted in New York State signing on last year to become the first age-friendly state. We have a unique opportunity to model the work and changes that are needed to support residents of all ages. We cannot afford to let this opportunity to slip through the cracks again in FY20. We need the City Council and the Mayor to work together to fully fund this initiative.

Thank you, Chairwoman Chin, for the opportunity to testify today. We look forward to working together to make NYC a fair city for all ages.

FY20 Aging City Budget Priorities

#FAIRCITY4ALLAGES

FY20 Admin New Needs

Senior Center Meals	\$20,000,000	Increase reimbursement rate for meals, which is currently 20% below the national average, fairly fund staffing and address unfunded costs of running senior center kitchens so seniors can eat nutritious, culturally competent meals.
Home-Delivered Meals	\$15,000,000	Increase rates which are currently 20% below the national average, ensure cultural competency flexibility and address growing demand.
Emergency DFTA Repairs	\$10,000,000	Invest \$10 million to provide funding for DFTA infrastructure needs, and for accessible funding for emergency repairs and conditions, particularly in the 100 DFTA NYCHA Senior Centers and Clubs.
NORCs	\$1,000,000	Restoration for FY19 one-year funding added to DFTA

City Council Restorations Support *all* Schedule C Initiatives including:



Support our Seniors
\$4,080,000
Supports Senior Services across the City



Senior Center Program Enhancements
\$2,104,000
Provides critical supports to senior centers



NORCs Restore \$3,654,995 plus \$750,000 for needed nursing hours
Fosters aging in place among areas of dense senior populations



Healthy Aging
\$2,040,000
Supports for various health-promotion programming



Geriatric Mental Health Initiative
\$2,500,000
Provides critical mental health services for seniors



SU-CASA
\$3,315,000
Creates aging art program at senior centers throughout NYC

Fairness for the System



Fair Salaries for the DFTA Workforce
Invest across the *entire* DFTA workforce so individuals performing similar roles in different programs are each paid an equitable, competitive salary



Invest in the Human Services Workforce
and Strengthen Contracting Practices



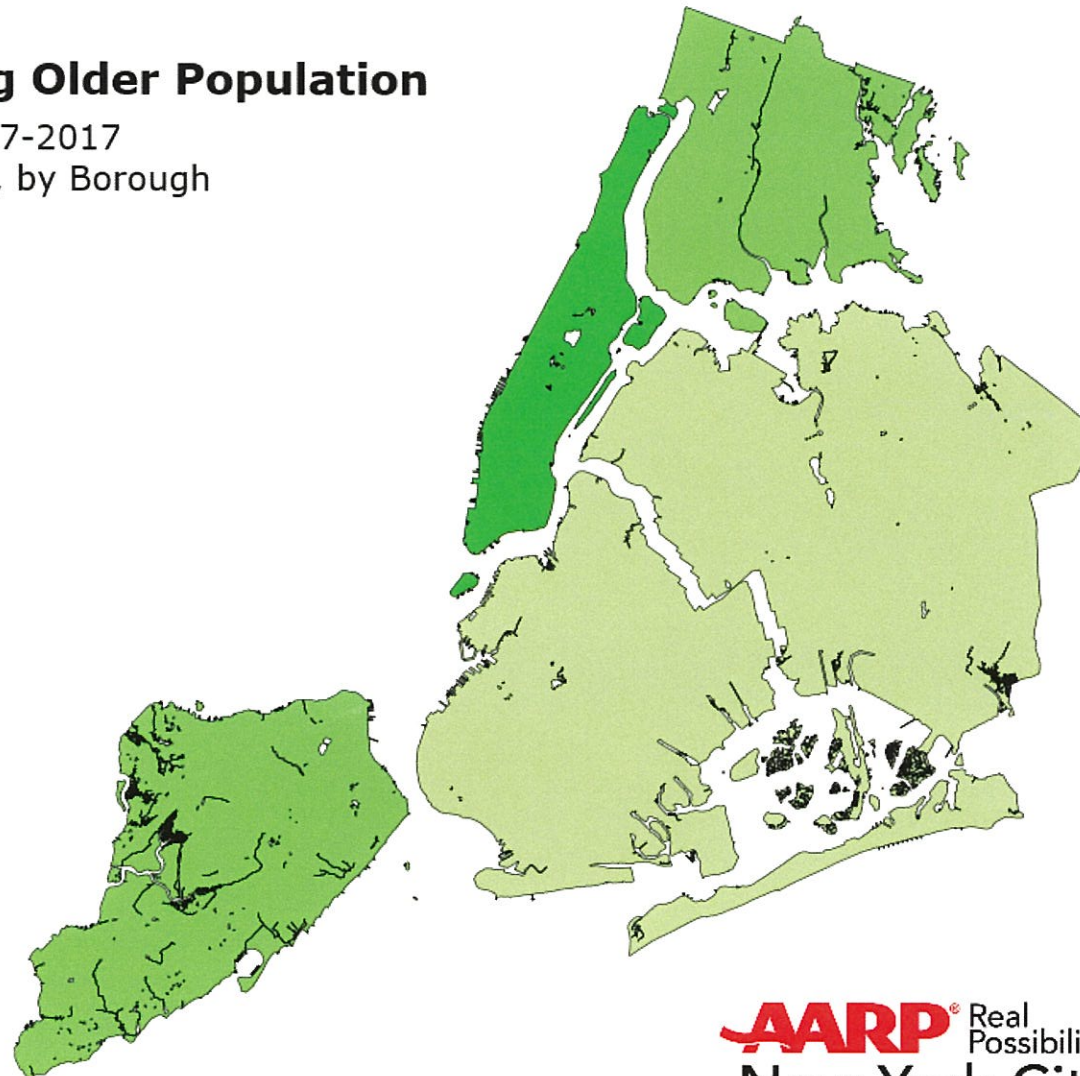
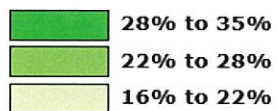
Fully Fund the Model Budget
Invest the promised \$10 million in funding for senior center staffing *this year*, and *include all DFTA senior centers in the process*.

NYC's Booming Older Population

Percent Change 2007-2017

Population Age 65+, by Borough

% Population 65+ Change

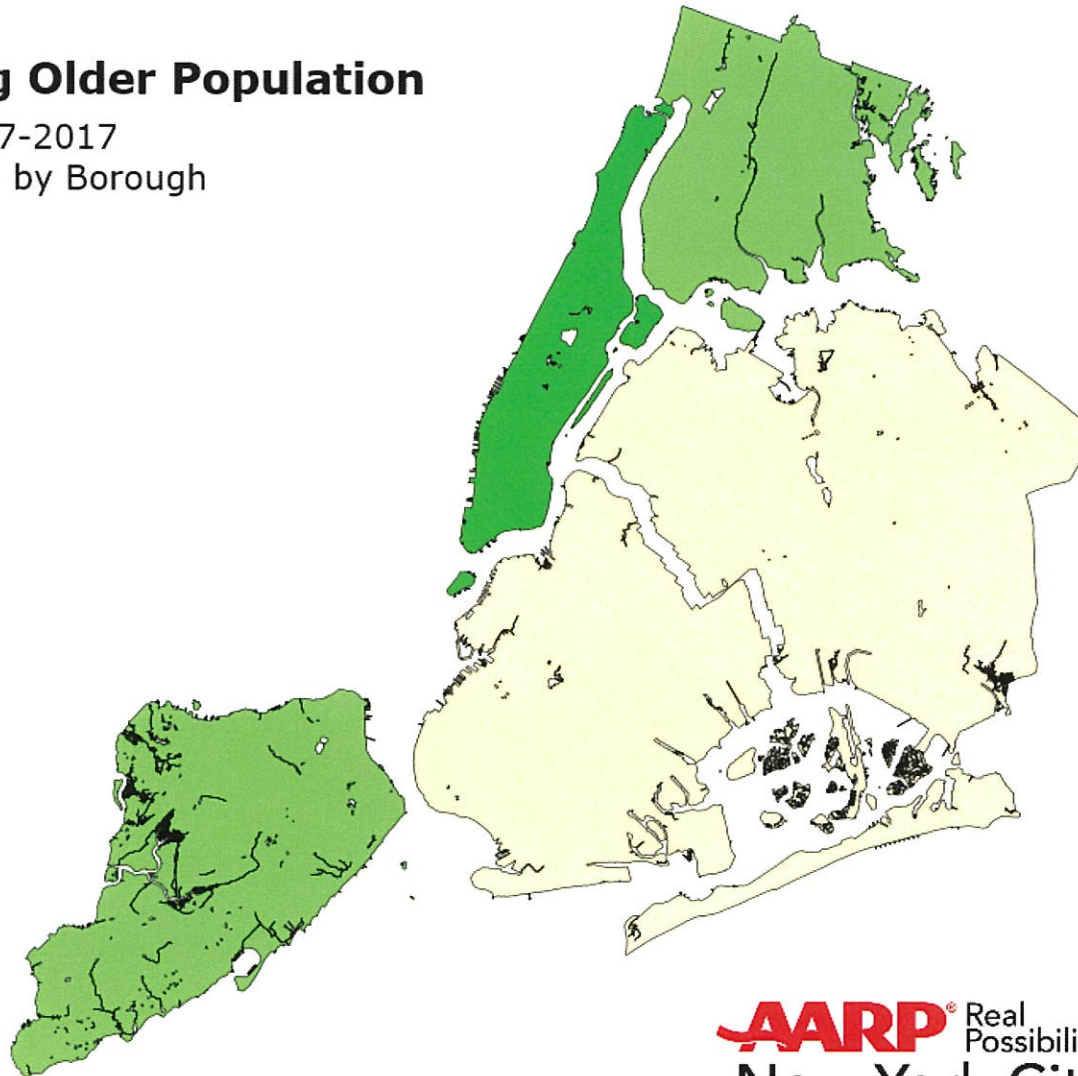
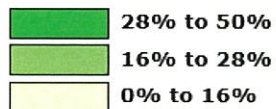


AARP® Real Possibilities
New York City

NYC's Booming Older Population

Percent Change 2007-2017
Population Age 85+, by Borough

% Population 85+ Change

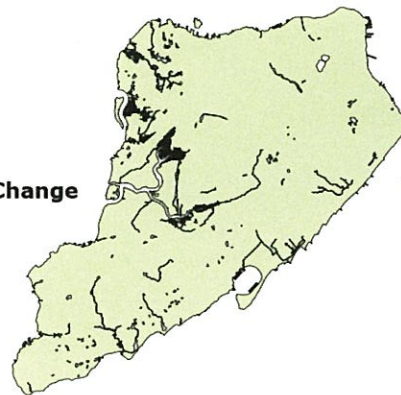


AARP® Real Possibilities
New York City

NYC's Booming Older Immigrant Population

Percent Change 2007-2017
Immigrants Age 65+, by Borough

% Immigrant Population 65+ Change



AARP® Real Possibilities
New York City

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☒ in favor ☐ in opposition

Date: 3/2/2019

(PLEASE PRINT)

Name: Abel Guevara

Address: 1780 1st Ave #15D

I represent: advocate for Stanley Isaacs Club

Address: 415 93rd St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Mohammad RAZVI

Address: 1081 Corey Island Ave

I represent: HALAL SENIOR CENTER-COPO-

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Ximara Maldonado

Address: 331 E. 12th St. NY NY 10003

I represent: Sirovich Senior Center (Educational Alliance)

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: CHRISTIAN GONZÁLEZ-RIVERA

Address: 120 WALL ST., 20TH FL, NYC 10005

I represent: CENTER FOR AN URBAN FUTURE

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: PAUL MULLER

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

I represent: CPC OPEN DOOR SENIOR CENTER

Address: SAME AS ABOVE

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: PO - LING NG

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

I represent: CPC OPEN DOOR SENIOR CENTER

Address: SAME AS ABOVE

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Molly Krakowski

Address: _____

I represent: JASA

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Homecrest Community Services Inc.

Address: 1413 Ave T, Brooklyn, NY 11229

I represent: Karen Zhou Homecrest Community Services

Address: 1413 Ave T Brooklyn, NY 11229

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/12/19

(PLEASE PRINT)

Name: LUCY SEXTON

Address: 160 Sixth Ave 10013

I represent: New Yorkers for Culture & Arts

Address: 50 casa teaching Artist

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

Name: Rocky E. AIA (AARP)
(PLEASE PRINT)

Address: 111 Chris Wido

I represent: is unable to

Address: stay when called

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 8/12

Name: Beth Baker
(PLEASE PRINT)

Address: 1750 Third St

I represent: AARP

Address: 750 Third St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/12/2019

Name: Lois Brown
(PLEASE PRINT)

Address: 773 Concourse Village East

I represent: Concourse Village Inc

Address: 773, 775, 779 three other buildings on complex

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: KATELYN HOSEY

Address: _____

I represent: LIVEON NY

Address: 49 W. 45th St. 7th floor

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: DEBRA WIMPFHEIMER

Address: NYC BUILDING EWSING MEADOWS CORONA PARK

I represent: QUEENS MUSEUM w/ QUEENS

Address: COMMUNITY HOUSE

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3-12-19

(PLEASE PRINT)

Name: COCO CURHANE

Address: 40 Rector St.

I represent: VETERAN ADVOCACY PROJECT

Address: 40 Rector St NY NY 10006

Please complete this card and return to the Sergeant-at-Arms

Asian American
Panel

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Do Ling Ng

Address: _____

I represent: Chinese American Planning Council (CAPC)

Address: _____

Asian American
Panel

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

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

Asian American ☐ in favor ☐ in opposition

Panel
Date: _____

(PLEASE PRINT)

Name: Selvia Sikder

Address: _____

I represent: Indio Home

Address: _____

Asian American
Panel

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

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

Asian American ☐ in favor ☐ in opposition

Panel
Date: _____

(PLEASE PRINT)

Name: Helen Ahn

Address: _____

I represent: Korean Community Services (KCS)

Address: _____

Please complete this card and return to the Sergeant-at-Arms

Asian American
Panel

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Karen Zhan

Address: _____

I represent: Honecrest Community Services

Address: _____

Asian American
Panel

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Mohammed Razvi

Address: _____

I represent: Council of Peoples Organization (COPU)

Address: _____

Asian American
Panel

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/12/19

(PLEASE PRINT)

Name: Tiffany Chang

Address: _____

I represent: Asian American Federation (AAF)

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Katie Foley

Address: _____

I represent: Selfhelp Community Services

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/12/19

(PLEASE PRINT)

Name: Hillary Suchin

Address: _____

I represent: WJA - Federation of New York

Address: → please put on a permit w/ UNH

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/12/19

(PLEASE PRINT)

Name: GREGORY J MORRIS

Address: 200 JEFFERSON AVE, BKLYN, NY 11216

I represent: STANLEY ISAACS NEIGHBORHOOD CENTER

Address: 415 E. 93rd ST. NYC 10128

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: CARYN RESNICK (ACTING COMMISSIONER)

Address: 2 LAFAYETTE ST

I represent: DFTA

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: SASHA FISHMAN - DEPUTY COMMISSIONER

Address: 2 LAFAYETTE ST.

I represent: DFTA

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Tara Klein

Address: _____

I represent: United Neighborhood Houses

Address: _____

*Please
put me on
panel with
UJA-Federation -
Thanks!

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/12/19

(PLEASE PRINT)

Name: MELISSA SKLARZ

Address: 325 7th Ave NYC

I represent: SAGE - Advocacy Services for LGBT Elders

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: MICHAEL SCHNALL

Address: _____

I represent: NEW YORK ROAD RUNNERS

Address: 156 W 56th St NY NY 10019

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: JUAN GONZALEZ

Address: _____

I represent: NEW YORK ROAD RUNNERS

Address: 156 W 56th St NY NY 10019

▶ Please complete this card and return to the Sergeant-at-Arms ◀

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/12/19

(PLEASE PRINT)

Name: Lindsay Goldman

Address: 1211 5th Ave.

I represent: NEW YORK Academy of Medicine

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dannelle Christensen

Address: 166 Avenue of the Americas, NY, NY

I represent: God's Love We Deliver

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/12/19

(PLEASE PRINT)

Name: Bobere Jackson

Address: Radical Age Movement

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rachel Sherron

Address: Citymeals on Wheels

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/12/19

(PLEASE PRINT)

Name: Bonnie Lu magini

Address: 465 Grand St 4th Fl NYC 1002

I represent: Educational Alliance Coop Village NORC

Address: 465 Grand St 4th Fl NYC 10002

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/12/2019

(PLEASE PRINT)

Name: Rhonda Soberman

Address: VNSNY 220 E 42 Street

I represent: Visiting Nurse Service of NY

Address: 220 E 42 Street

Please complete this card and return to the Sergeant-at-Arms