

**TESTIMONY OF JACQUELINE M. EBANKS  
EXECUTIVE DIRECTOR, COMMISSION ON GENDER EQUITY  
COMMITTEE ON AGING AND COMMITTEE ON WOMEN OVERSIGHT HEARING: WOMEN  
AGING INTO POVERTY IN NEW YORK CITY**

Good Morning, Committee Chairs Chin, Rosenthal and members of the Committee on Aging and the Committee on Women.

I am Jacqueline Ebanks, Executive Director of the City's Commission on Gender Equity (CGE). In this role I also serve as an advisor to the Mayor and First Lady on policies and issues impacting gender equity in New York City.

I am pleased to join Deputy Commissioner Caryn Resnick, at the Department of Aging, to provide testimony on this critical issue of women and aging. As you know, the Commission on Gender Equity works with city agencies to develop and implement gender equitable policies and practices in three areas of focus: Economic Mobility and Opportunity, Health and Reproductive Justice, and Safety.

To successfully carry out its responsibilities, CGE:

- Recognizes the diversity of gender, including gender identity and expression.
- Operates with an intersectional lens. This means that the Commission's populations of focus are: girls, women, and transgender and gender non-conforming individuals regardless of ability, age, ethnicity/race, faith, gender expression, immigrant status, sexual orientation, and socio-economic status.
- Ensures that the City leads in the development and implementation of best practices in gender equitable policies and programs for both its workforce and its residents.

This hearing calls for us to consider, at minimum, the intersection of gender and age. My testimony today will describe how the Commission on Gender Equity will carry out its work at this intersection of gender and age.

To begin, I call your attention to the Commission's Strategic Plan which highlights this critical intersection when it commits to defining and closing the gender asset and gender wealth gaps in its Economic Mobility and Opportunity focus area. The Commission will do so by examining the role of caregiving, paid and unpaid, in disconnecting women from the workforce or keeping them in low-wage jobs and careers. The result is that, upon retirement, women increasingly find themselves in poverty because they have no or low retirement income on which to live. That is why the Commission on Gender Equity applauds the Mayor's announcement during his

State of the City Address that the City “will establish retirement plans for any worker who doesn’t have one.” These retirement accounts will fill a gap for employees, regardless of gender identity and/or gender expression. They will ensure that all employees have a resource with which they can build a secure retirement.

In the Health and Reproductive Justice focus area, the Commission’s strategic plan calls for ensuring the affordability and availability of comprehensive, culturally competent medical care for New Yorkers regardless of their gender identity or gender expression. With inadequate retirement income, support for health care costs will be a significant challenge for aging individuals, particularly women who live longer than their male counterparts. The connection between health care costs and poverty among aging individuals, particularly women, cannot be ignored. The Commission will work with the appropriate City agencies to amplify supports currently provided to identify additional resources that can provide our senior citizens with a greater opportunity for healthy aging.

Finally, in the Commission’s Safety focus area, we envision a City free from gender- and race-based violence. To that end, we will work with city agencies to ensure safe environments for persons of all gender identities and gender expressions in public and private spaces. This commitment is critically important for the aging population, particularly for women, transgender, and gender non-conforming individuals who experience gender-based violence at high rates in this City and are increasingly vulnerable as they age.

In closing, I would like to thank you, again, for this opportunity to share the Commission’s plans as they impact aging women and gender non-conforming individuals. I look forward to working with the City Council to advance gender equity in NYC.

It is now my honor to introduce Caryn Resnick, Acting Commissioner and Deputy Commission for External Affairs at the Department of Aging.



**TESTIMONY**

Presented by

**Caryn Resnick  
Acting Commissioner**

on

**Oversight: Women Aging into Poverty in New York City**

before the

**New York City Council  
Committee on Aging & Committee on Women**

on

**Wednesday, January 23, 2019  
10:00 A.M.**

at

**Council Chambers, City Hall  
New York, NY 10007**

Good morning, Chairperson Chin, Chairperson Rosenthal, and members of the Committee on Aging and the Committee on Women. I am Caryn Resnick, Acting Commissioner and Deputy Commissioner of External Affairs for the New York City Department for the Aging (DFTA). I am joined by Jacqueline Ebanks, Executive Director of the New York City Commission on Gender Equity. I would like to thank you for this opportunity to testify on the issue of women aging into poverty in New York City.

### **POVERTY STATUS OF OLDER WOMEN IN NEW YORK CITY**

Some of the highest poverty rates in New York City are among older women. In addition, according to the Summary of Vital Statistics 2016, published by the New York City Department of Health and Mental Hygiene, life expectancy among female New Yorkers is 83.5 years of age, while life expectancy among male New Yorkers is 78.5 years of age.<sup>1</sup> The older the population, the more likely they are to be in poverty.

In New York City, 20 percent or 1 in 5 women aged 65 and older live below the Federal poverty line, which is 4 percent greater than the rate of men aged 65 and older.<sup>2</sup> Nationally, nearly 11 percent of women aged 65 and older live below the poverty line, which is about 3 percent higher than that of men.<sup>3</sup> Poverty increases with age: 18 percent of women aged 60 to 64 in New York City live in poverty, which grows to more than 20 percent of women aged 75 and older.<sup>4</sup> In relation to race and ethnicity, poverty rates of older women of color in New York City are higher than the rate for older white women.<sup>5</sup> Immigration status and years living in the U.S. have an impact on poverty levels. Compared to U.S. born older women in New York City, poverty rates increase from more than 1 in 10 to about 1 in 5 for older immigrant women.<sup>6</sup> Older female New Yorkers living alone also have nearly triple the poverty rate than those living with others.<sup>7</sup> Related to increased life expectancy,

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<sup>1</sup> Li, Zheng, Huynh, Castro, Falci, Kennedy, Maduro, Lee, Sun, and Van Wye. *Summary of Vital Statistics, 2016*. New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2018.

<sup>2</sup> 2016 American Community Survey 1-Year Estimates. U.S. Census.

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

approximately 30 percent of older women in New York City report challenges with mobility and self-care.<sup>8</sup>

In light of this data, I will discuss various DFTA programs that target the needs of older New Yorkers, including the most vulnerable and frail – the majority of whom are older women.

### **PARTICIPATION OF WOMEN IN DFTA SPONSORED PROGRAMS**

Given the fact that female New Yorkers have a longer life expectancy than their male counterparts, unsurprisingly, the majority of seniors who participate in DFTA sponsored programs are, in fact, women. Approximately 70 percent of senior center attendees, Naturally Occurring Retirement Community (NORC) program participants, and case management clients are women. Women comprise more than 60 percent of home delivered meal recipients. As expected given their longer life expectancy, most home care clients are women. About 80 percent of housekeeper/chore services clients and homemaking/personal care clients are women. In terms of other services, women comprise approximately 80 percent of transportation clients, and nearly 70 percent of case assistance recipients and nutrition education participants.

### **DFTA SPONSORED PROGRAMS**

#### Senior Centers

DFTA currently funds senior centers at 249 sites across the five boroughs. Senior centers provide meals at no cost to seniors, though modest contributions are accepted and are completely voluntary, and an environment where 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 '18, approximately 173,000 older New Yorkers attended senior center programs. Each day, more than 23,000 older adults received meals at senior centers, and more than 29,000 participated in activities without taking a meal.

As part of ThriveNYC, the DFTA Geriatric Mental Health (DGMH) initiative provides mental health services on-site at 25 of the largest senior centers in the agency's network citywide. Mental health

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<sup>8</sup> *Id.*

professionals assist senior center members with issues ranging from depression and anxiety to highly disruptive behaviors. DGMH sites include the Mott Street Senior Center and the Weinberg Center for Balanced Living, both located in Chairperson Chin's district; the Project FIND Hamilton Senior Center in Chairperson Rosenthal's district; the Center at Lenox Hill Neighborhood House in Council Member Kallos' district; the Jay Harama Senior Center in Council Member Deutsch's district; and the Coney Island Seaside Innovative Senior Center in Council Member Treyger's district. Individuals do not need to be a senior center member, but must be 60 years of age or older to receive mental health services at these locations. Similar to the percentage of female senior center members, more than 70 percent of DGMH participants are women.

According to a recent Fordham University study commissioned by DFTA, which followed older adults who attended senior centers and older adults who did not, 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.<sup>9</sup> 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.<sup>10</sup> This is a very important finding, given the decline in health and social activity in this age group, especially among those with low incomes,<sup>11</sup> and considering that 7 out of 10 senior center members are women.

#### Naturally Occurring Retirement Community Programs

DFTA funds 28 Naturally Occurring Retirement Communities or NORCs, which are residential locations that are neither age restricted nor built for seniors. Over time, however, they have become home to significant concentrations of older residents. These communities are located in public housing, low to moderate-income co-ops and low to moderate-income private rentals. There are five primary objectives for DFTA funded NORC programs. All NORC programs should: 1) provide supportive environments that allow seniors independence as they age in place; 2) engage residents and facilitate linkages within the community; 3) assess the needs of senior residents; 4) offer

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<sup>9</sup> Pardasani and Berkman. Senior Center Evaluation – Final Report. Fordham University, June 28, 2016.

<sup>10</sup> *Id.*

<sup>11</sup> *Id.*

supportive services based on assessments; and 5) build strong and meaningful communities that cultivate new roles for community members. The NORC programs provide services such as case management for homebound and non-homebound seniors, assistance with accessing public benefits, and an increased emphasis on wellness, chronic disease risk assessments, and healthcare management. In FY '18, NORC programs served more than 16,000 older adult residents. Of those residents, more than 11,000 are older women. These supportive service programs have been integral to their aging in place.

### Case Management

DFTA's case management system provides a comprehensive approach to allow older New Yorkers to continue to live at home and be engaged in their communities. Case management assessments identify the strengths and needs of older adults, and case managers work with clients to plan how to meet their needs and to coordinate services and resources on their behalf. The two primary services offered through case management are home delivered meals and home care. The goal of both services is to help clients achieve the greatest level of comfort in the friendly and familiar environment of his or her own home for as long as possible. Home delivered meals help vulnerable older New Yorkers who are homebound and unable to prepare meals maintain or improve their nutritional health. All meals meet Federal and City dietary standards. In FY '18, 4.6 million meals were delivered to seniors in their homes. Home care services include homemaking/personal care, a service for functionally impaired older persons who need assistance with personal care needs; and housekeeper/chore, a service for functionally impaired older persons who need assistance with housekeeping. Nearly 1.2 million hours of home care services were provided to more than 3,600 recipients in FY '18. For the more than 14,000 older women who are case management clients, home delivered meals and home care are vital services.

The Friendly Visiting Program, also a ThriveNYC initiative, focuses on isolated, largely homebound seniors who are served through DFTA's 21 contracted case management programs, which cover all 59 Community Districts. The program was designed to connect seniors facing the negative effects of social isolation with well trained volunteers who spend time with them in order to provide social interaction. As a result, Friendly Visiting serves as a mental health intervention program. The program model expands the older adult's connection to their community and may prevent the isolated senior

from declining into depression and loneliness. The program coordinators recruit friendly visitors who are matched with a homebound older adult. Friendly visitors then visit the senior at least two times per month. Any changes in functioning, including identified mental health issues, are referred to the case management agency for appropriate referrals and follow-up. Since the program's inception, volunteers have made more than 32,000 visits to older adults in their homes, and have spent almost 48,000 hours with seniors. Comparable to the percentage of case management clients who are women, about 75 percent of older adults receiving visits are women.

### Caregiver Resource Center

Women comprise 66 percent of caregivers in the U.S. and are 2.5 times more likely than non-caregivers to live in poverty, coping with the combined pressures of caring for a loved one, their need for income, reliance on public assistance, and fewer employment-related benefits.<sup>12</sup> DFTA has contracted with community based organizations (CBOs) citywide since 2001 to provide services under the National Family Caregiver Support Program. The 10 caregiver programs funded by DFTA have served approximately 5,800 individuals throughout the City in FY '18, providing information about caregiving, discussing the associated stressors and offering pertinent resources, such as respite and supplemental services. Also available for caregivers through these programs is supportive counseling, support groups, and training. Seven of the 10 DFTA sponsored caregiver programs serve designated catchment areas. Of these seven programs, three serve grandparents raising grandchildren, in addition to working with adult child and spousal caregivers. The remaining three programs assist caregivers citywide: one program serves Chinese, Japanese, and Korean caregivers; another program serves the blind and visually impaired; and the third program serves the LGBT caregiving community. Caregiver assistance is also available through DFTA's Caregiver Resource Center. In FY '18, more than 4,200 individuals received information and referrals regarding residential alternatives, long term care services and supports, and appropriate community services. Case consultation is provided to other professionals seeking services as well. Corresponding to the national data regarding the percentage of women who are family caregivers, almost 70 percent of caregivers served through DFTA programs are women.

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<sup>12</sup> *Women and Caregiving: Facts and Figures*. Family Caregiver Alliance – National Center on Caregiving.



### Grandparent Resource Center

In the U.S., 2.7 million grandparents serve as the primary caregiver for their grandchildren.<sup>13</sup> One-fifth, or 22 percent, of grandparent caregivers are living below the Federal poverty line, while 10 percent among the general population of individuals aged 50 and older are below the Federal poverty line.<sup>14</sup> In New York City, about 66,000 grandparents are raising grandchildren under 18 years old.<sup>15</sup> While 17 percent of children raised solely by two grandparents live in poverty, that rate increases to almost 50 percent for children living with just one grandparent – usually the grandmother.<sup>16</sup>

The Grandparent Resource Center (GRC) – the first of its kind in the nation – was established by DFTA in 1994. The GRC provides a number of supportive services to those older adults who are raising grandchildren and other young relatives. Resource specialists at the GRC offer advocacy and case assistance, as well as referrals to appropriate CBOs. These CBOs provide services such as preventive services, legal services, financial assistance, advocacy, educational services, tutoring services for children, family counseling, and support groups. In order to serve some of the neediest kinship caregiver families, the GRC program expanded under the Mayor’s Action Plan for Neighborhood Safety (MAP). As part of the MAP initiative, GRC Community Advocates work with residents at 15 New York City Housing Authority developments, and provide resources and services to grandparent caregivers. Through the initiative, grandparent and relative caregivers have received grandparenting education, community safety trainings, intergenerational programming, and peer support on raising children. The vast majority – 85 percent – of grandparents served through the GRC are women.

### Senior Community Services Employment Program

Through the Senior Community Service Employment Program (SCSEP), also known as Title V, DFTA has provided older adults with job training, linkages to employment and opportunities to share their talents and experience with their communities. The work of SCSEP remains critically important because older New Yorkers, especially women, are living longer than ever before, and many turn to

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<sup>13</sup> Ellis and Simmons. Coresident Grandparents and Their Grandchildren: 2012. Population Characteristics, October 2014.

<sup>14</sup> Livingston. Pew Research Center. At Grandmother’s House We Stay, September 4, 2013.

<sup>15</sup> 2010 U.S. Census.

<sup>16</sup> Bowling Green State University, National Center of Family & Marriage Research.

DFTA for help to secure a continuing role in the workforce. Federal funding available under Title V of the Older Americans Act is the major national resource for workforce development services for older adults. DFTA is one of the largest recipients of Title V funding in the nation. SCSEP is funded by the U.S. Department of Labor and is overseen in part by the National Council on Aging, as well as by the New York State Office for the Aging. This program is DFTA's primary initiative to assist older New Yorkers specifically in need of employment services. Programs supported by Title V funding must be age-specific and means tested; consequently, DFTA's SCSEP program serves New Yorkers aged 55 and older with low to moderate incomes.

SCSEP combines classroom and job training opportunities with placement services. Job readiness preparation is an essential part of the training curriculum. Workshops are offered to hone skills for job searching and job retention, and include resume preparation, cover letter writing and interviewing. High School Equivalency Diploma and English for Speakers of Other Languages classes are offered as well. Many individuals also benefit from on-the-job training. Upon completion of classroom and on-the-job training, DFTA works to place Title V participants into unsubsidized permanent employment. Top industries for placement of Title Vs include health care, administrative support, security, service, maintenance, and education. In FY '18, SCSEP served approximately 440 individuals, including more than 300 women. More than 50 percent of participants were placed into unsubsidized employment. Success of the Title V program is not demonstrated simply by job placement; employment retention is another important measurement, and one in which DFTA sponsored participants have excelled. About 95 percent of participants in FY '18 retained their jobs in the two quarters following their exits from the program.

## **CONCLUSION**

DFTA offers programs and services that are available citywide to address the unique needs of older adults and to help optimize seniors' health, well-being and ability to live independently at home. In light of the poverty and life expectancy data, women are the majority of participants in DFTA programs. Thank you again for this opportunity to testify today. I am pleased to answer any questions you may have.



**New York City Council  
Oversight Hearing  
Committee on Aging and Committee on Women  
Wednesday, January 23, 2019, 10:15 a.m.  
Testimony RE: Women Aging into Poverty in New York City**

Good morning. My name is Peter Kempner. I am the Director of the Elderly Project at Volunteers of Legal Service (VOLS). VOLS was established in 1984 in response to federal cuts in legal services funding. At that time the City's largest and most respected law firms teamed up with the New York City Bar Association to establish VOLS, whose purpose was to leverage private attorneys to provide free legal services to low income New Yorkers hoping to fill some of the gap left by the cuts in federal funding. We are now 35 years into our existence and VOLS currently runs six projects including a Microenterprise Project focused on providing legal services to small businesses; an Unemployment Insurance Advocacy Project; our Incarcerated Mothers Law Project where we provide family law assistance to incarcerated women; our Immigration Project which assists undocumented minors seeking legal status; our schools and hospitals based Children's Project which teams up law firms with schools and medical providers in communities of need; and our Elderly Project.

Our Elderly Project conducts regular free legal clinics in senior centers around the City; we provide technical support to community based organizations serving low income seniors by answering legal questions their clients face; we provide training on legal issues to community based organizations and to the public regarding proper end of life planning; we publish An Advocate's Guide to SCRIE and A Guide to Burial Assistance and Funeral Planning for New Yorkers in Need; and we access the pro bono services of the private bar by training, supervising and pairing up volunteer lawyers with low income seniors seeking to have their life planning documents drawn up and executed. This allows seniors, who cannot afford to hire an attorney, to get Powers of Attorney, Health Care Proxies, Living Wills, Last Wills and Testaments as well as other advance directives done free of charge. These critical documents ensure that the wishes of seniors are carried out by the people they love and trust the most. They also ensure that seniors are able to live in the community for as long as possible and help to avoid costly and unpleasant legal proceedings like guardianships if someone becomes incapacitated.

We thank the New York City Council's Committees on Aging and Women for holding this important oversight hearing looking into the root causes of women aging into poverty. As attorneys serving low income elderly New Yorkers we see every day the legal issues they face, including those involving housing, government benefits, and consumer debt. At their source these are all poverty issues. From our work in the community, we see that these issues disproportionately impact women. In preparation for this hearing I looked back over the past year of our client data and found that nearly 72% of our clients were women. This should not be surprising in light of the fact that elderly women are much more likely to be poor than men, representing two-thirds of all individuals over the age of 65 living in poverty. This reality is further exasperated when looking at elderly women of color. Numerous factors contribute to this, including gender pay disparities during their careers, caregiving responsibilities and higher health care costs for women.

In our rapidly gentrifying city, we need to ensure that comprehensive services and programs are in place so that our seniors can age in their communities with dignity and respect. Programs such as the Senior Citizen Rent Increase Exemption (SCRIE) and the Senior Citizen Homeowners' Exemption (SCHE) are necessary to stabilize housing costs for our low income seniors. Social programs and senior centers which provide case management services and social work services are needed to ensure seniors get access to benefits, hot meals and can work to combat social isolation. We need to ensure that federally funded benefits, such as Social Security, SSI, Medicare, and Medicaid are protected and possibly expanded.

In December 2018 the organization Justice in Aging issued a special report entitled "Older Women & Poverty." This report not only examined the causes of why a significant number of older women live in poverty but it also offered a set of recommendations to help alleviate their plight. In addition to shoring up and expanded many of the traditional social safety net programs, Justice in Aging also recommended that the expansion of free legal services should be an integral part of this equation. Access to free attorneys can combat homelessness through eviction and foreclosure prevention, it can combat the financial exploitation of seniors by predatory lenders, it can prevent elder abuse and discrimination and it can ensure that seniors are empowered to take control of their lives and their decision making.

Recently we were approached by the daughter of a 93 year old woman who was facing eviction from her home in Harlem where she had lived for decades. Suffering from dementia, her mother had failed to file the proper paperwork to renew the Section 8 housing subsidy she needed to afford her rent. Fortunately, the year before, the VOLS Elderly Project had met with the mother and prepared and executed a Power of Attorney, authorizing her daughter to manage her affairs should she become incapacitated. She had done so at the urging of a case manager at the Visiting Nurse Services, a VOLS community partner whose staff recognized the early onset of dementia in the client. Using that Power of Attorney we were able to retroactively restore the client's Section 8 housing subsidy, ensure that the benefit would not be terminated in the future by obtaining a reasonable accommodation from the agency to mail all future notices to her daughter and this allowed her to remain in her home and stay close to her daughter who lives in the building next door. This is a story of how access to counsel for a matter as simple as getting a Power of Attorney done for an elderly woman prevented an eviction, prevented placement in a nursing home, prevented a guardianship proceeding, saved the City thousands in public funds, and most importantly saved a family from suffering.

Thank you again for giving us the opportunity to testify. Volunteers of Legal Services looks forward to working with the City Council and the administration to ensure that New York City is able to best support our seniors in need.

Peter Kempner  
Elderly Project Director



**New York City Council**  
**Joint Hearing**  
**Committee on Aging and Committee on Women**  
Chairs: Council Member Chin and Council Member Rosenthal  
Oversight: Women Aging into Poverty in New York City  
January 23, 2019

LiveOn NY would like to first and foremost thank Chairs Chin and Rosenthal for the opportunity to testify on the important topic of women aging into poverty in New York City.

The numbers are staggering. Currently one in five older women are living below the poverty level, a figure higher than their male counterparts. More specifically, the National Institute on Retirement Security reports that women over the age of 65 are 80% more likely than men to be impoverished. To understand just why more and more women are aging into poverty, one must first look to the structural struggles women face throughout their lives, especially for women of earlier generations. Despite progress, women can still expect to make 80% of their male counterparts, according to PEW. Compounding this, years of inferior wages means that women are, by default, less able to save and prepare for old age.

Beyond low wages, women often experience the financial strains of caring for a loved one. In New York, an estimated 80% of those caring for older loved ones are women – a point that becomes worrisome when coupled with the fact that the average caregiver will personally experience an estimated \$660,000 in lost wages and benefits over a lifetime, as well as an estimated \$5,500 out of pocket expenses annually.

Considering the multitude of other factors that may further lead to or exacerbate poverty among older women, the situation becomes increasingly bleak. These factors include:

- Women often receive less social security than men, yet live longer on average, posing particular challenges of maintaining a fixed income;
- Immigrant women and women of color earn less than Caucasian women, at almost all levels of work;
- 1.6 million Americans do not receive any Social Security benefits, the majority of whom are immigrants;
- Older women seeking to return to the workforce to increase one's income face difficulties as 3 out of 5 older adults report seeing or experiencing age discrimination; and
- Increasing rents and a lack of affordable housing also works in opposition to the fixed incomes often experienced in later years, an estimated 31% of the nation's homeless population are 50+<sup>1</sup>

These are the stats; but our team at LiveOn NY sees these needs every day in our work with older adults, as do our members through the programs they provide such as senior centers, case management and home delivered meals, among many others. Through LiveOn NY's Benefits Program, the individuals who come to us for application assistance are overwhelmingly women – nearly three times as many woman as men. Many are living on as little as \$15,000 a year. Some are displaced workers who relied on their spouse's income, and others left the workforce early to care for a loved one, causing their Social

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<sup>1</sup> HUD 2016

Security benefits to be lower than it otherwise would have been. And through our RISE program, we see firsthand the lack of information available to older adults in the community. Further, in many instances at LiveOn NY's Financial Fitness presentations, older women often share with us that due to historical family roles over their lifetimes, many of them were not involved in the management of finances in their families and they lack the information and basic background on many finance principles.

These examples are the tip of the iceberg when it comes to identifying just *why* older adults, and particularly women, are increasingly aging into poverty.

*Now, what can New York do to combat this?*

While society at large, as well as all levels of government, must confront the larger systemic constructs that all but continue to ensure poverty among older women of the future, the City can and must do more to support older women who are in many ways a product of this unequal society. Better supporting services funded through the Department for the Aging (DFTA) represents one of the clearest ways to improve the lives of older female New Yorkers.

Below are a few concrete examples of DFTA services that through additional support, the city could directly and positively impact this population:

1. For older women living in poverty, quality nutrition is an incredibly important service that the City can and should fulfill. Within DFTA's home-delivered meal program, 81% of meal recipients note that home-delivered meals improve their overall health. The majority of seniors utilizing the program tend to be women, living alone, receiving meals that on average account for ½ or more of their total food for the day. **To better support the home-delivered and congregate meals programs, the City must increase funding by \$20 million to ensure the solvency of the program, the availability of culturally competent options, and increased quality of the meals provided.**
2. Further, it is imperative that further recognition be given to the role that the entire network of aging services plays in alleviating the burdens of caregiving for many. **By increasing funding for services such as senior centers and NORCs to ensure that quality program can continue in spite of rising costs,** the city is investing in an outlet for aging New Yorkers and peace of mind for the thousands of family members who find solace and respite in these program's existence.
3. **The city must continue to expand its Geriatric Mental Health Initiative (GMHI)** created through Thrive NYC, as almost half of women over the age of 75 live alone, a point that requires increased mental health services as loneliness has been found to be a greater predictor of morbidity than obesity. The GMHI initiative appears ripe for expansion as only 25 of DFTA's more than 250 senior centers are able to participate in this life sustaining program.

Finally, **the city must increase funding for the gamut of human services programs, DFTA and otherwise,** as 3 out of 4 human services workers are women, almost half of whom are making less than \$15 per hour. By improving the salaries of chefs at senior centers, early childhood educators, and NORC directors, as a few examples, the city can take a powerful step towards supporting the women of today and older women of tomorrow.



LiveOn NY looks forward to working with the City to ensure that all women and all individuals have access to meaningful, quality supports to age with dignity and independence.

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

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



**TheRadicalAgeMovement**

**OVERSIGHT HEARING  
WOMEN AGING INTO POVERTY IN NEW YORK  
JANUARY 23, 2019**

**COMMITTEE ON AGING, COUNCILWOMAN MARGARET CHIN, CHAIR  
WOMEN'S COMMITTEE, COUNCILWOMAN HELEN ROSENTHAL, CHAIR**

My name is Alice Fisher, Founder and Director of TheRadicalAgeMovement. I would like to thank Chairs Councilwoman Margaret Chin and Councilwoman Helen Rosenthal and committee members for holding this hearing.

For the past 1-1/2 years, TheRadicalAgeMovement [RAM] has focused on the issues of age discrimination in the American workforce. From our Consciousness Raising and Age Café programs, we have identified that the greatest concern of our members and followers is “running out of money before they run out of life.” There is no shortage of older adults in their 50s, 60s, 70s and 80s who are desperately seeking a way to earn a living after leaving the workforce, most often not by their own choice. We see ageism in general and particularly in the workforce as a systemic cause of poverty among older adults. These people are mostly invisible to the general public and our institutions because they are beyond the common description of middle age, and they are not yet old by today's evolving demographics.

The lifespan is not a fixed permanent measure of our length of days. Rather, it is a flexible ever-changing instrument that indicates the stages of life we go through. As life expectancy and health expectancy grow longer, changes in the lifespan are a natural result. The extra healthy years we are gaining are not tacked on to the end of our lives. Instead, a new stage of life has opened up along the lifespan. People between the ages of 60 and 80+ occupy this new phase of life. If they are relatively healthy, they tend not to be ready to leave the workforce because they don't want to retire AND they can't afford to be retired for 20, 30 or 40 years. This new stage of life has no name. The people who occupy this space are called “young seniors”, “leading edge boomers”, or “olders”. Add to this scenario the inadequacy of Social Security and Medicare which are always threatened with extinction. People who do not recognize the changing lifespan lump everyone over 65 together as one “senior” cohort. How absurd! We would never put people who are 30 in the same stage of life as people who are 60 or 70. Why would we lump together people between 65 and 100 and label them all as “seniors”?

RAM sees ageism as a major systemic cause of poverty in older adults. If the workforce turns its back on this group of older adults while both Social Security and Medicare have not evolved to meet the needs of most older adults (ageism on behalf of our government), our country is headed towards a major disaster. Prior to the creation of Social Security, older adults were the poorest cohort of Americans. If we don't acknowledge these evolving changes, we will go full circle when older adults, once again, become the poorest demographic of people living among us.





Unfortunately, many more women than men will find themselves in this untenable situation. Some of the circumstances that push women into poverty at a greater rate than men are:

- Caregiving responsibilities
- Wage gap and low-wage work
- Higher healthcare costs
- Death of a spouse or divorce
- Wealth gap
- Discrimination
- Domestic violence<sup>1</sup>

### Affordable Housing and Fear of the 'Bag Lady Syndrome'

"The 'bag lady syndrome' that so many women fear is not that far-fetched for many females over 50. Due to their low pay, lack of employer-provided retirement plans and increasingly longer life spans and higher medical costs than men, they are slammed from all sides as they age."<sup>2</sup>

During my tenure in Senator Liz Krueger's office, the most dire situation with which I was confronted were homeless elderly people (85+ years old, most of whom were women). Many of these women were in some stage of dementia (makes one wonder which came first...the homelessness or the dementia). I also noted that for most of them a maximum stipend of \$100-\$200/month would allow them to pay their rent and stay in their homes. We know that it costs the City way more to keep these people in a homeless shelter where they do not belong and are extremely reluctant, for good reason, to go there. These are not people who just need a leg up so they can move ahead with their lives. This is likely their final destination.

A solution that seems so simple has never gained any traction. Why not subsidize people over 85 years old, who are living below the poverty level and cannot afford their rent. As the demographic of older adults keeps growing, this is not a problem that will go away any time, if ever, in the near future.

In New York State, 46.3 percent of people over 65 have incomes below 200% of the poverty level.<sup>3</sup> Further, there were about 1.7 million people in NYC living below the poverty line in 2011-2015. This number is larger than the population of Philadelphia or Phoenix, and would be the country's 7<sup>th</sup> largest city if ranked separately.<sup>4</sup> This is embarrassing and unacceptable.

Here are some additional suggestions to aid in ameliorating the poverty situation. I realize that some of these suggestions are for federal and state governments and not necessarily solutions that NYC can enact on its

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<sup>1</sup> Issue Brief from Justice in Aging, *Older Women in Poverty*, Special Report, December 2018  
<http://www.justiceinaging.org/wp-content/uploads/2018/12/Older-Women-and-Poverty.pdf>

<sup>2</sup> *The Financial Challenges facing Older Women*, Hanon, Kerry, *Next Avenue*, April 12, 2018

<sup>3</sup> Issue Brief from Kaiser Family Foundation, *How Many Seniors Live in Poverty*, November 19, 2018

<sup>4</sup> Research & Policy Brief NYU Furman Center, *Focus on Poverty in NYC*, June 7, 2017



## TheRadicalAgeMovement

own. However, it would go a long way if only some of these possible suggestions could be coordinated between City, State, and Federal entities,

- Updating the Supplemental Security Income (SSI) Program
- Provide Social Security credits to caregivers
- Increase income eligibility for tax credits
- Adopt paid leave policies
- Expand eligibility for 401(k) participation
- Expand eligibility for Medicare savings programs
- Add dental, vision, and hearing to Medicare
- Maintain pre-existing conditions and age protections
- Develop a long-term care benefit
- Increase funding for HUD and other housing programs
- Utilize Medicaid to increase access to housing
- Increase funding for HEAP and other energy assistance programs
- Improve access to SNAP
- Designate LGBTQ older adults as a “greatest social need” group
- Increase funding for legal services<sup>5</sup>

Thank you for the opportunity to testify today at this important hearing, TheRadicalAgeMovement looks forward to working with City Councilmembers in an effort to protect older women from age discrimination in the workplace, preventing personal bankruptcy, access to benefits and providing supportive services. Now is the time to call for #Age Justice. After all, *we are part of the future too!*

Alice Fisher, M.A., M.S.W.

Founder & Director, TheRadicalAgeMovement

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<sup>5</sup> *New Report Paints a Grim Picture of Older Women in Poverty*, HealthJournalism.org, Seegert, Liz, January 9, 2019



**TheRadicalAgeMovement**

**OVERSIGHT HEARING  
WOMEN AGING INTO POVERTY IN NEW YORK  
JANUARY 23, 2019**

**COMMITTEE ON AGING, COUNCILWOMAN MARGARET CHIN, CHAIR  
WOMEN'S COMMITTEE – COUNCILWOMAN HELEN ROSENTHAL, CHAIR**

My name is Bobbie Sackman, a Steering Committee member of the Radical Age Movement. On behalf of thousands of older women in NYC living in quiet desperation because they can no longer find employment and struggling daily with economic insecurity, I would like to thank Chairs Councilwoman Margaret Chin and Councilwoman Helen Rosenthal and committee members for holding this hearing. Both Committees working together to confront issues of women aging into poverty in NYC is welcomed and your leadership is sorely needed.

Radical Age Movement is a non-profit based in New York City that rejects long-standing misinterpretations of aging. Our goal is to end these misperceptions and skewed attitudes toward aging so that people of all ages, races, classes, genders, and sexualities can participate productively in areas of cultural, professional and community life. **Simply put, Radical Age Movement (RAM) was founded to confront ageism and advocate for age justice in its myriad of forms** – economic security, workplace discrimination, health care, protecting the safety net including Social Security, Medicare and Medicaid, cultural and societal discrimination and stereotypes, internalized ageism and other parts of life.

*Among the poorest individuals in NYC are older women of color and older immigrants. Yet, they are mostly invisible.* In framing issues of older women aging into poverty, it is critical to take into account that becoming poor in old age is often the result of a lifetime of being marginalized in the workplace. Living a lifetime of poverty/low income and not being able to stay employed due to age discrimination surely will result in being poor or on the financial cliff in your old age. Thousands of older adults are declaring bankruptcy due to inadequate income and medical bills. This is foundational and is why aging into poverty is an intergenerational problem – it starts when you're young. You may find yourself unable to find a job or work for considerably less money once you're in your 50's and older. At Radical Age Movement, we have taken on this fight against age discrimination in the workplace knowing that the younger generations coming up will benefit most of all.

*A new 2018 AARP national study, "The Value of Experience: Age Discrimination in the Workplace Persists", surveyed 3900 older adults, reported:*

**Older workers reported that age discrimination in the workplace is common – need age justice in the workplace:**

- ✓ About three in five older workers (61%) have either seen or experienced age discrimination in the workplace.
- ✓ Unemployed respondents are more likely than employed respondents (74% vs.61%) to say they have seen or experienced age discrimination.

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- ✓ Women are more likely than men (64% vs. 59%) to say they have seen or experienced age discrimination.
- ✓ African Americans/Blacks are more likely than Hispanics/Latinos and Whites to say they have seen or experienced age discrimination (77% vs. 61% and 59%, respectively).

**When asked to identify why they were “not getting hired and hearing negative remarks about older age are the most commonly reported or experienced types of age discrimination”:**

- ✓ Not getting hired for a job you applied for because of your age
- ✓ Heard negative remarks related to your older age from a colleague
- ✓ Passed up for a chance to get ahead because of your age
- ✓ Heard negative remarks related to your older age from a supervisor
- ✓ Laid off, fired or forced out of a job because of your age
- ✓ Denied access to training or professional development opportunities because of your age

*A December 28, 2018 investigatory article by Pro Publica in collaboration with the an Urban Institute study, “If You Are Over 50, Chances Are The Decision To Leave A Job Won’t Be Yours”, further uncovered the depth of age discrimination in the workplace and its economically devastating impact. **Some highlights are:***

- ✓ **Slightly more than one-half of adults in their early 50s** who are working full time, full year with a long-term employer subsequently experienced an employer-related involuntary job separation.
- ✓ **Only 1 in 10 of these involuntarily separated workers ever earned** as much after their separation as before.
- ✓ **Median household income fell 42 percent** following an employer related involuntary job separation,
- ✓ **Median household income at age 65 for workers** who experienced an involuntary separation was 14 percent lower than for those who did not.
- ✓ **56% of workers over age 50 leave their jobs involuntarily** due to layoff or business closing, job dissatisfaction or unexpected retirement.
- ✓ **8% leave their jobs due to personal reasons** including health and family concerns.
- ✓ **Median income fell slightly more for people of color and for less-educated adults** because they generally received less income outside of earnings; on average, they had less savings than others
- ✓ **Older women who experienced an employer-related involuntary separation generally lost a smaller share of household income than men** – but they experienced a 38% income loss, not so different than the 42% loss for men, and it is due to women earning less.
- ✓ **Forced retirements increased over time for both men and women and for all educational and racial and ethnic groups.** Between 1998 and 2014, the share of new retirees who reported being forced or partly forced to retire increased most for men (60% for men, 50% for women), for African Americans, and for people who did not attend four or more years of college.

**How important is all this to NYC’s workforce and economy? At Radical Age Movement, we declare that we are part of the future too! What’s good economically for older women is good for NYC! That couldn’t be any clearer than the rapid growth in the percentage of the workforce over 55:**

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Victoria Lipnic, Acting Chair, U.S. Equal Employment Commission, noted after the 50<sup>th</sup> anniversary (2017) of the Age Discrimination in Employment Act (ADEA), it is the oldest cohort of workers that will comprise the most rapid increase in the coming decades. The ADEA has been watered down by a Supreme Court decision that set a higher standard for proving discrimination than other forms of discrimination such as race and gender, leaving the burden on individual workers. Nationally:

- ✓ **Workers, age 65+, are projected to grow by 75% by 2050, while the 25-54 cohort will grow by just 2%. Anyone who is 33+ today, will be 65+ in 2050. Action taken today to end ageism in the workplace will benefit the younger generations coming up.**
- ✓ **Only five years from now in 2024, women, age 55+, are projected to be 25% of the women's labor force which is double their share from 2000. The Bureau of Labor Statistics reports that two times as many age 55+ women as women age 16-24, by 2024, will be in the workforce. Women age 65+ make up roughly the same percentage of the female workforce as older men do of the male workforce.**

**In his State of the City, Mayor Bill de Blasio announced a universal retirement plan for NYC whereby workers could invest their money for in planning for retirement.** This is a laudable idea and should be implemented. However, if you're living paycheck to paycheck or being discriminated against because of your age, you won't be able to invest in such a plan. As stated earlier, poverty among older women often is a result of decades of the inability to earn enough money or retain a job.

**Please see the attached working policy agenda.** We applaud Councilwoman Chin for breaking ground on this issue and ask that the Women's Committee work as a vocal and close ally to the Aging Committee's legislative and budgetary initiatives on age discrimination in the workplace. **We recommend the establishment of a task force to address issues of age discrimination in the workplace. Make 2019 the year of confronting age discrimination in the workplace.**

**Another economic hardship facing older women is the increasing number of personal bankruptcies among those New Yorkers over age 65. Two primary reasons are inadequate income and health care costs. A study released August 18, 2018, by Indiana Legal Studies Research, "Graying of U.S. Bankruptcy: Fallout from Life in a Risk Society", reports:**

**"Using data from the Consumer Bankruptcy Project, we find more than a two-fold increase in the rate at which older Americans (age 65 and over) file for bankruptcy and an almost five-fold increase in the percentage of older persons in the U.S. bankruptcy system. The magnitude of growth in older Americans in bankruptcy is so large that the broader trend of an aging U.S. population can explain only a small portion of the effect. In our data, older Americans report they are struggling with increased financial risks, namely inadequate income and unmanageable costs of healthcare, as they try to deal with reductions to their social safety net. As a result of these increased financial burdens, the median senior bankruptcy filer enters bankruptcy with negative wealth of \$17,390 as compared to more than \$250,000 for their non-bankrupt peers. For an increasing number of older Americans, their golden years are fraught with economic risks, the result of which is often bankruptcy."**



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Not surprisingly, the 2018 AARP study on age discrimination in the workplace, reported that among older workers who need to continue working, age 60-74, a whopping 86% reported “need the money”. Given the ever increasing cost of living in one of the most expensive cities in the country, it is likely “need the money” will continue to grow.

**Certainly, one primary solution to the increase in bankruptcy among older women would be to establish a single payer/universal long term care system in NYS. There is a need for age justice in the health care system to ensure older adults receive the medical care and long term care services they require. We are very appreciative that 44 Councilmembers signed on to a resolution, following a four hour Health Committee hearing, to support the NY Health Act. State legislative Health Committee Chairs, Assemblyman Dick Gottfried and Senator Gustavo Rivera, are moving ahead to amend the act to include universal long term care from day one of the passage of the legislation. That means advocates and providers won't have to come back to City Council year after year asking for funding for waiting lists for EISEP case management and home care. The NYHA will expand Medicare coverage by including hearing, vision and dental services and eliminating all out of pocket costs, including supplemental gap insurance. We call upon City Council and other government officials to call out this propaganda for what it is – fearmongering targeting older adults by opponents of NYHA who claim older adults are afraid of losing their Medicare if single payer is enacted. Single payer will end personal bankruptcy to pay medical bills and waiting lists for long term care services.**

At Radical Age Movement, we believe that older adults are part of the future too! Given the rapid growth in the percentage of the workforce being over age 50 in coming years, this is clearly true and appropriate policies must be put in place by the city. This is an opportunity for City Councilmembers to be on the forefront of taking on financial stability among older women in NY.

Other programs and services that provide good support for older women include:

As always, maximizing the utilization of public benefits such as SNAP and Medicaid is key to increasing the purchasing power of older women. The need for affordable housing and strong rent laws among older women is central to their financial health and stability.

In December, 2013, as Director of Public Policy at LiveOn NY, I wrote an extensive briefing report for the newly elected Mayor de Blasio, “*The Aging Tsunami*”. I’ve shared this with City Council staff. There are a series of recommendations to meet the needs of older women in that report.

**Some highlights of programs that were eliminated under the Bloomberg administration, would benefit older women, if they are brought back:**

- ✓ **ESL/citizenship classes in senior centers** – Older adults are capable and anxious to learn English. When this funding existed, there were even some older adults who became citizens with the assistance of senior center staff. Central to being able to function in society, work, access health care and other vital parts of daily living, is the ability to speak English.



## The Radical Age Movement

- ✓ **Safe Streets/Crime Victims Assistance** – Mayor David Dinkins instituted this program at DFTA targeting older victims of crime. It was part of his community policing program. There was a citywide corps of staff at senior centers with expertise in working with the local police precincts and older crime victims – everything from applying for crime victims assistance, replacing locks, cash, counseling for trauma, etc. was made available. Unfortunately, the program was totally eliminated under the Bloomberg administration. Since DFTA doesn't have funding for this, I recommend the Police Department fund it.
- ✓ **Transportation** – DFTA funded vans operated by senior centers, NORCs, meals-on-wheels and other programs provide lifeline transportation to thousands of older New Yorkers. They transport older adults to go food shopping, the bank, medical appointments, recreational activities and other tasks. DFTA funded vans funding has been decreased over the years while costs have increased. Additional funding is needed to keep intact vans on the road. As for mass transit, I recommend focus groups be conducted around the city to get direct feedback in local communities from older residents as to their bus and subway needs. Access to affordable transportation is a cornerstone of remaining independent in the community and avoiding isolation. One overlooked issue is that older adults are frequently frightened by near accidents with bike riders who are riding too fast, come suddenly from behind on sidewalks, going in the wrong direction and through traffic lights.

Thank you for the opportunity to testify today at this important hearing. Radical Age Movement looks forward to working with City Councilmembers to maximize the vast leverage New York City has to protect older women from age discrimination in the workplace, preventing personal bankruptcy, access to benefits and providing supportive services. It is necessary to prevent poverty in old age and to bring older women off the financial cliff. **Now, is the time to fight for age justice!**

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**Principles and Policies: Age Justice in the Workplace**  
**Age Justice: Economic Security, Not Insecurity**  
**December, 2018**

1. **Raising public awareness of age discrimination in the workplace for workers over age 50** – Age discrimination in the workplace is a rampant, but hidden crisis. Public awareness can be raised through advocacy, educational forums, research, and empowering individuals to organize and speak up for age justice. The workplace is a critical economic and social/cultural institution in American society. Being walled out is leaving thousands in financial hardship and invisible. This also includes raising the overall impact of ageism in society on all of us. Develop a neighborhood based “know your rights” awareness campaign including a public transit campaign about age discrimination in the workplace.
2. **City policies prohibiting employment discrimination based on age** - Through utilization of its pension funds, job training and employment programs, city contracts, RFPs and other services, New York City can establish policies prohibiting employment discrimination based on age. Age discrimination in the workplace is an economic barrier preventing older New Yorkers from earning the income they need to live in NYC and support others. This has an individual and community impact.
3. **Human Rights Commission** – Work with the NYC Human Rights Commission to expand and strengthen its legal services and outreach ability to protect individuals from age discrimination in the workplace. People over age 40 are a protected class.
4. **Research and data collection and its economic impact** – Research to collect data and information on the scope, consequences of age discrimination in the workplace and solutions. Collecting stories from those individuals who have experienced age discrimination to show trends and empower those being discriminated against. Utilization of this research to establish anti-discrimination policies and laws in New York.
5. **Supporting older workers in city programs/policies** – Include older workers, age 50+, in all city employment and training programs. Develop an older worker employment/training opportunity program.
6. **Working in coalition for age justice** – Collaborating with coalitions advocating for social justice in the workplace and equal opportunity. Coalitions working on job development and discrimination, women’s issues, anti-racism, immigrant rights and other economic justice groups. Older women have experienced the lack of gender parity for pay in the workplace throughout their career. Many have also lost compensation due to time taken off for caregiving of children and older parents, spouse and other relatives.
7. **Media coverage** – Working with the media to raise their awareness of the importance of the stories around age discrimination in the workplace and the need for solutions leading to change. Putting a human face on the discrimination by encouraging individuals to tell their stories.





**Oversight – Women Aging into Poverty in New York City  
Committee on Women Jointly with the Committee on Aging**

**January 23, 2019**

**Testimony submitted by: Rachel Sherrow  
Associate Executive Director  
Citymeals on Wheels  
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Rachel@citymeals.org**

**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, generates revenue for New York City as an added benefit, 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.* In-home services like meals on wheels are incredibly vital to those who are frail and vulnerable and often can help prevent them from slipping into deeper poverty and at worse, homelessness.

Our population is aging throughout the country and especially here, with 17% of NYC over the age of 60 and by 2050 the number of older adults will double, outnumbering children under 15. Living longer, and on fixed incomes means more struggle over access to food. This is especially acute for women, who make up nearly 65% of the homebound elderly, because they have either never married, have outlived spouses, children, or other family, and may not have worked and paid into the social security system and don't have much in savings. In addition, fixed incomes for older adults don't increase by much if at all, and in fact, can decline, and therefore many experience increased difficulty affording healthy food.

Hunger Free America's most recent hunger study showed that nearly 11% of NYC's seniors suffer from food insecurity which is a less direct way of saying that they are hungry. According to the Mayor's Office of Economic Opportunity, nearly 44% of older adults live in poverty in the city, coming close to the 50% of children under 18 who also do.

Unfortunately, for homebound elderly to access supplemental food is a more difficult and often times impossible task. They are unable to walk to pantries, or wait in line and carry the bags home. 40% of our meal recipients are unable to leave their homes, and many do not have support to help them.

Therefore it is not surprising that the Nutrition Screening Initiative estimates that one in four senior citizens living in our communities is malnourished.<sup>1</sup> It has also been estimated that up to 55% of seniors admitted to hospitals are suffering from malnutrition.<sup>2</sup> In addition food insecure seniors are 60% more likely to suffer from depression, and 40% more likely to experience congestive heart failure.<sup>3</sup>

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. In addition, Citymeals on Wheels created a program to reach those most hungry, poor and frail with a Mobile Pantry bag. Because these most vulnerable meal recipients are unable to access food pantries themselves, we supplement the daily meal they are receiving with additional food to ensure they have more to eat. Currently the program is only reaching about 650 meal recipients in Upper Manhattan, the South Bronx, and parts of Central Brooklyn. Although we know the need is closer to 2,500 clients city-

wide, we are unable to reach them currently due to financial constraints of our organization.

Citymeals is also working on a study with Columbia University School of Dental Medicine and The NYC Department for the Aging (DFTA), on oral health issues and the impact on meal consumption. Many of our meal recipients have oral health issues which create problems for eating part or all of their meals which leads to malnourishment and hunger. These older adults often lack dental insurance or do not understand what they are eligible for under either Medicare or Medicaid and consider the costs prohibitive and unnecessary. Unfortunately, the lack of dental care can impact their ability to eat and we hope that our findings will help inform how we can better serve this part of the population receiving meals and ensure they are able to consume them and not go hungry.

Citymeals on Wheels fundraises for private dollars which is never easy and much more difficult in the new landscape for not for profits navigating the federal budget and the new tax laws, in addition to the city's budget for Aging services not keeping up with the increasing need and growth in population. We must adequately fund core services like meals on wheels and case management as it is crucial to be able to have a safety net for these most vulnerable New Yorkers. Currently we are at 97% capacity for meals on wheels city-wide, and as the population increases, we are concerned many

who are in need will not receive essential 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. SNAP benefits which help combat hunger by allowing people to purchase additional food can be obtained through case management services. However if there are wait lists, we will be faced with the larger costs of the burden of poor diets which result in chronic disease and end up costing more in Medicaid dollars.<sup>4</sup>

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.<sup>5</sup> 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.

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 through our 37<sup>th</sup> 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 and ensure our elderly neighbors have access to nutritious food.

<sup>1</sup> 2000 to 2010 Census, as reported in NYC Department for the Aging's "Census 2000: Changes in the elderly population of NYC 2000-2010. <sup>2</sup>Ibid. <sup>3</sup> Mazon.org <sup>4</sup> American Journal of Preventive Medicine, Building on the Supplemental Nutrition Assistance Program's Success: Conquering Hunger, Improving Health Neal D. Barnard, MD, David L. Katz, MD, MPH. <sup>5</sup> 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](http://www.huduser.org/portal/periodicals/em/em_archive.html)).

**As an addendum, if the government shutdown continues, over 40% of our meal recipients who rely on SNAP, will be unable to access the necessary additional food they need to sustain themselves. The average amount received each month by our homebound elderly is \$121 which could significantly impact how much they eat in the upcoming weeks. Our warehouse in the Bronx, is on hand with supplemental bags of shelf stable food in order to ensure that we get the additional food to those most in need if this becomes an on-going situation in Washington D.C.**



I would like to thank the Council Member for her work on aging and the stands she has taken on behalf of older New Yorkers.

My focus is on the statistical impacts of Alzheimer's disease on aging, poverty and being female.

## **II Financial Costs of the Epidemic**

- In 2017, more than 16 million family members and other unpaid caregivers provided an estimated 18.4 billion hours of care to people with Alzheimer's or other dementias. This care is valued at more than \$232 billion. Footnote II 1

- The median household headed by someone aged 55–64 in 2010 had just \$12,000 in retirement savings according to the US Federal Reserve's National Survey of Consumer Finances. The typical U.S. household does not have nearly enough savings to pay for the care of someone with dementia, even for a year or two. Footnote II 2

- The typical older home owner would have enough wealth to pay for 3 ½ years in a nursing home, a stay in that type of residential facility would exhaust the wealth of the typical renter aged 65 and over in a matter of weeks. Footnote II 3

- Dementia imposed a financial cost of approximately \$28,500 per affected person per year - not counting the economic cost of informal care. Footnote II 4

- Future spikes in Medicaid enrollments/costs will be due to a combination of: the increase in the growth rate of Medicaid spending specifically on nursing care facilities and continuing care retirement communities, low household savings, Baby boomer boom, and increases in dementia risk with reduced mortality. Footnote II 5

- Total payments in 2018 for health care, long-term care and hospice services for people age 65 years and older with dementia are estimated to be \$277 billion. Footnote II 7

- Alzheimer's is the most expensive disease in the US. Footnote II 8

- The average cost for a private room in a nursing home is \$97,455/year. The average cost of a semi-private room in a nursing home is \$85,775/year. Most families pay for residential care costs out of their own pockets. Some facilities will accept Medicaid; others may not. Footnote II 9

- The nationwide *average* costs (they vary a LOT): In-home respite care= \$20-\$21/hour. Adult day care = \$72/day. Residential respite care (assisted living, etc.) = \$125/day. Footnote II 10

- The average caregiver over 50 who leaves the workforce to take care of a parent loses \$303,880 in lifetime wages, Social Security, and private pensions, kicking the costs down the line and making the economy as a whole less productive. Footnote II 11

- Medicaid and Medicare pay 70% of health and long-term costs of Alzheimer's disease. AD & D account for nearly 1 in 5 Medicare dollars. Per-person spending for those with Alzheimer's: Medicare: 3 times higher than average, Medicaid: 19 times higher than average Footnote II 12

- According to the 2004 National Long Term Care Survey, more than half (53%) of older households with chronic disabilities living in the community and receiving any paid home care had to cover the cost themselves. Footnote II 13

- Given the high average costs of services (adult day services, \$72 per day; assisted living, \$43,756 per year; and nursing home care, \$83,230–\$92,977 per year, individuals often deplete their income and assets and eventually qualify for Medicaid. Medicaid is the only public program that covers the long nursing home stays that most people with dementia require in the late stages of their illnesses. Footnote II 15

- Senior housing investors earned nearly 15% annual returns over the last five years, higher than for apartment, hotel, office and retail properties. Footnote II 16

### **III Health and Unpaid Labor Costs for Caregivers:**

- 42% of adults care for aging relatives – 52 Million caring for others on top of jobs and childcare. A systemic problem that can't be solve individually. Footnote III 1

- 83% of the care provided to older adults come from family members, friends or other unpaid caregivers. 60% of people with Alzheimer's live in home settings. Footnote III 4

- With the increasing prevalence, as well as the growing burden both emotionally and financially for the patient, caregiver, and all others involved, AD/D is taking a toll on people and communities that defies measure. Footnote III 5

### **IV AD & D Impacts of Sexism, Racial Disparity, Poverty, Age Disparity, Migrant Status, LBTQ Oppression, Marital Status, Disability, Stigma**

CDC Stats on Women:

Women are 2/3's of the population afflicted with AD & D.

65.4% of those caring for someone with AD & D are women.

65.7 % of those with AD & D with unpaid care from a family member/friend are women.

Over 1/3 of AD & D caregivers also have a minor child at home (almost all women).

Footnote IV 1

- Women typically receive lower benefits than men do. In 2014, older women received on average \$4,500 less annually in Social Security benefits than men did. They received lower wages when they worked, which leads to smaller monthly checks from Social Security and are more likely to take time off from work to care for children or aging parents. Less time contributing to Social Security and thus lower monthly benefit amounts. Footnote IV 3

- A significant portion of older women live near or in poverty: women of color, LGBTQ women, and single women even more likely to age in poverty.

- Women represent nearly two-thirds of all individuals age 65 and over living in poverty.

- The SPM (Supplemental Poverty Measure) shows that Black, Hispanic, and Native American women are almost two times more likely to live in poverty than older white women.  
Footnotes IV 4

- Care is 'women's work': voluntary or unpaid and systematically devalued. Most care workers here are women: disproportionately women of color, migrant women, or women of marginalized social status. The work is often part time and inconsistent. Long-standing racial exclusions from labor protections and a culture that has failed to adequately value or support caregiving have resulted in high turnover rates, worker shortages and thus lower quality care. The median annual pay for home care jobs is \$13,000 — barely above the federal poverty level. As a result, more than half of all U.S. care workers rely on some form of public assistance. Footnotes IV 5



- Older Americans were the only demographic for whom poverty rates increased in a statistically significant way between 2015 and 2016, according to Census Bureau data. While poverty fell among people 18 and under and people 18 to 64 between 2015 and 2016, it rose to 14.5 percent for people over 65. Footnote IV 6

- This disease mainly affects people over 65. Above this age, a person's risk of developing Alzheimer's doubles approximately every 5 years. One in 6 people over 80 have dementia. One in 10 people age 65 and older has Alzheimer's. Of people who have Alzheimer's dementia, 82% are age 75 or older. Footnote IV 7

Alzheimer's is the only cause of death among top 10 that cannot be prevented, cured, or slowed. Footnote IV 8

- Alzheimer's disease is currently ranked as the 6th leading cause of death in the United States, but recent estimates indicate that the disorder may rank 3rd, just behind heart disease and cancer, as a cause of death for older people. Footnote IV 9

#### Stats Using SPM Supplemental Poverty Measure

7.1 million adults ages 65 and older lived in poverty in 2016 (14.5%)  
Nearly 21 million people ages 65 and older had incomes below 200% of poverty under the SPM in 2016 (42.4%).

Under both the official measure and the SPM, the poverty rate among people ages 65 and older increased with age and was higher for women, blacks and Hispanics, and people in relatively poor health.

Under the SPM, 4.4 million older women lived in poverty in 2016, 1.5 million more than under the official measure; 2.8 million older men lived in poverty under the SPM, 1.1 million more than under the official measure.

#### Footnote IV 10

- Older African-Americans are about 2 times and older Hispanics are about 1½ times more likely than older whites to have AD & D. Limited data exist about the prevalence of Alzheimer's disease in other racial and ethnic groups, including Asian Americans and Native Americans. Footnote IV 11

- Non-Hispanic blacks had significantly higher cost of care than whites or Hispanics, primarily due to more inpatient care and greater severity of illness. Footnote IV 13

- Half of AD & D caregivers are between the ages of 45 and 64. Footnote IV 14

- 2013-2014 Long Term Care Services Users by Sex:  
Adult Day Services - Women: 58.9% Men: 41%  
Home Health - Agency Women: 62.1% Men: 37.9%  
Hospice - Women: 59.1% Men: 40.9%  
Nursing Home – Women: 66.8% Men: 33.2%  
Residential Care Community – Women: 70.2% Men: 29.8%  
Footnote IV 15

- People with dementia report being afraid of the reactions of others and a lower perceived status within society because of the diagnosis. The stigma associated with dementia may contribute to social exclusion, a reluctance to seek help or even a diagnosis, a sense of shame and inadequacy, and low self-esteem. Footnote IV 16

- People with AD and D tend to be especially vulnerable to abuse because the disease may prevent them from reporting the abuse or recognizing it. Abuse can occur anywhere, including at home and in care settings and can take many forms: Physical: physical pain or injury; Emotional: verbal assaults, threats of abuse, harassment and intimidation; Neglect: failure to provide necessities, including food, clothing, shelter, medical care or a safe environment; Financial: the misuse or withholding of the person's financial resources to his or her disadvantage or the advantage of someone else.

Footnote IV 17

### **V Housing Continuum for Older Adults Long-Term Care Services By Setting**

- The lack of affordable, accessible housing integrated with long-term care can leave some older adults homeless or at risk of homelessness. Footnote V 8

- About 84% of elderly nursing home residents have 3 or more functional limitations; of that 84%, about half also have cognitive limitations. Nearly 3/4s of elderly nursing home residents are women, though only 58% of people 65 or older are women. The majority of the female nursing home residents are widowed. Footnote V 9

- Research has demonstrated a decrease in the proportion of individuals with AD who die in an acute care hospital, with end-of-life care shifting to home and nursing homes. Footnote V 16

- The long duration of illness before death contributes significantly to the public health impact of AD because much of that time is spent in a state of disability and dependence. Scientific measures indicate that AD is a very burdensome disease and that the burden of AD has increased more dramatically in the United States in recent years than other diseases. Looking at years of life lost, AD rose from 32nd to 9th, the largest increase for any disease. Footnote V 18

- Demand for nursing home services and services from long-term care hospitals is increasing. Long-term care hospitals serve individuals whose acute medical conditions require long-term care. Footnote V 19

- Even with help from community-based services and respite services, providing care for a loved one with Alzheimer's disease (A/D) or dementia becomes more difficult with time. In later stages of the disease, many people will require more care and assistance than their family members can provide. Even for people who don't need intensive hands-on care, safety may be an issue and they may not be able to stay home alone. Footnote V 20

We have no national policy to address the public health crisis of Alzheimer's disease. No well-regulated nursing homes to house our elders when it becomes necessary to have long-term 24/7 skilled care. It takes a toll on caregivers and those with the disease alike as it drives older women deeper into poverty.

Thank you,

Best Regards,

K Webster  
Neighbors to Save Rivington House

## **II Financial Costs of the Epidemic**

Footnote II 1 Alzheimer's Disease Facts and Figures 2018

<https://www.sciencedirect.com/science/article/abs/pii/S1552526018300414>

Footnote II 2 Risk of Developing Dementia at Older Ages in the United States

<https://link.springer.com/article/10.1007%2Fs13524-017-0598-7>

Footnote II 3 Joint Center for Housing Studies Harvard University <https://www.nado.org/wp-content/uploads/2014/09/Harvard-Housing-Americas-Older-Adults-2014.pdf>

Footnote II 4 Risk of Developing Dementia at Older Ages in the United States

<https://link.springer.com/article/10.1007%2Fs13524-017-0598-7>

Footnote II 5 Risk of Developing Dementia at Older Ages in the United States

<https://link.springer.com/article/10.1007%2Fs13524-017-0598-7>

Footnote II 7 Alzheimer's Disease Facts and Figures 2018

<https://www.sciencedirect.com/science/article/abs/pii/S1552526018300414>

Footnote II 8 A Public Health Approach to Alzheimer's and Other Dementias. Worldwide annual costs exceed \$818 billion (2015)

<https://www.alz.org/media/Documents/public-health-approach-alzheimers-curriculum.pdf>

Footnote II 9 Residential Care

<https://www.alz.org/help-support/caregiving/care-options/residential-care>

Footnote II 10 Respite Care for Dementia Caregivers

<https://www.dementiacarecentral.com/caregiverinfo/careoptions/respice/>

Footnote II 11 Foreign Policy “Who Will Care for the Caregivers”

<https://foreignpolicy.com/2018/07/16/who-will-care-for-the-carers-automation-health-care-aging-jobs/>

Footnote II 12 A Public Health Approach to Alzheimer's and Other Dementias

<https://www.alz.org/media/Documents/public-health-approach-alzheimers-curriculum.pdf>

Footnote II 13

Joint Center for Housing Studies Harvard University <https://www.nado.org/wp-content/uploads/2014/09/Harvard-Housing-Americas-Older-Adults-2014.pdf>

Footnote II 15 Alzheimer's Disease Facts and Figures 2014

<https://www.sciencedirect.com/science/article/pii/S1552526014000624>

Footnote II 16 The National Investment Center for Seniors Housing & Care (NIC)

<https://www.nic.org/analytics/senior-housing-investment-returns/>

## **III Health and Unpaid Labor Costs for Caregivers:**

Footnote III 1 Universal Family Care – Caring Across Generations

[https://www.youtube.com/watch?v=nGNuchQEzc4&=&utm\\_campaign=coschedule&...=](https://www.youtube.com/watch?v=nGNuchQEzc4&=&utm_campaign=coschedule&...=)

Footnote III 4 A Public Health Approach to Alzheimer's and Other Dementias  
<https://www.alz.org/media/Documents/public-health-approach-alzheimers-curriculum.pdf>

Footnote III 5 Looking at the Future of Alzheimer's Disease Policy  
<https://www.healthaffairs.org/doi/10.1377/hblog20150714.049333/full/>

#### **IV AD & D Impacts of Sexism, Racial Disparity, Poverty, Age Disparity, Migrant Status, LBTQ Oppression, Marital Status, Disability, Stigma**

Footnote IV 1 CDC -Behavioral Risk Factor Surveillance System (BRFSS) Alzheimer's Fact Sheet  
<https://www.alz.org/media/Documents/caregiver-data-2014-brfss.pdf>

Footnote IV 3 This Is What Life Without Retirement Savings Looks Like  
<https://www.theatlantic.com/business/archive/2018/02/pensions-safety-net-california/553970/>

Footnote IV 4 Older Women and Poverty  
<http://www.justiceinaging.org/wp-content/uploads/2018/12/Older-Women-and-Poverty.pdf>

Footnote IV 5 "Who Will Care for the Caregivers?"  
<https://foreignpolicy.com/2018/07/16/who-will-care-for-the-carers-automation-health-care-aging-jobs/>

Footnote IV 6 "This Is What Life Without Retirement Savings Looks Like"  
<https://www.theatlantic.com/business/archive/2018/02/pensions-safety-net-california/553970/>

Footnote IV 7 Alzheimer's a Public Health Crisis Alzheimer's Association. Alzheimer's Disease Facts and Figures. Alzheimers Dementia 2017 <https://www.alz.org/media/Documents/public-health-approach-alzheimers-curriculum.pdf>

Footnote IV 8 Alzheimer's a Public Health Crisis <https://www.alz.org/media/Documents/public-health-approach-alzheimers-curriculum.pdf>

Footnote IV 9 National Institute of Health Alzheimer's Disease Fact Sheet  
<https://www.nia.nih.gov/health/alzheimers-disease-fact-sheet>

Footnote IV 10 How Many Seniors Live in Poverty?  
<https://www.kff.org/medicare/issue-brief/how-many-seniors-live-in-poverty/>

Footnote IV 11 A Public Health Approach to Alzheimer's and Other Dementias.  
<https://www.alz.org/media/Documents/public-health-approach-alzheimers-curriculum.pdf>

Footnote IV 13 Alzheimer's Disease Facts and Figures 2014.  
<https://www.sciencedirect.com/science/article/pii/S1552526014000624>

Footnote IV 14 CDC -Behavioral Risk Factor Surveillance System (BRFSS) Alzheimer's Fact Sheet  
<https://www.alz.org/media/Documents/caregiver-data-2014-brfss.pdf>

Footnote IV 15 CDC 2013-2014 Long Term Care Services Users by Sex  
[https://www.cdc.gov/nchs/data/series/sr\\_03/sr03\\_038.pdf](https://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf)

Footnote IV 16 Alzheimer's Association. Abuse. 2015  
<https://www.alz.org/care/alzheimers-dementia-elder-abuse.asp>

Footnote IV 17 Alzheimer's Association. Abuse. 2015  
<https://www.alz.org/care/alzheimers-dementia-elder-abuse.asp>

## **V Housing Continuum for Older Adults Long-Term Care Services By Setting**

Footnote V 8 Joint Center for Housing Studies Harvard University <https://www.nado.org/wp-content/uploads/2014/09/Harvard-Housing-Americas-Older-Adults-2014.pdf>

Footnote V 9 Congressional Budget Office Report  
<https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44363-ltc.pdf>

Footnote V 16 Alzheimer's Disease Facts and Figures 2014  
<https://www.sciencedirect.com/science/article/pii/S1552526014000624>

Footnote V 18 Alzheimer's Disease Facts and Figures 2014  
<https://www.sciencedirect.com/science/article/pii/S1552526014000624>

Footnote V 19 Alzheimer's Disease Facts and Figures 2014  
<https://www.sciencedirect.com/science/article/pii/S1552526014000624>

Footnote V 20 <https://www.dementiacarecentral.com/memory-care-vs-assisted-living/>

**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: 1/23/19

(PLEASE PRINT)

Name: Peter Kempner, Esq.

Address: 137 Dahill Rd. Brooklyn, NY 11218

I represent: Volunteers of Legal Services

Address: 40 Worth St. NY, NY 10013

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in favor  in opposition

Date: 1/23/19

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Name: Molly Krakowski

Address: \_\_\_\_\_

I represent: JASA

Address: \_\_\_\_\_

**THE COUNCIL  
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in favor  in opposition

Date: 1/23/2019

(PLEASE PRINT)

Name: Committee on Aging  
K Webster

Address: 216 Boreery

I represent: Princeton House Neighbors

Address: 45 Rivington St

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**THE COUNCIL  
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Date: \_\_\_\_\_

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Name: Jacqueline Elbans, Executive Director

Address: \_\_\_\_\_

I represent: Commission on Gender Equity

Address: \_\_\_\_\_

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Date: \_\_\_\_\_

(PLEASE PRINT)

Name: CARYN RESNICK, ACTING

Address: COMMISSIONER

I represent: DFTA

Address: 2 LAFAYETTE ST.

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in favor  in opposition

Date: \_\_\_\_\_

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Name: Alice ~~XXXX~~ Fisher

Address: \_\_\_\_\_

I represent: Radical Age movement

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: Kristan Rochrs

Address: \_\_\_\_\_

I represent: Radical Age Movement

Address: \_\_\_\_\_

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**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: KATELYN HOSEY

Address: \_\_\_\_\_

I represent: LIVE ON NY

Address: 49 W. 45<sup>th</sup> St, 7<sup>th</sup> FLOOR

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