



TESTIMONY

Presented by

Caryn Resnick

Deputy Commissioner of External Affairs, DFTA

on

Social Isolation Among Seniors

before the

New York City Council

Committee on Aging

on

Thursday, September 22, 2016

10:00 a.m.

at

New York City Council Chambers, City Hall

Good morning, Aging Committee Chairpersons Chin and Vallone and members of the Committee on Aging and Subcommittee on Senior Centers. I am Caryn Resnick, Deputy Commissioner of External Affairs at the Department for the Aging (DFTA). I am joined today by Karen Taylor, Assistant Commissioner of the Bureau of Community Services at DFTA.

On behalf of Commissioner Donna Corrado, I thank you for inviting us to provide testimony about how DFTA-sponsored senior centers can play an integral role in reducing social isolation.

DFTA's mission is to eliminate ageism and to ensure the dignity and quality of life of New York City's diverse older adults. We also support caregivers through service, advocacy and education. Combatting social isolation falls squarely into our mission.

SOCIAL ISOLATION

Although many older adults live alone and aren't considered socially isolated, research indicates that living alone may elevate the risk of social isolation. Thankfully, many older adults remain active in their communities.

Nevertheless, some seniors lack meaningful social relationships, activities and social support. Poverty, health problems, the loss of a spouse, transportation issues, decreased mobility, depression and other issues may contribute to social isolation.

DFTA offers community-based services and programs that help older adults engage in their longtime communities. The majority of older adults desire to remain in their homes and communities, and we expect the trend of aging in place to continue.

In this context, DFTA believes that senior centers play a vital role in fighting social isolation.

FORDHAM SENIOR CENTER EVALUATION STUDY

DFTA funded a 2016 Fordham University study that sought to assess the role of senior centers and quantify the benefits of these centers.

The study found that members attended a senior center at least two days a week. More than 70 percent of members attended at least as often, or more frequently, at the 12-month mark in the study as compared with the baseline group.

Among the five most common reasons given for attending a senior center was socialization – in other words, avoiding isolation. The other reasons were educational programs, meals, recreational and exercise programs. One in six members also attended a senior center for health-related programs.

Senior center participants reported improved physical and mental health, increased participation in health programs, frequent exercise, positive behavioral changes in monitoring weight and keeping physically active.

Participation in a senior center also helped to reduce social isolation. Senior centers are not only a place for socialization, but also provide health education, fitness programs, meals, and recreational and educational programs.

The older adult population served by senior centers are among those with the lowest incomes, the fewest resources, the poorest health, the greatest social isolation, and are most in need of services.

The findings of this study indicate that senior centers are attracting this group.

Senior center members experience improved physical and mental health not only in the immediate period after joining a center, but maintain or even continue to experience improvements even one year later.

This is a very important finding, given the decline in health and social activity in this age group, especially among those with low incomes.

OVERVIEW OF DFTA-SPONSORED SENIOR CENTERS

DFTA currently funds 250 senior centers throughout the five boroughs. The centers have demonstrated the capacity of the senior center system to meet the demand for more robust programming within the communities they serve.

With flexible hours, expanded programming, use of technology, community partnerships and shared resources, senior center services reach a broad and diverse audience of older New Yorkers spanning four decades of the lifespan.

An average of nearly 30,000 adults age 60 and older attend all of the DFTA-sponsored senior centers daily.

Many centers serve New York's new immigrant populations as well as longtime residents whose primary language may not be English. DFTA assures that centers are culturally and linguistically competent. They make interpreter services available in any language needed and hire bilingual staff in the languages spoken by the communities they serve to the extent possible.

This affords seniors from diverse backgrounds the same opportunities to participate and engage in activities at seniors centers.

Senior centers are, perhaps, best known for providing low-cost, nutritious meals. Although this is a vital service, the centers offer much more such as health and wellness programs, arts and culture, technology programs, assistance with benefits and entitlements, volunteer opportunities, and social events.

HEALTH PROGRAMS/ACTIVITIES

DFTA is also actively promoting evidence-based health promotion activities in all senior centers. Many programs have sent staff to DFTA to be trained as certified leaders in these programs so they can conduct programs at their own centers. DFTA also directly provides evidence-based workshops for programs that cannot send staff for training.

There is a growing body of research on the positive outcomes of specific, evidence-based interventions offered by senior centers. This includes falls prevention, improving cognitive health and the self-management of chronic diseases.

Some examples of evidence-based programs include:

- Arthritis Foundation tai chi (addresses falls and arthritis)
- Stay Active and Independent for Life (SAIL) (exercise program)
- Chronic Disease Self-Management Program (CDSMP)
- Walk with Ease (walking program)
- Active Choices (individualized programs that help people incorporate preferred physical activities in their daily lives)
- A Matter of Balance (combines workshops with exercises)

Senior centers also offer many programs that aren't certified as "evidence-based," but the programs are still highly successful in engaging members:

- Partner to Partner (volunteers are trained to help their fellow members get acclimated to a center and provide a friendly ear to members who may be coping with issues such as isolation, loneliness and a sense of loss)
- Alert and Alive (an informal discussion group)
- Keep on Track (blood pressure monitoring program)
- Medication reviews
- Age-Tastic (wellness game for older adults)
- Walking clubs (Big Apple Senior Strollers)

ARTS AND CULTURE

Senior centers also offer activities centered on arts and culture. SU-CASA is DFTA's joint program with the Department of Cultural Affairs. The program places professional artists and art organizations in senior centers to work with seniors on projects. The projects can include paintings, sculptures, dances and much more.

The City Council doubled its 2016 funding for this program. DFTA now has \$2 million to place artists in residence at multiple senior centers in every council district.

Additionally, many senior centers may offer their own, informal classes centered on arts and crafts.

TECHNOLOGY

While physical and mental social isolation are known issues, some seniors report feeling digital isolation. Senior centers offer computer classes that cover basic information, such as how to use the internet and how to use social-networking sites.

Seniors are increasingly willing to bridge the digital divide by using sites and apps such as Facebook. This helps them keep in contact with their friends and relatives.

VOLUNTEER/CIVIC ENGAGEMENT

For some seniors, their center is not only a place where they interact with fellow members, but it is also a place where they volunteer. In doing so, these seniors continue to engage with their communities in an especially meaningful way.

Volunteer activities are tailored to senior's desires and abilities and range from performing office work to setting up for meals.

MEALS

As I mentioned earlier, meals are perhaps what senior centers are known for. The meals are provided for free but with a nominal, voluntary donation. While DFTA-funded senior centers do, in fact, offer many programs, the very act of sitting down to eat with others helps fight social isolation. This plays a central role in the social lives of some seniors.

All DFTA-sponsored senior centers serve meals that meet city and state nutritional standards. The preparation or procurement of congregate meal services depends on the needs of the senior center. Senior centers either have meals prepared on site or catered.

The meals are tailored to the palate of the community that is home to the senior center.

BENEFITS AND ENTITLEMENTS

With regard to benefits and entitlements, some seniors may lack the help they need at home to sign up for benefits or they may be unaware of their eligibility.

Some major benefits include Medicare, Medicaid, Social Security benefits, Supplemental Social Security Income for the blind or people with disabilities, SNAP and the Senior Citizen Rent Increase Exemption.

In addition to those benefits, a referral system is in place to assess whether seniors who need medical help have a doctor.

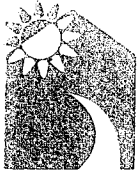
By screening for these benefits, we help ensure that seniors aren't left vulnerable to social isolation and other problems.

CONCLUSION

Considering the variety of services that senior centers provide and the findings of the study, DFTA has shown that it is committed to making centers even more innovative in combatting social isolation.

Through the increased support of the de Blasio Administration and the City Council, we will continue to build on our successes on this important issue because it is clear that fighting social isolation is vital to improving health outcomes for our City's seniors.

Thank you again for this opportunity to provide testimony today and for your continued support of DFTA. I am glad to answer any questions you may have.



**HAMILTON
MADISON
HOUSE**

**Presented to the City Council Committee on Aging
by Hamilton Madison House/City Hall Senior Center**
Joanne Chu, Program Director
September 22, 2016

**Comments on “Reducing senior social isolation and increasing
recruitment and retention at senior centers”**

Good morning everyone. Thank you for this opportunity to speak on behalf of my colleagues at City Hall senior center.

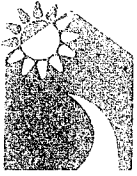
As a “new” Center director at the 65 years old Hamilton Madison House/City Hall Senior Center, I feel like an old hand. My predecessors, Fay Matsuda, and Isabel Ching before her, established a high standard for direct staff involvement, creativity in programming and flexibility, and most important of all set a tone which promotes a sense of “community” among members, volunteers and staff.

We understand the importance of seniors’ socialization and by providing the most comfortable environment via meals, case assistance, educational and arts activities. We validates our own experiences and practices. I am surrounded daily by members who are showing me the way as they continue to find purpose and good times in their retirement. I have a team of staff members (although not enough staff) who understand the value of their work to provide a welcoming, clean, and safe environment.

For example, I go into the dining room **every day** to personally greet the members and get to know them because my intuition told me when I started that it was one way for members to get to know me, and vice versa. I like to engage with our participants and listen to their concerns and suggestions. Our activities and nutrition/ meal program is based on that.

By listening to our members we have shown a willingness to listen and consider their feelings, like when they tell us ground meat is not their favorite but rather that they prefer a separate piece of meat with vegetable accompaniment; we also created computer and iPad classes because they don’t know how to use their smart phone, tablets and computers/laptops.

At the City Hall Senior Center we too understand that a meal in itself is not necessarily the primary reason our members come out daily. The breakfast or lunch we serve is a convenience for many, as they come primarily for the various activities we provide and the case assistance services we offer. When we cannot provide a service we seek out other agencies to do so, hence every week an organization provides Medicare/



**HAMILTON
MADISON
HOUSE**

Medicaid information and help, and on a monthly basis another group provides assistance with housing and legal assistance for our members.

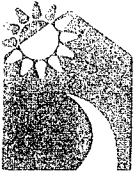
Our target audience is primarily foreign-born and non-English speaking. We have designed activities which meet their particular needs. Consequently our ESL and citizenship prep courses are among the most popular activities at the Center. Our members also enjoy typically Chinese recreational and arts programs including calligraphy, brush painting and mahjong in addition to bingo, social dancing, singing and Karaoke. The feedback from our participants is the best way to outreach our center, our members live in all 5 boroughs in New York City and they have come from all over the world.

Finally but not least, our sponsoring agency Hamilton Madison House provides City Hall Senior Center with a great deal of attention and involvement as when its Executive Director formally meets with me to provide continual supervision and feedback.

So what more can be added here and what's the true cost of running the senior center? I would like to send a message to the City Council:

Even providing simple meals is not that simple when trying to stretch a food line which has not been increased in many years. Multiplied by the number of meals we are contracted for every year, that becomes more than \$20,000 extra so that we can "splurge" on something we know our members would enjoy as a special treat such as black bean salmon on an occasional basis. Especially recently we need to compete with other Adult day care program in the community. We always received the feedback that why seniors can get the free meals and transportation at adult day care center while they need to pay for contribution at senior center.

As we may know DFTA already approved staff salary increase line at Case Management program. An **increase at all levels of staff** at senior centers would boost morale and help retain good staff. In addition, as some centers not only meet but exceed our targets, DFTA needs to have the financial means and flexibility to provide additional staff lines as necessary. For example, at city hall senior center serving an average of 300 participants daily, there are only 4 full time staff and it depends on an average of 25 Core Volunteers each week, assisting with meal service, advocacy efforts, registration of new members, and program activities that equals 250 hours per week, \$195,000 annually additional (base on 250 hours x 52 weeks x \$15 minimum wage). As the senior population grows with Baby Boomers retiring, in order to keep senior centers relevant and fully utilized we need to retain experienced and dedicated Center directors and staff who provide the vision and hard work.



**HAMILTON
MADISON
HOUSE**

At Hamilton Madison House as a total agency, we are often hard pressed to find bilingual candidates with social work training and background to help provide these important services. In fact, when I asked why they had not hired a center director well before I inquired, I was told by a colleague, only half-jokingly, that Senior Center jobs are not considered of high status in the field of social work. There's no pension, no regular pay increases even based upon COLA.

I urge the City Council's Committee on Aging and the Sub-Committee on Senior Centers to continue to help us fight for the various ways in which to recognize the vital work that Senior Center staff do every day on the job. **An increase at all levels of staff** at senior centers would boost morale and help retain good staff. We need advanced educational and training opportunities. We need pay levels for directors which will encourage professionals to enter the field of aging, not run away from it. We need pensions and regular pay increases for all Center staff. We don't need much to keep us going, but concrete recognition in the form of improved benefits would be great as a start.

Thank you for your support.

Funded by The New York City Department for the Aging

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

**Reducing Senior Social Isolation and Increasing Recruitment and Retention at Senior
Centers**

Lindsay Goldman, LMSW
Director, Healthy Aging

September 22, 2016

Good morning, and thank you for the opportunity to testify today. My name is Lindsay Goldman, and I am the director of healthy aging at the New York Academy of Medicine [The Academy].

Established in 1847, The Academy continues to address the health challenges facing New York City and the world's rapidly growing urban populations. We accomplish this through our Institute for Urban Health, home of interdisciplinary research, evaluation, policy and program initiatives; our world class historical medical library and its public programming in history, the humanities and the arts; and our Fellows program, a network of more than 2,000 experts elected by their peers from across the professions affecting health. Our current priorities are healthy aging, disease prevention, and eliminating health disparities.

Since 2007, The Academy has served as the Secretariat for Age-friendly NYC, a partnership with the New York City Council and the Office of the Mayor, which works to maximize the social, physical, and economic participation of older people to improve their health and wellbeing and strengthen communities. In this capacity, we staff the Age-friendly NYC Commission appointed by the Mayor and the Age-friendly NYC Working

Group on Public Safety whose mission is to enhance the health and safety of older New Yorkers under routine conditions and during catastrophic events. The Academy also serves as the World Health Organization's Collaborating Center on Aging, Urbanization, and Globalization.

We applaud the City Council's commitment to reducing social isolation among older New Yorkers and urge that this commitment expand beyond the confines of the senior center. Recent research suggests that social isolation may be as threatening to health as smoking, obesity, and lack of exercise. Social isolation predicts morbidity and mortality from cancer and cardiovascular disease,¹ re-hospitalization,² and mental health issues such as depression.³ Social isolation is also a risk factor for elder abuse,⁴ as well as negative health outcomes, including death, following emergency events.^{5,6} Older people in New York City may be at greater risk of isolation due to higher rates of living alone (50%), poverty (19%), disability (37.6%; 28% with mobility impairment), and lack of English proficiency (34%).⁷

Social connection, on the other hand, is not only good for health, but a priority for older people. According to a 2013 national survey of 4,000 people aged 60 and over, 40% rated "staying connected with friends and family" as the most essential component of a high quality later life.⁸ Having spoken to thousands of older people throughout the five boroughs in 10 different languages, the Academy identified three consistent challenges to fostering new and maintaining existing relationships among older people: affordability (high cost of city life), accessibility (physical and digital), and inclusivity (feeling welcome).

Senior centers are certainly part of the solution, offering free social and educational programs, exercise classes, and congregate meals. However, the majority of older people (approximately 90%), prefer multigenerational environments and experiences and do not attend senior centers.

Age-friendly NYC works not only to reduce social isolation but to prevent it in the first place by eliminating barriers to engagement with multigenerational services and amenities, including local businesses, arts and cultural institutions, parks, libraries, and colleges and universities. To determine where those barriers exist, we've worked in partnership with the City Council on the Age-friendly Neighborhoods Initiative since 2010. We've solicited feedback from thousands of older people on eight domains of an age-friendly city* and then worked collaboratively with local leadership to address the identified challenges.

Some of the ways Age-friendly Neighborhood initiatives have served to prevent and reduce social isolation include: adding benches to improve walkability and promote socialization; mobilizing older people to address neighborhood challenges; improving programming for older people in parks; increasing access to grocery stores; securing senior discounts; producing senior resource guides for those who are not online; organizing senior walking clubs; and improving pedestrian safety. In the fall of 2014, Speaker Melissa Mark-Viverito publicly committed to creating an age-friendly initiative in every council district by the end of 2017⁹—a commitment we are striving to honor.

* As identified by the World Health Organization, the eight domains of an age-friendly city are outdoor and public spaces, transportation, housing, respect and inclusion, social participation, civic engagement and employment, information and communication, and community support and health services.

After completing age-friendly assessments and action plans in 18 districts, we have new insight into the success and sustainability of both existing and new initiatives:

1. An age-friendly neighborhood requires a local champion to advocate for the inclusion of older people in all neighborhood activities. A local champion can be: a council member's district office, a faith- or community-based organization, a community development corporation, a housing provider, a business-serving organization, a hospital, an arts and cultural institution, or a college or university.
2. The local champion requires dedicated funding to assess the needs of older people and to implement recommended solutions.
3. Age-friendly Neighborhood initiatives should be embedded in existing community structures and processes, such as neighborhood planning and rezoning; participatory budgeting; community and economic development efforts; and community board activities.

When considering how best to address social isolation in New York City, the Academy respectfully suggests the Council look beyond the senior center, at the myriad opportunities afforded by our City which younger people often take for granted but older people may struggle to access. As the Council continues to explore solutions, The New York Academy of Medicine is pleased to serve as a resource through Age-friendly NYC, our research and analysis capacities, and the rest of our programs and services. We look forward to continuing to work with the Council to make all of our neighborhoods more age-friendly.

References

1. Hawkley L. Loneliness in everyday life: cardiovascular activity, psychosocial context, and health behaviors. *J Pers Soc Psychol*. 2003;85(1).
2. Mistry R. Social isolation predicts re-hospitalization in a group of older American veterans enrolled in the UPBEAT Program. *Int J Geriatr Psychiatry*. 2001;16(10):950-959.
3. Cacioppo J. Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychol Aging*. 2006;21(1).
4. Mysyuk Y, Westendorp RGJ, Lindenberg J. Perspectives on the Etiology of Violence in Later Life. *J Interpers Violence*. 2015. doi:10.1177/0886260515584338.
5. Klinenberg E. *Heat Wave: A Social Autopsy of Disaster in Chicago*. Chicago: University of Chicago Press; 2002. http://www.worldcat.org/title/heat-wave-a-social-autopsy-of-disaster-in-chicago/oclc/47971411&referer=brief_results. Accessed December 5, 2013.
6. Goldman L, Finkelstein R, Schafer P, Pugh T. *Resilient Communities: Empowering Older Adults in Disasters and Daily Life.*; 2014. http://www.nyam.org/news/docs/pdf/Resilient_Communities_Report_Final.pdf. Accessed December 14, 2014.
7. U.S. Census Bureau. American Community Survey 2014 1-year estimates. 2014. http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_S0103&prodType=table. Accessed February 1, 2016.
8. National Council on Aging (NCOA). *The United States of Aging Survey 2013*. Washington, D.C.; 2013. <http://www.ncoa.org/improve-health/community-education/united-states-of-aging/usa-survey-2013.html>. Accessed September 24, 2013.
9. Meriwether K. Aiming for an Age-friendly City. *Gotham Gazette*. <http://www.gothamgazette.com/index.php/government/5393-aiming-for-an-age-friendly-city>. Published October 22, 2014.



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

Testimony from Selfhelp Community Services, Inc.
New York City Council Committee on Aging and Subcommittee on Senior Centers
Oversight: Reducing Senior Social Isolation and Increasing Recruitment and Retention at Senior
Centers
September 22nd, 2016

Good morning. My name is Sandy Myers and I am the Director of Government and External Relations at Selfhelp Community Services. Thank you to Council Members Chin and Vallone and the members of the Aging Committee for holding today's hearing on reducing social isolation and increasing recruitment and retention at senior centers.

As you may know, Selfhelp was founded in 1936 to help those fleeing Nazi Germany maintain their independence and dignity as they struggled to forge new lives in America. Today, Selfhelp has grown into one of the largest and most respected not-for-profit human service agencies in the New York metropolitan area, with 27 sites throughout Manhattan, Brooklyn, Queens, the Bronx, and Nassau County. Selfhelp provides a broad set of important services to more than 20,000 elderly, frail, and vulnerable New Yorkers each year, while remaining the largest provider of comprehensive services to Holocaust survivors in North America. Selfhelp offers a complete network of community-based home care, social service, and senior housing programs with the overarching goal of helping clients to live with dignity and avoid institutionalization.

Our services are extensive and include: specialized programs for Holocaust Survivors; ten affordable senior housing complexes; four Naturally Occurring Retirement Community (NORC) programs; three case management programs; five senior centers including one of New York City's first Innovative Senior Centers; home health care; client centered technology programs including the Selfhelp's acclaimed Virtual Senior Center; court-appointed guardianship programs; and Selfhelp Alzheimer's Resource Program (SHARP).

Salary Parity Across DFTA-Contracted Program

One key element of strengthening programs that help our City's seniors stay engaged and healthy is properly compensating the individuals who staff these programs. We are grateful for DFTA's investment in salary parity in case management programs, and urge the City to make the same investment across senior centers, NORCs, social adult day programs, and all DFTA-contracted programs. Similar to the social work staff in case management programs, our social workers at senior centers assist clients with many of the same needs, such as benefits and entitlements and care coordination. In order to attract and retain the high-caliber staff in our senior centers, the Administration and Council should invest in salary parity across the field. We urge the Administration to use the same scale that was established for case management.

Virtual Senior Center

Selfhelp's acclaimed Virtual Senior Center (VSC) engages homebound seniors into the larger community by using technology to connect them with other participants in a range of activities. A cornerstone activity of the program is its interactive, real-time classes where participants can hear, see and talk with each other in an interactive session. Over 40 classes are typically offered each week ranging from art history to current events to museum tours to weight training and other exercise programming. This groundbreaking program effectively reduces social isolation by creating social networks for otherwise shut-in seniors, connecting them to each other and to the outside world. Not only are the participants learning a new skill, but they are also cultivating relationships with each other, all through the program.

Launched in 2010 with 6 participants, today the program has become a lifeline for over 300 participants throughout New York City, Long Island, Baltimore, Chicago, Pittsburgh, and San Diego. To serve a broader community, the VSC is now available in multiple languages including Chinese, English, Korean and Russian. The City Council's support has been critical to the expansion of the program.

The program has been shown to break down barriers of digital literacy, reduce social isolation by up to 85% and improve participants' quality of life by 97%. As the Administration and Council look to address issues of social isolation among homebound seniors, we urge you to consider an expansion of the Virtual Senior Center, which has the ability to serve any homebound senior who is interested in participating in the program.

Senior Centers

Selfhelp's five senior centers, including one of the City's Innovative Senior Centers, offer a wide variety of life-enhancing programs such as computer classes, concerts and lectures, health and wellness workshops, as well as nutritious meals for seniors living in the surrounding communities. Together, our centers serve close to 10,000 older adults in a variety of educational and social activities. We take particular pride in creating programs and services that reflect the culture of the local community, and regularly address feedback from members as it relates to meals and activities.

One of the capacity issues that our senior centers face is the limited staff we have. Aside from the ISCs, most centers have 1 director and 1 social worker. The centers are very reliant on volunteers, who provide office help, registration of new members, serving lunch, and answering phones. Despite having some volunteers who have been with us for years, many of the short-term workers we get from DFTA's Title V program and AARP are not available for a consistent period of time. The centers would benefit from having additional staff to complete some of this work.

Our centers are also dealing with physical space challenges. Although both DFTA and the City Council have generously funded space costs, the investments do not always keep up with the demand. The realistic costs of adequately providing quality accommodations for this growing population have outpaced many of our current facilities.

Conclusion

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



70 West 36th Street, Fifth Floor, New York, NY 10018
Tel: 212-967-0322 Fax: 212-967-0792
www.unhny.org

**Testimony of United Neighborhood Houses
Before the New York City Council
Committee on Aging
Subcommittee on Senior Centers**

**Submitted by Nora Moran, Policy Analyst
Oversight Hearing: Reducing Senior Social Isolation and
Increasing Recruitment and Retention at Senior Centers
September 22, 2016**

**Honorable Margaret Chin, Chair, Committee on Aging
Honorable Paul Vallone, Chair, Subcommittee on Senior Centers**

Thank you for convening today’s hearing. My name is Nora Moran, and I am a Policy Analyst at United Neighborhood Houses (UNH). UNH is the federation of New York City’s 37 settlement houses and community centers that collectively benefit over half a million New Yorkers annually—from infancy through old age—with services at over 600 sites throughout the city. UNH members provide a wide variety of services, including senior centers, Naturally Occurring Retirement Communities (NORCs), home delivered meals, and social adult day programs, to over 70,000 older adults each year.

UNH’s 2005 report, *Aging in the Shadows*, examined the issue of social isolation among older adults. The report highlighted the various risk factors for social isolation, such as living alone and having limited income and English proficiency. By mapping the levels of these risk factors by neighborhood across New York City, *Aging in the Shadows* was one of the first attempts in New York City to identify areas where older adults may be socially isolated so that the City might direct resources to these communities. Preliminary findings from our forthcoming update of *Aging in the Shadows*, to be released this fall, are included in this testimony, as well as data from an innovative pilot project that UNH has implemented at several senior centers throughout the City.

How do we define social isolation?

Defining social isolation among older adults can be challenging, as the factors that cause isolation and its manifestation differ from person to person. In general, social isolation can be defined as the persistent “absence of social interactions, contacts, and relationships with family and friends, with neighbors on an individual level, and with ‘society at large’ on a broader level.”¹ Social isolation means having limited social ties with others, and differs from living alone and from being reclusive.

Though social isolation is ultimately a subjective experience, there are factors that can put older adults at higher risk for experiencing social isolation. While none of these factors are inherently problematic on their own, they can have a compounding effect for an older adult experiencing several risk factors at once. These factors include:

¹ Institute of Medicine, Division of Health Promotion and Disease Prevention, *The Second Fifty Years: Promoting Health and Preventing Disability*, 1992.

- a. *Living arrangement*: Living alone is one of the most significant risk factors for social isolation;
- b. *Support of family and community*: Close family relationships, as well as the proximity of those relationships, have been shown to be beneficial to health and well-being, while lack of close relationships can be detrimental to health and well-being;
- c. *Meaningful social participation*: the degree to which an individual feels engaged in their community and useful to society can affect social isolation;
- d. *Health status and mobility*: Older adults with health impairments and chronic health conditions often experience limited mobility, decreased interaction with others, and decreased ability to work or volunteer;
- e. *Socioeconomic status*: Older adults with lower incomes are more likely to live alone, to have health-related limitations, and to experience depression, all risk factors for isolation;
- f. *Sexual orientation*: Older adults who identify as LGBTQ are more likely than other seniors to live alone, to have no children, and to age without a partner; and
- g. *Level of English proficiency*: Older adults with limited English proficiency may struggle to navigate the various health and social service supports designed to connect them to the broader community.

In New York City specifically, there are several factors that put older adults at risk for social isolation. Poverty continues to be a prevalent risk factor; though poverty rates among older adults declined nationally from 12.8% in 1990 to 9.5% in 2012, older adults in New York City saw an increase in poverty from 16.5% to 19.1%.² Furthermore, nearly half of all older adults are immigrants, and the population of foreign-born older adults has grown in every borough over the past decade. Immigrant older adults typically have lower incomes and fewer savings, less access to entitlement programs, and tend to have Limited English Proficiency.³

Older Adults Strengthening Communities Pilot

In order to address social isolation, UNH and its settlement house members have employed the philosophy that older adults are a key asset who must be involved in efforts to improve communities. UNH believes that senior centers themselves can be a strong intervention to address social isolation when centers provide meaningful opportunities for participants to shape center programming and direction and to be involved in broader community life. UNH has piloted this concept through its Older Adults Strengthening Communities Project, a partnership between UNH, the Department for the Aging via the Aging in New York Fund, and five senior centers in New York City. Over the past 18 months, UNH has worked with these five senior centers to start self-directed volunteer teams at each center. A self-directed volunteer team is typically led by senior center participants, with support from a senior center staff member. A self-directed team will then identify a community issue that they would like to address, and develops a plan of action to do so.

The self-directed teams at five senior centers have each chosen address food access, recognizing that their broader communities have limited access to healthy food. The five centers participating in this project are:

² New York City Department for the Aging, *Annual Plan Summary, 2016-2017*

³ Christian Gonzales-Rivera, *The New Face of New York's Seniors*. Center for an Urban Future, July 2013.

- Jefferson Senior Center, Union Settlement, East Harlem
- E. Roberts Moore Senior Center, BronxWorks, Mott Haven
- Central Harlem Senior Citizens' Center, Harlem
- Theodora Jackson Adult Center, JSPOA, Jamaica
- David Santiago Senior Center, Southside United HDFC-Los Sures, South Williamsburg

The pilot is designed to test the idea that by creating opportunities to get involved in civic life, older adults would feel more connected to peers and their community. Senior centers were a natural place to begin this work. Over the past 18 months, these five centers have accomplished the following:

- Nearly four tons of fresh food has been distributed;
- 2 community gardens built and planted;
- 256 workshops, healthy cooking demos, supermarket and farmers market trips, and other events, reaching over 4,000 people, including older adults and local residents;
- 92% of senior center members *not* involved in the project say there is more focus on health and nutrition in the center and that they personally benefitted from the focus. As a result:
 - 90% are eating healthier
 - 95% know how to read food labels
 - 86% know where to buy healthy food in the neighborhood; and
 - 81% have learned how to cook healthy meals

UNH's evaluation of this project gathered data from senior center members who participated in the self-directed volunteer teams and members who did not participate, as well as staff at the senior centers. Participants in the self-directed teams range from ages 60 to mid-80s, and have a variety of health diagnoses.

Findings

UNH asked members of these senior centers to identify why they started coming to the center, regardless of whether they participated in a self-directed team or not. The main reasons for attending the center were inherently social. Over half of the center's participants identified socializing with friends or meeting new people as the main reasons why they started coming to the senior center, whether they participated in a self-directed team or not. Meals ranked last on the list of reasons to attend a center, challenging the popular notion that people only go to senior centers to eat. Senior center members are looking for connection and engagement with others.

The older adults who participated in a self-directed team reported feeling empowered by the project, that they are finding meaning and value in the project, and that their overall health and well-being is improving. Some of the specific ideas that they expressed include:

- 90% report more involvement in community events and activities;
- 69% feel they are doing something meaningful that is also improving their community;
- 76% feel they are making a difference in people's lives;
- 93% report improved health from participating in the project, including:
 - Eating better (81%)
 - More exercise (69%)
 - Improved blood pressure (60%)

- Feeling more connected to other people (65%)
- Weight loss (58%)
- Taking less medication (32%)

To offer the perspective of one self-directed team participant: *“Before this came along, I would sit at home, watch TV, walk to the center and play bingo...like I am waiting to die. This gives me a reason to get up, a reason to live, a reason to make a difference in my community.”* Another expressed the following: *“I could not have imagined the satisfaction I receive from this project. I have started eating different, shopping different, and feel better overall about myself. I now have established personal goals for myself as well.”*

In interviews with the senior center staff, it became clear that the presence of a self-directed team had a positive impact on the center itself. The self-directed teams are changing the culture at these senior centers by changing the relationship between the center and its members. These centers are becoming a place for older adults to bring their ideas and pursue them, and members and staff are becoming partners. Staff have reported higher self-esteem among participants and improved health and wellness. Most importantly, the self-directed teams have helped to raise the senior centers’ profiles in their communities, making them seen as places where people want to be.

Based on these findings, we have concluded that the Older Adults Strengthening Communities project has had the benefit of improving health, fighting isolation, and bringing meaning and purpose to later life. The project also has the benefit of strengthening broader communities by tapping into the potential of older adults to address civic issues.

Recommendations

UNH recommends that the City take the following steps to fight social isolation and increase senior center involvement:

- Develop educational tools and resources to ensure that community-based organizations, health care providers, housing entities, faith-based organizations, and others can recognize signs of social isolation and address it among older adults;
- Support programs and initiatives that change the dominant paradigm of aging in order to engage older adults in community life, such as volunteerism or employment programs that draw upon the assets of older adults; and
- Expand support for the Self-Directed Volunteer Team model to more senior centers across New York City.

Settlement houses value older adults as key resources to strengthening the fabric of communities in New York City. New York City, like the rest of the country, is in the midst of a “longevity revolution,” where older adults are living longer and with better health than ever before. What is done with this longer life depends on the resources and opportunities available to older New Yorkers. It is time for New York City to examine the best ways to support older adults, and shift the conversation to focus on the strengths of older adults and allows them to shape their own aging future. Funding the programs that empower older adults to be full and valued members of their community is of utmost importance.

Thank you for your time. For questions, I can be contacted at 917-484-9322 or nmoran@unhny.org.



New York City Council
Joint Committee Hearing
Committee on Aging, Council Member Margaret Chin, Chair
Subcommittee on Senior Centers, Council Member Paul Vallone, Chair
Oversight - Reducing Senior Social Isolation and Increasing Recruitment and Retention at Senior Centers
Testimony of Andrea Cianfrani, Deputy Director of Public Policy, LiveOn NY
September 22, 2016

Thank you Chairwoman Chin and Chairman Vallone and the Aging Committee and Senior Center Subcommittee for holding this hearing to discuss the valuable contributions senior centers, programs and agencies provide and how their work to engage the community makes New York a better place to age. It is fitting that this hearing is being held today, recognizing that September is Senior Center month.

LiveOn NY's community-based aging services members have been on the front lines of serving the diverse population of older New Yorkers for many years. They offer programs that directly promote social interaction and prevent isolation including neighborhood and Innovative Senior Centers (ISCs), senior nutrition and anti-hunger programs, affordable senior housing with services, benefits assistance, elder abuse prevention and services, caregiver supports, transportation, adult day services and other culturally competent neighborhood based services. Older adults gain access to these and other services mainly through the city's nearly 250 senior centers. You will hear from many of those agencies today about the specific programs they offer to their communities.

Their work plays a daily critical role in preventing isolation. DFTA and Fordham University released a groundbreaking study on June 28, 2016 by Manoj Pardasani and Cathy Berkman titled *Senior Center Evaluation Report*. This study looked at adults 60 years or older who had gone to a senior center at least once a week over a one year period. More than 66% of the respondents noted that socialization and avoiding isolation was a reason for attending, which was the highest response for why they attended. Further, the study reported that self reported depression levels and anxiety decreased after one year of attending the senior center. Of note:

“Participation in a senior center also helped to reduce social isolation. Senior centers are not only a place for socialization, but also provide health education, fitness programs, meals and recreational and educational programs. The older adult population served by senior centers are among those with the lowest incomes, the fewest resources, the poorest health, the greatest social isolation, and most in need of services. The findings of this study indicate that senior centers are attracting this group that has multiple needs, and SC members experience improved physical and mental health not only in the time period after joining a senior centers, but maintain or even continue to improve even one year later. This is a very important finding, given the decline in health and social activity in this age group, especially among those with low income. Maintenance of health and social activity, rather than a decline in health, is a major benefit of senior centers.”¹

Prevention of social isolation for older adults cannot be emphasized enough. A September 5, 2016 New York Times article titled *Researchers Confront an Epidemic of Loneliness* recently highlighted the epidemic of loneliness. It noted recent research that found loneliness even goes so far as to surpass obesity as a predictor of early death.

Current resources do not allow senior services staff to connect with the broad array and ever changing and ever

¹ Senior Center Evaluation Final Report, Manoj Pardasani, Cathy Berkman, June 28, 2016, p.3



growing senior population and to expand this work. LiveOn NY thanks Council Members Chin and Vallone for leading this charge and highlighting the blatant inadequate lack of funding for core senior services. As noted in your letter to Mayor de Blasio on May 26, which was signed by a large number of your colleagues, you point out that while the elderly population is the fastest growing demographic in New York City, DFTA's budget in FY16 was less than one-half of 1 percent of the City's \$78.5 billion adopted budget. As you further note, the lack of investment seniors through baselined funding requires the City Council step in to close funding gaps for these core senior programs.

While it is beneficial and appreciated that the City Council restores DFTA funds each year, the lack of baselining has led to loss of services, late receipt of funds, and an inability to plan. And while we greatly appreciate City Council's support, as you articulate in your May 26 letter, one-time imitative spending is not the "stable and secure source of funds that the Administration should be providing" for core senior programs.

As noted in LiveOn NY's 2013 Aging Tsunami Report, a key recommendation is to **Support Core Senior Center-Based Community Building Services**. The city must baseline current and new DFTA Funding. It is critical to first address the challenges noted above regarding funding core services with baselined dollars. Further, the city should expand Innovative Senior Centers (ISC). Beginning in 2010, DFTA began creating ISCs, each built on the concept of innovation and robust programming. As you have heard today, these centers have developed extraordinary programs. Both neighborhood senior centers and all ISCs must be funded to keep pace with the growing needs of older adults.

LiveOn NY also wanted to take this opportunity to inform you about other innovations in the field that will contribute to the work of senior centers. LiveOn NY provides training and capacity building assistance to our members that highlights best practices and innovative programs to incorporate into their agencies to increase retention and recruitment.

Further, LiveOn NY is excited to partner with the National Council on Aging to bring The Aging Mastery Program® (AMP) to New York State. The Aging Mastery Program® is a 10 week education series that combines goal-setting, daily practices, and peer support to help participants making meaningful changes in their lives. The goal is to change societal expectations about the roles and responsibilities of baby boomers and older adults to create fun and easy-to-follow pathways for getting more out of life. This is a local project that will have national significance. Currently, LiveOn NY is partnering with seven member agencies to implement AMP within their communities and bringing this program to the senior centers. In the first implementation we've already seen the participating programs show an increase in attendance and engagement of current members and interest from new members.

Programs funded by (DFTA) are the only long-term care services available for elderly New Yorkers above the Medicaid level. The funding allocated to DFTA for all of aging programs does not reflect that reality. Investing in these core programs is vital to the health of our city. Thank you for your dedication to making New York a better place to age.

About LiveOn NY: *LiveOn NY is dedicated to making New York a better place to age. Founded in 1979, with a membership base of more than 100 organizations ranging from individual community-based centers to large multi-service organizations, LiveOn NY is recognized as a leader in aging. LiveOn NY's membership serves over 300,000 older New Yorkers annually and is comprised of organizations providing an array of community based services including elder abuse prevention and victims' services, case management for homebound seniors, multi-service senior centers, congregate and home-delivered meals, affordable senior housing with services, transportation, NORCs and other services intended to support older New Yorkers. LiveOn NY connects resources, advocates for positive change, and builds, supports and fosters innovation. Our goal is to help all New Yorkers age with confidence, grace and vitality.*

**City Council Committee on Aging-Subcommittee on Senior Centers Oversight
Reducing Senior Social Isolation and Increasing Recruitment and Retention at Senior
Centers
September 22, 2016**

**Remarks by Elaine Rockoff, Director of Community Based Programs
Jewish Association for Services for the Aging (JASA)**

Good morning, my name is Elaine Rockoff. I am the Director of Community Based Programs for JASA, the Jewish Association Serving the Aging. On behalf of the Board of Trustees, staff, and the more than 43,000 older adults we help each year, JASA appreciates this opportunity to provide testimony on senior centers to the Committee on Aging and the Subcommittee on Senior Centers

JASA, established 48 years ago, offers a broad continuum of services to help and support seniors as they age in their homes and communities. The agency's mission, 'to sustain and enrich the lives of the aging in the New York metropolitan area so that they can remain in the community with dignity and autonomy,' promotes independence, safety, wellness, community engagement, and an enhanced quality of life for NY City's older adults.

JASA operates 22 neighborhood senior centers throughout the Bronx, Brooklyn, Manhattan, and Queens, and three (3) on Long Island. These senior centers provide a hot and nutritious meal, as well as other health and wellness activities, opportunities and support for social connectedness, affinity interests, intellectual/cultural pursuits and volunteer experiences. Neighborhood senior centers offer an essential, community-anchored, means for older adults to remain engaged and connected to their peers. However, with the growth in numbers and increasing diversity of needs and preferences of the NYC older adult population, fundamental changes are necessary to keep the senior center model relevant for the population cohort. Existing contract obligations and inadequate public funding hamper the implementation of new senior center-based initiatives that would offer a more flexible and population-responsive service delivery model.

As the older adult population continues to grow, we are aware of several key issues related to age. Individuals between the ages of 70 and 84, are the most common age range of the typical senior center participants in our sites. The 'old' old, individuals aged 85 and older is one of the fastest growing population sub-groups and too often are 'aged out' of senior center life because of physical frailty and transportation obstacles. They are vulnerable to social isolation; it is important to note that research increasingly points to loneliness as a key indicator linked to disease incidence and death. The young old, aged 60 to 70, may still be working, but may be seeking new opportunities to enhance their lives outside of work. Their options are limited.

JASA recently facilitated a focus group that brought together volunteer leaders from each JASA senior center. The participants were provided with a platform to share their ideas and present their recommendations for how the senior centers could better serve their needs and interests, and importantly, those of their peers. One focus group member noted that "Being a senior is a 24 hour a day 7 hour a day job, but the senior center is only open from 9-5, Monday through Friday". Another senior stated that the current senior center is "a 20th century model serving 21st center seniors." The participants spoke about feelings of loneliness and isolation on evenings and weekends and recommended that centers operate beyond the traditional

business day. They suggested that senior centers provide congregate dinner, in addition to congregate lunch, as well as regular evening and weekend programming. Other recommendations included enhancing all sites with assistive devices to address hearing and sight loss. Overall facility design and premises' appeal were also issues.

JASA has just established a Senior Center Task Force to engage consumers and an interdisciplinary range of professionals to develop, test and disseminate practice and operations' innovations. Consumer outreach and engagement, programming (targeting homebound and non-attending younger old individuals), meal options, staff development and facilities improvement are among the issues to be reviewed.

JASA has been successful in securing philanthropic funding to pilot initiatives that demonstrate promise for replication. For example, next week, I will be co-presenting an overview of JASA's Community Health Navigation Program at the NCOA National Institute of Senior Centers annual conference in Philadelphia. This Program addresses the disproportionately high rates of diabetes, hypertension and preventable hospitalizations in North Brooklyn communities. Community Health Navigators are volunteers, aged 65 and over, who have learned strategies to manage their own diagnoses of diabetes, hypertension and related conditions and are committed to helping others to do the same, providing emotional support and information about local resources. They provide one-on-one coaching in person and by phone, and provide group workshops at a JASA senior center located in North Brooklyn. Community Health Navigators also serve as partners to local medical providers, bridging the gap between the patients and health professionals and encouraging individuals to seek out clinical care when it is appropriate. They also serve hospital discharge teams with community support to prevent avoidable readmissions.

JASA's Community Health Navigation Program is evidence based, and evaluates satisfaction and measurable impact on health indicators. The Community Health Navigators report feeling empowered by acting as role models for their senior neighbors. Those being helped report feeling healthier and more in control of their health, less isolated, and more engaged in their community. A Community Health Navigation Program operating out of a neighborhood senior center helps make that center instrumental to improving the health of seniors throughout the community.

JASA is pleased to participate in DFTA's initiative to establish licensed geriatric mental health services in senior centers. We have noted that too often, mental illness interferes with an individual's ability to engage with others and the subsequent social isolation further exacerbates his/her psychological health. This is an important health arena to address and a welcome opportunity for services continuity.

JASA recognizes that some individuals require additional support to help them with 'readiness skills' to participate in a senior center. JASA's philanthropically-funded Senior Community Connection project (an intensive, short-term case management program) works to connect eligible clients to senior centers.

In addition to offering venues for important preventive health support, neighborhood senior centers are, for many, a primary setting for social affiliation, support and meaningful, daily activity. There is potential for service delivery that meets the preferences and needs of a broader range of older adults. JASA is committed to having older adults drive programming and

we are working to ensure that our staff have the tools to work in this way – in some cases, staff need to work differently. However, even with this commitment, the challenging fact is that neighborhood senior centers are severely under-funded, allowing for only bare bones programming and falling short on operational expenses, including rent and indirect costs. We certainly appreciate the commitment of the NY City Council to support many of our senior center programs – the funding is essential, enabling JASA to cover some costs of class instructors. However, we urge a Neighborhood Senior Center initiative that would support a range of creative initiatives across the entire neighborhood senior center system.

Thank you for the opportunity to present this testimony on issues relevant to support New York City's aging population to the members of the Committee on Aging and Subcommittee on Senior Centers.

Elaine Rockoff

Director of Community Based Programs

JASA

erockoff@jasa.org

212-273-5250



**Testimony to the Oversight Committee of the New York City Council
Reducing Senior Social Isolation and Increasing Recruitment and Retention at Senior Centers.**

**Delivered in person on September 22, 2016
by Thomas Weber, Director of Care Management**

Councilmembers, on behalf of SAGE – Services and Advocacy for GLBT Elders – thank you for holding this hearing on senior social isolation. My name is Thomas Weber, and I am the Director of Care Management at SAGE. SAGE is the country’s first and largest organization dedicated to improving the lives of LGBT older adults. Founded here in NYC in 1978, we have provided comprehensive social services and programs to LGBT older people for nearly four decades, including the nation’s first full-time Senior Center, located in Chelsea and launched with generous support from the Council. Building on the positive strides that The SAGE Center made in reducing isolation faced by LGBT older adults, in June of 2014, the New York City Council awarded SAGE funding to open SAGE Center stand-alone sites in Brooklyn, the Bronx and Staten Island and to expand our SAGE Harlem program into a full-service SAGE Center site – and for that we are enormously grateful.

SAGE launched our five Senior Centers across the city to reach more LGBT older people who are disconnected from services, but in great need of these services. LGBT elders face myriad challenges associated with aging: declining health, diminished income, the loss of friends and family and ageism. LGBT older adults also face invisibility, ignorance, and fear of harassment and poor treatment.

LGBT older adults remain one of the most invisible and at-risk populations among our nation’s elders. LGBT older people are more likely to face discrimination around their sexual orientation and gender identity when accessing health care, social services or mainstream senior centers – yet they are among the most in need of care as they have few places to turn. LGBT older people are

- Twice as likely to live alone;
- Half as likely to have life partners or significant others;
- Half as likely to have close relatives to call for help;
- More than four times more likely to have no children to help them; and
- Nearly 25% of LGBT older adults have no one to call in case of an emergency.

LGBT elders who are HIV positive experience compounded fear of judgment and discrimination due to their sero-status, and a truncated support network with a generation of gay men lost to HIV/AIDS. A recent study by the National Resource Center on LGBT Aging concluded that as of last year, half of all Americans diagnosed with HIV are 50 or older. That proportion will rise to more than 70% by 2020 – just five years from now.

All of this leads to severe isolation – already a concern among all seniors. A recent New York Times article from September 5, 2016 hit this home. In that article, Dr. Carla M. Perissinotto, a geriatrician at the University of California, San Francisco, said, “The profound effects of loneliness on health and independence are a critical public health problem,” She continued, “It is no longer medically or ethically acceptable to ignore older adults who feel lonely and marginalized.”

Feelings of loneliness and isolation lead to negative health outcomes. This is an area of developing research in the medical field – but the research so far points to declining mobility, difficulty in performing routine daily activities, and death during six years of follow-up, according to a study by John T. Cacioppo, a professor of psychology at the University of Chicago and director of the University’s Center for Cognitive and Social Neuroscience, who was featured in the aforementioned New York Times article. For LGBT older adults, this condition is even more exacerbated and can contribute to greater health disparities, as well as increased risk of victimization from perpetrators preying on LGBT older adults.

SAGE’s five Senior Centers programs and services are designed to combat these circumstances and feelings of isolation faced by LGBT elders and HIV positive older adults, improve overall health and address the eight domains of wellness: social, physical, environmental, financial, intellectual, emotional, vocational/occupational, and spiritual. Our holistic programming and our daily nutritional meals ensure high retention at our centers: 70% of participants return to a SAGE Center after visiting for programming or a meal.

Our Centers and corresponding programs have proven helpful to ameliorate the isolation, loneliness and alienation experienced by so many LGBT older adults throughout New York City. We hope that the City Council will continue to support LGBT older adults who are most at risk, and prioritize their need for culturally competent services and dedicated senior centers. Your support continues to be greatly valued and appreciated. Thank you.

**New York City Council and Aging Committee Hearing
September 22, 2016, Thursday 10:00 a.m.
City Hall Council Chambers**

Good morning, I am Elizabeth Sofield, Program Director of New York Foundation for Senior Citizens' Home Sharing and Respite Care Program.

The Foundation's home sharing and respite care services, the only ones of their type in New York City, help older adults of all ethnic, racial, religious and socio-economic backgrounds maintain their independence, alleviate the stress of financial hardship and prevent isolation and institutionalization.

Our free home sharing service matches adult "hosts", who have extra bedroom in their apartments or houses throughout New York City to share with responsible, compatible adult "guests" in need of affordable housing. One of the "matchmates" must be age 60 or over. The program also serves adult "hosts" ages 55 and over, interested in sharing their homes with adult "guests", ages 18 and over, who are living with developmental disabilities and capable of independent living. Home sharing is providing unique and affordable housing options for and helping to maintain the

homes of older and younger adults, alike, throughout our City's five boroughs. By matching compatible individuals in shared living arrangements, the program not only helps to ease financial burdens, it also promotes companionship and helps to relieve feelings of loneliness and isolation. Over the past two decades, we have successfully matched 1,408 persons in 704 shared living arrangements.

Respite care provides affordable, short-term, in-home attendant care at the low cost of \$9.00 per hour, for frail elderly who are attempting to manage at home with the help of others, thereby, preventing the need for their premature institutionalization. The program's respite care service also provides free temporary in-home care for caregivers of the frail elderly who experience a sudden inability to provide care on weekdays after 5 p.m., weekends, holidays and in emergencies. Priority for this service is given to caregivers who are providing assistance to frail elderly with annual incomes of \$40,000 or less. During the past two decades, we

have provided over 7,113 frail elderly and many more thousands of their caregivers with respite care services.

Our Home Sharing and Respite Car program is totally dependent upon annual refunding. To ensure its survival each and every year, it requires government officials' provision of sufficient funding within both New York State's and City's budgets. Therefore, on behalf of New York Foundation for Senior Citizens' Board of Directors, I respectfully request and would appreciate your assistance in ensuring the continuation of sufficient funding for these unique and important services.

Thank you very much.

Members of the Committee on Aging and the subcommittee on Senior Centers. My name is Mario c Henry President of the local chapter and member of the Board of Directors of State Wide Senior Action Council. I am submitting this written statement in lieu of my appearing at the hearing. I wanted to testify but I had a scheduling conflict.

Isolation and the resulting loneliness is a problem facing many seniors and one which senior centers are well placed to resolve. The vast majority of seniors are not disabled and for those without immediately family near by, isolation is a real problem both medically and socially. Senior centers can serve a vital role in resolving the problem.

From my experience as a volunteer I have found what seniors need is talk, conversation. They need other people who will talk with them not to them. they need a location and a format which will draw them out in conversation. Conversation that arouses their interest, stimulates their intellect, and enables them to interact with other people.

Centers should use speakers to make presentations that initiate conversations on any and all subjects. there should be discussions on current events. Converations centering on their advise on subjects such as what makes for a successful marriage, what did they do right and wrong in raising

their children, what did they think and do when such and such an event happened, what advise would they give to a recently widowed person, and other subjects which would draw out their thoughts. Treat their memories and thoughts as important and worth hearing about. There will be much to learn in such conversations and maybe a few tears and laughs. In relieving their isolation there may be much for all of us to learn.

It goes without saying that these centers have to exist. They have to have convenient locations. It would be good if they had computers accessible to seniors and instructors to help them use them. Books, records, videos are also nice. Lunch is always a good idea. But all these good ideas are just a way of drawing seniors in. Tools to get seniors in the building so than the conversation can begin and the isolation ended.

STATE  WIDE

New York StateWide Senior Action Council, Inc
Improving The Lives of Senior Citizens & Families in NY State
www.nysenior.org • 700-333-4374 • www.nysenior.org

Mario C. Henry
President, NYC Chapter
Secretary, State Board of Directors

146-03 61st Road
Flushing, NY 11367
www.nysenior.org

Phone: (718) 463- 8255
Cell: (718) 913-8083
Email: m.c.henry@att.net

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Juanne Chu

Address: 100 Gold St

I represent: City Hall Senior Center

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: 9/22/2016

(PLEASE PRINT)

Name: KEVIN Queen and/or Elizabeth Sofield

Address: 11 Park Place, Suite 1416, NYC 10007

I represent: NY Foundation for Senior Citizens

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: JULIA MARTIN

Address: 341 W. 24th NYC 10011

I represent: Hudson Guild Sr Center

Address: 9 Ave + 178 NYC

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Sandy Myers

Address: _____

I represent: Selfhelp Community Services

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Andrea Cianfrani

Address: _____

I represent: LiveOn NY

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Elaine Rockoff

Address: 247 W. 37th St, NY

I represent: JASA

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: CARYN Resnick

Address: Deputy Commissioner

I represent: DFTA

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Karen Taylor

Address: _____

I represent: DFTA

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: 9-22-16

(PLEASE PRINT)

Name: TOM Webber

Address: 333 7th NYC

I represent: SAGE

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Hindsay Goldman

Address: 1216 5th Ave

I represent: New York Academy of Medicine

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Nora Moran

Address: _____

I represent: United Neighborhood Houses

Address: _____

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