

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING

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December 9, 2025  
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HELD AT: 250 Broadway-8<sup>th</sup> Fl. - Hearing Rm. 2

B E F O R E: Crystal Hudson  
Chairperson

COUNCIL MEMBERS:

Chris Banks  
Linda Lee  
Darlene Mealy  
Yusef Salaam  
Lynn C. Schulman  
Susan Zhuang

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

Lorraine Cortes-Vazquez  
Department of Aging Commissioner

Geordana Weber  
SPOP

Mohammad Razvi  
COPO Halal Meals on Wheels

Anita Kwok  
United Neighborhood Houses

Linda Hoffman  
New York Foundation for Senior Citizens

Katie Foley  
Selfhelp

Ali Hodin Baier  
DOROT

Elizabeth Lee  
Visions



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2 SERGEANT AT ARMS: Good afternoon and  
3 welcome to today's New York City Council hearing on  
4 the Committee of Aging. At this time during today's  
5 hearing, no one may approach the dais. If you'd like  
6 to testify, please see one of the Sergeant at Arms to  
7 fill out a testimony slip. Please silence all  
8 electronic devices. Chair, you may begin.

9 CHAIRPERSON HUDSON: [gavel] Thank you so  
10 much and good afternoon everyone. I'm Council Member  
11 Crystal Hudson, Chair of the Committee on Aging. My  
12 pronouns are she/her, and I'm joined today by my  
13 colleagues in central staff. No members yet, but I  
14 trust they'll be here soon. Thank you all for  
15 attending this oversight hearing on social isolation  
16 among older New Yorkers. As many New Yorkers gather  
17 with family and friends for the holiday season, we  
18 must recognize that for countless older adults this  
19 time of year heightens feelings of loneliness and  
20 disconnection. Social isolation occurs when an  
21 individual has little or no meaningful contact with  
22 others, limiting engagement with family, friends, or  
23 community. Loneliness, while related, is the painful  
24 experience of feeling that one's relationships lack  
25 closeness or meaning. Both are linked to premature

1 death and of disease, anxiety, depression, cognitive  
2 decline, poor physical health, and reduced quality of  
3 life. New York City is aging rapidly. It is now  
4 home to a record 1.43 million adults age 65 and  
5 older, a 53 percent increase since 2002, making New  
6 York City one of the fastest aging cities in the  
7 country. According to NYC Aging's 2025 service needs  
8 assessment, 22 percent of surveyed older adults  
9 report socializing less than they would like, and 17  
10 percent report relatively high levels of loneliness.  
11 About 30 percent of older New Yorkers live alone, a  
12 share that rises to 40 percent among those aged 85  
13 and older. Nearly 37 percent report at least one  
14 disability with rates approaching 50 percent in the  
15 Bronx, factors that compound isolation and make  
16 connection harder. These risks are  
17 disproportionately concentrated among certain groups  
18 including LGBTQ+ elders and older adults of color who  
19 are more likely to live alone, lack family support  
20 networks, face discrimination in services or  
21 experience poverty and language barriers, and  
22 therefore experience deeper and more persistent  
23 social isolation. We are grateful for NYC's Aging's  
24 work, Older Adult Centers, friendly visiting,

1  
2 wellness programming and mental health supports all  
3 play important roles. But as the city becomes more  
4 older, more diverse and increasingly socially  
5 fragmented, we must strengthen our infrastructure for  
6 connection. Today's hearing is about understanding  
7 how the administration identifies socially isolated  
8 older adults, how effectively existing programs reach  
9 and support them, and what capacity, coordination,  
10 and innovation are needed so older New Yorkers don't  
11 simply survive, but belong across neighborhoods,  
12 cultures, languages, incomes, and mobility levels.  
13 This is the final Aging Committee hearing of the  
14 legislative session, so I want to take a moment to  
15 reflect on how far we've come and to look ahead at  
16 the work still before us. Over the past few years,  
17 the Council advanced the Age in Place legislative  
18 package, a set of reforms designed to help older New  
19 Yorkers stay in their homes and communities by  
20 strengthening case management capacity, improving  
21 access to home care and to legal services, expanding  
22 supports for home safety and modification, and  
23 requiring city planning and capital systems to  
24 account for age-friendly design. Today's hearing  
25 continues that effort because social connection is as

1  
2 central to aging in place as housing stability,  
3 mobility, or access to care. I want to thank NYC  
4 Aging, provider partners, advocates, caregivers, and  
5 community leaders for their commitment to making New  
6 York City a place where older adults are not just  
7 served but supported, where they can remain rooted in  
8 their neighborhoods with dignity, belonging and the  
9 relationships that make life meaningful. The work of  
10 supporting our older adults has always been personal  
11 for me, and I'm grateful for this opportunity to  
12 honor their countless contributions to the fabric of  
13 our city through this service. Thank you to my  
14 colleagues for joining me today. Thank you to NYC  
15 Aging for testifying. I want to conclude by thanking  
16 my staff Andrew Wright [sp?] and Erika Ruintan and  
17 the committee staff Chloe Rivera, Christopher Pepe,  
18 and Samuel Saiyemul. I will now turn it over to the  
19 Committee Counsel to administer the oath to the  
20 representatives from the administration.  
21 Thank you.

22 COMMITTEE COUNSEL: Thank you, Chair.  
23 Good afternoon, Commissioner. Please raise your  
24 right hand. In accordance with the rules of the  
25 Council, I will administer the affirmation to the

1 witnesses from the mayoral administration. Do you  
2 affirm to tell the truth, the whole truth and nothing  
3 but the truth in your testimony before this  
4 committee, and to respond honestly to Council  
5 Member's questions?  
6

7 COMMISSIONER CORTES-VAZQUEZ: I do.

8 COMMITTEE COUNSEL: You may proceed.

9 COMMISSIONER CORTES-VAZQUEZ: So, good  
10 afternoon. Thank you. It is the last committee  
11 meeting. So, my name for the record is Lorraine  
12 Cortes-Vazquez. I'm the Commissioner of the New York  
13 City Department for the Aging, and my pronouns are  
14 ella/ella and she. I'm very grateful for the  
15 opportunity to speak with today. I'm very grateful  
16 to speak with-- for the opportunity to speak to you  
17 today about the agency's unflinching commitment to  
18 fighting social isolation among older adults.  
19 Combatting social isolation is a key reason the  
20 Department-- the older Americans ACT established area  
21 agencies on aging of which New York City is the  
22 largest in the nation to create the necessary  
23 programs and structure which provide older adults  
24 older adults with tools needed to stay socially,  
25 physically and emotionally connected as they age. I

1 want to acknowledge that this topic is being  
2 discussed by this City Council at an incredibly  
3 appropriate time. When we move into the holiday  
4 season, many older people, including many older  
5 adults may find the holidays to be lonely, isolating  
6 and emotionally stressful. NYC Aging programs such  
7 as Older Adult Centers, commonly known as OACs,  
8 Naturally Occurring Retirement Communities, or NORCs,  
9 the Friendly Visiting Program, case management and  
10 case management agencies, our caregiving, our  
11 geriatric mental health, our home-delivered meals are  
12 all integrated ways of combatting social isolation.  
13 They all have done so in their programs with specific  
14 standards as key components of their overall service.  
15 That is why we're so excited about the recent \$9.3  
16 million expansion for the caregiver program in the  
17 current RFP which allow us to better serve all  
18 populations at the local level. To say the least, we  
19 take social isolation incredibly seriously. It is a  
20 motivating factor being our programs and services.  
21 As we learned during the pandemic social isolation  
22 can have large impacts on all of our health and  
23 wellbeing. Yet, an older adult, as the Councilwoman  
24 said in her remarks-- this has a major impact on  
25

1  
2 their health which is linked to increased level of  
3 heat disease, chronic issues, limitations on their  
4 ability, and eventually could led to death. Today,  
5 nearly 2 million New Yorkers are age 60 and over,  
6 which in my-- in my last six years as Commissioner,  
7 I've seen it has increased from 1.7 million older  
8 adults to nearly 2 million today. Welcome, Council  
9 Member. 2 million today, and as we've said many  
10 times before, we expect that number to increase  
11 significantly in the next decade. As the population  
12 of the city ages, so does the need for expanded  
13 services to help older adults remain in their homes  
14 in the communities that they built and to do so as  
15 they thrive with dignity. This includes a growing  
16 demand for caregiving supports and resources to  
17 address the epidemic of social isolation. Older  
18 adults are particularly vulnerable to the challenges  
19 like loneliness and financial security which are  
20 exacerbated by the concomitant problems like-- every  
21 time he puts that word in for me-- concomitant, I'm  
22 beginning to sound like the President-- concomitant  
23 problems like food and housing insecurity. This  
24 combination of issues-- God forbid, strike me dead--  
25 the combinations of issues can worsen conditions such

1 as depression and anxiety. In response, NYC Aging has  
2 been working to meet the needs with a particular  
3 focus on innovative solutions that force the  
4 connection. We recognize that aging in place  
5 requires a holistic approach. Underpinning all this  
6 work are two distinct NYC Aging initiatives which is  
7 the Community Care Plan which I am pleased that this  
8 Council Member has brought into Community Care Plan,  
9 too, which brings together a range of city nonprofit  
10 services and outside resources to build an age-  
11 inclusive community for older adults. And the other  
12 is the cabinet of older New Yorkers. And again, I  
13 thank you, Council Member, for codifying that into  
14 law. Which brings together city agencies to break  
15 down communication silos, identify gaps, and find  
16 tangible ways to improve aging services which affect  
17 the lives of older New Yorkers. NYC's Aging's work  
18 is designed to provide comprehensive support where  
19 older adults live. Through our robust network of  
20 community partners, we aim to expand our services to  
21 better serve more of these vibrant communities. We  
22 want to ensure that older New Yorkers have access to  
23 the resources that they need to thrive. This  
24 includes mental health services and social engagement  
25

1 opportunities. Our goal is to empower older adults  
2 by providing the tools and connections necessary to  
3 maintain their health as well as their independence.  
4 We are constantly looking for better ways to  
5 calibrate and improve programs and services to meet  
6 the needs of this growing population, and ensure they  
7 find the social and emotional connections needed to  
8 age in place, and again, to thrive in this city. All  
9 of this is done through a broad, interconnected  
10 network of community-based not-for-profits which are  
11 incredible partners. Older-- it is obvious to us  
12 that older adults want to remain in their homes-- all  
13 the studies indicate that-- and the communities that  
14 they help build as they grow older. Our network of  
15 more than 300 older adult centers is fundamental in  
16 achieving this goal. These centers serve as  
17 community hubs where older adults live, where they  
18 can congregate, learn and socialize. Our approach is  
19 to meet older adults in their communities by ensuring  
20 services that they need and want are accessible and  
21 integrated into the neighborhood older adult club as  
22 well. This aligns again with the broader Community  
23 Care Plan which aims to promote independence and  
24 wellbeing for the older population by connecting  
25

1 networks of services throughout the various boroughs  
2 in this city. These agents-- these centers are the  
3 front line of defense against social isolation.  
4 Through diverse programming, we offer much more than  
5 just a place to sit or grab a meal. Our centers  
6 provide art classes, technology, education,  
7 recreation, recreational activities, and a whole host  
8 of other programs of interest to older adults. We  
9 also provide communal [sic] lunches which are often  
10 culturally-aligned meals with the goal that everyone  
11 feels welcomed and is respected at the table. These  
12 programs provide the social infrastructure necessary  
13 for mental and emotional wellbeing. They are  
14 essential engagement opportunities that prevent older  
15 adults from withdrawing from society, from staying at  
16 home and being alone. By providing these services  
17 they can live healthier and more connected lives. We  
18 are building a city that truly embraces longevity as  
19 well as aging with dignity. We also recognize the  
20 need to provide services which are culturally and  
21 linguistically appropriate for older adults in the  
22 various communities throughout the network, a goal  
23 that this committee and our agency has shared since  
24 the early years of my administration. Our programs  
25

1  
2 are required to know and understand the communities  
3 they serve and provide programming in appropriate  
4 language, but equally important with an appropriate  
5 social, cultural focus. Welcome. Where am I? We  
6 see this diversity incentives which serves a  
7 multitude of Spanish-speaking communities, LGBTQIA+  
8 specific centers, and centers serving Muslim, Asian,  
9 Caribbean, West African, and a range of other  
10 ethnicities and communities. The same applies to our  
11 NORC services where older adults are further  
12 supported in their homes and buildings, where they  
13 have lived for decades. NORCs are set up to address  
14 and combat social isolation because of their unique  
15 position where they already exist in a place where  
16 older adults have found and set up communities.  
17 These include health care management through nursing  
18 services, civic engagement through interactions with  
19 case assistance staff and working with housing  
20 management to address long-term housing issues  
21 experienced by the older adults in those complexes.  
22 Institutional care and to keep them in-- these are  
23 key services which help prevent older adults from  
24 moving into institutional care and keep them in their  
25 homes and the communities longer. When older adults

1 remain in their homes and communities and receive the  
2 services that they need for daily living, we are  
3 succeeding in combatting social isolation. We're  
4 also succeeding in making this an age-inclusive city  
5 where older adults can thrive. For those who cannot  
6 travel physically to a center, the risk of isolation  
7 is even more acute. NYC Aging addresses this through  
8 a multilayer approach that brings community to the  
9 doorstep. Our home-delivered meals program is a  
10 vital component in this network of services. Not only  
11 do these meals provide sustenance to the homebound  
12 older adults across the five boroughs, but provide an  
13 interaction with a delivery person on a daily basis  
14 is crucial. Many clients have limited direct human  
15 interaction because of either health challenges,  
16 mobility issues, or other impediments which affect  
17 their daily lives. The CMA program evaluates and  
18 understands older adults needs so we can better find  
19 supports that alleviate social isolation. Thank you  
20 for making it cold water. I really mean that. Case  
21 managers do more than just handle paperwork and  
22 coordinate benefits. They perform vital check-ins  
23 that serve as a lifeline for many homebound clients.  
24 These assessments allow us to monitor not only the  
25

1  
2 physical needs but the social and emotional and  
3 health needs as well. When a case manager checks in,  
4 they often the first to notice if an older adult is  
5 extremely lonely or disconnected. This allows them  
6 to intervene early. We want to ensure that no older  
7 adult remains invisible or marginalized. We're  
8 finding that on society level-- on a societal level  
9 just because they cannot leave their home. Meals are  
10 still a part of this equation and we continue to hit  
11 milestones in meal delivery with a record number of  
12 more than 10 million meals served to older adults  
13 throughout the five boroughs. This includes the 6.1  
14 million meals served at the 300+ OACs in the network  
15 and our 4.2 million meals delivered by our home-  
16 delivered meals providers. That means there are 10  
17 million interactions with older adults over meal and  
18 everyone represents an opportunity that the agency  
19 has taken to address and alleviate social isolation.  
20 Because we recognize the vulnerability of older  
21 adults to become socially isolated, NYC Aging  
22 operates the Friendly Visiting program which is  
23 available to home-bound clients through our case  
24 management agencies. Through the nine providers  
25 across five boroughs, case manager can identify a

1 client who is lonely and then refer them for an  
2 assessment where they are matched with a volunteer  
3 who fits their specific needs. Volunteers undergo  
4 background checks, training and commit to be in the  
5 program for at least six months so that they can  
6 forge relationships. A coordinator monitors these  
7 matches to ensure the older adult is happy and safe.  
8 Volunteers visit and speak the homebound older adults  
9 in the program where they share interests and build  
10 friendships, which ultimately limits social  
11 isolation. We are currently recruiting new  
12 volunteers, especially in areas with shortages like  
13 the South Bronx, and encourage anyone who is  
14 interested in serving as a volunteer to call Aging  
15 Connect to begin the process of joining this  
16 incredible program. These interactions are not just  
17 a phone call. They often blossom into lasting  
18 friendships that bridge generational gaps. It  
19 significantly reduces feelings of loneliness for  
20 other people who might otherwise go days without a  
21 conversation. We have seen firsthand how a simple  
22 weekly visit can completely change the outlook of an  
23 older adult. It gives them something to look forward  
24 to and reminds them every time that they're a valued  
25

1 part of our city. This focus on connection extends  
2 to our mental health programming as well. Placing  
3 licensed clinicians in our centers makes it easier  
4 for older adults to get help without the stigma  
5 associated with seeking therapy. By coming into an  
6 OAC, an older adult will be able to access a hub of  
7 services, all of which are a part of our effort to  
8 reduce social isolation. They don't want to come  
9 into an OAC, they can schedule mental health  
10 counseling over the phone or by calling Aging Connect  
11 who will connect them to other programs. By training  
12 mental health as a normal part of aging, we can  
13 better address the depression and anxiety that also  
14 stems from isolation. We're giving older adults the  
15 tools to process their feelings, to reconnect with  
16 the world around them. The goal is to be connected  
17 and ensure we limit isolation in every aspect of our  
18 program services. In conclusion, I am immensely  
19 proud of the staff at NYC Aging, the provider network  
20 who accomplish this every day. We consistently are  
21 working to be more innovative and efficient in  
22 meeting the diverse needs of and growing needs of New  
23 York City's older population. This population is  
24 very distinct than when the population existed with  
25

1 the Older Americans Act. This one is more diverse,  
2 speaks many more language, comes from many more  
3 countries. Like you, we are concerned that social  
4 isolation in our communities and the ways in which  
5 older adults may be cut off from the bonds that  
6 strengthen their lives. This is why this  
7 administration has invested hundreds of thousands of  
8 dollars in an anti-agism campaign to make sure that  
9 older adults are not invisible. You are the  
10 ambassador to combat social isolation. You are also  
11 an ambassador to stand up against agism and break the  
12 chain of despair in older adults. We all are. We  
13 have to call it out where we see it. With your  
14 continued partnership we can assure that older adults  
15 not only care for but are celebrated and respected.  
16 We want to ensure they have every opportunity to live  
17 their lives and the lives that they worked for and  
18 earned so they can thrive as dignified older adults.  
19 That is why a well-resourced comprehensive community  
20 care plan should be a mandated service approach to  
21 New York City if we're going to be an age-inclusive  
22 city. We must also advocate for the same statewide.  
23 I'm asking each and every one of you to call your  
24 colleagues on the state to ensure that the state has  
25

1  
2 a comprehensive care approach, rather its tendency to  
3 a more medicalized approach. We must all become the  
4 activist needed to ensure we can achieve this goal. I  
5 thank you for your steadfast commitment to New York  
6 City's older adult and to your great support and  
7 unflinching partnership with this agency.

8 CHAIRPERSON HUDSON: Thank you so much,  
9 Commissioner, for that testimony. And I'd like to  
10 recognize that we've been joined by Council Members  
11 Linda Lee and Chris Banks. I will start off with a  
12 few questions, and then go to my colleagues. How  
13 does NYC Aging identify homebound older adults who  
14 are not connected to city-funded services?

15 COMMISSIONER CORTES-VAZQUEZ: Ask me the  
16 question again, I'm sorry. I'm looking-- I was  
17 looking for my page.

18 CHAIRPERSON HUDSON: No problem. How  
19 does NYC Aging identify homebound older adults who  
20 are not connected to city-funding-- city-funded  
21 services?

22 COMMISSIONER CORTES-VAZQUEZ: So, as you-  
23 - as we've testified in the past, we have extensive  
24 outreach is done by every one of our contracted  
25 agencies. And we get referrals from a host of

1  
2 community-based organizations, churches, hospitals,  
3 doctors, and others, and that is how the city-- the  
4 case management agencies get their referrals for  
5 homebound older adults, and then they start-- they  
6 initiate the assessment process. But again, I want  
7 to say-- hello, how are you? I want to say that we  
8 first break the-- if you're homebound, we break  
9 social isolation, because if you're homebound and you  
10 need a meal, you're immediately enrolled. The  
11 assessment process can continue, but everyone gets  
12 that meal if you're found to be food-insecure. So,  
13 we know that that's already a step in the right  
14 direction.

15 CHAIRPERSON HUDSON: Thank you so much.  
16 And I'd like to also acknowledge that we've been  
17 joined by Council Member Salaam. What percentage of  
18 home delivered meal applicants or recipients or  
19 friendly visiting referrals in the last fiscal year  
20 came from proactive outreach versus self-referral or  
21 provider referral?

22 COMMISSIONER CORTES-VAZQUEZ: So, I'm  
23 going to try answer that from this perspective. All  
24 homebound meal clients who are in the friendly  
25 visiting program have been referred by the case

1 manager or someone else, right? This is all part of  
2 being integrated into the friendly visiting program.  
3 Whether they receive or not, by the way. And so  
4 while we do not track the clients that are referred  
5 to our programs, we do require that home-delivered  
6 meals, providers, and case manage-- case management  
7 programs do active outreach in their advertising as I  
8 said earlier. And funding has been built into their  
9 budgets for this. but to be part of the friendly  
10 visiting program, it is a referral from a case  
11 management agency. It's not actively advertised to  
12 the public because of limited staffing capacity and  
13 volunteer capacity.

14  
15 CHAIRPERSON HUDSON: Okay. Hold on one  
16 second. Okay. According to your 2025 service needs  
17 assessment, NYC Aging and its providers served just  
18 12 percent of the city's older adult population in  
19 fiscal year 24. Has NYC Aging conducted any recent  
20 estimates of how socially isolated or homebound older  
21 adults in New York City remain uncounted or unserved?  
22 And if not, what prevents the agency from producing  
23 estimates.

24 COMMISSIONER CORTES-VAZQUEZ: I recently  
25 had this conversation with the state. There is

1  
2 something called staff hour availability limitations,  
3 and that is what would limit us from reaching every  
4 under-served population. There's 1.8 million older  
5 adults, and the resources that we have and the  
6 capacity that we have right now is serving about  
7 300,000. So, if I were to look at population and  
8 base and extrapolate that there is a need-- that what  
9 the need is, we are way under. That is a major unmet  
10 need, and I'm trying to get the state to understand  
11 that from a population basis.

12 CHAIRPERSON HUDSON: Okay, and thank you,  
13 and agreed.

14 COMMISSIONER CORTES-VAZQUEZ: And I-- you  
15 know, and I will not-- I cannot resist asking you  
16 that we need to impress upon our state colleagues  
17 that the way every other county does wait lists is  
18 very different than New York. We're the largest  
19 county-- our five counties present the largest  
20 population of older adults in New York State, and  
21 that we should have special consideration or  
22 different barometer than what they consider wait  
23 lists just by scope and size.

24 CHAIRPERSON HUDSON: Yes. Thank you for  
25 that. in a recent survey of 8,600 older New Yorkers

1  
2 where 22 percent said they do not socialize as much  
3 as they would like, and 17 percent reported very high  
4 levels of loneliness. How many of those respondents  
5 were not connected to any NYC Aging-funded program?

6 COMMISSIONER CORTES-VAZQUEZ: So, the  
7 good news is that most of them were not because we  
8 made a concerted effort to do the needs assessment  
9 survey from people who are outside the system.

10 CHAIRPERSON HUDSON: Got it.

11 COMMISSIONER CORTES-VAZQUEZ: Because we  
12 wanted to hear. So, we also heard that 32-- 33.2  
13 percent of the people who took the survey had not  
14 even known about aging services. So, I mean, we met  
15 that goal, and it's an alarming fact to come back at  
16 you, but that was the goal, was to say how are we  
17 doing for those who are not part of our services.

18 CHAIRPERSON HUDSON: Okay. So, taking  
19 that into consideration, how many of those resp were  
20 not connected? Would you say it's 100 percent?

21 COMMISSIONER CORTES-VAZQUEZ: I wouldn't  
22 say 100 percent, but I would probably say probably a  
23 lion's share. Anywhere upwards of 50 percent  
24 definitely.

1  
2 CHAIRPERSON HUDSON: Thank you. Okay.  
3 I'm going to pause here briefly to take questions  
4 from Council Member Banks.

5 COUNCIL MEMBER BANKS: Thank you, Madam  
6 Chair. Good to see you again, Commissioner. Does  
7 the agency have any data on how many older adults  
8 across the city are living alone, or do not have  
9 family nearby? And is this information broken down  
10 per council district, and if so, what are the number  
11 of adults for the 42<sup>nd</sup> Council District?

12 COMMISSIONER CORTES-VAZQUEZ: We don't  
13 have that data. To get that data, we would have to  
14 work with other city agencies that get that data.  
15 That is not to say that we can't work to try to get  
16 some number close to what that would be.

17 COUNCIL MEMBER BANKS: Okay. In my  
18 district, many older adults express the interest of  
19 volunteering and technology and other opportunities.  
20 Does the agency have a program that connects older  
21 adults with CBOs or elected official offices, or  
22 other agencies that are looking for volunteers or  
23 offering technology refresher programs or other  
24 opportunities to get them out and about?

1  
2                   COMMISSIONER CORTES-VAZQUEZ: So, I'm  
3 going to parse it into two parts, alright? The first  
4 is the volunteer part. The Department-- the NYC  
5 Aging has a program called Silver Stars where we can  
6 take former city retirees as well as anyone who wants  
7 to work, and sometimes it's really not work that  
8 people are looking for, but maybe volunteer  
9 opportunities, and that is part of NYC Serve, and so  
10 we do everything that we can to get people to  
11 volunteer. The other things that we have is something  
12 called a CCEP [sic] program. The older adult  
13 Community Employment Program. That program is a  
14 program that then uses a lot of those paid older  
15 adults to serve as volunteers in the older adult  
16 club, and many of them start as volunteers at the  
17 club, and then-- many of them start as adult  
18 volunteers in the center and then become CCEP  
19 programs. So, it's one of those things that flows  
20 back and forth.

21                   COUNCIL MEMBER BANKS: Got you. And I  
22 guess I'll go to some of the committee questions.  
23 How does the New York City Aging evaluate, and this  
24 is on different-- I guess from a different angle--  
25 whether friendly visiting, home-delivered meals and

1  
2 case management are effectively reducing isolation  
3 rather than simply providing services to touch point?

4 COMMISSIONER CORTES-VAZQUEZ: So, I was  
5 fascinated by-- I'm fascinated by that question,  
6 because the service touchpoint is the exact thing you  
7 want it to do. You want it to have a service  
8 touchpoint with older adults. The-- I think the  
9 intent of that question is how do we say it's  
10 meaningful and lasting?

11 COUNCIL MEMBER BANKS: Right.

12 COMMISSIONER CORTES-VAZQUEZ: It is more  
13 than just a call.

14 COUNCIL MEMBER BANKS: Okay.

15 COMMISSIONER CORTES-VAZQUEZ: It is more  
16 than just dropping off the meal and tapping on the  
17 door. It really is a connection to let that person  
18 know someone is here, and there's someone available  
19 should you need that, should you need them.

20 COUNCIL MEMBER BANKS: And all the Older  
21 Adult Centers are they required to do wellness checks  
22 or outreach during like extended holidays, closures--

23 COMMISSIONER CORTES-VAZQUEZ:  
24 [interposing] Yeah, so--

25 COUNCIL MEMBER BANKS: check--

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2 COMMISSIONER CORTES-VAZQUEZ: That's a  
3 regular.

4 COUNCIL MEMBER BANKS: Okay.

5 COMMISSIONER CORTES-VAZQUEZ: The one  
6 thing that's a standard in Older Adult Clubs and I  
7 don't think many people know it-- maybe Council  
8 Member Lee does because she was intimately involved  
9 in one-- is that if an older adult is not present at  
10 a center for more than two days, there is telephone  
11 reassurance. You have to reach out and find out  
12 what's going on. You know, I might have just chosen  
13 not to. I might have [inaudible]. It's whatever it  
14 is. But we have a mandate that the program has to  
15 connect to that older adult to ensure that that is  
16 not isolation or something even more serious at that  
17 moment--

18 COUNCIL MEMBER BANKS: [interposing]

19 Right.

20 COMMISSIONER CORTES-VAZQUEZ: like a  
21 health crisis or something.

22 COUNCIL MEMBER BANKS: Okay. And for  
23 friendly visiting, home-delivered meals and case  
24 management, how many older New Yorkers are currently  
25 on a wait list and how long are they waiting on

1  
2 average? And how many are being turned away or  
3 closed out because of limited capacity?

4 COMMISSIONER CORTES-VAZQUEZ: So, I want  
5 to change the wording from limited capacity to  
6 limited service hours and resources, right? The  
7 capacity and the intent is there, it's just that, you  
8 know, a social worker has X number of hours available  
9 to them. And what we're finding a lot now is that  
10 even in that-- the complexity and the needs are  
11 growing so that you may spend more case work hours  
12 with a client than you had in the past. So,  
13 sometimes that reduces the number of clients. So,  
14 it's this conflict that you have. You know, like you  
15 want to give the person the hours that they need, but  
16 at the same time you know given the limitations of  
17 staffing hours that you can only serve X number of  
18 clients.

19 COUNCIL MEMBER BANKS: And I guess this  
20 must be-- this question is pertaining directly to  
21 maybe findings of maybe a caseworker were hoarding  
22 [sic]. That's also-- it's been a major concern of  
23 mine, especially with a lot of seniors. What is  
24 being done to address that?

25 COMMISSIONER CORTES-VAZQUEZ: Yeah.

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COMMITTEE ON AGING

COUNCIL MEMBER BANKS: Because that's also kind of a determining sign, you know, when--

COMMISSIONER CORTES-VAZQUEZ:  
[interposing] Yeah.

COUNCIL MEMBER BANKS: a senior is in the house, or you know, they come out once a week, and then they go in, and then you go-- the apartment is, you know, it's-- I'm dealing with a senior right now who can't even get into the apartment to, you know, to--

COMMISSIONER CORTES-VAZQUEZ:  
[interposing] Yeah, we're--

COUNCIL MEMBER BANKS: get her the proper assistance.

COMMISSIONER CORTES-VAZQUEZ: Some people say I'm a hoarder.

COUNCIL MEMBER BANKS: What's being done by--

COMMISSIONER CORTES-VAZQUEZ:  
[interposing] But--

COUNCIL MEMBER BANKS: some of CBOs to assist with that, to identify and then help them out, because most of the time there's also a-- there's no

1  
2 family involvement, or they've walked away. Some of  
3 the situations I've dealt with.

4 COMMISSIONER CORTES-VAZQUEZ: So, one of  
5 the things that I have to say that with great pride  
6 is the work that has come out of this cabinet and the  
7 relationship with NYC Aging and Adult Protective  
8 Services is a lot stronger. And so that we are able  
9 to intervene at an earlier point than we had in the  
10 past.

11 COUNCIL MEMBER BANKS: Right.

12 COMMISSIONER CORTES-VAZQUEZ: Because  
13 there were two separate programs. The city, you  
14 know, is known for that. You have the separate  
15 programs for that specific client population. But  
16 now because of the cabinet, that we're all looking at  
17 aging from a lens of how is it that we stop gaps and  
18 make sure that we start looking for other ways of  
19 serving each other, and we inter-- interconnecting,  
20 that what we say no wrong door. That there's a  
21 closer relationship. But it's a growing-- it's a  
22 growing issue in-- and it's not only for the mental  
23 health parts of it, but it's also the physical danger  
24 that could happen from living in a house where--

1  
2 COUNCIL MEMBER BANKS: [interposing] It's  
3 cluttered.

4 COMMISSIONER CORTES-VAZQUEZ: hoarding  
5 occurs.

6 COUNCIL MEMBER BANKS: Thank you.

7 COMMISSIONER CORTES-VAZQUEZ: Thank you.

8 CHAIRPERSON HUDSON: Thank you so much,  
9 Council Member Banks, and thank you, Commissioner. I  
10 will continue with some questions specific to this  
11 time of year. What specific steps will New York City  
12 Aging take this winter when isolation risks increase  
13 to reach older adults who rarely leave their homes?

14 COMMISSIONER CORTES-VAZQUEZ: I-- I'm  
15 trying to think of how-- we do all of the precautions  
16 when we think that the weather-- so I'm going to look  
17 at-- I'm going to answer you from an OEM, emergency  
18 management perspective, right, which is when weather  
19 becomes extremes, we take an incredible amount of  
20 time to do a lot of advance information to older  
21 adults. We also work with OCM. They do that blast  
22 to every older adult. Home-delivered meals programs  
23 have conversations in preparation. So, there's a lot  
24 of advanced work done in inclement weather, right?

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CHAIRPERSON HUDSON: What's the information that they're sending to older adults specifically?

COMMISSIONER CORTES-VAZQUEZ: Basically, this is the temperature. These are the issues that you need to be aware of. You know, you have to choose whether you want to go out, or if you can go out and that-- those kind of services.

CHAIRPERSON HUDSON: And then how are they sharing that information with you?

COMMISSIONER CORTES-VAZQUEZ: Older Adult Centers share that information. OCM does that to older adults. We then send out a blast to--

CHAIRPERSON HUDSON: [interposing] Well, OEM--

COMMISSIONER CORTES-VAZQUEZ: OEM.

CHAIRPERSON HUDSON: OEM.

COMMISSIONER CORTES-VAZQUEZ: Yeah.

CHAIRPERSON HUDSON: And they share that--  
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COUNCIL MEMBER BANKS: OEM has a whole network of older adults that they connect with.

1  
2 CHAIRPERSON HUDSON: Right, but then do  
3 they share that information with you at all, or they  
4 just keep it--

5 COMMISSIONER CORTES-VAZQUEZ:  
6 [interposing] They're providing information. They do  
7 that in concert with us.

8 CHAIRPERSON HUDSON: Okay.

9 COMMISSIONER CORTES-VAZQUEZ: Alright, so  
10 they tell us bad weather's coming. They have their  
11 communication systems and we have additional  
12 communication systems so that we make sure that that  
13 information gets out do older adults.

14 CHAIRPERSON HUDSON: By phone or text,  
15 or?

16 COMMISSIONER CORTES-VAZQUEZ: A lot of it  
17 is by text.

18 CHAIRPERSON HUDSON: Okay.

19 COMMISSIONER CORTES-VAZQUEZ: Some of it  
20 is by phone, all of it by phone.

21 CHAIRPERSON HUDSON: All of it's by  
22 phone. But so are people opting in to receive this  
23 information, or OEM has some sort of list?

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COMMITTEE ON AGING

COMMISSIONER CORTES-VAZQUEZ: Yeah. OEM has like a whole battery of ways that they do it, and then we do it through the Older Adult Centers.

CHAIRPERSON HUDSON: You do it through the Older Adult Centers, and then they're sending the information to their participants?

COMMISSIONER CORTES-VAZQUEZ: To their--

CHAIRPERSON HUDSON: [interposing] Right. Okay. So, what percentage of your clients and/or older adults, because it sounds like this going to both that network of the 300,000 people, right--

COMMISSIONER CORTES-VAZQUEZ: [interposing] Yeah.

CHAIRPERSON HUDSON: that are in your network, and then also through OEM maybe to some people who've opted in that are not within--

COMMISSIONER CORTES-VAZQUEZ: [interposing] Right.

CHAIRPERSON HUDSON: the NYC Aging network.

COMMISSIONER CORTES-VAZQUEZ: Right.

CHAIRPERSON HUDSON: Do you have any sense out of the 1.8 million older New Yorkers how many are receiving those messages?

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COMMITTEE ON AGING

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COMMISSIONER CORTES-VAZQUEZ: I can't give you that. I can see if we can unearth a way of finding that number.

CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTES-VAZQUEZ: But I don't know that number.

CHAIRPERSON HUDSON: Okay, alright. Thank you.

COMMISSIONER CORTES-VAZQUEZ: But I can tell you that every home--

CHAIRPERSON HUDSON: [interposing] I'm sorry, I think I--

COMMISSIONER CORTES-VAZQUEZ: delivered meal client and every case management agency, social worker gets in touch with their client base also.

CHAIRPERSON HUDSON: Okay. And there circumstances under which one would not receive a home-delivered meal?

COMMISSIONER CORTES-VAZQUEZ: It would have to be for the city to shut down, because usually depending on what the climate situation is, we either will deliver two meals in advance--

CHAIRPERSON HUDSON: [interposing] Right.

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2 COMMISSIONER CORTES-VAZQUEZ: or deliver  
3 one meal. We don't-- you we-- and then, you know,  
4 then there's mother nature, right?

5 CHAIRPERSON HUDSON: Right.

6 COMMISSIONER CORTES-VAZQUEZ: But to the  
7 extent that we know that this will be a duration of  
8 two days or so, we than plan accordingly with the  
9 agencies to address that.

10 CHAIRPERSON HUDSON: Okay. great. I  
11 believe I interrupted you, and my apologies. Do you  
12 have something else you wanted to say on that?

13 COMMISSIONER CORTES-VAZQUEZ: If I did, I  
14 forgot.

15 CHAIRPERSON HUDSON: Okay, not a problem.  
16 Does NYC Aging have a formal winter or holiday high-  
17 risk list or protocols similar to code blue outreach  
18 for people who are unhoused for checking on isolated  
19 older adults living alone? So, just meaning, going a  
20 little bit further into what we were just talking  
21 about. Is there a specific list of people who are  
22 designated as being high risk in inclement weather?

23 COMMISSIONER CORTES-VAZQUEZ: I don't  
24 believe there is. What? Yeah, that's right. That's  
25 great. We rely on and we believe and we trust and

1  
2 have total confidence that the providers know that,  
3 that the providers then respond in-kind.

4 CHAIRPERSON HUDSON: Okay. So, there's  
5 no, like, internal or centralized--

6 COMMISSIONER CORTES-VAZQUEZ:  
7 [interposing] No.

8 CHAIRPERSON HUDSON: high-risk list?  
9 Okay. Is NYC Aging coordinating with the New York  
10 State Office for the Aging's Winter Wellness and Get  
11 Set Up initiatives so that socially-isolated older  
12 adults are proactively referred to those virtual  
13 social engagement offerings rather than simply being  
14 told they exist?

15 COMMISSIONER CORTES-VAZQUEZ: Yes.

16 CHAIRPERSON HUDSON: Yes, you're  
17 connecting them you're saying.

18 COMMISSIONER CORTES-VAZQUEZ: Whenever  
19 they want to cooperate with us.

20 CHAIRPERSON HUDSON: How is-- and NYC  
21 Aging coordinating outreach with hospitals, EMS,  
22 NYCHA, property management, and Medicare and Medicaid  
23 managed care plans to identify isolated or at-risk  
24 older adults?  
25

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2                   COMMISSIONER CORTES-VAZQUEZ: That work  
3 through the cabinet has been what has connected these  
4 agencies in that no wrong door approach.

5                   CHAIRPERSON HUDSON: Okay.

6                   COMMISSIONER CORTES-VAZQUEZ: So, that--  
7 so all that to say that it applies in social  
8 isolation also.

9                   CHAIRPERSON HUDSON: Okay. Okay. How  
10 does NYC Aging assess whether mobility limitations  
11 such as ambulatory disability or lack of safe  
12 sidewalks are preventing older adults from  
13 participating in Older Adult Centers or community  
14 programs?

15                   COMMISSIONER CORTES-VAZQUEZ: Yeah, it's--  
16 - again, I'm going to go back to the work of the  
17 cabinet. One of the things that we've been working  
18 with Department of Transportation is precisely on  
19 that. And we're really happy with the number and the  
20 increased number of audits done by-- is that what  
21 you're asking me? The number of audits done by the  
22 older adults in communities that will help the  
23 Department of Transportation engineers know what some  
24 of the issues are, so that they can be age-inclusive.

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2 CHAIRPERSON HUDSON: Are Older Adult  
3 Centers proactively reporting these types of issues?

4 COMMISSIONER CORTES-VAZQUEZ: You know, I  
5 can't answer that. I don't-- I don't believe so.  
6 But here's what I do know. We have had 29 town halls  
7 and that has come up in every town hall. And so  
8 we've been very proactive with the Department of  
9 Transportation to say these are the things we would  
10 like, and the last request we made to our sister  
11 agency which they're working with us on is to start  
12 looking at curb cuts, you know, making sure that the  
13 repair and the management of curb cuts is there.  
14 We've also asked for no standing zones in front of an  
15 Older Adult Center so that they could have egress and  
16 access easily.

17 CHAIRPERSON HUDSON: It could also be  
18 senior housing as well.

19 COMMISSIONER CORTES-VAZQUEZ: And we  
20 didn't include that, but that's--

21 CHAIRPERSON HUDSON: [interposing] Yeah,  
22 because there are a lot of--

23 COMMISSIONER CORTES-VAZQUEZ:  
24 [interposing] We could look at that, and then we--  
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2 CHAIRPERSON HUDSON: [interposing]  
3 [inaudible].

4 COMMISSIONER CORTES-VAZQUEZ: looked at it  
5 for every Older Adult Center. We've been asking for a  
6 curb cut. I don't think we're going to be very  
7 successful in that one, but we will-- you know, we're  
8 working really on the no parking zone, at least  
9 during particular hours the way that we do at  
10 schools.

11 CHAIRPERSON HUDSON: Would you be open to  
12 expanding that ask to senior housing buildings rather  
13 than just OACs?

14 COMMISSIONER CORTES-VAZQUEZ: Oh, yeah,  
15 sure.

16 CHAIRPERSON HUDSON: Okay. Does NYC  
17 Aging track how many older adults stop attending  
18 programs due to mobility decline, fear of falling, or  
19 lack of accessible transportation?

20 COMMISSIONER CORTES-VAZQUEZ: The Older  
21 Adult Centers are the front line, as well as the case  
22 management agencies, and they would know, and that is  
23 when-- it's interesting because that is when we  
24 started seeing a decline in people who were  
25 participating in NORCs, because of physical decline,

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2 and those were in building structures. So, it's one  
3 of the things that front line staffers are well aware  
4 of. But it's-- for the population that we know.

5 CHAIRPERSON HUDSON: Are they  
6 communicating that to the agency?

7 COMMISSIONER CORTES-VAZQUEZ: [inaudible]

8 CHAIRPERSON HUDSON: So that the issues  
9 could be addressed.

10 COMMISSIONER CORTES-VAZQUEZ: Yeah, we  
11 don't track it, but that is not something that we can  
12 consider.

13 CHAIRPERSON HUDSON: Okay, great.  
14 Alright, two more questions, and then I'm going to  
15 turn it over to Council Member Salaam. What  
16 coordination exists between NYC Aging, DOT, and MTA  
17 Access-A-Ride to address transportation-related  
18 isolation, or Stress-A-Ride, as it's more  
19 colloquially known.

20 COMMISSIONER CORTES-VAZQUEZ: Yeah, where  
21 do we-- we call it inaccessible ride. It's been less  
22 than stellar. And what we have asked and one of our  
23 legislator's asked is to have a liaison just like we  
24 have with NYCHA with New York City Public Housing  
25 Authority so that we could fast-track some issues and

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2 concerns. I can tell you, I have two employees at  
3 NYC Aging. They are-- I don't have any employees.  
4 They are two employees at NYC Aging. And it is least  
5 two out of the five days that the work, that they're  
6 waiting two hours, and they are already on a regular  
7 schedule.

8 CHAIRPERSON HUDSON: Right.

9 COMMISSIONER CORTES-VAZQUEZ: So, I could  
10 only imagine someone who's not on a routine schedule.  
11 It is where we've written letters, but I believe--

12 CHAIRPERSON HUDSON: [interposing] Held a  
13 hearing.

14 COMMISSIONER CORTES-VAZQUEZ: that one  
15 way to address that is to have a strong liaison with  
16 MTA Access-A-Ride program, and NYC Aging, and that  
17 they should be in the cabinet. And then so that we  
18 could really address those in an integrated way.  
19 Older adults in New York City depend on para transit,  
20 and that para transit needs to be reliable, and also  
21 have staff that's trained.

22 CHAIRPERSON HUDSON: Right. What seasonal  
23 adjustments-- for example, during icy months-- does  
24 NYC Aging make to ensure homebound older adults  
25 remain connected to services and wellness checks?

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2 And I'm sure I know you learned lots coming out of  
3 the pandemic in terms of keeping people connected--

4 COMMISSIONER CORTES-VAZQUEZ:

5 [interposing] Well, that's-- the expansion and the  
6 enhancement of friendly visiting is one. The-- we  
7 come up with, and I think it's still in a pilot  
8 stage, and I'll get you more information on that  
9 before the end of the year-- of a system where we  
10 track the drivers so that the older adult will know  
11 when the meal is coming, but not only that do we  
12 track the driver, the meal delivery, but that also  
13 gets us information on the connection with the older  
14 adult. And so, we're looking at that system. I  
15 believe that it's in a pilot stage, but right now  
16 it's all, you know, depending on paper and we're  
17 trying to improve this client database system that we  
18 have from-- to something called Vive [sic] which is  
19 more interactive.

20 CHAIRPERSON HUDSON: Right. Okay, I'll  
21 turn it over to Council Member Salaam, and then I'll  
22 come back. Thank you.

23 COUNCIL MEMBER SALAAM: Thank you, Chair.  
24 This one? Okay. Alright, that sounds a little bit  
25 better. Thank you, Chair. Harlem's older adult

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2 population includes large migrant populations of  
3 African-American, West African, Latinx, and Caribbean  
4 communities, many of whom face cultural or linguistic  
5 barriers when seeking services. My question is, what  
6 specific steps is DFTA taking to ensure that Harlem-  
7 based Older Adult Centers, NORCs, and case management  
8 programs provide culturally appropriate programs for  
9 multilingual outreach that actually reaches LEP older  
10 adults who remain socially isolated?

11 COMMISSIONER CORTES-VAZQUEZ: Thank you  
12 for that question. It's a great question. So, in  
13 partnership with this Council and a value that we had  
14 and which is strengthened by the commitment with this  
15 council is that all programs have to respond to the  
16 cultural and linguistic needs of their community. And  
17 particularly if you have dietary special needs, if  
18 you have kosher or halal needs, those have to be  
19 addressed, and that is an important piece of it. So,  
20 we ensure with our partners in the network, and I  
21 have a lot of confidence in them, that they abide by  
22 that and provide the services that relate to the  
23 population that they serve. But I think the mandate  
24 is 15 percent, but it's-- its that the mandate? 20?  
25 So, I just reduced them [inaudible]. But there is a

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2 mandate that at least 20-- they must-- if there's 20  
3 percent of the older population of that community,  
4 you have to respond to that.

5 COUNCIL MEMBER SALAAM: Thank you. Thank  
6 you, Chair.

7 CHAIRPERSON HUDSON: Thank you so much,  
8 Council Member. How many older adults--

9 COMMISSIONER CORTES-VAZQUEZ:  
10 [interposing] Excuse me, can I just answer a question  
11 you haven't asked which a good lawyer never does?  
12 But what I wanted to let you know is that the change  
13 of Jackie Robinson has been working really well, and  
14 we were all concerned about the closing of that  
15 center temporarily. We've been able to keep it at  
16 its location and the service is going well. So, I  
17 just wanted-- I wanted to give you that information  
18 from before, alright? Great.

19 CHAIRPERSON HUDSON: Thank you. Moving  
20 into digital access and technology. How many Older  
21 Adult Centers have implemented the digital literacy  
22 program required under Local Law 82 of 2023, and what  
23 metrics is NYC Aging using to evaluate whether it is  
24 reducing isolation?

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2                   COMMISSIONER CORTES-VAZQUEZ: I'm going  
3 to just-- I just want to verify before I answer.

4                   CHAIRPERSON HUDSON: Sure.

5                   COMMISSIONER CORTES-VAZQUEZ: Okay. So,  
6 it's a requirement, and the requirement is that--  
7 from Local Law is that there's 59, one in each  
8 district, right? And we're very happy that 230 Older  
9 Adult Centers are offered digital training and  
10 literacy programming.

11                   CHAIRPERSON HUDSON: 230?

12                   COMMISSIONER CORTES-VAZQUEZ: 230 which  
13 is far beyond the requirements of the 59 of the city-  
14 - of Local Law, right? That is not to say that more  
15 can be done in this area. This is one of those areas  
16 of growing need, and this is one of those areas that  
17 we see integrated and tied to financial security and  
18 workforce issues. So, we're very cognizant of the  
19 fact that this is an area that needs continual  
20 improvement, but not only literacy, digital literacy,  
21 but also work related digital literacy to enhance  
22 your employability.

23                   CHAIRPERSON HUDSON: Does NYC Aging track  
24 the number of older adults who can't access virtual  
25

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2 programming because they lack broadband devices or  
3 digital literacy?

4 COMMISSIONER CORTES-VAZQUEZ: No, we  
5 don't have like a Geek Squad, you know. We don't  
6 have that. It would be-- Best Buy gave it up, you  
7 know, because it's so costly, and no we don't have  
8 that.

9 CHAIRPERSON HUDSON: Okay, but just  
10 tracking the number of folks who can't--

11 COMMISSIONER CORTES-VAZQUEZ:  
12 [interposing] Yeah.

13 CHAIRPERSON HUDSON: access.

14 COMMISSIONER CORTES-VAZQUEZ: Well, what  
15 we do know is because of the effort that we did,  
16 major effort that was done in this city to expand  
17 digital access through the NYCHA program-- and what's  
18 the other program called, LINC? Big Apple, LINC--

19 CHAIRPERSON HUDSON: [interposing] LINC  
20 NYC?

21 COMMISSIONER CORTES-VAZQUEZ: Yeah, so  
22 that we know our ability to expand digital access has  
23 increased.

24 CHAIRPERSON HUDSON: Do you know--  
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COMMISSIONER CORTES-VAZQUEZ:

[interposing] But there are still deserts.

CHAIRPERSON HUDSON: Yes. And then do you have a sense of where those deserts exists or demographic groups where digital exclusion is the highest, and are you doing any targeted outreach?

COMMISSIONER CORTES-VAZQUEZ: We don't-- we do-- we know where they do exist which are in our NYCHA facilities, right, and surrounding areas. I don't have where they are digital deserts which is different than a digital desert versus an affordability issue.

CHAIRPERSON HUDSON: Right.

COMMISSIONER CORTES-VAZQUEZ: And so, you know, we look at the distinction of both, you know? The affordability issue I think is a larger issue with some of our providers. Not our providers, but digital providers.

CHAIRPERSON HUDSON: Understood. What plans does the agency have to expand access to devices, subsidized broadband or in-home tech support for isolated older adults? And I'll scratch the last part since you said you have no Geek Squad.

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2                   COMMISSIONER CORTES-VAZQUEZ: We have no  
3 Geek Squad. We hope that moving forward there will  
4 be another tablet distribution and expansion program  
5 for older adults, and that that should be targeted to  
6 particular communities. We've saturated NYCHA, but  
7 there's lot of other non-NYCHA communities that would  
8 benefit from the tablet program.

9                   CHAIRPERSON HUDSON: Do you need  
10 additional resources for that?

11                   COMMISSIONER CORTES-VAZQUEZ: I would say  
12 that there's no tablets available at this time to  
13 distribute, but I do think that it is the direction  
14 that we should be going in.

15                   CHAIRPERSON HUDSON: Understood. I would  
16 take that as a yes. For homebound and mobility-  
17 limited older adults who cannot realistically  
18 participate in online programming, even with training  
19 due to cognitive issues, sensory loss or poverty,  
20 what non-digital alternatives is NYC Aging investing  
21 in so they're not left further behind as more  
22 services move online?

23                   COMMISSIONER CORTES-VAZQUEZ: That's a  
24 great question. I do not have the slightest-- what  
25

1  
2 page? Yeah, we're all lost. We'll have to get back  
3 to you, because--

4 CHAIRPERSON HUDSON: [interposing] Okay.

5 COMMISSIONER CORTES-VAZQUEZ: there is  
6 absolutely no way that we have that information.

7 CHAIRPERSON HUDSON: Okay. I will turn  
8 it over to Council Member Lee. No, not a prob.

9 COUNCIL MEMBER LEE: Hello, Commissioner.  
10 How are you?

11 COMMISSIONER CORTES-VAZQUEZ: Hi.

12 COUNCIL MEMBER LEE: Sorry, forgive me,  
13 because I was trying to remember. When was the last  
14 time that the HDM [sic] contract was-- the RFP was  
15 up?

16 COMMISSIONER CORTES-VAZQUEZ: The HDM?

17 COUNCIL MEMBER LEE: Yeah, the home-- the  
18 case management one, I'm sorry. Case management RFP.

19 COMMISSIONER CORTES-VAZQUEZ: The case  
20 management, the RFP was, I think three and a half  
21 years ago. It was extended. We're in what?

22 COUNCIL MEMBER LEE: Year two?

23 COMMISSIONER CORTES-VAZQUEZ: We're in  
24 year two, alright, of the three-year contract, so it  
25 won't be extended 'til--

1  
2 COUNCIL MEMBER LEE: It won't be up for  
3 another few years, right, I'm guessing? Because  
4 it's usually around five years?

5 COMMISSIONER CORTES-VAZQUEZ: Yes.

6 COUNCIL MEMBER LEE: Okay. So, just from  
7 the previous round of the case management agencies to  
8 the ones that we currently have, what was the  
9 increase in the number of case management agencies  
10 that are more serving of LEPC [sic]-- sorry, older  
11 adults and other folks in immigrant communities from  
12 the previous round versus the ones that we have now.

13 COMMISSIONER CORTES-VAZQUEZ: Oh, my  
14 goodness, the--

15 COUNCIL MEMBER LEE: [interposing]  
16 Because I know it increased a lot, but I just was  
17 wondering.

18 COMMISSIONER CORTES-VAZQUEZ: Yeah, the  
19 number-- we increase the number rather significantly.  
20 What? No, I know-- that's not her question. Yes, we  
21 all have to serve those communities, but that's not  
22 the question.

23 COUNCIL MEMBER LEE: Right.  
24  
25

1  
2 COMMISSIONER CORTES-VAZQUEZ: How many are  
3 managed and run by non-- communities of color and  
4 nonprofits?

5 COUNCIL MEMBER LEE: Right, or  
6 communities, it could be like a mainstream Catholic  
7 Charities but that serves specifically in certain  
8 neighborhoods that are--

9 COMMISSIONER CORTES-VAZQUEZ:  
10 [interposing] Then I stand corrected. Sorry for  
11 telling you that. All of them have to serve no  
12 matter what. I could be a mainstream organization,  
13 but if that's the target population in that area,  
14 they have to serve that population.

15 COUNCIL MEMBER LEE: Right, sorry. Let  
16 me reframe the question, because I think you were  
17 originally understanding how I meant to ask it which  
18 is compared to the original case management agencies  
19 that were contracted before versus the ones now, how  
20 many of them have more capacity, I guess, to serve  
21 LEP older adults or non-English speaking or immigrant  
22 communities?

23 COMMISSIONER CORTES-VAZQUEZ: Okay.

24 COUNCIL MEMBER LEE: Or subcontract to  
25 groups.

1  
2 COMMISSIONER CORTES-VAZQUEZ: So, I'm  
3 going to answer that in two ways.

4 COUNCIL MEMBER LEE: Okay.

5 COMMISSIONER CORTES-VAZQUEZ: The number  
6 of contractors that were ethnically, racially, and  
7 community-based from before increased, I can get you  
8 the number that increased.

9 COUNCIL MEMBER LEE: Okay.

10 COMMISSIONER CORTES-VAZQUEZ: In addition  
11 to that, all of them are required to serve the  
12 population of their particular community.

13 COUNCIL MEMBER LEE: Okay.

14 COMMISSIONER CORTES-VAZQUEZ: I think we  
15 had the common goal-- I know we have the common goal  
16 to get many more that are representative and  
17 reflective of those communities.

18 COUNCIL MEMBER LEE: Perfect. Thank you.  
19 And then my other question was-- I know this is maybe  
20 a little bit out of the box, but in Chair Hudson's  
21 question about how are we capturing seniors that  
22 maybe are not part of the OAC system and how we are  
23 getting them into the pipeline, because I just  
24 remember when I was at KCS, there were a lot of  
25 social adult daycare centers that were in the

1  
2 communities, and I got to be honest, a lot of those,  
3 you know, older adults probably should have been at  
4 the senior centers versus the social adult days. And  
5 I know that there's a lot of stuff happening in that  
6 world with Medicaid and trying to get folks in their  
7 doors by offering--

8 COMMISSIONER CORTES-VAZQUEZ:

9 [interposing] By our approach.

10 COUNCIL MEMBER LEE: Right. Which is  
11 offering--

12 COMMISSIONER CORTES-VAZQUEZ:

13 [interposing] It's why we say to this day, start  
14 medicalizing it. If you do more of a community care  
15 approach you would have less of that interest in  
16 clients from a per-capita basis--

17 COUNCIL MEMBER LEE: [interposing] Right.

18 COMMISSIONER CORTES-VAZQUEZ: than from a  
19 social need basis.

20 COUNCIL MEMBER LEE: Right.

21 COMMISSIONER CORTES-VAZQUEZ: Right?

22 COUNCIL MEMBER LEE: So, I guess my point  
23 is-- question is, have there been any attempts or  
24 overlap or ways to work together with some of those  
25 social adult daycare centers to sort of maybe do more

1  
2 education with the seniors there and also have them--  
3 let them know about the service that-- services that  
4 we all provide on the city level when it comes to  
5 OACs as well as the geriatric and mental health  
6 centers and all of the other things. Because I know  
7 that, you know, some of them are social models, not  
8 medical models, and then I know that the OACs fulfil  
9 other areas and needs that perhaps those centers  
10 don't. And so, I just wanted to know if there was  
11 any sort of-- from the top level down, you know-- I  
12 know that's more of a state issue, but yeah.

13 COMMISSIONER CORTES-VAZQUEZ: Interesting  
14 that you should say that, and maybe KCS will testify  
15 later on, because I just met with KCS on Friday or  
16 Thur-- whenever it was, whenever it was sometime this  
17 week. Can't be Friday, because that's tomorrow. So,  
18 their concern is a little different. Their concern  
19 is that at some point the senior adult daycare center  
20 refers them to the older adult club when they are  
21 not-- when they have to meet other needs for them,  
22 alright? And so that is a concern. There is nothing  
23 inherently wrong with cooperation between the two.  
24 It's just that the intent of one is different--

25

1  
2 COUNCIL MEMBER LEE: [interposing]  
3 Different.

4 COMMISSIONER CORTES-VAZQUEZ: than more, I  
5 would say, inclusive and embracing of a community  
6 care model. One is medically-based. It's based on  
7 Medicaid reimbursement, and the other one is more in  
8 terms of a broader community care plan. And why we  
9 very pleased that under our former Chair of Aging was  
10 insistent and persistent and got a law that it  
11 created an ombudsman at NYC Aging to really work with  
12 the centers and to handle some of the complaints that  
13 were coming out of the senior adult centers.

14 COUNCIL MEMBER LEE: Yeah. Okay, just  
15 curious, because I know that they have certain  
16 services that could benefit some of the older adults  
17 even though they may not necessarily have to be  
18 involved in that side of things and then may  
19 eventually end up there. And then just wonder if  
20 there's some collaboration. Anyway, just was-- had  
21 that random thought.

22 COMMISSIONER CORTES-VAZQUEZ: There's no-  
23 - there's nothing inherently different that they  
24 should not be cooperating. I just think that if your  
25 goal is integration and breaking social isolation,

1  
2 you may have a broader view. I'm not indicting older  
3 adults day centers. They're necessary for a lot of  
4 the population, but they may have medicalized much  
5 more than--

6 COUNCIL MEMBER LEE: [interposing] Right.

7 COMMISSIONER CORTES-VAZQUEZ: what was the  
8 intent.

9 COUNCIL MEMBER LEE: Okay, perfect.  
10 Thank you.

11 CHAIRPERSON HUDSON: Thank you, Council  
12 Member.

13 COMMISSIONER CORTES-VAZQUEZ: Boy the  
14 state's going to come after me.

15 CHAIRPERSON HUDSON: That's okay. We're  
16 going to help you out and come after them a little  
17 bit, too, so. How is NYC Aging evaluating whether  
18 Older Adult Centers are meeting language access  
19 requirements set out in the agency's Language Access  
20 Implementation Plan?

21 COMMISSIONER CORTES-VAZQUEZ: Yeah, that--  
22 - language access is-- of all of the things is not a  
23 concern in terms of NYC Aging. Our providers are very  
24 cognizant of that and very responsive to the  
25 communities that they serve and ensure that those

1  
2 language needs are being met within the capacities  
3 that they have.

4 CHAIRPERSON HUDSON: Okay, so, how do you  
5 evaluate? What metrics do you use to ensure--

6 COMMISSIONER CORTES-VAZQUEZ:  
7 [interposing] There is an assessment question that  
8 deals with that. Remember that we've been trying to  
9 shift our assessment-- this is another one I'm not  
10 certain [inaudible]. We are trying to shift our  
11 assessment from-- more towards excellence. It's how  
12 are you doing it? is it culturally-- is it  
13 culturally-relevant in addition to just is the  
14 language being preferred.

15 CHAIRPERSON HUDSON: Right.

16 COMMISSIONER CORTES-VAZQUEZ: Right.

17 CHAIRPERSON HUDSON: But that's-- it's  
18 self-reported by--

19 COMMISSIONER CORTES-VAZQUEZ:  
20 [interposing] Yeah.

21 CHAIRPERSON HUDSON: the providers.

22 COMMISSIONER CORTES-VAZQUEZ: Well, self-  
23 reported and observed also.

24 CHAIRPERSON HUDSON: Okay. does NYC  
25 Aging track how many older adults with limited

1  
2 English proficiency are enrolled in Older Adult  
3 Centers, friendly visiting or case management, and  
4 whether language barriers affect participation rates?  
5 And like, I guess more directly, are there older  
6 adults that you know haven't been able to receive  
7 services because of a language barrier?

8 COMMISSIONER CORTES-VAZQUEZ: Not-- not  
9 to my knowledge.

10 CHAIRPERSON HUDSON: Your team is nodding  
11 no emphatically.

12 COMMISSIONER CORTES-VAZQUEZ: Yeah.

13 CHAIRPERSON HUDSON: I need you to say  
14 your no with a little more confidence.

15 COMMISSIONER CORTES-VAZQUEZ: No.

16 CHAIRPERSON HUDSON: Okay. Mental health  
17 and crisis response-- how many older adults were  
18 referred to mental health services through Older  
19 Adult Centers, case management agencies or NYC Well  
20 in the last fiscal year?

21 COMMISSIONER CORTES-VAZQUEZ: I don't  
22 know. I'm going to have to get that to you.

23 CHAIRPERSON HUDSON: Okay. I would love  
24 it for the last fiscal year and compared to the--

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COMMITTEE ON AGING

COMMISSIONER CORTES-VAZQUEZ: Oh, but we do know how many have.

CHAIRPERSON HUDSON: And I would love it for three fiscal years if you have it.

COMMISSIONER CORTES-VAZQUEZ: We don't have-- we don't track referral source. So, that's something that we may want to look at and consider in the future, but we track how many we have and how many are served.

CHAIRPERSON HUDSON: Okay. Yes, it would be great to track referrals then. Does NYC Aging collect data on unmet mental health needs amongst socially isolated older adults, including those who are homebound or digitally disconnected?

COMMISSIONER CORTES-VAZQUEZ: No. I mean, why would track an unmet need?

CHAIRPERSON HUDSON: To know that the need has been unmet.

COMMISSIONER CORTES-VAZQUEZ: Our goal would be to meet that need.

CHAIRPERSON HUDSON: Right, but you have to acknowledge first that a need has not been met in order to meet it.

1  
2 COMMISSIONER CORTES-VAZQUEZ: That's  
3 fair. No, I don't know that we do that.

4 CHAIRPERSON HUDSON: Okay. I guess another  
5 way in saying it would be, you know, theoretically if  
6 you've identified and unmet need, then you provide--  
7 fulfil the need.

8 COMMISSIONER CORTES-VAZQUEZ: Right. But  
9 the other-- I was just thinking out loud with you.

10 CHAIRPERSON HUDSON: Yeah.

11 COMMISSIONER CORTES-VAZQUEZ: Another way  
12 of looking at that then is what are needs that we  
13 don't have the capacity to meet. So that might be  
14 another way also looking at it.

15 CHAIRPERSON HUDSON: Right. You're really  
16 going in on this last hearing. You just give it all--  
17 - give me all--

18 COMMISSIONER CORTES-VAZQUEZ:  
19 [interposing] You might even ask me an OMB question I  
20 just might answer.

21 CHAIRPERSON HUDSON: Given the well-  
22 documented link between social isolation and  
23 increased risk of depression, anxiety, cognitive  
24 decline and dementia, what formal referral pathways  
25 exist between NYC Aging-funded programs and DOHMH

1  
2 clinical providers, and how often are isolated older  
3 adults actually being connected to mental health  
4 services rather than just social activities? The  
5 distinction between mental health services--

6 COMMISSIONER CORTES-VAZQUEZ:

7 [interposing] Yeah. There is a-- and Eileen, help me  
8 if you can. There is a close relationship with our  
9 geriatric mental health programs and the DOHMH mental  
10 health programs, and so that is a fluid ongoing  
11 relationship where we really are integrated as much  
12 as we can within the capacities that we each have.

13 CHAIRPERSON HUDSON: Okay. And how is  
14 NYC Aging integrating social isolation screening and  
15 to case management assessments, friendly visiting, or  
16 wellness checks if at all?

17 COMMISSIONER CORTES-VAZQUEZ: We do.  
18 That's what we do.

19 CHAIRPERSON HUDSON: Social isolation  
20 training?

21 COMMISSIONER CORTES-VAZQUEZ: Right.

22 CHAIRPERSON HUDSON: Okay. What  
23 partnership exists between NYC Aging and DOHMH to  
24 provide geriatric appropriate mental health care  
25 especially during a holiday season when loneliness

1  
2 spikes? Or are there any initiatives or partnerships  
3 around this time specifically to address social  
4 isolation?

5 COMMISSIONER CORTES-VAZQUEZ: So, the--  
6 I'm going to go back to the cabinet. In addition to  
7 our very good relationship, the one thing we're  
8 really proud that came out of the cabinet was the  
9 training of a lot of the front line staff at DOHMH as  
10 well as H+H, and that training on aging issues was  
11 essential to a particular population that might not  
12 have had the familiarity with aging as well as the  
13 services. Is that what you're getting at?

14 CHAIRPERSON HUDSON: Yes, for the most  
15 part.

16 COMMISSIONER CORTES-VAZQUEZ: Okay.

17 CHAIRPERSON HUDSON: Many older adults  
18 are uncomfortable using hotlines or digital  
19 platforms. How is NYC Aging investing in geriatric  
20 competent, linguistically-accessible mental health  
21 services that are embedded into Older Adult Centers,  
22 NORCs, and homebased programs?

23 COMMISSIONER CORTES-VAZQUEZ: We don't  
24 have hotlines, per say. Yeah. I don't think that  
25 question. Okay, let me just-- we have 88 mental

1 health professionals embedded in Older Adult Centers  
2 of our-- our geriatric mental health rehab, what we  
3 call our hub and Spoke approach. Right? So, you  
4 might have-- the hub is the mental health facility,  
5 but then they're also embedded in 88 older adult  
6 clubs. But your question was, as I understood it,  
7 was what's the actual number, and we don't have-- you  
8 know, other than the 88 we don't have any other  
9 mental health programs embedded in our Older Adult  
10 Centers. Is that accurate? Yeah.

12 CHAIRPERSON HUDSON: Thank you. Okay,  
13 moving on to LGBTQ+ older adults, older adults of  
14 color, and immigrant older adults. How is NYC Aging  
15 measuring whether LGBTQ+ older adults who are more  
16 likely to live alone and lack family supports are  
17 being effectively reached by existing programs?

18 COMMISSIONER CORTES-VAZQUEZ: you know,  
19 as with all of our other programs, and I don't know  
20 that I've mentioned this before, we have a uniform  
21 loneliness metric to ensure that we're tracking the  
22 outcomes of our programs and services, alright? In  
23 terms of LGBTQ, one of-- early on, all of our  
24 programs are mandated to take the training in  
25 sensitivity and their staff, the first line on LGBT

1  
2 populations. And so being that that is-- if that is  
3 a number of a population in a particular community,  
4 then they have to be prepared to serve that  
5 population in the same numbers as they would any  
6 other population. And also, I want to just thank you  
7 and-- you and Council Member Cabán, because we had  
8 our first meeting of the LGBTQI+ population advisory  
9 council, and it is a really robust group of advocates  
10 who I know will help shape how we move forward and  
11 ensure that that population particularly--

12 CHAIRPERSON HUDSON: Yes, thank you.  
13 That's an exciting development. 20 percent is the  
14 threshold for languages and LGBTQ+--

15 COMMISSIONER CORTES-VAZQUEZ:  
16 [interposing] That's included in-- you know, as all  
17 target populations are.

18 CHAIRPERSON HUDSON: Okay. what  
19 culturally-specific outreach strategies is NYC Aging  
20 using to reduce isolation between Black, Latino and  
21 Asian older adults who face higher rates of poverty  
22 and linguistic barriers?

23 COMMISSIONER CORTES-VAZQUEZ: We used a  
24 uniformed metric to test loneliness. What you just  
25 triggered in me is that metric, culturally-relevant.

1  
2 So, I'm going to look-- I'm going to go back and look  
3 at that.

4 CHAIRPERSON HUDSON: Okay. How is NYC  
5 Aging tracking participation and loneliness outcomes  
6 specifically for LGBTQ+ older adults and older adults  
7 of color, what dedicated programming or funding  
8 streams exist to address their higher likelihood of  
9 living alone, experiencing family estrangement, and  
10 facing discrimination and services?

11 COMMISSIONER CORTES-VAZQUEZ: So, I could  
12 answer that for the LGBTQ+ because it's one of the  
13 first goals the advisory council is took at. Now, we  
14 would vote to expand that to communities of color,  
15 but it's a resource [inaudible]

16 CHAIRPERSON HUDSON: So, you're saying  
17 it's-- you do better in the LGBTQ+ space than you do  
18 in the--

19 COMMISSIONER CORTES-VAZQUEZ:  
20 [interposing] And we have a goal with this advisory  
21 to look at that with more depth.

22 CHAIRPERSON HUDSON: Okay. Well, that's  
23 good to hear. I would question, you know, what about  
24 those of us who need to check all the boxes.

25 COMMISSIONER CORTES-VAZQUEZ: Right.

1  
2 CHAIRPERSON HUDSON: Are we doing enough  
3 for them?

4 COMMISSIONER CORTES-VAZQUEZ: Yeah.

5 CHAIRPERSON HUDSON: Okay.

6 COMMISSIONER CORTES-VAZQUEZ: I think the  
7 heart of that question is culturally relevancy and  
8 competence in whatever metrics we have.

9 CHAIRPERSON HUDSON: Right.

10 COMMISSIONER CORTES-VAZQUEZ: to make  
11 sure-- but then that is also a question of their  
12 resources was meeting the capacity, you know?

13 CHAIRPERSON HUDSON: Absolutely.

14 COMMISSIONER CORTES-VAZQUEZ: Or the  
15 need, I mean.

16 CHAIRPERSON HUDSON: Okay. Going to  
17 programming. Of the more than-- you said 300,000  
18 older adults served by NYC Aging and its providers in  
19 fiscal year 2024. How many received no ongoing  
20 relationship-based service such as friendly visiting,  
21 regular group activities, or support groups, and  
22 instead had only transactional or one-time  
23 interactions?

24 COMMISSIONER CORTES-VAZQUEZ: I can't  
25 think of any who would just have a one-time

1 interaction or transaction. If you're at a senior  
2 center, you had a meal, you had a class. If you were  
3 home-delivered meals, you've had other kind of  
4 interactions. I don't-- I can't think of anyone just  
5 having one interaction.  
6

7 CHAIRPERSON HUDSON: So, zero is the  
8 answer.

9 COMMISSIONER CORTES-VAZQUEZ: Zero would  
10 be the answer, and I will be corrected. Are they  
11 nodding?

12 CHAIRPERSON HUDSON: I'm looking to see  
13 for any corrections. I don't see any corrections.

14 COMMISSIONER CORTES-VAZQUEZ: Alright.

15 CHAIRPERSON HUDSON: I know Charlie's  
16 looking a little uncomfortable.

17 COMMISSIONER CORTES-VAZQUEZ: Yeah. It  
18 would be highly unlikely, that's what I will say.

19 CHAIRPERSON HUDSON: Highly unlikely,  
20 okay.

21 COMMISSIONER CORTES-VAZQUEZ: By Linda.  
22 Happy holidays.

23 CHAIRPERSON HUDSON: NYC Aging survey  
24 shows loneliness is particularly acute in some outer  
25 borough neighborhoods with limited access to Older

1  
2 Adult Centers or recreation. Is there a plan to seed  
3 new social infrastructure like Older Adult Centers,  
4 satellites, or mobile programs in these service  
5 deserts, and is there a timeline for that?

6 COMMISSIONER CORTES-VAZQUEZ: There isn't  
7 a timeline for that, because that is about resources  
8 and matching capacity and need.

9 CHAIRPERSON HUDSON: And as we identified  
10 earlier, you need additional resources.

11 COMMISSIONER CORTES-VAZQUEZ: We've  
12 identified earlier that the resources do not keep up  
13 with the needs.

14 CHAIRPERSON HUDSON: Understood. You did  
15 tell me earlier that if I had any OMB you might  
16 answer them.

17 COMMISSIONER CORTES-VAZQUEZ: I did. I  
18 did.

19 CHAIRPERSON HUDSON: so, I don't know,  
20 you're getting--

21 COMMISSIONER CORTES-VAZQUEZ:  
22 [interposing] I had just a momentary--

23 CHAIRPERSON HUDSON: getting shy now.

24 COMMISSIONER CORTES-VAZQUEZ: I'm always  
25 very [inaudible].

1  
2 CHAIRPERSON HUDSON: Alright. Data and  
3 metrics. What data does NYC Aging currently collect  
4 to measure social isolation among program  
5 participants?

6 COMMISSIONER CORTES-VAZQUEZ: Okay. It's  
7 the same uniform metric that we use on loneliness,  
8 that now we will look at it for culturally  
9 competency.

10 CHAIRPERSON HUDSON: Okay. Okay. You'll  
11 apply what you use for social isolation to culturally  
12 competency you're saying. Got it. How will NYC  
13 Aging evaluate progress over the next fiscal year in  
14 reducing isolation among homebound immigrant  
15 digitally- disconnected, and marginalized older  
16 adults?

17 COMMISSIONER CORTES-VAZQUEZ: And they  
18 know that we couldn't improve on what we're doing in  
19 terms of the data collection. I think what we improve  
20 is what data we collect and ensure that we are doing  
21 it for all populations with the measure that makes  
22 sense and that's relatable for all populations.

23 CHAIRPERSON HUDSON: This is-- it-- I'm  
24 just curious to know- you know, one of the things  
25 I've been thinking about and I think that the Council

1  
2 as a whole has been thinking about are automatic ren;  
3 for certain benefits, right? I'm so I'm jut  
4 wondering in terms of serving folks-- and we know the  
5 population is 1.8 million people. You only have  
6 300,000 of them in your network. And so I'm just  
7 wondering have you given any thought to how to expand  
8 outreach in terms of, you know, government knows how  
9 old everybody is. And so is there a way that when  
10 folks reach a particular age, that we can just ask  
11 them some questions.

12 COMMISSIONER CORTES-VAZQUEZ: Yeah, we've  
13 thought about that a lot. We've thought--

14 CHAIRPERSON HUDSON: [interposing] More  
15 than me?

16 COMMISSIONER CORTES-VAZQUEZ: As probably  
17 as much as you. We've thought about that, and is  
18 there a way, the way when you turn 18, you have to  
19 register, right?

20 CHAIRPERSON HUDSON: Right. Right.

21 COMMISSIONER CORTES-VAZQUEZ: And you  
22 know, and the magic of AARP--- the minute you hit 47,  
23 they know to start talking to you for the next three  
24 years til you become a member.

25 CHAIRPERSON HUDSON: Member.



1  
2           COMMISSIONER CORTES-VAZQUEZ: But I think  
3 what you are alluding to and what I would love to see  
4 too is a universal way that that becomes automatic.

5           CHAIRPERSON HUDSON: Right. And I think  
6 beyond just informing people that they might be  
7 eligible for something or informing them about a  
8 particular service or program, it's actually  
9 enrolling them in said program or inviting them.

10          COMMISSIONER CORTES-VAZQUEZ: Well, we  
11 wouldn't know, but they would-- that might be a  
12 little more challenging, but it gives--

13          CHAIRPERSON HUDSON: [interposing] But  
14 you're--

15          COMMISSIONER CORTES-VAZQUEZ: us an  
16 opportunity, right.

17          CHAIRPERSON HUDSON: Yeah, and I think of  
18 your agencies it's a little bit different because  
19 there aren't necessarily specific benefits.

20          COMMISSIONER CORTES-VAZQUEZ: Income  
21 guidelines.

22          CHAIRPERSON HUDSON: Yeah. Well, not  
23 even just income guidelines, but age. Like, you  
24 might, you know, reach out to every older New Yorker  
25

1  
2 and say, like, do you know here are your five closest  
3 Older Adult Centers that you can visit for--

4 COMMISSIONER CORTES-VAZQUEZ:

5 [interposing] Right.

6 CHAIRPERSON HUDSON: meals and programming  
7 and so forth.

8 COMMISSIONER CORTES-VAZQUEZ: See, what I  
9 would envision, would love to see, you know, if I  
10 could live to see that, would be that you would get a  
11 notice on your, you know, 60<sup>th</sup>-- 59<sup>th</sup> birthday.

12 You're going to be eligible for all of these things.

13 CHAIRPERSON HUDSON: Right.

14 COMMISSIONER CORTES-VAZQUEZ: Or do you  
15 know someone-- because now that's the other thing.  
16 It's like each one has one, right? So, do you know  
17 someone who-- and put that out in a public domain in  
18 a way that we've not had the capacity to do that.

19 CHAIRPERSON HUDSON: Yeah, and I think  
20 that's great, but then I think at your 60<sup>th</sup> birthday,  
21 then we're actually just enrolling you in the thing  
22 that you're qualified to receive.

23 COMMISSIONER CORTES-VAZQUEZ: Yeah.

24 CHAIRPERSON HUDSON: Rather than  
25 informing you of it, and then you still have to do

1  
2 the work to enroll. But I think we're saying more or  
3 less the same thing.

4 COMMISSIONER CORTES-VAZQUEZ: And I think  
5 we looked at the feasibility of sending a birthday  
6 card out.

7 CHAIRPERSON HUDSON: Oh yeah.

8 COMMISSIONER CORTES-VAZQUEZ: As the  
9 first piece.

10 CHAIRPERSON HUDSON: Sounds like more  
11 resources could get you there.

12 COMMISSIONER CORTES-VAZQUEZ: But--  
13 exactly. Stamps are now 46 cents and that's a  
14 million eight--

15 CHAIRPERSON HUDSON: [interposing] I  
16 thought they were more than 46 cents.

17 COMMISSIONER CORTES-VAZQUEZ: Maybe so.  
18 Goes to show you.

19 CHAIRPERSON HUDSON: I can't remember the  
20 last time I put stamp on something. Okay. I want to  
21 get into federal threats. The City Comptroller has  
22 warned that proposed federal policies changes under  
23 Trump such as aggressive social security over-payment  
24 recovery and major cuts or restructuring to the  
25 Administration for Community Living could

1 significantly disrupt the supports older New Yorkers  
2 rely on. What is NYC Aging's assessment of how many  
3 older New Yorkers could lose or see disruptions to  
4 services if these federal changes advance, and how is  
5 the city planning to mitigate potential impacts?

6  
7 COMMISSIONER CORTES-VAZQUEZ: The way we  
8 try to mitigate this is because of the degree of  
9 uncertainty, and what you get is pronouncements with  
10 no action, no plan, you have no idea how it's going  
11 to be executed. So, it's very hard to plan around  
12 that. So, the best that we're doing is trying to  
13 mitigate fear and concern, and with those things that  
14 we do know about that we're certain, like SNAP, we  
15 went into action immediately and started saying,  
16 okay, how is it that we can provide more meals for  
17 those people who will lose SNAP, who will be food  
18 insecure. But in terms of-- it is infuriating  
19 because you have these pronouncements, and all they  
20 do is raise fear and concern.

21 CHAIRPERSON HUDSON: Right.

22 COMMISSIONER CORTES-VAZQUEZ: There's no  
23 way of how they're going to know who they're going to  
24 retrieve social security from, and it could be all of  
25 the immigrant people who pay into social security who

1  
2 will never be eligible for it. It's-- not knowing  
3 what the-- knowing what the intent is, not knowing  
4 other than fear, not knowing how they're going to  
5 execute is very difficult to really plan around that  
6 other than an educational campaign to assuage fear.

7 CHAIRPERSON HUDSON: Well, could you  
8 identify specific resources that would be  
9 prioritized, let's say, for replenishing should they  
10 be lost?

11 COMMISSIONER CORTES-VAZQUEZ: It wouldn't  
12 fall under NYC Aging. If there were income supports  
13 that would be needed on an emergency basis, because  
14 you just lost your social security because someone  
15 deemed that they overpaid you, that would not be  
16 under the ages of NYC Aging. But it's a matter of  
17 looking at working with our sister agencies of how  
18 are we going to address income support, emergency  
19 income support needs and/or income support  
20 replacement.

21 CHAIRPERSON HUDSON: Right. Okay. If  
22 major federal reductions to Aging services or safety  
23 net programs are enacted in the coming year, what  
24 contingency plans does the administration have  
25 programmatic and budgetary to prevent a surge in

1  
2 social isolation, hunger and premature  
3 institutionalization among older New Yorkers,  
4 especially those already living alone or homebound?

5 COMMISSIONER CORTES-VAZQUEZ: So, far  
6 there has been no funding cuts to any of the Older  
7 American Act programs. So far, thus far, and we've  
8 not heard of any coming in the immediate future which  
9 means that if we lost federal funding in any of our--  
10 in our 3B, 3C, it would have an impact, but I just  
11 want to remind people-- and I don't know how long we  
12 could sustain it if we feel the federal impact. The  
13 city pays 75 percent of the Aging Services thus far.

14 CHAIRPERSON HUDSON: And given the  
15 increasing federal administrative burdens affecting  
16 social security, Medicaid, and other benefits, what  
17 role should NYC Aging play in benefits counseling and  
18 advocacy to ensure older New Yorkers do not lose  
19 lifeline supports and become more isolated simply  
20 because they cannot navigate new federal hurdles?

21 COMMISSIONER CORTES-VAZQUEZ: I think  
22 that the role that the agency would play would be to  
23 be-- have some of our case management agencies take  
24 up as they do, but take up a stronger role in being  
25

1  
2 ombudsman for the older adults and advocating on  
3 their behalf for some of these benefits.

4 CHAIRPERSON HUDSON: Okay. And then I  
5 want to move into the caregiving RFP as my last few  
6 questions.

7 COMMISSIONER CORTES-VAZQUEZ: Sure.

8 CHAIRPERSON HUDSON: Does NYC Aging plan  
9 to subcontract services for distinct needs population  
10 within the single citywide caregiving contract?

11 COMMISSIONER CORTES-VAZQUEZ: So, I'm  
12 going to address the caregiving contract as a whole.  
13 First of all, we're really pleased that we're able to  
14 bring in additional hours. One of the things that  
15 we've seen is that most of the target population that  
16 we had in the three target of citywide contracts were  
17 being really served locally. And so what we're doing  
18 is shifting the money locally so that they have more  
19 capacity. What we're hoping-- the RFP's out. The  
20 intent is to put the money locally, and while we have  
21 a citywide contract is that-- I can say-- about the  
22 technical assistance, okay. So, it's because the RFP  
23 is out and I don't want somebody to start embargoing  
24 it. So, the intent is that the citywide contractor  
25 has the capacity to subcontract, but to be a

1  
2 technical assistance provider as well as a-- the  
3 citywide contract caseload was small. What they were  
4 was usually a support and a resource. What we're  
5 hoping is to bolster that and in whatever targeted  
6 areas, and it's not just-- it's for other impairments  
7 other than just vision. But that's what we're--  
8 that's the intent. The intent is to put more money  
9 out in community and build a capacity within the  
10 community.

11 CHAIRPERSON HUDSON: Okay. I-- hold on  
12 one second. Let me just give an example. If a  
13 provider serves let's say a hearing-impaired and, you  
14 know--

15 COMMISSIONER CORTES-VAZQUEZ: Black LGBT  
16 person.

17 CHAIRPERSON HUDSON: Yeah, yeah, right.  
18 And has like multiple needs, can speak to how that  
19 provider might fare?

20 COMMISSIONER CORTES-VAZQUEZ: Right.  
21 Fare in the RFP process?

22 CHAIRPERSON HUDSON: Right.

23 COMMISSIONER CORTES-VAZQUEZ: No. I can  
24 tell you about how we expect them to fare in the  
25 service delivery process.

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CHAIRPERSON HUDSON: Okay.

COMMISSIONER CORTES-VAZQUEZ: Alright?

CHAIRPERSON HUDSON: I'll take that.

COMMISSIONER CORTES-VAZQUEZ: So, if the client comes in and the client has these multiple targeted needs, the providers need to have the capacity to serve those.

CHAIRPERSON HUDSON: Right, okay.

COMMISSIONER CORTES-VAZQUEZ: Whether it's through subcontracting or whatever. Our goal is to make sure that the local provider has the ability to do that, because people live in communities. And that that capacity should be there. A citywide contractor, what our goal is for them to be a technical advisor and supporter to those 12, 14, whatever they are locally that we're having. I don't remember the number. Alright? And so as well as to provide any special ends that they may-- clients that they may have. But the idea is to be the capacity building and support to that whole network of agencies. And I think that's why I have--

CHAIRPERSON HUDSON: [interposing] Nods of approval. Okay. LGBTQ+ older adults experience higher levels of social isolation, loneliness, and

1  
2 stigma as we've discussed, and without traditional  
3 family support structures, they often have distance  
4 care-giving needs. How will NYC Aging ensure that  
5 caregiving support for this community remains  
6 uninterrupted under the new caregiving RFP?

7 COMMISSIONER CORTES-VAZQUEZ: No  
8 different than anyone else. I mean, our goal is that  
9 each one of the programs has the capacity to address  
10 that. We know that to supplement the work, because  
11 we know that most LGBTQAI communities don't have a  
12 family member and are relying on others to serve.  
13 So, it's known that and knowing how to support those  
14 individuals with those different relationships, you  
15 know, families [sic] or whatever we call them. To  
16 have the same kind of supports for the caregiver as  
17 we are for the care recipient.

18 CHAIRPERSON HUDSON: And how is NYC Aging  
19 evaluating equity when implementing the reduction of  
20 distinct needs contracts under the new RFP.

21 COMMISSIONER CORTES-VAZQUEZ: I think we  
22 just went through that. It's building the capacity  
23 locally and having a citywide one to be a technical  
24 advisor and supporter in addition to a service  
25 provider.

1  
2 CHAIRPERSON HUDSON: Okay. Then I guess  
3 under the assumption that and equitable lens and  
4 services are being--

5 COMMISSIONER CORTES-VAZQUEZ:  
6 [interposing] Under the assumption that if I apply  
7 for this grant and I don't have that capacity, I got  
8 to figure out how to get that capacity built in so  
9 that I can be a bidder and qualify for that grant.

10 CHAIRPERSON HUDSON: Okay. How does NYC  
11 Aging plan to serve LGBTQ+ caregivers who don't feel  
12 safe accessing services at Older Adult Centers?

13 COMMISSIONER CORTES-VAZQUEZ: That's a  
14 larger issue which is how is that we are developing--  
15 one of the things we have is the mandated training  
16 for all center staff and providers. The larger  
17 question is how would we go to the second step in  
18 terms of capacity building and training in  
19 sensitivity.

20 CHAIRPERSON HUDSON: What specific  
21 protections will NYC Aging put in place for distinct  
22 needs populations? In particular, what measures will  
23 be taken to support LGBTQIA+ older adults and their  
24 caregivers?

1  
2 COMMISSIONER CORTES-VAZQUEZ: No  
3 different than we would for any other caregiver.  
4 Just recognizing that the needs might be different  
5 and the relation-- the familiar relationship might be  
6 different.

7 CHAIRPERSON HUDSON: Okay. I just want to  
8 note there's a lot of concern about disruption in  
9 services, and so I want to make sure that you and  
10 your team are aware.

11 COMMISSIONER CORTES-VAZQUEZ: Yeah, I  
12 think-- I think the concern is centered around the  
13 fact that we had three popular-- three granters.

14 CHAIRPERSON HUDSON: And now you're going  
15 to one.

16 COMMISSIONER CORTES-VAZQUEZ: And the  
17 larger concern from this perch is how do we build  
18 that into community, and how do we support  
19 communities to make sure that they can provide their  
20 services. So, I'm less thinking about a contractor  
21 getting a contract than to ensuring that that  
22 capacity is built in and is spread in community as  
23 much as it can, and building that--

24 CHAIRPERSON HUDSON: [interposing] But  
25 wouldn't-- wouldn't it be a safe assumption to make,

1  
2 though, that more providers with distinct capacities  
3 would be-- would reach more people--

4 COMMISSIONER CORTES-VAZQUEZ:

5 [interposing] Yeah.

6 CHAIRPERSON HUDSON: than one provider?

7 COMMISSIONER CORTES-VAZQUEZ: That's not  
8 to say that any of those three providers can apply  
9 for grants at the local community. There's nothing  
10 prohibiting that.

11 CHAIRPERSON HUDSON: Yeah.

12 COMMISSIONER CORTES-VAZQUEZ: What-- the  
13 model is going from a more centralized, specialized,  
14 targeted to a more community-based integrated  
15 approach. It's not diminishing the need of either of  
16 those populations at all. If it's anything, it's  
17 saying take that locally. Build that capacity locally  
18 where people live and how they live, not a  
19 centralized-- you know, that then you do. And the  
20 other-- the reality is that the three centralized  
21 providers had a lower participation client base than  
22 what-- that was the driver for saying push that where  
23 the services are being delivered in community. But  
24 make sure that the capacity is there so that special  
25 need is not met-- lost.

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CHAIRPERSON HUDSON: Thank you.

COMMISSIONER CORTES-VAZQUEZ: Thank you.

CHAIRPERSON HUDSON: Okay, I will move into public testimony. Thank you so much, and--

COMMISSIONER CORTES-VAZQUEZ:  
[interposing] Thank you so much.

COMMISSIONER CORTES-VAZQUEZ:  
congratulations to us both on our last hearing for the term.

COMMISSIONER CORTES-VAZQUEZ: I know.  
Thank you.

CHAIRPERSON HUDSON: And for the year.

COMMISSIONER CORTES-VAZQUEZ: Thank you.  
And always, thank you for your partnership. Do not give up. If anything we've got to move this forward, and we've got to really make sure that this becomes the model [inaudible].

CHAIRPERSON HUDSON: Whether I remain Chair of this committee or not, I will never stop advocating for older adults.

COMMISSIONER CORTES-VAZQUEZ: And I will--  
- whatever perch I have will definitely become that strong activist.

1  
2 CHAIRPERSON HUDSON: Love it. Well, then  
3 I look forward to seeing you in the street.

4 COMMISSIONER CORTES-VAZQUEZ: See you.  
5 Wonderful holiday for all.

6 CHAIRPERSON HUDSON: You, too. Thank  
7 you. Alrighty [sic]. I will now open the hearing for  
8 public testimony, and I want to remind members of the  
9 public that this is a government proceeding and that  
10 decorum shall be observed at all times. As such,  
11 members of the public shall remain silent at all  
12 times. The witness table is reserved for people who  
13 wish to testify. No video recording or photography  
14 is allowed from the witness table. Further, members  
15 of the public may not present audio or video  
16 recordings as testimony, but may submit transcripts  
17 of such recordings to the Sergeant at Arms for  
18 inclusion in the hearing record. If you wish to  
19 speak at today's hearing, please fill out an  
20 appearance card with the Sergeant at Arms and wait to  
21 be recognized. When recognized, you will have two  
22 minutes to speak on the oversight topic: social  
23 isolation among older New Yorkers. If you have a  
24 written statement or additional written testimony you  
25 wish to submit for the record, please provide a copy

1 of that testimony to the Sergeant at Arms. You may  
2 also email written testimony to  
3 [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov) within 72 hours of this  
4 hearing. Audio and video recordings will not be  
5 accepted. Okay. The first panel, Geordana Weber,  
6 Mohammad Razvi, and Anita Kwok. And Geordana, we can  
7 begin with you whenever you're ready.

9 GEORDANA WEBER: Thank you. Good  
10 afternoon. I'm Geordana Weber, pronouns she/her/hers.  
11 I'm the Chief Program Officer at Service Program for  
12 Older People, or SPOP. Thank you, Chair Hudson, for  
13 holding this oversight hearing on the social  
14 isolation of older New Yorkers. I'm grateful for  
15 this opportunity to address the Committee on Aging  
16 today. As you've heard SPOP say throughout the  
17 years, we play a unique role in supporting the  
18 health, emotional wellbeing and independence of older  
19 adults, and we've done so for more than 45 years. We  
20 are the only agency in the city that is exclusively  
21 dedicated to community-based mental health care for  
22 older adults. We provide outpatient treatment to  
23 over 1,000 people each year through individual and  
24 group therapy, assessments, medication management,  
25 and psychiatric rehabilitation. The former U.S.

1 Surgeon General reported in 2023 that loneliness and  
2 social isolation are at epidemic levels. The off-  
3 quoted statistics from the Surgeon General Vivek  
4 Murphy's [sp?] 2023 report document the impact of  
5 chronic loneliness and isolation, a 50 percent  
6 greater likelihood to develop dementia and a  
7 mortality rate equal to that of a person with a 15-  
8 cigarette a day habit. Our SPOP Assistant Director  
9 of Social Health says it this way: Older adults who  
10 do not have friends die sooner, and they die at the  
11 expense of the health care and social service systems  
12 designed to keep them alive. Social connection is a  
13 pillar of health and wellness, because social  
14 isolation is dangerous. Falls, stroke, diabetes,  
15 suicidality, and substance use are all made worse by  
16 isolation. On the flip side, social connectedness  
17 reinforces one's sense of purpose, values, and place  
18 in community. At SPOP, we see how the most isolated  
19 and the most fragile of older adults in New York City  
20 are those living with serious mental illness, alone  
21 in a home or in a room or unhoused throughout the  
22 city. Isolation can be self-imposed as a means to  
23 keep oneself alive and safe from the harm caused by  
24 community-imposed isolation, and we know that we have  
25

1  
2 a responsibility to older New Yorkers to provide  
3 behavioral and social supports that welcome them back  
4 into the community. The solution to social isolation  
5 in older adults does not have a one-size-fits-all  
6 fix, but the first step is to invest in increasing  
7 human contact and removing the barriers to  
8 connecting. We can diversify ways and places to  
9 congregate so older adults recognize their own  
10 cultural and socioeconomic reference group, teach  
11 social skills that have either gone dormant due to  
12 years of isolation, or that were never effectively  
13 taught in earlier life, and we can focus on the  
14 ground-breaking technology that increases human-to-  
15 human connection and rule out the technology that  
16 doesn't. Thank you for your work on behalf of all  
17 older New Yorkers and for this opportunity to  
18 testify.

19 CHAIRPERSON HUDSON: Thank you so much.

20 MOHAMMAD RAZVI: Hello. So, I have a  
21 written testimony which is requesting support for  
22 mental health counseling and so forth, but what I  
23 want to talk about is other things that are happening  
24 within the community that you alluded towards  
25 earlier. That is, under the current administration

1 we're actually teaching our seniors how to react  
2 against police encounters, what's your responsibility  
3 just in case if there is an ICE raid in your  
4 neighborhood or things happen and you're confronted.  
5 The sad part is, when I was growing up my mother said  
6 Mo, you know, your name is Mohammad. You're a  
7 Pakastani. You have to work three times as hard to  
8 succeed. Sadly, I have to tell some of my seniors,  
9 because of their name, because of their identity,  
10 because of how they look it's three times likely that  
11 they will be encountering such incidences. I can't  
12 explain to you how sad it is that I have to let my  
13 seniors and teach my seniors-- show them what a  
14 warrant looks like, give them examples of this is a  
15 warrant. And how many seniors that come to us that  
16 are so afraid, and especially when there's an  
17 incident that's happening within the community, I kid  
18 you not, my seniors-- I mean, our vans start loading  
19 the seniors and just take them home. And even some of  
20 my staff members who are-- you know, who are legally-  
21 - legal workers, everything, they're so afraid. The  
22 fear that this has caused within the community, it's  
23 unbelievable. And the mental, as everyone is  
24 mentioning-- we have two counselors unfunded and we  
25

1  
2 have been continuously trying to work with our  
3 seniors in group sessions. DFTA and the Commissioner  
4 have done so much from the Commissioner to Alan and  
5 to Eileen. Just want to re-emphasize how important  
6 it is that we need to come together even stronger,  
7 because I don't know what's going to happen next  
8 month when the new administration is, you know,  
9 coming up, but I'm looking forward to-- please,  
10 whatever you need from us to be there, we'll do for  
11 you.

12 CHAIRPERSON HUDSON: Thank you so much.  
13 And can you just state your full name for the record?

14 MOHAMMAD RAZVI: Oh, I'm sorry. My name  
15 is Mohammad Razvi. I'm the CEO and Executive Director  
16 of Council of People's Organization, the largest  
17 halal food pantry and halal meals on wheels in the  
18 country.

19 CHAIRPERSON HUDSON: Thank you so much.  
20 Anita?

21 ANITA KWOK: Thank you, Chair Hudson, for  
22 convening this oversight hearing on social isolation  
23 among older adults. My name is Anita Kwok, a policy  
24 analyst at United Neighborhood Houses, a member  
25 organization of settlement houses across New York.

1  
2 Twenty years ago, UNH released a report that  
3 highlighted the risk of social isolation among older  
4 New Yorkers, and since then we've been working to  
5 advance programs and refunding solutions to address  
6 this. Our research demonstrates that investing in  
7 community-based programs and services are a clear  
8 antidote. Settlement houses and other CBOs which  
9 offer a range of services in an integrated setting  
10 are ideally suited to support older adults with their  
11 intimate knowledge of their communities and  
12 participation in their local network. Unfortunately,  
13 the essential services that the settlement houses  
14 offer are under-funded by government contracts. OACs  
15 haven't received a rate increase for congregate meals  
16 since the last procurement in 2021 despite the  
17 following years of inflation. Congregate meals bring  
18 older adults together directly addressing social  
19 isolation while addressing food insecurity as well.  
20 In addition, a multi-year agreement for the city to  
21 fund a COLA is expiring next year, and even with  
22 COLAs, direct service providers who support older  
23 adults are chronically underpaid, making retention  
24 and recruitment especially for multi-lingual staff  
25 really difficult. With a new administration coming in

1  
2 next year, it's essential that the city budget  
3 addresses longstanding underfunding of these  
4 contracts and it will include ongoing COLAs and  
5 adequate wages for staff. Finally, we're really  
6 excited for this. UNH and our advocacy partners are  
7 launching a NORC in Every Neighborhood campaign,  
8 because we believe that NORCs are a really  
9 sustainable and cost-effective way to address older  
10 adult needs and combat social isolation. We really  
11 must grow these services to support more older adults  
12 and will release a companion analysis of the north  
13 landscape in New York City soon. It'll show the over  
14 two dozen neighborhoods in the city that lack a NORC,  
15 despite thousands of older adults in those  
16 neighborhoods. This is an analysis campaign and a  
17 budget campaign that will seek \$10 million in the  
18 FY27 budget to create approximately 30 new NORCs.  
19 Thank you for your time.

20 CHAIRPERSON HUDSON: Thank you so much.  
21 Okay. I have a question for SPOP and then I have a  
22 few other questions that anybody can answer. So, you  
23 serve 1,000 clients annually. What proportions come  
24 to SPOP due to isolation, and how many remain  
25

1  
2 disoriented outside-- disconnected, excuse me,  
3 outside of SPOP?

4 GEORDANA WEBER: So, the majority of  
5 people that come to SPOP are coming to tread  
6 conditions related to depressive disorders. We are  
7 treating them both telephonically through telehealth  
8 and in-person throughout 20 satellite clinics  
9 throughout the city. About 70 percent, including  
10 people who are homebound, will receive Zoom or  
11 telephonic services. So, I mentioned our somewhat  
12 new Assistant Director of Social Health. She and her  
13 very small team of 1.5 will go out to the homes and  
14 teach people how to Zoom so that they can connect to  
15 not only the telehealth services that we can offer,  
16 but to other kinds of social services. We're also  
17 having them when they are anxious to get to an Older  
18 Adult Centers, if at all possible. For example, if  
19 they're not necessarily bed-bound, but they're  
20 homebound in terms of limited mobility, but they can  
21 get two or three blocks away, we'll bring them over  
22 to their local Older Adult Center. So, I would say  
23 the majority of older adults that come to us, because  
24 they come with depressive conditions are also dealing  
25 with social isolation. Some of them where able to

1  
2 help connect and some we're still in the process of  
3 trying to outreach.

4 CHAIRPERSON HUDSON: Got it. Thank you.  
5 And then for all of you, what role should NYC Aging  
6 or DOHMH be playing that current, but they aren't  
7 currently?

8 MOHAMMAD RAZVI: I think they need to  
9 allocate more resources for the mental health  
10 counseling, and give-- because they had this thing  
11 where you called in to the city, and you know, all  
12 the sudden you're going to be directed to the mental  
13 health counselor or something. It didn't work. And I  
14 think having a cultural competency community groups  
15 being allocated, even one counselor, you know, just  
16 to start with. You know, it can help, because if  
17 there's one staff counselor, that counselor can  
18 actually get other social workers to work under them  
19 and get volunteers, you know, from the colleges and  
20 the social work network. It's-- it is possible. I  
21 think that's something you need to emphasize which--  
22 and especially at these-- you know, with DFTA all the  
23 sites, I think it'll be great. I think it will help,  
24 because I can't even tell you how many seniors just,  
25 you know, just says we need to talk, and we have that

1  
2 room just to sit down. And then, if my counselor is  
3 too busy, I got to try to make those appointments for  
4 them.

5 CHAIRPERSON HUDSON: Does anyone else  
6 want to answer?

7 GEORDANA WEBER: Yeah, I think the more  
8 crossover between DOHMH and NYC Aging, the better.  
9 Many, many people who are living with serious mental  
10 illness are now aging and need all kinds of services  
11 and access to a continuum of care and a community.  
12 The more cross-programming opportunities that exist,  
13 the more inclusive the city can be and meet some of  
14 those multipronged needs that tend to show up in  
15 humans that have more than one need at a time.

16 ANITA KWOK: And adding onto that, UNH is  
17 a really big fan of the Geriatric Mental Health  
18 initiative specifically.

19 CHAIRPERSON HUDSON: Okay, great. Thank  
20 you all. Where specifically are you seeing  
21 breakdowns? Are they in hospitals, managed care,  
22 public housing, anywhere else? In terms of the  
23 connections between NYC Aging and DOHMH.

24 GEORDANA WEBER: Yes, yes, and yes. I  
25 think the fact is there doesn't necessarily need to

1  
2 be a competition between models. I think there are  
3 such benefits to community modeling, and there are  
4 benefits in terms of reimbursement and sustainability  
5 to billing models. Older adults, particularly those  
6 with mental health needs, are going to need a little  
7 bit of all of it together combined. So, the more  
8 there can be catching of things that can't be  
9 reimbursed, things that can be grant-funded-- if  
10 Medicare and Medicaid and third-party insurance won't  
11 cover it, the better, the more expansive the services  
12 that can be offered.

13 MOHAMMAD RAZVI: I want to elude towards  
14 some of the social daycares. What they do is they're  
15 taking the city money or state money and then  
16 providing service, or sometimes they're not providing  
17 the service. If you're able to, you know, have a real  
18 concrete conversation where these services can be  
19 provided by nonprofits, groups that actually are  
20 seeing those patients, I think it would be much  
21 better. Where it, you know, the fee for service it's  
22 a sliding scale. It's okay. But at least we're able  
23 to hire the staff to do that work. We're a not-for-  
24 profit. We are not a for-profit entity.

25 CHAIRPERSON HUDSON: Right.

1  
2 MOHAMMAD RAZVI: Many of us are not. And  
3 that's where I think where you can help to focus  
4 them. If they can do that, I think that'll be great.  
5 It's a win/win situation, because all these social  
6 daycares are being investigated and I kid you not, if  
7 you look it up, it's being investigated all over and  
8 they're shutting down. There are so many of them  
9 being for sale, and it's because they frauded the  
10 system. And nonprofit entities should be allowed--  
11 or somehow there should be a mechanism that we should  
12 be working to that.

13 CHAIRPERSON HUDSON: Thank you. Do any  
14 of your organizations receive referrals from the  
15 city?

16 MOHAMMAD RAZVI: Yes, we do. We receive  
17 from the 311 call and you know, from DFTA, and goes  
18 through the whole system. Yes.

19 GEORDANA WEBER: Ours do as well. Seven  
20 out of our 20 satellite clinics are DGMH clinics  
21 through the Geriatric Mental Health initiative. I'm  
22 sorry, through the Department of Aging-- yes, sorry,  
23 Geriatric Mental Health Program. We have another  
24 program. The Geriatric Mental Health initiative  
25 which is state-funded, and we also sometimes will

1  
2 have council people calling us with some of their  
3 constituents that are really struggling and needing  
4 mental health services, and we're always happy to  
5 take those referrals.

6 CHAIRPERSON HUDSON: Thank you. I've been  
7 one of them, and we appreciate your partnership  
8 always. Okay.

9 ANITA KWOK: We're not a direct service  
10 provider, so we don't.

11 CHAIRPERSON HUDSON: Right. Okay.

12 ANITA KWOK: If anything, we'll refer to  
13 our members.

14 CHAIRPERSON HUDSON: Yes. Thank you.  
15 Thank you all. Thank you so much for your testimony  
16 and for answering the questions. The next panel will  
17 be Linda Hoffman, Katie Foley, and Ali Hodin Baier.  
18 Or Ali, sorry. Okay. Okay. Linda, do you want to  
19 go first?

20 LINDA HOFFMAN: Good afternoon, everyone.

21 CHAIRPERSON HUDSON: Good afternoon.

22 LINDA HOFFMAN: Great to be here and see  
23 you all, and I feel like I am preaching to the choir,  
24 as always. On behalf of our Board of Directors at  
25 New York Foundation for Senior Citizens, we deeply

1  
2 appreciate your ensuring the continuation of our home  
3 sharing program by supporting the \$250,000 from the  
4 Speakers citywide budget and allocation from your  
5 individual and borough delegations and discretionary  
6 budgets for the next fiscal year. And our program  
7 provides the only services of their type in New York  
8 City and prevent isolation. So, our free home  
9 sharing program, as you all know, is implemented by  
10 social workers who use their professional skills to  
11 successfully match older adults, what we call hosts,  
12 with extra space in their homes or houses or  
13 apartments to share with responsible compatible  
14 guests, and who are in need of affordable housing and  
15 a need of giving up feelings of isolation and  
16 loneliness. And during the last-- first five months  
17 of this fiscal year, we've matched 60 hosts and  
18 guests in 30 home share arrangements. Last year we  
19 did 100 hosts and guests in 50 home share  
20 arrangements at the cost of \$3,900 for one-shot  
21 deals. And we provided affordable housing at the  
22 same time we helped older adults maintain their  
23 housing and remain in their homes. We also, as a  
24 component of this program, provide more help with,  
25 again, in preventing social isolation by having

1 helping caregivers to take some time off and helping  
2 people who are alone to re-- who are above the  
3 Medicaid level to receive help in their homes to  
4 remain there by providing home care and home  
5 attendance for \$19.10 an hour when the local agencies  
6 in New York City are charging \$30 to \$35 an hour. It  
7 last year cost us to help each of these individuals,  
8 \$553 a person. Our study that we did from the July  
9 1, 2024 to June 30<sup>th</sup>, '25 fiscal year found that with  
10 a total of \$200,000 we received from the City Council  
11 last year, we saved the city \$1,767,000 in Medicaid  
12 expenses by preventing the need for  
13 institutionalization and also by preventing  
14 homelessness and keeping-- helping people find  
15 affordable housing, along with providing the city  
16 with significant annual savings in Medicaid and other  
17 expenses, our home sharing and respite care program  
18 enables older adults to maintain, as I said, and  
19 remain in their own homes, obtain affordable housing,  
20 prevent feelings of isolation and loneliness, and  
21 prevent institutionalization in nursing and adult  
22 homes, and provides also jobs for home care workers.  
23 Our program is totally dependent on government  
24 funding each and every year to continue to fulfil an  
25

1  
2 ever-increasing number of requests for its services,  
3 and to ensure that that happens again next year, we  
4 would be very grateful for your support as I  
5 mentioned earlier. We do require at least hopefully  
6 \$250,000 from the city's Speakers budget, plus  
7 allocations from individual and borough delegation  
8 discretionary budgets. Thanks very much in advance  
9 for any help that you can provide and any support  
10 that you can provide.

11 CHAIRPERSON HUDSON: Absolutely, and  
12 thank you so much--

13 LINDA HOFFMAN: [interposing] Thank you.

14 CHAIRPERSON HUDSON: for the work that  
15 you do and for your testimony.

16 KATIE FOLEY: Hello. My name is Katie  
17 Foley. I'm a managing director at Selfhelp Community  
18 Services. Thank you for the opportunity to talk about  
19 social isolation today. For nearly 90 years,  
20 Selfhelp has been dedicated to helping older adults  
21 live with dignity and independence, serving 25,000  
22 people, and our legacy is rooted in our work with  
23 Holocaust survivors, giving us the lens of trauma,  
24 compassionate, individual care. We see the growing  
25 crisis of social isolation every single day, and like

1 has been stated here many times, we understand it's  
2 not just a feeling of loneliness. This is a mental,  
3 emotional and physical condition. We recognize the  
4 importance of our Older Adult Centers, our NORCs, our  
5 social programs. These are essential and vital  
6 programs for reducing social isolation, but we also  
7 understand that there isn't a one-size-fits-all  
8 model, and we serve a lot of homebound seniors, as  
9 well as people who are effectively homebound during  
10 extreme weather which you alluded to earlier. And  
11 that's why we've integrated virtual programming for  
12 our virtual senior center. And there was a recent  
13 article in the Washington Post that talked about that  
14 there's actually benefits to being online for older  
15 adults, that it does build connection and engagement  
16 for the population. So, we support flexible funding  
17 through NYC Aging community-based programs to allow  
18 Older Adult Centers and other community-based  
19 programs to incorporate a hybrid model, to serve the  
20 folks who can come in-person through their in-person  
21 activities, and also have virtual options for members  
22 who are homebound and to be able to expand the  
23 community and comprehensive support system. Our  
24 virtual senior center offers live interactive classes  
25

1  
2 that bring community directly into somebody's home on  
3 their tablet, on their computer, and it's a space for  
4 friendship, for learning, and for engagement. It is  
5 not a substitute for in-person activities, but it is  
6 a crucial addition for people who cannot participate  
7 in in-person activities. Thank you so much for the  
8 opportunity to testify. We'd love to show you the  
9 virtual senior center demo if you're interested.

10 CHAIRPERSON HUDSON: Totally. Thank you  
11 so much.

12 ALI HODIN BAIER: Thank you for this  
13 opportunity to discuss social isolation among older  
14 adults. My name is Ali Hodin Baier and I'm the Chief  
15 Program Officer at DOROT in Manhattan. I use she/her  
16 pronouns. DOROT is unique among nonprofits serving  
17 older adults and that our sole mission is to prevent  
18 loneliness and isolation. We provide seniors with  
19 opportunities to connect socially with others and  
20 feel a sense of purpose and belonging. DOROT has  
21 deep expertise and a track record in building  
22 programs that foster social community. A powerful  
23 example is our friendly visiting program for which we  
24 match hundreds of trained volunteers with older  
25 adults for regular in-home visits. These one-on-one

1 visits are profoundly enriching for both the seniors  
2 and the volunteers. Key to the program's success is  
3 having our team of social workers behind the scenes  
4 to assess older adults, interview volunteers, and  
5 then carefully match them based on shared interests.  
6 We offer several other one-on-one programs including  
7 caring calls in which volunteers and older adults  
8 build remarkable connections through regular  
9 telephone visits. DOROT's intergenerational programs  
10 bring groups of older adults together with teams for  
11 activities. By fostering meaningful connections,  
12 these programs lead both generations to feel seen,  
13 valued, and part of the community. Finally, DOROT  
14 offers a range of cultural activities and lifelong  
15 learning for older adults with in-person phone and  
16 online formats to serve older adults who vary in  
17 interests, mobility, lack of transportation or Wi-Fi  
18 or have different needs in bad weather. Whether it's  
19 an arts workshop, book club, museum tour or tech  
20 help, we intentionally weave social connection into  
21 every program we offer. As a city, we can ease or  
22 prevent social isolation among older adults wherever  
23 they are. The key is putting social connection at  
24 the heart of all we do and providing the financial  
25

1  
2 resources necessary for staff with the knowledge and  
3 expertise and the flexibility to make these programs  
4 work well. We're grateful that the Council, DFTA, and  
5 legislation from both Republicans and Democrats has  
6 elevated this issue, making it both critical and  
7 bipartisan. Thank you again for the opportunity to  
8 speak today.

9 CHAIRPERSON HUDSON: Thank you so much  
10 and thank you all again for your testimony. We will  
11 now move to virtual testimony. Please wait for your  
12 name to be called to testify, and please select  
13 unmute when prompted. Elizabeth Lee.

14 SERGEANT AT ARMS: You may begin.

15 ELIZABETH LEE: Hi, good afternoon. Can  
16 everyone hear me okay?

17 CHAIRPERSON HUDSON: Yes. Thank you.

18 ELIZABETH LEE: Great. Hi. I'm actually  
19 here on behalf of Visions. My name is Elizabeth Lee.  
20 I'm testifying on behalf of our CEO, Molly Eagan.  
21 Thank you again for having us and touching upon this  
22 important topic. Visions services for the blind and  
23 visually impaired, a 100-year-old New York City  
24 nonprofit delivering free rehabilitation, workforce,  
25 youth and older adult services to people who are

1  
2 blind and visually impaired. I want to begin with a  
3 simple truth. Everything we know about social  
4 isolation among older adults is magnified when you  
5 lose your vision. As our city population ages, the  
6 four leading causes of vision loss, age-related  
7 macular degeneration, which our CEO has, diabetic  
8 retinopathy, glaucoma, and cataracts are all rising,  
9 especially among communities already facing health  
10 disparities. Vision loss is not an isolated medical  
11 condition. It is a gateway to disconnection. Without  
12 support, older adults who lose their sight often lose  
13 far more, their mobility, their confidence, their  
14 access to community, and the daily interactions that  
15 make life meaningful. When an older adult New  
16 Yorkers can't read mail, navigate their building  
17 safely, cook a meal, or leave home independently, the  
18 risk of social isolation skyrockets. And if you  
19 overlay vision loss on top of [inaudible] chronic  
20 illness, unsafe housing, or limited family support,  
21 isolation become almost guaranteed. At Visions we  
22 see this everyday, and we also see what is possible  
23 when the right supports are in place. Our staff  
24 provide in-home vision rehabilitation training,  
25 orientation mobility instruction, assistive

1  
2 technology, coaching, and social programs to help  
3 older adults and also caregivers remain active and  
4 connected. At our Visions Center and Aging in  
5 Manhattan, New York City's first and only Older Adult  
6 Center specifically designed for people who are blind  
7 and vision impaired, participants regain skills,  
8 rebuild community, and rediscover independence. For  
9 many--

10 SERGEANT AT ARMS: [interposing] Thank  
11 you. Your time expired.

12 ELIZABETH LEE: Okay. Thank you so much.

13 CHAIRPERSON HUDSON: You can-- you can  
14 finish the end there.

15 ELIZABETH LEE: Oh, okay. I'm going to  
16 just focus on the four bullets: funding for more in-  
17 home vision rehabilitator and mobility training,  
18 expanding accessible Older Adult Centers, and also  
19 continuing our caregiver and community programs for  
20 those definitely who recently lost their sight--  
21 invest in assistive technology and training, and  
22 ensuring every city-funded aging initiative includes  
23 accessibility for the blind and vision-impaired New  
24 Yorkers. So, I thank you, again, for allowing us to  
25 testify.

1  
2 CHAIRPERSON HUDSON: Thank you so much  
3 for your testimony, and thank you to everyone who has  
4 testified. If there's anyone present in the room or  
5 on Zoom that has not had the opportunity to testify,  
6 please raise your hand. Seeing no hands, I would  
7 like to note that written testimony which will be  
8 reviewed in full by committee staff may be submitted  
9 to the record up to 72 hours after the close of this  
10 hearing by emailing it to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov).  
11 Thanks to everyone who has testified. Thanks to the  
12 administration, and thanks of course to the staff for  
13 this committee and their work in preparing for  
14 today's hearing on social isolation among older New  
15 Yorkers, which we know is increasingly more prevalent  
16 now during the cold months and also the holidays.  
17 Thanks to everyone, and this hearing is adjourned.

18 [gavel]  
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COMMITTEE ON AGING

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 January 5, 2026