



TESTIMONY

Presented by

Caryn Resnick
Deputy Commissioner, External Affairs

on

Oversight: The Department for the Aging's Core Services

before the

New York City Council
Committee on Aging

on

Thursday, November 17, 2016
1:00 P.M.

at

250 Broadway, 16th Floor Committee Room
New York, NY 10007

Good afternoon, Chairperson Chin and members of the Aging Committee. I am Caryn Resnick, Deputy Commissioner for External Affairs at the New York City Department for the Aging (DFTA). I am joined by Karen Taylor, Assistant Commissioner for Community Services, and Eileen Mullarkey, Assistant Commissioner for Long-Term Care. On behalf of Commissioner Donna Corrado, I would like to thank you for this opportunity to discuss DFTA's core services, including senior centers and congregate meals, case management, home care, and home-delivered meals.

DEMOGRAPHICS OF OLDER NEW YORKERS

According to the 2014 American Community Survey, New York City's older adult population includes 1.55 million people over the age of 60, which represents more than 18 percent of the City's population. By 2040, the number of New Yorkers aged 60 and older will significantly increase to a projected 1.86 million – a 48.5 percent increase from 2000. The New York City Center for Economic Opportunity reports that the poverty rate among those age 65 and older is 23 percent as compared to the official federal poverty rate of 16.7 percent. This represents a major difference of 38 percent, due primarily to the high cost of housing and extensive medical costs for older New Yorkers. Poverty increases with age and older adults who are frail or disabled are more likely to be poor than those who are not. Nearly 32 percent of all older New Yorkers report challenges with mobility and self-care, placing them at risk of becoming socially isolated. Over the next 20 years, issues of poverty and frailty will increase with the expected major rise in the older adult population. Furthermore, approximately 165,000 New Yorkers over the age of 60 reported suffering from food insecurity between 2012 and 2014, according to the New York City Coalition Against Hunger.

DFTA SERVICES

Central to DFTA's mission is to ensure the dignity and quality-of-life of New York City's diverse older adults. DFTA realizes this mission through community-based and in-home programs for older New Yorkers such as senior centers, case management, home care, and home-delivered meals.

Senior Centers

DFTA currently sponsors 275 senior centers throughout the five boroughs, which are funded at \$125 million. These centers include 17 senior social clubs previously operated by the New York City Housing Authority and 8 former discretionary programs that were baselined. Senior centers provide meals at no cost to participants, though modest voluntary contributions are accepted. At senior centers, older New Yorkers can participate in a variety of recreational, health promotional and cultural activities, as well as receive counseling on social services and obtain assistance with benefits. In FY '16, nearly 30,000 older New Yorkers participated in activities and received meals at DFTA sponsored senior centers each day, which is an increase of approximately 7 percent compared to the prior year. In addition, senior centers served a total of 7.6 million congregate meals – including breakfast, lunch and dinner – which is an increase of almost 3 percent compared to last year. In FY '15, an additional \$3.3 million was baselined to address rising food costs for congregate and home-delivered meals, and in FY '17, an additional \$800,000 was baselined for senior center rent.

DFTA's network of senior centers includes 16 Innovative Senior Centers (ISCs). The addition of ISCs to the senior center network has provided a tremendous enhancement to the infrastructure of community based senior services. ISCs have demonstrated the capacity of the senior center system to meet the demand for more robust programming within the communities they serve. With additional hours, expansion of programming, use of technology, community partnerships, and shared resources, senior center services have reached a broader, more diverse audience of older New Yorkers, including those of a younger age cohort. An additional \$2.3 million for ISCs was baselined in FY '15.

DFTA engaged Fordham University to conduct an analysis of the impact of participation in senior center activities on the overall health and well-being of older New Yorkers. The study followed older adults who were participants in Innovative and Neighborhood Senior Centers (NCs), as well as older adults who had not participated in a senior center for at least one year. Findings indicated that both ISC and NC members are achieving positive outcomes. Senior center participants reported improved physical and mental health, increased participation in health programs, frequent exercising, and positive behavior change in monitoring weight and keeping physically active.

Participation in a senior center also helped to reduce social isolation. 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 the most need for services. The findings of this study indicate that senior centers are attracting this group that has multiple needs, and senior center members experience improved physical and mental health not only in the time period after joining a senior center, 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 incomes. Maintenance of health and social activity, rather than a decline, is a major benefit of senior centers.

Case Management

Case management, funded at \$30 million, is the entry point for DFTA funded in-home services such as home-delivered meals and home care. All clients receiving an in-home service funded by DFTA receive a comprehensive assessment from a case management agency. Case managers provide assessments to identify the strengths and needs of older persons, and work with clients to plan and coordinate services and resources on their behalf. In FY '16, nearly 33,000 older New Yorkers received 535,000 hours of case management, an increase of 17 percent compared to the previous year. This was the result of an investment in expanded case management staffing in order to meet the high demand for case management services.

Reducing high case management caseloads has been a priority for the Administration. An additional \$2.6 million was baselined in FY '15 to strengthen the case management system and to support the reduction of caseloads. This funding has helped bring caseloads down to 65 per case manager. Previously, caseloads were nearly 80 per case manager. Also, the Administration added \$4.8 million in FY '17 and \$7.3 million starting in FY '18 to stabilize staffing for case management programs by significantly raising salaries of case managers and their supervisors. This increased funding has resulted in more competitive salaries, which helps reduce high turnover rates and improves service delivery by hiring and retaining professionally qualified staff to ensure greater continuity of care.

Home Care

DFTA's Expanded In-Home Care Services for the Elderly Program or EISEP is designed for low-income seniors 60 years and older that have unmet needs in activities of daily living, and do not qualify for Medicaid funded home care. The goal of this program is to help clients achieve the greatest level of comfort in the friendly and familiar environment of his/her own home for as long as possible. Home care services are provided to help functionally impaired older adults remain safely at home who need assistance with at least one Activity of Daily Living, such as dressing, bathing and personal care; or two Instrumental Activities of Daily Living, such as shopping, cooking and house cleaning. As part of a comprehensive assessment, case managers assess senior needs, and if home care is needed and there are available hours to provide, clients are authorized for home care. In general, housekeeping services are limited to 4 hours weekly and home maker/personal care services are limited to 4 to 12 hours weekly. Client income and housing expenses are considered when determining if a client requires a cost-share or a suggested contribution for their home care. This calculation is based on a formula provided by the New York State Office for the Aging. The number of hours of home care provided increased by 21 percent in FY '16 in comparison to the previous year. Approximately 1.1 million hours of home care services were provided to more than 3,800 homebound older New Yorkers during this period. Home care is funded at \$19 million.

Additional funding of \$4.3 million in FY '16 addressed the waiting list for DFTA's home care program. In FY '15, DFTA case management agencies reported 500 clients on the waiting list for DFTA funded home care services. After a concerted effort on behalf of community providers to enroll new clients and to expand hours for existing home care clients, there was no longer any waiting list for home care services in FY '16. This was a great accomplishment considering the process to refer clients for home care is comprehensive and time-intensive.

Home-Delivered Meals

The home-delivered meals program provides nutritious meals to older New Yorkers while creating greater choice to address the future needs of a growing homebound population. All home-delivered meals continue to meet prescribed dietary guidelines. Those older adults assessed by their case manager as capable of reheating a meal have choice and flexibility between choosing

twice weekly delivery of frozen meals or daily delivery of a hot meal. The selection of frozen meal delivery provides the option to decide when clients are ready to eat and which meal they wish to eat that day. In FY '16, more than 26,400 homebound seniors received nearly 4.5 million home delivered meals, representing an approximate 4 percent increase from 4.3 million meals last year. Home-delivered meals are funded at \$36 million.

In addition to the \$3.3 million that was baselined in FY '15 to address rising food costs for congregate and home-delivered meals, the Administration added baseline funding of \$1.8 million in FY '16 to expand the capacity of the home-delivered meals network by 5 percent. This funding resulted in 200,000 additional home-delivered meals for seniors in need.

CASE MANAGEMENT AND HOME CARE WAITING LISTS

Given that case management is the entry point for in-home services such as home care and due to an increase in demand for these services, currently there are waiting lists for case management and home care. The number of case management clients grew from approximately 17,600 in July 2015 to more than 19,100 in September 2016. About 15 percent of case management clients are in need of home care services. The waiting list for an in-home case management assessment is 1,710. For home care, there are 386 clients who have been assessed at home and are on a waiting list as of the end of September 2016. All of the clients on the case management waiting list have received a phone assessment and nearly all of these clients have been authorized to receive home-delivered meals. Clients with an urgent need for an in-home assessment, such as a change in the availability of a caregiver or difficulty managing at home, are prioritized for an in-home assessment without a wait. At a minimum, clients are called every 2 months to see if their needs are being adequately met until the case management agency conducts an in-home assessment.

CONCLUSION

Thank you again for this opportunity to testify on DFTA's core services. I am pleased to answer any questions you may have.



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**Testimony from Selfhelp Community Services, Inc.
Committee on Aging, DFTA Core Services Hearing
November 17th, 2016**

My name is Sandy Myers and I am the Director of Government and External Relations at Selfhelp Community Services. Thank you to Council Member Margaret Chin and the Aging Committee for the opportunity to testify today.

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 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; services in 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 the Selfhelp Alzheimer's Resource Program (SHARP).

Selfhelp is grateful for DFTA's ongoing support for so many important senior programs and for always keeping the needs of this population in mind when considering policies and funding priorities. Programs funded by DFTA are often the only services available for elderly New Yorkers above the Medicaid level and are often the only safety net for low-income seniors.

A growing investment in these services to meet the needs of the population is critical to the health of our City's older adults. My testimony today will focus on the needs and importance

of funding baselined core services to address the current, unmet, and future needs of this population.

These core services are vital in preventing social isolation and also addressing mental and physical health issues, which are just a few of the social determinants of health that community-based organizations are working to support. There is now increased recognition of the importance of these factors on health. As a community-based provider, we know firsthand how our programs positively impact the health and social outcomes of our clients.

Despite the United States' high spending on health care compared to social services, there is now a growing recognition that a broad range of social, economic, and environmental factors shape individuals' opportunities and barriers to engage in healthy behaviors. City funded services and programs, such as senior centers, case management, meals, and NORCs have demonstrated positive impacts of health and help individuals achieve greater health outcomes.

Investments in these services is vital to ensuring positive outcomes for our City's seniors.

DFTA-Contracted Salary Parity

We first want to thank DFTA for the investment in salary increases in case management programs made in FY17. The additional funding allowed Selfhelp to raise salaries in our two City funded case management programs, Project Pilot and Queens North. However, as a multi-service agency, in order to address the significant inequities across our other DFTA-contracted programs, it is vital for the City to invest in salary parity across other programs, in particular senior centers and NORCs.

Salary parity will ensure that Selfhelp is able to hire, train, and retain qualified and competent staff to best meet the needs of our 20,000 clients, now and into the future.

Baseline NYC Council Initiatives for Older Adults

10% of DFTA's budget is from City Council discretionary and initiative funds. Though the goal of City Council funding is to enhance existing programming, over time, this funding has become the entire budget for particular programs. Due to the yearly nature of this funding, our staff is unable to count on this support for multiple years. In order to ensure stability in the senior services sector, the City Council initiatives for older adults must be baselined for FY18.

Senior Center Funding

Our five senior centers throughout Queens serve over 10,000 people a year. Our sites are some of the largest and most active centers around the City, serving hundreds of meals a day and providing a robust calendar of activities. Senior centers are the cornerstone of community-

based services for older adults, and centers help thousands of older adults to access food, recreational activities, case assistance, and other social supports each day. The centers are vitally important to our City's immigrant population, in particular.

Like most senior centers around the City, Selfhelp's five centers, including one of the City's first innovative senior centers, are very dependent on the work of volunteers. With additional resources, we would be able to grow our staff and increase programs and other services. As mentioned above, much of the work done by senior centers have positive impacts on health, through providing meals, exercise and wellness activities, and access to benefits and entitlements. Additional resources would better position providers to work towards those health outcomes.

Home Care Waitlists

As the aging population grows, so too does the number of homebound elders who are at a high risk of social isolation and depression. In FY18, \$1.2 million was baselined to help address the waitlist for homecare. However, this baseline funding did not even address half of the current waitlist of 2,000 older adults. We strongly urge DFTA to baseline \$3 million for home care services in order to meet the needs of the older adults waiting for services.

Conclusion

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

New York City Council
Committee on Aging, Council Member Margaret Chin, Chair
November 17, 2016

Thank you Chairwoman Chin and the Aging Committee for holding this hearing to discuss the importance of supporting core community based senior services. Thank you also recognizing 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. ***LiveOn NY also commends Chairwoman Chin for promoting FY2018 as the Year of the Senior.***

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 core senior services and programs funded through the Department for the Aging (DFTA) that directly promote social interaction and prevent isolation. Programs funded by DFTA are the only long-term care services available for elderly New Yorkers above the Medicaid level. These services are most often the only safety net for low income seniors.

Inexcusably, the funding allocated to DFTA for aging programs year after year does not reflect the reality of the needs of New York City's seniors or their caregivers. Investing in these core programs is vital to the health of our city. Further, investing in salary parity for all senior services programs is necessary to sustain this vital system. Thus, LiveOn NY respectfully submits this testimony to highlight the need and importance of full funding baselined core senior services to adequately address the current, unmet and future need of seniors and their caregivers

The City Must Provide a Fair Share of Baselined Funding Core Senior Services

LiveOn NY has strongly advocated year after year for baselined funding for culturally competent neighborhood based services to allow agencies on the front lines to serve the diverse population of older New Yorkers. These core services, many of them accessed through the city's network of 250 senior centers, are vital in preventing isolation and also addressing mental and physical health issues, as reported in a recent DFTA and Fordham University study by Manoj Pardasani and Cathy Berkman titled *Senior Center Evaluation Report*.

Core Senior Services include:

- Neighborhood Senior Centers and Innovative Senior Centers
- Case Management
- Home Care
- Caregiver Supports
- Per meal reimbursements
- NORCs
- Elder Abuse Victims Assistance
- Adult Day Services
- Social Workers in Senior Centers and Senior Housing buildings
- Senior Center rent (space)
- Transportation
- 6th weekend congregate meal

While we appreciate salary parity reached for case management agencies, it is time to also bring salaries into line for all workers in the aging network. The workforce is comprised largely of women of color, immigrants and other low income workers. As the Mayor leads the way to equality in this city, those on the front lines every day assisting older adults should get their fair share of salary parity.

There are two pressing issues that have plagued the delivery of these core senior services. First, funding for core senior services hasn't kept pace with demand and inflation for many years. The question is not if, but when will the Administration adequately fund core senior services and allocate seniors their Fair Share of the

city budget. Seniors have been waiting long enough. There have been waiting lists for case management and home care for well over a decade. Adult day services funding, \$2.3 million at the time, was eliminated almost a decade ago. Through advocacy we've scratched back only \$950,000, all City Council discretionary money. The administration actually cut \$600,000 in adult day money a few years ago. Funding for NORCs has not kept pace for many years. Last year, we began advocating for \$4 million for caregiver supports. We won zero. ***It is clear that there is still a mountain to climb to get traction within the administration to fund actual waiting lists and other critical aging services. Through our Fair Share Budget Campaign, LiveOn NY questions why this is the situation given the demographic shift going on in our city.***

As noted a letter to Mayor de Blasio on May 26, 2016 during the FY17 budget process and which was signed by a large number of City Council Members under the leadership of Council Members Chin and Vallone, 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. ***Additionally, DFTA receives only 2% of all human services funding.*** Current resources do not allow senior services staff to connect with the broad array and ever changing immigrant groups and other diverse populations. It also does not allow them to even come close to addressing the unmet need.

Specifically relating to funding for Neighborhood Senior Centers, as reported in LiveOn NY's 2010 Senior Center study, senior centers are grossly underfunded. ***In that report, LiveOn NY recommended a budget of \$750,000 to be the starting point from which to consider the bottom line budgets based on size for each senior center, which is a recommendation that could be prorated on the size of the center, plus meeting the rental needs.*** Both Neighborhood Senior Centers and all Innovative Senior Centers must be funded to keep pace with the growing needs of older adults.

The second pressing issue plaguing senior services is the Administration's repeated failure to baseline core senior services. The lack of investment seniors through baselined funding requires City Council step in to close funding gaps for core senior programs, program after program, year after year. The Administration's repeated failure to baseline core senior services also results in an unstable and unsustainable network struggling to address the current, unmet and growing need for these vital core services. The lack of baselining has led to loss of services, late receipt of funds, and an inability to plan, directly hurting seniors and caregivers. This is evident by the repeated accruing waitlists in services such as Case Management and Home Care. ***No senior should languish on a waitlist for services. Waitlists for core senior services as an accepted practice must end.*** It is far past time for the Administration to adequately baseline funding for core senior services so that we can all work together to make 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.*



Making New York a better place to age

Home Care Waitlists 2016

Case Management Agency authorizing Home Care services*	Council Member Districts	Individuals authorized for Home Care prior to August 2016 freeze, but are not receiving it	Total Individuals on Waitlist for Home Care**
Catholic Charities Neighborhood Services - Benson Ridge Senior Services	Gentile, Treyger	2	12
CASC	Rose, Matteo, Borelli	2	17
Heights and Hills	Cumbo, Levin, Menchaca, Lander, Cornegy, Eugene, Williams, Mealy, Barron	8	28
Isabella	Levine, Rodriguez, Dickens	0	30
JASA East Bronx Case Management	Palma, Vacca	22	31
JASA Rockaway	Richards, Ulrich	0	12
JASA Sheepshead Bay Case Management	Deutsch, Treyger	2	18
JASA South Brooklyn Case Management	Deutsch, Treyger	5	24
JASA Storefront Case Management	Greenfield, Eugene, Deutsch, Williams, Maisel, Lander, Menchaca	0	5
Lenox Hill Neighborhood House	Kallos, Mark-Viverito, Garodnick, Dickens	14	42
Neighborhood SHOPP	Mark-Viverito, Salamanca, Torres, Gibson, Cabrera	10	35
New York Foundation for Senior Citizens	Chin, Mendez, Johnson, Garodnick	12	35
Queens Community House	Dromm, Ferreras-Copeland, Koslowitz	8	17
R.A.I.N.	Cohen, King, Vacca, Cabrera, Torres	8	20
Ridgewood Bushwick Senior Citizens Council	Levin, Reynoso, Cornegy, Espinal, Mealy	3	7
Selfhelp Project Pilot	Johnson, Rosenthal, Levine	31	31
Selfhelp Project Queens North	Vallone, Koo	19	21
SNAP	Lancman, Grodenchik, Miller, Vallone, Koo, Richards	15	22
Catholic Charities Neighborhood Services - Southwest Queens Senior Services	Ulrich, Miller, Grodenchik, Wills, Richards, Crowley, Ulrich, Koslowitz, Lancman	0	5
Special Services	Barron, Mealy, Maisel, Espinal, Williams	45	45
Sunnyside Community Services	Constantinides, Van Bramer, Crowley, Dromm, Ferreras- Copeland, Reynoso	0	34
TOTAL		206	491

*Eligibility for DFTA-funded home care is determined by a DFTA-funded case management agency.

** Total includes prior column

11/7/16

**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: The Department for the Aging's Core Services
November 17, 2016**

Honorable Margaret Chin, Chair, Committee on Aging

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 to over 70,000 older New Yorkers each year by operating senior centers, Naturally Occurring Retirement Communities (NORCs), home delivered meal programs, case management programs, and social adult day programs. UNH and its settlement house members employ the philosophy that older adults are valued members of our neighborhoods and communities, whose wisdom and experience are important to the fabric of our communities. UNH believes that senior centers, NORCs, and case management programs, among others, are in themselves strong interventions that promote health and wellness, address social isolation, and provide meaningful opportunities for participants to be involved in broader community life.

UNH believes that the Department for the Aging's (DFTA's) core services play a key role in the life of New Yorkers of all ages, and that these programs can be further enhanced and strengthened. UNH recommends that the City take the following steps to support and enhance DFTA's core services:

Recommendations

- **Baseline City Council funding for core services.** Advocates and providers applaud the City Council for its leadership year after year to ensure that DFTA's core services are preserved in each City budget by contributing discretionary funding to these services. Though this funding is desperately needed by providers in order to keep serving their communities, it creates financial and administrative challenges and instabilities. Because discretionary funding is only allocated for one year, providers are often faced with questions each year around whether they can continue NORC services, pay senior center rents, and retain case manager positions to prevent service waitlists. This funding instability ultimately harms clients. Currently, there are an estimated 1,700 older adults on waitlists for case management services, and 500 older adults on waitlists for DFTA-funded homecare services.

Baselining City Council funding for senior centers, case management, homecare, and NORCs will allow providers to focus first and foremost on their program participants, using their energy to serve their clients best, rather than working to secure short-term funding.

- **Fund every senior center so that it can be innovative.** There are currently 16 Innovative Senior Centers and 235 Neighborhood Senior Centers in New York City. UNH believes that every senior center should have the ability to be innovative, and funding should be enhanced to allow them to do so. At a minimum, ISCs are typically funded at approximately \$750,000 annually. This amount should be the funding benchmark for all senior centers, adjusted based on center size and individual served, and encourages the City to reach this mark by 2020. UNH is working with its members and advocacy partners to determine an appropriate funding formula.
- **Create a Neighborhood NORC program at the City level.** Currently, DFTA contracts with classic NORC programs—programs that are either serving a single apartment building, a housing complex, or small multi-family buildings (i.e., having six or more household units) that form a cluster. This model is effective at providing supportive services to geographically concentrated areas, but is less effective in areas of New York City that are not densely populated. The Neighborhood NORC model, which is currently funded by the New York State Office for the Aging, allows NORC programs to serve areas that have many older residents but less housing stock. A City-supported Neighborhood NORC program would help to expand NORC services across the city and to reach new populations that may not be served by other DFTA-funded programs.
- **Allow for innovation and integration across core services.** DFTA must give providers flexibility within the core services to innovate and meet the changing needs of communities. For example, DFTA's last NORC Request for Proposal (RFP) included a provision to apply for a hybrid NORC designation, meaning that a NORC and senior center would work together to coordinate services to older adults. This change was a positive step toward ensuring that services are person-centered and that older adults know the broad range of programs available to them. Other changes could include revisions and flexibility to units of service within senior centers and NORCs or encouraging coordination between case management and caregiving programs. This forward-thinking and flexibility to test new ideas and models will only help to strengthen DFTA's core services and ensure that older adults are being served in the best way possible.

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



The Department for the Aging's Core Services
November 17, 2016

Testimony submitted by: Rachel Sherrow
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My name is Rachel Sherrow and I am the Associate Executive Director at Citymeals on Wheels. I would like to begin by thanking the Council for their continued support of aging services and Citymeals on Wheels which will help to deliver over 2 million meals to nearly 18,400 homebound elderly citywide this year.

As most of you know, Citymeals is a not-for-profit agency working in a public/private partnership with the New York City Department for the Aging. The Department funds the meals that homebound elderly receive Mondays through Fridays, and Citymeals funds the same network of providers to deliver weekend and holiday meals. On the days the city does not provide a meal, Citymeals steps in to prevent our aging neighbors from being without food or human company. In fact, Citymeals, as an added benefit generates revenue for New York City through the federal government's cash in lieu of commodities program which reimburses DFTA approximately 67 cents for every meal funded by Citymeals. All of this money goes

toward the city-funded weekday meals program, bringing in over \$1.4 million last fiscal year and an additional 180,000 home delivered meals for those who need it. Core services like meals on wheels are incredibly vital to those who are frail and vulnerable and often hidden behind their doors.

Throughout our nation and right here in NYC, our population is aging, with 17% of our city over the age of 60 and by 2050 the number of older adults will double, and will outnumber children. Living longer on fixed incomes means more struggle over access to food. Because income for older adults remains fixed, or worse, declines, many experience increased difficulty affording healthy food.

In addition, since 2012, New York City's older adults experienced an increase in poverty from 16.5% to 19.1%. According to the NYC Center for Economic Opportunity, 1 in 3 New Yorkers over the age of 65 live in poverty.

The Nutrition Screening Initiative estimates that one in four senior citizens living in our communities is malnourished.¹ It has been estimated that up to 55% of seniors admitted to hospitals are suffering from malnutrition.² In addition, an inability to resist disease as people age may be related to hunger and malnutrition which can exacerbate cardiovascular disease, hypertension, osteoporosis, cancer, diverticulitis, and diabetes. According to Hunger Free

America's most recent hunger survey, there has been a 25% increase in food insecurity in the senior population.³ A Hunger Study conducted by LiveOn NY shows this to mean 35% of older adults in NYC are living with food insecurity, or hunger.

Meals on wheels is a vital service for our homebound elderly to prevent hunger, decrease isolation and ensure our older neighbors can remain in their homes and live within their communities and neighborhoods. As the population increases, we added nearly 1,000 new recipients to the rolls last fiscal year. However, with a wait list for case management services, the gatekeepers for meals on wheels, which is over 1,700 people as of today, we are concerned many who are in need will not receive essential in-home services and we will end up having more older adults fill our emergency rooms, become severely isolated and depressed, unable to pay their bills, and even perhaps end up homeless. The city's budget for Aging services has not kept up with the increasing need and growth in population. We must baseline core services including case management as it is crucial to ensure we are able to have a safety net for these most vulnerable New Yorkers,

Bringing a meal to the door is one less struggle for the homebound to worry about financially. In addition, this food delivery is one way to prevent them from slipping into more expensive kinds of care. Evidence does support the fact that programs like meals on wheels

which allows older adults to age in place, may help save costs for families, government and our health systems.⁴ This is a savings in Medicaid costs that the city would bear if these economically disadvantaged and elderly neighbors of ours were institutionalized instead. It is in their interest and ours to keep them with us, right here in the communities where they have lived for so long. Meals on wheels is also a benefit to the growing population of caregivers whose emotional, physical and financial efforts can be unburdened by knowing a meal is being delivered to their loved ones allowing for respite and relief on so many levels.

Citymeals on Wheels is the city's lifeline for food not only on weekends and holidays but also in times of emergency for our homebound elderly. As a part of the FALT (Food Access Lead Team of the NYCEM), with our current warehouse in Brooklyn we are able to prepare and maintain emergency shelf stable meal packages for any and all issues that arise locally and on a city-wide scale as has been demonstrated time again since 9/11, and the blackouts of 2003 and 2005 and again with Superstorm Sandy and 2014's brutal winter snowstorms we had. Although this most recent winter was pretty mild, Jonas hit some parts of Queens and Brooklyn harder and we were able to deliver over 3,000 meals to those areas before the storm in order to ensure the most vulnerable would have food on hand in case deliveries couldn't make it through.

Together with the Department for the Aging, and The New York City Council, Citymeals is determined to keep 18,400 elderly New Yorkers and growing, fed 365 days a year plus some extra. We hope you, our partners in city government, will help us to continue to advocate on behalf of those who are often forgotten and marginalized.

As we move into our 35th year, we thank you for consistently working with us and I hope we can count on all of your support once again this year as we seek increased funding to keep up with the need.

¹ 2000 to 2010 Census, as reported in NYC Department for the Aging's "Census 2000: Changes in the elderly population of NYC 2000-2010." ²ibid. ³ Hunger Free America's 2015 Hunger Report. ⁴ Measuring the costs and savings of aging in place. 2013. (Accessed December 3, 2014, at http://www.huduser.org/portal/periodicals/em/em_archive.html).

New York City Council and Aging Committee Hearing
November 17, 2016, Thursday 1:00 p.m.
250 Broadway, 16 Floor Committee Room

Good afternoon, I am Linda Hoffman, President of New York Foundation for Senior Citizens.

On behalf of the Board of Directors of New York Foundation for Senior Citizens, we are requesting and would be deeply appreciative of an allocation from each of your individual and borough delegations' discretionary funds plus your support for the provision of a minimum of \$150,000 from the Speaker's city-wide fund within the City's 2017-2018 budget to ensure the continuation of our city-wide Home Sharing and Respite Care Program throughout the next fiscal year.

Our free home sharing service matches adult "hosts", who have 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 60 or over. During the past three decades, we have successfully matched 1,804 persons in 902 shared living arrangements.

Respite care provides affordable, short-term, in-home attendant care at the low cost of \$9.00, soon to be \$11.00, 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 three decades, we have provided over 7,348 frail elderly and many more thousands of their caregivers with respite care services.

Our program's home sharing and respite care services, the only ones of their type in New York City, help seniors of all ethnic, racial, religious and income backgrounds and sexual orientations maintain their independence alleviate the stress of financial hardship and prevent isolation and institutionalization. A recent Foundation cost/benefit analysis, for the six year period between October 1, 2010 and June 30, 2016, shows that our program saved New York City and State over \$48 million in Medicaid expenses. *(For a total of \$2,454,265 in New York City funding, our program saved the City \$12,049,522.80 in Medicaid expenses and for a total of \$1,204,476 in New York State funding, the program saved the State \$36,349,372.88 in Medicaid expenses.)*

Over the years, the New York City Department for the Aging has stressed the vital need for and importance of both our home sharing and respite care services. Therefore, on behalf of New York Foundation for Senior Citizens' Board of Directors, I urge you to provide allocations from each of your individual and borough delegations' discretionary funds plus support for the provision of a minimum of \$150,000 from the Speaker's city-wide fund toward this program. By so doing, you will afford the Foundation's Home Sharing and Respite Care Program the ability to continue to provide its desperately needed services that prevent homelessness and institutionalization, while ensuring essential savings in Medicaid expenses for New York City and State throughout fiscal year 2017-2018.

Thank you very much.

TESTIMONY
CITY COUNCIL COMMITTEE ON AGING HEARING ON
CORE SENIOR SERVICES

November 17, 2016

Paola Miceli, MPA
CEO/PRESIDENT

Services Now for Adult Persons, Inc.
(SNAP)

80-45 Winchester Boulevard
Building # 4, CBU # 29
Queens Village, N.Y. 11427
Phone (718) 454-2100
FAX (718) 740-4999
Email: p.miceli@aol.com

GOOD MORNING CHAIRPERSON CHIN AND DISTINGUISHED MEMBERS OF THE CITY COUNCIL COMMITTEE ON AGING. SERVICES NOW FOR ADULT PERSONS, INC. (SNAP) WAS ESTABLISHED 36 YEARS AGO TO IMPROVE THE QUALITY OF LIFE OF SENIOR CITIZENS IN EASTERN QUEENS. SNAP REMAINS DEDICATED TO REDUCING SOCIAL ISOLATION AND AVOIDING PRE-MATURE INSTITUTIONALIZATION OF OLDER ADULTS. THIS HAS BEEN AND CONTINUES TO BE THE PRIMARY MISSION OF THE AGENCY. SNAP PROVIDES A VARIETY OF PROGRAMS AND SERVICES FOR SENIORS 60 YEARS OF AGE AND OLDER AND THEIR CAREGIVERS. HOME DELIVERED MEALS, CASE MANAGEMENT, TRANSPORTATION, (2) SENIOR CENTERS, FRIENDLY VISITING/VOLUNTEERS AND CAREGIVER SUPPORTS ARE ALL PART OF THE CORE PROGRAMS AND SERVICES THAT HELP SENIORS IN QUEENS REMAIN HEALTHY BOTH PHYSICALLY AND EMOTIONALLY. TRANSPORTATION FOR OLDER ADULTS TO THE SENIOR CENTER, MEDICAL APPOINTMENTS AND OTHER ACITIVITIES REMAINS A KEY SERVICE FOR SENIORS IN SNAP'S CATCHMENT AREAS. THE MAJORITY OF SENIORS THAT ENJOY SNAP'S SENIOR CENTERS LIVE IN LOW DENSITY NEIGHBORHOODS IN TWO FARE ZONES. THERE ARE NO SUBWAYS, BUS STOPS ARE OFTEN LOCATED SEVERAL BLOCKS FROM A SENIORS HOME AND ACCESS-A-RIDE IS AN UNRELIABLE, POORLY MANAGED SERVICE. OFTEN TIMES SNAP'S CENTER MEMBERS ARE LEFT STRANDED BY ACCESS-A-RIDE AND OUR TRANSPORTATION VEHICLES TAKE THEM HOME. SNAP TRANSPORTATION IS AN INVALUABLE SERVICE AS THE GEOGRAPHIC AREA SURROUNDING SNAP CAN ACTUALLY CONTRIBUTE TO THEIR ISOLATION. SNAP TRANSPORTATION BECOMES A LIFELINE FOR THESE SENIORS WHO WOULD OTHERWISE STAY HOME WITH NO SOCIALIZATION AT ALL. THIS SPEAKS TO THE FACT THAT 65% OF

SNAP'S SENIOR CENTER CLIENTS LIVE ALONE. THESE SENIORS IN PARTICULAR, BENEFIT NOT ONLY FROM PARTICIPATING IN CENTER ACTIVITIES BUT ALSO IN SOCIALIZING WITH OTHER SENIOR PEERS OVER A HOT MEAL. SNAP'S KITCHEN PREPARES APPROXIMATELY **3200** MEALS PER WEEK FOR OLDER ADULTS. THESE MEALS ARE PREPARED FOR BOTH CONGREGATE MEMBERS IN SNAP'S TWO SENIOR CENTERS AND FOR SNAP'S HOME DELIVERED MEAL PROGRAM CLIENTS. HOME DELIVERED MEALS IS A VITAL PROGRAM WHICH PROVIDES MEALS TO FRAIL SENIORS. THE MAJORITY OF THESE SENIORS ARE LIVING ALONE AND DO NOT HAVE THE FINANCIAL RESOURCES OR PHYSICAL ABILITY TO PREPARE THEIR OWN MEALS. WHILE IT'S TRUE THAT SNAP MEALS PROVIDE A SOURCE OF NUTRITIOUS AND BALANCED FOOD INTAKE FOR THESE SENIORS IT SHOULD BE NOTED THAT MEALS ON WHEELS ALSO PROVIDES AN OPPORTUNITY FOR INTERACTION EACH DAY WITH MEAL DELIVERERS. THESE DELIVERERS GET TO KNOW THEIR CLIENTS WELL AND NOTIFY SNAPS STAFF IMMEDIATELY WHEN THEY SEE ANY CHANGES THAT CAUSE CONCERN OR WHEN CLIENTS DO NOT ANSWER THE DOOR FOR THEIR MEAL. THIS QUICK NOTIFICATION HAS SAVED THE LIVES OF MANY SENIORS THROUGHOUT THE YEARS AND CONTINUES TO BE A PROGRAM THAT THE DEPARTMENT FOR THE AGING AND SNAP ARE PROUD OF. OVER THE PAST YEAR SNAP HAS BEEN EXPERIENCING AN INCREASED DEMAND FOR HOME DELIVERED MEALS. SNAP'S MEAL DELIVERIES HAVE INCREASED ON AN AVERAGE OF APPROXIMATELY 50 TO 80 MEALS A WEEK. IN ORDER TO MEET THE NEEDS OF THE GROWING AGING POPULATION SNAP HAS ANSWERED THIS NEED BY ADDING DELIVERIES TO OUR EXISTING ROUTES. WITH THE 85 YEAR AND OLDER AGE COHORT BEING AMONGST THE FASTEST GROWING SENIOR GROUP, SNAP EXPECTS THE NEED FOR MEALS TO CONTINUE TO RISE. WHILE HOME DELIVERED MEALS IS A

PERFORMANCE BASED PROGRAM, WHICH MEANS THAT ORGANIZATIONS ARE REIMBURSED ACCORDING TO THE NUMBER OF MEALS THEY SERVE. THE QUESTION BECOMES HOW TO SERVE THOSE MEALS. ORGANIZATIONS NEED TO PURCHASE ADDITIONAL VEHICLES; HIGHER ADDITIONAL STAFF AS WELL AS COVER INCREASED COSTS FOR INSURANCE, FUEL, AND VEHICLE MAINTENANCE. IT IS CRUCIAL, THEREFORE, THAT FUNDING FOR THESE BUDGETS REFLECT THE GROWING NEED.

HOME DELIVERED MEAL CLIENTS ARE PART OF SNAP'S CASE MANAGEMENT PROGRAM. THE SNAP CASE MANAGEMENT PROGRAM SERVES APPROXIMATELY 1000 FRAIL HOME BOUND SENIORS WHO ARE UNABLE TO ATTEND THE SENIOR CENTER DUE TO VARIOUS MEDICAL, PHYSICAL AND/OR COGNITIVE ISSUES. CASE MANAGERS WORK DILIGENTLY IN PREPARING CARE PLANS THAT WILL ALLOW THESE CLIENTS THE ABILITY TO REMAIN SAFELY IN THE COMMUNITIES THEY LOVE. IT IS IMPORTANT TO HIGHLIGHT THAT PART OF THESE SERVICES INCLUDE EISEP HOME CARE. EISEP ALLOWS THE CLIENT TO SHARE THE HOURLY COST OF THE HOME CARE WITH THE CITY WHICH MAKES THE SERVICE MUCH MORE AFFORDABLE. UNFORTUNATELY EISEP HOME CARE HAS BEEN PUT ON HOLD SINCE AUGUST 2016 AS FUNDING IS LIMITED AND UNABLE TO MEET THE DEMAND. SENIORS ARE NOW ON WAIT LISTS FOR THESE SERVICES.

WITH ALL OF THIS SAID, SNAP IS EXCITED TO SHARE THAT WE HAVE BEEN WORKING WITH SELF HELP FOR THE PAST TWO YEARS IN PROVIDING CLIENTS WITH A VIRTUAL SENIOR CENTER EXPERIENCE. IT IS THROUGH THE NYC SUPPORT OUR SENIORS INITIATIVE THAT FUNDING WAS ALLOCATED THROUGH COUNCILMEMBERS GOODENCHIK AND VALLONE FOR SNAP TO PROVIDE THIS PROGRAM TO CASE MANAGEMENT CLIENTS. CURRENTLY APPROXIMATELY 55+ HOME BOUND SNAP SENIORS

ARE PARTICIPATING IN THE VIRTUAL SENIOR CENTER. THIS ALLOWS HOME BOUND SENIORS WHO WOULD OTHERWISE BE UNABLE TO PARTICIPATE IN PROGRAMMING AT THE CENTER THE ABILITY TO ENJOY CLASSES, GROUPS AND OTHER EDUCATIONAL WORKSHOPS WITH THEIR PEERS. IT ALSO SUPPORTS CAREGIVERS WHO FIND COMFORT IN KNOWING THEIR LOVED ONE HAS A WAY TO REMAIN ENGAGED AND ACTIVE IN THE COMMUNITY. THEREBY ALSO PROVIDING MUCH NEEDED RESPITE FOR THE CAREGIVER. IT MAKES A REMARKABLE DIFFERENCE IN THE LIFE OF AN OLDER ADULT WHO WOULD OTHERWISE REMAIN ISOLATED AND ALONE FOR MOST HOURS IN THE DAY. THIS VIRTUAL SENIOR CENTER PROGRAM IS AN INVALUABLE AND INNOVATIVE ADDITION TO WHAT SNAP IS ABLE TO OFFER CLIENTS. SNAP IS ALSO LOOKING INTO INCLUDING VIRTUAL SENIOR CENTER CLASSES FOR CLIENTS WHO SPEAK OTHER LANGUAGES. HOWEVER, EVERY YEAR THIS FUNDING NEEDS TO BE ALLOCATED TO KEEP THIS PROGRAM OPERATING AND ALLOWING US TO ADD NEW PARTICIPANTS.

LAST BUT CERTAINLY NOT LEAST, SNAP HAS A CAREGIVER PROGRAM THAT OFFERS SUPPORT TO INFORMAL CAREGIVERS SUCH AS SPOUSES, ADULT CHILDREN, RELATIVES AND FRIENDS. THESE CAREGIVERS ARE EITHER 60 YEARS OF AGE AND OLDER THEMSELVES OR THEY ARE PROVIDING CARE FOR SOMEONE 60 YEARS OR OLDER. THIS PROGRAM HAS OFTEN BEEN OVERLOOKED AND HAS NOT RECEIVED THE FUNDING IT DESERVES. IT IS INFORMAL CAREGIVERS THAT HELP KEEP FRAIL, CHRONICALLY ILL SENIORS FROM BEING INSTITUTIONALIZED PRE-MATURELY. WITHOUT FUNDING TO KEEP SUPPORTS IN PLACE THESE VERY CAREGIVERS BECOME SICK THEMSELVES. THE TASK CAN BE OVERWHELMING AND SUPPORTS SUCH AS RESPITE SERVICES, FINANCIAL ASSISTANCE AS WELL AS COUNSELING AND SUPPORT GROUPS CAN MAKE ALL THE

DIFFERENCE. CURRENTLY SNAP PROVIDES CAREGIVER SERVICES TO HALF OF THE BOROUGH OF QUEENS. THIS FACT ALONE SPEAKS TO THE NEED FOR INCREASED FUNDING IN THIS AREA. CAREGIVER SUPPORT NEEDS TO BE PART OF THE CONVERSATION WHEN CONSIDERING CORE SERVICES. IF THE UPCOMING BUDGET YEAR IS TO TRULY BE THE "YEAR OF THE SENIOR", IT MUST INCLUDE FUNDING FOR CAREGIVER PROGRAMS THROUGHOUT THE CITY.

LOOKING TOWARD THE FUTURE, SNAP ENVISIONS SOCIAL ADULT DAY TO BE PART OF ITS SERVICE DELIVERY AS IT PROVIDES SENIORS AND THEIR FAMILIES WITH A FULL CONTINUUM OF CARE. WHEN SENIORS DEMONSTRATE SIGNS OF DELINE THEY WANT TO REMAIN IN AN ORGANIZATION THEY KNOW AND TRUST. HAVING THE CAPACITY TO OFFER SOCIAL ADULT DAY SERVICES TO CLIENTS IN THE COMMUNITY WILL ALLOW SNAP TO PROVIDE A FULL SERVICE DELIVERY PACKAGE. IN CLOSING, THE BASELINING OF FUNDS FOR CORE SERVICES WILL STABILIZE THE SENIOR SERVICES DELIVERY INFRASTRUCTURE. FUNDING PROVIDED THROUGH CURRENT DFTA CONTRACTS IS NOT ENOUGH TO ADEQUATELY PROVIDE THE FULL RANGE OF SERVICES NEEDED BY THE LARGE, DIVERSE ELDERLY POPULATION OF NEW YORK CITY.

THANK YOU,

Thursday November 17, 2016

To: New York City Council Committee on Aging
From: India Home, Inc.
Re: Core Services

India Home is a non-profit organization founded by community members to serve South Asian older adults. The mission of India Home is to improve the quality of life for older adults by providing quality care in a culturally appropriate environment.

Core services as designated by the Department for the Aging are extremely valuable to our community. However, most South Asian older adults in New York City are missing out on these for a number of reasons. Factors such as limited English proficiency, cultural barriers, lack of community, transportation often inhibit South Asian older adults from accessing core services in their neighborhoods.

India Home provides all of these core services – nutrition program, physical exercise programs, health promotion, links to public benefits, linkages to community resources, and opportunities for socialization in a variety of different contexts, languages, and cultures. We are innovative in our model: multiple meal options (Halal, vegetarian and Jain vegetarian), multiple languages (Hindi, Bengali, Gujarati), different cultures and religions and rotating locations. While India Home provides core services, we do not have a DFTA full contract.

Therefore, we ask DFTA to release a contract for all these core services in the very near future. In addition, we request DFTA to guide newer, smaller organizations that come from immigrant communities such as ours to be successful in the RFP process so we can provide these core services with full staffing and resources. We also request DFTA to continue to support our innovative model through the RFP process such as those we are currently serving do not get lost simply because they are not a part of a typical senior center model.

Thank you for

Sincerely,



Vasundhara D. Kalasapudi, M.D.
Executive Director

P.O.Box 40263, Glen Oaks, NY 11004 ■ Phone: (917) 288 7600 ■ Fax: (718) 425 0891

Website: www.indiahome.org ■ Tax Id: 20-8747291

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Dr. Bhuvana Dorai
Vice President

Ms. Kamla Motihar
Secretary

Dr. Amit Sood
Treasurer

Dr. Masood Mirza
Dr. Gnanendra Sinha
Ms. Jaya Bahadkar



THE BRAINS BEHIND SAVING YOURS™

**New York City Council
Oversight - The Department for the Aging's Core Services
Council Member Margaret Chin, Chair**

Testimony of Dr Anafidelia Tavares, Director of Programs, Alzheimer's Association NYC Chapter

Good afternoon, Chairwoman Chin and members of the Aging Committee.

My name is Dr Anafidelia Tavares, I'm the Director of Programs for the Alzheimer's Association NYC Chapter, and a physician with more than 10 years of experience in public health, previously leading the Women's Health Initiative at the New York City Department of Health and Mental Hygiene (DOHMH).

I would like to begin by applauding Chairwoman Chin together with Speaker Mark-Viverito and the New York City Council for their commitment and support for the city's aging community and for working to enact the caregiver law, which will help to assess and respond to the needs of unpaid caregivers.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer's advocacy, research and support. Our mission is to eliminate Alzheimer's disease through the advancement of research; to provide care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

Approximately 390,000 people in New York State have Alzheimer's with the majority residing in New York City. More than 1 million New Yorkers provide unpaid care for people with Alzheimer's and other dementias. Caring for these loved ones can take a severe emotional, physical and financial toll on the individuals providing it. At the Alzheimer's Association, we face this public health challenge head on by providing interventions that address the continuum of care.

We provide education, care and support to New Yorkers affected by Alzheimer's and other dementias through our free in-person and online programs for caregivers, professionals, and the public on a wide range of topics such as diagnosis, early warning signs, and the need for caregiver support and respite. We have a diverse and bilingual staff of specialists and master's-level clinicians that can work with New Yorkers in need, in person or over the phone and through our free 24/7 Helpline.

We advocate for the needs and rights of those facing Alzheimer's disease, helping to educate policymakers on the Alzheimer's crisis and engage them in our efforts to fight the disease.

Finally, as the world's largest nonprofit funder of Alzheimer's research, we provide funding for critical advancements to bring us closer to our vision of a world without Alzheimer's.

We appreciate the opportunity to testify today on the core services of the Department for the Aging (DFTA). We recognize and applaud the critical work of the Department for the Aging in its capacity to provide essential services to seniors. By contracting with community-based organizations to provide programs citywide such as serving up meals and activities at senior centers, home care, and case management -- these are essential psychosocial support services needed by aging elders in New York City. By providing services to address unique needs of elders- like the Alzheimer's and Caregiver Resource Center, the Elderly Crime Victims Resource, and the Health Promotion Unit --the Department for the Aging acts as a critical lifeline to make sure that elder New Yorkers including frail elders with Alzheimer's and their caregivers receive the critical social services they need.

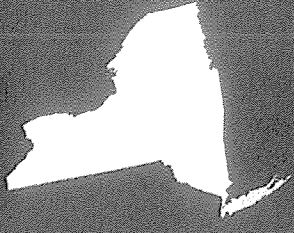
By 2030, the segment of the population age 65 and older will increase substantially and older Americans will make up approximately 20% of the total population. As the number of older Americans grows rapidly so too will the number of people with Alzheimer's. The progression of Alzheimer's disease is slow and debilitating and as such contributes to the public health impact of Alzheimer's disease because much of that time with the disease is spent in disability. As such, the growing elder population as well as the growing population of New Yorkers will rely on the critical services provided by the Department for the Aging and its City funded subcontractors. City funding for aging services does not reflect the need for services citywide given the growing older adult population nor does the funding level reflect the acute needs of people with Alzheimer's dementia.

For instance, case management services provided by DFTA-funded agencies though free are not staffed enough to meet the demand for individualized case planning and monitoring. In many cases, there are waiting lists and backlogs for DFTA services. For example, seniors in need of mental health services could wait up to one month to be seen by a professional. Programs through which case management are available are limited to traditional working hours, limiting the level of intensive care management that can be provided. For those in need of additional services, they are available from non-profit providers that are not funded by DFTA, and as such have their own payment policies as well as capacity. For the specialized needs of Alzheimer's this pattern is repeated. The increasing demand of services by the dementia care community can make it difficult for DFTA to respond to the demand. Though the Alzheimer's and Caregiver Resource Center is a critical resource- the current staffing levels do not reflect the comprehensive care management needs of people affected by Alzheimer's.

We are encouraged by our review of DFTA's 2016-2017 Summary Plan and more specifically by the programming of the Bureau of HealthCare Connections (HCC) as well as the Bureau of Community Services (BCS). Both bureaus will strengthen linkages between the healthcare and aging services systems for better coordination of

assessments, referrals to medical care, community services, education and training for families and caregivers, entitlement counseling, assistance with nursing home placement, and providing information on housing alternatives. We encourage the City Council to support increased funding for DFTA and in particular increased personnel lines to provide the comprehensive case management and services that aging New Yorkers so urgently need.

Thank you for your time and consideration.



ALZHEIMER'S STATISTICS NEW YORK

U.S. STATISTICS

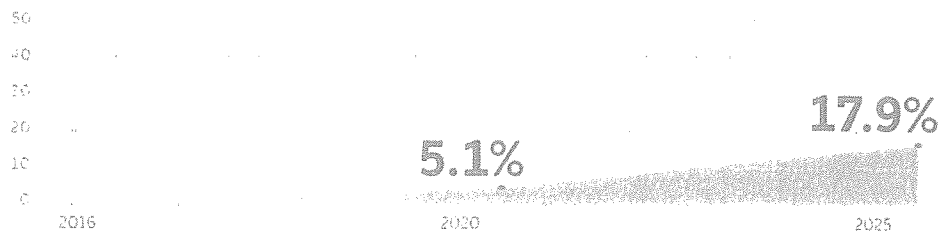
Over **5 million** Americans are living with Alzheimer's, and as many as **16 million** will have the disease in 2050. The cost of caring for those with Alzheimer's and other dementias is estimated to total **\$236 billion** in 2016, increasing to **\$1.1 trillion** (in today's dollars) by mid-century. Nearly **one in every three seniors** who dies each year has Alzheimer's or another dementia.

65+ Number of people aged 65 and older with Alzheimer's by age*

Year	65-74	75-84	85+	TOTAL
2016	51,000	160,000	180,000	390,000
2020	58,000	170,000	190,000	410,000
2025	61,000	200,000	200,000	460,000

* Totals may not add due to rounding

Percentage change from 2016



Medicaid costs of caring for people with Alzheimer's, 2016

\$4,178
MILLION



Number of deaths from Alzheimer's disease in 2013

2,556



Number of Alzheimer's and dementia caregivers, hours of unpaid care, and costs of caregiving

Year	Number of Caregivers	Total Hours of Unpaid Care	Total Value of Unpaid Care	Higher Health Costs of Caregivers
2013	1,010,000	1,150,000,000	\$14,316,000,000	\$742,000,000
2014	1,017,000	1,158,000,000	\$14,091,000,000	\$771,000,000
2015	1,021,000	1,163,000,000	\$14,245,000,000	\$800,000,000



For more information, view the **2016 Alzheimer's Disease Facts and Figures** report at alz.org/facts.



GOD'S LOVE WE DELIVER
TESTIMONY FOR NEW YORK CITY COUNCIL'S COMMITTEE ON AGING
MARGARET S. CHIN, CHAIR
NOVEMBER 17, 2016

God's Love We Deliver is New York City's leading not-for-profit provider of medically tailored home-delivered meals and nutritional counseling for people living with life-threatening illnesses. Over 30 years ago God's Love began with one person's simple, compassionate response to hunger. From the humble beginning of delivering one meal to one dying man, we have now delivered over 18 million meals to one of the most underserved and isolated populations in our City: those who are sick and unable to take care of their most basic need – the need for food and nutrition. God's Love is an integral part of the City's safety net. As a key service agency within the local care continuum, we maintain relationships with over 200 community organizations to reach those in need. God's Love has a network, a reach and a program that greatly benefits coordination of care for the elderly.

We believe that being sick and hungry is a crisis that demands an urgent response. When someone calls us for help, we deliver their first meal on the next delivery day, we never charge clients for their meals and we have never had a waiting list. Staying true to these principles has led to tremendous growth in our program. In just the last 9 years, we have seen an over 100% increase in demand for our services and this last year, we delivered over 1.5 million meals to 6,650 men, women and children living with severe illness throughout the NYC metropolitan area. As NYC's population ages, senior New Yorkers are increasingly turning to God's Love We Deliver for meals to meet their specific medical needs. In addition, **the seniors we serve live with complex illnesses that can only be addressed by the tailored nutritious meals that are not available from DFTA-contracted meal providers. As a result, seniors are regularly referred to God's Love from DFTA-contracted meal providers who cannot address the clients' complicated nutritional needs. These factors have contributed to an enormous increase in demand for our services for seniors and over the last 5 years, we have seen a 50% growth in our senior clients (60+) and currently, 63% of the people we serve are seniors (60+).**

At God's Love, nutrition is our signature difference. Although some seniors are able to tolerate regular food, aging and illness can lead to a variety of complications that require a specialized diet. We are able to meet this need as part of our commitment to food as medicine. God's Love clients receive services from our 7 Registered Dietitian Nutritionists (RDNs) who tailor each meal to meet each client's specific medical needs. All of our meals are well-balanced: low in sodium, free of highly allergenic foods such as nuts and shellfish, and immune supporting. Our menu allows for individualization of meals according to dietary needs, including texture restrictions such as minced and pureed diets, and renal diets. Based on a client's nutrition assessment with an RDN, additional restrictions may be added to the client's diet for medical, nutritional, or cultural reasons. Our goal is to provide clients with the least restrictive meals possible that meet their medical needs and nutritional requirements.

The DFTA Annual Plan Summary acknowledges the important role good nutrition plays in maintaining health for seniors and the plan goes as far as to call for "greater availability of nutritional services" for seniors. In addition, DFTA's website lists God's Love We Deliver as a meal delivery resource for seniors living with illnesses.

However despite this acknowledgement of the importance of services like ours, God's Love does not have a contractual relationship with DFTA and does not receive funding support from the Administration for its services. To date, the New York City Council and Manhattan Borough President's office have been responsible for any City funding to support our work. While we greatly appreciate their support, the cost of meeting the need for our services for seniors far exceeds discretionary funding available from these resources. Last year, 4,265 New York City seniors received over 1 million meals from God's Love. Over 70% of these services were supported with private funding. For certain populations this percent is higher. For seniors with end stage renal disease, which disqualifies individuals from eating meals from DFTA-funded agencies, over 93% of the meals we deliver to this population (over 90,000 last year) are funded through private donations.

We are grateful to have long enjoyed a productive partnership with DFTA and deeply appreciate the work that DFTA-funded agencies do for the hungry seniors of NYC. **Yet, there is a service gap in the DFTA model for severely ill seniors who need customized nutrition; and therefore we strongly urge DFTA to make funding available for providers of medically-tailored meals for at-risk seniors who need specialty diets. DFTA's current contracts for home delivered meals are set to expire at the end of FY17 and we ask that medically-tailored home delivered meal services are included both in consideration of in the scope of DFTA's solicitation for the next round of contracts or that DFTA issue a separate RFP specifically for the provision of medically-tailored home delivered meals..**

Food is medicine and food and nutrition services are key to accomplishing better health outcomes, lower cost of care and improved patient satisfaction, especially for the elderly. When people get access to medically-tailored meals, they are more likely to stay in care, manage their medications successfully and remain in their homes and out of institutions, resulting in better health outcomes and satisfaction for the individual and significant cost savings to the healthcare system.

For instance, nationally, 1 in 3 people are admitted to the hospital malnourished;ⁱ and, research shows that the elderly are more at risk for malnutrition than other demographic groups. A number of studies show that nutritional risk is a significant predictor of hospitalization, rehospitalization and increased length of stay for the elderly.ⁱⁱ

In a *Clinical Nutrition* study, hospital length of stay was 1.5 times longer in malnourished patientsⁱⁱⁱ, average inpatient hospitalization cost was 24% higher^{iv}, and study participants who were malnourished were almost twice as likely to be readmitted to the hospital within 15 days.^v Additionally, research shows that nutrition-specific Diagnosis Related Groups (DRGs) are among the top 10 reasons that Medicare beneficiaries are readmitted to the hospital, thus demonstrating the power of nutrition to further lower costs.^{vi}

A study in *Health Affairs* demonstrated that if all states had increased by 1% the number of adults age 65 or over who had received home-delivered meals in 2009 under Title III of the Older Americans Act, total annual savings to states' Medicaid programs could have exceeded \$109M. The projected savings primarily reflect decreased Medicaid spending for older adults with low care needs who would no longer require nursing home care – instead they could remain at home, sustained by home-delivered meals.^{vii}

Furthermore, providing medically-tailored meals makes good fiscal sense. Meals are a relatively inexpensive way to address the risk factors of costly interventions. By saving one night in a hospital,

you can feed a person a medically-tailored diet for half a year. We also maintain a key link in the safety net for people over the age of 60 by providing meals for the senior caregivers of our clients.

Because of all of these benefits for the senior population, we urge DFTA to issue an RFP for the provision of medically-tailored, specialty meals for the senior population most at risk for malnutrition, hospitalization and institutionalization.

Thank you for your time and consideration.

For further information please contact:

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ⁱCoats KG et al. *J Am Diet Assoc* 1993; 93: 27-33. Giner M et al. *Nutrition* 1996; 12: 23-29. Thomas DR et al. *Am J Clin Nutr* 2002; 75: 308-313.

ⁱⁱ Visvanathan R, Macintosh C, Callary M, Penhall R, Horowitz M, Chapman I. The nutritional status of 250 older Australian recipients of domiciliary care services and its association with outcomes at 12 months. *J Am Geriatr Soc.* 2003;51(7):1007-11.

Van Nes MC, Herrmann FR, Gold G, Michel JP, Rizzoli R. Does the mini nutritional assessment predict hospitalization outcomes in older people? *Age Ageing.* 2001 May;30(3):221-6.

ⁱⁱⁱ Su Lin Lim, Kian Chung Benjamin Ong, Yiong Huak Chan, Wai Chiong Loke,

Maree Ferguson, Lynne Daniels. Malnutrition and its impact on cost of hospitalization, length of stay, readmission and 3-year mortality. *Clinical Nutrition* 31 (2012) 345-350. 345

^{iv} *Clinical Nutrition.* 349

^v *Clinical Nutrition.* 348

^{vi} Jencks, SF, Williams MV, Coleman EA. (2009) Rehospitalizations among Patients in the Medicare Fee-for Service Program. *N Engl J Med* 360:1418-28.

^{vii} Thomas KS, Mor V. "Providing More Home-Delivered Meals Is One Way To Keep Older Adults With Low Care Needs Out Of Nursing Homes." *Health Affairs* 32, No. 10, October 2013

FOOD IS MEDICINE



Lowering Healthcare Costs with Medically Tailored Nutrition

Did you know?

1 in 3 hospitalized patients is malnourished on admission*

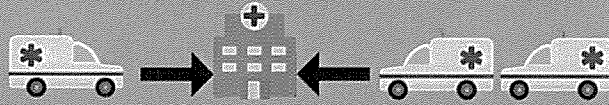


Nourished

Malnourished



of Hospitalizations **



Hospital Length of Stay ****



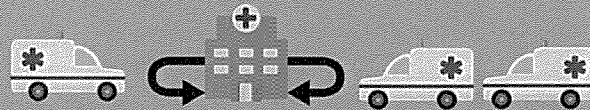
93%
to home

Post-Hospital Discharge ***

28%
to home



Likelihood of Readmission in 15 Days **

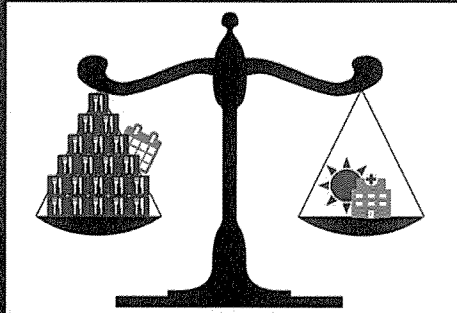


38%

Overall Healthcare Costs ***



Nutrition is an Inexpensive Intervention



Feed someone for 1/2 a year
for the same cost as 1 day in the hospital

*Joseph CL, et al. Recognizing Malnutrition in Adults - Definitions and Characteristics, Increasing Assessment, and Team Approach. J. Parental and Enteral Nutrition (2017)
 **Liu L, et al. Risk of Readmission After Discharge From the Emergency Department: A Retrospective Cohort Study. JAMA (2017)
 ***Garey M, et al. The Impact of Malnutrition on Hospital Length of Stay, Hospital Costs, and Readmission Rates. JAMA (2017)
 ****Mackay M, et al. Malnutrition Diagnosis in Hospitalized Patients: A United States Study. J. Parental and Enteral Nutrition (2017)

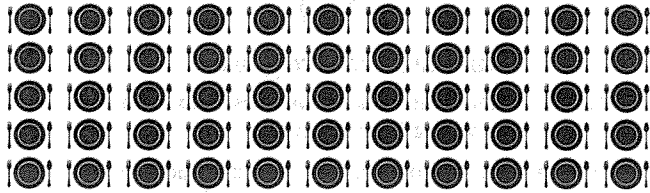


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We are dedicated to cooking and delivering the specific, nutritious meals a client's severe illness and treatment so urgently require. Serving the greater New York City metropolitan area since 1985.

Mission in Action



1,500,000
Meals per year

5,800
Meals per day



10,000

Volunteers adding \$2M in service



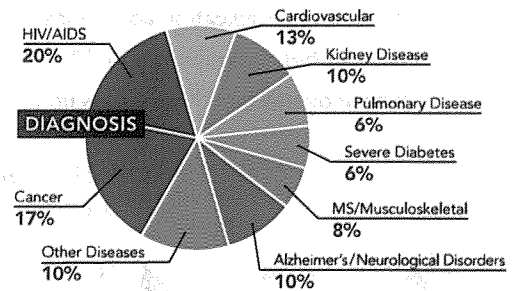
100%+

Growth in meals in 9 years

People Served



90% Clients at or below federal poverty level



6,252 People

91% are clients 5% are caregivers 4% are children

Home-Delivered Meals

We provide medically-tailored meals by addressing a combination of restrictions, resulting in almost infinite meal variety.

- ✓ Some restrictions include:
- ✗ Pork, Beef, Fish, Vegetarian,
- ✗ Sugar, Fat, Dairy, Renal,
- ✗ Minced, Pureed, Acid/Bland and Fiber/Gas

RDNs 7 Registered Dietitian Nutritionists



All meals are low in sodium



No starters, fillers or preservatives

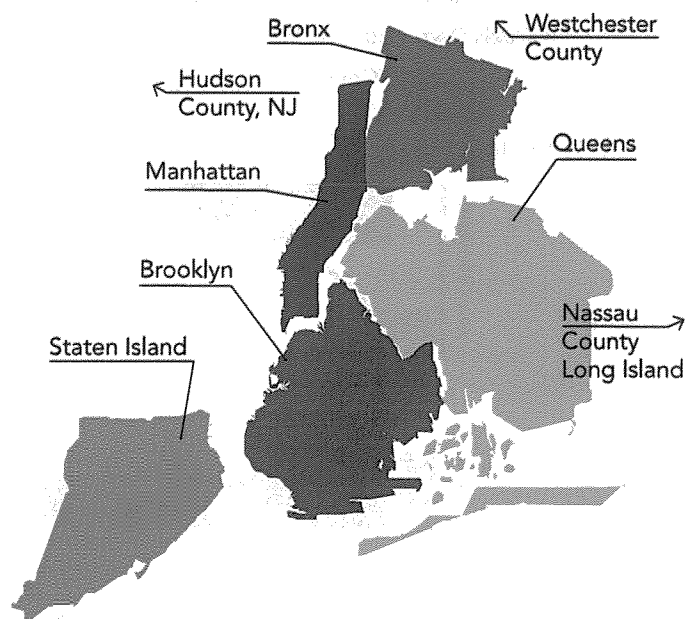


21 nutrition publications; 14,000 per year distributed nationally and internationally

SPECIAL TOUCHES

- ♥ Support families by feeding the children and senior caregivers of clients
- ♥ Special holiday meals and gifts
- ♥ Personalized birthday cakes and cards
- ♥ Emergency meal kits for blizzards and blackouts

Geography



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
Research

The Need

 **3X**
Higher healthcare costs for malnourished patients compared to nourished patients¹

 **2X**
The initial hospitalizations for malnourished patients compared to nourished patients²

 **3X**
Longer hospital stay for malnourished patients compared to nourished patients¹

 **2X**
More likely malnourished patients will be discharged to a facility rather than their home¹



Access To Medically Tailored Meals

- ♥ Improves medication adherence³
- ♥ Reduces hospitalizations and ER visits⁴
- ♥ Can reduce overall healthcare costs up to 62%⁵





Research in Progress

- ♥ Health outcomes for clients with metastatic cancer with a hospital in NYC
- ♥ Cost savings in a mainstream Medicaid population with an NYC managed care organization

The Outcomes – Client Survey

Clients overwhelmingly report that our program helps them

 Live more independently

 Manage medical treatment better

 Learn to eat nutritionally

 Decrease stress

Partners with New York State in Healthcare Innovation

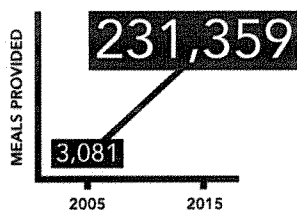
Medicaid: Community Partners Program

- ♥ Medicaid 1115 Waiver (MLTC)
- ♥ Duals Demonstration Project (FIDA)
- ♥ 34 Contracts

Balancing Incentives Program

- ♥ Expansion of Community Partners to Westchester and Nassau Counties
- ♥ Creation of a Referral Tool for Care Coordinators

Community Partner Growth Since 2005



Delivery System Reform Incentive Payment (DSRIP)

Goal: **25%**
Reduction in hospitalizations

12
Partnerships with hospitals

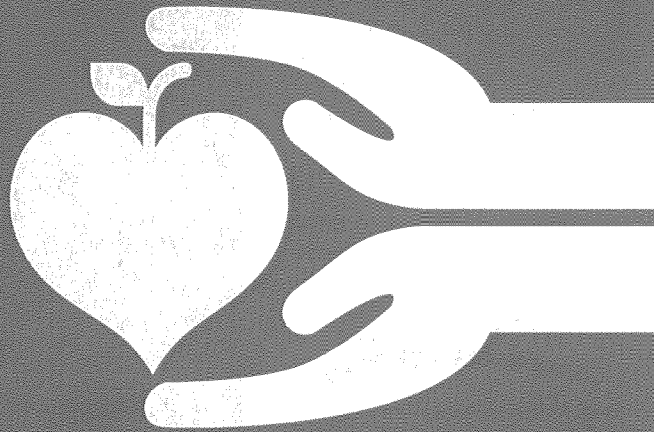
Ending the HIV Epidemic

God's Love We Deliver is a leadership partner with



Footnotes: ¹Corkins MR et al., J. Parenteral and Enteral Nutrition (2013); ²Su Li Lim et al., 31 Clinical Nutr. 345-250 (2012); ³Singer, A et al. AIDS Behav (2015) 19:1510–1526; ⁴Adaila A et al., New York State Department of Health: Resources for Ending the Epidemic, 2014; ⁵Guvey J, Rand K, Daugherty S, Dinger C, Schmeling J, and Laverty N. 4(4):311-7 (June 3, 2013)

Nutrition Tips for Caregivers



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The mission of God's Love We Deliver is to improve the health and well-being of men, women and children living with HIV/AIDS, cancer and other life-altering illnesses by alleviating hunger and malnutrition. We prepare and deliver nutritious, high-quality meals to people who are unable to provide or prepare meals for themselves.

We also offer illness-specific nutrition education and counseling to our clients and families, care providers and other service organizations. All our services are provided free of charge without regard to income.

The publication of this booklet has been made possible by a generous grant from the The Palette Fund.

The **Palette** Fund

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Table of Contents

INTRODUCTION	• 2
NUTRITION BASICS FOR CAREGIVERS	
APPROACHING MEAL PLANNING	• 3
PLANNING WELL-BALANCED MEALS	• 4
HYDRATION	• 5
CARING FOR SOMEONE WITH SPECIAL NEEDS	
OLDER ADULTS	• 7
ALZHEIMER'S DISEASE	• 8
HIV/AIDS	• 9
CARDIOVASCULAR DISEASE	• 11
MULTIPLE SCLEROSIS	• 14
DIABETES	• 15
CANCER	• 16
MANAGING CHEWING AND SWALLOWING ISSUES	• 19
MANAGING GASTROINTESTINAL CHANGES	• 21
WHEN TO CONSIDER HOME-DELIVERED MEALS	• 23
FOOD SAFETY AT HOME	• 24
END OF LIFE NUTRITION ISSUES	• 26
YOU, THE CAREGIVER	• 28
TRACKING HEALTH INFORMATION	• 30
RESOURCES	• 32



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Visiting Neighbors, Inc.
Testimony to the Council Committee on Aging on DFTA Core Services
November 17, 2016
Submitted by Dr. Cynthia Maurer, Executive Director

Good afternoon. Thank you for inviting us to submit our testimony on this important subject. For the past 44 years, Visiting Neighbors has been a lifeline to our community's elderly. The vital cost-effective services we provide enable seniors to continue to enjoy the freedom and dignity of living in their own cherished homes rather than being forced prematurely into nursing homes.

By definition, core services are those that are essential to well-being. As our population ages, we must recognize that services that might be considered essential to the well-being of a 65-year old may be very different from those that are core to a 95-year old. Senior centers are very valuable for some seniors, but they are not the answer for everyone, especially our oldest old.

The average age of the seniors Visiting Neighbors serves is 89.5 years, and we are currently helping twelve seniors age 100+ who – with our services and emotional support – are still able to enjoy living in their familiar surroundings. We provide social contact through our volunteer visiting program, keeping these seniors connected with the outside world. Many of them have outlived their closest family members and friends and rely on our dedicated volunteers to keep them connected with the outside world. Our volunteers help the seniors with shopping for food and other necessities– certainly an essential component of well-being, and escort them to medical appointments, ensuring that they arrive safely as they face the challenges of crossing our busy thoroughfares. Without these core services, these seniors would be forced into institutions, leaving their cherished surroundings and suffering the anxiety of relocating into an unfamiliar landscape at a very advanced age.

Most of the seniors we serve have lost their families and friends. Many suffer with multiple health challenges and financial stresses. Without our supportive services, it is easy for them to lapse into depression as they are constantly reminded of their losses. Our trained volunteers monitor the seniors' well-being, alerting our professional staff immediately of any change in a senior's condition so they can get the help they need without delay.

The handwritten thank you notes we receive from our seniors are touching enough to make even the most jaded New Yorker cry. A common theme is that we are the only family they've got.

A core service should be defined as one that is essential to well-being. I know we are the only family many of our seniors have, and I am proud to say that as DFTA looks to redefine "core services," we stand ready to be a model program.

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(212) 260-6200 www.visitingneighbors.org

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TESTIMONY: UJA-FEDERATION OF NEW YORK
New York City Council, Committee on Aging
Hon. Margaret Chin, Chair, Committee on Aging
November 17, 2016

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TESTIMONY: UJA-FEDERATION OF NEW YORK

New York City Council, Committee on Aging

Hon. Margaret Chin, Chair, Committee on Aging

November 17, 2016

On behalf of UJA-Federation of New York, thank you for the opportunity to testify today. UJA-Federation of New York is the nation's largest local philanthropy. Central to our mission is to ensure care for people in need. UJA provides millions of dollars in grants and services to a network of more than 80 New York nonprofits that serve the vulnerable and strengthen communities.

The majority of UJA's network of agencies is successful senior services providers, assisting older New Yorker's and ensuring they maintain access to programming and receive the care, support and resources they require. However, the senior services sector as a whole is underfunded, impacting service delivery.

DFTA Funding

Older adults are the fastest growing demographic in New York City, yet DFTA is shockingly underfunded. Receiving just \$330 Million-- less than 1% of the City's overall budget--DFTA relies on the City Council annually to ensure funding for its core services, such as senior centers, Naturally Occurring Retirement Communities (NORCs), elder abuse services, nutritional assistance, and other critical programs.

We support DFTA and the City Council's efforts to maintain vital services for New York City's older adults, many of whom are non-Medicaid eligible and without this support would have few resources. However, relying on City Council discretionary allocations and initiatives to cover core services is merely a stop-gap. In many cases the Council has become wholly responsible for maintaining some programs. This puts an undue burden on many organizations in our network, which are unable to confidently plan their programming for more than one year at a time. We urge the City to recognize the needs of older New Yorkers by permanently baselining funding for DFTA's core programs in FY18.

Salary Parity

We appreciate the funding allocated to address low salaries and high turnover of DFTA case managers in FY17. However, that funding does not cover staff across all DFTA programs, such as elder abuse prevention programs, senior centers, NORCs, and others, leaving nonprofit providers to wrestle with the inequity of paying different salaries to staff doing comparable work, and the inevitable recruitment, turnover, and morale problems that will lower service access and quality for New York's

seniors. For some of our larger nonprofit partners, who provide services to seniors citywide, this has amounted to millions of dollars. Additionally, they are left with inadequate funding to address supervisor salary increases. We urge the City, with the support of the Council, to implement funding to address salary parity across all DFTA contracts in FY18.

NORCs and Neighborhood NORCs

Within DFTA's core programs, Naturally Occurring Retirement Communities (NORCs) and Neighborhood NORCs play an important role in ensuring New York City's older residents are able to access programming and care they so desperately need while remaining at home.

In our conversations with NORC and Neighborhood NORC directors, we learned of the resources that many of their program beneficiaries have come to rely on, including case management services, socialization programs, transportation and shopping assistance, as well as basic health services that allow seniors to remain in their homes, greatly improving their quality of life.

However, NORCs and Neighborhood NORCs remain underfunded and only partially baselined. We request that NORCs be fully baselined and that a baseline fund be established for Neighborhood NORC programs, which rely exclusively on the support of the New York City Council.

Senior Center Funding

UJA's network of nonprofit agencies oversees many of the city's successful senior centers, providing the foundation of services for thousands of older New Yorkers. Senior centers grant access to meals and nutritional assistance, culturally competent programming, social programming and case assistance, among other services.

Additional funding for senior centers would allow these vital community centers to enhance their resources, hire additional staff, expand their programming, and assist a greater number of New York's older adults.

CONCLUSION

UJA-Federation of New York respectfully urges your consideration and support of these requests to assist our city's most vulnerable and neediest individuals and the organizations that serve them.

New York City Council Committee on Aging November 17, 2016

We are so grateful to the City Council and Council Member Margaret Chin, the Chair of this Committee on Aging for holding this hearing and recognizing the crucial role that services for seniors play in the health of our city.

I am Julia Schwartz-Leeper, Executive Director of Riverdale Senior services and Chair of The Action Committee of LiveOn NY. Having devoted my career of over 30 years to supporting older adults in the community, I am energized to prepare for Councilmember Chin's "Year of The Senior" and thank her for her leadership.

Senior Centers: Every day I see firsthand how the services offered at our senior centers are successful in maintaining people in the community from "early" older adults hood well into their 90s and over. Many of our members stay involved in our services for 30 years or more. The continuity and breath of our services and programs meet their intellectual, social, health and physical needs as they navigate a challenging health care system and a society that does not always value their contribution.

Health and Mental Health Services: At Riverdale Senior Services we offer a range of services to meet the needs of a 40 year age span and varied levels of functioning. Preventative Health Services by a registered nurse are crucial to keeping people healthy as is our Mental Health Clinic which offers counseling as well as medication management.

Adult Day and Caregiver Services: We have had a SADS program for 20 years and struggle with insecure city council funding. Many of our clients have spent 5 years or more in our program and at home with the support of our service despite significant cognitive decline. Please help us to baseline this funding. Adult Day is crucial to the continuum of care that our seniors require.

Professional Salaries

It is the committed and experienced staff that provide support above and beyond the activities and services that senior centers are contracted to provide.

It is however, becoming increasingly difficult to attract experienced, qualified professionals, when the salaries in our contracts are so far below the going rate. Encouraging social workers and other professionals to meet the needs of the

growing older population is challenging enough, but with low salaries which are not competitive with hospitals or other institutions, it is nearly impossible. And without the healthcare benefits we used to receive through the city and no pensions or other benefits, our jobs are not that attractive to young professionals.

Evidenced Based Programs and other high level services require experienced professionals. In the old days bingo and simple programming was led by volunteers, but this is no longer possible. The “train the trainer” model is not sufficient. We need paid professional to provide the quality, required services in the community which reduce healthcare costs and keep people at home.

Base lined funding

Depending on discretionary funding creates an enormous challenge for senior centers as we struggle to hire staff, teachers and develop quality programs.

It is time we recognize the value in these preventative services and programs and fund them throughout the city. Base lining funding for our senior centers will allow us to continue to be a great resource for the thousands of seniors and caregivers who are struggling to live a life with dignity.

We have the expertise and passion to work with the growing population of older New Yorkers and to assist in managing the rising healthcare costs through effective, preventative programs.

With consistent, appropriate funding we can remain a valuable resource to all New Yorkers, as we are all caregivers and older adults at some point in our lives.

Thank you for your attention and support.

Julia Schwartz-Leeper

Executive Director

Riverdale Senior Services

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I represent: DFA

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Name: Karen Taylor

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I represent: DFA

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I represent: GODS LOVE WE DELIVER

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