



**Testimony of
Kevin Jones
AARP New York**

**NYC Council Committee on Aging
Subject: Preliminary Budget Hearing**

March 8, 2024

Contact: Kevin Jones (646) 668-7550 | kjones@aarp.org

Good afternoon, Chair Hudson and members of the City Council Committee on Aging.

My name is Kevin Jones, and I am Deputy Director for Advocacy at AARP New York, which has 750,000 members in New York City. Thank you for the opportunity to testify.

Family caregiving drives AARP's budget priorities due to the underinvestment in serving older adults in the city. Older adults represent New York's fastest-growing demographic. According to a report from the Center for an Urban Future, New York City's 65-and-over population grew by 36 percent—or more than 363,000 people—between 2011 and 2021. Today, our city is home to 1.3 million older adults—that's nearly the entire population of the Bronx!

In New York City, every borough's 65-plus population increased by 35 percent in the Bronx, 39 percent in Queens, 36 percent in Brooklyn, 33 percent in Manhattan, and 13 percent on Staten Island. Today, the boroughs of Manhattan, Queens, and Brooklyn each have more residents ages 65 and over than the entire population of any other city in the state.

Older adults are a tremendous asset to our city. They are a vital driving force in our economy, cultural life, and volunteer base. But they face unique challenges as well. As the older adult population has increased, the number of older New Yorkers living below the poverty line grew by over 37 percent, while the number living in the shelter system tripled. Currently, one-in-every-four older adults in the Bronx are living in poverty, the highest rate in the state, while the poverty rate for older adults is over 15% in both Brooklyn (20.9%) and Manhattan (16.3%).

Because of this new demographic reality, the city needs to prioritize the basic needs of our older adults. NYC Aging (formerly known as DFTA) receives less than one percent of the city budget. And now, the mayor proposes cutting even that tiny amount by \$25 million despite the increased demand for aging services.

AARP NY has developed a blueprint for action with recommendations to make New York City a better place for older adults to live in as they age. Our recommendations address the most significant gaps in services for older adults, including some of the priorities we are advocating for in this year's budget.

Our priority is to combat hunger and food insecurity. Older adults living in poverty must make tough choices, like paying rent or buying food. Now, these same older adults are dealing with the impacts of inflation, which has rapidly increased food prices, making it even harder to put food on the table. We advocate for increased investment in home-delivered meals to meet rising food costs and demand.

Our next priority is ensuring that we have adequate capital funding to meet the infrastructure needs of older adult centers. While many of our older adult centers are beautiful, vibrant spaces, there are centers across the five boroughs that desperately need investment to address issues like mold and broken heating and cooling systems.

The last priority I'd like to mention today is an increased investment in community-based care and nonprofits that provide essential services for older adults, including human service providers. In the Mayor's proposed budget, the city does not provide equitable funding to meet the demand for essential aging services. One of the critical challenges providers face in meeting service

demands is a worker shortage. It's not unusual for organizations to have 20 percent and even 50 percent staffing shortages in programs. That is why we are calling on the city to increase the number of human services workers by a 6.5% cost-of-living adjustment.

We also support continued funding to meet the needs of older adults, including:

- Money for DFTA-funded services, including funds to support the continued growth in demand for the case management program, funds to support the continued growth in demand for the homecare program, funds to support digital literacy and devices to facilitate digital programming, and funds to support communications and marketing outreach for DFTA-funded programming for community-based organization outreach to older adults.
- Investment in affordable housing, including allocating funding to develop 1,000 units of affordable senior housing per year and increasing the per-unit reimbursement rate for SARA services from \$5,000 to \$7,500 per unit, will allow for increased staff to more adequately address social isolation and significant case assistance needs.
- Restoring funding for Naturally Occurring Retirement Communities.
- Funding for the Geriatric Mental Health Initiative to expand mental health services for older adults.
- Funding for Case Management to support case management services for older adults.
- Funding for Senior Centers to support older adult centers, meals, homecare, transportation, and other senior services programs.
- Funding for SU-CASA to support community arts initiatives serving older adults.
- Plus, full funding for all initiatives that support older New Yorkers, including Immigrant Senior Centers, LGBTQ+ Community Services, Social Adult Day Care, Elder Abuse Prevention, Borough Presidents' Discretionary Funding Restoration, and Information and Referral Services

AARP believes strongly that the government's role should be to ensure older adults can happily grow older in the communities they love.

Older New Yorkers built this city and made it great. Without real investments, underinvestment in Family Caregiving will leave our city's older adults behind. The over 1.3 million older adults living in New York City deserve better.

Thank you.



Asian American Federation

Testimony to the New York City Council Committee on Aging

March 8th, 2024

Written Testimony

I want to thank Chair Hudson and the Council Members of the Aging for holding this hearing and giving the Asian American Federation (AAF) the opportunity to testify on the needs of our older adult community. I am Elijah Rameker, Policy Intern at AAF, where we proudly represent the collective voice of more than 70 member nonprofits serving 1.5 million Asian New Yorkers.

Going into FY 2025, Asian older adults continue to endure the impacts of teetering economic conditions and continued anti-Asian hate. Making up 13.7% of New York City's senior population, Asian older adults constitute as the fastest-growing older adult community citywide, with 23.2% of said population living in poverty. Of our older adults in poverty, 25.2% live alone and 83.5% possess limited English proficiency (LEP). Our Seniors Working Group (SWG), the first and only Asian older-adult-focused advocacy coalition in New York City and State, is composed of 12 Asian-led, Asian older-adult-serving member organizations. Since its inception, the SWG, under the guidance of AAF, has become an authoritative voice for policymakers to reference and consult with about addressing the concerns of Asian older adults, from food delivery, to anti-Asian hate, to language accessibility. This group has served more than 144,459 Asian older adults spanning numerous ethnic and linguistic communities in Q1 of 2023 alone. It is critical to note that 37,933 of these older adults were also low-income.

Anti-Asian violence uniquely targets Asian older adults. The COVID-19 pandemic and its related crisis of anti-Asian hate have had a disproportionate impact on the Asian older adult population in New York City, with multiple of the most high-profile anti-Asian attacks recorded being against older adults of our community. Given this reality, our older adults require support that fully addresses their physical, emotional, and financial needs. Moreover, as our partners in the Asian community can attest, these dual crises are fundamentally changing the behavior of clients as they seek out older adult services; thus, the City must adapt its policies in order to adequately support our older adult service providers.

Food insecurity is among the top concerns of Asian older adults within our Seniors Working Group, in addition to anti-Asian violence, functioning older adult centers, and mental health, all of which are interconnected. Culturally competent meal programs have become our older adults' lifeline, especially amid an era of increased anti-Asian violence that have left older adults understandably terrified to leave their homes. Such conditions make it even more critical that our older adults are receiving as much support as they can every time they interact with one of their trusted CBOs. The meal programs our CBOs offer not only give older adults an opportunity to eat together, but also to participate in social activities, receive assistance applying for services, and access health and mental health care.

A lack of cultural sensitivity in meal programs, however, has become an issue for many older adult service providers according to members of our SWG. The arbitrary and inaccurate standards for 'culturally-sensitive meals' set by DFTA have left many providers restricted with the meal options they can offer Asian older adult clients. For example, DFTA's criteria that claims 'tofu and soy sauce' are ingredients required for Asian food is not only culturally incorrect, but also extremely limiting for our already understaffed, overworked providers who are seeking to address problems of health, poverty, and food insecurity. Asian older adults are not a monolith - they are incredibly diverse and a one-size fits all



Asian American Federation

model for DFTA's standard for culturally sensitive meals only serves to further exacerbate existing issues our older adults and providers face.

With the newly redrawn district lines, Asian New Yorkers comprise at least 10% of the population in 35 City Council districts, with the remaining districts possessing some of the most rapidly-growing Asian populations. It is always important to note that from Fiscal Year 2002 to 2014, the Asian community received a mere 1.4% of the total dollar value of New York City's social service contracts, a reflection of a broader, long-term trend. SWG members, in balancing the need for culturally-competent food, managing older adult centers, and simultaneously addressing the needs of isolated older adults, are consistently on the brink of physical and emotional collapse. CBOs continue to report more burnout among staff who are stretched to their limits with too much work and not enough institutional support.

CBO staff members say meeting our most vulnerable where they are with culturally-competent, effective older adult services requires **systemic change**. They cite that DFTA's 'one-size fits all' models create additional challenges and barriers for Asian and immigrant communities. This necessitates further understanding of our diverse community's needs, as such change is dependent on the City and its work in supporting, reinforcing, and building capacity for programming by and for marginalized communities through prioritizing cultural competency and language access in contracting processes. It also requires a greater focus on funding smaller contracts so the organizations providing care to our most marginalized communities have access to funds they can spend down at their size.

Our recommendations for further action are elaborated on below.

Recommendations:

1. Increase funding to Asian-led, Asian-serving older-adult service providers, and expand this funding to include time and expenses spent on case management and digital literacy, devices and training. Our CBOs are juggling the expansion of in-person services while simultaneously catering to the needs of an isolated older adult population without funding to meet the demand for both streams.
2. Prioritize funding both congregate and remote services and programming. CBO staff are stretched thin because of the City's focus on the former while the broader community continues to demand the latter.
3. Continue funding a network of linguistically and culturally competent food service programs that provide alternative food benefits to older-adults.
4. Expand funding to include culturally competent, in-language, and older-adult-focused non-traditional mental health service models. This includes prioritizing CBOs that have a history of providing free or subsidized nontraditional, culturally competent services for funding opportunities.

On behalf of the Asian American Federation, thank you for raising up the work that needs to be done, and prioritizing the voices and needs of our older adults and our older adult service providers, the true experts in this work. We look forward to working with all of you in the near future, and want to emphasize that policymakers always have a standing invitation to our Seniors Working Group meetings.



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**New York City Council
Committee on Aging
Chair Hudson
March 8th, 2024
Preliminary Aging Budget FY25**

My name is Todd W. Flidner, and I am the Executive Director of Bay Ridge Center (BRC). Thank you for the opportunity to testify.

BRC mission is to provide services and programs for adults 60 years and older in Southwest Brooklyn that promote their well-being, support their independence and encourage their involvement in community life. Since 1976 our staff has been aided by enthusiastic volunteers and works in cooperation with other community organizations, local businesses, schools and social service organizations to fulfill its mission.

Background

All New Yorkers have a right to health and wellbeing so that they can participate fully in our democracy, our economy, and our community life. But our City starts to exclude us as we age. New Yorkers are living longer but our systems and structures haven't been updated to match that reality. Instead, City budgets, transportation systems, and other features of daily life can isolate and marginalize older adults – with consequences ranging from increased health risks to less vibrant and diverse communities.

To create a more just City, we must change how we treat older people, and we must do it on a societal, policy and funding level. One of the first and most important steps we can take is to increase investment into the City's only agency that focuses on older New Yorkers. The New York City Department for the Aging or NYC Aging receives less than 1% of the City budget - and they are responsible for serving all older adults who may need social services, a warm meal, a health class, etc. Other steps are detailed below in the recommendation section - all of which are focused on building the needed capital and social infrastructure to serve us as we age.

To build a more just society, we need to take steps to prevent social isolation of any group - including older people.

Need

Council discretionary funding is foundational to the work our network does, as a disproportionate amount of funding comes from each of you and your colleagues' offices when

Todd W. Flidner, *Executive Director*

Board of Directors: Patricia Marchetti, *President*, Paul Knudsen, *Treasurer*, Allison Nidetz, *Secretary*
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compared to the administration's investment. We are so grateful for your support and without it our current system would not be possible, so a heartfelt thank you from us and our members.

Older Adult Services have huge capital needs due to deteriorating spaces, appliances, and vehicles that have gone without necessary upgrades for the past decade. Case management organizations are serving individuals with more intensive mental health issues with less funding from the city. At the same time the administration is cutting \$18 million dollars from OACs with planned cuts of over \$50 million dollars in the next 5 fiscal years to a system that they have refused to comprehensively invest in citing administrative hurdles and a lack of need that does not match the reality of older adults across our city.

- Organizations have broken refrigerators, floors, bathrooms, kitchens, vans, HVAC systems, roofs, elevators, and many other capital items. The administration is penalizing organizations for these issues, but when organizations request funding to repair them they are either juggled through agencies, asked to use their non-existent accruals, or denied for a litany of reasons.
- Older adult centers in NYCHA spaces have faced the brunt of this, as some have physically collapsed or have such comprehensive mold issues that they cannot open and are not being used. This is part of the "underutilization" argument the administration has been using to justify cuts to the system. The lack of a functional partnership between NYCAging and NYCHA and confusion arising from RAD conversions has made it difficult for programs operating in these spaces to receive any capital funding.
- Case management contracts have seen a reduction in resources across the board leading to a loss of administrative staff and increases in the caseloads of case managers from 65 to over 80 in some instances. Clients are also presenting with higher rates of undiagnosed mental health issues and dementia and are being released from rehab and hospitals after extended stays back into their homes which have deteriorated rapidly due to their absence and in some cases are uninhabitable.
- Home Delivered Meals providers have been operating with a \$2.51 average deficit per meal served that will be continued in the new RFP.

Recommendations

- **Maintain the existing council discretionary funding to keep our system whole.**

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At present, BRC is fortunate to benefit from the council's discretionary funding program. Most recently, the City funded BRC for the following programs and services:

- Access to Critical Services for Seniors;
 - Bay Ridge Connects, Neighborhood NORC;
 - Culturally Competent Outreach Initiative;
 - Culturally Competent Outreach, Programming, and Services for Older Adults;
 - Digital Inclusion for Seniors; and
 - Support Our Seniors.
- **\$50 Million to create a capital funding pot to get centers and resources in a state of good repair.** There must be a baselined funding stream that keeps the physical spaces and resources of our system in good repair. Organizations cannot contract with the city on these services if the city cannot commit to paying for the resources needed to do this work.
 - **Identify and reform existing obstructions to providing capital funding across the board, but particularly with NYCHA and RAD converted properties.** Organizations have been able to secure capital funding through alternative city, state and federal sources for projects that were not approved for capital funding by the administration. Administrative hurdles should not be cited as the reason older adult centers are falling apart and the city has the ability to change its own rules to get the funding where it needs to be.
 - **\$20 million to expand social work support across the network to allow for more comprehensive service to New Yorkers.** Organizations on average need 2 more case managers and 1 intake staff to create a program that can keep talent and serve the community well. This will allow higher needs cases to be handled effectively and keep the focus on service instead of admin work.
 - **\$12 million to increase the per meal rate for HDM programs to \$15.31 per meal.** HDM providers report an average deficit of \$2.51 dollars per meal served, the contract with the city should at least pay for the services that they require.
 - **Reverse ALL cuts to the aging system.** We have identified acute needs across the system that any currently unspent funds could be used to remedy. Pulling money out of this system will only create a death spiral through physical deterioration of centers and resources, or fiscal insolvency for many smaller providers.

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For questions, please email Todd W. Fliedner at TFliedner@bayridgecenter.org

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**Testimony of Russell Lang, President and CEO of Catholic Homes New York
to the New York City Council Committee on Aging
Preliminary Budget for Fiscal Year 2025
March 8, 2024**

Good afternoon, Chair Hudson and members of the City Council Committee on Aging. I am Russell Lang, President and CEO of Catholic Homes New York, and I appreciate the opportunity to testify before this committee. We recognize your efforts to tackle the challenges of senior affordable housing in our city. As the pivotal organization in the Archdiocese's affordable housing efforts, we have developed over 2,900 affordable units, with a significant focus on seniors—currently managing over 400 units and developing an additional 600 for affordable senior living.

The Urgency of Senior Housing Needs

New York, like much of the nation, faces a growing challenge with its aging population. Data from the Joint Center for Housing Studies at Harvard University highlights a 34% increase in adults 65 and older from 2012 to 2022.

Despite a decrease in baby boomer renter households, the generation's size ensures the number of older renters is still on the rise, increasing by over 1 million in the last five years alone. This demographic shift underscores a critical demand for affordable rental options that facilitate community aging, minimize maintenance, and offer accessible social spaces.

Challenges Facing Seniors in New York

- Live-On New York's 2023 survey reveals over 200,000 older adults wait an average of 7-10 years for affordable housing through the HUD 202 program.
- The city's housing infrastructure frequently fails to meet seniors' health and mobility requirements.
- A significant imbalance exists between the production of senior and family housing units, further strained by a lack of project-based vouchers.

Recommendations

1. **Increase Project-Based Federal Vouchers Allocation:** We advocate for an expansion of HUD and NY State vouchers and for the Senior Affordable Rental Assistance (SARA) program, which is vital for creating environments where seniors can age in place throughout the boroughs.
2. **Adjust Reimbursement for SARA Social Services:** We propose increasing the reimbursement rate for SARA services from Human Resources Association (HRA) for the 30% formerly homeless to \$7,500 per unit—a 50% hike from the current \$5,000. This adjustment is critical for overcoming the social service workforce challenges, ensuring we can attract and retain skilled providers to deliver the quality services our aging and formerly homeless populations require.

Evidence of Impact

Our engagement with the SARA program and the Catholic Alliance network has illuminated the significant impact of appropriately valued on-site social services. Adequate compensation is essential to attract and retain committed social service employees. Enhanced care enables seniors to remain within their communities, enriching the neighborhood's diversity and vibrancy.

Conclusion

We implore the City Council to act on these recommendations as pragmatic measures to address the pressing need for affordable senior housing in New York. By working together, we can assure our seniors the dignity and community connection they deserve in their later years.

We value your consideration of our testimony and look forward to collaborative efforts towards our common goal.



**Chinese-American Planning Council
Testimony Before the Committee on Aging
Chair, Council Member Crystal Hudson
March 8th, 2024**

Thank you Chair Hudson and members of the City Council for the opportunity to testify today. The mission of the Chinese-American Planning Council, Inc. (CPC) is to promote social and economic empowerment of Chinese American, immigrant, and low-income communities. CPC was founded in 1965 as a grassroots, community-based organization in response to the end of the Chinese Exclusion years and the passing of the Immigration Reform Act of 1965. Our services have expanded since our founding to include three key program areas: education, family support, and community and economic empowerment.

CPC is the largest Asian American social service organization in the U.S., providing vital resources to more than 80,000 people per year through more than 50 programs at over 30 sites across Manhattan, Brooklyn, and Queens. CPC employs over 700 staff whose comprehensive services are linguistically accessible, culturally sensitive, and highly effective in reaching low-income and immigrant individuals and families. With the firm belief that social service can incite social change, CPC strives to empower our constituents as agents of social justice, with the overarching goal of advancing and transforming communities.

To that end, we are grateful to testify about the issues that greatly impact our communities. CPC serves over 11,000 older adults annually through our culturally-appropriate, linguistically accessible, community-based Senior Centers, where they participate in classes and social activities, access nutrition, health and mental health services, and get connected to resources and support. We house 300 seniors through our affordable housing units. And we serve over 3,000 older adults and people with disabilities through our Home Attendant Program.

Continuing to invest and expand meal delivery service for seniors

Home delivered meals for seniors were crucial during the pandemic and remain so as many seniors are limited mobility and/or can't afford rising costs of groceries. According to a report by the [Robin Hood Foundation](#), it was reported that 1 in 4 adults over the age of 65 experienced poverty in 2022. We are glad to see the administration's concerted effort in expanding these services; however, we are urging the Council to allocate **\$12 million to increase the per meal rate for HDM programs to \$15.31 per meal**. HDM providers report an average deficit of \$2.51 dollars per meal served, the contract with the city should at least pay for the services that they require.

Investing in Senior Centers and Geriatric Mental Health Initiative:

Older Adult Services have huge capital needs due to deteriorating spaces, appliances, and vehicles that have gone without necessary upgrades for the past decade. Case management organizations are serving individuals with more intensive mental health issues with less funding from the city. At the same time the administration is cutting \$18 million dollars from OACs with



planned cuts of over \$50 million dollars in the next 5 fiscal years to a system that they have refused to comprehensively invest in citing administrative hurdles and a lack of need that does not match the reality of older adults across our city. In addition, the Council's Geriatric Mental Health Initiative is critical to addressing the growing mental health crisis in the AAPI community, which experiences the highest rate of senior suicides. Through GMHI, we are able to break down the stigma and barriers to mental health access by normalizing mental health and providing appropriate services.

Healthy Aging

The Chinese-American Planning Council Home Attendant Program, Inc. (CPCHAP) is one of the largest not-for-profit home care service agencies in New York City, licensed in 1998 by the NYS Department of Health as a Home Care Service Agency. Under contract with the New York City Human Resources Administration from the outset, CPCHAP also contracts with many managed care organizations for the provision of Personal Care Services and Consumer Directed Personal Assistance Program to Medicaid-eligible individuals. CPCHAP serves about 3,000 home care recipients daily and employs over 4,000 employees.

CPCHAP is well-respected for its ability to provide culturally and linguistically competent home care services for individuals who live in one of the five boroughs of New York City and who are medically disabled, elderly and/or physically disabled who might otherwise require institutionalization. CPCHAP works with clients, their families, nurses, social workers and physicians in tailoring each plan of care and provides services for individuals who speak Chinese, Spanish, English, Russian, and Korean, as well as other languages. CPCHAP works with patients and their families to offer the care needed, ranging from a few hours each week to 24-hour care.

Asian Americans are the fastest growing population in New York State, and seniors are the fastest growing subset. Over 1 in 3 Asian American seniors lives under the poverty line, and over 2 in 3 are Limited English Proficient (LEP).

Broadly speaking, New York State has the fourth oldest population in the nation, with 3.7 million people aged 60 and over. By 2030, [5.2 million people](#) in the state will be 60 and older, with 1.81 million New Yorkers will be 75 or older. An estimated [seven out of 10](#) people over the age of 65 will need some kind of long term care. In addition, there are over a million New Yorkers with disabilities, chronic illnesses, or other functional complications that require direct care, creating a significant population in New York State that requires direct care support to live and age in dignity. Direct care in homes and communities is either provided by unpaid family caregivers, paid family caregivers, or home health workers through an agency. Care that takes place in homes and in communities is often higher quality, preferred by consumers, and less costly overall than institutionalized care. Many immigrant seniors and families prefer home health care because they can receive language accessible and culturally competent care that they would not find in institutionalized settings.

Because of the growing needs of people with disabilities and an increasingly aging population, the home care sector is the largest employer in the nation, yet continues to face shortages. In NYC alone, [there are 187,000 home health](#) workers, and in New York State, there are over



330,600 home health workers. Yet because of growing need, by 2025, New York State will see a 33 percent growth in need for home health aides and face a shortage of [23,000 workers](#). While automation and investments in technology serve to improve the function and efficacy of hospitalization and institutionalized care, this portion of the healthcare industry is highly reliant on human work, adding urgency to investments in this workforce.

We urge the Council to join us in advocating for New York State to build a robust home care sector that meets the needs of all New Yorkers.

In addition, we are also strongly urging the Council to consider and ensure that the following are included in the FY25 adopted budget that is necessary to uplift our growing aging population:

- **Maintain the existing council discretionary funding to keep our system whole.**
- **\$50 Million to create a capital funding pot to get centers and resources in a state of good repair.** There must be a baselined funding stream that keeps the physical spaces and resources of our system in good repair. Organizations cannot contract with the city on these services if the city cannot commit to paying for the resources needed to do this work.
- **Identify and reform existing obstructions to providing capital funding across the board, but particularly with NYCHA and RAD converted properties.** Organizations have been able to secure capital funding through alternative city, state and federal sources for projects that were not approved for capital funding by the administration. Administrative hurdles should not be cited as the reason older adult centers are falling apart and the city has the ability to change its own rules to get the funding where it needs to be.
- **\$20 million to expand social work support across the network to allow for more comprehensive service to New Yorkers.** Organizations on average need 2 more case managers and 1 intake staff to create a program that can keep talent and serve the community well. This will allow higher needs cases to be handled effectively and keep the focus on service instead of admin work.
- **Reverse ALL cuts to the aging system.** We have identified acute needs across the system that any currently unspent funds could be used to remedy. Pulling money out of this system will only create a death spiral through physical deterioration of centers and resources, or fiscal insolvency for many smaller providers.

Thank you so much for the opportunity to testify on issues that greatly impact our communities. If there are any questions or concerns, feel free to reach out to Ashley Chen, Policy Analyst at achen9@cpc-nyc.org.



TESTIMONY OF CITYMEALS ON WHEELS

**Before the New York City Council Aging Committee
Honorable Crystal Hudson, Chair
Fiscal Year 2025 Preliminary Budget Hearing
March 08, 2024**

**Submitted by:
Jeanette Estima
Director, Policy and Advocacy
Citymeals on Wheels**

Overview

Citymeals on Wheels was established in New York City in 1981 as a unique public private model to fill a critical gap in the City's home delivered meal program, which provides only one meal per day, five days a week, excluding weekends and holidays. Since then, Citymeals has also become a citywide emergency food responder for homebound older adults, beginning with 9/11 and continuing throughout the pandemic.

The need for food programs that can reach older adults at home has increased over the past years due to both the general growth in the older population, increasing food insecurity, and an increase in the number of climate-related emergencies. Simultaneously, the cost of food has continued to rise after the pandemic and is outpacing the City's funding for home-delivered and congregate meals programs.

In FY23, Citymeals served about 1,150 more older adults than we did in FY22. Our food costs have also increased by about 33% since the pandemic. Therefore, **we respectfully request a renewal of \$500,000 and an enhancement of \$300,000 through the Older Adult Clubs, Programs, and Enhancements Initiative to ensure that we can keep meeting the needs of older New Yorkers who are unable to access other food programs during emergencies.**

On average, the City's contracted providers of home-delivered meals have seen food costs increase by about 25% and fuel costs by about 7%. However, NYC Aging's upcoming RFP indicates a flat per-meal reimbursement rate, making it untenable to maintain the current level of service, let alone respond to the increasing need. Citymeals works hand-in-hand with these providers to ensure that older adults are able to eat at the very least one meal every day. To that end, **we urge the City to allocate \$12 million to increase the per meal reimbursement rate for home-delivered meals programs to \$15.31 per meal.**

Finally, meals served at older adult centers play an important role in supporting the nutritional and social needs of older adults, yet many have fallen into disrepair—a condition that no doubt has contributed to lower participation rates in the past year. The answer is not to cut funding, but rather to recommit to making these centers vibrant and safe community hubs for older New Yorkers. Therefore, we join our partners in calling for a **\$50 million capital fund to repair and upgrade these important community resources that can support deeper engagement.**

We thank the City Council for its continued partnership in ensuring that homebound older New Yorkers do not go hungry and are not forgotten during emergencies.

The Citymeals on Wheels Model

Citymeals on Wheels was founded 41 years ago to fill a significant gap in city services, securing funding to provide weekend and holiday meals to those homebound older adults unable to shop and cook for themselves. While the Department for the Aging funds the one daily meal that homebound older adults receive Mondays through Fridays (excluding holidays), Citymeals funds the same network of providers to deliver weekend, holiday, and emergency meals. *Without Citymeals, the most vulnerable older New Yorkers would not have a meal on about 115 days each year.* On a 3-day holiday weekend, the most isolated older adults could go 3 straight days without a meal; and, in times of emergencies, they could go even longer without food or contact with another person. To bridge this gap, Citymeals raises around \$25 million to fund or provide about 2 million emergency, weekend, and holiday meals annually.

In addition to providing food on weekends and holidays, Citymeals has become a citywide emergency responder for older adults, beginning with 9/11. In 2018, the opening of our Bronx warehouse solidified this role by giving us the capacity to store up to 10,000 packed and ready meals, and enough food to quickly package up to 60,000 more meals. With this level of inventory, we can pre-supply existing program participants with nutritious, shelf-stable meals and respond to those in temporary need during extreme weather, an emergency closure, or a suspension of meal delivery service. We can turn on a dime to reach large numbers of older adults in senior housing facilities, NYCHA housing, or Naturally Occurring Retirement Communities (NORCs), as well as individuals living across the five boroughs. We have stepped up during citywide emergencies like Hurricane Ida, as well as more localized emergencies such as a power or gas outage. Time and again, we have illustrated the value of our agile and resourceful model.

Nowhere was this more clearly demonstrated than the Covid-19 pandemic, which rendered thousands of older adults effectively homebound when it very suddenly became unsafe for them to be in most public spaces. They were no longer able to access their usual food programs, such as lunches at an older adult center, or food pantries. We delivered our first emergency meals on March 5, 2020, at least a week before the city shut down, because we anticipated that something could happen which would leave older New Yorkers without enough food on hand. Throughout the pandemic, we delivered over 6 million meals to the most vulnerable New Yorkers.

In FY23, Citymeals responded to 63 emergencies with 34,515 meals, and pre-supplied program participants with over 160,000 meals in our seasonal emergency meal packages. This is what we do, and what we hope to keep doing. Citymeals has the infrastructure and stands ready for the next emergency, provided we can access the additional funding that makes our nimble model possible.

The Need

There are more than 1.7 million New York City residents over the age of 60—that's one in five New Yorkers. Increased life expectancy is a testimony to the achievements of modern science, technology, and even the social safety net. Living longer and on a fixed income presents a wide-ranging set of needs from healthcare to mobility restrictions to food insecurity. For our recipients this could look like not being able to see well enough to cook their own meals, being unable to safely walk to the store or carry groceries home, or not having someone who can come by regularly to help with these tasks. These facts, combined with a global demographic shift means we can confidently predict that more and more people will be coming onto the HDM

rolls in the years to come—indeed we have been seeing a steady increase for years.

Being unable to shop for groceries or prepare your own meals does not warrant institutionalization; these needs can be effectively managed through a network of community services and supports. And remaining at home is not only the overwhelming preference of older adults, it's also better for their overall wellbeing, and of course, much more cost effective—for both the individual and the City—than moving into a nursing home.

In addition to this rapidly growing need, inflation has driven up the cost of food and fuel further straining our ability to feed hungry, homebound older New Yorkers. During the pandemic, our food costs increased 33% and there is no longer federal aid that supported nonprofits in ramping up services during that time.

While the pandemic highlighted the need for emergency, supplemental food for our recipients the need is still here and growing. For example, the number of climate events that create enough damage that people become unable to leave their homes to get food, whether due to power outages or unsafe streets, has grown. *The homebound older adult population is not regularly served by any other citywide emergency food groups.* Citymeals is the only provider who can respond at scale, bringing food to older adults at their homes across New York City. Therefore, it is critical that Citymeals can continue to pre-supply emergency food that can be kept in a cabinet for more minor emergencies, and quickly respond to bigger emergencies with truckloads of 3-meal bags. **Therefore, we respectfully request an enhancement to \$800,000 (up from \$500,000) through the Older**

Adult Clubs, Programs, and Enhancements Initiative to fund Citymeals' emergency meals program.

Sector-wide Needs

The entire network of home-delivered meals providers is under extreme pressure caused by increased needs and, on average, a 25% increase in food costs and a 7% increase in fuel costs. However, NYC Aging's recent RFP keeps a flat per-meal reimbursement rate, making it untenable to maintain the current level of service. **We urge the City to increase the reimbursement rate for home-delivered meals contracts to \$15.31 per meal, an investment of \$12 million.**

Finally, we urge the City to not cut any funding for older adult centers. If participation is lower than usual, then the answer is to recommit to making them vibrant community hubs, that are safe, in good repair, and provide robust programming (both in person and virtually). This cannot be done without upgrades and repairs at many sites across the city, yet centers are deeply restricted in what they are able to do with their physical sites, due to capital funding constraints and bureaucratic red tape. **Therefore, we join our partners in calling for a \$50 million capital fund to repair and upgrade these important community resources.**

**New York City Council Budget and Oversight Hearings on the Preliminary Budget for
Fiscal Year 2025**

**New York City Council Committee on Aging
Honorable Crystal Hudson, Chair**

**Submitted by: Colleen Kremer, Program Director of the Confucius Plaza and Chatham
Green NORC**

March 8, 2024

Thank you, Chair Hudson, and members of the Committee on Aging for holding this hearing and for the opportunity to submit testimony. My name is **Colleen Kremer, Program Director of the Confucius Plaza and Chatham Green NORC**, and my comments today will focus on the important supportive service programs that Naturally Occurring Retirement Communities (NORCs) and Neighborhood NORCs (NNORCs)¹ provide for older New Yorkers.

Thank you to the City Council for its ongoing commitment to the NORC program. Without your annual investment in the Neighborhood NORC program, there would be no city-funded Neighborhood NORCs at all, as NYC Aging funds only classic NORC programs.

Classic and Neighborhood NORCs are multi-age housing developments or neighborhoods, respectively, not originally developed for older adults but now home to many older people. They were founded with the goal of transforming residential complexes and neighborhoods to meet the needs of a growing cohort of older residents and enable them to remain living independently in their homes, thrive in their communities, and delay hospitalization or nursing home placement.

The density of older adults and their proximity to each other further fosters creative approaches to providing health and social services. N/NORC programs provide case management services; nursing services; recreational, social and cultural activities, and ancillary services tailored to meet the needs of each community. Programs actively encourage healthy aging by providing access to health care, promoting health and wellness activities, addressing disease prevention, and responding to chronic health conditions. NORC staff provide wellness checks to address mental health and social isolation; assist seniors in accessing food and other supplies, and coordinate services.

Additionally, nursing and health care services, which N/NORC programs are required to provide, are not covered by city funded NORC contracts. While these services had previously been covered by healthcare providers, pro-bono, with changes to the healthcare system over the years, these agreements have eroded. N/NORCs now scramble to cover the hourly rates of their health and nursing providers, which can exceed \$90/hour.

The Confucius Plaza and Chatham Green NORC serves over 200 older adults in the Chinatown and Two Bridges community. We provide on average 107 older adults each month with Case Management, Case Assistance, Health Management and

¹ N/NORCs refers to both classic and neighborhood NORCs.

Health Assistance supportive services. Because of our close relationship to the community, these are services that our clients would not be getting otherwise. Additionally, because of the unique nature of the NORC program, we can easily conduct these services directly from our clients' homes if they are unable to come to the center, enabling them to continue to age in place from the comfort of their home.

In addition to providing social and health related services, the NORC also offers a range of classes geared at all levels of ability, with nearly 50 unduplicated clients participating monthly in culturally appropriate activities such as Qi Gong, brush painting, both chair and mat yoga, walking groups, support groups, fall awareness, and arts and crafts, as well as weekly presentations on relevant topics such as long-term care, elder abuse, tax information for older adults etc., where participants can learn about services and benefits that they would not be aware of otherwise, all for free and without having to leave their apartment complex. These services allow older adults to avoid hospitalization and institutionalization while preserving vital community resources.

Without the City Council's NORC Initiative, many programs would not be able to continue providing critical services to so many older adults in New York City. **To sustain and strengthen the NORC program, the FY25 budget must restore this Initiative to FY23 funding levels. This amounts to \$6.09 million, with \$1.3 million to directly support health and nursing services,** filling a funding gap for NORC providers. The restoration of these funds will help ensure these programs can continue to provide services to NORC residents.

Thank you for the opportunity to testify. Please feel free to reach out Colleen Kremer, Program Director of the Confucius Plaza and Chatham Green NORC (colleenkremer@hmonline.org) with any questions.



**Testimony of Xiomara Maldonado, Senior Director of Older Adult Programs, Weinberg
Older Adult Center and Cooperative Village NORC, Educational Alliance
Presented by Elizabeth Bird, Director of Public Policy, Educational Alliance
to the New York City Council Committee on Aging
Crystal Hudson, Chair
New York City Preliminary Aging Budget FY25
March 8th, 2024**

Thank you for the opportunity to testify today on the NYC Aging budget. My name is Elizabeth Bird, and I am the Director of Public Policy at Educational Alliance (EA), a settlement house with community centers located throughout Lower Manhattan that offer individuals and families high-quality, multi-generational programs and services that enhance their well-being and socioeconomic opportunities. I am presenting the testimony of Xiomara Maldonado, Senior Director of Older Adult Programs at EA.

Xiomara oversees both the Weinberg Older Adult Center (OAC) and the Cooperative Village Naturally Occurring Retirement Community (NORC) and collaborate closely with EA's Sirovich OAC. Through these programs, supported by contracts with NYC Aging, we serve a highly diverse population of close to 4,000 older adults annually. We design our programs to meet all eight dimensions of wellness: emotional, physical, occupational, social, spiritual, intellectual, environmental, and financial. Our OACs enhance the lives of older New Yorkers through our congregate meal programs, arts, education, and fitness classes, civic engagement opportunities, and the provision of social services. Co-op Village NORC provides education, health screenings and preventive services, doctor referrals, and wrap-around nursing services and case management to support older New Yorkers as they age-in-place.

All New Yorkers have a right to health and wellbeing so that we can participate fully in our democracy, our economy, and our community life. Today, I will offer recommendations on how New York City's budget can meet the holistic needs of a rapidly growing older adult population and reflect the City's stated commitment to create an age-inclusive and age-friendly city.

To do this, the City should:

Maintain Council Aging Initiative Funding at FY23 levels of \$32.2 million. City Council discretionary funding is foundational to the work of the aging network, as a disproportionate amount of funding comes from each of your offices compared to the administration's investment. EA's staff and members are grateful for your support, which sustains our programs' operation. Through the funds that you allocated to EA's OACs in FY24, we can cover expenses not funded by our NYC Aging contracts: \$30,000 worth of food; \$36,200 in salaries for kitchen and program personnel; \$14,000 worth of program and building supplies; and \$3,000

You belong here.

for meaningful trip experiences for our members. We also especially appreciate the SU-CASA funding we receive to provide professional arts programs to our members. While our Cooperative Village NORC does not receive Council discretionary funds for nursing services, we know these dollars are critical for many NORCs to ensure that older New Yorkers receive comprehensive wrap-around nursing support. Nursing support enables people to age in their homes for as long as possible, dramatically improving quality of life outcomes and reducing financial strain on long term care facilities.

Please see tables below for a demographic breakdown of the population served at EA by City Council discretionary funding.

Allocate \$50 million for capital funding dedicated to the repair and maintenance of older adult centers. Organizations cannot continue to provide services without resources needed to keep our buildings in good repair. Our Sirovich OAC operates out of a city-owned building that needs significant upgrades to the HVAC system, floors, and ceilings. Repairs would allow us to correct building conditions that have resulted in citations given to us by NYC Aging during audits. The estimated cost for such repairs is at least \$100,000.

Invest in a 5% cost of living adjustment (COLA) in FY25, 3% in FY26, and 3% in FY27 for aging services professionals. EA recognizes the critical role the human services workforce fills in enhancing New Yorkers' lives and supports the #JustPay campaign to provide immediate relief to the workforce. As a member organization of United Neighborhood Houses (UNH), EA joins UNH in urging the passage of Intro 510 of 2022 to establish a prevailing wage schedule for human services workers to address long-term needs of the workforce. COLA and wage parity are critical to staffing OACs and NORCs, particularly since the pandemic had a direct impact on staff retention due to wages not keeping pace with inflation, overall wage disparity, and a nationwide decrease in the number of qualified social service staff to fill positions. Investing in livable wages will help address the substantial deficit of 74,000 social workers each year for the next decade predicted by The U.S. Bureau of Labor Statistics.¹

Invest \$20 million to expand comprehensive social work support for older New Yorkers. As the population of older adults grows across the City, demand for social work service also increases. Currently, at least 23% of the citywide population of New Yorkers age 60+ reside in our Community District 3 (Lower East Side/Chinatown).² Our OACs have seen an increased need for social services, particularly amongst Chinese-speaking and Spanish-speaking members. Our NORC has noticed an increase in the number and complexity of the cases. Organizations on average need two more case managers and one intake staff to create a

¹ Columbia School of Social Work. *Bridging the Gap: The Urgent Need for Social Workers*. 2023, September 29. <<https://socialwork.columbia.edu/blog/bridging-the-gap-the-urgent-need-for-social-workers>.> 2024, March 7.

² American Community Survey 2011-16

program that can keep talent and serve the community well. This allows effective management of higher needs cases and keeps the focus on direct service instead of administrative work.

Moreover, homelessness among older adults is increasingly common. NYC's [Aging Homeless Study](#) reveals that the number of individuals in shelter age 55+ increased by 250% from 2004 to 2017; the number of individuals age 65+ experiencing homelessness increased over 300% during the same period. According to the study, "Forecasts suggest that if nothing is done, by 2030 the homeless population over 65 will triple again, with similar gains in the homeless population over 55. This projected increase in the population comes with an associated increase in their aging-related health care costs." To meet this growing need, OACs and NORCs need sufficient social work staff who can work with older adults to achieve financial stability, prevent the loss of their homes, apply for benefits like SCRIE, and secure affordable housing.

Combat older adult hunger with at least \$64.2 million in new funds and policy changes:

- ***Invest at least \$53 million for older adult congregate meals to offset inflationary costs.***
- ***Invest \$12 million to increase the per meal rate for Home Delivered Meal (HDM) programs to at least \$15.31 per meal.*** While EA is not an HDM provider, a portion of our Co-Op Village NORC clients who experience mobility challenges depend upon HDM services. Our HDM partners report an average deficit of \$2.51 dollars per meal served, impacting their ability to meet current meal units. The contract with the city should at least pay for the services that they require.
- ***End NYC Aging's MLTC eligibility restriction for home delivered meals.***

Reverse ALL cuts to NYC Aging and reinvest in this system. Research shows that the population of older New Yorkers is growing. Center for an Urban Future reports that Manhattan saw the third-largest increase in older adults of any county in the state between 2011 and 2021, with the number of residents 65 and over increasing by 33% (71,267.) There are more residents ages 65 and above in Manhattan than there are people under the age of 21. Similarly, the immigrant older adult population in Manhattan increased by 43 percent in the past decade, a faster rate than the growth of US-born older adults (27 percent). Most concerning, the number of older adults in poverty in Manhattan increased by 23 percent—from 37,639 in 2011 to 46,314 in 2021.³ At EA, the demographics of our OACs' populations reflect these findings, with 42% of Weinberg members and 40% of Sirovich members living in poverty and 61% of Weinberg members and 36% of Sirovich members having Limited English Proficiency.

³ Jonathan Bowles, Eli Dvorkin, and Charles Shaviro. (2023). Keeping Pace with an Aging New York State. *Center for an Urban Future*. < <https://nycfuture.org/research/keeping-pace-with-an-aging-new-york-state>>

Today, the City is cutting \$18 million dollars from OACs with planned cuts of over \$50 million dollars over the next five fiscal years, citing a diminished need for services. This reasoning does not reflect the reality we see among older adults. These PEGs will lead to loss of resources, physical deterioration of centers, or fiscal insolvency for smaller providers. With acute needs identified across the system, the City should reinvest any unspent funds into programs and services for older New Yorkers.

Thank you for the opportunity to testify.

Unique (ie Unduplicated) number of clients served at EA by borough with Council funding in Q1 and Q2

Quarter 1 Unique	Sirovich OAC	Weinberg OAC
Manhattan	895	1,156
Queens	63	68
Brooklyn	57	98
Staten Island	6	11
The Bronx	16	14

Quarter 2 Unique	Sirovich OAC	Weinberg OAC
Manhattan	771	1,211
Queens	56	71
Brooklyn	50	105
Staten Island	11	15
The Bronx	6	9

Total (ie duplicated) number of clients served at EA by borough with Council funding in Q1 and Q2

Quarter 1 Duplicated	Sirovich OAC	Weinberg OAC
Manhattan	15,335	15,973
Queens	873	1,338
Brooklyn	765	958
Staten Island	146	150
The Bronx	123	117

Quarter 2 Duplicated	Sirovich OAC	Weinberg OAC
Manhattan	16,023	15,018
Queens	816	1,171
Brooklyn	778	995
Staten Island	147	176
The Bronx	75	89

Demographics of older adults served at EA Older Adult programs

Age Group	Sirovich OAC	Weinberg OAC
60-64 y/o	6%	6%
65-69 y/o	17%	20%
70-74 y/o	25%	28%
75-79 y/o	22%	24%
80-84 y/o	16%	11%
85+ y/o	13%	12%

Limited English Proficiency	Sirovich OAC	Weinberg OAC
No	64%	39%
Yes	36%	61%

Poverty Level	Sirovich OAC	Weinberg OAC
100 (<=100)	40%	42%
125 (101-125)	11%	15%
150 (126-150)	9%	7%
185 (151-185)	4%	2%
NA (>185)	6%	3%
Refused	30%	31%

Race	Sirovich OAC	Weinberg OAC
Asian	35%	69%
Black or African-American	7%	3%
White	47%	24%
Native; or Multiracial	1%	0%
Refused	10%	5%

Ethnicity	Sirovich OAC	Weinberg OAC
Hispanic or Latino	10%	11%
Not Hispanic or Latino	77%	83%
Refused	13%	6%

Gender	Sirovich OAC	Weinberg OAC
Female	72%	73%
Male	28%	27%

Lives With	Sirovich OAC	Weinberg OAC
Alone	53%	40%
Children	5%	4%
Non-Relatives, Domestic Partner	6%	3%
Spouse; or Spouse & Others	22%	41%
Parent/Guardian	1%	0%
Relatives	2%	2%
Non-Relatives	1%	1%
Others Not Listed	3%	4%

Refused	7%	5%
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Disabled	Sirovich OAC	Weinberg OAC
No	77%	84%
Yes	23%	16%



55 Water Street, New York, NY 10041-8190

**New York City Council Committee on Aging – New York City Council Fiscal Year 2024
Preliminary Budget Hearing**

Testimony of EmblemHealth

March 8, 2024

On behalf of the thousands of New Yorkers we employ and serve, EmblemHealth would like to thank Chair Hudson and members of the Committee on Aging for providing the opportunity to share information on the programming at EmblemHealth Neighborhood Care and how we can better address the needs of the communities we serve with funding support from the City Council.

EmblemHealth Neighborhood Care is a non-profit operating 14 centers across New York City's five boroughs where we provide free in-person and virtual support, access to community resources, and health and wellness classes to all community members, ensuring that individuals are connected to care at the right place and at the right time. We are located in many under-resourced communities, and are continuing to expand, with our fifteenth site opening in the Northwest Bronx in April 2024. We are changing how community members access care, providing continuous support and culturally competent care and resources, including virtual classes to ensure we can also reach homebound individuals. Our staff represent and reflect the communities they serve, and across our various sites, we provide services and support in English, Spanish, Mandarin, Cantonese, and Haitian Creole. In 2023, nearly 72,000 individuals accessed care through Neighborhood Care sites, of whom nearly 30% were over the age of 65. We are seeking funding to be able to reach even more individuals and families and address their most pressing health and wellbeing needs.

With \$10,000 in local funding for individual locations we would be able to bolster our ongoing support, programming, and resources to meet the unique needs of the local communities, including providing resources in multiple languages. We are also seeking \$10,000 in Support Our Older Adults funding to tailor more programming to the large older adult population that we serve. With this funding we would develop culturally competent programming on topics such as women's health, men's health, mental wellbeing, mentoring and community outreach, and more. Local discretionary and Support Our Older Adults funding would enable us to provide more culturally appropriate support and materials in the most needed languages and enable us to collaborate more closely with partners to bring new classes and resources to the community.

We are also seeking \$50,000 in city-wide initiative funding for Older Adult Clubs, Programs, and Enhancements. Nearly one in three individuals that we serve is over the age of 65, making us uniquely positioned to help address the challenges this community is facing. With funding support, we would be able to enhance our programming for older adults, create social spaces, increase food access, and provide classes on digital literacy, self-defense, tai chi, chair yoga,

line dancing, and more. We have found that creating a safe, social space for individuals to gather is also integral to combatting the loneliness and social isolation challenges that many older adults face, and we foster social hours and one-on-one and group discussions.

To further meet the needs of the older adults we serve, we are seeking \$50,000 in city-wide initiative funding for Geriatric Mental Health. With this funding we would be able to reach more individuals and be able to provide tailored support and programming on topics such as self-defense, digital literacy, addressing loneliness and social isolation, and more. Through this program we would also hold one-on-one conversations, multi-week workshops, and wellness resource days with multiple classes and discussions in a row, to ensure that individuals have access to comprehensive support that best meets their needs and keeps them connected to the local community. We have won two federal grants focused on addressing mental wellbeing needs tailored to the populations in Flushing and Crown Heights. With city-wide initiative funding, we would be able to build upon our experience and success to address wellbeing challenges for more older adults, combat loneliness and social isolation, create social spaces, and host tailored classes such as art and relaxation, journaling, and more.

Lastly, we are also seeking \$50,000 in city-wide initiative funding for Access to Healthy Food and Nutrition Education to enable us to provide more culturally appropriate nutritional support and education and to increase the number of events we host to connect individuals directly to fresh food. In 2023 we reached nearly 7,000 recipients at food pantry events and over 500 recipients at farmers market events, in collaboration with our partners. In addition to these events, we host classes on nutrition and diabetes self-management, and we facilitate SNAP benefit enrollment. With funding support we could expand this to include topics such as reading food labels, shopping on a budget, healthy recipes, and more. Our efforts focused on food access help older adults to learn healthy behaviors, to have increased access to healthy food, and to make connections in the community. We know firsthand that access to fresh food and education has a significant impact on overall health and wellness, especially when it comes to older populations who are more likely to be facing chronic conditions such as diabetes and heart disease. We hope to build on our experience improving access to healthy food and nutrition in our communities to reach even more individuals with these crucial services.

EmblemHealth Neighborhood Care is proud to provide free resources, education, and community connection for many underserved communities. With your support we hope to expand our support and increase our impact even further.

Thank you for your consideration and we look forward to continuing to work together to ensure that everyone in our communities has access to equitable, holistic care and resources.

**Testimony Draft for the New York City Council Committee on
Aging Public Hearing**

Subject: Comprehensive Support for Older Adults Through Full Funding of Older Adult Centers

Good Morning/Afternoon Councilmembers

Thank you, Chair Hudson for the opportunity to testify today.

My name is Autrice Wildman, and I am honored to serve the older adult community of New York City as a Social Caseworker at Encore Community Services within its Aging Through Arts Older Adult Center. I have worked in aging services for more than 15 years ranging from transportation and meal delivery to case management; I have been at the forefront ensuring the well-being and dignity of our city's older adults. Today, I am here to talk about the need for the full funding of older adult centers.

Encore Community Services is one of New York City's largest aging services providers offering the full range of services from Home Delivered Meals, Housing, Older Adult Centers and Case Management. Some challenges we have been facing at our center are:

- 1) **Housing**: We have seen a significant rise in the number of older adults living in inadequate housing conditions. Some are unable to access the spaces they have called home for decades safely. These challenges are compounded when living on fixed incomes.
 - a. Older adults facing harassment from landlords who want them out to rent apartment for market rate
 - b. We've also experienced an increase in the number of homeless older adults seeking support in our center.

- 2) **Increasing mental health crisis:** Many older adults at our center are experiencing mental illness in some form, via dementia, depression or anxiety. Staff at our centers are often among the first to recognize these sign and provide resources for support. This reinforces the point that our facilities are not merely spaces for recreation; they are crucial hubs for the physical, mental, and social well-being of our members.

In light of the proposed \$18 million budget cut, it is crucial to acknowledge that threatening these centers would not only **diminish the quality of service but could lead to the erosion of the very support systems that uphold the dignity and well-being of our older adults.**

If the justification for budget reductions is “underutilization” I urge the city not to cut, **but instead redistribute** that money to where our older adults tell us they need it most. As a case worker serving an enrollment of close to 2000 active members I am usually booked a month in advance. Instead of cutting funding why not add another case worker to our center? With an additional case worker our utilization will go up. Instead of insisting that we can only give out one meal a day, why not allow Encore to provide 2 or 3 meals a day to the homeless older adult who needs additional support.

I’d be remiss to not say, rather than cutting our older adult centers by \$18Million how about paying case workers at OACs a livable wage, rather than the poverty wages we are contracted for by the city, right now. We should not be working full time and still qualify for SNAP benefits.

I urge the City Council to recognize the multifaceted role of older adult centers in the lives of New York City's seniors. The proposed budget cuts represent a step back from our collective responsibility to care for those who have contributed so much to our community. Fully funding these centers is a testament to our city's commitment to ensuring that older adults live their later years with the respect, care, and the enrichment they deserve.

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



HEIGHTS AND HILLS
supporting brooklyn's older adults

**New York City Council
Committee on Aging
Chair Hudson
March 8, 2024
Preliminary Aging Budget FY25**

My name is Carrie Bloss and I am the Executive Director at Heights and Hills. Thank you for the opportunity to testify.

Heights and Hills promotes successful aging in Brooklyn. Our programs and services are centered on the basic needs of older adults as they age to improve health, satisfaction, and longevity: financial and food security; access to health care; a safe, affordable, and comfortable place to live; the ability to accomplish life's basic tasks; and social supports to prevent isolation. Every year we serve approximately 5,000 older adults and their families. Our Case Management program helps homebound older adults age in their homes. Our Caregiver program supports the family and friends who care for an older adult in their lives as well as grandparents who are raising a grandchild through kinship care. Our Older Adult Center is a neighborhood hub for older adults providing friendship and community, meals, and support through on site social work staff. And our volunteer programs enhance all these services by addressing social isolation, food insecurity, and other basic needs of older adults.

Background

All New Yorkers have a right to health and wellbeing so that they can participate fully in our democracy, our economy, and our community life. But our City starts to exclude us as we age. New Yorkers are living longer but our systems and structures haven't been updated to match that reality. Instead, City budgets, transportation systems, and other features of daily life can isolate and marginalize older adults – with consequences ranging from increased health risks to less vibrant and diverse communities.

To create a more just City, we must change how we treat older people, and we must do it on a societal, policy and funding level. One of the first and most important steps we can take is to increase investment into the City's only agency that focuses on older New Yorkers. The New York City Department for the Aging or NYC Aging receives less than 1% of the City budget - and they are responsible for serving all older adults who may need social services, a warm meal, a health class, etc. Other steps are detailed below in the recommendation section - all of which are focused on building the needed capital and social infrastructure to serve us as we age.

To build a more just society, we need to take steps to prevent social isolation of any group - including older people.

Need

Council discretionary funding is foundational to the work our network does, as a disproportionate amount of funding comes from each of you and your colleagues' offices when compared to the administration's investment. We are so grateful for your support and without it our current system would not be possible, so a heartfelt thank you from us and our members.



Older Adult Services have huge capital needs due to deteriorating spaces, appliances, and vehicles that have gone without necessary upgrades for the past decade. Case management organizations are serving individuals with more intensive mental health issues with less funding from the city. At the same time the administration is cutting \$18 million dollars from OACs with planned cuts of over \$50 million dollars in the next 5 fiscal years to a system that they have refused to comprehensively invest in citing administrative hurdles and a lack of need that does not match the reality of older adults across our city.

- Organizations have broken refrigerators, floors, bathrooms, kitchens, vans, HVAC systems, roofs, elevators, and many other capital items. The administration is penalizing organizations for these issues, but when organizations request funding to repair them they are either juggled through agencies, asked to use their non-existent accruals, or denied for a litany of reasons.
- Older adult centers in NYCHA spaces have faced the brunt of this, as some have physically collapsed or have such comprehensive mold issues that they cannot open and are not being used. This is part of the “underutilization” argument the administration has been using to justify cuts to the system. The lack of a functional partnership between NYCAging and NYCHA and confusion arising from RAD conversions has made it difficult for programs operating in these spaces to receive any capital funding.
- Case management contracts have seen a reduction in resources across the board leading to a loss of administrative staff and increases in the caseloads of case managers from 65 to over 80 in some instances. Clients are also presenting with higher rates of undiagnosed mental health issues and dementia and are being released from rehab and hospitals after extended stays back into their homes which have deteriorated rapidly due to their absence and in some cases are uninhabitable.
- Home Delivered Meals providers have been operating with a \$2.51 average deficit per meal served that will be continued in the new RFP.

Recommendations

- **Maintain the existing council discretionary funding to keep our system whole.** Heights and Hills receives discretionary funding directly from several City Council members. This funding allows us to maintain our robust volunteer program. Without this funding we could not operate our Shopping Squad where volunteers get the grocery lists of homebound older adults experiencing a food emergency. They shop for and deliver the items requested ensuring that the older adult is safely able to sustain themselves. This funding also supplements the budget of our Older Adult Center allowing us to bring in instructors for exercise and art classes.

In addition, we receive city council discretionary funding every year through the Department for the Aging for our Case Management contract which currently supports almost 1,400 people. The discretionary funding allows us to hire staff over and above what our contract will afford. Without that staffing, we would have a significant waiting list for services. Currently 150



HEIGHTS AND HILLS

supporting brooklyn's older adults

homebound older adults are in our program only thanks to the discretionary funding that we receive for this contract.

- **\$50 Million to create a capital funding pot to get centers and resources in a state of good repair.** There must be a baselined funding stream that keeps the physical spaces and resources of our system in good repair. Organizations cannot contract with the city on these services if the city cannot commit to paying for the resources needed to do this work.
- **Identify and reform existing obstructions to providing capital funding across the board, but particularly with NYCHA and RAD converted properties.** Organizations have been able to secure capital funding through alternative city, state and federal sources for projects that were not approved for capital funding by the administration. Administrative hurdles should not be cited as the reason older adult centers are falling apart and the city has the ability to change its own rules to get the funding where it needs to be.
- **\$20 million to expand social work support across the network to allow for more comprehensive service to New Yorkers.** Organizations on average need 2 more case managers and 1 intake staff to create a program that can keep talent and serve the community well. This will allow higher needs cases to be handled effectively and keep the focus on service instead of admin work.
- **\$12 million to increase the per meal rate for HDM programs to \$15.31 per meal.** HDM providers report an average deficit of \$2.51 dollars per meal served, the contract with the city should at least pay for the services that they require.
- **Reverse ALL cuts to the aging system.** We have identified acute needs across the system that any currently unspent funds could be used to remedy. Pulling money out of this system will only create a death spiral through physical deterioration of centers and resources, or fiscal insolvency for many smaller providers.

Thank you for the opportunity to testify.

For questions, please email Carrie Bloss at cbloss@heightsandhills.org



**New York City Council
Committee on Aging
Chair Hudson
March 8th, 2024
Preliminary Aging Budget FY25**

My name is Kevin Kiproviski and I am the Director of Public Policy at LiveOn NY. Thank you for the opportunity to testify.

LiveOn NY's members include more than 110 community-based nonprofits that provide core services under the NYC Aging portfolio and many other home and community based services in our city.

Background

Council discretionary funding is foundational to the work our network does, as a disproportionate amount of funding comes from each of you and your colleagues' offices when compared to the administration's investment. We are so grateful for your support and without it our current system would not be possible, so a heartfelt thank you from us and our members.

Older Adult Services have huge capital needs due to deteriorating spaces, appliances, and vehicles that have gone without necessary upgrades for the past decade. Case management organizations are serving individuals with more intensive mental health issues with less funding from the city. At the same time the administration is cutting \$18 million dollars from OACs with planned cuts of over \$50 million dollars in the next 5 fiscal years to a system that they have refused to comprehensively invest in citing administrative hurdles and a lack of need that does not match the reality of older adults across our city.

- Organizations have broken refrigerators, floors, bathrooms, kitchens, vans, HVAC systems, roofs, elevators, and many other capital items. The administration is penalizing organizations for these issues, but when organizations request funding to repair them they are either juggled through agencies, asked to use their non-existent accruals, or denied for a litany of reasons.
- Older adult centers in NYCHA spaces have faced the brunt of this, as some have physically collapsed or have such comprehensive mold issues that they cannot open and are not being used. This is part of the "underutilization" argument the administration has been using to justify cuts to the system. The lack of a functional partnership between NYC Aging and NYCHA and confusion arising from RAD conversions has made it difficult for programs operating in these spaces to receive any capital funding.
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some instances. Clients are also presenting with higher rates of undiagnosed mental health issues and dementia and are being released from rehab and hospitals after extended stays back into their homes which have deteriorated rapidly due to their absence and in some cases are uninhabitable.

- Home Delivered Meals providers have been operating with a \$2.53 average deficit per meal served that will be continued in the new RFP.

Recommendations

- **Maintain the existing council discretionary funding to keep our system whole.**
- **(\$50 Million) to create a capital funding pot to get centers and resources in a state of good repair.** There must be a baselined funding stream that keeps the physical spaces and resources of our system in good repair. Organizations cannot contract with the city on these services if the city cannot commit to paying for the resources needed to do this work.
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- **\$12 million to increase the per meal rate for HDM programs to \$15.31 per meal.** HDM providers report an average deficit of \$2.53 dollars per meal served, the contract with the city should at least pay for the services that they require.
- **Reverse ALL cuts to the aging system.** We have identified acute needs across the system that any currently unspent funds could be used to remedy. Pulling money out of this system will only create a death spiral through physical deterioration of centers and resources, or fiscal insolvency for many smaller providers.

Thank you for the opportunity to testify.

For questions, please email Kevin Kiproviski, Director of Public Policy at LiveOn NY, kkiproviski@liveon-ny.org

LiveOn NY's members provide the core, community-based services that allow older adults to thrive in their

LiveOn NY

Making New York a better place to age

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

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

**The New York City Council
Meeting of Committee on Aging
March 8, 2024, Friday @ 1:00 pm
Council Chambers, City Hall & via Zoom**

Good afternoon, I am Barbara Baer, Director of New York Foundation for Senior Citizens' Home Sharing and Respite Care Program. Thank you to Chair Hudson and each Aging Committee Member and Chair Brannan and each Finance Committee Member for the support you have provided for our city-wide Home Sharing and Respite Care Program.

On behalf of our Board of Directors, we would deeply appreciate your ensuring the continuation of our program by supporting the provision of \$250,000 from the Speaker's city-wide budget, an allocation from your individual and borough delegations' discretionary budgets within the next City Budget.

Our free home sharing service matches adult "hosts" with extra space in their apartments or houses to share with responsible, compatible adult "guests" in need of affordable housing. One of the "matchmates" must be age 60 or over.

During the past 43 years, we have successfully matched over 2500 persons in 1250 shared living arrangements. If and when appropriate, we would like to extend our home sharing services to asylum seekers and matching them as guests in shared living arrangements with older adult New York City hosts.

Our respite care service provides affordable, short-term, in-home care at the low cost of \$18.55 per hour, paid directly to the home care workers by frail elderly who are attempting to manage at home with the help of others and, thereby, prevent their need for nursing home care.

Although the cost of private agency home care is \$30 per hour, our respite care service provides the lowest cost, highest quality home care at \$18.55 per hour and free of charge under emergency circumstances.

During the past 43 years, we have provided over 12,095 older adults and many more thousands of their caregivers with respite care services plus jobs for hundreds of Certified Home Health Aides.

Our program is providing the only services of their types in New York City, responding to its housing crisis,

preventing institutionalization and, thereby, saving the City significant Medicaid and other expenses. To continue our city-wide program requires \$250,000 from the Speaker's City-wide Budget, allocations from your individual and borough delegations within the City's next budget.

Thank you very much in advance for, hopefully, providing these desperately needed funds.



TESTIMONY

New York City Council Committee on Aging
FY25 Preliminary Budget Hearing
Friday, March 7, 2024

Delivered by:

MJ Okma

Senior Manager of Advocacy and Government Relations

Good afternoon, Chair Hudson, and members of the New York City Council Committee on Aging. My name is MJ Okma, and I am the Senior Manager of Advocacy and Government Relations at SAGE, the country's first and largest organization dedicated to improving the lives of LGBTQ+ elders and older people living with HIV.

SAGE has been serving LGBTQ+ elders and New Yorkers aging with HIV for over four decades. With the support of the New York City Council, we provide comprehensive social services and community-building programs through our network LGBTQ+ older adult centers along with extensive virtual programming, and services for homebound LGBTQ+ elders and older adults living with HIV. SAGE also made history in 2020 and 2021 when, together with our developer partners, we opened New York's first LGBTQ+ welcoming elder housing developments located in Brooklyn and The Bronx.

Services for older New Yorkers are more crucial than ever as the population of New Yorkers aged 60 and older is growing five times faster than those under 18, with LGBTQ+ elders making up a significant part of this rapidly growing older population.ⁱ In New York State, over one million adults identify as LGBTQ+ with a greater concentration in New York City compared to the rest of the state,ⁱⁱ and nearly one-third (28%) of LGBTQ+ adult New Yorkers are over the age of 50.ⁱⁱⁱ Year after year, the population of LGBTQ+ older New Yorkers is only expected to grow as the population ages: by 2030, one in five New Yorkers will be over the age of 60.^{iv} Additionally, 60% of New Yorkers living with HIV are over the age of 50.^v In short, our City needs policies, initiatives, and programs to protect, effectively reach, and serve LGBTQ+ elders and older New Yorkers living with HIV.

Yet in this time of rapidly growing need, LGBTQ+ elders are often invisible, disconnected from services, and severely isolated without traditional biological familial supports. They are far more likely to live alone and less likely to rely on adult children or other family members for informal caregiving.^{vi} In fact, 25% of SAGE's constituents have reported not having anyone else to call during an emergency. Because of these thin support networks, LGBTQ+ older people need to rely more heavily on community service providers for care as they age. Yet, they're often distrustful of mainstream providers based on historical and ongoing discrimination and mistreatment.^{vii} The services, community, and support

system provided by SAGE are designed to address these gaps and serve as a lifeline for LGBTQ+ elders in New York City.

With the support of the New York City Council, SAGE operates a network of LGBTQ+ friendly older adult centers, called SAGE Centers, across the city. SAGE Centers are a crucial access point for care and support for LGBTQ+ elders and older adults living with HIV who may need assistance. The SAGE Center network includes two brand new SAGE Centers located on the ground floor of our city's very first LGBTQ+ welcoming elder housing developments: SAGE Center Brooklyn at Stonewall House and SAGE Center Bronx at Crotona Pride House. These two developments with their co-located SAGE Centers help to alleviate poverty and improve housing security and overall health outcomes for New York City's low-income LGBTQ+ elders. Many of the LGBTQ+ elders who SAGE serves in these residences and through their co-located SAGE Centers struggle with mental illness, substance abuse, and homelessness and require intensive care management and social service support. Because of this, there has been a higher demand for SAGE's care management services.

SAGE is further responding to the needs of these community members by expanding multi-lingual programming and services in Spanish, Mandarin, and Cantonese. We've also started running monthly pop-up food pantries with fresh produce that is open to everyone in the community, regardless of age, in Harlem (220 W 143rd Street, every second Wednesday of the month between 3-5 PM), Brooklyn (271 Myrtle Avenue, every fourth Thursday of the month between 1-3 PM), and The Bronx (1784 Prospect Avenue, every third Thursday of the month between 1-3 PM). This program has been instrumental in connecting older adults to our other services and building deeper roots in the communities our SAGE Centers are located in.

These SAGE Centers serve as a safety net for LGBTQ+ elders and older people aging with HIV by providing programming reduces isolation; improves access to services; and offers benefits counseling, legal and financial planning, educational workshops, health and wellness programs, support groups, and nutritious meals. While core programming is implemented across all locations, each Center develops services that are unique to the culture, needs, and interests of the elders who attend that site. SAGE Centers also often co-produce programming, which builds meaningful connections and relationships across different communities' and boroughs that deepens elders' network of support.

These vital services are made possible from the partnership with the New York City Council and has been funded by the LGBTQIA+ Older Adult Services in Every Borough Initiative (formerly the LGBTQ+ Senior Services in Every Borough Initiative) since its creation in FY15. In FY23 the New York City Council made history with the first-ever enhancement to the LGBTQIA+ Older Adult Services in Every Borough Initiative since the program was created over nine years ago. The \$255,000 enhancement helped fuel the growing demand for LGBTQ+ aging services in Brooklyn by providing GRIOT Circle, New York City's only staffed community-based organization specifically serving LGBTQ+ elders of color, with direct funding to continue to serve LGBTQ+ elders of color and maintaining SAGE's funding to meet the growing demand among LGBTQ+ elders for services and programs at the new SAGE Center Brooklyn at Stonewall House. It is crucial the FY25 budget maintains this new funding level.

The New York City Council has also been an instrumental partner of our SAGEVets program, the only program in New York City and New York State designed to address the unique needs of older LGBTQ+ veterans. SAGEVets helps older LGBTQ+ military service veterans improve their access to Veterans Administration (VA) benefits, supports their overall health and wellness, and provides referrals to counsel regarding discharge status upgrades – all while improving veterans-serving organizations’ LGBTQ+ competency. The needs of this population are deep; New York City is among the top ten cities in the nation with the highest concentrations of LGBTQ+ veterans, and over half of veteran New Yorkers are over the age of 65. The military’s long history of enforced anti-LGBTQ+ policies followed by the discriminating Don’t Ask Don’t Tell policy mounted many barriers between older LGBTQ+ veterans and their Federal VA benefits, resulting in a disproportional amount of LGBTQ+ older veterans not accessing the services that they need and deserve. As New York’s only program specifically serving LGBTQ+ veterans, SAGEVets also plays a large role in assisting older veterans who were discharged due to their sexual orientation or gender identity with discharge upgrades under the New York Restoration of Honor Act and Int. 479A-2018.

In FY25, SAGE requests restoration of our New York City Council funding, commensurate with FY24 levels. Support from the New York City Council fuels our services for the residents in Stonewall House and Crotona Pride House and the surrounding communities; sustains our citywide network of SAGE Centers and their robust virtual programming and complimentary case management; reinforces services to LGBTQ+ older veterans; and supports our mental health services for homebound LGBTQ+ and HIV-affected elders. Specifically, SAGE requests:

- Renewal of **\$1,155,000** in Council Initiative LGBTQIA+ Older Adult Services in Every Borough Initiative to fund programs and services at our network of SAGE Centers—LGBTQ+-affirming older adult centers—reaching over 5,000 LGBTQ+ elder and older New Yorkers living with HIV with 100 virtual and 200 in-person programs each week.
- Renewal of **\$50,000** through the Senior Centers, Program and Enhancement Initiative to support care management services offered at SAGE Centers including crisis intervention, care assistance, caregiving services, individual and group counseling, friendly visiting for homebound elders, legal services, and mental health referrals.
- Renewal of **\$100,000** from the LGBTQIA+ Caucus to allow SAGE to provide culturally and linguistically competent experienced care management at our expanded SAGE sites, in Harlem, Brooklyn, the Bronx, and in partnership with the Pride Center of Staten Island including the continued expansion of services offered in Spanish, Mandarin, and Cantonese.
- Renewal of **\$100,000** from the Citywide Initiative of Legal Services for Veterans to fund SAGEVets, New York City’s only program designed to address the unique needs of older LGBTQ+ military service veterans which helps older LGBTQ+ veterans improve their access to Veterans Administration (VA) benefits, supports their overall health and wellness, and provides referrals to counsel regarding discharge status upgrades.
- Renewal of **\$100,000** under the Geriatric Mental Health initiative to support crucial mental health services to LGBTQ+ elders and older adults living with HIV who are frail and homebound including comprehensive screening for mental health and substance abuse issues, home visits and support groups, and referral to partner health care and substance abuse programs.

SAGE is committed to fighting alongside the New York City Council to ensure that no vital community programs are cut, and our top priority is maintaining our funding. However, the November 17, 2023, NYCC oversight hearing on HIV and aging displayed that there are major gaps in services for the growing population of New Yorkers aging with HIV. By 2030, 72% of New Yorkers living with HIV will be over the age of 50 and older adults accounted for 18% of newly diagnosed New Yorkers with HIV in 2020. NYC Aging, whose funding is already cut to the bone, has been unable to best meet the needs of this rapidly growing high-need population. SAGE asks for the Council's support in championing the creation of a new City Council initiative on HIV and aging to help address these proven gaps in services.

The November HIV and aging oversight hearing was just one of the many important oversight hearings led by Chair Hudson and the Committee on Aging that exposed deep gaps in services for older adults across the city. Other vital hearings included the June 21, 2022, oversight hearing on challenges facing LGBTQIA+ older adults; the April 19, 2023, oversight hearing on senior centers and food insecurity; and the February 27, 2024, oversight hearing on the needs of immigrant older adults in New York City. The hours of testimony given by older adults and other community stakeholders during these hearings sent a clear message—**there must be increased investment into the City's only agency that focuses on older New Yorkers.**

SAGE deeply values our partnership with the Council and looks forward to working with members of the Committee on Aging and the entire New York City Council to fight for more investments in aging services and address the needs of LGBTQ+ elders and older New York living with HIV in every district. Thank you, Chair Hudson, for your leadership and for providing me with the opportunity to testify.

MJ Okma, Senior Manager for Advocacy and Government Relations
mokma@sageusa.org | 929-458-2153

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- ⁱ LiveOn NY, "Aging is Everyone's Business: Policies for Building a New York for All Ages," August 2021 <https://static1.squarespace.com/static/562a3197e4b0493d4ffd3105/t/6113ce58c3617a75b357ad4c/1628687962789/Aging+is+Everyones+Business+FINAL+FINAL-min.pdf>
- ⁱⁱ New York State Department of Health, "Sexual Orientation and Gender Identity: Demographics and Health Indicators: New York State Adults, 2019-2020," 2022 https://www.health.ny.gov/statistics/brfss/reports/docs/2022-16_brfss_sogi.pdf
- ⁱⁱⁱ AARP NY and SAGE, "Disrupting Disparities: Solutions for LGBTQ New Yorkers Age 50+," 2021 <https://aarp-states.brightspotcdn.com/ca/eb/c2353b1e45b3a7fa0f15991c47a6/disparities-lgbtq-full-final-spread-v4.pdf>
- ^{iv} LiveOn NY and Hunter College Brookdale Center for Healthy Aging, "Aging is Everyone's Business: Policies for Building a New York for All Ages, 2021 <https://static1.squarespace.com/static/562a3197e4b0493d4ffd3105/t/6113ce58c3617a75b357ad4c/1628687962789/Aging+is+Everyones+Business+FINAL+FINAL-min.pdf>
- ^v Turrini et al. "Assessing the health status and mortality of older people over 65 with HIV," 2020 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7644038/>
- ^{vi} AARP NY, "Disrupting Disparities: Solutions for LGBTQ+ New Yorkers 50+," January 2021 <https://aarp-states.brightspotcdn.com/ca/eb/c2353b1e45b3a7fa0f15991c47a6/disparities-lgbtq-full-final-spread-v4.pdf>
- ^{vii} Movement Advancement Project, "LGBT Older People & COVID-19," May 2020 <https://www.lgbtmap.org/file/2020%20LGBTQ%20Older%20Adults%20COVID.pdf>



**New York City Council Budget and Oversight Hearings
Preliminary Budget for Fiscal Year 2025**

**New York City Council Committee on Aging
Honorable Crystal Hudson, Chair**

Submitted by: Hillary Stuchin

March 8, 2024

Thank you, Chair Hudson, and members of the Committee on Aging for holding this hearing and for the opportunity to submit testimony. My name is Hillary Stuchin, and I am the Director of Government and External Relations at UJA-Federation of New York.

Established more than 100 years ago, UJA-Federation of New York is one of the nation's largest local philanthropies. Central to UJA's mission is to care for those in need—identifying and meeting the needs of New Yorkers of all backgrounds and Jews everywhere. UJA supports an expansive network of nearly 100 nonprofit organizations serving those that are most vulnerable and in need of programs and services and allocates roughly \$180 million each year to support older adults, combat poverty and food insecurity, nurture mental health and well-being strengthen Jewish life, and respond to crises here and across the globe.

UJA submits the following recommendations for the FY 2025 budget:

Supporting the Human Services Workforce

New York City Government has transferred most legally mandated human services for New Yorkers to the nonprofit sector to save on costs. Beyond cost savings, nonprofits deliver higher quality services by combining government and private resources and being more agile and able to adapt to community needs. However, as the sector has worked to increase its capacity to meet the ever-increasing need in communities across the five boroughs, providers are met with chronic delays in payment, underfunding, and a lack of sincere collaboration to create meaningful and lasting interventions, which strips away limited resources.

Government reliance on the nonprofit human services sector for a broad range of vital public services has steadily grown over the past three and more decades. During that time, total New York City employment in the core social assistance sector doubled, increasing more than two-and-a-half times as fast as total private sector employment. However, human service workers make between 20-35 percent less in median annual wages and benefits than workers in comparable positions in the public and private sector.

Invest in a 5% COLA for Human Services Workers

UJA and our partners thank the City Council for the \$100M workforce investment over the last two years and the \$50M investment next year, which is a step towards fairly compensating nonprofit human services workers. However, the workforce investment is not a true cost-of-living adjustment (COLA); it lacks a guaranteed percentage increase for all contracted human services workers. Also, the Workforce Enhancement Initiative is based on City tax levy funds and not the entire landscape of funding available to the City, including State and federal funds. Human services workers deserve full wage increases for the critical services they provide to New Yorkers—and not a small investment based on this limited portion of the city’s funds.

A COLA is a significant step towards addressing the historic underfunding and lack of investment in the human services sector, as these workers do some of the most important jobs in our communities yet are underpaid and undervalued. As government is the predominant funder of human services through government contracts, this has resulted in nearly 25% of all human services workers qualifying for food stamps in 2016-2018. Low wages also have a sweeping effect on workplace conditions and the outcome of programs, with high staff turnover and vacancy rates resulting in heavy and unsustainable workloads.

According to a fiscal brief by the IBO, if the city provided a COLA matching the DC 37 agreement, the human services sector would need a 16% COLA. However, this does not include the one-time bonus, \$18 minimum wage, or retroactive pay that DC 37 received or the preexisting wage gaps between human services workers and City employees, who do comparable work. Poverty-level wages for City-contracted human services workers not only harm workers but put communities at risk by contributing to staff turnover and program closures. Therefore, **UJA asks that the City includes a 5% COLA (\$150 million, with \$50 million already allocated from the Workforce Enhancement Initiative) in the FY25 budget, and a 3% COLA for the next two years each year on the personal services line of all human services contracts.** This is what is needed to ensure this vital workforce does not slip further into poverty.

Older Adult Services

City Council Discretionary and Initiative Funding

City Council Discretionary and Initiative funding is critical to the Older Adult Services network. Each year, NYC Aging's small budget, which is less than one-half of one percent of the City's annual budget, requires a disproportional investment from the Council to support the needs of New York City's older adults. Providers are dependent on these funds to enhance their contracted services, but also to run programs at all—such as with the Council's Holocaust Survivor Initiative or the NORC Initiative. **UJA recommends that the Council restore Aging Discretionary funds to FY23 levels to reverse FY24 cuts and make the system whole.**

Elie Wiesel Holocaust Survivors Initiative: \$4.25 million

The Council-funded Holocaust Survivor Initiative continues to be a lifeline for survivors grappling with poverty, food insecurity, isolation, medical challenges, and mental health issues.

While this last generation of survivors continue to astound us with their resilience, the past few years have been especially difficult. Trauma after trauma — Covid, virulent antisemitism, the war in Ukraine, and now the war in Israel — have exacerbated survivors' already vulnerable mental health, and the astronomical cost of living is making it harder for them to make ends meet. We must “never abandon, never forget” Holocaust survivors.

Last year, the City Council included a restoration of \$4.2 million to support the Holocaust Survivors Initiative. **UJA asks that this investment be restored to \$4.25 million, which matches FY23 funding.**

Over 50 percent of New York's remaining Holocaust survivors live in or near poverty. A Holocaust survivor is an individual who experienced persecution at the hands of the Nazi regime. They were targeted due to race, religion, ethnicity, sexual orientation, physical or mental disabilities, as well as political ideology. They survived concentration camps or were forced to flee their homes and countries. Sixty-one percent of Holocaust survivors emigrated from the former Soviet Union before coming to the United States; they receive little-to-no Social Security income and are extremely poor.

Today, the youngest survivors are in their late-70s, and as they age, they require even more care. While every year the number of Holocaust survivors declines, the cost of care significantly increases.

A Restoration of \$4.25 million will support:

- Case Management to access benefits and support. Case Managers are specially trained in the psychological impact of the Holocaust.
- Mental Health Services, including home visits to help survivors work through the traumas that now manifest in sleep disturbance, anxiety, depression, and inability to trust.
- Trauma Informed Care provided by professionals who recognize and avoid possible triggers, thereby reducing the potential for re-traumatization.

- Crisis Prevention to help stave off eviction and hunger.
- Legal Services and entitlement counseling.
- Emergency Financial Assistance for food, housing, prescriptions, medical and dental care.
- Socialization Programs to reduce isolation.
- Training & Support for Caregivers and home health aides working with survivors.
- End of Life Care including hospice and ethical wills.

New York must continue its commitment to Holocaust survivors by providing specialized care and support programs to enhance their quality of life and allow them to live out their remaining years with dignity. **UJA asks that the FY25 restore funding for the Holocaust Survivor Initiative to \$4.25 million to support survivors living in or near poverty throughout New York City.**

Capital Funding: \$50 Million

The physical spaces and vehicles that providers utilize to deliver services, provide meals, and transport older adults must be in good repair. **A \$50 million baselined capital funding stream is needed to support the maintenance and upgrades of these spaces and equipment.**

Organizations that contract with NYC Aging to deliver these services on behalf of the city; however, as is the case across the board with human services contracts, capital funds are hard to come by and come with a variety of challenges and obstructions.

The city must identify and reform existing obstructions to providing all capital funding, but particularly with NYCHA and RAD converted properties. Organizations have been able to secure capital funding through alternative city, state and federal sources for projects that were not approved for capital funding by the administration. Administrative hurdles should not be cited as the reason that some older adult centers are falling apart. The city can change its own rules to direct capital funding where it needs to go.

Home Delivered Meals (HDM): \$12 million

Like so many New York City human services contracts, the rates provided for the HDM program fall substantially below the cost of service-delivery. **The HDM program requires an additional \$12 million investment to increase rates to \$15.31 per meal.** On average, providers report a \$2.53 per meal deficit; however, this does not account for increased costs of kosher or halal meals, which follow strict and costly dietary guidelines, and contractors are required to provide.

Beyond simple meal provision, the Home Delivered Meals program provides important support for homebound older adults. Recipients of home delivered meals are chronically disabled due to heart disease, mobility challenges, diabetes, arthritis, or severe vision impairment and are reliant on these supports, that serve as a critical lifeline for these older New Yorkers. Regular meal deliveries provide health and psychological benefits beyond nutrition and

can act as an access point for other critical support services, which help older adults continue to live healthily and safely in their homes.

Naturally Occurring Retirement Communities (NORCs): \$6.09 million

Classic and Neighborhood NORCs are multi-age housing developments or neighborhoods, respectively, that were not originally developed for older adults, but are now home to a significant number of older people. They were founded with the ultimate goal of transforming residential complexes and neighborhoods to meet the needs of a growing cohort of older residents and enable them to remain living independently in their homes, thrive in their communities, and delay hospitalization or nursing home placement.

The density of older adults and their proximity to each other further fosters creative approaches to providing health and social services. N/NORC programs provide case management services; nursing services; recreational, social and cultural activities, and ancillary services tailored to meet the needs of each community. Programs actively encourage healthy aging by providing access to health care, promoting health and wellness activities, addressing disease prevention, and responding to chronic health conditions. NORC staff provide wellness checks to address mental health and social isolation; assist seniors in accessing food and other supplies, and coordinate services.

Additionally, nursing and health care services, which N/NORC programs are required to provide, are not covered by city funded NORC contracts. While these services had previously been covered by healthcare providers, pro-bono, with changes to the healthcare system over the years, these agreements have eroded. N/NORCs now scramble to cover the hourly rates of their health and nursing providers, which can exceed \$90/hour.

Without the support of the City Council's NORC Initiative, many programs would not be able to continue to provide critical services to so many older adults in New York City. **To sustain and strengthen the NORC program, the FY25 budget must restore this Initiative to FY23 funding levels. This amounts to \$6.09 million, with \$1.3 million to directly support health and nursing services,** filling a funding gap for NORC providers. The restoration of these funds will help ensure these programs can continue to provide services to NORC residents.

Conclusion

Thank you for the opportunity to provide testimony. Please contact stuchinh@ujafedny.org with any questions.



**UNITED
NEIGHBORHOOD
HOUSES**

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

**FY 2025 Preliminary Budget Hearing: Committee on Aging
Council Member Crystal Hudson, Chair**

**Submitted by Tara Klein, Deputy Director of Policy & Advocacy
March 8, 2024**

Thank you for convening today's Preliminary Budget hearing. United Neighborhood Houses (UNH) is a policy and social change organization representing neighborhood settlement houses that reach over 770,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers. UNH leads advocacy and partners with our members on a broad range of issues including civic and community engagement, neighborhood affordability, healthy aging, early childhood education, adult literacy, and youth development. We also provide customized professional development and peer learning to build the skills and leadership capabilities of settlement house staff at all levels.

UNH members provide a wide variety of services to over 80,000 older New Yorkers each year by operating programs such as older adult centers (OACs), Naturally Occurring Retirement Communities (NORCs), home delivered meal (HDM) programs, Geriatric Mental Health, case management programs, and others, often funded and contracted by NYC Aging and the City Council. UNH and its settlement house members employ the philosophy that older adults are valued members of our neighborhoods, whose wisdom and experience are important to the fabric of our communities.

UNH is severely disappointed that in a time of growing community need, ongoing inflation demands, and a staffing crisis among the workforce, the City's budget has failed to make any significant new investments in NYC Aging; and that it continues to implement Program to Eliminate the Gap (PEG) cuts to NYC Aging programs that are operating on razor thin margins. Though official City rhetoric claims there will be no service reductions, it is unlikely that aging programs will emerge from this year of budget cuts unscathed.

As we discuss budget needs to fully fund the existing aging services network, we are mindful that a growing older adult population requires even more resources: According to the Census Bureau's American Community Survey, in 2022, there were 1.9 million older adults aged 60 and over living in New York City, representing a 27% increase from 1.5 million a decade ago (in 2012). We need to ensure services are fully funded so we can build toward expansion to reach this growing population. NYC Aging continues to receive one of the smallest agency budgets in the City despite growing needs, and the agency suffers from years of systemic underinvestment. We welcome the Council's advocacy in the FY 2025 Budget in alleviating these concerns.

Overview

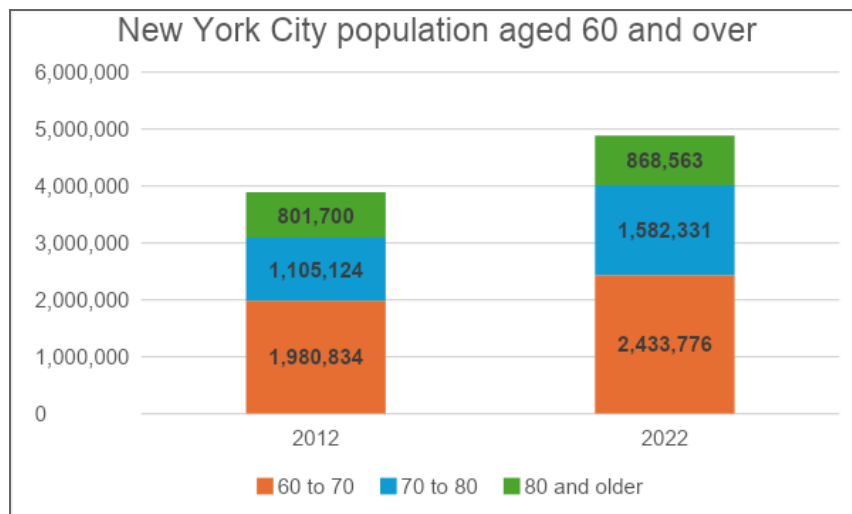
In FY 2025, UNH urges the City to take the following budget actions to support older New Yorkers:

- Combat older adult hunger through at least \$65.3 million in new funds and policy changes, including:
 - Increase the home delivered meals per-meal reimbursement rate to \$15.31 per meal, totalling a \$12 million additional investment.
 - End NYC Aging’s MLTC eligibility restriction for home delivered meals.
 - Add at least \$53.3 million for older adult center congregate meals to cover recent inflation costs.
 - Allow grab and go meals at older adult centers.
- Invest \$50 million in annual capital funding for the aging services network.
- Support continued growth in demand of the case management program with a \$20 million investment.
- Reverse PEG cuts to older adult centers and reinvest in the system by allowing centers the flexibility to spend on meals, capital, and other needs.
- Maintain Council Aging Initiatives at FY23 levels for a total of \$32.2 million, including for Naturally Occurring Retirement Communities (NORCs).
- Address cost escalators, the minimum wage increase, and wage compression.
- Invest in the human services workforce, including:
 - Invest in a 5% cost of living adjustment (COLA) in FY25, 3% in FY26, and 3% in FY27 in line with the JustPay campaign.
 - Pass Intro 510 of 2022 to establish a prevailing wage schedule for human services workers.

The Growing Older Adult Population and Changing Demographics

Data from the Census Bureau’s 2022 American Community Survey show that the older adult population in NYC continues to grow, there are more older adults living in poverty, and the City’s older adult population has become more racially diverse. This data provides strong evidence about the need for additional investments in City aging services in FY25.

Steadily growing older adult population in NYC:



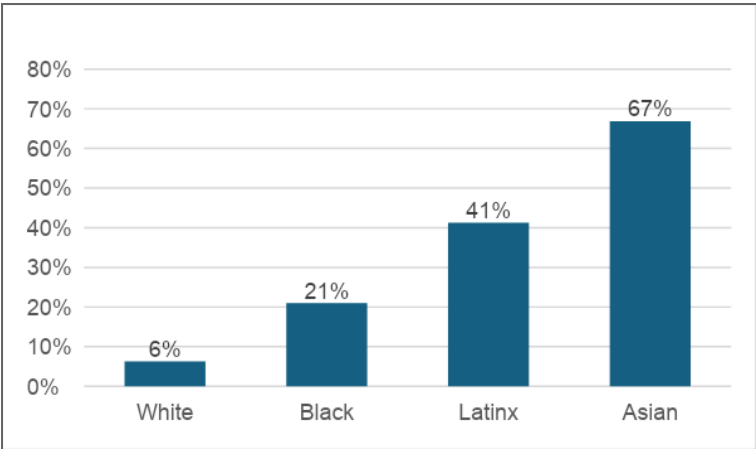
- As of 2022, there are now 1.9 million older adults aged 60 and over living in New York City, a 27% increase from 1.5 million a decade ago (in 2012).
 - The growth in 70- to 80-year-old New Yorkers has driven much of this increase—this age cohort surged by 43 percent between 2012 and 2022, from 1.1 million in 2012 to 1.6 million by 2022.
 - This growth in the older adult population occurred even as the population of children in NYC fell by 6 percent over the past decade.
- As of 2022, older adults now make up 23 percent of all New York City residents, up from 18 percent a decade ago (2012).

Increase over past decade in the number of older adults living poverty:

- Citywide, nearly one in five older adults aged 60 and over live in poverty (18 percent).
- Asian and Latinx older adults are twice as likely as White older adults to live in poverty (23 percent of Asian older adults and 25 percent of Latinx older adults live in poverty, compared to just 12 percent of White older adults).
- The number of the City’s older adults living in poverty has increased by 27 percent over the past decade, from 268,000 in 2012 to 341,000 in 2022.
- Increase has been notable among the City’s Asian older adult population – the number of Asian older adults living in poverty has increased by 62 percent since 2012.
- Older adult poverty rates are highest in the Bronx and Brooklyn (as of 2022)
 - 1 out of every 4 older adults in the Bronx live in poverty (25 percent)
 - More than 1 out of every 5 older adults in Brooklyn live in poverty (21 percent)

NYC’s older adult population has become more racially diverse over the past decade:

- In 2012, White New Yorkers made up 44 percent of the City’s older adult population; by 2022, this share had declined to 36 percent.
- Latinx share of the City’s older adult population edged up from 21 percent in 2012 to 23 percent in 2022.
- Asian share of the City’s older adult population increased from 11 percent of older New Yorkers in 2012 to 15 percent by 2022; overall, the Asian older adult population in NYC has increased by a staggering 67 percent between 2012 and 2022, while the White older adult population rose by just 6 percent over the same time period.



- Over the past decade, the number of foreign-born New Yorkers increased by 37 percent, from about 726,000 in 2012 to nearly 1 million by 2022. Immigrant New Yorkers now comprise 53 percent of NYC’s older adult population, up from 49 percent a decade ago.

Address Older Adult Hunger

Food insecurity remains very high among older New Yorkers, and the programs that support them are in urgent need of additional resources to meet the need. Settlement houses and other CBOs do excellent work to ensure older adults receive the nutrition and social supports they need, but we must invest in these providers to ensure they are able to operate sustainable programs. In the FY 2025 Budget, **the City needs to invest at least an additional \$65.3 million to combat older adult hunger**, focused on the home delivered meals program and congregate meals at older adult centers.

Hunger and Growing Costs

According to data from the Census Bureau's Household Pulse Survey, in January and February 2024, more than a third (34 percent) of older adults in the New York City metro area reported that they had insufficient access to food. The deep impact of Inflation continues to impact older adults. According to the Bureau of Labor Statistics,¹ food costs in the New York City metro area, as of September 2023, increased by nearly 4 percent since the previous year; and as of January 2024 it had increased by 2 percent since the previous year. This was following record high inflation in 2022-2023.

Further, between August 2023 and October 2023, 87 percent of older adults aged 60 and older in the NYC metro area believe that prices have increased. The perception of higher prices has impacted older adults' spending decisions and tradeoffs. For example, among older adults who believe that prices have increased, 31 percent said that they are purchasing less produce or meat to cope with higher inflation, 19 percent are contributing less to savings and/or retirement accounts, and 23 percent have decreased their use of utilities such as heat and electricity. In that same time frame, 37 percent of older adults in NYC reported that they experienced difficulties with expenses such as food, rent or medical expenses, and nearly three-quarters (74 percent) of older adults in the NYC metro area reported that they were moderately or very stressed about the increase in prices in the past two months.

Further, the number of older adults receiving SNAP benefits has increased by 35 percent over the past decade, from about 356,000 in 2012 to about 481,000 in 2022. This accelerated greatly during the pandemic years: between 2019 and 2022, the number of older adults with SNAP benefits increased by 16 percent. Overall, 25 percent of older adults receive SNAP benefits, as of 2022. As more older people rely on SNAP benefits, more are also looking to settlement houses for food and financial support.

Settlement houses have also been directly hit by rising raw food and transportation costs, and these increases have been detrimental to maintaining quality programs, especially for home delivered meals programs and older adult centers.

Home Delivered Meals

Nonprofit home delivered meals (HDM) providers deliver a daily nutritious meal to homebound older adults who are unable to prepare their own food, while also providing case management and regular in-person wellness checks for those at risk of social isolation. Nine UNH members currently provide home delivered meals, either as lead contractors or subcontractors. The HDM program is in the process of undergoing a new procurement, with new contracts slated to begin on July 1, 2024. An RFP is an important time to set funding and rates that will be in place for years to come. We know that regardless of the merits of any programmatic adjustments in the RFP, **the home delivered meals program will not be sustainable for the long-term without a higher per-meal reimbursement rate of at least \$15.31 per meal.**

¹ https://www.bls.gov/regions/northeast/news-release/consumerpriceindex_newyork.htm

We deeply appreciate the Council's support over the last few years in securing funding for a higher reimbursement rate for the HDM program. Since the last RFP in 2021, the per-meal reimbursement rate has increased from \$9.58 to \$12.78 per meal. This is a significant and essential improvement.

However, in the last few years costs have continued to rise for this chronically underfunded program, due to inflation rates that continue to rise, new programmatic requirements from the last RFP around meal choice to meet diverse populations, and growing capital needs such as kitchens and vans. Settlement house HDM providers also note new costs for technology upgrades, new meal bags for deliverers, higher vehicle liability insurance rates, and replacement catalytic converters for vehicles that had these parts stolen. All of these costs have had an impact on staff retention and recruitment: due to contract rates, salaries are forced to be kept low which makes it difficult for providers to hire competitively. One provider noted that "if we do not raise compensation in HDM [contracts], we will lose staff. The costs of gasoline, vehicle insurance, vehicle maintenance, food costs and health insurance limits our ability to raise hourly [wage] rates."

These factors have meant that the true per-meal cost has soared well above the current rate of \$12.78 per meal. Any new funding the City invested in the HDM program was quickly consumed by the new costs mentioned above, leaving the program struggling to keep staff and maintain service levels. The reality is that an increase is once again needed to keep HDM programs whole and functional, lest older adults be left without meals and social supports.

During the FY24 budget cycle, UNH and our advocacy partners analyzed the current true cost of the HDM program by looking at localized inflation data, numbers provided in the Mayor's Management Report, and surveying providers. We updated our analysis this winter to reflect continued cost escalators. Based on this analysis, UNH and our advocacy partners estimate the appropriate per-meal reimbursement rate to be at least \$15.31 per meal this year, representing \$2.53 more than the current rate of \$12.78 per meal.

We understand that finding additional funding could be a challenge given the current fiscal climate. As such, we offer several possible solutions to address the mismatch between the current \$12.78 rate and the \$15.31 rate that represents true costs:

Option 1: Provide \$12 million in additional City funding. This is the cost to fund the RFP's 4,750,907 meals at a rate of \$15.31 per meal.² This is UNH's preferred solution.

Option 2: Serve 785,000 fewer meals per year. This will allow programs to operate at their true costs, at \$15.31 per meal, without an additional investment from the City. This is obviously a very upsetting option: those 785,000 meals are life-saving for upwards of 3,000 homebound older adults each year. However, if programs operate below their true costs, they will be unable to hire and keep staff to run programs, unable to purchase appropriate levels of food, unable to maintain their delivery vehicles, and more – potentially risking even more than 785,000 meals per year.³

² The RFP notes that the program is funded at \$60,716,591 per year to support 4,750,907 meals at a \$12.78 per meal rate. Funding them at \$15.31 per meal would cost \$72,736,382, a difference of \$12,019,785. A previous analysis utilized numbers from the HDM Concept Paper and showed \$10.9 million as the need, but the RFP added units above the Concept Paper by absorbing holiday meals and funding them at the \$12.78 rate.

³ With \$60,716,591 in annual funding as laid out in the RFP, at \$15.31 per meal the program can serve 3,965,812 meals per year. The 4,750,907 meals lined out in the RFP minus that figure is a reduction of 785,095 meals per year.

Option 3: Identify a middle ground. This could look like setting a new hybrid fixed/variable cost model, so providers are paid a set rate for meals and separate larger pots of money to cover rent, vehicles, staff, and other expenses based on program size. We are open to creative alternative solutions here, as long as providers are not asked to go beyond their true costs. While the RFP application period is closing this month, there may still be opportunities to explore creative alternatives.

Home Delivered Meals for People on MLTC Plans:

In March of 2023, NYC Aging informed providers that they must stop accepting older adults who are enrolled in Medicaid into home delivered meals programs. Very quickly, Case Management agencies that refer to HDM stopped enrolling new clients, while current clients on Medicaid were grandfathered in until the end of the FY24 fiscal year. NYC Aging noted in a May 2023 City Budget hearing that between 6-7,000 older adults were at that time enrolled in Medicaid and receiving HDM and would thus be affected. Providers expressed very deep concern about their ability to provide appropriate services to people in need.

Our understanding is that this policy change was a directive from the State Comptroller. The State Office for the Aging (SOFA) subsequently sent guidance that clarified that NYC Aging could continue to serve individuals on Medicaid, including those on Managed Long Term Care (MLTC) plans, without restrictions. NYC Aging then updated its directive to providers saying they could continue serving people on Medicaid, but *not* those on MLTC plans. Providers were grateful that this policy wouldn't be as drastic as planned, but were still concerned for those on MLTC plans. Notably, MLTC plans do not offer a comparable nutrition program – only a medically-tailored meals program with more stringent eligibility guidelines that serves 300 people annually across the State, according to SOFA.

The Preliminary Mayor's Management Report notes a 9 percent decrease in HDM clients in the first four months of FY24 over the previous year, from 22,882 to 20,775 individuals served. While we do not have a clear sense of how many of these 2,107 individuals lost meals due to this issue, on the ground evidence clearly suggests that the MLTC policy is the largest culprit for this significant decrease in service. It remains a major ongoing challenge: one HDM contractor in the UNH network noted that in February 2024 their Case Management partner agency was turning away between 3 to 5 people each week due to the eligibility restriction, leaving older people scrambling to meet their nutritional needs. Another HDM provider directly turned away 26 individuals in 2023, noting, "honestly, it has been a challenge to deny a meal to anyone, especially since we have been used to providing the service to anyone who is 60+ and homebound." In addition, providers have expressed concerns about their ability to meet their contracted units, and the potential ramifications now as NYC Aging re-procures the system.

The ongoing impact from this policy is keeping older New Yorkers from receiving the meals and social supports that they need. **NYC Aging must immediately reverse the HDM restriction on MLTC clients**, whether it entails working with the State or acting independently. We appreciate the Council's support in remedying this policy.

Older Adult Center Meals:

Older adult centers (OACs) are crucial supports for older New Yorkers, offering both in-person and virtual activities, congregate meals, and other essential supports. Settlement houses in UNH's network operate 42 standalone OACs and two network OACs, serving tens of thousands of older adults in these centers.

As described earlier, rising inflation has affected senior meal programs, including OACs, especially for food costs for congregate meals, gas prices for OACs with transportation components, utilities, and other areas. The City must ensure inflation costs are included annually in future budgets for OACs. This year, **the City must restore the \$7 million PEG cut to older adult center meals from the FY24 Adopted Budget and include at least \$46.3 million to cover inflation costs, for a total of \$53.3 million in new funding.** The \$46.3 million figure is consistent with an analysis of on-the-ground needs from UNH and our advocacy partners for our FY24 advocacy; we anticipate updating it soon.

Continuing Grab and Go Meals at Older Adult Centers:

Grab and go meals were a tremendous innovation during the COVID-19 pandemic, initially serving as an interim solution before the Get Food program was set up and later serving as an option for older adults who were ready to go outside but not to spend time eating indoors in a crowd. We were disappointed to hear NYC Aging was ending the grab and go option in the summer of 2022, unless providers had included it in their recent OAC contracts. At that time, centers still reported grab and go as a very popular option, with many older adults still hesitant to be unmasked and eating congregate meals indoors. Behaviors have ebbed and flowed since then, depending on current public health concerns. As recently as this winter, some providers have reported that older adults are concerned about their health in unmasked public spaces and this is affecting their numbers for congregate meals. A grab and go option – that does not replace congregate meals but rather supplements them – would be helpful to support this group. Notably not every center is interested in grab and go meals, as some centers remain oversubscribed and do not see the need for them. Finally, some centers chose to provide grab and go meals during a recent snow storm, though they had to first seek permission from their NYC Aging program officer, adding another layer of bureaucracy to a stressful emergency situation.

We understand NYC Aging is uninterested in permitting grab and go meals more broadly because they want to encourage older adults to go to centers in person. However, food insecurity remains high among older adults, and anything the City can do to address these needs should be embraced.

Moving forward, **NYC Aging must ensure grab and go meals continue to be a viable option at all older adult centers that want to offer them** – and not only those that had the foresight to include grab and go in their contracts. We support Council Member Hudson’s legislation that would address this issue, Intro 237-2024. We also anticipate that forthcoming guidance in the federal Older Americans Act may explicitly permit grab and go.

Invest in Capital Needs

Capital funds play an important role in high-quality service provision by keeping buildings and equipment in a state of good repair. Unfortunately, aging services programs have a number of long-standing capital needs that continue to grow. These issues vary by provider and include building repairs, renovations, kitchen equipment, HVAC units, vehicle repairs and replacements, and more. Without sufficient capital funding streams available, these repair needs compound, and can result in interrupting service delivery when buildings or equipment become unsafe. For example, HVAC units may break down, meaning a cooling center may not be able to open and keep older adults safe in a heat wave. Tumultuous weather may cause a roof to leak, leaving spaces inoperable until repairs can be made. An old home delivered meals van may break down, threatening delivery routes and meal delivery to hungry homebound seniors. Van replacements in particular are an urgent need, and we are glad the City funded the purchase of 44 new vehicles for HDM providers in the FY23 budget. However, more is needed: some lead contractors report that they are not receiving as many vehicles as they need, while subcontractors are not eligible for these vehicles and report the same urgent issues as lead contractors.

Funding for many of these needs has been challenging to be approved by the City, and providers report that NYC Aging in particular is slow to get projects and funds approved, with numerous bureaucratic hurdles such as being passed around between numerous City agencies. Aging programs located in NYCHA spaces have their own unique set of challenges. Despite a law passed by the City Council in 2019 requiring that NYC Aging have a NYCHA liaison on staff, providers report numerous hurdles in getting any projects approved.

In many cases, nonprofits pursue capital funding from City Council discretionary and state and federal member item funding, because these funds can be easier to access. However, these funds are never stable or consistent, and not every organization is able to access them. Organizations cannot continue to contract with the City to run services if the City cannot commit to paying for the resources needed to execute the contract. Only a fully-funded capital services funding stream can meet the various needs and keep the aging services network operating successfully.

A sustained funding commitment would help solve some of these capital issues. **We recommend a baselined capital funding pot for NYC Aging of \$50 million per year to get programs in a state of good repair.** We believe this figure is reasonable based on anecdotal evidence from our members about various projects. Finally, we also urge the City to take action to address bureaucratic hurdles to getting projects approved, and look forward to following up on these issues.

Case Management

Case Management Agencies refer older adults to benefits and services, including to the home delivered meals program. Despite its success in supporting older adults, the program is significantly overburdened. Case management contracts have seen a reduction in resources across the board recently, leading to a loss of administrative staff and increases in the caseloads of case managers from 65 to over 80 in some instances. Providers report that older adults experiencing dementia and other mental illnesses are sharply on the rise, and case managers must spend additional hours on these higher needs clients. Further, new Case Management contracts have made significant changes to the landscape, including reducing intake staff and placing this responsibility on case managers.

We thank the Council for negotiating for additional funds for this program in the last several budgets, though this year we encourage a deeper investment. In FY25, **we urge the City to invest \$20 million to expand the case management program to allow for more comprehensive service to New Yorkers.** Case Management Agencies on average need two additional case managers and one intake staff member to create a program that can keep talent and serve the community well. This will allow high-need cases to be handled effectively.

Reverse PEG Cuts to NYC Aging

The FY24 Adopted Budget, FY24 November Budget modification, and FY25 Preliminary Budget included several cuts to older adult centers:

- The FY24 Adopted Budget cut \$7 million from older adult center meals in FY25 and beyond. (Thanks to the Council's advocacy, this cut was partially restored by \$2.5 million, to a total of \$4.5 million in cuts in FY24 only.)
- The FY25 Preliminary Budget includes an \$18.86 million cut to older adult centers in FY24. Though budget documents suggest this is a one-year cut only, in practice this may represent a permanent cut; it is unclear.

- The FY25 Preliminary Budget also includes a \$2.24 million cut in FY25 and beyond. The budget documents state that the \$18.8m and the \$2.2m cuts are due to “less than needed spending on Older Adult Centers due to underutilization. This has no service impact.”
- Finally, the November and January budgets included a \$13.48 million cut to older adult centers in FY27 and FY28, defined as finding efficiencies due to underutilization.
- The FY24 Adopted Budget also added \$4.5 million in funding to increase the per-meal reimbursement rate for the home delivered meals program, but simultaneously included a \$5 million PEG cut to units for the program, resulting in a net \$500,000 decrease to the program.

It is difficult to understand the total value of all of these cuts, and we appreciate the Council’s support in clarifying which of these cuts are baselined, what program lines they will impact, and the impact on services. Though budget documents suggest there will be no service impact, it is hard to imagine that a \$40 million-plus cut will not result in less support and services for seniors.

Regardless of the numbers, it is irresponsible that the Mayor continues to implement cuts to an agency that is already deeply overburdened, with contracted programs operating on shoestring budgets. NYC Aging has one of the smallest budgets of any City agency, while the older adult population continues to rise. We know the Administration has at least partially recognized this issue, which is why Mayor Adams included NYC Aging as one of the agencies that was subject to a lower PEG than the standard 5% in the Preliminary Budget. Still, the cuts to older adult centers in recent budget plans are insulting to older adults and providers, and will leave an already struggling aging services network in a worse position.

NYC Aging has said that some of these PEG cuts are due to underutilization at older adult centers; for instance, by reducing a center’s overall budget size to match current utilization numbers, which would technically then result in no cuts to service. This is problematic for many reasons:

First, utilization rates at older adult centers are currently inconsistent, with some at full or above capacity and others struggling to maintain pre-pandemic participation levels. This is understandable, given the severe impact of the COVID-19 pandemic on older adults and their ongoing hesitancy to spend time in crowded indoor spaces. Providers also report that concerns around perceived crime in New York City – especially anti-Asian hate crimes and violent reactions to the war in the Middle East – have caused many older adults to be hesitant to go outside and engage in their communities. It is great that NYC Aging has conducted a public awareness campaign to bring people back to centers. Still, these budget actions do not allow for the possibility that center participation rates may grow in the future. This may even stymie future growth.

Next, centers have many other funding needs, including higher meal rates, capital projects, and more, not to mention higher wages for their workforce. Providers are not given flexibility to use any budget surpluses on these needs, putting pressure on simply getting numbers up while neglecting deeper systemic needs that could actually help get those numbers up. For instance, improving a building’s space may encourage people to come into it. Should there be legitimate concerns around utilization at specific centers, NYC Aging should work closely with providers to offer support and coaching and ensure that they have the right tools to do their work. We urge that PEG cuts be reinvested in those centers and their various other needs, including to support meal rate increases, capital funding to upgrade buildings, outreach efforts to increase utilization, and other needs as laid out in this testimony. Simply taking any underspending as savings does not help a struggling system to offer a quality service to clients.

Finally, we are concerned that in the next RFP for older adult centers, which has not yet been publicly scheduled, that these PEG cuts may be used as justification to shrink the system and close centers.

Fewer dollars in the OAC program likely means a smaller procurement, and thus a smaller system, in the future.

These PEG cuts are like cutting money to struggling schools expecting that punishment will motivate them to excel. This has the potential to create a death spiral that erodes our aging services network. Rather, the City should invest in centers so they can make the improvements and offer the services that will support more older adults. **We strongly urge the City to reverse these PEG cuts to NYC Aging.**

Restore Council Aging Initiatives

UNH greatly appreciates the Council's long-standing support for aging through funding invested in Citywide Initiatives, which provide enormous support for older adults and the programs that support them. Aging in particular benefits from a large share of Council funding that the network relies on to carry out essential services, with initiatives such as Support Our Older Adults, NORCs, Older Adult Clubs for Immigrant Populations, and Older Adult Clubs, Programs & Enhancements. Some Council funds support entire programs that do not have other state or city contracts, and others pay for entire staff lines, or give programs the flexibility to hire consultants and fill programmatic gaps.

For example, Support Our Older Adults provides flexible funding to each Council District to support local aging services. With growing costs and unmet needs in NYC Aging-contracted programs, this funding allows Council Members to respond to local needs and continue to support efforts that address transportation issues, social isolation, technology needs, and more.

In addition, Naturally Occurring Retirement Communities (NORCs) help thousands of older adults remain healthy, stable, and able to age in place by offering health care, social services, and socialization opportunities right at home. The City Council NORC initiative provides essential supplemental funding for programs, and also independently funds several NORCs that do not have separate City contracts. For the last five years, this funding has included support for nursing services in NYC Aging-contracted NORCs. This funding fills a gap left by the reduction of pro-bono nursing services that are required by NORC contracts, while also accounting for the rise in the standard hourly rate to hire nurses from \$85 to \$95 per hour. The nursing funding is essential and providers rely on this support. Council funding also goes to some State-contracted Neighborhood NORCs, and serves as a required matching fund grant for these contracts that providers rely on. Because of the Council's enthusiasm for the NORC program, we have been able to bring resources and attention to the needs of a large and rapidly growing older adult population.

In FY 2025, the Council must restore funding for all of its Citywide Initiatives for aging to at least FY 2023 levels, restoring several reductions from FY 2024, and representing a total of \$32.2 million. Two years ago, several of the programs that were fully supported by the Council for many years received baselined contracts through the NYC Aging OAC/NORC procurement. As a result, some of the awards shifted around, but we continue to advocate that the total investment remain in place given the enormous value of these funds to the aging network.

Specifically this year, we support restorations as follows:

- Access to Critical Services for Older Adults - \$1,180,000
- Borough Presidents' Discretionary Funding Restoration - \$1,129,774
- Case Management - \$2,000,000
- Elder Abuse Prevention Programs - \$335,000
- Elie Wiesel Holocaust Survivors - \$4,250,000
- Information and Referral Services - \$407,811
- LGBTQIA+ Older Adult Services in Every Borough - \$1,755,000

- Naturally Occurring Retirement Communities (NORCs) - \$6,091,026
- Older Adult Clubs for Immigrant Populations - \$1,500,000
- Older Adult Clubs, Programs, and Enhancements - \$4,376,670
- Social Adult Day Care - \$1,505,556
- Support Our Older Adults - \$7,650,000
- DOHMH Geriatric Mental Health Initiative - \$3,405,540*

*We also support a restoration of the Geriatric Mental Health Initiative under DOHMH of \$3,405,540. GMHI funds mental health services in community spaces where older adults gather, such as older adult centers, NORCs, and food pantries. It increases the capacity of community-based organizations serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients for further psychiatric treatment when necessary. This program is different from the NYC Aging Geriatric Mental Health Program, and due to frequent confusion between these two similarly-named but distinct programs, **we urge the Council to rename GMHI to Older Adults Mental Health or a similar variation this year.**

Finally, we strongly urge the Council to work with the Administration to address payment delays for discretionary awards, which are chronically slow and lead to enormous difficulty for providers to budget for and spend this money.

Addressing Cost Escalators, the Minimum Wage, and Wage Compression

As mentioned throughout this testimony, various program costs have soared over the last several years due to inflation and other growing needs and requirements, while contracts have not kept pace. To reflect these annual increases, NYC Aging-contracted programs must account for cost escalators over the lifespan of contracts. **NYC Aging must build in these cost escalators to reflect the increasing costs of running a quality program** while anticipating new costs that may arise such as forthcoming congestion pricing fees and minimum wage increases.

New York State increased the statewide minimum wage to \$17 per hour in last year's budget, to be implemented as follows: on January 1, 2024, the minimum wage for employees in New York City went up to \$16/hour and will increase by \$0.50 on January 1, 2025 to \$16.50/hour, and on January 1, 2026 to \$17/hour. There are employees in NYC Aging-contracted programs who are currently paid the minimum wage, and NYC Aging will have to put money into contracts to cover this minimum wage increase. To determine how much additional money this needs to be, **NYC Aging must do a systemwide analysis to determine how many employees in their programs are currently paid less than \$17 per hour, and then include additional dollars to cover increases for this workforce.** This will mean the HDM per-meal reimbursement rate of \$15.31 per meal, as recommended earlier, will likely be higher; and more funding could be needed for OACs and other programs. We hope the City can identify ways the State and Federal government could financially support these necessary increases. For State-contracted programs, we understand certain State agencies are receiving a lump sum of money to cover the increase, and then conducting their own analyses to determine how much to allocate to their contractors. UNH also plans to continue our State-level advocacy to ensure that the State is properly supporting older adults in New York City.

We also recognize the impact of wage compression on the network: if providers raise wages to \$17 per hour, employees who are currently at or close to that level likely will not be able to get raises. These employees would then be back to minimum wage, making their jobs less lucrative and competitive. **We urge the City to consider the impact of wage compression issues as it addresses the minimum wage.**

Invest in the Human Services Workforce

Fund Cost of Living Adjustments for Human Services Workers:

Human services workers in New York City, including aging services workers, are grossly underpaid. Across UNH's network of settlement houses in New York City, 76% of their total budget comes from government sources, and 65% of that is from New York City. Unfortunately, contracts from New York City often do not include sufficient funding to pay workers a fair and dignified wage. UNH conducted a survey that found that the household income of 63% of full-time settlement house staff was less than \$50,000 per year.

Wages have failed to keep up with both inflation and changes to the job market, and as a result the human services sector continues to sit on the cliff of a staffing crisis. On average, more than a third (35%) of UNH settlement house members reported double-digit job vacancy rates of 10% or higher in 2023, up from 31 percent the previous year, and nearly two-thirds (65%) of UNH settlement house members reported that job positions remained vacant for 3 months or more in the past year, including 14% who said that positions remained vacant for 6 months or longer.

Without increased budgets in government contracts to cover wage increases, nonprofits will be unable to recruit and train the next generation of nonprofit leaders, setting future New Yorkers up for significant barriers to accessing services that grow over time. Further, insufficient staffing has made it increasingly difficult for nonprofits to serve New Yorkers, leading to under-enrollment and program closures which then leads to budget reductions and a vicious cycle that harms New Yorkers seeking services.

For years, the human services sector has warned of a staffing crisis citing low wage levels. Over the last three years, the City has ignored our sector's plea for a COLA request, instead issuing a one-time bonus for our workforce that was equivalent to less than 1%, and two rounds of "contract enhancements" that have led to estimated contract-by-contract increases of between 1.5 and 2.5%. Not only is this investment wholly insufficient to have a meaningful impact on the nonprofit workforce, but the process of drawing dollars down in order to get them into the pockets of workers has been complicated by the choice to use a more convoluted mechanism. Whereas a multi-year COLA would be automatically built into contract budgets such that providers could plan ahead and count on those dollars to increase staff salaries on a regular schedule, the workforce enhancement is unpredictable in terms of amount, timing, and inequitable distribution to all employees.

Include a multi-year COLA for human service workers:

Given the gravity of the human services staffing crisis, UNH urges the City to enact a multi-year Cost of Living Adjustment (COLA) of 5% in FY 2025 and 3% for the two following fiscal years, in alignment with the JustPay campaign. We also ask the Council to ensure it is included in the budget as a "cost of living adjustment" that boosts the wages by a set percentage of every staff member working under a contract and not another workforce enhancement fund. Multi-year COLAs give workers a sense of stability, as they can plan and rely on how much their wages might increase year over year.

UNH urges the City to fund a multi-year COLA for human service workers, starting with 5% in the FY25 Adopted Budget and 3% for the two following fiscal years to immediately relieve the economic pressures faced by our workforce.

Create a Prevailing Wage Schedule for Human Services Workers:

While a COLA would provide immediate relief, we must do more to undo years of budgets that left behind human service workers. UNH supports Intro 510-2022 (sponsored by Council Member Stevens) to establish a prevailing wage for city-contracted human service workers, which would require City agencies to include sufficient funding to cover those wages in contracts, and track implementation of those wages by human service contractors. While prevailing wage schedules are an imperfect tool to address the current conditions faced by human service workers, it is a significant improvement from the status quo. This process to design a true prevailing wage system is arduous and will require careful analysis, but we cannot continue to afford ignoring the need. For years, the government at every level has asked nonprofit partners to do “more with less.” This dynamic has pushed our sector to a real breaking point, and our workforce has suffered the consequences. It’s time for us to look beyond stopgap measures and towards efforts that would have a long-lasting impact on the human service sector.

UNH urges Council to pass CM Stevens’ prevailing wage legislation and fully fund it in the FY25 Budget to limit impacts to programs.

Taken together, these two measures will provide immediate relief and a long-term solution to an ongoing problem that has limited New York City’s human services sector.

Thank you. To follow up, please contact me at tklein@unhny.org.



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Testimony of University Settlement
before the New York City Council

Preliminary Budget Hearing

Committee on Aging, Chair Crystal
Hudson

Submitted by Sofiya Pidzyraylo,
Program Director of the Village View
NORC,
University Settlement

March 8, 2024

Chair Hudson, thank you for the opportunity to testify. I'm Sofiya Pidzyraylo, Program Director of the Village View NORC at University Settlement.

Every year, University Settlement partners with 40,000 New Yorkers in Lower Manhattan and Brooklyn through programming for all ages.

Overall, we call for more funding for older adults. NYC Aging's budget is the smallest even while the older adults make up around 15% of the total population and is growing rapidly. According to a recent report from the Center for Urban Future, the population has increased 13.6% between 2011-2021, and the poverty rate of older adults in NYC is 17.9%.¹ These numbers point to a need to invest further in older adults programs and services.

As we know, COVID-19 changed many of our expectations and preferences. Older adults are more used to a home-centered life. Our older adults center and programs have had to be creative and flexible in inviting our participants back into our spaces and rethink our programs to better reflect people's concerns. Often, we have needed to continue online or hybrid offerings in addition to in person services – essentially creating more of a workload for our staff.

Older adults now use our services differently, but they still depend on our centers, programs, and staff, and we may need different metrics to assess the success of older adults centers, which continue to offer a necessary community that our older adults need.

For home-delivered meals, we want to emphasize that the reimbursement rate for home-based meals needs to be increased to at least \$15.31 per meal in the FY25 budget. This would better reflect the average true cost of providing services, including the impact of inflation.

¹ Bowles, Jonathan, Eli Dvorkin and Charles Shaviro. *Keeping Up With An Aging New York State*. Center for Urban Future. January 2023. https://nycfuture.org/research/keeping-pace-with-an-aging-new-york-state?oref=nyn_firstread_nl

Visiting Neighbors' Testimony
New York City Council's Committee on Aging
Hearing March 8th, 2024

My name is Dr. Cynthia Maurer and I am the Executive Director of **Visiting Neighbors**. Thank you for the opportunity to submit Testimony. We are grateful to the *NYC Council* and *The Aging Committee* for your support of our vital programs in our current fiscal year and we need you to continue that support in 2025, as we have not stopped working and have continued to support our older and frailer neighbors. We now are helping second and third generation clients. **Marilyn B.**, age 78 is a second-generation client who found Visiting Neighbors for her mother, says *"naturally when I needed help when I took ill at age 69, I knew who to turn to after the fabulous help you gave my mom and now with my mom gone I still have family because of you."* **We provide life enhancing and essential services to hundreds of older adults and continue to be in the vanguard.**

Our mission:

This Spring marks Visiting Neighbors' 52nd year of providing life-enhancing and essential support services enabling individuals age 60+ to remain independent and safe in their own homes and a vital part of the New York City Community. Through programs of "neighbors helping older neighbors," volunteers, supported by Visiting Neighbors' professional staff, help older adults alleviate loneliness and isolation, provide mental stimulation and emotional security, share information about wellness and health related concerns, have important conversations on many important and difficult topics, and encourage physical independence and quality of life at home. Visiting Neighbors champions the power of the volunteer and encourages interdependence so that mutual learning and understanding bring generations together to share life experiences and gain respect for each individual's uniqueness.

The organization promotes a positive acceptance of life after sixty and the value of the elderly in society. Visiting Neighbors' main programs; are *Health Management/ Health Advocacy/ Student Nursing, Health, and Wellness (Physical, Mental and Emotional) Programs, Friendly Visiting, Shop & Escort, Therapeutic Walking, Telephone Reassurance, Intergenerational Friendship and Learning, Case Assistance, Caregiver Support, Remembering Special Occasions, and Information & Referral.*

Description of the population we serve:

Visiting Neighbors' clients are age 60 and over. Currently our oldest client is 105 years of age, and the average age is 90 (a couple of years ago 89 and a decade ago it was 79 – the trend is clear). Our clients tend to be frail, with one or more ailments. We serve a diverse group of individuals, most of whom live on fixed incomes and can't afford to pay for help but are not Medicaid eligible and yet struggle financially as they fall through the cracks of assistance. There are no income eligibility requirements, nor a fee for services. Our population is among the most vulnerable in the city. The senior who comes to us usually lives alone and has little or no family nearby to whom they can turn for support. Some have family that do not care. Some do have family that care, but are not in a position to help. Some have friends who are elderly themselves and not able to help. The seniors are often isolated, nervous about crossing streets and getting to and from their appointments safely. The majority of our clients have at least one significant health concern such as mobility issues, diabetes, macular degeneration, osteoporosis, COPD, CAD or peripheral neuropathy, etc. Our 860+ seniors who receive direct services regularly are proud and determined to remain independent, relevant and in their own homes. They express not wanting to be a burden to anyone and often feel very lonely, sad, and anxious. We also provide information, help them stay calm, feel emotionally supported - including our sharing uplifting messages of hope and guidance to 1650+ individuals.

All of our clients are able to self-direct. However, individual personalities vary, with a few who are a bit offbeat or eccentric. Our volunteers escort clients to and from medical appointments and other vital errands, accompany them outside for fresh air, provide socialization or take a walk. Like many of us, they all want to be valued, understood, and respected. We let them know they matter and help them regain/retain their sense of dignity and self-worth. Visiting Neighbors' seniors feel more confident knowing we are here to listen, offer support, comfort, and guidance. We earn their trust. They understand that we do not judge them and know they will be treated with respect, empathy, and kindness.

We serve older adults who reside in Manhattan, from South Ferry to 30th Street, river to river, but receive calls from all over NYC and its surrounding vicinity. We responded/respond to every call. During the pandemic we were compelled to stretch our reach and helped older adults just outside our catchment area because seniors had no one else to help them. Hundreds of volunteers of all ages rose to the challenge to help our seniors and generously gave their time and heart to support them.

Some additional current demographics which have remained consistent:

- 77% are female and 22% are male, 1% define themselves as non-binary
- 90% live alone
- 75% of our clients are over 80 and 33% are over 90
- 70% are homebound but can get outside with assistance
- 99% want to continue living in their own cherished homes and 1% seek support to transition into assisted living, nursing homes or their family's residence
- 95% of our clients can neither pay for private services, nor are eligible for Medicaid. We do not collect further socio-economic data, but collect info that seniors choose to share and we help individuals regardless of their finances or their ability to contribute.

Our most significant accomplishment to date: We let every older adult we serve, and every volunteer engaged in our programs know that they matter. We remain steadfast in our commitment to our mission. We focus on what is possible, we learn lessons from our own experiences, and we have applied them. We proudly can say because of *The Aging Committee* and our *New York City Council*, our Local Legislators and Local Initiatives we are still here doing what we do best – making a difference in the lives of others, helping in any way we can, keeping individuals focused on the positive and finding ways to better cope and experience more joy, helping seniors to help take better care of themselves, be as informed as possible, speak up when they have concerns, questions and/or need help, cope with the myriad of changes as they get older and losses of all kinds, as well as advocate on their behalf.

Our core services:

Friendly Visiting Program

Volunteers are matched with seniors based on mutual interests, hobbies, needs, etc. to either spend a couple of hours a week providing companionship. Most of our older adults are very lonely and want someone they can talk/ relate to. They are interested in meeting/making new friends they can trust and rely on. We connect different generations together, so older adults have a trained, reliable, and compassionate volunteer to enjoy meaningful conversation with to combat their sadness, loneliness, anxiety, and isolation. Many older adults have also expressed to us that they feel overlooked, forgotten and/or have low self-esteem. They often buy into false stereotypes about aging and truly believe no one would be interested in talking to them as some have put it, an "old lady or old man." In this past 15 months, we have engaged volunteers in a special new project, *"I'm Still Here - Volunteers and Seniors*

Creating Generativity,” where older adults are encouraged to share their life stories and lessons learned in a safe and loving environment with enthusiastic listeners, giving seniors a chance to be heard and feel understood and relevant. This project helped enable us to identify dedicated volunteers interested in befriending seniors and spending some additional quality time with them. We have been training them individually, as well as in group settings to maximize their experiences and help them gain perspective. We have been offering older adults a chance to “tell their stories.” Volunteers have been enlightened from hearing about these older adults’ histories, recall of significant life events and all kinds of stories (some simple and sweet regarding love or happiness, some poignant about successes, some heartbreakingly sad and painful – all honest and from the heart) and we have seen and heard about mutual learning and enjoyment. Volunteers are gaining understanding and empathy towards their new older friend. The older adults’ self-esteem is enhanced from having an active interested listener and the two are discovering they have more in common than they previously thought and are learning from each other.

Shopping and Escort Programs

Our trained volunteers take older adults to and from important medical appointments. Volunteers also pick up older adults after medical procedures, take them to and from getting their vaccinations, physical therapy, accompany them on walks, help with errands (such as escorts to/from banks, shopping, hair and nail salons, social programs, rehab centers. When a senior comes home from a hospital stay, we check in on them to make sure they have what they need. We will pick up medications and go shopping for supplies for aftercare, as well as provide emotional reassurance and a chance to vent about their experience. We have also helped seniors to get pets to vets, Access-a-ride & SCRIE offices for sign up & renewals, post office, library, department stores for clothes shopping, and cemeteries, etc. Volunteers escort seniors who want to vote in person. We are promoting older adults using absentee ballots when they can’t get out and help get those ballots in the mail. Volunteers will go shopping or do an errand either with or for a senior depending on the seniors’ needs, desires, circumstances or based on weather. We also work with another charity, “*Meals on Heels,*” to deliver Saturday meals to seniors in need. Sharing information about good nutrition and access to healthy food and essential supplies continues to be a main focus, as does facilitating seniors maintaining connections to the outside world and having correct health information. Our seniors do not go to older adult centers, mostly because they physically can’t and for the few who do - we escort them there and back.

Health Management, Health Advocacy, Student Nursing Program and Health and Wellness Programs

Our Health Advocate helps our existing clients better communicate with their doctors, as well as formulate key questions to ask medical professionals to ensure they understand instructions when leaving their offices (including how to take medications, what they are for, what to expect and side effects). Our Health Advocate and trained cadre of volunteers also encourage seniors to go to see their doctors in the first place, as well as advocate for them when they are admitted into the hospital. It always helps a patient to let medical personnel know someone is watching. Our Health Advocate and staff will follow up with seniors and provide referrals or suggestions to get to their doctor for further discussion.

We have been working with Mercy University (Fall, Winter, Spring Semesters and Summer sessions) and each set is supervised by their respective professor(s). The students work in conjunction with staff to hold small group presentations, as well as have one-on-one discussions on a variety of health concerns with our seniors. Students discuss heart health, fall prevention, nutrition, staying flexible, advanced directives and many other wellness topics. They also do medication reconciliation and discuss management of those medications, conduct in home assessments and check for possible

safety hazards, check blood pressure and oxygen levels, discuss weight and/or cognition changes. We also use an in-home wellness visit as an opportunity to update seniors' current emergency contact and primary care physician and keep lists of key info (i.e., medication list, amounts, dosage, and time) readily handy. The nurses address any issue a senior might have with balance problems, their gait, vision, depression, pain, changes in sleep habits, weight and/or cognitive changes. The student nurses and staff share wellness tips with our seniors and discuss exercises that are safe and doable at home. We also provide safety-in-home checks of senior's dwellings with the intent of having seniors avoid senseless accidents i.e., a throw rug that is not secure, too much clutter that could cause a fall, insufficient lighting because light bulbs are out or an absence of grab bars in the shower – we see to it that these kinds of concerns are addressed so they don't slip and fall. Our student nurses are advocates for our seniors and are encouraged to say something if they see or even suspect something to protect the senior and be safe rather than sorry later.

Telephone Reassurance:

Telephone reassurance requests have continued. Volunteers and staff contact older adults when feeling isolated, very lonely, and afraid or just wanting to get updated information. We let them know they can have someone to talk to/with and if we don't know an answer to a particular question, we will research it and get back to them.

We continue to make five types of calls to older adults by trained volunteers, staff, and board members, depending on the volunteers' level of experience with us and what is needed/wanted by the older adults.

1. Check-in calls with older adults who just want to receive a call to say that they are alright
2. Friendly Visiting Calls, ranging from chatting to lengthy conversations
3. Emotional Support Calls, Reassurance calls that are information-based sharing
4. Calls to new seniors who are/were sick and engaging in troublesome/risky behaviors that are of concern, including not following doctors' directions, not taking proper doses of or following instructions of medications, going outside in cold weather without warm clothes, or without an umbrella in the rain, or using a shopping cart to hold on to instead of a needed walker and are seeking caring, "tough love" responses and parameters from us to remind them that they matter and need to make safer choices to remain independent
5. Discussions with caregivers and their caring neighbors/friends who may be overwhelmed, exhausted and/or stressed & need some guidance and emotional support.

Visiting Neighbors' Walking/Therapeutic Walking Program and Walking with Wisdom Program (an Intergenerational Friendship and Learning Program) = programs that developed in response to the prolonged pandemic and have become among our most requested services.

The Need: As the pandemic had continued for such a long time, it resulted in many seniors expressing to staff that they feel somewhat sad and depressed and having developed 'cabin fever." They have a strong need to go outside for a safe walk accompanied by someone who could be by their side. Many seniors are afraid of walking outside alone – afraid of tripping on a sidewalk, getting caught in a crosswalk, being knocked down by someone not paying attention while on a cellphone or someone stealing their purse, and /or just fear of falling in general.

Our Call to Action: Some of our more independent seniors just want to go outside to get a break from the confines of their apartment and would feel more comfortable having a trusted friend with them. We responded by starting a Walking Program so seniors could get out for a simple walk and fresh air.

The requests for walks had increased substantially. As we further began developing this program, we enhanced the initial walking program to become more involved and include some gentle stretching and

longer walks. It is referred to as *Therapeutic Walking*. In addition to this, we also wanted to engage more young volunteers (ages 14-24) to interact with our seniors by taking walks together and having meaningful discussions with them along the way (*Walking with Wisdom*). Many older adults' self-esteem took a huge hit during the pandemic. They want to feel vital, useful and that they have something to offer others – not just receive help for themselves. We have been encouraging the younger volunteers/students to share their experiences and ask questions as well. These young volunteers have all been respectful and have been expressing how they are enjoying the walks with their senior companions. We found that by participating, more seniors have been describing feeling good about themselves. They appreciate the opportunity to share their wisdom and stories in meaningful conversations. As the program is progressing, the young people have been gaining sensitivity towards the older adults they are walking besides and are coming to realize they have a lot more in common than they initially thought. The young walkers come back to our office smiling after spending time with the older adults. We have also noticed an overall improvement in the young students' listening and communication skills, punctuality, and attitude in general. The colder weather has not deterred our clients and some have become power walkers. When it rains, walks are taken in hallways and lobbies. These relatively new programs have been a huge success, and more seniors are asking to have a companion (both young and more mature adults) to go out for a safe walk. As this program grows and we get more seniors involved, we intend to get more people walking.

Just a few samples of the wisdom our older adults have shared:

Phil P., age 72: - "I feel so much better when I exercise."

Helen D., age 79: - "Enjoy whatever part of your life you are in. The world will continue to move on and so will you, so take it all in and enjoy it."

Michelle Z., age 80: - "Be true to yourself."

Susan B., age 81: - "Find more opportunities to have fun."

Kenneth S., age 82: - "Be truthful – If not, it will come back and get you."

Angie M., age 91: - "Don't give up! Use past failures as motivation, not excuses. You never know how close you may be to succeeding the next time until you try again."

Arnold F., age 94: - "Exercise is so important. Do more exercise now and there will be less medication in your future."

Lydia W., age 95: - "Do as much as you can for as long as you can."

Albert B., age 99: - "Focus on tasks one at a time; bathing, dressing, eating, and keeping track of meds, to continue to live as long as you can."

Betty P., age 102: - "You've got to enjoy your life."

Additional Activities:

Visiting Neighbors remembers and celebrates special occasions! Local school children handmake personalized birthday and Valentines cards. A few older adults became pen pals with some of the students. In the month of December, we had volunteers put together care packages of donated items, which can often be a time that is especially lonely for seniors who otherwise have no one to share in the joys of the season. Our volunteer "Elves" remind them that they are not alone and share holiday

cheer. We have continued to send out birthday cards and cards of encouragement which the older adults expressed being very happy to receive. This February, we again had several grade schoolteachers work with their students to make Valentines Cards with positive messages of wishes for good cheer, happiness, and hope. Now they are working on Happy Spring Cards. The older adults love them, and many called us and/or wrote back to us sharing how the cards brought some brightness into their day. Regular communication with our clients continues to be our priority. We are creative in our efforts to communicate both important and uplifting mailings, including sending inspirational poems, word games and puzzles, stress relieving tips, at-home exercise using a chair and household items, easy recipes, and messages of hope. Most of our older adults do not use advanced technology and/or do not have emails. They really appreciate all our mailings that include “hang in there” and empathy notes, sympathy cards, get-well greetings, humorous stories, riddles and jokes, uplifting poems, word games & puzzles, stress relieving tips, easy recipes and sharing information. We also still hand deliver donated hand sanitizer, face masks and covid home tests to older adults who request them.

Challenges:

Our greatest challenge continues to be the nonstop nature of the needs of older adults (new and existing) who are asking for our help. Yet, in this past year, we once again managed to achieve all our expected results (and then some). Visiting Neighbors will continue to advocate on behalf of seniors to be better understood, treated with compassion, dignity, and respect and to not be ignored, overlooked, or forgotten, to help foster their self-esteem and self-worth and enable them to be as safe and healthy as possible. Once becoming a client, the older adult is usually with us for the remainder of their lives, and we do what we can to enhance the quality of those lives.

Continuing Concerns for Older Adults in 2025

1. Concerns about loneliness and Isolation.
2. Concerns about the many changes associated with aging in general dealing with health concerns specific to an individual and coping with losses of all kinds.
3. Older adults who are afraid to go to their doctors and/or have difficulty expressing their fears/other communication issues to medical professionals.
4. Older Adults will need access to food and help with shopping and vital errands.
5. Street Safety.
6. Wellness concerns including needs for physical activity, mental stimulation, coping with depression, despair, low self-esteem & self-worth issues (especially amongst the oldest-old).
7. Emotional and mental health Issues.
8. Older adults will need help staying informed with accurate and updated information on a variety of issues. Older adults need support to face/deal with their fears, sadness, to eat right, to ask for help when they need it and not ignore their concerns.
9. Addressing ageism.
10. Safety in the home.
11. Providing opportunities for seniors to experience relevance, feeling seen & heard.
12. Emergency preparedness.
13. End of Life issues.

Visiting Neighbor’s goals and activities help to address these needs

1. Older adults will be less lonely, know they are not alone & have someone they can turn to, will be less depressed & isolated.
2. We help older adults cope with the myriad of changes associated with aging, get them access to key information that could help & remind them they are not alone.

3. Older adults will have better communications with their health professionals, will ask important questions, be better informed about their illnesses, ailments & diseases, take their medications as instructed and follow up with their appointments.
4. Older adults will get their shopping & other vital errands done so they can retain their independence, remain in their homes, and not be forced into a nursing home.
5. Older adults will be safely walking outside and avoiding potential street hazards.
6. Older adults will engage in meaningful activity, engage with others in meaningful and rewarding ways & celebrate special occasions like birthdays and holidays with clients.
7. To address emotional & mental health issues, both individually & as a community, we help individuals feel relevant & connected to others in an environment of trust, respect, understanding, compassion, friendship, and love.
8. To have older adults better informed on a variety of wellness & health issues and get them asking more questions.
9. Educating the general public to have greater understanding of our older adults' needs in the community to age-in-place and hopefully become more sensitive towards those needs.
10. With the older adults 's initial assessment by VN, a safety check of the home is carried out, making sure lighting is adequate, there is a shower grab bar, smoke alarm is working, area rugs are tapped down, etc.
11. Older adults will feel seen and heard and connected to others and their respective communities. We help seniors cope with the myriad of changes associated with aging in general, as well as address their specific issues and help prevent problems from becoming worse or from having disastrous consequences.
12. Discuss planning for a personal emergency i.e., having info at the ready (names of doctors, meds taken–quantity and when, allergy info) & offer assistance & information i.e., regarding transportation alternatives; Access-A-Ride, Project Cart, Lift Car Service, MTA Reduced Fare, etc.
13. Assist older adults with questions regarding health care proxy, living will, having important and often difficult conversations, etc.

Just as our older adults need us more than ever, we need your support more than ever!

*We would not be able to do what we do, nor at the level and pace we have been working, without the support of our NY City Council and the Aging Committee Members!! **You in fact - are our heroes!***
*We need you to continue to be our champions, so we can continue to succeed as we have for the past 52 years and be here for our seniors moving forward. As our older adults are living longer, their needs intensify and require more time and attention. We are counting on your continued support, as we face what may lie ahead with strength and resolve. We focus on what matters most – good health, inner strength, peace-of-mind, forming friendships, feeling accepted, valued and loved and experiencing more joy! Please continue to advocate for programs like *Visiting Neighbors* who are determined to help our older adults stay safe and survive and thrive at home.*

Sincerely,
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NEW YORK CITY COUNCIL COMMITTEE ON AGING

Friday, March 8, 2024, 1:00 p.m.
SUBJECT: Preliminary Budget Hearing

Good afternoon. My name is Elisa Mercedes Tustian. I am the Supervising Attorney of the Senior Law Project at Volunteers of Legal Service (VOLS). VOLS was established in 1984 and our purpose is to work together with private attorneys to provide free legal services to low-income New Yorkers to help fill the justice gap.

At VOLS, the Senior Law Project is the largest project we have. It serves low-income New Yorkers age 60+ primarily by providing Last Wills and Testaments, Powers of Attorney, Health Care Proxies, and other essential advance directives. These life planning documents allow our clients to maintain income, avoid homelessness and ensure that their dying wishes are fulfilled. During our current fiscal year, the VOLS Senior Law Project, together with pro bono power, drafted over 700 life planning documents and served over 2,000 older adult New Yorkers.

We strongly believe that all older adults should have the right legal documents in place as they plan for the future. We provide training and ongoing support to social workers, older adult center staff, and pro bono attorneys to address our clients' legal issues. We regularly visit older adult centers throughout the city to educate New Yorkers about the value of planning for the future and how to access our free services. In addition, we have several initiatives that focus on vulnerable sub-sets of the older adult population. These include veteran, Spanish speaking, women identifying, and LGBTQIA+ older adults. We have created these initiatives because we know that it is important to deliver culturally competent services that are tailored to the communities we seek to serve.

Sadly, too few older adults have properly planned for the future, and we receive many calls from distressed loved ones. Many low-income older adults think that because they do not have great resources or wealth to pass on to the next generation, they do not need to have advance directives in place. Or they incorrectly believe that their children will be able to automatically access their finances when a time of need comes. Meanwhile, an older adult who has executed a Power of Attorney authorizes their agent to seek government benefits to pay for housing costs, to sign leases, to do their annual recertification for their NYCHA tenancy, to apply for and recertify for SCRIE benefits, and to deal with any issue that may arise with their apartment. Unfortunately, a caregiver without Power of Attorney may find themselves powerless and forced to file for guardianship through the courts. Guardianship can be an expensive and lengthy legal proceeding. Most low-income families cannot afford to retain counsel for a guardianship filing and it is an administrative burden on already time taxed families to represent themselves in these matters. Even if a caregiver petitions successfully for guardianship, at that point the older adult may have already lost their home or much needed public benefits. Documents like Power of Attorney

mitigate the risk of an older adult losing their benefits, their housing, and their ability to age in place.

The Power of Attorney is just one tool we equip our clients and their caregivers with. A Health Care Proxy and Living Will can prevent unnecessary and unwanted medical interventions at the end of life. A Last Will and Testament can ensure that a family home is passed to the next generation and serve to preserve and build intergenerational wealth in communities of color. And a Control of Remain form can ensure that an older adult is laid to rest according to their beliefs and wishes.

Free legal services, like our VOLS Senior Law Project, help ensure that the needs of older New Yorkers are met. VOLS helps clients in all five boroughs, and we want our clients and their caregivers to have all the legal information and life planning legal documents that they may need. This is why the New York City Council's financial support for our program is so crucial and we thank the Council for the funding you have given to our work for older adult New Yorkers. Volunteers of Legal Service looks forward to working with the members of the City Council and the administration to ensure that New York City can best support older New Yorkers in need.

Elisa M. Tustian, Esq.
Supervising Attorney
Senior Law Project
Volunteers of Legal Service (VOLS)

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Name: Lorraine Cortes-Vazquez, Commissioner

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Name: Elisa Justian

Address: 40 Worth St. Suite 829 NY, NY

I represent: Volunteers of Legal Service

Address: _____

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