

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING JOINTLY  
WITH THE COMMITTEE ON IMMIGRATION

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February 27, 2024  
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HELD AT: COMMITTEE ROOM - CITY HALL

B E F O R E: Crystal Hudson,  
Chairperson for the Committee on  
Aging

Alexa Avilés,  
Chairperson for the Committee on  
Immigration

COUNCIL MEMBERS:

Chris Banks  
Erik Bottcher  
Gale A. Brewer  
Shahana Hanif  
Rita Joseph  
Shekar Krishnan  
Linda Lee  
Darlene Mealy  
Yusef Salaam  
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## A P P E A R A N C E S

Anya Herasme  
New York City Aging

Penney Vachiraprapin  
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Autrice Wildman  
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Kishan Raisinghani  
India Home

Amreen Bhasin  
Sikh Coalition

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

Jane Willis  
Self

Kar Ohni  
Self

Elisa Tustian  
Volunteers of Legal Services

MJ Okma  
SAGE

Christopher Leon Johnson  
Self

Mohammed Hossain  
Self

Xing Hui Zheng  
University Settlement on the Lower East Side

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3 SERGEANT AT ARMS: Good morning. This is a  
4 microphone check for the Committee on Aging jointly  
5 with Immigration. Today's date is February 27, 2024  
6 located in the Committee Room recording done Pedro  
7 Lugo.

8 SERGEANT AT ARMS: Quiet please. Thank you.  
9 Good morning and welcome to the New York City Hybrid  
10 Hearing on the Committee on Aging jointly with the  
11 Committee on Aging. Please silence all electronic  
12 devices. At no time, please do not approach the  
13 dais. If you have any questions, please raise your  
14 hand and one of us, the Sergeant at Arms, will kindly  
15 assist you. Thank you for your kind cooperation.  
16 Chair, we are ready to begin.

17 CHAIRPERSON HUDSON: [GAVEL] Thank you so much  
18 and good morning. I'm Council Member Crystal Hudson,  
19 Chair of the Committee on Aging and my pronouns are  
20 she, her. Welcome to this morning's joint hearing on  
21 the needs of immigrant older adults in New York City.  
22 I want to thank Chair Avilés and the Committee on  
23 Immigration for joining us for this hearing on this  
24 critically important topic and I'd also like to  
25 acknowledge that we've been joined by Council Members  
Hanif and Mealy.

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3 New Yorkers take pride in the rich diversity of  
4 our city. With immigrant communities hailing from  
5 over 150 countries, people arrive in New York City  
6 every day to create new lives, build new careers and  
7 raise their families. And just as almost 40 percent  
8 of New York City's population are immigrants, almost  
9 40 percent of the members of this City Council are  
10 immigrants or the children of immigrants themselves.  
11 So, I know that today's oversight topic is personal  
12 to many of my colleagues and to me.

13 As we take pride in our Council and our city's  
14 diversity, we must also take responsibility to ensure  
15 that every immigrant New Yorkers, whether they have  
16 lived here for 20 years or for two weeks, has  
17 meaningful access to the resources and services they  
18 need to live with dignity. This especially includes  
19 our immigrant older adults who face the intersecting  
20 challenges of aging and navigating unfamiliar  
21 languages, systems and processes to access goods and  
22 services.

23 Over the past decade according to the Center for  
24 an Urban Future, New York City's older adult  
25 population has become more diverse than ever. Across  
the five boroughs, the older immigrant population

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3 increased by 49 percent in the last decade and in  
4 Staten Island, it grew by 67 percent, which is the  
5 fastest rate in New York City and the second fastest  
6 among all counties in the state.

7 Today, older immigrants make up 31 percent of all  
8 older adults on Staten Island. In Queens, the older  
9 immigrant population increased by 60 percent compared  
10 to the US born older adult population, which  
11 increased by 14 percent over the last decade. In  
12 Manhattan, the older immigrant population increased  
13 by 43 percent compared to the 27 percent increase  
14 among US born older adults. Immigrants comprise 40  
15 percent of Manhattan's older adult population, which  
16 is the third highest share of any county in New York  
17 State.

18 In the Bronx, the older immigrant population  
19 increased by 30 percent over the past decade and in  
20 my borough, Brooklyn's older adult population growth  
21 is largely driven by the 46 percent growth in the  
22 older immigrant population, which increased 24  
23 percent over the last decade. Immigrants currently  
24 comprise 58 percent of Brooklyn's entire older adult  
25 population.

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3 Meanwhile, the number of Black, Hispanic and  
4 Asian older adults has outpaced the older White  
5 population and the population rate of immigrant older  
6 adults in the city is growing faster than that of New  
7 York born older adults. Queens for example, has the  
8 second most diverse older adult population in New  
9 York State, 35 percent are White while 25 percent are  
10 Asian, 20 percent are Hispanic and 16 percent are  
11 Black.

12 As this Committee has previously discussed,  
13 immigrant groups with the fastest growing populations  
14 of older adults are also among the poorest in New  
15 York State. While the statewide poverty rate for  
16 older immigrants is 17.5 percent, a decrease from  
17 19.3 percent in 2011. Poverty rates have increased  
18 in several parts of New York State. This includes  
19 Staten Island where the poverty rate among older  
20 immigrants increased from 8.4 percent in 2011 to 13.5  
21 percent in 2021. And the Bronx where the poverty  
22 rate among older immigrants increased from 25.1  
23 percent in 2011 to 29.8 percent in 2021.

24 These statistics underscore the urgency with  
25 which the city must act to address the needs of  
immigrant older adults and particularly low-income

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3 older adults and older immigrants of color. This  
4 includes helping immigrant older adults secure food  
5 assistance, find affordable, accessible housing, and  
6 schedule visits with culturally competent healthcare  
7 providers. To aid in this massive effort, I've put  
8 forth legislation today to require NYC Aging to make  
9 information available to older adults about NYC Care.  
10 The NYC Health and Hospitals initiative to provide no  
11 cost primary care to uninsured New Yorkers regardless  
12 of immigration status.

13 As our city's immigrant population ages and as  
14 older adults migrate to NYC, we must make every  
15 effort to connect them with high quality language  
16 accessible and culturally competent healthcare. I  
17 look forward to reviewing my proposal with the  
18 Administration today and working together to better  
19 connect older adults with the care they need.

20 Today, the Committees hope to learn about the  
21 ways in which NYC Aging and MOIA in coordination with  
22 other city agencies, work to connect New York City's  
23 rapidly growing immigrant older adult communities  
24 with essential benefits and services to which they  
25 are eligible.

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3 The city must make data informed investments and  
4 policy decisions that reflect the urgent needs of  
5 this rapidly growing population and I look forward to  
6 discussing the ways in which the city is planning to  
7 meet their needs in the next year, the next decade  
8 and beyond. Thank you to representatives from the  
9 Administration for joining us today. Thank you to my  
10 colleagues and Aging Committee Members and thank you  
11 again to Chair Avilés and the Committee on  
12 Immigration for joining us.

13 I would also like to thank my staff, Casie  
14 Addison and Andrew Wright and Aging Committee Staff  
15 Christopher Pepe, Chloe Rivera, Julia Haramis, and  
16 Saiyemul Hamid. I also want to acknowledge that  
17 we've been joined by Council Member Schulman on Zoom  
18 and I'll now turn it over to Chair Avilés to deliver  
19 her opening remarks.

20 CHAIRPERSON AVILÈS: Buenos Dias. Good morning  
21 and welcome to today's joint hearing of the  
22 Committee's on Aging and Immigration regarding the  
23 needs of older immigrant adults in New York City.

24 I am Council Member Alexa Avilés and thank you  
25 Council Member Hudson for pronouncing my last name  
beautifully. Chair of the Committee on Immigration

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3 and this is our first hearing on this critically  
4 important issue for this Committee. And so, I'd like  
5 to begin by thanking Speaker Adrienne Adams for  
6 trusting me to be Chair during this critical time in  
7 New York City's history for immigrant community  
8 neighbors.

9 I would also like to thank my Co-Chair Council  
10 Member Crystal Hudson for Co-Chairing this hearing  
11 and for her leadership on addressing the needs of  
12 older immigrant adults. I would also like to thank  
13 everyone joining us today and especially Council  
14 Member Hanif for being here with us and Council  
15 Member Schulman.

16 I'd like to thank representatives of the  
17 Administration and the public, including all of those  
18 attending remotely. Today the Committee will be  
19 conducting oversight on city program services and  
20 outreach tailored to older immigrant New Yorkers and  
21 as you've heard the statistics from Council Member  
22 Hudson, they do bear repeating. According to the  
23 Center for Urban Future, the older adult population  
24 age 65 and older, is the fastest growing segment of  
25 New York States population.

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3 In the city, the older immigrant population is  
4 also the fastest growing across the five boroughs.  
5 The older immigrant population increased by 49  
6 percent. In fact, immigrants are a majority of New  
7 York City's 65 and older population. Reporting shows  
8 that many older immigrants in New York City are  
9 struggling, despite toiling in our restaurants,  
10 construction sites, laundromats and other work places  
11 for years and even decades, many have no nest egg to  
12 ease them into what should be their retirement years.

13 Instead, those with no savings simply continue to  
14 work to survive. Older immigrants also tend to  
15 receive less in Social Security income than U.S. born  
16 residents. Those who are undocumented are not  
17 eligible to collect any amount and some older  
18 immigrants also receive limited help because of  
19 language and cultural barriers. Public reporting has  
20 shown that some older immigrants have already slipped  
21 into poverty and homelessness and that more will  
22 continue to follow unless city leaders find ways to  
23 help them.

24 Moreover, many older immigrant New Yorkers are  
25 coping with social isolation and grappling with the  
deleterious effects on their mental health. These

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3 unique challenges facing a rapidly growing population  
4 demand compensatory programming. Funding and  
5 services to help older immigrants, not just to  
6 survive but to thrive in their communities. So,  
7 today we are eager to hear how the Administration is  
8 meaningfully resourcing and scaling these programs.  
9 Like We Speak New York City, Action NYC, New York  
10 City Care, to reach and serve this population.

11 We will ask DFTA and MOIA on how they collaborate  
12 to serve older immigrant New Yorkers and hear from  
13 the agencies about their advocacy to serve related to  
14 legal services, food security and housing access. We  
15 are interested in learning about tangible action  
16 items for which Council Members can advocate and  
17 ensure that we are effectively serving the older  
18 immigrant community members.

19 So, we look forward to learning more from the  
20 Administration, from advocates, providers, impacted  
21 immigrants about current efforts to ensure that our  
22 older immigrant New Yorkers are not forgotten and  
23 that they are treated with dignity and honor.

24 More than ever we must prioritize resources for  
25 these New Yorkers who have raised families in our  
neighborhoods, who have led our communities and

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3 enriched our great city. New York City is a city of  
4 immigrants and we look forward to sustaining that  
5 reality for generations to come. And so, I would  
6 like to thank Committee Staff for their work on this  
7 hearing, including Nicole Catà Legislative Counsel,  
8 Rebecca Barilla Policy Analyst, Nia Hyatt Finance  
9 Analyst, Florentine Kabore Unit Head, and I'd also  
10 like to thank my staff Chief of Staff Edward Cerna,  
11 my Legislative Budget Director Christina Bottego,  
12 Legislative Fellow Amarachi Vengati(S?) and our  
13 Communications Director Emmet Teran, and everyone  
14 working honestly in the background to make these  
15 hearings work and to make our city run.

16 Now, I will turn it over to my Co-Chair Council  
17 Member Crystal Hudson.

18 CHAIRPERSON HUDSON: Thank you so much and I will  
19 turn it over to Committee Counsel to administer the  
20 oath.

21 COMMITTEE COUNSEL: Thank you Chairs. Good  
22 morning. Could the representatives from the  
23 Administration please raise your right hand. Do you  
24 swear to tell the truth, the whole truth before this  
25 Committee and to respond honestly to Council Member  
questions? I need a verbal yes please.

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3 PANEL: Yes.

4 COMMITTEE COUNSEL: Thank you. You may proceed.

5 CHAIRPERSON HUDSON: And I do apologize, just  
6 right before you start, I want to acknowledge that  
7 we've also been joined by Council Members Banks and  
8 Bottcher. Thank you.

9 ANYA HERASME: Good morning Chairperson Hudson  
10 and Avilés, and members of the Committees on Aging  
11 and Immigration. I am Anya Herasme, Associate  
12 Commissioner for the Bureau of Community Services for  
13 the New York City Department for the Aging. Joining  
14 me here today is Penney Vachiraprapun, our General  
15 Counsel at New York City Aging. Additionally, we are  
16 pleased to be joined by Miosotis Munoz, the Deputy  
17 Commissioner for External Affairs, and Miguel  
18 Santana, Chief of Staff from the Mayor's Office of  
19 Immigrant Affairs.

20 I appreciate the opportunity to testify before  
21 you today and discuss this incredibly important  
22 subject. I am happy to share some of the current  
23 highlights from New York City Aging and our work with  
24 immigrant populations and discuss the ways that as an  
25 agency, we achieve cultural competency in all areas.

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3 New York City Aging is tasked with serving New  
4 York City residents over the age of 60. Our goal is  
5 to ensure that any older adult can walk into any  
6 Older Adult Center, also known as an OAC, and call  
7 our in-house helpline Aging Connect, to be referred  
8 to a program they may qualify for or receive some  
9 service to assist their lives and combat social  
10 isolation regardless of their background, immigration  
11 status or preferred language.

12 There are 1,775,783 older adults living in New  
13 York City, meaning slightly more than one in five New  
14 York City residents is over the age of 60. Overall,  
15 New York City's aging population is growing and will  
16 encompass more than 40 percent of all New York State  
17 residents in the future, we need to focus on  
18 addressing populations in need and closing funding  
19 gaps with the state.

20 According to the American Community Survey, in  
21 2022, 3,065,136 New Yorkers were foreign born or  
22 around 36.7 percent of the city's population. For  
23 those over the age of 60, there are 1,023,698 who are  
24 foreign born or close to 58 percent of all older  
25 adults. This is a larger fraction than is seen in  
the under 60 adult population and greater than all of

1 New York State's older adult population. Older  
2 adults in New York City are less likely to be White,  
3 more likely to speak a language at home other than  
4 English, more likely to live alone, be considered  
5 frail, and receive SNAP benefits when compared to the  
6 overall population of older adults in the United  
7 States.  
8

9 In short, we know that older New Yorkers are more  
10 likely than their counterparts in other cities in the  
11 United States to live alone, below the poverty level,  
12 experience some kind of language barrier, and require  
13 some kind of public assistance. The need to ensure  
14 that aging services meet the wide range of needs for  
15 older adults is a paramount goal for New York City  
16 and this Administration. After all, any older adult,  
17 of any background, with any citizenship status is  
18 able to access meals at an OAC or other programs  
19 provided by New York City Aging as long as they are  
20 60 or older, and in some cases 55 or older in  
21 particular workforce programs.

22 Because our goal is to reach every older New  
23 Yorker we have been following the current migrant  
24 crisis situation in New York City as we collectively  
25 address the many asylum seekers crossing our southern

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3 border. It is our understanding that a majority of  
4 asylum seekers are not older adults and those who  
5 arrive in New York and are over 60, typically are  
6 quickly connected with family and are not navigating  
7 processes on their own. Nonetheless, we continue to  
8 work with our partners and New York City Emergency  
9 Management, DOHMH, and Health and Hospitals as they  
10 navigate this current crisis.

11 New York City Aging offers a wide range of  
12 services for all adults over the 60 regardless of  
13 immigration status. Our case management, Home  
14 Delivered Meals, Caregiving, Elder Abuse, Friendly  
15 Visiting, Legal Assistance, Transportation, Geriatric  
16 Mental Health, and of course our OACs or Older Adult  
17 Centers, do not deny services based on residency or  
18 immigration status.

19 Furthermore, we work continually to be inclusive  
20 of an individual's background, language needs, and  
21 culture because that is how we build a more age  
22 inclusive city as New York City's aging population  
23 grows in the future. New York City Aging services  
24 follow guidance from Local Law 30 of 2017 regarding  
25 language access and we provide translation services  
through Language Line for Aging Connect as well as a

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3 host of other programs. This year, as part of our  
4 Annual Plan Summary hearings which occur yearly and  
5 are the public's opportunity to weigh in on New York  
6 City Aging services, we translated the summary report  
7 into Spanish and Mandarin Chinese. This is not a  
8 requirement of the report, which is determined by the  
9 State, however, we are committed to ensuring that as  
10 many older adults as possible can give comment and  
11 share their thoughts on the services we provide.

12 Additionally, in conjunction with Mayor Adams, we  
13 have hosted a series of nine Older Adult Town Halls  
14 at our centers throughout the five boroughs beginning  
15 last August. Many of these have been bilingual with  
16 translation in communities where older adults may not  
17 be English proficient or might be more comfortable  
18 speaking a different language or come from an  
19 immigrant background with particular needs and  
20 concerns. These events have allowed us to expand our  
21 reach into more immigrant communities and really  
22 bring together partner agencies to better serve older  
23 New Yorkers.

24 At our first town hall in the Bronx at Bronx  
25 Works Morris Heights, 75 percent of the older adults  
in attendance preferred to speak Spanish, so the

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3 table discussions with older adults as well as the  
4 larger town hall portion were conducted both in  
5 English and Spanish. At this particular town hall,  
6 there were questions about immigrant services and  
7 benefits which we were able to answer or direct  
8 people to the appropriate resources.

9 A paramount goal of New York City Aging is to  
10 strive for cultural competencies in all our services  
11 and ensure that older adults, regardless of their  
12 background, can connect with our programs in a way  
13 that makes them feel most comfortable. In particular  
14 we are proud of where our meals and OAC programming  
15 has come when considering the cultural needs of a  
16 particular neighborhood. Our own staff are assigned  
17 based on the culturally competent backgrounds they  
18 bring to the table when those considerations can be  
19 made. This helps to ensure that program evaluation  
20 is executed with an understanding of the unique  
21 cultures in a community they are serving.

22 In early 2023, we worked with Council to develop  
23 what ultimately became Local Law 19, which requires  
24 OACs to identify the languages spoken in the  
25 surrounding communities and tailor programming to  
those relevant languages or cultures. Many of our

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3 programs were already doing this and we have worked  
4 to include more culturally competent language into  
5 subsequent Requests for Proposals or also known as,  
6 RFPs, to further ensure that whatever an older  
7 adult's background, our programs can serve their  
8 specific needs.

9 Meal provision is a large portion of the work  
10 that New York City Aging undertakes every day. We  
11 are proud of the great work our contracted providers,  
12 whose mission it is to service the unique and nuanced  
13 needs of the older adults in the specific communities  
14 they serve. New York City Aging meals are offered in  
15 a wide range of options, including halal, kosher and  
16 pan-Asian, which seek to address the cultural and  
17 dietary needs of clients. These meals are available  
18 at the OACs, dependent on what their immediate  
19 community's cultural needs are.

20 The HDM program providers are required per their  
21 contracts to serve culturally relevant cuisines to  
22 clients receiving those meals. Different community  
23 boards throughout the city make up various catchment  
24 areas for Home Delivered Meals providers and are  
25 required to provide meals for those cuisines. This  
includes Kosher, Halal, Latin, Chinese, Caribbean,

1 Russian, and other cuisine types. The populations  
2 that make up those communities are considered when  
3 cuisine types are determined. The Case Management  
4 program also requires cultural competency and is part  
5 of the standards required for employment in those  
6 programs.  
7

8 Case Management providers are going into people's  
9 homes and making specific evaluations about their  
10 lives and abilities with the ultimate goal of meeting  
11 the client where they are. In order to do that, they  
12 must understand the specific cultural considerations  
13 which may factor into their current situation.

14 Because Case Management is the first step in  
15 receiving meals through the Home Delivered Meals  
16 provider, the case manager should understand that  
17 individuals cultural background to better provide the  
18 meals which are contractually required as an HDM  
19 provider.

20 While we strive to further include culturally  
21 appropriate considerations into other programs, we  
22 recognize the immediate importance of meals and the  
23 center programming and have of course prioritized  
24 those areas. Additionally, the Geriatric Mental  
25 Health program which operates within our OAC network

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3 has expanded in the past two years to include 88  
4 sites across the city, with a high priority put on  
5 neighborhoods which are in need of these services.  
6 This includes communities which have been  
7 historically underfunded or need additional  
8 investment to meet growing needs.

9 Our Geriatric Mental Health sites were identified  
10 with these needs in mind surrounding mental health  
11 and access which communities, like newly arrived  
12 immigrants, need in order to live successful and full  
13 lives. Center staff and mental health providers in  
14 these neighborhoods reflect the overall needs of  
15 communities which surround those locations and may be  
16 multicultural, bilingual, and able to understand  
17 those unique experiences.

18 The clinicians speak English, Spanish, Mandarin,  
19 Cantonese, Russian, Ukrainian, and Italian. Beyond  
20 meals and languages spoken at centers, the Geriatric  
21 Mental Health program offers a glimpse into ways in  
22 which New York City Aging is serving immigrant older  
23 adults.

24 I know that today's hearing is also discussing  
25 the Preconsidered Introduction to direct New York  
City Aging to make information available to older

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3 adults about the New York City Care program in our  
4 centers or program offices and the New York City  
5 Aging website.

6 Our goal remains to ensure that all older adults,  
7 regardless of language needs or cultural background  
8 can access the information they need to address  
9 critical issues in their lives and successfully age  
10 in place within their communities. As we continue to  
11 review this bill, we look forward to discussing this  
12 legislation with Council in the future in our shared  
13 goal of sharing information and working with partner  
14 agencies.

15 These are just some of the ways that New York  
16 City Aging is working to serve the needs of New York  
17 City's older adult population who are immigrants to  
18 this country. We are pleased to provide culturally  
19 competent programs and resources for this vulnerable  
20 population and look forward to continuing to adapt to  
21 the needs of this community in the future. I am  
22 grateful to Chair Hudson and the Aging Committee for  
23 your continued advocacy and partnership in support  
24 for this important community of older New Yorkers. I  
25 acknowledge that while this is a hearing about the  
needs of immigrant older adults, and the population

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3 of immigrant older adults is diverse, we are working  
4 through a migrant crisis right now in New York City.

5 I look forward to sharing information on what New  
6 York City Aging does to serve immigrant populations,  
7 however, I would like to acknowledge that our  
8 partners at the Office of Asylum Seeker Operations,  
9 New York City Emergency Management, Department of  
10 Health and Mental Hygiene, and Health and Hospitals  
11 are more directly involved in the day-to-day  
12 operations of processing the many thousands of asylum  
13 seekers crossing the southern border and arriving in  
14 New York City. I look forward to answering your  
15 questions. Thank you.

16 CHAIRPERSON HUDSON: Thank you so much for your  
17 testimony. I'd like to also acknowledge that we've  
18 been joined by Council Members Lee and Joseph.

19 Okay, we're just going to jump into some  
20 questions if that's okay. Can you please describe  
21 the ways in which NYC Aging collaborates and  
22 coordinates with MOIA to serve older immigrant New  
23 Yorkers?

24 ANYA HERASME: Yes, so we're very proud of the  
25 cabinet for older New Yorkers. That's the one main  
way we work with a lot of sister agencies and MOIA is

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3 a partner in the cabinet and MOIA can talk a little  
4 bit more about some of the projects that are coming  
5 out of that cabinet.

6 CHAIRPERSON HUDSON: Sure.

7 MIOSOTIS MUNOZ: Thank you so much and again,  
8 good morning esteemed Chairperson Avilés and Hudson  
9 and members of both Committees. I am Deputy  
10 Commissioner and I am here joined also by Chief of  
11 Staff Miguel Santana.

12 MOIA connects with immigrant New Yorkers on a  
13 local state and also with federal programs, including  
14 the New York City Aging Department. We participate  
15 in monthly, engage virtual meetings with also the New  
16 York City Aging Department and other services to make  
17 sure that we're also introducing a new program that  
18 will allow us to provide more know your rights  
19 presentation with language support and interpreters.

20 CHAIRPERSON HUDSON: Okay, thank you. According  
21 to a 2023 Center for an Urban Future Report, New York  
22 City's older adult population has become more diverse  
23 than ever and the population of older immigrant New  
24 Yorkers is growing faster than that of Native-born  
25 adults. What are NYC Aging's projections for the  
growth of NYC's foreign born older adult population?

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3 PENNEY VACHIRAPRAPIN: Good morning Chairs Hudson  
4 and Avilés. New York City Aging recently updated our  
5 US and New York City older adult population  
6 comparison for 2023 and our profile for older New  
7 Yorkers, which is published on our website. Both of  
8 which as I said can be found on our website.

9 Those reports detail the various demographics of  
10 the current older adult population, so our agency  
11 definitely has our finger on the pulse of the older  
12 adult population currently. And the older adult  
13 population in the five boroughs as it is now,  
14 however, we currently rely on the New York City  
15 Department for City Planning as well as the US Census  
16 Bureau and the American Community Survey to determine  
17 projections in the future and moving forward. So, we  
18 cannot specifically say what the estimates are for  
19 the older adult population in the future for the  
20 foreign born but we do know that by 2040, more than  
21 one in five New Yorkers will be an older adult and  
22 that the older adult population in New York City will  
23 be more diverse than the US older adult population.

24 Older adults in New York will be far more likely  
25 to speak a language other than English at home. So,  
as I said, we're not the experts on data in terms of

1  
2 projections but we do have a finger on the pulse for  
3 current data.

4 CHAIRPERSON HUDSON: Thank you. I can appreciate  
5 that and you know considering that you've got your  
6 finger on the pulse, I'm curious to know in what ways  
7 has NYC Aging and MOIA adjusted your services and  
8 programming to account for the unique needs of the  
9 changing demographic that you just mentioned?

10 PENNEY VACHIRAPRAPIN: So, with our partners at  
11 City Council, we worked as part of Local Law 19 of  
12 2023 to identify the community served by our older  
13 adult centers and then notify the center about the  
14 prevalent languages in that area. We've also made a  
15 requirement of our past RFP's for the OACs and NORCs,  
16 which are naturally occurring retirement communities.  
17 We strongly believe and agree with Council that  
18 providers need to know the communities they serve and  
19 have cultural competencies to address or to provide  
20 those service, which includes multiple languages but  
21 also in the programming that they do, that it is  
22 culturally appropriate and relevant to the clients of  
23 that program.

24 CHAIRPERSON HUDSON: Thank you for that and then  
25 just in the same vein, we shared statistics about the

1 growth specifically in Staten Island, which just to  
2 repeat, the older immigrant population across the  
3 five boroughs has increases by 49 percent over the  
4 past decade but it's grown by 67 percent in Staten  
5 Island alone, which is the fastest rate in New York  
6 City and the second fastest among all counties in the  
7 state. Has NYC Aging adjusted any of its programming  
8 or services by borough to accommodate this change in  
9 demographics? You alluded to a little bit of it but  
10 if you could just be more specific.  
11

12 ANYA HERASME: Yeah, so this goes back to our  
13 work in requiring that the OACs understand the types  
14 of communities that they serve. And as we've stated  
15 before, it's part of our RFPs for the OACs and NORCs  
16 because again, we strongly believe that the providers  
17 need to know the communities. This is also a  
18 requirement of the individual centers and we  
19 appreciate the flexibility that we can work with the  
20 programs to design what's necessary for them to go  
21 beyond the basic requirements of the RFP.

22 This relationship between New York City Aging the  
23 provider is indicative of the intensive program  
24 contract management services that we use for  
25 oversight.

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3 CHAIRPERSON HUDSON: Thank you. While Social  
4 Security and Medicare have been responsible for  
5 keeping many older adults out of poverty, these  
6 programs are less accessible to immigrant older  
7 adults. In what ways is the city looking to improve  
8 access to the safety net for this portion of the  
9 city's older adult population?

10 PENNEY VACHIRAPRAPIN: While we understand that  
11 there are gaps in federal benefits for older adults  
12 and we always advocate for benefits for older adults,  
13 of course in the federal space as well. That is  
14 unfortunately not something that our agency can  
15 address. We always advocate of course but the  
16 services that we offer to older adults are only city  
17 services and we always address what gaps we can but  
18 the federal benefits unfortunately are often only  
19 available to US citizens.

20 Whenever there are gaps, we do connect our  
21 clients to agencies that can connect them to other  
22 agencies to make sure that they can receive the  
23 benefits that are available to them. But  
24 unfortunately for some federal benefits such as  
25 Social Security, SNAP benefits, things like that,

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3 some of those benefits are unfortunately only  
4 available to US citizens.

5 CHAIRPERSON HUDSON: Thank you.

6 CHAIRPERSON AVILÈS: Just a quick follow-up  
7 question. You mentioned advocating. Can you be a  
8 little clearer on what exactly does that mean? Who  
9 are you advocating or what form and shape is that  
10 taking and then also, you mentioned referring to  
11 agencies. What agencies are you referring to, in  
12 what context?

13 So, I guess what I'm looking for is uhm, just a  
14 little bit more clarity on who are you referring to  
15 if these services don't exist?

16 PENNEY VACHIRAPRAPIN: So, we always refer to our  
17 sister agencies, particularly to HRA, who uhm, the  
18 Older Americans Act Reauthorization is working with  
19 Senator Gillibrand and HRA. So, we are always  
20 advocating on the state and federal level. And in  
21 terms of sister agencies, my colleague has mentioned  
22 on the cabinet, so we always are working with our  
23 sister agencies. We always refer to - it really  
24 depends on the needs. Obviously every individuals  
25 are different, so depending on the needs of the  
individual, our programs refer to the appropriate

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3 agency but that could be a variety of resources. Our  
4 goal is always to meet the clients where they are.

5 CHAIRPERSON HUDSON: Okay, uhm, just since you  
6 mentioned the cabinet for older New Yorkers, again, I  
7 just want to know specifically from either agency if  
8 you feel that the cabinet has impacted the ways in  
9 which the city serves older immigrant New Yorkers?

10 MIGUEL SANTANA: Good morning Chair Hudson and  
11 Avilés.

12 CHAIRPERSON HUDSON: Good morning.

13 MIGUEL SANTANA: In terms of how we collaborate,  
14 yes, the cabinet I think is very instrumental because  
15 it gives us an opportunity to collaborate, to assess  
16 you know what the different agencies can provide to  
17 support this particular community. So, I think it's  
18 a great opportunity for us to continue doing that  
19 work. We've been doing that work and I think moving  
20 forward as this population grows, we'll be able to  
21 provide better services moving forward.

22 CHAIRPERSON HUDSON: Okay. Uhm, what does  
23 language access look like at older adult centers and  
24 what languages are available? I know you addressed  
25 some of this in your testimony. Are multiple  
languages available at different locations or is it

1 that specific locations based on population data?

2 You know focus on one language maybe two?

3  
4 ANYA HERASME: Sure, so all of our programs are  
5 required to have a language access service. Often  
6 times a language line is one example, so that anybody  
7 who walks into the door can be helped in the language  
8 of their preference. But on top of that, part of  
9 what I mentioned with the RFPs is we, we chose  
10 providers based on their ability to serve the  
11 communities and a lot of them come from the  
12 communities. And so, there's an expectation that the  
13 staff will also speak the languages of the majority  
14 of the population.

15 So, there's two parts. There's the staff that  
16 usually represent the community but then also in case  
17 there is somebody who walks in with another need, you  
18 know they can't speak every language of course. They  
19 are required to have a language service available.

20 CHAIRPERSON HUDSON: Thank you and I want to  
21 acknowledge that we've also been joined by Council  
22 Members Brewer and Krishnan.

23 Can you please describe any culturally competent  
24 programming available at the older adult centers and  
25

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3 how are culturally aligned meals determined for each  
4 center?

5 ANYA HERASME: Yes, I could actually talk about  
6 this for a long time.

7 CHAIRPERSON HUDSON: Take as long as you'd like.

8 ANYA HERASME: Thank you. So, February was just  
9 actually, we had the Lunar New Year and Black History  
10 Month, so most if not all of our programs did  
11 programming around that. That's one example. A lot  
12 of programs also take into consideration; well, not  
13 all, I mean a lot. All of the programs really take  
14 into consideration the needs of the clients, so  
15 clients have input.

16 We have advisory council's which give input into  
17 programming. And so, you know that helps to also  
18 meet the cultural needs whether it's playing ping  
19 pong or line dancing or a Bomba class or you know the  
20 list goes on and on. But what I also think is very  
21 special is that a lot of the centers celebrate  
22 cultures that are not their own. So, like a lot of  
23 centers will celebrate St. Patrick's Day and they  
24 might not have any Irish clients but they are really  
25 honoring the culture of different groups. So, that's  
also I think a really nice touch that a lot of our

1 programs do. And I think you asked about meals as  
2 well?  
3

4 CHAIRPERSON HUDSON: Yeah, how are culturally  
5 aligned meals determined for each center?

6 ANYA HERASME: So, for our centers, we are a  
7 little less rigid. We ask that they provide menus  
8 that are based on – that meet the needs of their  
9 constituents. However, with the HDM programs, it's  
10 actually in their contracts to have a variety of  
11 cuisines available and so the clients can choose  
12 which menu they would like. And so, that depends on  
13 the threshold of how many clients in that borough or  
14 contract area.

15 CHAIRPERSON HUDSON: Great, thank you. I'm now  
16 going to turn it over to Chair Avilés for some  
17 questions.

18 CHAIRPERSON AVILÈS: Thank you Council Member  
19 Hudson. I wanted to go back to the cabinet for a  
20 quick second before I jump in. You mentioned  
21 certainly its values and the collaborated space that  
22 the cabinet allows but can you give us an example of  
23 a tangible change and impact that came out of that  
24 space that you saw through?  
25

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3 MIGUEL SANTANA: Well, most recently I mean we've  
4 been focusing on this NYC Care Initiative and the  
5 objective there is to better facilitate services to  
6 the immigrant communities regardless of age. And so,  
7 this has given us an opportunity to reevaluate the  
8 program itself and also figure out ways where we can  
9 improve upon it. So, I think that's a tangible  
10 example of a given you know program that we're  
11 working on.

12 CHAIRPERSON AVILÈS: So, what kind of changes did  
13 that include?

14 MIGUEL SANTANA: Well, that just requires  
15 additional outreach that you know I'll allow my  
16 colleague to further expand on that in terms of  
17 reaching out to the community, providing resources,  
18 information, packages, and collaborating with sister  
19 agencies to ensure that we're meeting the needs of  
20 immigrant New Yorkers. And I'll turn it over to my  
21 colleague here to speak more on the boots on the  
22 ground initiative.

23 MIOSOTIS MUNOZ: Thank you so much. While the  
24 outreach team, which is part of our external hands on  
25 and making sure that we're collaborating not only  
with our sister agencies but with city, state and

1 federal programs. One of the positive nature of us  
2 participating is that our boots on the ground and our  
3 constituency services hotline is able to receive  
4 concerns and is able to relate that concern of the  
5 immigrant community, so that we're able to provide  
6 real time information to not only our sister agencies  
7 but a lot of the organizations that we partner with  
8 across the board. So, every day we assist with  
9 referral and resources that are made available in the  
10 respective language and this is made possible because  
11 the boots on the ground, outreach team is in the  
12 community every day helping build trust and  
13 collaborating with community-based organization.

14  
15 The immigrant community is a very unique  
16 community. It's a community where you have to be  
17 very hands on on the ground and this is why it is so  
18 critical for our services and external affairs to be  
19 working out there every day, being able to assess the  
20 needs in real time and being able to communicate  
21 those needs.

22 At the same time, our office also works with  
23 engaging other members like the United States  
24 citizenship and immigration services, Social Security  
25 at virtual meetings and working with other members of

1  
2 our sister agencies like the New York City Department  
3 of Aging to make sure that we are providing the  
4 resources but also being able to do it in a way that  
5 is very sensitive to those particular communities  
6 that we are interfacing with.

7       So, one example would be that there were a lot of  
8 permanent residents who were not applying for Social  
9 Security because they were under the impression that  
10 they have to be US Citizens. So, you could imagine  
11 all these permanent residents who have put in so much  
12 time, 20-30 years working and would not go out there  
13 and apply for Social Security.

14       And this is the kind of information that we're  
15 able to provide and the appropriate cultural setting.  
16 We go out there, we participate in advance, we even  
17 instituted a new system within MOIA to make sure that  
18 we're even more accessible to hard-to-reach areas.

19       In 2022, we redefined our community event request  
20 links that really enhances the ability for trusted  
21 community groups to reach out to us and share with us  
22 things that for the most part a lot of immigrants  
23 don't feel comfortable disclosing because of course  
24 identifying is optional. And through these CBOs, we  
25 are able to identify the areas of needs and the kind

1  
2 of languages and sister agencies that we would need  
3 to bring with us to the field. Our goal is to bring  
4 City Hall to the community and it's the only way  
5 we're going to continue to expand and ensure that our  
6 immigrant New Yorkers are able to be prioritized. As  
7 we can all understand in terms of our commitment.

8       MIGUEL SANTANA: One more example as well to  
9 answer your question. I'll more lead to immigrant  
10 media roundtables to ensure effective information  
11 dissemination. The round tables facilitate  
12 information flow to the immigrant community via  
13 hyperlocal newspapers, radio and TV stations in their  
14 language.

15       The roundtables also strengthen relationships  
16 with immigrant focused media outlets. In the last  
17 year, we have worked with New York City Emergency  
18 Management, NYC Care, Department of Youth and  
19 Community Development, NYC Small Business Services,  
20 Mayor's Office to End Domestic and Gender Based  
21 Violence, Office of Technology and Information and  
22 Innovation, Department of Consumer and Worker  
23 Protection and MOIA is working with New York City  
24 agency to host a roundtable in support of older  
25 immigrants.

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3 CHAIRPERSON AVILÈS: Great, thank you. That's  
4 very helpful. In terms of – does MOIA have  
5 additional data on where older immigrant New Yorkers  
6 live within the five borough?

7 MIGUEL SANTANA: So, yeah I'm going to speak on  
8 that real quick. Let me just get this, okay. Okay,  
9 so MOIAs priority is to build trust with the many  
10 immigrant communities that make up New York City.  
11 That's why our team is highly sensitive to the  
12 hesitancy of community members in sharing their  
13 personal identifiable information. Hence, all data  
14 collection efforts with MOIA are completely optional.  
15 Our team collaborates with the Center for Economic  
16 Opportunity to analyze the Census Bureau's American  
17 Community Survey data. This helps us to enhance our  
18 interactions with immigrant community members. By  
19 utilizing this data, we have confirmed that we have  
20 observed on the ground, that immigrant enclaves exist  
21 throughout New York City.

22 CHAIRPERSON AVILÈS: Okay, so I think I heard you  
23 say, we know immigrants are there and enclaves but we  
24 are not collecting data because of the sense of  
25 nature, is that correct?

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3 MIGUEL SANTANA: I mean, the data that we're able  
4 to collect - I'm sorry.

5 CHAIRPERSON AVILÈS: You said a lot of words. I  
6 just think that's - is that what you said?

7 MIGUEL SANTANA: Yes.

8 CHAIRPERSON AVILÈS: Okay. Uhm, in terms of -  
9 actually, you know what? I'm going to pause there  
10 and turn it over to my colleagues. I know some who  
11 have time constraints and then we'll pick it up. So,  
12 thank you. I'd like to pass it over to yes, Council  
13 Member Hanif.

14 COUNCIL MEMBER HANIF: Thank you so much Chairs  
15 Hudson and Avilés. So, just picking up on just that  
16 question and I was hoping for a more disaggregated  
17 data response as well but we know to be true that  
18 South Asian seniors are one of the largest groups of  
19 immigrant seniors in New York City. Can you speak to  
20 how else beyond holiday celebrations DFTA is  
21 providing support to these communities? What more  
22 concretely? How you're identifying providers? What  
23 kind of evaluations or what the parameters are for  
24 DFTA funding for these providers?

25 ANYA HERASME: Sure, so as I mentioned, there's  
expectation for all of our programs to be culturally

1 competent. So, any area or any center that's located  
2 in an area with predominantly South Asian older  
3 adults is expected to serve that population. Off the  
4 top of my head, one agency India Home, which is a  
5 very large provider. They were previously a  
6 discretionary program and they serve hundreds of  
7 older adults every day and I believe they have three  
8 locations. They're just one example of a provider  
9 who is you know specifically geared towards that  
10 community of older adults.  
11

12 COUNCIL MEMBER HANIF: And what else are you  
13 learning? I mean I know about India Home and you  
14 know I'm a first generation Bangladeshi and I've been  
15 hearing about India Home for at least the last 15  
16 years. But my community, the community I represent  
17 is in Brooklyn and if I ask these folks to go to  
18 Jamaica, that is about a day trip. Coming back and  
19 forth is an impossible journey. So, would love to  
20 know how DFTA is either identifying new partners?  
21 How DFTA is supporting capacity building of groups  
22 like India Home to be able to come into neighborhoods  
23 like Kensington in my district and I just have two  
24 more questions which I'll just share out and then  
25 would love responses because I'm short on time.

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3 Can you share what the agency is doing to combat  
4 anti-Asian violence? We know that seniors are  
5 doubly, triply being impacted by anti-Asian hate and  
6 it is really hard to see our Asian community bear the  
7 brunt of these attacks. Would love to hear what the  
8 agency and our Mayor's plans are to combat and reduce  
9 the attacks.

10 And then I know that there are more than 300  
11 older adult centers. How do you get our Asian  
12 community into these centers? What does the outreach  
13 look like? Thank you so much.

14 ANYA HERASME: Sure, so we're very — so beyond  
15 cultural competency obviously, which includes of  
16 course being sensitive to the needs of different  
17 older adults and any time any new issue arises such  
18 as the violence against Asians, you know we do our  
19 best to address those and I think our providers do a  
20 very good job of having community conversations about  
21 those things and you know showing that these centers  
22 are a safe place for people to go. We don't ask for  
23 peoples background. We don't ask for immigration  
24 status, nothing like that. So, we want people to  
25 feel comfortable in our programs.

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3 We also have elder justice programs, so if  
4 anybody is a victim of a crime, you know we can serve  
5 them through another program, a referral to our elder  
6 justice providers. And we also recently began  
7 working with the NYPD to have an older adult liaison  
8 in every NYPD Precinct, which were very proud of.  
9 So, those are NYPD Officers who are trained to work  
10 with older adults and being sensitive to their needs.

11 So, that's another way we can support any clients  
12 who are victims of abuse or any kind of crime.

13 COUNCIL MEMBER HANIF: If I could just follow up  
14 Chairs? Uhm, do you have any reporting on how many  
15 of our seniors are reporting instances and incidences  
16 of attacks in this NYPD program that you just  
17 described because many of our seniors who are limited  
18 English proficient are also unlikely to report  
19 instances and we've seen that.

20 Uhm, and so, I would like to see and better  
21 understand what this Administrations plans are,  
22 particularly in this climate as we see more and more  
23 of our constituents bearing the brunt and reaching  
24 out to our offices for support and we'd like to be  
25 able to provide more capacity to the providers that  
are very limited in resources and want to partner

3 with the agency to be able to really make sure that  
4 there's recourse in events of attacks.

5 ANYA HERASME: I'm not sure if we have specific  
6 data on how many of those specific crimes. I'm  
7 confident that our elder or justice programs do track  
8 how many you know people they assist and the  
9 different ways they assist them but I'm not sure that  
10 we have specific data on you know what types of the  
11 crimes there are within that. And I don't believe  
12 the NYPD necessarily shares that information. Our  
13 goal with them is more to make sure that they are  
14 trained to appropriately meet the needs of any older  
15 adult who comes in.

16 But you know the Elder Justice programs are -  
17 they're available to any older New Yorker, so they  
18 don't necessarily need to be locat- they cover all  
19 boroughs in all areas. So, they can be always seen  
20 or any of our programs can refer to those programs if  
21 they have a client who is experiencing an issue.

22 COUNCIL MEMBER HANIF: Thank you.

23 CHAIRPERSON AVILÈS: Thank you Council Member.

24 So, to go back to the data question. Does MOIA have  
25 any other additional more nuance data that sheds

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2 light on the unique needs of older immigrant New  
3 Yorkers as distinct from their U.S. counterparts?

4 MIGUEL SANTANA: So, I mean we have a system in  
5 place to track all type of requests. We have as  
6 mentioned previously any request length that is open  
7 to the public to providers with information on  
8 support that they're looking for. So, that's one  
9 mechanism that we use to receive inquiries.

10 The second mechanism that we use is we have the  
11 Ask MOIA hotline, where constituents can call at any  
12 point at any time, share whatever information. And  
13 from that information that we gather, we're able to  
14 put together some data you know that gives us a sense  
15 of what the needs are, what the requests are in terms  
16 of language access requests, in terms of the services  
17 that they're looking for and the support that they're  
18 looking for.

19 From that data, we can try to assess you know the  
20 different levels of population, but that's based on a  
21 self-identifying optional item in terms of our  
22 request to them and that's if they provide us the  
23 year of birth. We cannot mandate that and we won't  
24 do that because we don't want to compromise the trust  
25 that they have to reach out to us. So, we're very

3 mindful of being very careful in how we manage those  
4 situations. We welcome them to provide us that  
5 information because obviously if they provide us at  
6 least the year of birth, we can disaggregate the  
7 information and be able to focus our services you  
8 know specifically to older adults.

9 CHAIRPERSON AVILÈS: So, can you tell us, what do  
10 you know about the older adults from the data that  
11 you've received? You mentioned event requests. What  
12 do we know about that? What do we know about what is  
13 being requested?

14 MIGUEL SANTANA: Well, I mean basically I mean  
15 they will request services that cater to their needs.  
16 And so, we make sure that we respond to that as best  
17 we can.

18 CHAIRPERSON AVILÈS: Okay, so what I'm asking for  
19 - I'm sorry to cut you off. I'm asking for  
20 specificity. You're speaking in very vague terms.  
21 They are asking for services. We know that's the  
22 case. So, can you tell us over this last year, we  
23 have 30 percent requesting this level of service. We  
24 have 20 percent requesting this service. These are  
25 the languages that seem to be predominant. Can you  
give us a description of what MOIA is finding given

1  
2 the data that you're collecting knowing the  
3 limitations? So, I'm just asking for more  
4 specificity.

5 MIOSOTIS MUNOZ: If I may just respond to that  
6 question as well? One of the key points in  
7 implementing this new event request link is that  
8 based on the request like SCRIE, we know SCRIE is an  
9 elder adult program. So, if the person is asking for  
10 information on SCRIE, we can pretty much determine  
11 that that is a major item that we are going to have  
12 to now shift and focus and prioritize housing.

13 Another important element of what we do and with  
14 this event form is that prior to us going into the  
15 community, it allows the community to provide us a  
16 list of needed areas that they would like to connect  
17 with City Hall. So, for example, if public safety is  
18 a situation, we will contact our colleagues and NYPD  
19 and we're also counting on those CBOs to tell us,  
20 "hey, the flavor of the day, what we would like you  
21 to do is please, bring more resources on public  
22 safety."

23 I know that when we were in your district  
24 Chairwoman, we were in a situation where there was a  
25 fire. So, because we're also the crisis, boots on

3 the ground, we're able to go out there and be able to  
4 work with not just the requests that are being made  
5 but also in real time crisis situations. That's the  
6 whole nature of having this outreach team that is  
7 very much in real time responding to those needs.

8 So, something like SCRIE, requesting information,  
9 like New York City Cares for 65 plus. Being able to  
10 ask for information on how to get citizenship for  
11 like 51 and over. Those are the kinds of questions  
12 that we take very careful note of in preparing. We  
13 take very, very careful time to prepare for these  
14 kinds of outreach events as they're coming in. And  
15 then at the same time, we're also taking part in  
16 different taskforce. So, for example, through our  
17 sister agencies, we have the New York City Aging but  
18 also, we work with New York City Cares, H+H, Metro  
19 Plus, just so that we can assess and be able to be in  
20 these facilities.

21 Through regular stops for like IBNYC application,  
22 when we're out there helping in the Health and  
23 Hospitals, we know this is where the immigrant  
24 community comes to get their care. So, we  
25 specifically go to these H+H facilities to make sure  
that we will identify a program like IBNYC and in

1 that process, people will approach us, ask us  
2 additional questions. And another key element is our  
3 relationship with the faith-based communities. That  
4 is so crucial when working with the immigrant  
5 population because it's a safe place. So, we will  
6 reach out to like H+H. We will reach out to faith  
7 based and even receive a lot of requests from the  
8 faith-based leaders because they're the ones that are  
9 able to really flag and amplify that voice, so that  
10 we can tailor their request and tailor our resources  
11 in a way that is culturally, linguistically  
12 appropriate.  
13

14 CHAIRPERSON AVILÈS: Okay. Perhaps I would like  
15 to request that MOIA send us a very crisp response to  
16 what they are finding the major issues are across the  
17 city as it pertains to older immigrant adults.  
18 Obviously, you note the agency is responding in a  
19 crisis way and also, you're doing proactive work as  
20 well.

21 So, I would love to see a concise response around  
22 what are the emergent issues for older immigrant  
23 adults that you are seeing across the city and how  
24 you are responding to that in terms of time. You  
25 said a lot that I still have no sense to be frank,

1  
2 what exactly is emerging for older immigrant adults  
3 in this community?

4 So, I'd actually like to move on and just request  
5 the agency actually provide that response with  
6 numbers.

7 MIGUEL SANTANA: Okay.

8 CHAIRPERSON AVILÈS: Because it's like responding  
9 to everything and nothing at the same time, right? I  
10 really want to understand, are we seeing is it  
11 language access? Is it other things? Is it  
12 healthcare? You should have a real clear sense of  
13 where the urgencies are in community.

14 MIGUEL SANTANA: Okay.

15 CHAIRPERSON AVILÈS: So, I think - I'd like to  
16 continue the questioning because we've also been  
17 joined by Council Member Salaam and Council Member  
18 Zhuang and Council Member Lee.

19 So, in terms of can you describe the ways in  
20 which MOIA identifies and assists older immigrant New  
21 Yorkers on legal issues, UVs certifications, TVs  
22 declarations and applications for citizenship? How  
23 has this work changed, if at all over the past  
24 several years and please be as specific as possible.

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3 MIGUEL SANTANA: Okay, so I mean, it's too full.

4 First and foremost, it's based on the needs. I mean  
5 when they call, they reach out to us and they express  
6 their specific concern. That's how we're able to  
7 identify. Whether it's issues related to legal  
8 services. Whether it's housing related services.  
9 Whether it's you know getting any type of guidance as  
10 it relates to the public safety concerns. So, that's  
11 one approach.

12 The other approach obviously is through our  
13 outreach. Going out into the community, engaging  
14 with the community, and trying to get a sense of what  
15 the community is experiencing. Again, now moving  
16 forward and working more collaboratively, even with  
17 NYC Care, we'll be able to really tap into that older  
18 immigrant population because now there's an  
19 opportunity for them to also get services through  
20 that process.

21 And then you know moving forward, we're looking  
22 forward to support them as they call us in the  
23 hotline. That's something that is constant on a  
24 daily basis and we do track that information. The  
25 challenge again and I have to reiterate this, is that  
when we're trying to narrow it down with just the

1  
2 crucks of your question in terms of identifying older  
3 adults, it's very, it's contingent upon them being  
4 willing to share their date of birth. And that  
5 information is very limited but you know we'll do the  
6 best that we can to try to segment the data to narrow  
7 it down, not only by date of birth - year of birth,  
8 but also the services that are being requested.  
9 Because that can help us assess if it's a SCRIE  
10 inquiry. If it's a public safety inquiry. It helps  
11 us narrow it down. Okay, what's the population  
12 that's asking for this information?

13 MIOSOTIS MUNOZ: And also if I may add? One of  
14 the changes that we are doing in terms of revamping is  
15 we recently changed our one pager just to make it  
16 simpler with pictures. We understand that when we're  
17 providing the access to information, one of the  
18 biggest challenges that we have and that we've  
19 experienced in the field is that older immigrants  
20 have a higher rate of limited English proficiency.

21 And because of that, we have to make even the  
22 material and I can even share with you. I brought  
23 some of our one-page flyers that if they can't speak  
24 the language, they can point to the picture and then,  
25

1 we have those flyers in over 50 languages, including  
2 indigenous for those of lesser used languages.  
3

4 So, that's another key area that allows us to  
5 connect to hard-to-reach areas. We also have the  
6 Action NYC, which is our legal services that we  
7 subcontract to local communities because we  
8 understand that people feel more comfortable going to  
9 or being able to walk to or be closer to where it is  
10 that we can provide assistance with legal orientation  
11 and assessment. Because let's face it, a lot of the  
12 times when you spoke about crimes, it is fraud.  
13 Fraud is a major crime that affects the elder  
14 communities.

15 So, we want to make sure that when we are  
16 delivering these services, we have to really keep in  
17 mind the challenges that come with being of limited  
18 English proficiency. And that's why our material is  
19 set up in a certain way. Our outreach has been  
20 revamped, all to make sure that we can prioritize the  
21 needs of all New Yorkers, especially those in their  
22 golden years.

23 MIGUEL SANTANA: And I have one data point for  
24 you. Almost ten percent of people screened for  
25 eligibility for immigration and relief through Action

1  
2 NYC in calendar year 2023 are ages 65 and older.  
3 That amounts to 1,335 individuals out of 14,087.

4 CHAIRPERSON AVILÈS: And that's through your CBOs  
5 that are providing services?

6 MIGUEL SANTANA: Correct, yeah because we have 18  
7 contracts.

8 CHAIRPERSON AVILÈS: Yeah, I mean that was going  
9 to be the next question. So, MOIA is doing the  
10 individual outreach right in community services and  
11 I'd love to know how many people are actually calling  
12 into your hotline? Like, what is that volume  
13 actually looking like? And then like to understand a  
14 more nuance picture of the breakdown of those calls.

15 But what I'm not hearing you also talk about and  
16 we're starting to allude to is what analysis and  
17 assessment you're doing from your providers to  
18 understand how to better focus right, and nuance the  
19 program so we're meeting the needs? So, can you talk  
20 to me a little bit about how you assess the work of  
21 the providers to inform how MOIA is going to shift  
22 you know its programming to be more responsive? Talk  
23 to me a little bit about what that specifically looks  
24 like and the cadence with which you do that analysis.

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3 MIGUEL SANTANA: So, first I know you mentioned  
4 in terms of you know how many inquiries are we  
5 getting through the Ask MOIA hotline. In broad  
6 terms, as it relates to the hotline, we had over  
7 4,000 inquiries and that's just calls alone. In  
8 terms of email inquiries, we had over 1,183 email  
9 inquiries. So, that's the breath of it and you know,  
10 it's broken down by month and we can provide that at  
11 a later date.

12 CHAIRPERSON AVILÈS: Right, and the issues? Like  
13 what are they telling us, these 4,000 calls?

14 MIGUEL SANTANA: Yeah and we have the data to  
15 support that to indicate exactly what the request is,  
16 what the service is and what referrals came out of  
17 that. So, we can definitely produce that at a later  
18 date.

19 MIOSOTIS MUNOZ: And also in terms of languages  
20 because where in the field, we don't have to wait  
21 until all these studies are done. We know first hand  
22 in real time what are some of the specific needs for  
23 additional language appropriate services? So, for  
24 example, we've seen of course there is a need for  
25 Spanish material and resources but also we have our  
Haitian Creole, our Chinese dialect, which is

3 Mandarin, Cantonese, Fuzhounese Our Bangladeshi but  
4 also with the African community, Wolof, Fulani,  
5 French has been added, so we've hired teams that are  
6 from the communities that speak the language and are  
7 in the best position to also have their pulse at all  
8 times in the community.

9 CHAIRPERSON HUDSON: Yes, I did have a couple of  
10 follow up questions. One is, how many staff do you  
11 have answering those calls? You said 4,000 calls?  
12 4,000 calls in what span of time?

13 MIGUEL SANTANA: That's during calendar year  
14 2023.

15 CHAIRPERSON HUDSON: Okay, so last year. So, how  
16 many staff do you have answering those phone calls  
17 and what's the rate of resolution for those calls?  
18 Is everybody getting a response to both the calls and  
19 the emails?

20 MIGUEL SANTANA: Yeah, I mean we have on average  
21 four staffers that are answering the hotline on a  
22 daily basis and of course, I can't give you the rate  
23 right now but we can circle back and provide you that  
24 in terms of resolution.

25 CHAIRPERSON HUDSON: Okay and so -

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3 MIGUEL SANTANA: But they do open and close out  
4 those type of inquiries.

5 CHAIRPERSON HUDSON: And so four staffers that  
6 are solely answering the hotline?

7 MIGUEL SANTANA: Yes.

8 MIOSOTIS MUNOZ: For the hotline but also the  
9 boots on the ground, the outreach. So, external  
10 affairs is comprised of our constituency hotline  
11 which also includes all the 3-1-1 calls. So, even if  
12 they can't remember the hotline number -

13 CHAIRPERSON HUDSON: 3-1-1.

14 MIOSOTIS MUNOZ: They call 3-1-1 and 3-1-1 sends  
15 them to us. So, we're really excited to know that  
16 we're able to follow up on these cases and know that  
17 not only is the constituency service a resource for  
18 those that may not feel comfortable meeting with  
19 someone that they can call.

20 CHAIRPERSON HUDSON: And the 4,000 number  
21 includes those 3-1-1 rerouted calls?

22 MIOSOTIS MUNOZ: Yes.

23 CHAIRPERSON HUDSON: Okay.

24 MIOSOTIS MUNOZ: So, it's the hotline and the 3-  
25 1-1 and also the outreach team, that's a separate  
component. We call those the boots on the ground.

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3 They are the ones that are out there every day doing  
4 IBNYC, going to all the different H+H, receiving all  
5 these requests for cultural events because that's  
6 when people feel comfortable. When they invite you  
7 to their cultural events, you're building trust,  
8 you're building a sense of comfort and again, we have  
9 to meet people where they are and we have to meet  
10 communities where they are and we have right now, six  
11 members who also rely on volunteers. We have a  
12 volunteer program. We encourage our intergeneration  
13 by having and working with the interns program and  
14 this is part of how we're able to help expand but  
15 also help bridge that intergenerational gap as well.

16 CHAIRPERSON HUDSON: Thank you and then how large  
17 is that outreach team? The boots on the ground if  
18 you will?

19 MIOSOTIS MUNOZ: Our boots on the ground is - I  
20 include, if you include myself and the Assistant  
21 Commissioner which we're out there and everybody sees  
22 us, so it's six staff members that are out there  
23 every day just bringing back real time information  
24 and being able to resolve matters in real time it's  
25 six. Eight in total because I love being part of the  
boots on the ground. I'm not one to be sitting

1 behind a desk as many of you have seen me out there  
2 and of course my case management background.  
3

4 So, that helps tremendously and just about  
5 everyone who does outreach has a background, a very  
6 strong background in case management. So, we are in  
7 the best position to respond and connect to the  
8 appropriate agencies as we're looking to follow up  
9 and address a lot of the cases.

10 CHAIRPERSON AVILÈS: So, in terms of poverty  
11 rates are higher among older immigrant adults  
12 compared to the U.S. born counterparts as we said  
13 earlier. How is MOIA able and working to address  
14 this specific data point?

15 MIGUEL SANTANA: One of the pillars of the Adams  
16 Administration is to provide services regardless of  
17 age, status or language spoken. Our team is focused  
18 on referring and connecting immigrants, including our  
19 older immigrants to the appropriate services and  
20 resources. Part of this is sharing the appropriate  
21 information based on their needs. So, in essence  
22 when we engage with any immigrant that needs any type  
23 of service like this and specifically older adults,  
24 we make sure that we connect them to the appropriate  
25 sister agency based on their concern.

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3 CHAIRPERSON AVILÈS: So, their concern is  
4 profound poverty. What are we doing?

5 MIOSOTIS MUNOZ: So, if I may also speak to that  
6 question. We can't do this alone. We have to do  
7 this in partnership. Partnership with our elected  
8 leaders. We do this in partnership in working with  
9 our city, state and federal agency. For example, a  
10 lot of the elder adults don't take advantage of the  
11 free tax preparation. So, right now, during tax  
12 season, we're connecting with the IRS for free tax  
13 preparation programs and promoting that. That's  
14 another way in which we can make sure that there's no  
15 money left on the table that can be going to this  
16 very unique population.

17 When we're working with Social Security and we're  
18 participating in monthly updated calls, so that we  
19 can track what's going on in the different boroughs  
20 and share with them, hey we need you to please come  
21 out there and help us get whatever information is  
22 needed directly from the source. And in this case,  
23 we have a great relationship with I say Everett Law  
24 and Social Security. We have a great relationship  
25 with Brenda Luke our Taxpayer Advocate within the  
IRS. We know each other by first names. We can call

1  
2 them and they're out there hosting forums and  
3 collaborating with us to make sure that we're also  
4 initiating certain events based on whatever needs  
5 we've identified.

6       It's very needed that as we continue to work also  
7 with our city and state partners, that because  
8 immigration is a federal matter, that we maintain a  
9 very good relationship with our partners there to  
10 make sure that we're able to meet the community where  
11 it's at.

12       CHAIRPERSON AVILÈS: So, one of my greatest  
13 heartbreaks as a local elected official is the  
14 desperately unfortunate response our city has to  
15 older adults regarding housing and having seniors  
16 come constantly to our office who are at the point of  
17 displacement. Renting a room because they can no  
18 longer afford living in the community that they  
19 built, and we have no good responses for them. Can  
20 you talk to me a little bit about how MOIA advocates  
21 with the other city agencies particularly HPD, the  
22 Mayor's Public Engagement Unit around housing  
23 vouchers. And that's another thing, seniors are  
24 getting the vouchers and there's so much rampant  
25

3 income discrimination particularly for seniors who  
4 are getting pushed out with very little support.

5 So, can you just describe what this advocacy  
6 looks like? What are we committed to and if there is  
7 ancillary investment in making sure that this  
8 community is getting addressed.

9 MIGUEL SANTANA: So again, I mean the universe of  
10 folks that we're working with is immigrant New  
11 Yorkers in general and that includes older adults.  
12 Segmenting is the biggest challenge. With that being  
13 said, we still work with them regardless of their age  
14 to ensure that they're going to get the services that  
15 they need.

16 Now, in terms of partnering or collaborating with  
17 different agencies, city agencies, specifically DSS,  
18 H+H, HPD. Any time we have any kind of inquiry that  
19 comes in, a lot of times our constituency unit gets  
20 that call, gets that email and I'm plugged in  
21 immediately to collaborate with those respective city  
22 agencies to address the concerns that these immigrant  
23 New Yorkers are dealing with, regardless of age. So,  
24 I just wanted to you know just level set there  
25 because it's very hard to you know narrow it down to  
older immigrants. We service all immigrants, all -

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3 CHAIRPERSON AVILÈS: I understand that. I  
4 understand that. I have to respond to this because  
5 it's driving me a little crazy. This hearing is  
6 around older immigrants and I understand that you  
7 have a challenge with your data. I understand that  
8 but I need you to focus your responses on what your  
9 agency is learning and focusing on. In this larger  
10 context, you're serving all immigrants. I understand  
11 that. This hearing is on older immigrants. So, if  
12 you can tell me 20 percent from what you know with  
13 the best data you have at your disposal, this is what  
14 we're facing and this is what we're responding is  
15 what we are trying to get at here in this hearing.

16 So, you don't need to keep doing the disclaimer.  
17 We understand that. Give us the response to the best  
18 of your ability and what MOIA is seeing and  
19 responding. You're the one on the ground, right,  
20 working with the Department of Aging and all the  
21 other agencies. So, in particular to housing, uhm,  
22 can you talk to me about what your advocacy looks  
23 like for older immigrant adults regarding vouchers  
24 and housing conditions?

25 MIOSOTIS MUNOZ: If I may also defer to our  
colleagues in the New York City Aging because a lot

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3 of the work that we do and our responsibility is to  
4 also work hand and hand. So, whenever we do have an  
5 older adult, we want to make sure that we are  
6 referring to our sister agency that specifically  
7 works with the individual on these kind of matters.  
8 So, if I may just at this moment defer to my  
9 colleagues at the New York City Aging.

10 PENNEY VACHIRAPRAPIN: Sure. So, housing a top  
11 Aging Connect call category and we make those  
12 connections to HRA, HPD and other sister agencies  
13 with regard to housing vouchers and things of that  
14 nature. So, we obviously work very closely with our  
15 sister agencies as they are the experts at housing.  
16 In addition, our legal services providers do provide  
17 housing services, so we do refer to our – we do  
18 connect our clients to our legal services providers  
19 for tenant issues, foreclosure, home repair fraud,  
20 utility shutoffs, energy issues, home ownership  
21 issues, real property home equity, conversion  
22 homelessness issues, things of that nature. Those  
23 are issues that our legal services providers to  
24 handle. And in addition to that, HRA and HPD are  
25 part of our cabinet for older New Yorkers as well.

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3 CHAIRPERSON AVILÈS: And are you seeing  
4 particular trends for older adults in this area?  
5 Obviously responding to quite a range of concerns and  
6 issues across the city. I'm sure they look very  
7 different depending on the borough. But are you  
8 seeing trends around you know concentration of issues  
9 particularly as it relates to older adults in the  
10 housing arena?

11 PENNEY VACHIRAPRAPIN: You mean with regard to  
12 the legal services providers?

13 CHAIRPERSON AVILÈS: With regards to housing and  
14 in particular, I guess we would love to learn a  
15 little bit more about the work related to vouchers  
16 and what that specifically looks like.

17 PENNEY VACHIRAPRAPIN: Because we refer those  
18 particular issue to HRA, we don't keep track.

19 CHAIRPERSON AVILÈS: Okay. Okay, I guess with  
20 that, I would be happy to turn it over to Council  
21 colleagues.

22 CHAIRPERSON HUDSON: Okay and then we'll come  
23 back to you. Yeah, thank you.

24 CHAIRPERSON AVILÈS: So, we'll start with Council  
25 Member Brewer followed by Council Member Lee.

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3 COUNCIL MEMBER BREWER: Thank you very much.

4 Picking up on the housing issue, I'm always focused  
5 on housing court. So, do you keep track either  
6 through housing court answers or any other means as  
7 to older adults who are immigrants who are facing  
8 eviction or other kinds of huge challenges in housing  
9 court and if you don't, who does?

10 CHAIRPERSON AVILÈS: So, we ask our legal  
11 services providers obviously to keep track of cases  
12 but we only keep track of cases and so far as  
13 outcomes, in terms of cases opened and cases closed  
14 but as I'm sure, you can appreciate, there is many  
15 confidentiality issues. So, there aren't that many  
16 details that we can ask for.

17 COUNCIL MEMBER BREWER: Okay, but that would seem  
18 to me that would be something without getting into  
19 challenges that involve personnel. Something to look  
20 at. When you say your legal services providers, I  
21 assume those are contracted out, Legal Aid etc.,  
22 city employees correct? I would suggest that that  
23 needs to be in today's world something looked at much  
24 more carefully, housing court evictions.

25 Number two, do we know, I know you talked about a  
lot of statistics and I listened before I got here.

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3 I was teaching this morning at Hunters. I couldn't  
4 get here earlier. Social Security and pension are  
5 very hard to come by if you've been a vendor a whole  
6 life and you don't have any paper. So, do we have  
7 any numbers on those individuals who are maybe  
8 surviving with family or getting rent paid by family  
9 etc., etc., but don't have any documentation? Do we  
10 have any numbers on those individuals who are older  
11 adults in New York?

12 ANYA HERASME: I don't believe— we wouldn't have  
13 that kind of detail and also, you know unless the  
14 client is working with us, we wouldn't necessarily  
15 have the global information on that you know, all the  
16 New Yorkers if they've never touched any of our  
17 programs?

18 COUNCIL MEMBER BREWER: So, you don't have that  
19 information?

20 PENNEY VACHIRAPRAPIN: We'd have to defer to our  
21 federal partners for those —

22 COUNCIL MEMBER BREWER: Your which partners?

23 PENNEY VACHIRAPRAPIN: To our federal partners.

24 COUNCIL MEMBER BREWER: Your federal partners.

25 Why would they know?

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3 PENNEY VACHIRAPRAPIN: Because those are federal  
4 programs.

5 COUNCIL MEMBER BREWER: Okay but well, these  
6 folks have no Social Security and no pension. So, I  
7 don't know what programs they might be in.

8 PENNEY VACHIRAPRAPIN: Oh, I apologize, I thought  
9 you were asking specifically about federal programs.

10 COUNCIL MEMBER BREWER: No, no, I'm saying there  
11 are many, many. I have many friends who have parents  
12 who are former vendors for instance, right on the  
13 street and they have no pension and no Social  
14 Security. They don't, they just don't, so you know  
15 family sometimes takes care of them but they're  
16 struggling. You don't have those statistics? Okay,  
17 the other question is budget cuts to this population.  
18 The Mayor has a lot of budget cuts. I don't support  
19 his budget cuts but do you know, like can you be  
20 specific as to how this community, older adults who  
21 are immigrants not speaking language, will be  
22 impacted by your budget cuts? Which I know you don't  
23 like. OMB imposes them and I don't like them either  
24 but do you have any indication on how this population  
25 will be impacted?

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3 ANYA HERASME: So, in general budget cuts, our  
4 priority is always the needs of the older adults,  
5 whether they're immigrants or any older adults,  
6 right. And so, we are always thinking about service  
7 continuity and how we've looked at how we can achieve  
8 those goals without cutting services. So, so far  
9 we've been successful in that.

10 COUNCIL MEMBER BREWER: So, you're not cutting  
11 any services at all despite the budget cuts?

12 ANYA HERASME: We are here to speak about the  
13 budget and sadly you have a social worker and a  
14 lawyer here.

15 COUNCIL MEMBER BREWER: Okay.

16 ANYA HERASME: We don't have the numbers, so.

17 COUNCIL MEMBER BREWER: Okay, okay, but so you  
18 don't know -

19 CHAIRPERSON HUDSON: That's good lawyers speak.

20 COUNCIL MEMBER BREWER: But at this moment, you  
21 don't know how these budget cuts will impact? We  
22 will obviously maybe ask that during the budget  
23 hearing, is that what you're telling us?

24 ANYA HERASME: Next week.  
25

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3 COUNCIL MEMBER BREWER: Okay, do you apply for  
4 grants federal, state, private, at all for this  
5 population, older adults who are immigrants?

6 ANYA HERASME: Yes, I mean generally we do always  
7 - we're always looking for -

8 COUNCIL MEMBER BREWER: Did you get any grants  
9 for this population? I used to write the Premier  
10 Dinkins. I know grants very well.

11 ANYA HERASME: Uhm, I cannot think specifically  
12 for this population but as there's something  
13 available, we are definitely always interested in  
14 applying for those -

15 COUNCIL MEMBER BREWER: So, you don't know if  
16 anything has ever been available for this population  
17 grant wise?

18 ANYA HERASME: I personally do not know that  
19 right now but we can get back to you.

20 COUNCIL MEMBER BREWER: And in terms of food,  
21 culturally appropriate, how many of your centers  
22 other than Lenox Hill do scratch food, from scratch?  
23 That's what scratch food is called, that would be  
24 appropriate for this community?  
25

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3 ANYA HERASME: That's a great question. I'm not  
4 sure how many do from scratch. I know that there's a  
5 handful.

6 COUNCIL MEMBER BREWER: It's zero except for  
7 Lennox Hill.

8 ANYA HERASME: I believe there might be others.

9 COUNCIL MEMBER BREWER: Very few.

10 ANYA HERASME: Lennox Hill obviously is an  
11 exception. They do a wonderful job and Lennox Hill  
12 actually does training that's open to all of our  
13 programs, which is really wonderful. We've partnered  
14 with them on that for them to teach other programs  
15 how to do similar type of scratch cooking. And we're  
16 always looking into opportunities to also and working  
17 with Mayor's Office of Food Policy to enhance the  
18 food service -

19 COUNCIL MEMBER BREWER: So that you could have  
20 both culturally appropriate food. If it's scratch,  
21 it would be more culturally appropriate.

22 Finally, long term care is a mess. So, most many  
23 immigrant communities don't necessarily take  
24 advantage of long-term care. I understand that's  
25 expensive. I deal with it all the time with my  
constituents. It's nothing but a nightmare. Do you

3 have any sense of how many older adults who are  
4 immigrants are in long term care? What kind of  
5 challenges do they have to deal with?

6 ANYA HERASME: I don't believe we have that kind  
7 of specific data. Of course we can help any clients  
8 that either come to an older adult center or are part  
9 of case management to enroll in long term care. But  
10 we don't necessarily know how many immigrants have  
11 those services.

12 COUNCIL MEMBER BREWER: Alright thank you. I  
13 think you need some more data; I may say that. Thank  
14 you.

15 ANYA HERASME: All of that data is voluntarily  
16 reported, so that's a reason -

17 COUNCIL MEMBER BREWER: I mean, also the open  
18 data bill right. You could do more data collection  
19 on some of these issues. Really, I mean you do need  
20 to. You cannot do policy without data, right? And  
21 with all due respect, I know you're strapped for  
22 staff, I got it all. Work with Johnathan Bowles, he  
23 can get data right.

24 Figure out how to get more data on some of these  
25 issues that have also been asked by my colleagues.  
You're really shy on data if I may suggest that.

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3 ANYA HERASME: Thank you.

4 CHAIRPERSON HUDSON: And thank you Council Member  
5 Brewer and I would say this, I mean I would say  
6 across the board citywide, so it's not unique to you  
7 all but we definitely need more data for everyone on  
8 everything. I want to move on to Council Member Lee  
9 followed by Council Member Joseph.

10 COUNCIL MEMBER LEE: Good morning everyone and  
11 shout out to all the social workers in the room. So,  
12 I have two parts of questions. One is about the case  
13 management contracts and the other one is about the  
14 geriatric mental health services.

15 So, in terms of the case management contracts,  
16 cause I know that in my recent memory at least when  
17 Bloomberg was Mayor, they consolidated a lot of the  
18 case management contracts. And so, a lot of the  
19 smaller immigrant serving senior centers are not  
20 eligible because you need to have a certain number of  
21 cases at any one given time.

22 So, a lot of the larger providers are the ones  
23 that end up doing case management which ends up  
24 meaning that in terms of the homebound meal delivery  
25 providers, those are usually subcontracted. So, just  
out of curiosity, how many or what percentage of the

1 groups that you have providing culturally sensitive  
2 meals are subcontractors versus the main contractors?  
3 And also, have you looked at possibly revamping the  
4 RFP process to be more inclusive? Because what ends  
5 up happening time and time again is that as  
6 subcontractors, they get less portion of the funding  
7 but there are still scratch made meals that are very  
8 culturally appropriate. And what ends up happening  
9 also just from knowing on the ground is that they end  
10 up doing the same work that the case management  
11 agencies do because of the language capacity  
12 naturally right? So, even though I as a you know  
13 Korean serving provider, I'm not allowed to  
14 technically do a lot of that work, right legally? We  
15 end up doing it anyway because who else is going to  
16 do that because of the language needs? And so, I'm  
17 just wondering if you could speak a little bit to  
18 that?  
19

20 ANYA HERASME: Sure, so we just actually have -  
21 we have new case management providers actually  
22 starting in July that just concluded and we're  
23 actually in the process right now. We have an RFP  
24 for home delivered meals out on the street. And so,  
25 we'll also tentatively have new providers for that.

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3 One of the biggest changes to our home delivered  
4 meals RFP is actually to eliminate to many subs  
5 because we do recognize that that is – you know that  
6 often times hurts like you said the small providers  
7 who do the ethnic meals.

8 We are very proud that we require all of our home  
9 delivered meals programs to serve the different  
10 communities and to be competent in that and our  
11 nutritionist work with them to make those menus to  
12 make sure that they have those options available  
13 depending on the threshold of the community. And we  
14 are encouraging a commissary kitchen, so we actually  
15 funded for centers or for programs to help cook for  
16 the rest of the network and one of those providers is  
17 actually one of our ethnic providers who does Halal  
18 meals. So, that's available more widely to the  
19 network.

20 COUNCIL MEMBER LEE: Are those more for-profit or  
21 nonprofit?

22 ANYA HERASME: No, that's nonprofit.

23 COUNCIL MEMBER LEE: Okay.

24 ANYA HERASME: Yes. And then we, you know we're  
25 encouraging all of our programs to cook on site. We  
also have a list of all of our older adult centers

3 who are able to provide meals for HDM programs as an  
4 option to also support, to do more in house cooking  
5 to help the nonprofits that we work with already to  
6 you know, to continue expand and serve within the  
7 community.

8 COUNCIL MEMBER LEE: So just having, okay so  
9 having less subcontractors, does that mean that you  
10 increase the total number of contractor, meal  
11 contractor providers for home delivered meals?

12 ANYA HERASME: Not necessarily, basically we're  
13 trying to eliminate more subs of subs. So in places  
14 where we can encourage the providers to cook  
15 themselves and support them in doing updates to their  
16 kitchens or whatever the needs are, we're looking  
17 into ways to fund those things. You know obviously,  
18 money is always a challenge but where we can, we are  
19 encouraging them to use the kitchens they have. But  
20 when they're using a sub, the encouragement is to  
21 either use our commissary kitchens, which are other  
22 nonprofits or an older adult center. Because it is  
23 challenging for one program opted to cook say four  
24 different uhm you know types of cuisines and  
25 especially if they only have one kitchen. But that's  
something that is a goal of ours and the sub, a sub

1  
2 is more – that’s where really we see the biggest  
3 issue with the you know basically the funds get  
4 diluted the more people it goes through. So that’s  
5 why we’ve made a conscious effort to try to eliminate  
6 that unless there’s a case where they can make a good  
7 case for why they need to use that type of model.

8 COUNCIL MEMBER LEE: Okay and if I – I’m so  
9 sorry, I just have another part question about the  
10 mental health meals. But uhm, I mean mental health  
11 services not meals, sorry. I need food for my soul  
12 actually. But in terms of, in terms of, I know you  
13 guys have 88 partners, all of which I believe are  
14 article 31 clinics if I’m not mistaking?

15 ANYA HERASME: I don’t oversee the program but I  
16 think so.

17 COUNCIL MEMBER LEE: Okay and just out of  
18 curiosity, going along with the data, have you looked  
19 at the data? Because I know for certain you know  
20 workforce issues in general across the board with  
21 healthcare services are very short staffed. And on  
22 top of that, to find social workers that speak a lot  
23 of these different languages is also very  
24 challenging.  
25

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3 So, I just wanted to know if you are tracking the  
4 English-speaking folks that are utilizing the mental  
5 health services versus the non-English speaking  
6 seniors and looking at what that rate is because I  
7 know that at least for the AAPI community, we have  
8 the highest rates of under utilization of mental  
9 health services, which even grows higher when you're  
10 looking at the senior older adult population. So, my  
11 question is, what efforts are being made to increase  
12 that participation if it is low and then also, my  
13 second part of the question is, is there room in the  
14 geriatric mental health RFP to include groups; and  
15 I'm just thinking out loud like SACSS. SACSS does  
16 not have an Article 31 clinic. It's run by Sudha  
17 Acharya serving the South Asian community in Flushing  
18 area.

19 So, is there room to include services like that  
20 because they do the peer to peer. They do other  
21 services in the community where they actually reach a  
22 lot of the older adults. It's not formal mental  
23 health services but they do offer different types of  
24 mental health and social programs like that. So, the  
25 second part is to see if there's room or is there

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3 talks about including those types of services into  
4 the geriatric mental health RFP?

5 ANYA HERASME: Sure I think we need to get back  
6 to you about including those types of services. I  
7 think that's very interesting and definitely  
8 something to consider and even if it's not through  
9 geriatric health mental health. Our centers can work  
10 with different providers and different you know - so  
11 I think there's definitely opportunities to look into  
12 that. And I speak from personal experience from  
13 having worked at the centers before coming here and I  
14 had a geriatric mental health program. They do a  
15 wonderful job with outreach. That's a core component  
16 of those programs before they even start doing mental  
17 health counseling. The idea is for them to become a  
18 part of the program. So, they'll serve meals. They  
19 will participate in parties. They really try to like  
20 incorporate themselves so it's not, you know to help  
21 lessen that stigma of oh, you know that's therapy and  
22 that makes me crazy or you know those things that we  
23 know obviously are not true but that really, a lot of  
24 cultures really don't feel comfortable to sometimes  
25 speak to a social worker or a counselor of some sort.

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3 So, that's a huge component of that program that  
4 I think helps a lot. We also see that when the  
5 center staff really buy into the service and  
6 understand the benefits of it, they can also help  
7 make those referrals and help kind of bridge that gap  
8 to help more people utilize because it really is such  
9 an amazing program.

10 COUNCIL MEMBER LEE: And then if you can get back  
11 to us about the data in terms of the utilization  
12 rates.

13 ANYA HERASME: Sure.

14 COUNCIL MEMBER LEE: I think that would actually  
15 be a huge indicator of what's actually happening on  
16 the ground because I guarantee you, even if some  
17 seniors are not utilizing the services, it's not  
18 because they don't have the issues in this community.

19 ANYA HERASME: Absolutely, agree.

20 CHAIRPERSON HUDSON: Absolutely. Thank you  
21 Council Member. Council Member Joseph.

22 COUNCIL MEMBER JOSEPH: Thank you Chairs. Good  
23 morning everyone. I have a few questions around what  
24 specific challenges do immigrant older adults face in  
25 accessing healthcare, social services and other  
resources in New York other than language barrier,

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3 what is the other barriers and how do you remove  
4 those barriers so our seniors like Council Member Lee  
5 said, not that they don't need the service but they  
6 just don't know how to get it and how are we planning  
7 on removing some of these barriers?

8 ANYA HERASME: I think that's an interesting  
9 question. We, I think a lot of the issue is just not  
10 even knowing what exists out there. And so, that's I  
11 think a big part of the cabinet for older New Yorkers  
12 is how do we break down those silos between the  
13 agencies and get the information out to the programs?  
14 A lot of what our centers and our NORCs do is  
15 education and so, they bring in presentations on  
16 different topics and the idea is that they identify  
17 what is missing kind of in that community because it  
18 differs, right? Every community has different needs  
19 or has less knowledge of certain topics. And so, we  
20 really rely on them to identify what those needs are  
21 of the older adults and bring that information.  
22 Almost all of our programs also offer case assistance  
23 or the NORCs to case management as well. So, that's  
24 another opportunity to help anybody with you know  
25 getting benefits or finding out more information,  
whatever those needs are.

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3 COUNCIL MEMBER JOSEPH: Uhm, yeah.

4 PENNEY VACHIRAPRAPIN: And just to follow up.

5 COUNCIL MEMBER JOSEPH: Go ahead.

6 PENNEY VACHIRAPRAPIN: I think there's also the  
7 issues that older adults face are the same issues  
8 that immigrant older adults face. So, what our  
9 agency focuses on also just making sure that older  
10 adults of all you know backgrounds are aware of our  
11 services. So, we make sure that our services are  
12 noticed to all backgrounds and all communities. So,  
13 for example, we have a Join Us Campaign that we put  
14 out in 2022. That campaign was a multimedia campaign  
15 that was created in print and digital format, radio  
16 and television and those adds were published in  
17 English, Spanish, Cantonese, Mandarin and Russian to  
18 make sure that we reached communities of all  
19 backgrounds.

20 COUNCIL MEMBER JOSEPH: Are you using ethnic  
21 media to get your messaging across?

22 ANYA HERASME: We are.

23 COUNCIL MEMBER JOSEPH: I didn't hear Haitian  
24 Creole in there. I still have seniors in my  
25 district. I represent a large Haitian community,  
where they still didn't know about SCRIE. We had to

1 personally pick up the phone call to let them know.

2 Yeah, SCRIE.

3 ANYA HERASME: SCRIE is unfortunately not our  
4 program. That's the Department of -

5 COUNCIL MEMBER JOSEPH: No, I'm just giving you  
6 an example and it was through our office that we had  
7 to pick up the phone and call the individuals that  
8 did not play - so, this is where the CBOs would come  
9 in play and language access is very important to our  
10 seniors and cultural. Are we doing cultural? Most  
11 communities sometimes they don't even want to tell  
12 you your birthday but they have to feel comfortable  
13 if you have the cultural norms for them to fill  
14 comfortable enough to open up to you. In terms of  
15 also deportation, our communities, undocumented  
16 immigrant older New Yorkers are not going to come to  
17 you and tell you information about them because they  
18 don't trust you. One, you're a government agency.

19 Two, how do they know you're not working with  
20 ICE? So, we face those things in a lot of our  
21 communities, older adults immigrant communities, they  
22 go in the ground. When these things happen,  
23 especially during the pandemic, all of our older  
24 adults that were undocumented, they went underground.  
25

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3 So, they had to have a trusted face for them and  
4 using faith-based is a great way to get the message  
5 across because they believe in their pastors. I say  
6 something, it has a different meaning but if the  
7 pastor says, "you're going to do this." This is what  
8 they're going to do.

9 So, I think also you should use CBOs to come in  
10 and play an important partnership because there's the  
11 trust there. So, the trust has to be built with our  
12 immigrants, especially our undocumented older adults.

13 Can I ask one more question?

14 CHAIRPERSON HUDSON: Yes, one more and then I do  
15 want to make sure because we're on a time crunch for  
16 the room.

17 COUNCIL MEMBER JOSEPH: Yes, we are, we are.

18 CHAIRPERSON HUDSON: So, I just want to make sure

19 -

20 COUNCIL MEMBER JOSEPH: How do we help older  
21 adults, immigrants, especially with disabilities as  
22 Council Member Brewer brought up in those with  
23 chronic illnesses? And I'll stop here.

24 ANYA HERASME: Sorry, your question was just in  
25 general how do we help older adults to kind of?

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3 COUNCIL MEMBER JOSEPH: Older adults, especially  
4 our immigrant. Today, the hearing is about immigrant  
5 older adults. How do we support them with  
6 disabilities, chronic illnesses?

7 ANYA HERASME: Uhm, so with any client, we meet  
8 them where they're at right? And every immigrant,  
9 every older adult has different needs. You know  
10 they're part of a group but that doesn't mean that  
11 they have the same things. All of our centers are  
12 ADA complaint. We, you know, we train our staff in  
13 cultural competency so that they can be sensitive to  
14 the needs, so it really just, it depends on each case  
15 but we are very confident in our partners and our  
16 staff that when they get -- when there is a need that  
17 they make the appropriate referral or assist them  
18 with whatever the issue is.

19 COUNCIL MEMBER JOSEPH: Thank you Chairs.

20 CHAIRPERSON HUDSON: Thank you so much Council  
21 Member. Uhm, Council Members Krishnan and Zhuang.

22 COUNCIL MEMBER KRISHNAN: Thank you so much  
23 Chairs Hudson and Avilés. Thank you all for joining  
24 today and for your testimony. Look, I think that and  
25 as you're getting from all of my colleagues too, this  
is a very, very urgent issue and a serious one in

3 need of addressing and it doesn't necessarily just  
4 fall on you all. It goes back prior administrations  
5 as well on a number of points. I just have one  
6 question but just two quick things to reiterate.

7 One is Council Member Brewer's point about  
8 Housing Court. Having spent many years there, I know  
9 how many seniors are facing eviction, are evicted  
10 simply because they don't have access to language  
11 accessible legal services. And the right to counsel  
12 is not being implemented in the way that it should be  
13 to ensure they have access to counsel, especially if  
14 they're required to go to court first to get a  
15 lawyer. I've represented seniors in these  
16 situations. It's one way to ensure they are not  
17 going to get legal services and to make it so  
18 difficult for them to access.

19 But the question I had is specifically about  
20 language access and culturally appropriate services.  
21 That's a vital issue that is not being addressed by  
22 the agencies in terms of language access in  
23 particular and resources for seniors. That also  
24 translates to getting better data and Chair Avilés  
25 asked some questions about it and I'd like to know,  
when it comes to the Asian American communities in

1 particular, we're not modeling the communities.

2 There has not been a real effort by city government

3 to disaggregate data when it comes to our

4 communities. And where that plays out in this

5 context is across Asian American communities, we all

6 have different dietary restrictions, whether it's

7 vegetarianism, whether it's Halal food or certain

8 types of food, but the bottom line is making sure

9 it's culturally appropriate and accessible and

10 healthy for seniors in particular who are eating it.

11 What effort is being made to disaggregate data for

12 AAPI communities and understand the different dietary

13 needs and make sure that each the different Asian

14 American communities get access to the culturally

15 appropriate food that they need?

16 ANYA HERASME: So, regarding the data, I think

17 that's a wonderful point and something that we can

18 take back and discuss more regarding the dietary

19 needs of the at least our New York City Aging

20 providers provide. So, we always, client input is so

21 important to all of our programs and we require that

22 both our older adult centers, our NORCs and our Home

23 Delivered Meals programs do.

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3 So, I mean, with Home Delivered Meals, they have  
4 options between menus and vegetarian is actually  
5 something that we require all of our providers to do  
6 at least once a week. Sorry, not vegetarian, plant  
7 based. There's a difference. But we, at all the  
8 older adult centers, they have at least annually  
9 input or I'm sorry, for many planning twice a year  
10 because we do menus twice a year, that is required.  
11 Something that's part of our standards but also, I  
12 mentioned earlier, they have advisory counsels and  
13 so, that is made up of older adults of that program.

14 So, their role is really to take information from  
15 the larger group and bring it back to the staff so  
16 that they can make sure that the menus are meeting  
17 the needs of older adults whether that's more  
18 vegetarian meals or it's you know changing the menu  
19 to be more culturally competent but are meals are  
20 very healthy. They follow all of the dietary  
21 guidelines of the city, the state. There's a lot of  
22 restrictions on what they can serve to ensure that it  
23 is a healthy meal that we're serving at all of our  
24 programs.

25 COUNCIL MEMBER KRISHNAN: I'll just conclude by  
just saying you know it's important to because of the

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3 lack of disaggregated data for AAPI communities, even  
4 if the intent is there and the programs are there,  
5 you're not necessarily going to be reaching the  
6 individuals themselves who have specific dietary  
7 preferences so really giving thought to how at the  
8 lack of that data, you all are able to make sure that  
9 the programs up here translate into the proper  
10 culturally appropriate food on the ground.

11 ANYA HERASME: Absolutely. Thank you.

12 COUNCIL MEMBER KRISHNAN: Thank you Chairs.

13 CHAIRPERSON HUDSON: Thank you. Council Member  
14 Zhuang.

15 COUNCIL MEMBER ZHUANG: Good morning everyone. I  
16 do have a very single question because my co-worker  
17 already asked everything. In my district, like  
18 recently we had an old building, the elevator broke  
19 down. We have a lot of Russian speaking in the  
20 building and Holocaust survivors. There are some of  
21 them over 100 years old. This type of situation is  
22 New York City Aging able to help? And what kind of  
23 service you can provide in this type of situation?

24 ANYA HERASME: Uhm, so whenever there's uhm, I  
25 think it depends on the case. With the elevator, if  
it's part of our -

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3 COUNCIL MEMBER ZHUANG: And they cannot get  
4 anywhere. I have to personally bring the food to  
5 that building to give to them. Do you guys have hot  
6 meal service for this kind of emergency situation?

7 ANYA HERASME: So, we could always look into if  
8 those clients are eligible for home delivered meals.  
9 So, that's one option, absolutely and one way to get  
10 the meals. What some of our providers did during the  
11 pandemic for example, which is not the same but where  
12 clients you know didn't feel comfortable or couldn't  
13 leave their homes, a lot of our, some of our  
14 providers would do deliveries in the buildings. They  
15 would uhm it really depends on the availability of  
16 their staff in the center that's located there but  
17 that's something we can always look into because  
18 meals is such a huge part of what we do and of  
19 course, we never want an older adult to go without a  
20 meal due to an issue like that.

21 COUNCIL MEMBER ZHUANG: Yeah, because they call  
22 our office. They don't know where to get anything  
23 and we, our office have to get to the people, go to -  
24 get to the meal and go deliver to their house for a  
25 week before they get any help. And also, in our  
community, my community, there's a lot, probably 70

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3 percent immigrants. We have people who need Halal  
4 food, Kosher foods, Chinese, anything you can  
5 imagine. We need everything. Do you guys have a day  
6 that or any information that can provide each Council  
7 Members office when we have needs, we can reach out  
8 to you. And also the data, how many hot meals you  
9 serve in different – how many Kosher meals you serve?  
10 How many Halal foods you serve? Do you have those  
11 data you can share with us?

12 ANYA HERASME: Yes, absolutely. Yes, we can  
13 share that with you.

14 COUNCIL MEMBER ZHUANG: And also, where the  
15 seniors can go to get to those meals?

16 ANYA HERASME: Of course, yes.

17 COUNCIL MEMBER ZHUANG: Okay, thank you.

18 CHAIRPERSON HUDSON: Thank you Council Member.  
19 I'm going to turn it over to Chair Avilés for a few  
20 more questions and then I'll ask a few and then we'll  
21 get to the public testimony. Thank you.

22 CHAIRPERSON AVILÈS: Thank you. Uhm, in terms of  
23 NYC Care, can MOIA tell us a little bit more about  
24 what role you play in outreach related to New York  
25 City Care?

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3 MIOSOTIS MUNOZ: Okay, thank you. So, the role  
4 that MOIA plays is not a new role. We've always  
5 collaborated our boots on the ground, which is what I  
6 call our outreach teams. That's how we distinguish  
7 them is work with New York City Care at all of the  
8 different events that we go to we bring their  
9 material with us. That's what makes our team so  
10 unique. So, it's not a new relationship. So,  
11 whether or not the program management has shifted to  
12 H+H, we will continue to lend strong support to our  
13 sister agency to help ensure that the program is a  
14 huge success as we perform and continue to do  
15 outreach across the city to the 65 plus Medicaid,  
16 Medicare newly enrolls as we hope to make sure that  
17 we're also counting on your support in terms of going  
18 out there with our outreach efforts, our events, and  
19 making sure that those resources are made available.

20 So, again this is not a new relationship, we just  
21 want to continue to lend that strong support as we  
22 have.

23 COUNCIL MEMBER AVILÈS: Okay, great. So, in  
24 terms of the roundtables that you mentioned earlier,  
25 uhm, was New York City Care included in these  
roundtable discussions?

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3 MIOSOTIS MUNOZ: Yes, in fact, MOIA working with  
4 the different agencies just recently I would say a  
5 few weeks ago, a couple of weeks ago, did have a  
6 roundtable with H+H and the Executive Director of New  
7 York City Care, which is Dr. Jonathan Jimenez, he  
8 gave an overview of New York City Care and shared his  
9 latest updates on the program.

10 CHAIRPERSON AVILÈS: And what are the groups that  
11 are involved in the monthly roundtable?

12 MIGUEL SANTANA: You have Afrobeat's, Bangladesh,  
13 uhm, El Diario, [INAUDIBLE 01:45:06], Daily, the  
14 China Press, [INAUDIBLE 01:45:09] and others to name  
15 a few.

16 CHAIRPERSON AVILÈS: Great, thank you. In this -  
17 excuse me one second. Okay, so for the New York City  
18 Care efforts - I'm sorry, I'm just not reading this  
19 properly. This year H+H shared that the New York  
20 City Care will support efforts to inform New Yorkers  
21 of these new state health insurance options for  
22 undocumented immigrants over 65. So, will MOIA also  
23 be involved in this outreach and what will be New  
24 York City Aging's role in the outreach as well?

25 MIGUEL SANTANA: Yes, MOIA will be involved in  
the outreach.

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3 CHAIRPERSON AVILÈS: Yeah, can you tell us to  
4 what extent the outreach will look like for this  
5 effort as well?

6 MIOSOTI MUNOZ: In fact, I have in my bag some  
7 new City Care material. We just carry it in our  
8 trucks, in our bags, everywhere we go. We understand  
9 how critical it is for us to be able to make  
10 healthcare accessible and how much we need to be  
11 doing and it's never going to be enough. This is why  
12 like I said, we make sure that with every single one  
13 of our outreach, that is part of like our one pager.  
14 We give out the New York City Care information and we  
15 have it in different languages. So, they can also  
16 ask questions to our teams, who they feel comfortable  
17 with because our teams are in the communities  
18 speaking their languages. Many of them grew up  
19 there. So, this is a relationship that we've enjoyed  
20 and we will continue to work with.

21 CHAIRPERSON AVILÈS: Right.

22 MIGUEL SANTANA: And also, I mean, NYC Care, they  
23 collaborate with us. They attend a lot of these  
24 events and vice versa. We support their events, so  
25 that's the way that engagement looks like.

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3 CHAIRPERSON AVILÈS: Do you help people enroll or  
4 you're just providing the pamphlet and information?

5 MIGUEL SANTANA: I just provide the information  
6 and resources and NYC Care takes it from there.

7 CHAIRPERSON AVILÈS: And do you maintain data on  
8 those outreach efforts? How many people you've been  
9 able to reach in each event? Do you keep that kind  
10 of data?

11 MIGUEL SANTANA: We'll circle back on that.

12 CHAIRPERSON AVILÈS: Okay, okay thank you. Last  
13 question, in terms of newly arrived asylum seekers  
14 who are enrolled in emergency Medicaid and eligible  
15 for this new health insurance that will be  
16 automatically transitioned into the new insurance,  
17 but New York State Health will send them a letter  
18 detailing the new insurance with instructions to  
19 choose a Medicaid managed plan by the deadline  
20 provided. So, for older immigrants in shelters who  
21 are subject to the 30-day directive, will MOIA  
22 provide any outreach to ensure that these older  
23 asylum seekers are aware of the changes or connected  
24 to the right agencies to ensure that they receive  
25 their documents?

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3 MIGUEL SANTANA: We're working closely with the  
4 New York City Office of Asylum Seeker operations or  
5 OASOs in array of topics related to asylum seekers.  
6 We defer this question to them because they're the  
7 one's at the forefront but we play a supportive role  
8 in that process.

9 COUNCIL MEMBER AVILÈS: So, they're going to tell  
10 you how to connect to the people that are moving  
11 around?

12 MIGUEL SANTANA: I mean there are 30-day  
13 initiatives and stuff like that. We don't manage  
14 that. We support in terms of providing information  
15 as needed and that's the role that we play.

16 COUNCIL MEMBER AVILÈS: So, just for clarity, so  
17 OASO will tell you these folks have moved from this  
18 facility to this facility, go get them, MOIA informed  
19 them. That's the directive OASO will provide to MOIA  
20 in order to provide the continuity of information?

21 MIGUEL SANTANA: Yeah, this collaboration that  
22 they you know or communication that they provide and  
23 in conjunction with H+H and DSS or there's different  
24 folks involved in this. It's not just one entity.  
25

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3 CHAIRPERSON AVILÈS: No. We are well aware of  
4 the maze of agencies involved and quite frankly it  
5 leaves my head spinning but thank you.

6 MIGUEL SANTANA: Yeah.

7 CHAIRPERSON HUDSON: And just as a quick follow-  
8 up, what if anything does NYC Aging do around NYC  
9 Cares?

10 PENNEY VACHIRAPRAPIN: Well, as we always do, we  
11 work to pass along any pertinent information. We  
12 know obviously that healthcare is paramount to all of  
13 our older adults. So, we pass along information to  
14 our programs and our providers and we partner with  
15 our sister agencies of course to develop outreach  
16 plans and target high need communities. We of course  
17 are participating in MOIAs roundtables and MOIA  
18 again, as part of our cabinet for older New Yorkers  
19 and of course we look forward to supporting these  
20 agencies and whenever we can to outreach to older  
21 adults.

22 CHAIRPERSON HUDSON: Do you require contracted  
23 providers to have that information available?

24 PENNEY VACHIRAPRAPIN: Not currently but of  
25 course anytime we can and of course with Aging  
Connect, whenever an older adult calls and requests

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3 any information, Aging Connect has that information  
4 and can pass that along.

5 CHAIRPERSON HUDSON: Okay and does – okay, no, go  
6 for it. I'm going to pass it over to Council Member  
7 Avilés.

8 CHAIRPERSON AVILÈS: Sorry, thank you. It's a  
9 team effort here. Thank you for your patience. Can  
10 you tell us a little bit about MOIA and DFTA are  
11 reaching homebound older immigrant adults? And if  
12 you could just describe what the services are like  
13 that are available.

14 ANYA HERASME: Sure. So, for homebound older  
15 adults, that's our case management agencies work very  
16 closely with them so they are assigned a case manager  
17 and any services that we provide at an older adult  
18 center essentially could be provided through that  
19 case manager information of course. You know  
20 applications for benefits and entitlements. It's  
21 actually more intense – case management is a little  
22 more intensive about what we do to be in older adult  
23 centers. So, they really do a full assessment on the  
24 clients and then they will work with them whatever  
25 their needs are and many of them are of course

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3 immigrants, since we know that more than half the  
4 population of older adults are foreign born.

5 CHAIRPERSON AVILÈS: In terms of Access A Ride,  
6 can you – are undocumented older adults able to  
7 access Access A Ride?

8 ANYA HERASME: Access A Ride is not one of our  
9 programs. However, we do have transportation through  
10 New York City Aging and of course, that is open to  
11 all older New Yorkers.

12 CHAIRPERSON AVILÈS: Great, thank you.

13 CHAIRPERSON HUDSON: What would you happen to  
14 know the answer to that question?

15 ANYA HERASME: About Access A Ride?

16 CHAIRPERSON HUDSON: Yeah.

17 ANYA HERASME: It's a state, yeah it's a state  
18 program so I'm not sure what they're – but I had to  
19 guess they are eligible but I don't know the details  
20 of the state programs, sorry.

21 CHAIRPERSON HUDSON: Okay, thank you.

22 CHAIRPERSON AVILÈS: Thank you. Last question.  
23 So how are MOIA and DFTA reaching older adults who  
24 may be experiencing abuse at home? I know you talked  
25 about elder justice but if you could just expand on  
that a bit more.

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3 ANYA HERASME: Sure so in addition to elder  
4 justice, one of our requirements of our programs,  
5 both for staff and for clients is to do training  
6 annually on elder abuse. And so, there's a training  
7 that the staff are required to take annually to be  
8 familiar with the signs. Obviously there's different  
9 type of abuse we are aware of and how to help  
10 somebody if they are experiencing abuse and then also  
11 we do trainings for the older adults to also be aware  
12 whether it's for themselves or for somebody they  
13 know.

14 CHAIRPERSON AVILÈS: And if you could just  
15 briefly describe for an older immigrant adult who is  
16 experiencing abuse, what kinds of actual supports are  
17 available for them?

18 ANYA HERASME: Sure, so I think the best resource  
19 would be our elder justice program and so, they, you  
20 know depending on the case, they might refer to APS  
21 or other services. There's different resources again  
22 depending on the type of abuse how severe it is but  
23 that is available to all older New Yorkers. We have  
24 different providers throughout the city who serve  
25 different catchment areas to support any older adult.

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3 CHAIRPERSON AVILÈS: Could you give us just two  
4 or three examples? So, what I'm looking for to get  
5 on the record is for those listening in, right? They  
6 don't know what to imagine what the various services  
7 could be. So, if you could just say like, these five  
8 services are available in particular, although the  
9 cases are obviously unique and can be very different.

10 ANYA HERASME: Sure, so I think one of the big or  
11 I can talk about the types of abuses that we see.  
12 Like, there's financial abuse of course, so they  
13 might work with the you know, with the banks looking  
14 into the persons bank accounts. Checking, you know  
15 maybe opening new accounts, closing accounts, things  
16 like that is one way. If there's neglect. Usually  
17 APS would be called to - because we don't have legal  
18 privileges with our clients so in those cases, we  
19 need to refer out or work with the NYPD.

20 PENNEY VACHIRAPRAPIN: Our legal services  
21 providers do also offer legal services for abuse and  
22 neglect cases. So, sometimes our legal services  
23 providers do get involved in those kinds of cases as  
24 well.

25 CHAIRPERSON HUDSON: Thank you. In fiscal 2024,  
the Council allocated \$29 million to community-based

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3 organizations to support older adults. Of which, 5.7  
4 is specifically targeted for immigrant older adults.  
5 The Council funds two initiatives dedicated to  
6 supporting immigrant older adults in the city. The  
7 first initiative, the Elie Wiesel Holocaust  
8 Survivors, is funded at \$4.2 million in Fiscal 2024  
9 and supports holocaust survivors who are below the  
10 poverty line by offering a range of social services  
11 to maintain and improve their quality of life.

12 The second initiative, older adult clubs for  
13 immigrant populations is funded at \$1.5 million in  
14 Fiscal 2024 and provides operational support to  
15 culturally competent and linguistically accessible  
16 non-NYC Aging older adult clubs and programmatic  
17 support for NYC Aging older adult clubs that  
18 predominantly serve immigrant older adults. Both  
19 initiatives support community-based organizations  
20 that serve older adult immigrant populations.

21 Additionally, while the Council's other older  
22 adult initiatives aren't specifically dedicated to  
23 immigrants, they also provide support to community-  
24 based organizations that serve older adults who are  
25 immigrants. How much does NYC Aging spend on  
campaigns aimed at immigrant older adults?

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3 ANYA HERASME: So, over the last couple of years,  
4 we've added an additional \$2 million to our providers  
5 budgets specifically for marketing and outreach. And  
6 so, one of our also part of the last RFP we did is  
7 one of the requirements is that they actually do have  
8 outreach as part of their programs, and that's  
9 something that our program officers will check during  
10 assessments to see how they are doing outreach.

11 We also as Penney mentioned earlier, we have one  
12 example of the Join Us Campaign that New York City  
13 Aging did and we work very closely with a lot of  
14 ethnic media and we do those campaigns and print  
15 digital, radio, television ads and in different  
16 languages like English, Spanish, Cantonese, Mandarin,  
17 and Russian. That's just one example of the type of  
18 outreach but the programs also do on the ground  
19 outreach to the populations or the communities they  
20 serve.

21 CHAIRPERSON HUDSON: Thank you. And this is a  
22 little redundant, so bear with me but how does NYC  
23 Aging ensure meals are culturally competent? Are  
24 there any metrics you can provide on how many  
25 culturally competent meals, including a borough  
breakdown were distributed and the related costs?

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3 ANYA HERASME: Sure, so as I mentioned, that's  
4 one of the requirements of our program is that they  
5 are culturally competent. Our nutritionists monitor  
6 and approve the menus so they will work with the  
7 provider to ensure that not only do they meet the  
8 nutritional guidelines but that they meet the  
9 requirements for that cultural meal that they are  
10 serving. And sorry, the second question was?

11 CHAIRPERSON HUDSON: Are there any metrics you  
12 can provide on how many culturally competent meals  
13 including a borough breakdown were distributed and  
14 the related costs?

15 ANYA HERASME: Yes, yeah for our home delivered  
16 meals programs, we have a lot of details on that.

17 CHAIRPERSON HUDSON: So, you'll send it to me?

18 ANYA HERASME: Yes.

19 CHAIRPERSON HUDSON: Okay, thanks. Are there any  
20 NYC Aging programs that cater specifically to  
21 immigrant older adults and if so, what are they and  
22 what is the budget for each?

23 ANYA HERASME: So, the programs and services that  
24 are specifically geared towards older adults happen  
25 within our older adult centers or other direct  
services, which are contracted providers. So, some

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3 examples are like Hamilton Madison House and the  
4 attached Hamilton Madison House NORC or Naturally  
5 Occurring Retirement Community. We also have the  
6 Village View and Sunny Side Older Adult Center.  
7 Those are two examples where they provide wrap around  
8 services and connections to other programs with those  
9 providers.

10 So, in reality, as we said, older adults  
11 regardless of their immigration status can utilize  
12 all of our services at an OASN be referred to other  
13 programs. Our case management services can also do  
14 intakes for older adults regardless of their  
15 citizenship status and refer them to home delivered  
16 meals as long as the individual of course meets those  
17 qualifications.

18 CHAIRPERSON HUDSON: And do you have a budget for

19 -

20 ANYA HERASME: They do have a budget.

21 CHAIRPERSON HUDSON: It would be I know part of  
22 like the RFP and their operating costs but.

23 ANYA HERASME: I think we can get back to you.

24 CHAIRPERSON HUDSON: Okay, how many case  
25 management hours or clients has NYC Aging utilized

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3 relating to NYC Care and Immigrant Older Adult Health  
4 Services?

5 ANYA HERASME: Uhm, so we require that our CMAs  
6 or Case Management Agencies are culturally competent.  
7 They have staff that speak the languages of the  
8 communities and have a formal language access plan as  
9 I mentioned earlier so that anybody can be assisted  
10 in their primary language.

11 So once a client has completed the phone intake  
12 session to identify the problems, the case manager  
13 then develops the best way to assist that older  
14 adult. The assessment does not necessarily include  
15 questions about their status but based on the clients  
16 needs, the case management agency may ask their  
17 status to determine their eligibility in a range of  
18 programs. They are required to connect clients to  
19 resources such as New York City Care. However, we  
20 don't track New York City Care specifically.

21 Although it may be represented in the case notes.

22 CHAIRPERSON HUDSON: Do you know how many older  
23 adults NYC Aging has assisted in enrolling in NYC  
24 Care thus far in Fiscal 2024 or even in Fiscal 2023?  
25 So, even if they're not, if you don't necessarily  
know the status but ultimately somebody who is being

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3 referred to NYC Care, do you at least have numbers on  
4 that?

5 ANYA HERASME: It would be reflected in the case  
6 notes but the way we record the data, they don't  
7 necessarily put where they refer them. Yeah, it  
8 would be challenging to pull it out.

9 CHAIRPERSON HUDSON: Does the Administration  
10 support the Preconsidered Introduction that's being  
11 heard today?

12 ANYA HERASME: I'm sorry, can you say it one more  
13 time?

14 CHAIRPERSON HUDSON: Do you support the  
15 legislation that's being heard today?

16 ANYA HERASME: So, we are reviewing the bill and  
17 share your goal in presenting as much information as  
18 possible to older New Yorkers. We look forward to  
19 discussing the bill further with you in the future.

20 CHAIRPERSON HUDSON: Okay. Alrighty, I think  
21 that's it for us. Thank you so much. I do strongly  
22 encourage you to stay behind to listen to public  
23 testimony, although I know everyone has busy days but  
24 we will be moving onto the public testimony. So,  
25 thank you again and I'll turn it over to Committee  
Counsel to call up the first panel. Thank you.

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3 COMMITTEE COUNSEL: Thank you Chairs. Thank you  
4 so much to the representatives from the  
5 Administration for your time today. We appreciate  
6 it. We will now be moving onto public testimony.  
7 Each person testifying must fill out in the room,  
8 must fill out an appearance card to testify. So, if  
9 you wish to testify in person, please ensure that you  
10 have filled out an appearance card at the desk with  
11 the Sergeant at Arms. Each person testifying will  
12 have two minutes to speak and testimony should be  
13 relevant to the oversight topic, which is the needs  
14 of immigrant older adults in New York City.

15 We're going to have four in person panels and  
16 then we will move to folks testifying virtually. And  
17 at this time, I'm going to call the first panel. I  
18 want to apologize in advance for any  
19 mispronunciations of names. I am trying my best.

20 First, we will have Nilbia Coyote, Noely Reyes,  
21 Laura Rivera and Amreen Bhasin. If you could please  
22 come up to the table to deliver your testimony. And  
23 we will go from your left to your right if that  
24 sounds okay and you can start when you are ready and  
25 you will each have two minutes.

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3 NILBIA COYOTE: Hi. Hello everyone. Good  
4 afternoon. My name is Nilbia Coyote and I'm the  
5 Executive Director at NICE, New Immigrant Community  
6 Empowerment. Thank you to Chairs Hudson and Avilés  
7 for your ongoing support and advocacy on this very  
8 important topic. NICE is a community-based  
9 organization dedicated to empowering immigrant  
10 workers by organizing the individual and collective  
11 social economic and power to seek justice in life and  
12 at work. Our approach combines a powerful workforce  
13 developmental program which includes certifications  
14 for education and workers rights job search and  
15 placement with holistic wrap around case supportive  
16 services for immigrants and their families.

17 We were founded 25 years ago and we serve over  
18 15,000 immigrant workers, new immigrants from the  
19 past, present and future. From construction workers,  
20 day laborers, asylum seekers, restaurant workers and  
21 cleaning and hospitality workers, we organize the  
22 workforce of the future. Whether they have been New  
23 Yorkers for more than 20 years or just arriving at  
24 NICE.

25 New York City's population of older adults  
currently represents 20 percent of our city's entire

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3 population as we have heard for the last two hours.

4 Last January, the New York Times article, many older  
5 immigrants in New York are struggling and have no  
6 future. Feature one of our members Francisco  
7 Palacios and the dire conditions he has currently  
8 been in, such as thousands of older immigrants in the  
9 city.

10 The article highlighted the reality that NICE has  
11 been living for years. Older immigrants like Mr.  
12 Palacios now make up just over half of New York  
13 City's 65 and over population. A portion of NICE  
14 members like Francisco are aging and they do not have  
15 the resources needed to stop working. Other aging  
16 immigrants are in danger because of workplace  
17 accidents or dealing with serious illnesses that  
18 prevent them from working. They are struggling with  
19 mental health issues such as depression and many of  
20 them feel isolated.

21 These other members, many of whom are  
22 undocumented came to the U.S. when they were at the  
23 prime working age and they have help in New York  
24 City. For years, the older adults took advantage of  
25 these years to work hard maintaining their families  
here and back home but they were never able to fully

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3 have the economic mobility to ensure that they have a  
4 healthy and peaceful retirement or even access to  
5 one.

6 Aging immigrant workers have no social safety net  
7 available or cannot afford to stop working and now  
8 find themselves physically less able to do the same  
9 range of jobs and without the savings to stop  
10 working. The numbers have increased at more than  
11 twice the rate of U.S. born senior since 2010, mainly  
12 because of the immigrants who came as young adults  
13 and workers.

14 We are asking the support of City Council to be  
15 able to implement a pilot for 50 seniors, a petition  
16 for life and work for older immigrant adults or  
17 seniors that will support immigrants older than 60  
18 years old who cannot afford to stop working because  
19 this is the reality that we've heard mention today or  
20 who are unemployed. To deal with their new life  
21 realities, work with them to prepare a life and work  
22 planning this new phase for their lives.

23 I just want to mention very carefully that we  
24 recognize that many of these other adults,  
25 particularly undocumented immigrants cannot afford to  
stop working. For that reason, our culturally

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3 competent and dignifying programs for older adults  
4 will focus on transforming the professional skills  
5 that other adults have developed over the years and  
6 transferring them to new workforce alternatives or  
7 opportunities to generate an income.

8 Jobs will not require extreme physical effort.

9 For this NICE plans to develop alternatives in the

10 seasonal work, green industry construction,

11 residential and commercial cleaning and other service

12 industries. This population also needs to build new

13 life skills to meet the needs that they are facing at

14 this moment of their life. For example, introducing

15 them to senior centers and their services. Our

16 people do not have access to that information. They

17 don't believe they have it actually. For example, we

18 also think that we should empower people knowing how

19 they can still continue using transportation. People

20 don't have access to reduced fare metro cards. They

21 don't have access to healthcare information. We need

22 to support them and guide them in the management of

23 their health, bills and providing them assistance.

24 I appreciate your time and thank you for this

25 extra minute.

CHAIRPERSON HUDSON: Thank you so much.

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3 NOELY REYES: Hi, good afternoon honorable  
4 members of the New York City Council. My name is  
5 Noely Reyes and I am honored to address this esteemed  
6 Council today as a dedicated community organizer  
7 representing Mixteca Organization and community  
8 members we serve. Mixteca is deeply invested in  
9 advocating for the needs of immigrants in our city.  
10 I have had the privilege of working closely with  
11 immigrant communities, particularly older adults to  
12 ensure that they have access to essential services  
13 and supports that are vital for their wellbeing and  
14 dignity.

15 One of the most pressing issues facing immigrant  
16 older adults in New York City is access to  
17 comprehensive services including healthcare. Many  
18 older adults in immigrant communities face  
19 significant barriers in advocating complex systems  
20 including language barriers, lack of culturally  
21 competent care and limited awareness of available  
22 resources.

23 As a result, they often do not receive adequate  
24 services, resources or support. At Mixteca, we  
25 provide support to Latinx and indigenous communities  
in Sunset Park and Greater New York City. Being a

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3 well-established community-based organization in  
4 Sunset Park Brooklyn, we have established a strong  
5 bond with the existing and new community members in  
6 the surrounding areas and across the city. This  
7 enables us to foster this trust with newly arrived  
8 effectively. As us all Spanish speaking  
9 organizations in Brooklyn that caters to asylum  
10 seekers, our team of staff and volunteers provide  
11 culturally sensitive assistance in Spanish.

12 Currently Mixteca is surrounded by 17 shelters  
13 serving asylum seekers. On a weekly basis, we are  
14 currently serving approximately 150 to 200  
15 individuals. Individuals that need help and  
16 information from creating an email to applying to  
17 benefits and learning about their rights. I have  
18 some testimonies from our community members that have  
19 expressed the following regarding support that  
20 Mixteca has brought to them.

21 As an immigrant with little resources, it is  
22 challenging to find information that is correct. In  
23 my community, often people share news with each other  
24 that isn't correct. At Mixteca, I was able to find  
25 the help I needed to enroll in services such as Fair  
Fares and NYC Care. The information to these

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3 resources were in my language and I knew I could  
4 apply to these services because information came a  
5 trustworthy organization.

6 Another community member said, Mixteca is my  
7 second home. Upon arriving in this country in  
8 Mixteca, I was treated with human warmth, felt  
9 confident and attended different programs such as  
10 family workshops and a mentorship program.

11 Currently, I receive support with the Fair Fares  
12 application. I am very grateful to Mixteca. Thank  
13 you for your time.

14 CHAIRPERSON HUDSON: Thank you so much.

15 LAURA RIVERA: Hello, good afternoon. My name is  
16 Laura Rivera and I'm honored to speak before you  
17 today as a health coordinator and representative of  
18 Mixteca Organization.

19 CHAIRPERSON HUDSON: Sorry, can you just pull the  
20 microphone a little bit closer?

21 LAURA RIVERA: No problem.

22 CHAIRPERSON HUDSON: Thank you.

23 LAURA RIVERA: Okay, uhm, as my colleague  
24 mentioned, Mixteca is deeply committed to serving  
25 immigrant older adults in our vibrant and diverse  
city. I represent an organization dedicated to

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3 ensuring that all members of our community regardless  
4 of background or circumstance have access to  
5 essential healthcare services. Today, I wish to  
6 address the critical importance of providing  
7 information about the NYC Care program to immigrant  
8 older adults. Our immigrant older adults are among  
9 the most vulnerable population in our city facing  
10 unique challenges as they navigate healthcare  
11 systems, often unfamiliar to them. Language and  
12 cultural barriers can create significant obstacles to  
13 accessing the care they need and deserve.

14 As a healthcare advocate working directly with  
15 these communities, I have witnessed first hand  
16 struggles faced by immigrant older adults in  
17 understanding their healthcare options and enrolling  
18 into programs like NYC Care. The NYC Care program  
19 represents a lifeline for many immigrant adults  
20 offering comprehensive healthcare coverage and access  
21 to a network of primary care providers, specialists  
22 and hospitals.

23 I witnessed first-hand the transformative impact  
24 that this access to healthcare can have on the lives  
25 of our immigrant older adults by connecting them with  
information about the NYC Care program and assisting

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3 them in enrolling and empowering the adults to take  
4 control of their health and wellbeing.

5 Moreover, by fostering partnerships between  
6 community organizations and healthcare providers and  
7 government agencies, we can ensure that immigrant  
8 older adults receive the comprehensive support they  
9 need to thrive in our city.

10 At Mixteca, we have made it our mission to bridge  
11 this this gap by providing information about NYC Care  
12 to immigrant older adults in their native languages.  
13 Whether it's through community workshops, one on one  
14 consultations or informational materials translated  
15 indigenous languages, our community organization is  
16 committed to ensuring that every eligible individual  
17 understands their healthcare options and can make  
18 informed decisions about their health and wellbeing.

19 Thank you.

20 CHAIRPERSON HUDSON: Thank you.

21 AMREEN BHASIN: Chairs Hudson, Avilés and  
22 Committee Members, thank you for the opportunity to  
23 testify before you today. My name is Amreen Bhasin  
24 and I serve as a Staff Attorney to the Sikh  
25 Coalition, the countries largest Sikh Civil Rights  
Organization.

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3 I come before you today to discuss the targeting  
4 of Sikh and hate crime. Five cases in the past two  
5 years alone have targeted older or elderly Sikh men.  
6 In January 2022, a 58-year-old Sikh taxi driver was  
7 attacked, struck in the head and turban, called  
8 turban people and told to go back to your country at  
9 JFK Airport.

10 In April of 2022, Nural Musang(SP?) a 70-year-old  
11 Sikh man was assaulted while on an early morning walk  
12 in the Richmond Hill neighborhood of Queens. Less  
13 than ten days later, two additional men Gulzar  
14 Singh(SP?) 45 and Sushen Singh 58 were both attacked  
15 and robbed in the same neighborhood. And in October  
16 of 2023, 66-year-old Jasmair Singh(SP?) succumbed to  
17 his injuries after being assaulted following a car  
18 accident. During the course of the attack, he was  
19 called turban man by his assailant. Clearly there's  
20 a significant issue at the intersection of aging,  
21 immigration and violent hate crimes in our city.

22 Our recommendations to address this urgent issue  
23 are as follows: First, we encourage the Council to  
24 work with local law enforcement to ensure that  
25 translation services are available to all officers  
who are investigating crimes that may have a hate or

1 bias component. Too often, details that may shed  
2 light on a perpetrators motive are literally lost in  
3 translation when survivors or eye witnesses have  
4 limited English proficiency.  
5

6 Second, the security at [INAUDIBLE 02:13:36] and  
7 other houses of worship remains a critical issue.  
8 City Council members have funding for capital  
9 investments and that funding could be put towards  
10 strengthening infrastructure, for example, security  
11 cameras that makes the areas around a given house of  
12 worship safer.

13 And finally, we are broadly supportive of  
14 legislative efforts to compel more inclusive  
15 education in New York City. Whether that be through  
16 inclusive curricula measures, professional  
17 development for educators focused on cultural  
18 awareness or bias based bullying or other means. We  
19 are eager to be a resource and a partner for both New  
20 York City schools and the Council. Thank you for  
21 your consideration and for the opportunity to speak  
22 today.

23 CHAIRPERSON HUDSON: Thank you.  
24  
25

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3 COMMITTEE COUNSEL: Thank you so much to this  
4 panel. We appreciate and we're going to move on to  
5 the next in person panel. Thank you.

6 At this time, we'll be calling up Kevin  
7 Kiproviski, Rachel Neches, Elisa Tustian, and MJ Okma.  
8 While the next panel is coming up, I do want to  
9 encourage everyone to please submit written  
10 testimony. You can do so up to 72 hours after the  
11 conclusion of this hearing and you can do that at the  
12 email address is [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). I also  
13 want to just re-up the two-minute time limit as we  
14 need to vacate the room at 1:00 and there are no free  
15 rooms.

16 So, please keep to the time limit. Thank you so  
17 much and we'll be starting from your left when you  
18 are ready.

19 CHAIRPERSON HUDSON: Is the red light on?

20 KEVIN KIPROVSKI: Hello?

21 CHAIRPERSON HUDSON: Yeah and you can pull it  
22 closer too. Thanks.

23 KEVIN KIPROVSKI: Thank you Chairs Hudson and  
24 Avilés for holding this really important hearing. My  
25 name is Kevin Kiproviski and I am the Director of  
Public Policy at LiveON New York. LiveONs membership

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3 includes more than 110 community-based nonprofits  
4 that provide core services which allow all New  
5 Yorkers to thrive in communities as we age. Such as  
6 older adult centers, home delivered meals program,  
7 affordable senior housing, NORCs, home care, case  
8 management. We essentially cover the entire DFTA  
9 portfolio, so if you ever need any information, we  
10 can get it to you as quickly as we can.

11 I wanted to start with a little bit of  
12 background. We did survey our members to get some  
13 background information on this. The key thing that  
14 stood out is that our city's immigrant population and  
15 especially our older immigrant population is  
16 incredibly diverse, so it's really hard to boil down  
17 specifics but we tried our best and we're going to  
18 try to go through some things that sort of have been  
19 across the board.

20 Number one, mental health needs differ  
21 particularly in older immigrant populations, and then  
22 if you segment it further, more recent immigrants or  
23 far more poorly on depression, anxiety and suicidal  
24 ideation. So, we think that it's very necessary to  
25 look into how long and how established communities  
are and provide targeted needs assessments to

3 communities that are still establishing. As we found  
4 our members say that you know there's a lot more  
5 issues in you know recent immigrants that are older  
6 than more established immigrants.

7       Secondarily, anti-Asian hate has exacerbated.  
8 These feelings over many older adults throughout the  
9 cities, particularly in Asian communities and that's  
10 something that needs to be dealt with on a particular  
11 level. Next, language services only cover the ten  
12 languages required by existing statute. This leaves  
13 out an incredible amount of limited diffusion  
14 languages, five languages that we've heard off the  
15 top that really are needed are Hindi, Nepali, Urdu,  
16 Punjabi, Gujrathi and there's an entire list but  
17 those are just five that you know sort of stood out  
18 immediately. These language resources also don't  
19 take into account the literacy of many people who  
20 live in our city because a lot of times language line  
21 and a lot of these resources that exist are done sort  
22 of academically and they are not done colloquially,  
23 so even though we have in ten languages resources, it  
24 doesn't actually go through.

25       Sorry, I'm just going to try to get through the  
recommendations. Housing is a big issue. I know

1 that's not you know the newest thing in the world but  
2 specifically for older adults, a lot of newer older  
3 adults are renting rooms in cramped apartments and  
4 basement contributing to poor mental health outcomes  
5 and lower qualities of life.

7 And one big thing that came up is remittance  
8 scams. We have a lot of anti-scam material out there  
9 but not for remittance scams, which particularly  
10 effects older immigrants and has been becoming a huge  
11 issue very quickly. So just a quick list of  
12 recommendations. First of all, all of the solutions  
13 exist already. Our network is really, really good at  
14 doing this. They even try to you know do with what  
15 they can, so you know they do need more funding but  
16 with the funding they have, they work very hard to  
17 solve the problems in the status quo.

18 The first one, we need linguistically and  
19 culturally sensitive mental health services and I  
20 know that people have said that you know they exist  
21 in the status quo but we need more freedom for our  
22 members to be able to provide the services they know  
23 work. So, we need funding for like, I think it was  
24 mentioned by a couple of council members. A little  
25 more flexibility in mental health programs.

1  
2 Next, we need new housing models. Our members  
3 have been providing new housing models in the status  
4 quo. India Home has a co-living project that meets  
5 both the social health and housing needs of older  
6 adults but HPD has been a little bit hesitant to jump  
7 into that. That's something that really can provide  
8 new housing for people and meet their needs.

9 Next, uhm our centers can provide translations,  
10 interpretations and different materials but they're  
11 just not given the resources for it and usually  
12 aren't included in conversations about how to provide  
13 these resources. So, including them and funding them  
14 in these services is key to provide linguistically  
15 and culturally appropriate translations,  
16 interpretations and materials that meet communities  
17 who you know don't have the highest proficiency in  
18 literacy.

19 Last one is adding remittance scams to existing  
20 lists of materials and programs. We have a lot of  
21 really good existing materials but remittance scams  
22 need to be added before this becomes a huge problem.  
23 Since it's not on the list and since it's not being  
24 fought actively, it's becoming bigger as sort of this  
25 is happening.

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3 And lastly, we do support the Preconsidered  
4 Legislation that would provide more information on  
5 NYC Care throughout the city. We think that this is  
6 critical. Thank you so much for the opportunity to  
7 testify and sorry I went over time.

8 CHAIRPERSON HUDSON: Thank you.

9 CHAIRPERSON AVILÈS: Thank you for modeling  
10 Kevin. The kind of concise information we were  
11 hoping this Administration would provide. Clear  
12 arguments, information, and clear recommendations.  
13 Thank you so much.

14 KEVIN KIPROVSKI: Thank you and if you ever need  
15 anymore, please reach out.

16 CHAIRPERSON HUDSON: Thank you. MJ.

17 MJ OKMA: Hi, good afternoon. My name is MJ Okma  
18 with SAGE. We provide LGBTQ+ affirming aging  
19 services for people age 60 and older at older adult  
20 centers in Midtown Harlem, Brooklyn and the Bronx and  
21 through a partnership with the Pride Center of Staten  
22 Island with services currently available in English,  
23 Spanish, Mandarin and Cantonese.

24 We also provide specialized services for older  
25 people living with HIV and transgender elders  
starting at age 50. Immigrants are the majority of

3 our city's older adult population. New York is also  
4 a destination for LGBTQ+ asylum seekers from around  
5 the world who are fleeing prosecution in their home  
6 countries.

7 It also must be stated that experiences of  
8 discrimination on HIV status also discourages  
9 individuals from seeking testing and treatment for  
10 fear of being denied entry or placed on deportation  
11 proceedings, especially given the fact that prior to  
12 2010, the U.S. Immigration and Nationality Act  
13 explicitly prohibited people with HIV from entering  
14 the country.

15 All of these factors compound and create  
16 pronounced mental health needs. At the same time,  
17 these elders are often hard to reach as they are  
18 extremely isolated and distressed of services,  
19 especially if they're also LGBTQ+ or living with HIV.  
20 Because of these barriers, SAGE really works to  
21 develop deep trust with these populations in order to  
22 serve them. We do this in part by working with local  
23 partners that have influence and trust in immigrant  
24 communities, expanding the languages spoken at our  
25 center and through community food pantries and grab

1 and go meals, which are really important as a gateway  
2 to services.  
3

4 SAGE strongly supports the preconsidered  
5 legislation that promotes NYC Care services at all  
6 NYC Aging contracted service sites. And also as a  
7 few, I have additional recommendations. First,  
8 provide OACs with more flexibility to serve food,  
9 cater to the communities they serve, which is  
10 instrumental to building trust to connect people to  
11 further services.

12 Second, support the development of linguistically  
13 and culturally sensitive mental health services that  
14 are LGBTQ+ and HIV competent and explicitly recognize  
15 the unique experience of older immigrants and those  
16 seeking asylum.

17 And third, establish direct coordination among  
18 city agencies that can ensure that community partners  
19 that serve immigrants and/or older adults under any  
20 city agencies can seamlessly conduct with each other  
21 and provide clear pathways to services. More  
22 information on these will be provided in my submitted  
23 written testimony. Thank you so much.

24 CHAIRPERSON HUDSON: Awesome, thank you.  
25

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3 ELISA TUSTIAN: Good morning. My name is Elisa  
4 Mercedes Tustian and I am the Supervising Attorney at  
5 the Senior Law Project at Volunteers of Legal  
6 Service. VOLS was established in 1984 and we partner  
7 with private attorneys to provide free legal services  
8 to low-income New Yorkers to help fill the justice  
9 gap.

10 VOLS Senior Law Project serves low-income New  
11 Yorkers age 60+ by providing Powers of Attorney and  
12 Health Care Proxies, and other essential life  
13 planning documents. We have had many clients this  
14 year who we've had at least about five actually who  
15 are over 100 years old and one of our over 100-year-  
16 olds, she needed a POA, a Power of Attorney so that  
17 someone else could sign her lease for her and that  
18 way she would avoid homelessness. Her grip was not  
19 as strong as it was.

20 Planning for the future is a hard process. It is  
21 a process that forces older adults to face their  
22 mortality and think seriously about who they trust to  
23 do these things for them. And through our program,  
24 we think it's very important to have legal services  
25 providers that explicitly acknowledge the unique

1 challenges of planning for your future and how  
2 immigrants particularly face that challenge.

3  
4 With our outreach, the Latina and Asian  
5 immigrants, we have noticed that our immigrants more  
6 often than our non-immigrant clients have no family  
7 in the United States. We receive questions during  
8 our clinics throughout the five boroughs. Recently,  
9 one of our clients wanted to know how to name her  
10 best friend in New York City as a healthcare and  
11 financial proxy because she had no families here and  
12 how to leave her modest savings to her niece in  
13 China.

14 Another client asked similarly about a nephew in  
15 Columbia. We help our clients to make sure their  
16 last wishes are fulfilled. As well, we have seen  
17 that friends of family members step in as caregivers  
18 sometimes. And so, we do outreach specifically to  
19 caregivers but we stress to clients the importance of  
20 having these plans set in place before hand because  
21 we have had situations such as in the pandemic, where  
22 a clients friend had passed away and he was in the  
23 morgue for months. All of that could have been  
24 avoided if he had had a document stating that his  
25 friend could handle his remains. But instead, we had

3 to chase authorizations from relatives in Cuba and  
4 the body was in the morgue for months.

5 Just by understanding our laws better, we can  
6 help clients. And so, we ask that you please  
7 continue to support legal services that is  
8 specifically targeting language access to our  
9 immigrant populations.

10 CHAIRPERSON HUDSON: Thank you so much.

11 RACHEL NECHES: Good morning. I'm Rachel Neches,  
12 the Data Researcher at the Center for an Urban  
13 Future. An independent thinktank focused on creating  
14 a stronger and more inclusive economy in New York.  
15 Thank you to Chair Hudson and Chair Avilés and  
16 members of both Committees for the opportunity to  
17 testify.

18 A decade ago, the Center for an Urban Future  
19 published the first comprehensive report to document  
20 the fast-growing population of older immigrants  
21 across the five boroughs. We've since published  
22 several other reports about the challenges facing  
23 older immigrants and the opportunities to tap in many  
24 strengths.

25 Our latest research shows that immigrants are now  
the majority of the city's older adult population

1 representing 52.2 percent of all seniors. That's  
2 726,000 people. Older immigrants have propelled this  
3 growth, making up 66 percent of the additional older  
4 New Yorkers in the last decade.

6 Our research at CUF demonstrates that this  
7 population has also been getting poorer. Citywide,  
8 there are 160,000 immigrant older adults living in  
9 poverty or 22 percent of all immigrant seniors. In  
10 contrast, only 14 percent of U.S. born seniors live  
11 in poverty. In addition, older immigrants can often  
12 be worse off with less in retirement savings, Social  
13 Security benefits and facing language and cultural  
14 barriers that often pose as challenges in receiving  
15 government supports.

16 In 2020, we published a blueprint including 63  
17 policy ideas that would help the city plan for this  
18 change and I recommend you check them out. The  
19 Department for the Aging faces a budget cut of nearly  
20 \$40 million next year. Full funding should also be  
21 coupled with renewed efforts to pursue innovation and  
22 services that reflect these diverse needs. Providers  
23 should have flexibility to partner with organizations  
24 tailored to serve immigrant populations and key city  
25 agencies outside of DFTA also must do the same.

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3 We also recommend launching a major new  
4 initiative to reduce poverty among older New Yorkers,  
5 undertaking a citywide campaign to enroll them in  
6 benefits programs and increasing funding for older  
7 adult services to keep pace with the growth of this  
8 population as well as the rise in these unmet needs.

9 Thank you for the opportunity to testify today.  
10 I shared with you a longer written testimony that has  
11 new 2022 data updated from the data that you were  
12 referencing today.

13 CHAIRPERSON HUDSON: Great, thank you so much.  
14 We appreciate that.

15 RACHEL NECHES: Yeah.

16 CHAIRPERSON AVILÈS: Thank you so much to this  
17 panel. I'd love to introduce you to MOIA and DFTA  
18 agencies, perhaps you can also participate in the  
19 cabinet for older adults and they can redo a report.  
20 Thank you, sorry.

21 RACHEL NECHES: Thank you.

22 COMMITTEE COUNSEL: Thank you so much for your  
23 testimony. I'd like to reiterate that written  
24 testimony may be submitted to the record up to 72  
25 hours after the close of the hearing by emailing it  
to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). With that, we'll call

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3 up our next in person panel. We'll hear from Autrice  
4 Wildman, Kishan Raisinghani, and Maryna Lysenko. And  
5 you may begin whenever you're ready.

6 KISHAN RAISINGHANI: Good day. [INAUDIBLE  
7 02:29:20]. Respective Committees on the Aging and  
8 Immigration, Council Members and ladies and  
9 gentlemen, my name is Kishan Raisinghani. I have  
10 been a member of India Home for a long time. It is a  
11 home away from home. It is my pleasure to talk to  
12 you all on this beautiful day. Migrants and  
13 immigrants come to this country, to the land of  
14 opportunity and the land of promise.

15 These migrants work hard and suffer hardship.  
16 They endure problems of social, economic, political  
17 and financial nature. The separation is trace and  
18 fear of deportation, difficulties in their day-to-day  
19 life. Not too long ago, I had a personal incident I  
20 faced on the New York City empty subway of a stranger  
21 pushing and shoving me on the platform. It was not a  
22 regular pushing and shoving. It was really hard that  
23 I almost fell down.

24 I almost came to confront him but looking at my  
25 life, I let him go. Due to that, India Home took  
swift, fast, immediate action of providing safety

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3 trainings at different centers for our self-defense,  
4 connected by the organizations. India Home also has  
5 kept us physically, mentally and emotionally strong  
6 and healthy by doing classes of Yoga and exercise at  
7 different centers.

8 The problems faced by older immigrants, including  
9 social, poverty, education, housing, and employment.  
10 To solve these problems or find a solution to these  
11 problems, senior centers can help guide and advise  
12 them. Undocumented immigrants have a right of  
13 speech, right of freedom, right of religion and right  
14 of privacy. They have rights to be treated as fairly  
15 and equally as the U.S. citizen.

16 We encourage the Office of the Mayor, the  
17 Committees on Aging, and Immigration and the Council  
18 Members for more grants, more funding and more money  
19 by which India Home can serve the seniors and solve  
20 social problems and help local communities. As you  
21 know, cost of living and inflation is skyrocketing.  
22 Without your help, India Home cannot march ahead.  
23 Thank you all for your listening to me today and  
24 giving me the wonderful opportunity to speak to you  
25 on this great occasion. Thank you very much.

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3 CHAIRPERSON HUDSON: Thank you so much for your  
4 testimony.

5 MARYNA LYSENKO: Good morning Chairperson Crystal  
6 Hudson and Member of the New York City Council  
7 Committee on Aging. Thank you for this opportunity  
8 to deliver testimony on the needs of immigrant older  
9 adults in New York City. My name is Maryna Lysenko,  
10 Director of Knickerbocker View, NORCs senior services  
11 for Hamilton Madison House. A settlement house that  
12 has served the residents of Manhattan's lower east  
13 side and Chinatown since 1898. The programs we  
14 provide address the needs of Asian American non-  
15 English speaking vulnerable, underserved older adults  
16 and their families. The majority of whom are  
17 immigrants.

18 The immigrant senior population is growing  
19 rapidly in New York and we observe a deficit in New  
20 York in senior services. It is important to support  
21 the growth of social service organizations to  
22 guarantee linguistically and culturally proficient  
23 senior services to meet the needs of the  
24 progressively diverse immigrant senior population in  
25 New York City. I am an immigrant myself and I have  
served vulnerable, underserved immigrant seniors and

3 their families as well as people who were born and  
4 aged in United States. For 22 years, as frontline  
5 employee, every day I see the needs of people we  
6 serve do not decrease. Every day, life unfolds new  
7 challenges for them and they struggle to address them  
8 on their own.

9 So, I would like to mention some barriers to  
10 independent living. Linguistic isolation creates a  
11 knowledge gap and difficulties to navigating the  
12 system in order to apply for support to benefits or  
13 make adjustments to the existing benefit package.  
14 This increases hospitalizations and nursing home  
15 stays. The constantly growing demand for senior  
16 services makes it challenging to support seniors with  
17 the existing senior services and resources. We do  
18 not have the bilingual man power to deliver the  
19 services. Rise in housing costs impact access to  
20 healthy food and healthcare. Seniors prioritize  
21 shelter expenses over food and healthcare. Barriers  
22 to long term managed care and homecare services  
23 across different populations deprive seniors from  
24 being independent and living with dignity and aging  
25 in place.

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3 Hamilton Madison Houses programs serve more than  
4 5,000 older adults per year and meet a wide range of  
5 their needs through congregate new programs, social  
6 services, after school programs, early childhood  
7 education, and mental health services. We address  
8 growing food insecurity we see in our older adult by  
9 offering well-balanced, affordable, nutritious food  
10 every day at our programs, as well as by [INAUDIBLE  
11 02:35:30] from our bi-weekly community food pantry.

12 We provide culturally and linguistically  
13 professional proficient social services that ensure  
14 that older adult immigrants have access to supportive  
15 resources and healthcare. Because the immigrant  
16 population is growing, financial support for senior  
17 services should grow as well. Older adult immigrants  
18 live in fear that they might lose support because of  
19 multiple budget cuts to senior services. I hope that  
20 my testimony will help to better understand the  
21 challenges that both older adult immigrants and  
22 citizens continue to face. We want them to be an  
23 integral part of New York City, live healthy and  
24 productive lives without fear and share their wisdom  
25 with generations.

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3 Thank you for the opportunity to testify this  
4 morning and we look forward to continue our  
5 partnership with the Council to protect services that  
6 are vital to the wellbeing of so many New Yorkers who  
7 are older adults. Thank you.

8 CHAIRPERSON HUDSON: Thank you.

9 ATRICE WILDMAN: Good afternoon Council Members.  
10 Thank you Chairs Hudson and Avilés for the  
11 opportunity to testify today. My name is Atrice  
12 Wildman and I am honored to serve the older adult  
13 community of New York City as a Social Case Worker at  
14 Encore Community Services within the Aging through  
15 Arts Center.

16 I've worked in aging services for more than 15  
17 years, ranging from transportation and meal delivery  
18 to case assistance. I have been at the forefront  
19 ensuring the wellbeing and dignity of our city's  
20 older adults. Today, I am here to talk about the  
21 needs for the full funding of our older adult  
22 centers.

23 Encore Community Services is one of New York  
24 City's largest aging services provider, offering the  
25 full range of services from home delivered meals,  
housing, AOCs, OACs and case management. Some

1 challenges we have been facing at our centers are  
2 housing. We have seen a significant rise in the  
3 number of older adults living in inadequate housing  
4 conditions. Some are unable to access the spaces  
5 they have called home for decades safely. These  
6 challenges are compounded when living on fixed  
7 incomes. Older adults are facing harassment from  
8 their landlords who want them out to rent their  
9 apartments for market value.  
10

11 We've also experienced an increase in a number of  
12 homeless older adults who are seeking the support in  
13 our center. The increase in mental health crisis is  
14 also affecting our members. Many of our older adults  
15 in our centers are experiencing mental illness in  
16 some form, via dementia, depression or anxiety.  
17 Staff at our center are often among the first to  
18 recognize these signs and provide resources and  
19 support.

20 This reinforces the point that our facilities are  
21 not merely spaces for recreation. They are crucial  
22 hubs for the physical, mental and social wellbeing of  
23 our members. In light of the proposed \$18 million  
24 budget cut, it is crucial to acknowledge that  
25 threatening these centers would not only diminish the

3 quality of service but could lead to the erosion of  
4 the very support systems that uphold the dignity and  
5 wellbeing of our older members.

6 If the justification for budget reduction is  
7 underutilization, I urge the city not to cut but  
8 instead redistribute that money to where our older  
9 adults tell us they need it the most. As a case  
10 worker serving an enrollment of close to 2,000 active  
11 members, I am usually booked a month in advance.  
12 Instead of cutting funding, why not add another case  
13 worker to our center? With an additional case  
14 worker, our utilization will go up.

15 Instead of insisting that we can only give one  
16 meal a day, why not allow Encore to provide two or  
17 three meals a day to the homeless older adult who  
18 needs that additional support?

19 I'd be remised to say rather than cutting our  
20 older adult centers budget by \$18 million, how about  
21 paying case workers at AOCs a livable wage, rather  
22 than the poverty wages we are contracted by from the  
23 city right now? We should not be working full time  
24 and still qualify for SNAP benefits.

25 I urge the City Council to recognize the most  
faceted role the older adult centers in the lives of

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3 New York City seniors. The proposed budget cuts  
4 represent a step back from our collective  
5 responsibility to care for those who have contributed  
6 so much to our community. Fully funding these  
7 centers is a testament to our city's commitment to  
8 ensuring that older adults live their later years  
9 with respect, care and the enrichment they deserve.

10 Thank you for your time and for your ongoing  
11 commitment to the older adults who built this city.

12 CHAIRPERSON HUDSON: Thank you so much. I hope  
13 you will also return – this goes for everyone but I  
14 hope you'll return and share those same sentiments at  
15 our Preliminary Budget hearing and also our Executive  
16 Budget hearing. Thank you.

17 COMMITTEE COUNSEL: Thank you very much to this  
18 panel. We'll be moving onto our next and last in  
19 person panel. Just as a reminder, each panelist will  
20 have two minutes to testify and your testimony should  
21 be relevant to the hearing topic. At this time, I'm  
22 calling up Mohammad Hossain, Kar Ohni, Jane Willis,  
23 and Christopher Leon Johnson. Apologies Mohammed,  
24 apologies.

25 CHRISTOPHER LEON JOHNSON: Alright, so good  
morning, good afternoon. My name is Christopher Leon

1 Johnson. Thank you to the two Chairs Alexa Avilés, I  
2 believe that's your name right? I'm sorry, I don't  
3 want to be disrespectful.  
4

5 CHAIRPERSON AVILÈS: Oh no, Avilés.

6 CHRISTOPHER LEON JOHNSON: Avilés and Crystal  
7 Hudson. So, it's crazy that you know this topic is  
8 about protecting older adults and we all need to  
9 protect our older adults. There's a big issue in New  
10 York City that's called crime, right against older  
11 adults?

12 Now, the big issue that I see here is uhm, is  
13 these nonprofits that spoke before us. Mainly NICE,  
14 mainly ENCORE, mainly the SHE Coalition and there's a  
15 lot of these other nonprofits that know what's going  
16 on and all they care about is keeping those  
17 foundation money, keep on rolling it in like the FOR  
18 Foundation and Open Societies and all these other  
19 dirty corrupt uhm foundations that all they care  
20 about is allowing this crime to happen in the cities  
21 like here and they have these elected officials cow  
22 down to the agenda.

23 The way you protect older adults in New York City  
24 is bail reform. You have to repeal bail reform. The  
25 City Council has to really push the repealing of bail

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3 reform. Now, if you don't want to push bail reform,  
4 I get it. You need to help tell the state assembly  
5 and the state senate and the governor to put more  
6 laws into protect older adults when they get  
7 assaulted, harassed and threatened. You don't see  
8 that at all and it's all about votes. It's all about  
9 keeping the boots in certain districts like in corona  
10 and in Sunset Park. That's all it's about. It's  
11 disgusting. So, as I said, we need to repeal the  
12 bail reform. We have to put more laws in to protect  
13 these older adults and we have to tell these  
14 nonprofits to do the right thing instead of trying to  
15 worry about the next payout from the for foundation  
16 open societies that are for crime and as for  
17 assaulting, for the assaults of older people.

18 So, that's all I got to say. Thank you.

19 CHAIRPERSON HUDSON: Next.

20 MOHAMMED HOSSAIN: Hi, good afternoon. Greetings  
21 to the Council Committee on Aging and Committee on  
22 Immigration. I'm Mohammed Hossain, a senior member  
23 of India Homes, the senior center since 2015. I will  
24 be testifying today on the priorities of South Asian  
25 older adult and the challenges faced. Challenges of  
housing, language access, accessing benefits and

1 health grants. Every nation has their culture,  
2 similarly we have our own language, this manner of  
3 eating, speaking, motor behavior, social, custom,  
4 religion, art etc. with our culture.  
5

6 Culture has introduced us to the people, society,  
7 education, history and culture of the [INAUDIBLE  
8 02:44:41]. It has also helped to enrich our  
9 civilization by accepting the good things of  
10 civilization.

11 Therefore other cultures have to echo or it is a  
12 process through a group from one culture to adult  
13 practices and culture. While still retaining their  
14 own distant culture with these cultures and  
15 traditions, our older adult communities come to this  
16 country. There are expectations to make compromises  
17 on them and to adults with a new set of pillars.

18 From independence to independence to  
19 individualism from intergenerational houses to a  
20 prioritization of [INAUDIBLE 02:45:49]. Elders  
21 coming from South Asia are expecting to adjust to  
22 this new [INAUDIBLE 02:45:58]. Furthermore, not  
23 having adequate [INAUDIBLE 02:46:05] and proficient  
24 English literacy and isolation [INAUDIBLE 02:46:12].  
25 In an already isolating world. Moreover, hate crimes

2 expenses in the senior community have kept our older  
3 adult on edge. Older adults face language access,  
4 hate crimes, housing, accessing benefits, all kind of  
5 things. Accessible help through India Home. India  
6 Home provides the language learning, applications for  
7 benefits, and sharing as well as integrating arts,  
8 recreation and culture competent meal programming.  
9 All of this makes us feel at home, as if we belong,  
10 and makes us feel important.

11 I'm so proud to be a member of this center and  
12 feel proud to be a member of India Home. I ask for  
13 your [INAUDIBLE 02:47:15] in getting funding to older  
14 adult centers such as ours to help continue providing  
15 life affirming services for people like myself.  
16 Thank you very much for this opportunity to testify  
17 on the needs of my community. Have a good day too.

18 CHAIRPERSON HUDSON: Thank you so much.

19 JANE WILLIS: I guess this is on, yes. When it's  
20 red. Hi everybody, hi. Good afternoon. My name is  
21 Jane Willis and thank you Chair Member, Chair Avilés  
22 and Chair Hudson for listening to my testimony and  
23 I'm sort of carrying this message from some folks  
24 that I met at Floyd Bennett Field Tent Shelter and  
25 they were reluctant of course to come and give the

3 message themselves. So, I also want you to know that  
4 I'm going to be sharing the content of my testimony  
5 with my Congress Member Dan Goldman who is on the  
6 Homeland Security Committee and absolutely needs to  
7 hear this as well.

8 So, during the cold snaps in January and  
9 February, Gowanus Mutual Aid alerted myself and my  
10 neighbors to the need for warm clothing for asylum  
11 seeker. When I took warm clothing to the Floyd  
12 Bennett Field Tent shelter and the Hall Street  
13 shelter, I had the privilege of meeting a couple of  
14 young families from Latin America. As I chatted in  
15 the cold with the families, all of them told me that  
16 they came to America and to New York to work and to  
17 become good citizens. They told me they do not want  
18 to be a burden on the system. They want to work.

19 I stayed in touch with the two families. The  
20 dads told me of their prior work experience in their  
21 countries of origin. One dad has the dream of  
22 opening his own bakery as he is a pastry chef. The  
23 other dad is a fine wood worker. His job in Ecuador,  
24 which has become a dangerous country to try to raise  
25 a family in.

1  
2 My husband passed away in June and he was the  
3 repair guy in our house and several things afterward  
4 in my apartment broke and I set up a barter - sorry.  
5 I set up a barter system with a woodworking dad. If  
6 he could come fix my broken window shutter and  
7 kitchen cabinet, I would cook his family some soup  
8 and hot food, as the food in the shelter is inedible  
9 and his work was impeccable.

10 And his wife and kids enjoyed the meals I cooked.  
11 Why are we not doing everything to scaffold these  
12 folks into the workforce so that they can do the work  
13 they know how to do and want very much to do to  
14 become productive, human beings on the path to  
15 citizenship? We must expedite the work permit  
16 process immediately so they can and become self-  
17 supporting. They don't want to leach off our city  
18 services.

19 Ukrainian refugees were granted work permit  
20 status quickly. Why are new comers from Latin  
21 American, African, China forced to wait in  
22 uncertainty. They are stranded and forced to rely on  
23 triage and shelters for medical care, food, clothing  
24 and daily supplies. We need their talent, stamina  
25 and intelligence. They need to be seen as the assets

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3 they are to our city. Please expedite the work  
4 permit process for all of these new comers with no  
5 restrictions on any country of origin. This is my  
6 urgent request. Thank you.

7 CHAIRPERSON HUDSON: Thank you so much for  
8 sharing.

9 COMMITTEE COUNSEL: Thank you very much to this  
10 in-person panel. At this time, if there's anyone in  
11 the room who would like to testify but has not had  
12 the opportunity to do so yet please fill out an  
13 appearance card with the Sergeant at Arms.

14 Seeing none, we will be moving onto virtual  
15 panelists at this time. If you are speaking on Zoom,  
16 you will have two minutes for your testimony and just  
17 as a reminder to everyone to please submit written  
18 testimony, which can be submitted up to 72 hours  
19 after the conclusion of this hearing to  
20 [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov).

21 Virtual folks testifying, please wait for the  
22 Sergeant at Arms to call time before you begin your  
23 testimony. We are going to start with Xing Hui  
24 Zheng. Please wait for the Sergeant at Arms to call  
25 time before you begin your testimony.

SERGEANT AT ARMS: You may begin.

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3 XING HUI ZHENG: Okay. Chairs Hudson and Avilés  
4 and members of the Council, thank you for the  
5 opportunity to testify. My name is Xing Hui Zheng,  
6 and I am the Assistant Director of the Houston Street  
7 Center at University Settlement on the Lower East  
8 Side.

9 Each year, University Settlement partners with  
10 40,000 New Yorkers in Lower Manhattan and Brooklyn  
11 through programming for all ages. For 18 years, the  
12 Houston Street Center has provided programming for  
13 older adults, mostly immigrants, Cantonese and  
14 Mandarin speakers from all five boroughs. At HSC, we  
15 work to reframe aging as a positive process and  
16 provide our older adults participants with the  
17 knowledge and skills to age well.

18 We see that immigrant older adults need social  
19 services and supports including access to affordable,  
20 healthy, and culturally appropriate food and  
21 navigating complicated, bureaucratic systems and  
22 connecting them to city services like SNAP, access to  
23 medical insurance and qualifying for home healthcare  
24 services. Our pedestrians need safe transportation  
25 options. Many older AAPI immigrants are afraid to  
ride the subway. Our older adults need affordable

1 housing. Our participants want the independence and  
2 communities that affordable senior housing can bring.  
3 They also need community and wellness programs in  
4 languages that they speak and offered by people they  
5 trust. Like the ones we and so many other nonprofits  
6 provide.

7  
8 We would love to offer more intergenerational  
9 programming to our older adults feel more connected  
10 and sync. Finally, we need to recognize the  
11 different needs of younger, older adults. The  
12 demographic categories of older adults includes the  
13 largest range of age, ranges of years. It includes  
14 60-years-old to even over 100-years-old. We should  
15 provide programming's for more types of age groups.  
16 For example, many older adults want to continue  
17 working but their skills and experience may be vastly  
18 different -

19 SERGEANT AT ARMS: Your time is expired.

20 XING HUI ZHENG: Depending on their age. Thank  
21 you so much.

22 CHAIRPERSON HUDSON: Thank you so much for your  
23 testimony.

24 COMMITTEE COUNSEL: Thank you. At this time, I'm  
25 going to be calling Arash Azizzada, please wait for

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3 the Sergeant at Arms to call time before you begin  
4 your testimony.

5 SERGEANT AT ARMS: You may begin.

6 COMMITTEE COUNSEL: And Arash is not on. Moving  
7 on to Samantha MacBride, please wait for the Sergeant  
8 at Arms to call time before you begin your testimony.

9 SERGEANT AT ARMS: You may begin.

10 COMMITTEE COUNSEL: And finally, calling Yesenia  
11 Mata. Please wait for the Sergeant at Arms to call  
12 time before you begin your testimony.

13 SERGEANT AT ARMS: You may begin.

14 COMMITTEE COUNSEL: At this time, if there's  
15 anyone on Zoom wishing to testify that has not heard  
16 their name called, please indicate that you would  
17 like to testify using the Zoom raise hand function.

18 Seeing no hands, turning back to the Chairs for  
19 closing remarks.

20 CHAIRPERSON HUDSON: Thank you so much. Just to  
21 reiterate some of our opening remarks, over the past  
22 decade, New York City's older adult population has  
23 become more diverse than ever. With the number of  
24 Black Hispanic and Asian older adults outpacing the  
25 older White population and a population rate of  
immigrant older adults in the city growing faster

1  
2 than that of New York born older adults, this topic  
3 was certainly an important one for us to address and  
4 we thank everyone for their testimony. I also just  
5 want to note as Chair Avilés and I have been chatting  
6 throughout the hearing, how disappointing it is that  
7 we continue to receive inadequate answers from the  
8 Administration and from various agencies. You know,  
9 I think it's common practice that these agencies are  
10 siloed. That they don't share information between  
11 each other and we all live intersectional lives. I  
12 think it's really important that these agencies start  
13 to serve and provide services and resources as if we  
14 all you know live intersectional lives and we cannot  
15 continue to hear from agencies who say it's a  
16 responsibility of another agency to provide a very  
17 specific piece of data when everybody should have  
18 access to that.

19 So, with that, unless Chair Avilés has anything  
20 to add, I will adjourn the meeting.

21 CHAIRPERSON AVILÈS: I would just add, thank you  
22 Chair Hudson, that the rate of growth for this  
23 community should also parallel the rate of growth of  
24 investment in the supports that we need to make sure  
25 that New York City's aging population ages with

1  
2 dignity and ages in place. And that the investment  
3 that they have made in this city, we are making in  
4 them and so, I would urge the Administration that  
5 they must do everything in their power coordination  
6 and grow the investment in older New Yorkers, many  
7 whom are immigrants, at the same pace and with the  
8 same urgency with which this population is growing.

9 And so, thank you to everyone for their time and  
10 their work today and we will continue to dig into  
11 this issue that is so important to our city's present  
12 and future. Thank you.

13 CHAIRPERSON HUDSON: Well said. Thank you. This  
14 hearing is now adjourned. [GAVEL]

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C E R T I F I C A T E

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



Date March 8, 2024