



TESTIMONY

Presented by

**Lorraine Cortés-Vázquez
Commissioner**

on

**Oversight:
Older Adult Immigration Population**

before the

**New York City Council
Committee on Aging and Committee on Immigration**

on

**Wednesday, February 10, 2021
10:00 A.M.**

Good morning. Thank you Chairperson Chin, Chairperson Menchaca and the members of the Committees on Aging and Immigration. I am Lorraine Cortés-Vázquez, Commissioner for the New York City Department for the Aging (NYC Aging). I am joined today by Nick Gulotta, Director of Outreach and Organizing at the Mayor’s Office of Immigrant Affairs (MOIA). I appreciate the opportunity to testify before you today. I look forward to sharing information about our services themselves, as well as some of the personal stories of immigrant older adults who have benefited from these services. These stories are small highlights of the impact of our work.

Population

According to the American Community Survey, in 2019, there were 1,761,816 older adults living in New York City; accounting for roughly 21% of the City’s population. Despite the onslaught of federal rules changes over the last four years which have targeted immigrants, New York City has remained a destination for many immigrants, particularly older adults. In 2019, New York City had 3,021,083 foreign born residents, down about 0.70% from 2010.¹ Despite this small decrease in the overall population, foreign-born residents over the age of 60 increased by 33% between 2010 and 2019 to 875,141.² The most popular countries of origin are now China, Dominican Republic and Puerto Rico.

With the rise in immigrant older New Yorkers, there is great diversity in languages spoken at home as well. For older adults, just over 47% speak a language other than English at home. This is a 2.6% increase from 2010. It is also interesting to note which of these languages have changed. From 2010 to 2019, older adults who speak Spanish at home increased by 33% while those who speak Asian and Pacific Island languages increased by nearly 54%. Additional languages, other than Indo-European also increased by almost 49%. Within those who speak a language other than English at home, almost 32% indicate that they speak English less than “very well” which is a slight decrease from 2010.

The population of immigrant older adults are not new immigrants, but residents who are choosing to age in place in New York City. Older adults who immigrated between 1990 and 1999 and after 2000 decreased by 47% and 44% respectively while those who entered prior to 1990 increased by 17.17%. Given the length of stay in the country, it makes sense that an overwhelming number of foreign-born older adults are also naturalized citizens. In 2019, roughly 78% of foreign-born older adults were naturalized citizens; up from 74% in 2010. For the remaining 22% who are not citizens, many face challenges in accessing benefits such as Federal Medicaid, for which they are not eligible.

Reduced access to health benefits was exacerbated by recent federal changes to the “public charge rule” which added further restrictions for many non-citizens who might otherwise access public benefits while also creating a chilling effect for others who are not subject to the rule but fear consequences if they apply. Historically, the public charge rule has been used in the green card application process to assess whether that person would be dependent on cash assistance

¹ American Community Survey, 2010

<https://data.census.gov/cedsci/table?q=older%20adults&g=1600000US3651000&tid=ACSST1Y2010.S0102>

² American Community Survey, 2019

<https://data.census.gov/cedsci/table?q=older%20adults&g=1600000US3651000&tid=ACSST1Y2019.S0102>

from government-funded programs to survive. In 2018, the federal administration proposed changes to expand which benefits would be used to evaluate public charge status to include non-emergency Federal Medicaid, Supplemental Nutrition Assistance Program, public housing, Section 8 housing vouchers, and the Medicare Part D Low-Income Subsidy. While using these programs does not necessarily preclude someone from changing their visa status or getting a green card, they can be used as factors. The rule is currently tied up in the courts, and under review by the Biden Administration, but is currently in effect and it will likely take a while for the rule to be reversed.

Despite Federal policies, the de Blasio Administration has made it a priority to ensure the city provides critical services to everyone including immigrants. Some of these services include NYC Care, which provides free health care to all eligible regardless of their immigration status, mental health services through Thrive NYC, GetFoodNYC meal hubs and food delivery for those with food instability during the pandemic, as well as and legal assistance including immigration related services through MOIA's ActionNYC and tenant representation through Human Resources Administration. New York City remains a sanctuary city, full of accessible supports for those who need it regardless of immigration status. We are optimistic about the changes in the federal landscape and look forward to new pathways forward for all immigrants.

Older Adult Services

NYC Aging offers a wide range of services for all adults over the age of 60 regardless of immigration status. These services remain available and open to all older New Yorkers throughout the COVID-19 pandemic. All services follow guidance from Local Law 30 of 2017 regarding language access. This ensures that all written communication is provided in at least 10 languages, and in addition to onsite translation, telephonic translation in 240 languages is available when engaging in any of our services.

Additionally, all services are provided in a culturally competent manner. NYC Aging staff receive Cultural Competency training in order to best meet the needs of the diverse group of older adults that we serve. Many of our programs use their cultural competence skills to engage, establish trusting relationships and assist older adults and their caregivers access services that they would otherwise refuse or not access out of fear of providing their personal information to government funded organizations. The fear is often due to their social political backgrounds and distrust in governments and organizations from their native countries or fear of being reported for not having adjusted their immigration status.

Case management is of great help to many immigrants and non-immigrants alike. Through this service, older adults receive help signing up for any public benefits for which they are eligible, including Medicare and Medicaid, Supplemental Nutrition Assistance Program, Senior Citizen Rent Increase Exemption and Home Energy Assistance Program. Referrals for other services are provided, such as assistance with house chores or grocery shopping. This has been a particularly in-demand service during the pandemic, as older adults have been encouraged to stay home as much as possible.

Additionally, NYC Aging supports older adults seeking new or different employment. Through this program, older adults have access to employment services, job training and career

counseling. This is the only program for which we ask immigration status since it is a Federal mandate to do so. Other services include Elder Justice, Geriatric Mental Health, Health Insurance Information Counseling and Assistance Program, and the Grandparent Resource center.

Combating Social Isolation

We also have several programs to combat social isolation including Friendly Visiting and Friendly Voices. While in-person Friendly Visiting is on hold due to the pandemic, virtual visits are being conducted when possible. Additionally, Friendly Voices has been very active. Through this, older adults are partnered with a volunteer who checks in with them via phone or video call weekly. Additionally, expanded this to include socialization groups on phone or video after hearing that culturally many were not responsive to the one-on-one model. Matches are made based on language preference.

In addition to Friendly Voices, NYC Aging staff has been providing an average of 10,000 wellness calls a day to older adults during the pandemic to reduce social isolation. These calls are made in several languages. One of these clients is an immigrant from Jamaica with whom staff was able to establish a strong, trusting relationship. The older adult was living in a room in the basement of a house in Brooklyn under unsafe conditions without heat. She had tried, without success, to apply for senior housing. NYC Aging staff was able to reach out to DOROT, a local nonprofit organization, Homelessness Prevention Program and ask if they would interview the older adult for eligibility for their privately funded shelter. This unique program has agreements with two high quality assisted living facilities to accept referrals from their shelter when they have openings.

At first, the older adult was hesitant to consider permanent placement in an assisted living facility as she did not see herself as being frail and had concerns about being confined to a facility. Nevertheless, she agreed to be interviewed by shelter staff and was accepted. The older adult decided to accept DOROT's offer and moved into the shelter on December 2. The program provided transport free of charge by car service so she can travel in safety and take some personal belongings with her to the shelter. NYC Aging remains a vital resource for many of our older New Yorkers in seeking assistance – whether it is finding better housing accommodations to a variety of other services the department offers.

Culturally Competent Meals

Older adults are also eligible to access free meals through the Home Delivered Meals program, and prior to the pandemic, at local senior centers. For these meals, there are a range of meal options, including vegetarian, halal, kosher, Latin, and pan-Asian, which seek to address the cultural and dietary needs of clients. These meals are available at the senior center or through the home delivered meals program. While senior centers are currently closed, GetFood is also providing food to older adults. These meals are essential, especially during the pandemic, where food insecurity has been further highlighted. We look forward to a roll out of reengaging senior centers in meal provision direct to clients.

Even with these meal options, immigrant older adults sometimes experience difficulty navigating the system in order to access food. Recently a resident of Coney Island contacted Councilmember Treyger regarding their elderly non-English speaking neighbor who they

thought to be frail, alone and in need of food. They didn't have any contact information. The Councilmember reached out to the local senior center, who then reached out to NYC Aging to help identify this person.

Through NYC Aging's STARS database, two adults were identified and contacted. It was confirmed that there was a woman who did not speak English living alone as her husband had passed away. NYC Aging reached back out to the senior center who had a custodian deliver shelf-stable food to the older adult. The program also contacted Chinese-speaking members to communicate with the woman. She said she was thankful for meals and was afraid to leave her home because of COVID. She said she did not need anything other than food. The program added the older adult to the home meal delivery list and she began to receive food through GetFoodNYC Emergency Home Food Delivery.

Senior Centers

In addition to meals and case management, NYC Aging's network of senior centers also provide a wide range of educational and enrichment options. Some examples of these activities include nutrition education, creative writing classes, virtual programs, intergenerational programs, assistance with unemployment benefits and housing support. Many of the programs offered are also rooted in other cultures. For example, some centers offer classes in Latin dance, African drumming, or Chinese art. This is in addition to Tai Chi and yoga which have become staples at many centers. Many of these programs are being offered in languages other than English. Additionally, many senior centers provide immigrant services specifically, including citizenship classes and assistance filling out immigration forms. The specific offerings vary center by center and aim to respond to the needs of the local community.

Naturally Occurring Retirement Communities

We also understand that many seniors are now living in a Naturally Occurring Retirement Community (NORC). Across the City, NYC Aging funds services for 28 NORCs and there are an additional 32 NORCs that received funds directly by the State and/or discretionary funding from NYC Councilmembers.

On average, just under 49% of older adults were born in another country. However, out of the NYC Aging funded NORCs, 52% of them are in communities where the percentage of foreign-born older adults exceeds that of the city average. Of those that are funded by State or discretionary funds, 63% of those NORCs are in districts of higher-than-average concentrations of immigrant older adults. This supports the earlier mentioned data that shows a trend in immigrants aging in place.

Caregiver Supports

Many of our immigrant older adults are caregivers or have a caregiver. Zoraida and her husband are among them. Zoraida acts as a secondary caregiver to her husband who is suffering from coccyx cancer and diabetes. She and her husband entered the country in 2017 from the Dominican Republic and have since exceeded the time allowed on their visitors permits. Access to paying jobs is challenging due to their immigration status and medical needs so they suffer from financial instability. In addition to caring for her husband, Zoraida assists with childcare in exchange for room and board for the living room in which they both live.

Zoraida was able to connect with PSS Circle of Care's Caregiver Services program funded by NYC Aging, through which supportive services are provided to caregivers. Through this program, the family has been able to receive an air conditioner, medications, medical supplies, metro cards, and a new mattress. Additionally, they have been provided with resources for immigrants, supportive counseling, and individual respite services. Zoraida has the following to say about the supports she and her husband have received:

"The assistance we have received has had a very positive impact. This program has been a helping hand during these difficult times. Due to our legal status, we are limited to the amount of help we can get. Every time we have a need, Circle of Care has been there. When [they] provided the air conditioner, [they] practically saved our lives because it was during a time of extreme heat weather. Incontinent supplies have been of great benefit as it relieves some of our financial burden. I could go on about the number of things [they've] helped us with, but all services have been of great benefit. Thank you!"

There are also an unknown number of unrecognized caregivers, many of whom are also immigrants, or family of immigrants. These are caregivers who don't identify themselves as caregivers for various reasons, including the understanding that that the role they are playing is just the norm in their culture. NYC Aging continues to educate our providers and clients and encourage caretakers to identify as such. With such an understanding, caretakers are then able to understand what supports and services are available to them as well as supports for the person for whom they are caring.

NYC Aging partners with community-based organization to help provide these on-the-ground support and services. The Hamilton Madison House Citywide Caregiver program is one of those partners. They serve caregiver and older adults that speak Chinese, Korean and Japanese. Olivia Ahn, Director of Hamilton Madison House Citywide Caregiver program said:

"For many immigrants, whether undocumented or not, we've been able to be the safety net. We have been able to connect many of our clients with vouchers through the Mayor's Office of Immigrant Affairs in emergency relief funding and some with funding in emergency response grants due to life circumstances based on their immigration status. We also help immigrant clients find other community-based organizations to join to build support networks and social networks. This also allows them to find a place to potentially engage in organizing and advocacy within the community beyond themselves."

Conclusion

These are just a few examples of how NYC Aging, in partnership with our providers and sister agencies, such as MOIA, connect with immigrant older adults to the services that they need. NYC Aging is pleased to be able to provide culturally competent services for all older adults and look forward to continuing to adapt to the needs of the community. I am incredibly grateful to Chair Chin, and the entire Aging Committee for your continued advocacy and partnership in support for this important community of older New Yorkers. Thank you.



**Testimony of
Beth Finkel
AARP New York**

**New York City Council
Committees on Aging and Immigration**

February 10, 2021

**Joint Hearing (Remote)
New York, New York**

Contact: Beth Finkel (212) 407-3717 | bfinkel@aarp.org

Good morning Chairs Chin and Menchaca, and members of the Committees on Aging and Immigration. My name is Beth Finkel and I am the State Director of AARP New York, which counts 750,000 members of the 50+ community in New York City. Thank you for providing me with the opportunity to testify at today's oversight hearing to discuss older adult immigrants in New York City and our insights into the challenges that older adult immigrants currently face amid the COVID-19 pandemic.

Over the course of the past decade, New York City's population of older adults has continued to make up a greater share of the City's total population, and immigrants ages 65 and older have driven much of the total growth of the City's older adult population. Soon, more than half of New York City residents above the age of 65 will be immigrants.

According to a 2019 AARP New York-sponsored report published by the Center for an Urban Future, New York City's population of older adult immigrants has grown at a faster rate than U.S.-born older adults, as the City's older adult immigrant population has increased by 42 percent over the last ten years. Immigrants already account for a majority of the older adult population in many of the City's boroughs and their numbers continue to increase; they now make up 60% of the older adult population in Queens, 67% in the Bronx, 58% in Brooklyn and 35% in Manhattan.

However, as older adult immigrants account for a growing share of New York City's total population, studies have found that the total number of individuals living in poverty continues to steadily increase. According to a study done by the Center for an Urban Future, as many as 1 in 5 older adult immigrants across New York State are living at or below the poverty level. In New York City alone, the Center for an Urban Future found that older adult immigrants are 50 percent more likely to be living in poverty than U.S.-born seniors.

The growing rate of poverty among older adult immigrants in New York City should be of special concern for the City, as a significant portion of those living in poverty do not

have sufficient retirement incomes to cover their expenses, do not qualify for Social Security benefits, lack sufficient access to affordable loans and banking, and are disproportionately cost-burdened by their housing expenses. In AARP New York's first 'Disrupting Racial & Ethnic Disparities' report, we found that 31% of foreign-born New Yorkers above the age of 50 do not receive Social Security income. We also found that 50-plus immigrants in New York City are more likely to be rent-burdened than 50-plus U.S.-born residents and face significant barriers to accessing affordable loans from mainstream financial institutions.

Despite the issues that already existed for older adult immigrants in New York City prior to the pandemic, the onset of COVID-19 has also brought about unprecedented challenges for this population. Throughout the pandemic, older New Yorkers at large have faced new barriers and hurdles in accessing meals, healthcare, groceries and other services vital to their livelihoods. Many of these issues have also been compounded by the fact that many older adults do not have sufficient access to technology and/or the technological literacy needed to connect to services and programming, or to remain fully connected with friends and loved ones and prevent social isolation.

However, many of these issues have only worsened by the pandemic for older adult immigrants who have limited proficiency in English.

Throughout this crisis, we have heard from our partners about how the language barriers have made it much more difficult for older adult immigrants to access the City's social services, such as the homebound meal delivery program, as well as some of the difficulties in navigating the 311 system for additional support services and public health information on the virus. In addition, we have heard that many older adults, particularly in Asian American communities, have often been afraid to leave their homes due to the rise of hate crimes targeting Asian populations.

In an effort to better serve older adult immigrant communities during the COVID-19 pandemic and in the future, we urge that the City ensure all of its services provided to older adults, from homebound meal delivery programs, to the Department for the Aging's wellness check-in calls, to the City's efforts to provide iPads and other internet-enabled devices to seniors, are implemented with sensitivities to any language barriers that exist to ensure that older immigrant adults have the same opportunity to access these vital services as any other aging individual in New York City.

As the City continues in its public health response to COVID-19 and begins to expand upon its vaccination efforts, especially in historically marginalized communities, we also urge the City to ensure that all educational materials on COVID-19 and reopening protocols, as well as all information on the COVID-19 vaccine and the portals to schedule appointments, are designed to ensure that older adults who are not proficient in English can easily access all of this critical information and sign up for vaccine appointments when available.

However, we know that the work of supporting our City's older adult immigrant population could not be done without the hard work of the City's network of smaller nonprofits and community-based organizations that are based in immigrant communities. We encourage the City to utilize this network of smaller providers more and allocate additional funds to support homebound meal delivery programs and similar services. These providers are critical to serving older adults in immigrant communities since they have built trust and strong relationships within these communities and are often better equipped to reach older adults who have traditionally been underserved by the City's network of social services.

Thank you for allowing me the opportunity to testify today. I am happy to provide additional information as needed.



Asian American Federation

Testimony to the New York City Council Committee on Aging and Committee on Immigration

February 10, 2021

Written Testimony

I want to thank Committee Chairs Menchaca and Chin for holding this hearing and giving the Asian American Federation the opportunity to testify on this important subject of immediate importance. I'm Jo-Ann Yoo and I am the Executive Director at the Asian American Federation. AAF represents the collective voice of more than 70 member nonprofits serving 1.3 million Asian New Yorkers.

I am here to offer testimony on two issues that are critical to the pan-Asian community – that of language accessibility for immigrant New Yorkers and the importance of increasing direct service capacity in our community during the pandemic. As you know, 70% of our city's Asian community boasts an immigrant heritage. But, we are also seeing challenges because of the sheer number of languages spoken in our homes, and the accompanying lack of accessibility to vital information. One in four of our seniors live in poverty and a high percentages are limited English proficient, a combination that makes accessing services difficult and compounds existing isolation.

The Covid crisis has exacerbated challenges for our already vulnerable seniors with widespread food insecurities, mental health issues from social isolation, and now confusion about how to sign up for vaccines. The emergency amongst our community's seniors is occurring behind closed doors, where basic needs aren't being met and social isolation is compounding issues in a community where our seniors serve a critical social role.

Our senior-serving member agencies are working beyond capacity to support our elders, and they're creating and innovating processes to make sure our seniors are getting the services they need as efficiently and safely as possible. One example is using meal delivery service to conduct mental wellness checks with trained volunteers in Queens or sourcing culturally competent food from local growers of Asian vegetables in Brooklyn. From May to November alone, AAF helped six senior-serving organizations to serve almost 3,000 seniors with nearly 20,000 food services and 8,500 assurances calls.

The stories of what our member agency staff have been going through is nothing short of heroism. For various bureaucratic reasons, the pan-Asian community's senior serving groups are woefully under-resourced. These challenges have been brought to the attention of our DFTA commissioner and we are working together to ensure that our seniors do not go without food and medical services. Our seniors depend on our community-based organizations, who are leading by example and compensating for shortfalls in existing City programs. But our CBOs need the full backing of our city, with RFP processes that account for the capacity limitations of our smaller service providers and contracting reforms that prioritize CBOs with expertise in reaching isolated but hard-hit ethnic and linguistic communities.

With the looming budget cuts, our advocacy efforts and budget ask is that our nonprofits be provided enough resources to protect essential services to support our elders.

Recommendations

- Telehealth
 - Our smaller community service providers are struggling to transition from in-person to telehealth service provisions without adequate funding or capacity. These service providers fill critical gaps in our health safety net when it comes to reaching our most vulnerable and isolated populations, and funding and capacity support must be made available to avoid interruptions in services deemed essential by our community members.
- Vaccine
 - The City's overreliance on online registration for vaccine appointments and digital outreach threatens to exclude Asian seniors, who are the least likely to have access to the devices and Internet services necessary to participate. Previous reliance on the library system to fill the digital divide is not an option during the pandemic. The City needs to utilize the existing communications channels that community-based organizations have built over the last year that allow them to maintain contact with isolated seniors. The City needs to provide the right messaging and resources to these organizations to help Asian seniors get the vaccinations they need to get them out of their isolated existence.
- Senior Services
 - Our senior service providers are stretching every penny as far as it can go to provide services to our seniors, from culturally-competent meal delivery to mental health wellness checks and innovative senior programming. However, our partners need funding and in-kind technological assistance to help bridge the digital hardware and knowledge divide as social isolation continues for our senior populations. We need help getting devices and technical know-how to our seniors in culturally competent ways so they can receive services they need and are entitled to as seamlessly as the circumstances will permit. A telephone call should not be the only way they can connect to the outside world.
- Language Access
 - We urge funding for the full implementation of Local Law 30 across City agencies. We also must amend contracting processes to acknowledge the cultural and language expertise that Asian-led nonprofits bring when serving our community members.



New York City Council Committees on Aging and Immigration
Oversight - Older Adult Immigrant Population

February 10, 2021

Thank you Chairs Chin, Menchaca and members of the Committees on Aging and Immigration for the opportunity to submit testimony for the *Oversight Hearing: Older Adult Immigrant Population*. We welcome today's hearing as an opportunity to share our experience in providing services to older immigrants, as well as issues that have emerged during the COVID-19 pandemic.

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

According to the Center for an Urban Future, foreign-born individuals now make up more than 50% of New York City's seniors. Their research also indicates that immigrants comprise 65% of all seniors living in poverty; with 60% limited English proficient and 37% in linguistically-isolated households (nobody over 14 years old speaks English in the home). These numbers and statistics reflect JASA's experience across our aging services portfolios. JASA is a sponsor of 10 HUD-funded, affordable senior housing buildings. More than 50% of the tenants speak Russian, with the remaining tenants speaking English, Cantonese, Spanish, Polish and Korean. Residents of JASA housing hail from the Former Soviet Union, Argentina, Dominican Republic,

Guatemala, Honduras, Mexico, Mongolia, Poland, Puerto Rico, and Romania. This diversity in backgrounds and languages spoken is reflected across all JASA programs, but is particularly visible in our 22 senior centers, 11 NORC programs, case management, home delivered meals, home care, and Queens legal services.

In order to assist clients and program members in a culturally appropriate and linguistically proficient manner, JASA offers cuisine and programming that reflects the interests and preferences of various populations. Staff and volunteers speak dozens of languages and JASA staff regularly use on-line/telephonic language assistance as needed.

COVID-19 Highlighted Inequities in Access to Information and Impact on Social Isolation

Over the past 11 months, the vital need for access to multilingual information and resources has been made clearer. As JASA testified at the Aging and Technology hearing last month, the pandemic highlighted the vast digital divide - between generations, economic classes, and communities. As the City and much of the world went remote, programs and services closed their physical doors, and many people, but particularly older adults, immigrants, and those with language barriers were left behind. To work, learn, engage with healthcare professionals, socialize, or shop, requires knowledge of English, literacy, access to technology and being comfortable utilizing it. Access to reliable internet connections and knowledge of how to navigate government websites, obtain critical information and resources is no longer a privilege, but is essential.

In July 2019, the New York City Comptroller's office released a report titled *Census and the City: Overcoming NYC's Digital Divide in the 2020 Census* in anticipation of challenges with the digital collection of information in the recent Census. According to the report, seniors were "much more likely to be without a broadband internet connection compared to the general population; 42% of New Yorkers 65 and above lacked broadband internet access, compared to 23% of 18 to 24 year olds." Not only are older adults less likely to have broadband, but many lack the equipment (laptops, tablets and smartphones), or do not have the training needed to fully utilize it.

Social isolation was already a concern in the aging services community prior to the pandemic, but it has been exacerbated by COVID-19 and its overwhelming impact on older adults and people with underlying conditions. (Many older immigrants have experienced decades of health care neglect and are at greater risk of aging with ill health). They may be more isolated, particularly those who are undocumented and reluctant to engage with formal service providers;

they may depend on fragile informal networks fDuring this very challenging time, older adults, particularly those in immigrant populations, need support for safe and resilient community living. or support.

Since mid-March, older adults were told to remain home and avoid unnecessary outings. Senior Centers, NORC programs, community rooms in HUD 202 Housing, support groups for caregivers and victims of elder abuse had to close their doors. Physical distancing became social distancing. Family and friends were encouraged to keep their distance, and refrain from indoor visits. All congregate activities and socializing came to a halt overnight. Nobody imagined we would still be self isolating ten months later. The congregate sites serve as a *home away from home*, and their closing has overwhelming impacted older adults, and particularly immigrant communities.

Throughout the pandemic, access to technology has enabled much of the general population to successfully get through this crisis. Social isolation, for example, can be addressed through video calls. Food can be ordered through the internet and basic needs ordered from any mega-store. Election ballots were (and are) available with a simple visit to the Board of Elections website, allowing people to avoid heading out to the polls on election day. People with access are still attending their religious services, choir practices, and family celebrations. Most recently, vaccine appointments are best accessed on-line.

Many older adults, and many of our clients, cannot access these social supports because they lack the needed basic tech equipment or knowledge of how to navigate the internet, or cannot afford a data access plan. This is particularly true for immigrant older adults, many of whom are living in poverty. While many senior center clients are joining classes virtually, the vast majority lack the technology and skills to be able to participate. These seniors are isolated and are missing the connection they once had through attending in-person programs, family gatherings and visits with neighbors and friends. Technology is empowering and being confined without the tools is demoralizing and presents a significant health concern that must be addressed.

Policy Priority Recommendation

We are experiencing an extraordinary level of uncertainty related to the course of the pandemic, but our current experience also informs our vision about the needs and preferences of the City's older adults. The priority for senior services now is to provide them with the tools necessary for secure and appropriate housing, food access and social connectedness to the people and communities of importance to them. Contracts for senior services should include appropriate

and targeted funding for bi-lingual staff, culturally preferred food choices and programming. Such efforts will provide a strong basis for future contracts and procurements once the pandemic has transitioned to a more manageable level.

Older adults need more access to technology, especially during this time when there are daily updates and misinformation readily available. In addition to hardware and software, they need training and opportunities to experience how technology may be helpful to them. This would be important for all older adults, especially immigrants and those with limited English proficiency. These older adults still need assistance translating bills (telephone, rent, utilities, etc.) and now need assistance translating health guidance. Video-conferencing technology is another way to address social isolation, support translation/interpretation, and continue adult literacy programming.

For many older immigrant adults with limited English proficiency, it is very challenging to get up-to-date and accurate information in their native languages about city services, their rights during the pandemic, and the importance and safety of the Covid-19 vaccine. It is important for the City to engage with and partner with the ethnic media to ensure that correct and timely information is being relayed to listeners and readers.

Finally, organizations need funding to enhance culturally informed service delivery (staff and programming opportunities), as well as full funding of their indirect costs. JASA had been approved for a new indirect rate. Like others in the sector, however, JASA received a significant reduction in FY20 and we still do not know what our indirect rate is for the current fiscal year. This directly impacts our ability to adequately support our services.

Thank you for the opportunity to offer this testimony.

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

**TESTIMONY BEFORE NEW YORK CITY COUNCIL'S COMMITTEES ON
IMMIGRATION AND AGING**

Presented on February 10, 2021

My name is Margaret Garrett, and I am a staff attorney in the Immigration Law Unit (ILU) at The Legal Aid Society (LAS). For 145 years, LAS has been a tireless advocate for those least able to advocate for themselves. ILU, founded in the 1980s, provides legal representation to vulnerable New Yorkers seeking relief for themselves and their families. We assist those in detention and fighting unlawful deportations, and represent low-income individuals in gaining and maintaining lawful status. Combining this representation with affirmative litigation work, we strive to ensure that families are able to stay together and stabilize their living situations. Over the most recent year, ILU assisted in nearly 4,500 individual legal matters benefiting over 10,500 New Yorkers citywide.

The aging noncitizen population in New York City face multiple unique challenges that have only been exacerbated by the last four years of the Trump administration and the current COVID-19 pandemic.

Barriers to accessing services and higher levels of poverty

Older noncitizen adults in New York City are a particularly vulnerable group that experience a range of barriers to accessing services and vital government assistance programs. Over 40% of New York City senior-headed households depend on government programs (such as Social Security) for more than half of their income, while more than 30% depend on these programs for three-quarters or more of their income.¹ Further, higher percentages of older New Yorkers access government programs

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

like nutrition assistance (25.5%) and Supplemental Security Income (14.6%) than the total population (20.0% and 7.8%, respectively). At the same time, seniors in New York are more likely to be rent-burdened (pay more than 30% of their income for housing) than the general city population.² For older New Yorkers that are members of noncitizen communities – which before the pandemic had a poverty rate 50% higher than that for U.S. Citizen New Yorkers – these rates are likely significantly higher.³

At the same time, older New Yorkers face a range of distinct barriers to accessing services that are often only heightened for members of immigrant communities. The problems of isolation, reduced mobility, and other threats to individuals' ability to live independently typically facing older adults in New York are further complicated by unique issues experienced by members of noncitizen communities. Language and cultural barriers combined with differential levels of education pose a significant obstacle to many older immigrant New Yorkers attempting to navigate what are often complex and overly bureaucratic government assistance programs. This means that in addition to having, on average, far lower incomes and far smaller retirement savings than U.S.-born residents, older immigrant New Yorkers are less able to access vital services and often receive fewer benefits from government programs such as Medicare and Social Security as a result. This dynamic is compounded by higher levels of institutional distrust experienced by many members of immigrant communities that have been significantly exacerbated by the Trump administration's overtly anti-immigrant agenda over the last four years – including damaging changes to public charge regulations. For undocumented New Yorkers, the situation can often be even more dire as they are shut out of many of the programs that are frequently the only available source of assistance for individuals unable

² <https://comptroller.nyc.gov/reports/a-ging-with-dignity-a-blueprint-for-serving-nycs-growing-senior-population/>

³ https://www1.nyc.gov/assets/opportunity/pdf/20_poverty_measure_report

to continue working. As a result, immigrant older adults in New York are significantly more likely to live in poverty: by one recent estimate, nearly 24% of all older immigrants in the city live in poverty compared with 15% of U.S.-born older New Yorkers.⁴

There is therefore a strong need for assistance aiding older noncitizen New Yorkers in navigating the complex public benefits and long-term care programs and in accessing services that help in maintaining their independence and ability to age in place. This need is set to only intensify over the coming years: in the ten years between 2005 and 2015, the city's population of adults over 65 increased by more than 19% and this trend is projected to continue with the city's population increasingly skewing older.⁵ Across the city, immigrants make up nearly half of all elderly New Yorkers in the city and account for almost all of the growth in the 65+ population seen in recent years.⁶

The impact of the COVID-19 pandemic on older noncitizens in New York

As with so many of the issues impacting vulnerable and marginalized populations, the COVID-19 pandemic has served to only exacerbate the difficulties facing older noncitizen New Yorkers in our city – in the initial stages of the pandemic, Black and Latinx New Yorkers died of COVID-19 related illnesses at rates more than two times higher than other groups in the city, while immigrant communities have disproportionately experienced job losses and reductions in income.⁷ The health disparities experienced by immigrant communities mean that older noncitizens are more likely to contract the virus and experience serious medical complications or fatalities in the event of infection.

⁴ <https://nycfuture.org/research/the-new-face-of-new-yorks-seniors>

⁵ <https://comptroller.nyc.gov/reports/a-ging-with-dignity-a-blueprint-for-serving-nycs-growing-senior-population/>

⁶ <https://nycfuture.org/research/the-new-face-of-new-yorks-seniors>

⁷ https://maketheroadny.org/wp-content/uploads/2020/05/MRNY_SurveyReport_small.pdf

At the same time, older immigrant adults in New York City are more likely to live in overcrowded conditions and are less able to successfully shelter from the pandemic as a result.⁸

Further, older noncitizens in our city have been disproportionately impacted by the closure of in-person services, physical offices, and other resources to support social distancing efforts during the pandemic. As many of the conventional intake points for government services like public assistance have been moved online – such as the transition to the ACCESS HRA web portal following the closure of their 18 job centers across the city – older immigrant New Yorkers have often faced additional barriers to accessing these services. Members of these groups often have lower levels of technological literacy and are less likely to have the devices and high speed internet needed to access remote services and application processes.⁹ As a result, many community members have been left further disconnected from existing service provision and less able to access the services and sources of assistance they need. This coupled with the exclusion of immigrant communities from many of the federal pandemic relief programs has left many older immigrants in a particularly dire position at a time of unparalleled need.

These difficulties in accessing vital services during the pandemic have also extended to the COVID-19 vaccines. Noncitizen individuals are more likely than citizens to not have health insurance, which similarly leaves them less likely to have a primary care provider or other routine source of care that are central avenues for vaccination for many individuals. Additionally, uninsured individuals are more likely to forgo vaccination out of concern for potential costs (although the vaccine is available for free at the point of access) or the worry that obtaining it may lead to negative immigration-related consequences following the federal administration's well-publicized efforts to limit the use of public

⁸ <https://www.politico.com/states/new-york/albany/story/2020/04/11/new-york-citys-most-crowded-neighborhoods-are-often-hardest-hit-by-coronavirus-1274875>

⁹ <https://www.migrationpolicy.org/article/digital-divide-hits-us-immigrant-households-during-covid-19>

assistance among immigrant families.¹⁰ Additionally, many noncitizen New Yorkers are deeply concerned about the collection and sharing of their personal information with federal agencies, which they fear could leave them open to future immigration enforcement actions. As a result, older noncitizen New Yorkers – which are among the groups most at risk during the pandemic – are likely to be vaccinated at rates far lower than other groups across the city. According to City data, Black and Latinx New Yorkers have received only half the vaccine share expected for them based on the city’s population makeup during the first seven weeks of the City’s vaccination program. These racial and ethnic disparities widen further for New Yorkers over the age of 65, where older white adults have been vaccinated between four to five times more than Black or Latinx individuals in the city.¹¹

The need for dedicated services and outreach for older noncitizen New Yorkers

These unique challenges facing vulnerable older immigrant New Yorkers across the city point to the need for dedicated services and outreach catering to these members of our communities. New York’s long-term future post-pandemic will rely on the extent to which we are able to secure a recovery that is equitable, centered in the community, and from the ground up - ensuring access to services to mitigate the difficulties experienced by older members of our immigrant communities is a central component of this.

Respectfully submitted,

/s/Margaret Garrett

¹⁰ <https://www.kff.org/racial-equity-and-health-policy/issue-brief/immigrant-access-to-covid-19-vaccines-key-issues-to-consider/>

¹¹ <https://gothamist.com/news/white-new-yorkers-triple-nyc-covid-19-vaccine-doses>

Margaret Garrett
Staff Attorney
Immigration Law Unit



Making New York a better place to age

New York City Council

Joint Hearing

Committee on Immigration, Chair Council Member Menchaca

Committee on Aging, Chair Council Member Chin

February 10, 2021

Oversight - Older Adult Immigration Population

Thank you for the opportunity to testify on the older adult immigration population.

LiveOn NY's members include more than 100 community-based nonprofits that provide core services which allow all New Yorkers to thrive in our communities as we age, including senior centers, home-delivered meals, affordable senior housing, elder abuse prevention, caregiver supports, NORCs and case management. With our members, we work to make New York a better place to age.

LiveOn NY's members work to improve the lives of *all* older New Yorkers, including immigrants. New York has the largest immigrant senior population in the U.S., and this population is increasing each year. In fact, immigrant seniors now comprise the majority of the city's older adult population.¹ One of the major challenges for immigrants, particularly immigrants who arrived in the United States later in life, is overcoming language barriers.

In addition, many older immigrants live below the poverty line. **In a 2010 study, 8% of U.S born elderly lived below the poverty line whereas 16% of foreign-born elderly lived below the poverty line.**² Further, it has been found that immigrants comprise 65% of all seniors living in poverty; a number that is particularly large due to the fact that many immigrant seniors do not receive social security benefits.

When it comes to gathering immigrant seniors, appropriateness of spaces with regards to culture must also be taken into account. For example, there are instances where Muslim women from traditional families lose their husbands and tend to become more isolated, which is likely due to difficulty finding spaces where it's gender segregated and a place to take off the hijab.

These challenges -- language barriers, financial barriers, and lack of culturally appropriate spaces -- are important to keep in mind as each can exacerbate the risk of isolation. Isolation must be taken seriously, as even prior to COVID-19, it has been found to be a greater predictor of morbidity than that of smoking cigarettes or obesity.

Senior services funded through the Department for the Aging (DFTA) play an important role in combating isolation among older immigrants, and ensuring services provided, including meals, are offered in a way that is inclusive and culturally competent. The network of providers funded through DFTA strives to provide culturally competent services, a standard which has been defined as a "set of attitudes, skills, behaviors and policies that help organizations and staff to

¹ <https://nycfuture.org/research/the-aging-apple>

² <https://www.prb.org/us-elderly-immigrants/>

work effectively with people of different cultures.”³

It is critical that the City trust and leverage community-based organizations such as senior centers that are most connected to older immigrant populations. From GetFood NYC, to the rollout of the COVID vaccine, we are confident that non-profit, community rooted organizations would yield more equitable and culturally competent outcomes in meeting the needs of immigrant seniors. Just as we prioritized in Census outreach, we must recognize and leverage these community based organizations as the community assets they are.

Beyond partnering in emergency response, the City must also look to reaffirm its commitment to non-profit senior service in the budget. Today, the DFTA budget still accounts for less than 1% of the total city budget, despite a call to provide services to a rapidly increasing and more diverse older adult population.

To fully fund this system, and thereby improve the ability for providers to serve older immigrants, the following must be prioritized:

1. **The City must fully fund home-delivered meal programs at the national average to ensure programs can continue to provide culturally competent, nutritious meals to homebound seniors across the City.** Even following a recent Request for Proposals, the City continues its inadequate reimbursement for culturally competent home-delivered meals. Today, all home-delivered meals remain funded below at roughly \$2 less per meal the national average. This must be addressed.
2. **The City must fully allocate the promised \$10 million in funding for Senior Center staff, and \$5 million in funding for Senior Center kitchen staff.** These funds were promised to organizations prior to the COVID-19 pandemic, and renege in the midst of this pandemic, despite older adults being most vulnerable to the virus. Such funding is particularly critical to serve the older immigrant population, as lack of funds can hinder an organization’s ability to hire or retain bilingual staff necessary to best serve LEP older adults. Studies have found that salary increases expected for bilingual professionals ranges from 5-20%, amounts that may be just out of reach within Senior Centers current shoe-string budget.
3. Finally, **we call for the Indirect Cost Rate (ICR) to be fully funded.** Recent cuts to the ICR Initiative have significantly threatened the viability of New York City’s nonprofit human service providers, leaving current senior service providers scrambling to pay staff and get by. To truly support nonprofits through COVID-19, the City must reverse course and fully implement the ICR Initiative, including full funding of ICRs within HDM contracts, and all DFTA and human services contracts.

³ https://nutrition.fiu.edu/creative_solutions/cultural_diversity.asp



Commitment to Improve Quality of Life

Re: Testimony on aging immigrant issues from India Home

To: Committee on Aging & Committee on Immigration

Thank you for the opportunity to testify regarding issues specific to aging immigrant populations. We are writing from India Home, the largest senior center program dedicated to serving South Asian immigrant older adults through culturally competent programming. Our programs have touched the lives of over 3,000 older adults through programs such as congregate meals, case management, education, civic engagement, art programs, ESL classes, advocacy, and research. This last year, we pivoted and continued to provide essential services to over 1,400 vulnerable seniors through home-delivered meals, home-delivered groceries, virtual programs, wellness check-up calls, virtual case management, and COVID-19 Test & Trace outreach. The needs of our communities increased, and as such, so did our reach. Our COVID-19 Relief reach has included nearly 15,000 culturally competent Halal meals, 1,200+ grocery packages deliveries, 18,000+ service units of virtual programming, over 15,000 wellness check-up calls, and over 23,000 case management service units.

As you know, the populations we serve have been dealing with exacerbated crises on many levels due to COVID-19.

Not only have the losses been numerous, but the pre-existing public health disparities have been exacerbated. Food insecurity as mentioned earlier has made it difficult for South Asian older adults. We have been providing culturally competent home-delivered Halal meals to the population in Jamaica, Queens and grocery deliveries to seniors all over Queens. However, we know there is more of a need and we are at capacity. Furthermore, the immigrant populations we serve are already at high risk for social isolation, which makes times like now especially hard. We are providing virtual programs now seven days a week to combat this isolation and providing individualized training for seniors to join these programs, however, we do not have adequate technology assistance or capacity to support these programs in their full.

On that note, while digital access allows a world of opportunities during COVID, this does not translate for our older adults. Applications for benefits such as cash assistance, SNAP, and SSI all have to be done online, which is inequitable for seniors. The waiting time on the phone to be able to access these benefits is even longer than before, which makes it extremely difficult for our seniors to be able to enroll in these benefits during such times of need. Furthermore, the interpretation services that are there to access government services or assistance are inadequate. Many of our clients who have limited English proficiency don't know how to navigate through 311 to get through all the steps to be able to access interpretation and get to their needed assistance for benefits.

A huge point of difficulty as has been addressed earlier, has been accessing the COVID-19 vaccine. The lack of vaccine sites in certain areas of Queens, especially in eastern Queens, make it less equitable for our clients to get vaccinated. On top of sites themselves being unavailable and a low level of supply, the vaccine appointment procedure is complicated and it's difficult for seniors who lack digital literacy and have language problems to access online services. Many of our seniors do not have internet, smartphone/other device, or even an email address to be able to navigate the system. We know the vaccine registration phone line was meant to be a more accessible solution for seniors. However, there is not language interpretation through the vaccine finder phone line through the South Asian languages. There are so many of such barriers to making the appointments for our communities to be able to access what should be a basic right.

178-36 Wexford Terrace Suite 2C Jamaica, NY 11432 ▪ Phone: (917) 288 7600 ▪ Fax: (718) 425 0891 ▪
www.indiahome.org ▪ info@indiahome.org ▪ Tax ID: 20-8747291

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

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



Commitment to Improve Quality of Life

These systems need to be improved to ensure equal access to immigrant communities. We urge the City & government agencies to provide the language support and accessible methods for south Asian immigrant older adults to access these crucial services. We urge vaccination sites to be placed in more accessible areas for the communities in which our South Asian seniors live. We urge the support to increase the capacity of direct service organizations such as ours that will help bring our communities to a more equitable future.

Thank you for your time and consideration.

Sincerely,

Vasundhara D. Kalasapudi, M.D.
Executive Director

178-36 Wexford Terrace Suite 2C Jamaica, NY 11432 ▪ Phone: (917) 288 7600 ▪ Fax: (718) 425 0891 ▪
www.indiahome.org ▪ info@indiahome.org ▪ Tax ID: 20-8747291

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

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

Aging Committee Hearing
The Future of Senior Centers for Immigrant Population
Pia Scarfo – Vision Urbana, Inc.
February 10th, 2022

I would like to thank the Committee on Immigration and the Committee on Aging for their leadership and the opportunity to testify on the Future of Senior Center for Immigrant Population. My name is Pia Scarfo, Deputy Director for Senior Services and Health Initiative at Vision Urbana, Inc. a multi-service nonprofit organization embedded within a NORC program in the Lower Manhattan.

Vision Urbana provides access to critical programs and social services to residents and community members through our Naturally Occurring Retirement Community (NORC), a Center for Immigrant Seniors and a Food Pantry program, operating at 66 Essex Street, Seward Park Extension, New York City Housing Authority development in lower Manhattan. As a provider of services to older adults and minorities, we have a unique understanding of the growing challenges and changing needs of this population and recognize that older adults and minorities living in public housing experience these challenges much more acutely after the outbursts of the COVID-19 pandemic. Those we serve experience ongoing food and financial insecurity and suffer from higher rates of chronic illnesses.

I would say that even before COVID, the two main senior centers for immigrant populations challenges are: (1) Lack of adequate base funding to strengthen senior center capacity; and (2) Lack of workforce support for professional staff.

Since the outspread of the Coronavirus in March 2020 and the closure of the Senior Center, Vision Urbana has been providing mainly two kind of interrelated services:

1. Food pantry to deal with the food insecurity of our community. a pioneer for the Pantry Express Program by providing nutritious meals to over 1,000 older individuals every week - many of whom reside in public housing - and is an essential component of assuring food security and health for our most vulnerable. After closing the senior centers in March 2020, the DFTA instructed senior centers to keep providing meals to the most in need based on *grab and go models*. Additional programs were offered including the GET FOOD Emergency Program which received several complaints from seniors registered in the program. Then under pressure of the Committee on Aging, DFTA instructed senior centers to be ready in the eventuality they were going to open as cooling center. This never happen and a poor communication between the senior center and the city administration continued until today.

2.

Aging Committee Hearing
The Future of Senior Centers for Immigrant Population
Pia Scarfo – Vision Urbana, Inc.
February 10th, 2022

Vision Urbana built a robust platform of virtual classes to promote education and prevention and help older adults to stay connected. To offer virtual classes, older adults needed tablets or an electronic device that would enable them to participate but also training and technical assistance when needed. We relied on private funding on doing that. We need support.

Therefore, VU urge the current administration mainly:

1. Allow senior centers to reopen at least to provide hot meals and release funding and be able to provide meals for seniors. A grab and go model can be implemented but with more staff and eventually the ability to cook at the site.
2. Provide finding to support the expansion programming. DFTA should take a leadership role, in maximize collaboration between a variety of resources and older adult centers. Adding to the services the **expansion of virtual programming** throughout the network on a permanent basis means additional cost and professional staff not available currently.

Vision Urbana look forward to working with Members of the Committee on Aging, as well as leadership at DFTA, to ensure that the sector's ability to provide quality meals and case management services for our City's most vulnerable are not compromised.

Felicia Singh
Joint Hearing: Committee on Immigration and Aging
2/10/2021

My name is Felicia Singh and I am a daughter of a taxi driver. He is an immigrant from Punjab India, he is 66 years old, and still drives a taxi because he will never be able to retire.

The NY Taxi Workers Alliance has a sound, right and doable plan for debt relief-one that's been approved by our Comptroller and our Attorney General. Our city has not protected our aging immigrants and this has happened on ALL of YOUR WATCH.

The medallion crisis is so real. My father had no choice but to file for bankruptcy because of his medallion-the same medallion he was told he could retire by selling-and with that went our income. On February 5, 2021 the bankruptcy court put a "for sale" sign on our house.

You make us working class, and you make us stay in this position forever by design. You want us to be working class because we do the work of serving all of you. The city has been built on our backs and in time of need you've given us false promises. The Taxicab Medallion Sale Prices Task Force believes that "taking no action at all would only exacerbate the problems that are currently stifling this industry," but we've been telling you this. The question is when is our Mayor and our City Council going to find the moral compass to do something about it?

You have **85 days to push the mayor to adapt this debt-relief plan by New York's Taxi Workers Alliance or my family and I will be unhoused-and so many other families will continue to be at risk.** Everyday, I'm going to remind the Mayor and this city how many days we have left until you uphold the promise to center working-class seniors and immigrants by giving us the debt relief we deserve.