

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON WOMEN JOINTLY WITH COMMITTEE ON
AGING

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January 23, 2019
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HELD AT: Council Chambers - City Hall

B E F O R E: HELEN K. ROSENTHAL
Chairperson

MARGARET S. CHIN
Chairperson

COUNCIL MEMBERS: Diana Ayala
Laurie Cumbo
Ben Kallos
Brad S. Lander
Chaim M. Deutsch
Ruben Diaz, Sr.
Daniel Dromm
Mathieu Eugene
Deborah L. Rose
Mark Treyger
Paul A. Vallone

A P P E A R A N C E S (CONTINUED)

Jacqueline Ebanks, Executive Director, Commission
on Gender Equity

Caryn Resnick, Acting Commissioner, Department for
the Aging, DFTA

Kaitlin Hosey, Public Policy Advocate, Live On New
York

Molly Krakowski, Director of Legislative Affairs,
JASA

Kristin Royce, Masters in Social work student and
Intern, Radical Age Movement Appearing for Bobby
Sackman, Radical Age Movement

Peter Kempner, Director, Elderly Project at
Volunteers of Legal Service

Kate Webster, Neighbors to Save Rivington House

2 [sound check] [pause]

3 CHAIRPERSON ROSENTHAL: Okay. Alright,
4 good morning, and welcome to our oversight hearing on
5 Women Aging into Poverty in New York City. I'm
6 Council Member Helen Rosenthal, Chair of the
7 Committee, and we are joined here today by the
8 Committee on Aging chaired by Council Member Margaret
9 Chin. As Chair of the Committee on Women, I called a
10 number of hearings that highlight the impact on
11 gender imbalance and discrimination that the impact
12 of—sorry, gender imbalance and discrimination have on
13 women especially women of color and women who
14 identify as LGBTQ plus. At today's hearing we will
15 discuss how—hang on one second. My apologies.
16 [pause] At today's hearing we will discuss how this
17 status quo fails women throughout their lives and how
18 this contributes to a large and growing number of
19 older women aging into poverty in New York City.
20 Older adults are the fastest growing segment of New
21 York City's population and women significantly out-
22 number men in this age cohort comprising 60% of
23 adults over 65. As women age, decades of pay
24 inequity, uncompensated and unrecognized work as
25 caregivers, comparatively higher healthcare and

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2 transportation costs as well as myriad of other
3 factors contribute to their increased risk of
4 poverty. As such, we see a higher percentage of
5 older women who are impoverished as compared to men.
6 Over the course of their lifetimes, women will earn—
7 if they are women of color around 70 cents for every
8 dollar, and let's split that down. If Latinas are
9 earning around I think it's now 60 cents or 54 or 60
10 cents on every dollar, and black women it's closer to
11 70 cents on every dollar for 8—for white men it's 80
12 cents for every dollar that their male counterparts
13 earn. This gender and racial based earning inequity
14 compounds over time. In addition to employment
15 challenges, women are often called upon to be
16 caregivers for both children and for older relatives,
17 which affects their ability to make ends meet, save
18 for retirement and can--and can present
19 insurmountable barriers to a competitive career
20 trajectory. While women on the whole earn and save
21 less than their male counterparts, they also fact
22 additional costs. For instance, women in New York
23 City can spend up to \$1,200 more than men on
24 transportation per year if they are their family's
25 main caregiver—caregiver and Sarah Kaufman at NYU did

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2 groundbreaking research to verify this. Compounding
3 matters navigating public transit when elderly or
4 disabled is profoundly difficult in our largely
5 inaccessible subway system and Access-A-Ride is
6 plagued by delays, inefficiencies and concerns about
7 language access for the city's considerable senior
8 immigrant population. Women are also impacted by
9 higher healthcare costs. Over the course of their
10 lives, women will spend 33% more on healthcare than
11 men, yet older women in New York City are less likely
12 than men to receive treatments for renal and cardiac
13 treatments. Not unlike many New Yorkers, older women
14 struggle to secure affordable and safe housing.
15 Women comprise the majority of severely rent burdened
16 households not receiving any form of housing
17 assistance and as a result, more women are
18 experiencing homelessness for the first time as older
19 adults. The city is beginning to address these
20 challenges, but a comprehensive assessment of the
21 needs of our growing population of older women is
22 urgently required. To begin, accessibility must be
23 improved. The stock of affordable senior housing
24 must be increased and caregivers need to be made
25 whole for their loss of income. We also need clarity

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2 from the Administration about how their recent
3 healthcare proposal will affect seniors, and senior
4 women in particular. I look forward to hearing
5 testimony from the Administration, and stakeholders
6 on proposals to—to address this critical issue and
7 arriving at a collaborative and long-term vision to
8 help improve conditions for older women in New York
9 City. I want to than Ned Terrace my Legislative
10 Director as well as committee staff for their work in
11 preparing for this hearing, Brenda McKinney who is my
12 General Counsel, Chloe Rivera, our Legislative Policy
13 Analyst who wrote a tremendous report I encourage
14 everyone to read for details, and Monica Pepple, our
15 Finance Analyst and I'd like to welcome Council
16 Members Ayala, Kallos and Lander from the Committee
17 on Women for joining us today, and I must say that I
18 am currently asked to be in two other meetings at the
19 current time, and so I may step out now and then and
20 want to thank my Co-Chair Council Member Chin, Chair
21 of the Committee on Aging for her work, and I'm going
22 to turn it over to her now. Thank you.

23 CHAIRPERSON CHIN: Thank you. Good
24 morning. I'm Council Member Margaret Chin, Chair of
25 the Committee on Aging. Thank you for joining us

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2 today our joint hearing on—with the Committed on
3 Women on women aging into poverty. I want to thank
4 Chair Helen Rosenthal for co-chairing this hearing
5 today. During almost every Aging Committee hearing,
6 I share the undeniable fact that New York City is
7 growing older. From 2005 to 2015, the population of
8 older adults, older than 65 in New York City
9 increased from 947,000 to 1.3 million a nearly 20%
10 growth. While this is a fact to be celebrated,
11 unfortunately, as our older adult population
12 increases, so do the number of older adults aging
13 into poverty. Across the city our older adults are
14 struggling to pay their rent, pay for their
15 healthcare, and pay for other things they need to
16 properly age in place. While older adults of both
17 genders struggle financially, research show that
18 older women are struggling more than older men.
19 According to studies compared to their male
20 counterpart, old women retire earlier, face more
21 instances of age discrimination in the workplace,
22 retire with less in their retirement saving and earn
23 less Social Security income due to the gender gap in
24 the workforce. It is not surprise then that older
25 women also struggle more to secure affordable and

1 safe housing on their limited fixed income. In fact,
2 studies show that regardless of educational
3 background, race, or marital status, women over the
4 age of 65 are more likely to be living below the
5 poverty line than men. New York City's older women
6 experience poverty at a rate of 6.3% higher than
7 older men do. The sad reality is that one out of
8 five New Yorker women are living in poverty, and the
9 barriers leading to this disparity are even more
10 challenging for women in vulnerable groups such as
11 women of color, Lesbian, Gay, Bisexual, Transgender,
12 and Queen women and immigrant women and immigrant
13 women. In general, women in these population are
14 even more likely to live in poverty and receive less
15 Social Support Services than their male counterparts.
16 Older adults are not only our present, they are our
17 future. They offer valuable contributions to the
18 workplace and society. We cannot leave our older
19 adults to struggle financially. We cannot leave our
20 older women without support. Sixty percent of our
21 city's older adult population are women, and far too
22 long older adult women have been left out of the
23 conversation about women. We must ensure that this
24 vulnerable group is also included in conversations
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1
2 about gender equity. Following up on our Age
3 Discrimination hearing from September 2018, I'm proud
4 to sponsor Resolution No. 714, which calls on the
5 United States Congress to re-introduce and for the
6 President to sign the Protecting Older Workers
7 Against Discrimination Act. This act introduced by
8 U.S. Senator Robert P. Casey, Jr. and Congressman
9 Barbara Scott in 2017 would reverse the Supreme
10 Court's decision in *Gross v. FBL Financial Services,*
11 *Inc.* In that case, the Supreme Court took away
12 protection for older Americans by making it more
13 difficult to prove an age discrimination claim. This
14 resolution is Protecting Older Workers Against
15 Discrimination Act would reinstate mixed motive
16 claims allowing employees to pursue and age
17 discrimination claim even if age discrimination is
18 not the only factor in their claim. Helping
19 counteract age discrimination in the workplace is
20 only one way in which we can help our older adult
21 population. Working with the Department for the Aging
22 we must do more and do better to make sure our older
23 adults and especially our older women are getting the
24 financial support they need to survive an age with
25 dignity. Let's not forget, aging isn't a one-

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2 dimensional issue. It's a woman's issue, a health
3 access issue, economic equality issues and justice
4 issue. Comprehensive issues require comprehensive
5 policy and solutions. At this hearing we hope to
6 hear more from the Department for the Aging, and the
7 Administration about what resources are available for
8 older women, what patterns, if any, they have found
9 in this population and what more we can do as a city
10 to help older women. I'd like to thank the Committee
11 staff for their help in putting together this
12 hearing, our Counsel Nuzhat Tadari; Policy Analyst
13 Calima Johnson; Finance Analyst Daniel Kroop; and
14 Finance Unit Head Dohini Sompura, and my Legislative
15 Director Miran Gera, and I'd like to also thank the
16 members of the Committee on Aging who have joined us
17 earlier, Council Member Vallone, Council Member
18 Deutsch, Council Member Diaz, Council Member Ayala,
19 and Council Member Dromm. I was told that there is a
20 budget negotiation hearing/meeting going on. So, if
21 they have to step out and some of them will come
22 back, and I will turn the floor back to my Co-Chair
23 Council Member Rosenthal.

24 CHAIRPERSON ROSENTHAL: Thank you. I'm
25 going to ask my General Counsel to administer the

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2 oath. [pause] I'd like to welcome to the panel
3 Jacquie Ebanks, Executive Director of the Commission
4 on Gender Equity and Caryn Resnick, Acting
5 Commissioner for DFTA, both of whom we've worked with
6 for a long time and really appreciate all your work
7 that you do on behalf of women and on behalf of older
8 adults. I'd like to ask by General Counsel to
9 administer the oath.

10 LEGAL COUNSEL: If you can please raise
11 your right hands. Do you affirm to tell the truth,
12 the whole truth, and nothing but the truth in your
13 testimony before this committee, and to respond
14 honestly to the Council Member questions today?

15 ACTING COMMISSIONER RESNICK: I do.

16 JACQUELINE EBANKS: I do.

17 LEGAL COUNSEL: Thank you.

18 JACQUELINE EBANKS: Good morning. Good
19 morning, Committee Chairs Chin and Rosenthal and
20 members of the Committee on Aging and the Committee
21 on Women. I am Jaqueline Ebanks, Executive Director
22 of the Committee—the City's Commission on Gender
23 Equity. In this role, I also serve as an advisor to
24 the Mayor and First Lady on policies and issues
25 impacting gender equity in New York City. I'm please

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2 today to join Deputy Commissioner Resnick and at the
3 Department for the Aging to provide testimony on this
4 critical issues of women aging into poverty. As you
5 know, the Commission on Gender Equity works with city
6 agencies to develop and implement Gender Equitable
7 policies and practices in three areas of focus:
8 Economic mobility and opportunity, health, and
9 reproductive justice and safety. To successfully
10 carry out our responsibilities, CGE recognizes the
11 diversity of gender including gender identify and
12 expression. CGE also operates with an intersectional
13 lens. This means that the Commission's population of
14 focus are girls, women, transgender and gender non-
15 conforming individuals regardless of ability, age,
16 ethnicity or race, faith, gender expression,
17 immigrant status, sexual orientation, and socio-
18 economic status. And finally, CGE ensures that the
19 city leads in the development and implementation of
20 best practices in gender equitable policies and
21 programs for both its workforce and its residents.
22 This hearing today calls for us to consider at a
23 minimum the intersection of gender and age. My
24 testimony today will describe how the Commission on
25 Gender Equity will carry out its work at this

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2 critical intersection. To begin, I call your
3 attention to the Commission's strategic plan, which
4 highlights the intersection when it commits to
5 defining and closing the gender asset and gender
6 wealth gap as one of our key strategies in the
7 Commission's economic mobility and opportunity focus
8 area. The Commission will work to define and close
9 the gender and asset gap and wealth gap by examining
10 the role of caregiving be it paid or unpaid. The
11 role that caregiving plays in disconnecting women
12 from the workforce or keeping them in low-wage jobs
13 and careers. As a result, upon retirement, women
14 increasingly find themselves in poverty because they
15 have no or low retirement incomes on which to live.
16 That is why the Commission on Gender Equity applauds
17 the Mayor's announcement in his State of the City
18 Address that the city will establish retirement plans
19 for any worker who doesn't have one. These
20 retirement plans will fill a gap for employees
21 regardless of gender identity or gender expression.
22 They will ensure that all employees have a resource
23 with which they can build a secure retirement. In
24 the Commission's Health and Reproductive focus area,
25 the strategic plan calls for ensuring the

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2 affordability and availability of comprehensive,
3 culturally competent medical care for New Yorkers
4 regardless of their gender identity or gender
5 expression. With an adequate retirement income,
6 supports for healthcare costs will be a significant
7 challenge for aging individuals, particularly women
8 who no longer—who live longer than their male
9 counterparts. The connection between healthcare costs
10 and poverty among aging individuals particularly
11 women cannot be ignored be ignored or overstated, and
12 so the Commission will work with the appropriate city
13 agencies to amplify existing supports, ones that are
14 currently being provided to aging individuals, and
15 also work to identify additional resources that can
16 provide our senior citizens with great opportunities
17 for healthy aging. Finally, in the Commission's
18 safety focus area, we envision a city free from
19 gender and race based violence. To that end, the
20 Commission will work with city agencies to ensure
21 safe environments for persons of all gender
22 identifies and gender expressions whether it be in
23 public and/or private spaces. This commitment is
24 critically important for the aging population, again
25 particularly for women, transgender, and gender non-

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2 conforming individuals who experience gender based
3 violence at higher rates than their male counterparts
4 and become increasingly vulnerable to as they age. In
5 closing, I'd like to thank you again for this
6 opportunity to share the Commission's plan as they
7 impact aging women and gender non-conforming
8 individuals. I look forward to working with the City
9 Council to advance gender equity in the city and with
10 that, it is my honor to introduce Caryn Resnick,
11 Acting Commissioner and Deputy Commissioner for
12 External Affairs at the Department of Aging. Thank
13 you.

14 ACTING COMMISSIONER RESNICK: Thank you
15 and good morning Chairperson Chin, Rosenthal and
16 members of the Committees on Aging and Committee on
17 Women. I am Caryn Resnick, Acting Commissioner and
18 Deputy Commissioner of External Affairs for the New
19 York City Department for the Aging, and thank you to
20 Jacquie Ebanks and for her wonderful testimony. Some
21 of the highest rates in New York City of poverty
22 rates in New York City are among older women. In
23 addition, according to the Summary of Vital
24 Statistics 2016 published by the New York City
25 Department of Health and Mental Hygiene, life

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2 expectancy among female New Yorkers is 83.5 years and
3 the life expectancy among male New Yorker is 78.5
4 years of age. The older the population the more
5 likely they are to be in poverty. In New York City
6 20% or 1 in 5 women age 65 and older live below the
7 Federal Poverty Line, which is 4% greater than the
8 rate of men age 65 and older. Nationally, near-
9 nearly 11% of women age 65 and older live below the
10 poverty line, which is about 3% higher than that of
11 men. Poverty increases with age. 18% of women age
12 60 to 64 in New York City live in poverty, which
13 grows to more than 20% of women age 75 and older. In
14 relation to race and ethnicity, poverty rates of
15 older women of color in New York City are higher than
16 the rate for older white women. Immigration status
17 and years living in the U.S. also have an impact on
18 poverty levels. Compared to U.S. born women in New
19 York City, poverty rates increase from more than 1 in
20 10 to about 1 in 5 for older immigrant women. Older
21 female New Yorkers living alone also have nearly
22 triple the poverty rate than those living with
23 others. Related to increased life expectancy,
24 approximately 30% of older women in New York City
25 report challenges with mobility and self-care. In

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2 light of this data, I will discuss various DFTA
3 programs that target the needs of older New Yorkers
4 including the most vulnerable and frail, the majority
5 of whom are older women. Given the fact that female
6 New Yorkers have a longer life expectancy than their
7 male counterparts, unsurprisingly, the majority of
8 seniors who participate in DFTA sponsored programs
9 are, in fact, women. Approximately 70% of senior
10 center attendees, Naturally Occurring Retirement
11 Communities Program participants and case management
12 clients are women. Women comprise more than 60% of
13 home delivered meal recipients and as expected, given
14 their longer life expectancy, more homecare clients
15 are women. About 80% of housekeeper and chore
16 service clients and homemaking personal care clients
17 are women. In terms of other services, women
18 comprise approximately 80% of our transportation
19 clients and nearly 70% of case assistance recipients
20 and nutrition education participants. DFTA currently
21 funds senior centers at 249 sites across the five
22 boroughs. Senior centers provide meals at no cost to
23 seniors, though modest contributions are accepted and
24 are completely voluntary, and it's an environment
25 where older New Yorkers can participate in a variety

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2 of recreational, health promotional and cultural
3 activities as well as receive counseling on social
4 services and obtain assistance with benefits. In
5 Fiscal year. 18 approximately 173,000 older New
6 Yorkers attended senior center programs, and each day
7 more than 23,000 older adults received meals at
8 senior centers and more than 29,000 participated in
9 activities without taking a meal. As part of Thrive
10 New York City, the DFTA Geriatric Mental Health
11 Initiative provides mental health services on-site at
12 25 of the largest senior centers in the agency's
13 network citywide. Mental health professionals assist
14 senior centers members with issues ranging from
15 depression and anxiety to highly disruptive
16 behaviors. DGMH sites include the Mott Street Senior
17 Center and the Weinberg Center for Balanced Living
18 both located in Chairperson Chin's district. The
19 Project FIND Hamilton Senior Center in Chairperson
20 Rosenthal's District and the Center Atlantic Hill
21 (sic) Neighbor House in Council Member Kallos'
22 district and Jay-Harama Senior Center in Councilman
23 Deutsch's district and the Coney Island Seaside
24 Innovative Senior Center in Councilman Treyger's
25 district. Individuals do not need to be a senior

1 center member, but must be 60 years of age or older
2 to receive mental health services on-site at these
3 locations. Similar to the percentage of female
4 senior center members, more than 70% of our geriatric
5 mental health participants are women. According to a
6 recent Fordham University study commissioned by DFTA,
7 which followed older adults who attended senior
8 centers and older adults who did not, the older adult
9 population served by senior centers are among those
10 with the lowest incomes, the fewest resources, the
11 poorest health, the greater social isolation and the
12 most need for services. The findings of this study
13 indicate that senior centers are attracting this
14 group that has multiple needs and senior center
15 members experience improved physical, and mental
16 health not only in the time period after joining a
17 senior center, but maintain or even continue to
18 improve even one year later. This is a very
19 important finding given the decline in health and
20 social activity in this age group especially among
21 those with low incomes and considering that 7 out of
22 10 senior center members are women. The department
23 fund 28 Naturally Occurring Retirement Communities or
24 NORCs, which are residential locations that are
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2 neither age restricted nor built exclusively for
3 seniors. Over time, however, they've become home to
4 significant concentrations of older residents. These
5 communities are located in public housing, low to
6 moderate income co-ops—co-ops and low to moderate
7 income private rental. There are five primary
8 objective for DFTA funded NORC programs. All NORC
9 programs should provide supportive environments that
10 allow seniors independence as they age in place,
11 engage residents and facilitate linkages within the
12 community, assess the needs of senior residents and
13 offer supportive services based on assessments and
14 build strong and meaningful communities that
15 cultivate new roles for community members. The NORC
16 programs provide services such as case management for
17 homebound and non-homebound seniors, assistance with
18 accessing public benefits, and an increased emphasis
19 on wellness, chronic disease, risk assessments and
20 healthcare management. In Fiscal Year 18 NORC
21 programs served more than 16,000 older New York
22 residents and of those residents, more than 11,000
23 are older women. These supportive service programs
24 have been integral to their ability to age in place.
25 DFTA's Case Management system provide a comprehensive

1 approach to allow older New Yorkers to continue to
2 live at home and be engaged in their communities.

3 Case management assessments identify the strengths
4 and needs of older adults and case managers work with
5 clients to plan how to meet their needs and to
6 coordinate services and resources on their behalf.

7 The two primary services offered through case
8 management are home delivered meals and home care.

9 The goal of both services is to help clients the
10 greatest level of comfort in the friendly and
11 familiar environment of his or her own home for as
12 long as possible. Home delivered meals help

13 vulnerable older New Yorkers who are homebound and
14 unable to prepare meals, maintain or improve their
15 nutritional health. All meals meet federal a city
16 dietary standards and in FY18, 4.6 million meals were
17 delivered to seniors in their home. Homecare services
18 include home banking, personal care, a service for
19 functionally impaired older persons who need
20 assistance with personal care needs and housekeeper
21 chore, a service for functionally impaired older
22 persons who need assistance with housekeeping.

23 Nearly 1.2 million hours of homecare services were
24 provided to more than 3,600 recipients in Fiscal Year
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2 18. For the more than 14,000 older women who are
3 case management clients, home delivered means and
4 homecare are vital services. The friendly Visiting
5 Program also with Thrive New York City Initiative,
6 focus—focuses on isolated largely homebound seniors
7 who have served through DFTA's 21 contracted case
8 management programs, which cover all 59 community
9 districts. The program was designed to connect
10 seniors facing the negative effects of social
11 isolations with well trained volunteers who spend
12 time with them in order to provide social interaction
13 As a result, Friendly Visiting serves as a mental
14 health intervention program. The program model
15 expands the older adults connecting to their
16 community and may prevent the isolated senior from
17 declining into depression and loneliness. The program
18 coordinators recruit Friendly Visitors who are
19 matched with a homebound older adult. Friendly
20 Visitors then visit the senior at least two times per
21 month, and any changes in functioning including
22 identified mental health issues are referred to the
23 case management agency for appropriate referrals and
24 follow up. Since the program's inception, volunteers
25 have made more than 32,000 visits to older adults in

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2 their homes, and have spent almost 48,000 hours with
3 seniors comparable to the percentage of case
4 management clients who are women. About 75% of
5 adults receiving visits are women. Women comprise
6 66% if caregivers in the U.S. and they're 2.5 times
7 more likely than non-caregivers to live in poverty.
8 Coping with the combined pressures of caring for a
9 loved one, their need for income, reliance on public-
10 public assistance, and fewer employment related
11 benefits. DFTA has contracted with community based
12 organizations citywide since 2001 to provide services
13 under the National Family Caregivers Support Program.
14 The ten caregiver programs funded by DFTA have served
15 approx.—approximately 5,800 individuals throughout
16 the city in FY18 providing information about
17 caregiving, discussion the associated stressors, and
18 offering pertinent resources such as respite and
19 supplemental services. Also available for caregivers
20 through these programs is supportive counseling,
21 support groups and training. Seven of the tend DFTA
22 sponsored caregiver programs serve designated
23 catchment areas. Of these seven programs, three
24 serve grandparents raising grandchildren in addition
25 to work with adult, child and spousal caregivers.

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2 The remaining three programs assist caregivers
3 citywide. One program serves Chinese, Japanese and
4 Korean caregivers. Another program serves the blind
5 and visually impaired and the third program serves
6 the LGBT caregiving community. Caregiver assistance
7 is also available through DFTA's caregiver resource
8 center. In Fiscal Year 18 more than 4,200
9 individuals received information and referral
10 regarding residential alternatives, long-term care
11 services and support and appropriate community
12 services. Case consultation is provided to other
13 professionals seeking services as well.
14 Corresponding to the national data regarding the
15 percentage of women who are family caregivers, almost
16 70% of caregivers served through the department
17 programs, are women. In the United States, 2.7
18 million grandparents serve as the primary caregiver
19 for their grandchildren. One-fifth or 22% of
20 grandparent caregivers living below the federal
21 poverty line while 10% among the general population
22 of individuals age 50 and older are below the Federal
23 Poverty Line. In New York City about 66,000
24 grandparents are raising grandchildren under 18,
25 while 70% of children raised solely by two

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2 grandparents live in poverty. That rate increases to
3 almost 50% for children living with just one
4 grandparent, usually the grandmother. The
5 Grandparent Resource Center, the first of its kind in
6 the nation was established by the department in 1994.
7 The GRC provides a number of supportive services to
8 those older adults who are raising grandchildren and
9 other young relatives. Resource specialists at the
10 GRC offer advocacy and case assistance as well as
11 referrals to appropriate community based
12 organizations. These CBOs provide services such as
13 preventive services, legal services, financial
14 assistance, advocacy, educational services, tutoring
15 services for children, family counseling and support
16 groups. In order to serve some of the neediest
17 kinship caregiver families, the GRC Program expanded
18 under the Mayor's Action Plan for Neighborhood
19 Safety. As part of the map-the MAP initiative, GRC
20 community advocates work with residents at 15 New
21 York City Housing Authority Developments and provide
22 resources and services to grandparent caregivers.
23 Through the initiative, grandparent and relative
24 caregivers has received grandparent education,
25 community safety trainings, intergenerational

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2 programming and peer support on raising
3 grandchildren. The vast majority, 85% of
4 grandparents served through the GRC are women.
5 Through the Senior Center Community Service
6 Employment Program also know as Title 5, DFTA has
7 provided older adults with job training, linkages to
8 employment and opportunities to share their talents
9 and experience with their communities. The work of
10 CSEP remains critically important because older New
11 Yorkers especially women are living longer than ever
12 before and many turn to DFTA for help to secure a
13 continuing role in the workforce. Federal funding
14 available under Title V of Older Americans Act is the
15 major national resource for workforce development
16 services for older adults. DFTA is one of the
17 largest recipients of Title V funding in the nation.
18 CSEP is funded by the United States Department of
19 Labor but is overseen in part by the National Council
20 on Aging as well as by the New York State Office for
21 the Aging. [coughs] This program is DFTA's primary
22 initiative to assist older New Yorkers specifically
23 in need of employment. Programs supported by Title V
24 funding must be age-spec-specific and means tested.
25 Consequently, DFTA CSEP Programs serve New Yorkers

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2 age 55 and older with low to moderate incomes.
3 [coughs] CSEP combines classroom and job training
4 opportunities with placement services. Job readiness
5 preparation is an essential part of the training
6 curriculum. Workshops are offered to hone skills for
7 job searching and job retention, and include resume
8 preparation, cover letter writing and interviewing.
9 High school equivalency diploma and English for
10 speakers or other languages, classes are offered as
11 well. Many individuals also benefit on-the-job
12 training. Upon completion of classroom and on-the-
13 job training, DFTA works to place Title V
14 participants into unsubsidized permanent employment.
15 Top industries for placement of Title V include
16 healthcare administration, administrative support,
17 security, service, maintenance and education. In
18 FY18, CSEP served approximately 440 individuals
19 including more than 300 women. More than 50% of
20 participants were placed into unsubsidized
21 employment. Success of the Title V program is not
22 demonstrated simply by job placement, employment
23 retention is another important measure and one in
24 which DFTA sponsored participants have excelled.
25 About 95% of participants in FY18 retained their jobs

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2 in the two quarters following their exits from the
3 program. [coughs] DFTA offers programs and services
4 that are available citywide [coughs] to address the
5 unique needs of older adults and to help optimize
6 senior's health, wellbeing and ability to live
7 independently at home. In light of the poverty and
8 life expectancy data women are the majority of
9 participants in DFTA program. Thank you again for
10 this opportunity to testify today, and I'm please to
11 take any questions that you may have.

12 CHAIRPERSON CHIN: Thank you. Thank you
13 for your comprehensive testimony reviewing what all
14 the services DFTA offer, and since we're starting the
15 Budget process, don't you think a lot of them should
16 be funded more and expanded, right. That's what we
17 are going to be really focusing. I wanted to start
18 with a couple of questions and then I'll pass it onto
19 my colleagues if they have questions. I know in the--
20 the--[background comments] in-Acting Commissioner, in
21 your testimony, I was focusing when you were talking
22 about all the programming, you know, the case
23 management the home-homecare services.
24 Unfortunately, those are the programs that has a
25 constant waitlist, and that's something that we've

1
2 been working with the Administration to eliminate
3 waitlists that seniors should not be on any kind of
4 waiting list. Do you have any figure right now in
5 terms of how many seniors are on waiting lists for
6 homecare services and case management?

7 ACTING COMMISSIONER RESNICK: The most
8 recent figures I looked at that were reported this
9 year actually to the State Office for the Aging and,
10 you know, we—we—we discuss this at every hearing,
11 they are point in time, and so this number fluctuates
12 up and down as people come on and off of the
13 programs. Our waitlist is almost eliminated for
14 homecare. I think at the point in time numbers I
15 looked at, it was about 100 clients, and case
16 management is around 1,000, and I just learned to day
17 actually coming here this morning that the State
18 Office for the Aging was successful in getting \$15
19 million for the state of which DFTA will get a share
20 based on the numbers that we've reported for
21 waitlists. So, they, too, are looking to eliminate
22 wait lists for both homecare and through the ISEP
23 Program on a statewide level.

24 CHAIRPERSON CHIN: I mean that's good
25 news because in order for an older adult to qualify

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2

for homecare service, they first have to go through

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case management and if it's a case management wait

4

list, they got to wait for homecare services. I mean

5

the only program that an older adult can get right

6

away is the home delivered meal, right?

7

ACTING COMMISSIONER RESNICK: That's

8

correct.

9

CHAIRPERSON CHIN: So I know that in my

10

office we have assisted a couple of seniors who are

11

not on Medicaid, and they were very happy that they

12

were able to access homecare services, but still, it

13

took a couple of months for them to get that

14

services. So, I think that the waitlist I mean

15

usually when a senior asks for help, they needed help

16

months ago. So we have to figure a way to cut down

17

the time so when they apply they can get the help as

18

quickly as possible, and then also my other question

19

is on the caregiver funding because I know right now

20

you have 10 programs and three are citywide and

21

there's an RFP that's going to go out, and I heard,

22

and correct me, within the RFP that you're going to

23

cut back on the citywide service from 3 to 2.

24

ACTING COMMISSIONER RESNICK: No,

25

actually we issued an addendum to that RFP. So,

1
2 there actually is an--there will be three citywide
3 programs and we increased the geography so there's an
4 additional program in Manhattan.

5 CHAIRPERSON CHIN: Okay, so that's--
6 there's no cutback for the citywide services?

7 ACTING COMMISSIONER RESNICK: No.

8 CHAIRPERSON CHIN: Now, that was one of
9 the program that we were able to get the
10 discrimination to baseline in our Year of the Senior
11 rally cry for more funding. Are you looking at
12 advocating for an increase? Because that was only \$4
13 million--

14 ACTING COMMISSIONER RESNICK: Yes, that
15 \$4 million.

16 CHAIRPERSON CHIN: [interposing] and
17 we're happy that it baselined but it needs so more.

18 ACTING COMMISSIONER RESNICK: Right the
19 \$4 million is baselined and it's included obviously
20 the funding in our new RFP and we were able to add a
21 little more funding. So the total funding for those
22 11 providers overall is up this year. So, we're very
23 pleased about that.

24 CHAIRPERSON CHIN: So, have you put in a
25 request to OMB to increase that funding?

1
2 ACTING COMMISSIONER RESNICK: No, I don't
3 believe that we have.

4 CHAIRPERSON CHIN: That's not good. How
5 do you think we're going to get an increase if they
6 don't—if they don't hear directly from us. So,
7 whoever sitting there representing the administration
8 you heard it here. I want to see something in the
9 Preliminary Budget, which we're getting very soon.
10 Director Ebanks, thank you for your testimony and
11 thank you for being here. Now in the Mayor's State
12 of the City, he talked about the Healthcare for all
13 Program. So, I wanted to see how—what role would
14 your Commission be able to play to make sure that
15 older women, older adults will be able to take
16 advantage of that program, and think things for their
17 retirement--

18 JACQUELINE EBANKS: [interposing] Right.

19 CHAIRPERSON CHIN: --benefits. I mean
20 those are the two new programs that the Mayor had
21 talked about, and we want to make sure that the older
22 adults do not get left out in these program.

23 JACQUELINE EBANKS: Absolutely and one of
24 the—the roles we have played is that we have created
25 an agency wide entity called the Gender Equity

1
2 Interagency Partnership where all city agencies will
3 work together to identify programs and services that
4 address the needs of individuals across their
5 lifespan be they girls, women, transgender, gender
6 non-conforming individuals. We operate with
7 intersectional lands and so our role will be to help
8 identify what exists to support the amplification of
9 what exists because the connection of that
10 information to communities so that it's utilized is a
11 key area that we want to help bring greater focus to
12 and then finally to work with city agencies to share
13 information across agencies so that, you know, we
14 have deeper resources. So, over time we are going to
15 be partnering with agencies and as the programs are
16 developed and fleshed out the Commission on Gender
17 Equity will be a key partner in the process.

18 CHAIRPERSON CHIN: But part of the, you
19 know, taking care of the older adults are the Health
20 and Hospitals. Are they prepared? Are they—do they
21 have the—the resources in terms of the geriatric care
22 like specialty where they really focus on the needs
23 of the older adult population?

24 JACQUELINE EBANKS: I can't speak
25 definitively to that now, but they are a member of

1
2 this interagency partnership, and clearly, you know,
3 as I said in my testimony, we recognize that as you
4 age healthcare is a critical aspect of it, and so we
5 want to be deepening our focus there. I don't know
6 if Caryn has anything to add

7 ACTING COMMISSIONER RESNICK: Yeah. We
8 are really strengthening our partnership with Health
9 and Hospitals and have been working much more
10 collaboratively together and I do know at Harlem
11 Hospital they developed a geriatric part of the
12 emergency room. So, it's specifically designed for
13 older adults so they do not get in the queue with the
14 general population when they enter the emergency
15 room, and I think that's a pilot that may spread
16 throughout the system and we've been advocating for
17 that.

18 CHAIRPERSON CHIN: That--that's good. I
19 mean I think we definitely need to do more of that
20 because a lot of the primary care doctors even from my
21 own personal experience with my mom I mean they just
22 don't look at aging issues like onset of, you know,
23 dementia or whatever. They don't even test the
24 senior on those things. It's just like they're not
25 trained and so we need to figure out how do we, you

1

2

know, provide that training to Healthcare worker and
to be able to take care of the special needs for our,
you know, older adult population. Before I continue,
I'm going to turn it over to my colleague, Council
Member Vallone and, oh, Council Member Lander, do you
also have a question? Okay. So, Council Member
Vallone, you want to go first?

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COUNCIL MEMBER VALLONE: Just—just

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quickly. Than you Madam Chair and thank you both for
your testimony. Chair Chin and all of us have been
talking about for years the Interagency Cooperation
and that you can't tackle this alone, and you just
testified that it's your hope to expand that. Well,
that's been our hope for years. So, I'd like to
delve down a little further on what you mean by it's
your hope to expand that? What direct programs will
there be interagency cooperation on, and maybe
there's a chance here for an additional funding
stream to expand that so it's not just DFTA's
responsibility on dealing with the largest segment of
our population.

23

JACQUELINE EBANKS: The Gender Equity

24

25

Interagency Partnership was just created as a result
of the Commission's strategic plan, which we released

1
2 in September. The group has met. We have
3 commitments from 57 agencies already and they have
4 assigned 77 staff including the Gender Equity
5 Liaisons that were created through the Young Woman's
6 Initiative. So, we are taking, you know, the Mayor's
7 guidance around equity we're taking a focus where
8 every single agency will begin to talk about and look
9 at their work from a gender lens, but also an
10 intersectional lens and a lens that looks at the
11 human rights aspect of New Yorkers. So, we--

12 COUNCIL MEMBER VALLONE: [interposing]
13 But senior wasn't in that sentence.

14 JACQUELINE EBANKS: But senior is in that
15 sentence

16 COUNCIL MEMBER VALLONE: [interposing]
17 But you didn't--

18 JACQUELINE EBANKS: --because while
19 didn't say it, the intersectional lens also impacts
20 age, and so there are a myriad of factors that we
21 consider intersectional. There's ethnicity, there's
22 ability, there's age and I listed them in my
23 testimony. So, it's not just one angle and, you
24 know, when you think of age, you--you think of gender
25 intersecting with age, but also intersecting--

1
2 intersecting with race, intersecting with faith. So,
3 you—it's this much complex, though.

4 COUNCIL MEMBER VALLONE: Each one of
5 those are meritorious and deserve their own.

6 JACQUELINE EBANKS: [interposing]
7 Absolutely.

8 COUNCIL MEMBER VALLONE: My—my fear once
9 again for always defending seniors is that his will
10 become part of a much larger conversations and will
11 not get addressed appropriately. I—I applaud the
12 creation and the 77--

13 JACQUELINE EBANKS: [interposing] Yes.

14 COUNCIL MEMBER VALLONE: --jobs and—and
15 the interagency will look at this for the first time,
16 but I—I really believe and I will never stop along
17 with Margaret Chin and the rest of the Council
18 advocating for seniors' own initiative and looking at
19 the demands of the largest population in the country
20 of seniors, and the fact that we have yet to increase
21 the budget. We have yet to increase new plans for
22 this, and we keep talking about a senior tsunami and—
23 and nothing is changing.

24 JACQUELINE EBANKS: Uh-hm, so I--
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COUNCIL MEMBER VALLONE: [interposing] If

we don't change our budget and we don't change our
focus--

JACQUELINE EBANKS: [interposing] Right.

COUNCIL MEMBER VALLONE: --and we don't

add programs and just lump them in with everyone

else's wonderful ideas, how do we go back to a

demographic and say we are championing you, not

everyone and I get everyone, but this is not what

this committee is about. This committee is about

seniors right now and I-I-I want to hear focus on

that, and I know Caryn has been fighting for that,

and now that she's in that position, and we'll get go

over this budget together for the first time. She

know exactly what the Chair and I have been talking

about for five years now. It's time and with a

budget of this size, and a magnitude of funding

coming from Wall Street and everywhere else and

everyone else getting tossed \$100 million here and

there for the programs, we have to do the same for

seniors. We have to. So, is there--is there an

opportunity then with this program maybe to section

out seniors or add an additional emphasis on that,

and then I'll turn it over to Council Member Lander.

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2 JACQUELINE EBANKS: Absolutely. Our just
3 simple answer is just absolutely. That's--that's sort
4 of the goal. You know the important thing is that
5 for us to recognize and you know, aging is a process,
6 and so one of the things we want to be able to do is
7 really to help individuals address aging not when
8 you're at 65, but as you approach 65, and so building
9 healthy habits, healthy--along the way, and so that we
10 don't--you know, I've heard somebody say you're--you're
11 fortunate if you age because the alternative is not
12 such a good option at least now. So, we want to make
13 sure that this is a part of the horizon that
14 individuals when you're young you think about aging.
15 We talk about grandparents. We talk about how it's
16 and integral--

17 COUNCIL MEMBER VALLONE: [interposing]
18 Exactly, and that's--that's what we need to look at

19 JACQUELINE EBANKS: --an integral part of
20 life and so we do believe that agencies area actually
21 serving the populations as they age and we need to
22 strengthen that work. So, we're in full agreement
23 with you.

24 COUNCIL MEMBER VALLONE: So, maybe we can
25 tackle that.

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JACQUELINE EBANKS: Yes.

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COUNCIL MEMBER VALLONE: So, if a client comes into our office and we do all the work planning--

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JACQUELINE EBANKS: Uh-hm.

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COUNCIL MEMBER VALLONE: The client that comes into me at 45 and 50 I can help. The client that comes into at 85 and 90, I say why didn't you come in 25 years ago?

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JACQUELINE EBANKS: Well, Uh-hm.

12

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COUNCIL MEMBER VALLONE: And--and that's the hard question that they--so we waited too long, and I think that's exactly--

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JACQUELINE EBANKS: [interposing] Well, I don't agree--

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COUNCIL MEMBER VALLONE: --what we don't want to see either.

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JACQUELINE EBANKS: Yeah, we don't--and we don't want to turn folks away. There are folks who are immediately 85 and who need that service. I the strategy we want to be able to determine is what services we have now for that population. Where are our gaps and then how do we mitigate future populations not ending up in the crisis situation,

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25

1
2 which clearly, you know, and I think the Mayor in his
3 Healthcare plan and in the retirement account is
4 beginning to look at that longer term strategy. This
5 does not negate the necessity to focus on the
6 population that's currently 65 and over.

7 COUNCIL MEMBER VALLONE: I'm excited to
8 hear your words. I'm excited to work with you. We
9 all are--

10 JACQUELINE EBANKS: [interposing] Thank
11 you.

12 COUNCIL MEMBER VALLONE: --so let's--let's
13 develop that. Thank you. Council Member Lander,
14 thank you.

15 CHAIRPERSON CHIN: Council Member Lander.

16 COUNCIL MEMBER LANDER: Thank you, Madam
17 Chair as always for leading us on these issues and
18 thanks to both of you for your good strong work. I
19 just want to continue in this vain and you know, I
20 really appreciate all the work you guys are doing.
21 Each initiative is important. People need a lot of
22 different kinds of supports, and you're providing
23 them and--and that is strong and obviously there's
24 more we can do and, of course, the budget fights are
25 important. I do want to talk about some of the big

1
2 picture things, though that we can push on, you know,
3 if we hadn't done the fighting in previous
4 generations for Medicare. You know, we wouldn't have
5 it, and, you know and for Social Security the same
6 way, right. So, instead of Social Security and
7 Medicare we have been forced to have like an array of
8 different programs funded at the local level with
9 what we could acquire each year in the budget,
10 millions more people would be in just, you know,
11 impossible poverty. So, I'm trying to think about
12 what's next there and in some ways the idea is the
13 Mayor laid out in the State of the City heading that
14 direction, but, you know, the private retirement
15 account idea is really just an opportunity for people
16 to save their own money earlier, which is not going
17 to get us where we need to go and—and the healthcare
18 outreach expansion is strong, but—but I think one
19 thing—so I'm just trying to think about what's next
20 that's we can really be pushing for and the thing
21 that I see on the horizon in this area isn't even
22 really something at the local level. It's what
23 happen at the State level. There are as you may know,
24 a crew of people pushing as part of the New York
25 State Health Act for long-term care to be a universal

1
2 opportunity and requirement that would be part of a
3 statewide single payer system, and that is ambitious.
4 Like we're not there this week. I guess they're
5 doing the Dream Act today. So, but it's not so far
6 out of sight either and it just seems to me at least
7 as I see it that the next really big step that we
8 could organize to take, and it will need a lot of
9 pushing from New York City and from all around the
10 state is that. It's like a single payer, New York
11 State healthcare program with a long-term care right
12 that people would have to age into, and then we
13 wouldn't have to scrap for a few more nickels and
14 every budget here and worry about whether people are
15 on the homecare list like the resources and
16 opportunity would be there. So, I didn't see that in
17 your testimony. I haven't yet heard the Mayor come
18 out in favor of that, you know, but I—I guess I want
19 to ask: Do you agree that that's a direction we
20 should be heading—and if so what do you think that we
21 could be doing to—to push in that direction without
22 negating all the other good work that—that both of
23 your organizations are doing.

24 JACQUELINE EBANKS: So an a department we
25 have not taken an official policy position. In my

1
2 life as an advocate for seniors, I can say that, you
3 know, when I began this work a long time ago since I,
4 too, have aged in place. You know, looking at long-
5 term health need is obviously one of the most
6 critical parts of being able to age in place. So, as
7 an advocate in my role as an advocate I would say
8 whole heartedly that that would really solve a lot of
9 problems. We do have a program, which I did not talk
10 about in my very extensive testimony called New York
11 Connects and while it doesn't provide all of the
12 long-term care solutions, it can at least hook
13 somebody up with what is out there because it's
14 impossible to figure out what's out there and how to
15 access it. So, we do have a program where people,
16 not only older people, of any age that need to access
17 the long-term care system can call and get help and
18 linked to the appropriate care.

19 JACQUELINE EBANKS: And in the
20 Commission's Strategic Plan, we talk about creating
21 change in four ways. One—I won't name off four but
22 one—one of those ways is—is policy and advocacy work.
23 So, we will definitely work to investigate this
24 approach. We clearly care about healthcare. It's
25 one of our leading focus areas, and again because we

1
2 work across the life span, this is something that we
3 will look into and build into a part of our
4 legislative and advocacy work.

5 COUNCIL MEMBER LANDER: Alright thank you
6 and I guess I'll just say to both chairs I think one
7 great thing that these committees and the Council
8 could do is put in our state and legislation--start a
9 state advocacy agenda this year, a strong Council
10 push for both the New York Health Act, but with the
11 long-term care right, and I guess I would just urge
12 the Administration to do the same thing as well.
13 There are many other good things we can do, but to me
14 that would be the biggest step we could take forward
15 for--for seniors and especially for women in poverty,
16 and I'll add that the way that the advocates are
17 structuring that, it not only is about giving a long-
18 term care right to the--to people who are aging, but
19 also really focusing on good living wage employment
20 for the caregivers, the vast majority of whom are
21 also women many of whom have been in poverty or near
22 it, and lifting both caregivers up and seniors up, I
23 think would really sit well as this intersection.
24 So, I hope we in the Council and you in the
25 Administration can push it. Thank you.

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JACQUELINE EBANKS: Thank you.

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ACTING COMMISSIONER RESNICK: Thank you.

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CHAIRPERSON ROSENTHAL: Thank you so
much, Chair Margaret Chin. If I could just step in

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for a quick moment. Two questions: One has to do

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with the Mayor's announced retirement program. I'm

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so excited in theory about this, but the Devil is

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always in the details. Do you have any more

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information about--

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JACQUELINE EBANKS: [interposing] Not at

12

this time.

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CHAIRPERSON ROSENTHAL: --what it might

14

look like, who would be included, the city, who would

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administer it? How much money we're talking about?

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Whether or not it would be connected to the

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Comptroller's responsibility, you know, city employee

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pension funds? What's your thinking?

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JACQUELINE EBANKS: I'm sorry to say that

20

I don't have any details. As Council Member Lander

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suggested, it's an opportunity for people to save,

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which is very important, but I'm not clear what the

23

impact for older adults would be. So, it's less so

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in our wheelhouse.

25

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2 ACTING COMMISSIONER RESNICK: We expect
3 that the Commission will be involved in the process
4 as it becomes clear. So, I'll be working on finding
5 out exactly those issues in short order.

6 CHAIRPERSON ROSENTHAL: Is any agency
7 currently responsible for developing the details?

8 JACQUELINE EBANKS: that has not been
9 made clear. It's just that we don't know at this
10 time, but we can find that out.

11 CHAIRPERSON ROSENTHAL: Thank you. I
12 appreciate that very much. Let me ask is there
13 anyone here from City Hall who might know about what
14 the Mayor had in mind when he made that announcement?
15 If I may. [pause]

16 JACQUELINE EBANKS: No answer

17 CHAIRPERSON ROSENTHAL: Okay, for the
18 record, no one leapt to the floor but I'm making that
19 request right now that the Administration share their
20 thoughts. Thank you, Council Member Chin that this--
21 that City Hall share their thoughts with the City
22 Council, the Committee on Aging, the Committee on
23 Women what even the broad strokes are who would
24 administer it, how money would get put into such a
25 fund. Whether or not there would be a connection

1
2 with the Comptroller, Employee--New York City
3 Employer Retirement Funds currently over roughly \$200
4 billion. How that would get woven in. I mean this is
5 a very exciting idea but, you know, it's important to
6 know what the time table is, who would be eligible,
7 who would not be eligible. Whether or not--what that
8 rollout for marketing would be? Who would be
9 encouraged to participate? Are we talking at all
10 about freelancers? Whether or not domestic workers
11 would be included. I mean it's very, very exciting
12 and--and I know our shared committees would be very
13 interested in helping out in any way we can, but
14 hearing more perhaps having a full hearing on this
15 topic when the administration is ready to share its
16 plans. Secondly, I wanted to ask about the
17 healthcare interagency partnership if you have any
18 more details about whether or not you'll be
19 establishing a plan under the guaranteed healthcare,
20 whether or not that's part of the interagency
21 partnership focus. Is it a priority, and sort of
22 where's the Administration on that?

23 JACQUELINE EBANKS: So the Gender Equity
24 Interagency Partnership is an opportunity for the
25 city to create and integrated and sustained way of

1
2 driving—achieving gender equity within the three
3 areas of focus. So, health and reproductive justice
4 is one of the Commission's areas of focus, and yes as
5 the healthcare efforts begin to roll out, we want to
6 be able through this interagency partnership to
7 determine where and to have agencies inform the
8 Commission on Gender Equity, their role in each
9 aspect of it so that, and that's really important to
10 us that we can amplify and connect citizens to this—
11 to this service. So, yes it—we intend it to be a
12 part of the work, and we're first beginning I should
13 say by developing a landscape study to determine the
14 services that applicable across the all city agencies
15 to individuals regardless of gender identity and
16 gender expression. So that study we're just looking
17 at the tool to do that work, and where we convene our
18 commission and out interagency partnership in about
19 March to get it started.

20 ACTING COMMISSIONER RESNICK: I'd like to
21 just add to that that actually yesterday my staff met
22 with Metro Plus, and it was the beginning discussion
23 of how we can work together, and we would like to open
24 the doors at our senior centers to allow them to come
25 in and share information about the program and help

1
2 any seniors that may not have selected or not in a
3 long-term care or managed care program to learn about
4 their benefits and services. So, we're really
5 looking forward to growing that partnership.

6 CHAIRPERSON ROSENTHAL: I was just noting
7 to my colleague that I think I was—I still worked for
8 the Administration when Metro Plus started many years
9 ago. So, that's great that the Department of Aging
10 would be involved more. That's really good.

11 Actually two more quick questions. Do you do any
12 specific analysis or tracking of our transgender
13 community or gender non-conforming to understand
14 whether or not they're having access to services as
15 they age? SAGE is a marvelous. Nonprofit that works
16 with the older community. Is that an organization
17 you work with? How do we know what's happening with
18 our transgender and gender non-conforming community
19 as well as the LGBT community?

20 ACTING COMMISSIONER RESNICK: So the
21 department is a funder of SAGE. We are very proud
22 that it was the first LGBT senior center in the
23 country, and we meet with them quite frequently about
24 advocacy as well as their services. We as an agency
25 don't do particular tracking. I know that they're

1
2 quite involved in doing their own tracking, and we
3 work with other organizations that are also providing
4 services to LGBT aging communities such as Griot
5 Circle. There are increased community houses and
6 absolutely wonder program as well. But as an agency
7 we're not doing any particular tracking of the
8 transgender community needs.

9 CHAIRPERSON ROSENTHAL: Okay. So, let's
10 put that as a question out there that if you could
11 get back to the committees about the work that—about
12 those agencies in particular and there are probably
13 more. The work they're doing, the number of people
14 that are helping, the nature of the services they
15 provide and frankly whether or not they see a wait
16 list, whether or not they see demand for services
17 from the LGBT community and whether or not, you know,
18 trying to identify whether or not the city is really
19 serving them adequately, has services in place for
20 them. And then lastly, I'd like to get back to this
21 notion of caregivers and—and sort of what happens
22 when women step back from the traditional workplace
23 and—and instead are caregiver to children or parents
24 or other family members. So of whether or not that
25 reality is wrapped into the City Hall's ideas about

1
2 the—the expanded retirement package, and whether or
3 not people who have played that role in their family
4 how they might be accommodated or it might be too
5 challenging to accommodate. But sort of whether or
6 not the Administration is thinking about that, and in
7 particular as I think about that, I think about
8 survivors of domestic violence who are often whether
9 or not their partner—how their partner talks about
10 what's happening the household. The reality for
11 survivors that they're written out of any type of
12 economic security, and whether or not the
13 Administration in--in thinking about their retirement
14 plans or services, how they think about survivors of
15 domestic violence in particular whose needs are—are
16 great and often overlooked as is the case with our
17 LGBT community.

18 JACQUELINE EBANKS: That train of though
19 is what was key to the Commission stating explicitly
20 the need to focus on building or closing the gender
21 asset gap and the wealth gap. We anchor that
22 strategy in the role of caregivers both paid and
23 unpaid. And so, as you know the Commission's next--
24 first meeting of the year is happening in a week or
25 two, February 7th. It's where we begin to look in

1
2 the economic mobility area. How can we work smartly
3 around caregiving, and I think you bring a critical
4 lens to this. As we anticipate the retirement plans,
5 how do we account for this exit and re-entry into
6 workforce when we build the retirement plans. So, I
7 think those are they key things that we will, you
8 know, start to factor in, and I underscore again the
9 unique opportunity that the Commission has to keep-as
10 it plays a roll in the building out of these broader
11 issues.

12 CHAIRPERSON ROSENTHAL: You know, the
13 truth of the matter is that's where it's most
14 exciting. So, I'm not sure in this analysis if I
15 were doing it, there's an element to which we would
16 start with low-hanging fruit, but on the other hand
17 when we talk about this topic in particular, the
18 community that really needs it-

19 JACQUELINE EBANKS: Yes.

20 CHAIRPERSON ROSENTHAL: --are those
21 disenfranchised women, members of the LGT-members of
22 the LGBT-BTQ community and-and also survivors of DV
23 and-and also those with disabilities, I think that's
24 where you could have a really exciting impact and
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make a real difference in people's lives and I would
almost start there if I were charged with doing this.

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JACQUELINE EBANKS: [interposing] Thank
you, thank you and I think that's the absolute role
of the Commission and—and your partnership in helping
us get there is going to be beyond essential

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CHAIRPERSON ROSENTHAL: As always, it's a
pleasure working with you Director Ebanks and Acting
Commissioner Resnick. It's great to see you but hang
on one second. I'm just going to make sure my co-
chair—check if she has any remaining questions? And
again, I apologize to the public, but I am going to
have to step back to the competing meetings that I
have today. Thank you.

16

CHAIRPERSON CHIN: Well, in you—in the
budget negotiations meetings just make sure that
you're advocating for older adults. [laughs]

19

JACQUELINE EBANKS: That's exactly what
I'm going to do.

21

CHAIRPERSON CHIN: We've been joined by
Council Member Rose on the Committee on Aging and she
had a couple of questions.

24

COUNCIL MEMBER ROSE: Good afternoon and
thank you so much Madam Chair for indulging my

25

1
2 lateness. I, too, am at the budget negotiating team
3 meeting, and it's very important that Council Member
4 Rosenthal and I's voices and other women's voices are
5 at that table. So, it's really hard for me to figure
6 when to extract myself from that because, you know,
7 we need vocal advocates to fight for women on all
8 fronts, aging women, young women, and—and women
9 across the spectrum. So, my brief question may be
10 comment is contributing factors to—to women aging in
11 poverty in New York City I believe is the gender
12 paid—the gender pay disparities, which start at a
13 very early age. As the Chair of the—the youth
14 committee, we're looking at trying to legislate the
15 teen gender based pay disparities. You know and
16 we're looking to try to close that gap early on—early
17 on because it starts very young and it makes it very
18 difficult to close that gap, and—and I think if we
19 address it at a very early stage, we would see less
20 women aging in poverty. And so, I'm wondering is the
21 Administration is there anyone who is looking at
22 gender pay equity, you know, as an important enough
23 starting point to stem all of the negative impacts
24 that we're—we've talked about here today. You now,
25 economic, social health. A lot of it begins, you

1

2

know, now. It begins very early on when women are

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not getting the same pay. How can you age at the

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same rate? You know, it impacts your retirement

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levels. You are not putting the same amount into the

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pension because you're not getting the same amount,

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and it just snow balls.

8

JACQUELINE EBANKS: Yes.

9

COUNCIL MEMBER ROSE: It snowballs. So,

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I—I think if we address that, that would be a huge

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contributing factor to, you know, the impact that we

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see down the road, and I want to know is there anyone

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who is looking at this in, you know, sort of

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holistically and—and—and looking at how important

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wage disparities play into all of these issues we've

16

discussed today.

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JACQUELINE EBANKS: Yes. Well, thank you

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so much for that Council Member Rose. Yes, the

19

Commission and Gender Equity looks exactly at those

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issues within its economic mobility and opportunity

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focus area and, in fact, there are three things we

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talk about. One is the under-representation of women

23

in leadership positions across all sectors, which

24

also affects your earning potential as well. The

25

other pieces clearly the pay equity gavel we

1
2 explicitly say that one of our goals and our
3 strategies is to close the pay—the gender pay gap.
4 And finally, if we don't address those gaps, women
5 can't build assets. You can't build wealth, and it's
6 almost naturally disrupted because of our societal
7 predisposition to place women in the caregiving role.
8 Right. So we are the ones who are exiting and re-
9 entering the workforce, which is a huge disrupter to
10 our earnings. I do want to underscore that this—the
11 the city the Mayor has signed the Salary History Ban
12 is reducing for future generations and for those of
13 us currently working never disclosing our salary
14 history will ensure that we are not pegged any more
15 to that historically low salary with which we entered
16 the workforce, and I think that that's a key effort.
17 Now, we really need to look at actually transferring
18 the dollars, right. So, I think we have the policies
19 in place from federal legislation to as I said the—
20 the Salary History Ban in the city. Now, there needs
21 to be some focused effort on how does—do we actually
22 close that gap, and some of our corporate citizens
23 last we heard a city group and sales force that
24 really looked at it and closed the gap. We're trying
25 to learn from those efforts and also trying as a city

1
2 to begin to lead in that effort. But you are
3 absolutely right. It's one element and needless to
4 say, however, it's not everything because health,
5 disruptions to health happen. You know safety
6 vulnerabilities happen and so what we want to make
7 sure that the area that we can probably best control
8 is economic mobility as more women are being
9 educated, right. There are so many things that we
10 have to look at to ensure that we have the living
11 wage and that we are paid equitably in the workforce.

12 COUNCIL MEMBER ROSE: We're working
13 really hard to codify, you know, equity, right.

14 JACQUELINE EBANKS: Yes.

15 COUNCIL MEMBER ROSE: Now, you know, I
16 want to see us work harder at enforcing it.

17 JACQUELINE EBANKS: Okay,

18 COUNCIL MEMBER ROSE: Thank you.

19 JACQUELINE EBANKS: Thank you.

20 CHAIRPERSON CHIN: Thank you, Council
21 Member Rose. We've been joined by Council Member
22 Eugene. Do you have some questions?

23 COUNCIL MEMBER EUGENE: Yes. Thank you
24 very much. There's one question that I would like to
25 ask. I don't know if the question has been asked,

1
2 and answered before. It's a about SSI for the
3 adults. Did they ask that question already? Now, we
4 that, you know, the seniors who are not—who don't
5 have immigration status, they are not qualified for
6 SSI. Is there anything, any help, any assistance to
7 those senior citizens who are also in dire need of
8 this program?

9 CHAIRPERSON ROSENTHAL: I'm sorry.

10 Actually, I don't have an answer to the question, but
11 I can certainly go back and—and get information and I
12 don't know if there is any advocacy that's going on
13 in order to address that? But as I did testify to,
14 you know, the majority of programs and services we
15 have are really targeted to lower income older adults
16 and so we try to do everything we can to get people
17 living in poverty and without resources to avail
18 themselves of our programs and services. I do
19 understand your situation, and the services that you
20 are providing, but those people also—I thank you also
21 for your answer because you are not providing these
22 type of services right now. You cannot answer that
23 and that—such situation. But I want to say is that
24 many of those people they are also living in poverty.

25 JACQUELINE EBANKS: Uh-hm.

1
2 COUNCIL MEMBER EUGENE: Many of those
3 people they have they have the same needs. You know,
4 I—you know as the others in the city are serving and
5 I think that for the fact that they are already in
6 the united city regardless of your condition, or
7 their condition, their immigration condition or
8 regardless of where they come from, I think that they
9 deserve also to have some assistance because this is
10 a question of human rights because we are living in
11 the United States of America. This great country is
12 what it is. It is because of immigrants regardless
13 of the way or the ways they came to the United States
14 some of them they came before. They were lucky to be
15 here and in time they have the immigration status.
16 They have a Green Card. They are citizens, but those
17 who don't have it, probably they were not so lucky or
18 so fortunate, but as, you know, we know that this
19 country the United States is a country that's welcome
20 everybody regardless of who you are, and those people
21 who came over here many of those are senior citizens.
22 They have worked also. They have contributed also to
23 the fabric of the United States of America for one or
24 other reason they don't have the immigration status.
25 But I think it is fair enough for us as a country as

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the United States to think about them also because when they become sick, you better have treatment or we all could be affected by that, and it is a human right issue also. Thank you so very much for your answer, and I hope that as a city, as a country we would probably think about that and see how we could address that. Thank very much.

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CHAIRPERSON CHIN: Thank you. I have a follow-up question for you, Commissioner. The two programs that the Mayor announced in his State of the City is DFTA involved in terms of implementation and how is that going to be--how is DFTA going to be affected by these two programs in terms of the--the healthcare program and the--the retirement savings program?

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ACTING COMMISSIONER RESNICK: So the details of those programs have not been shared with us yet, and I think they are under development. So, it is not clear to me what role we will have in either of the programs.

22

23

CHAIRPERSON CHIN: But you have an opportunity to have input--

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25

COUNCIL MEMBER EUGENE:

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2 ACTING COMMISSIONER RESNICK: Yes. and we
3 will.

4 CHAIRPERSON CHIN: And knowing from your
5 experience. I mean I think that that this something
6 that we wanted to do

7 JACQUELINE EBANKS: We'll make sure that
8 we're at the table and we're involved in any way that
9 we can be.

10 CHAIRPERSON CHIN: Good. Now, from both
11 of your testimony, you are, you know acknowledging
12 that older women are aging into poverty. Are there
13 any kind of new initiative of ideas that—that you
14 want to kind of put forward that can help deal with
15 this issue?

16 JACQUELINE EBANKS: I think we talked
17 about some of them. These are systems issues and we
18 just talked about pay equity, and I think being able
19 to address those issues before you have aged into
20 your—into poverty, you know, are the way to address
21 them. Unfortunately, our programs and services have
22 really—you can look at them as safety net programs.
23 So, we're here to help those who have aged into
24 poverty. I think we're going to have to all work
25 together to try and make the society and systemic

1
2 changes in order to stave off poverty particularly
3 among women.

4 CHAIRPERSON CHIN: I think part of it is
5 also that the resolution that we put forward to the
6 federal government to encourage them to pass the
7 protection of—for older worker against
8 discrimination. I think on the city level in terms
9 with the interagency and—and moving forward that we
10 also have to make it easier or encourage people to
11 file age discrimination claims with the Human Right
12 Commission if they know that they're doing the same
13 job as—as their colleague that they are getting paid
14 less, or they are not able to get a job and go from
15 interview to interview and people are telling them
16 things like, Oh, you're over-qualified, but you know
17 that they're—they're saying you're—you're older and
18 they don't want to hire older worker. I thin that
19 really encourage again educating the older adult
20 population that they have a right to file and we can—
21 your interagency work with the Human Rights
22 Commission.

23 JACQUELINE EBANKS: Yes.

24 CHAIRPERSON CHIN: I think that that would
25 be very, very critical and then the other part with

1
2 the interagency is the whole Workforce Development.
3 Often times, you know, the Workforce Center they are
4 not focusing on the older adults. I mean even the
5 Title V program that you talked about Caryn, you
6 know, the success, but even that, that is really a
7 low-wage job and also for a lot of the—the seniors
8 that are in those programs while they are working
9 what the feed has gotten. It's like there is no—no
10 benefit, no pension. So, it's still stuck in a low-
11 wage job. So the—the workforce training giving them
12 more skills so they can compete. That is critical,
13 and that is something that I think across the board a
14 lot of the job training programs that the city funds
15 I don't think they're focusing or even paying
16 attention--

17 JACQUELINE EBANKS: They're not focused
18 on that, no.

19 CHAIRPERSON CHIN: --to the older worker.

20 JACQUELINE EBANKS: Yeah.

21 CHAIRPERSON CHIN: And figure out a way
22 of how to help them because I said in my opening
23 statement that older workers they're not just our
24 present. They're our future.

25 JACQUELINE EBANKS: Uh-hm.

1
2 COUNCIL MEMBER And that—and that this
3 population is growing, and very soon there's going to
4 be more older adults and young kids.

5 JACQUELINE EBANKS: Yes.

6 CHAIRPERSON CHIN: And we need to put
7 care for that, and because they still have so much to
8 contribute.

9 JACQUELINE EBANKS: And what to
10 contribute.

11 CHAIRPERSON CHIN: And want to
12 contribute. I mean our senior center would not
13 function if it wasn't for the senior who volunteered
14 to make those programs run.

15 JACQUELINE EBANKS: That's true.

16 CHAIRPERSON CHIN: So, I think that it's
17 so critical, and I think in this budget process I
18 hope that do, you know, look at and work with us in
19 the Council to see how we can expand, you know, more
20 of this program. As you say, a safety net program.
21 It helps the older adults age healthier especially he
22 senior center. So, we need to look at it and maybe
23 expanding on those programs and not shrinking those
24 programs because from your own study you're saying
25 that people the seniors that participate in the

1
2 senior center, they're healthier. They're—they're
3 stronger, there's less depression. I mean all the
4 good things so that we need to really expand those
5 programs because the population the older population
6 is also expanding. So, we look forward to working to
7 continue working with you and make sure that new in
8 initiative that the Mayor is putting forward that
9 that also serves the older adult population.

10 JACQUELINE EBANKS: Absolutely. Thank
11 you.

12 CHAIRPERSON ROSENTHAL: Thank you so
13 much.

14 CHAIRPERSON CHIN: Okay. So thank you
15 for being here today, and we are going to call up the
16 -the public panel. [pause] We have Kathleen or
17 Kaitlin Hosey from Live On New York; Molly Krakowski
18 from JASA; Kristen Rouse, Radical Age Movement. I
19 apologize if I didn't pronounce your name correctly
20 and also Alice Fisher from Radical Age Movement.
21 Come on up. [pause] You may being.

22 KAITLIN HOSEY: Thank you, Chair Chin for
23 having us today and Council Member Rosenthal as well,
24 of course. We—I feel like the issue here has been
25 well illuminated through the testimony that has come.

1
2 So we won't spend as much time on that as is in my
3 written testimony. The struggles have been
4 articulated from lower wages, increased caregiving
5 costs, rising housing and long-term care costs and
6 more. Our benefits team at Live On New York sees
7 this everyday on a real human level. The majority of
8 the clients that come into our benefits office
9 seeking assistance with SNAP, SCRIE, DRIE or other
10 public programs are older women, and many of these
11 older women are living on as little as \$15,000 a
12 year, which is the average amount of Social Security
13 that you receive and that's fixed income that is very
14 difficult to live in a high cost city such as New
15 York City. So what has been articulated is just the
16 tip of the iceberg of identifying just older women
17 are aging into poverty, but we want to spend most of
18 our testimony on what can New York City do to solve
19 this and to support the older women to—for a certain
20 extent have experienced these structural barriers
21 across a life span and are now are in a position
22 where they need to make ends meet and be able to
23 thrive in their older years despite a number of
24 barriers. Before I start with our recommendations, I
25 wanted to articulate the realities that exist related

1
2 to home care and case management because I know you
3 asked a few questions about this. The waitlist that
4 we're executed by DFTA are our understanding of the
5 situation as well. However, I wanted to note that in
6 Brooklyn and the Bronx homecare hours have been
7 frozen again unfortunately so. So that means any new
8 client that comes in to receive homecare
9 unfortunately that waitlist is likely to begin to
10 rise. Additionally, it is important to keep in mind
11 that for a case manager the caseload size are capped
12 at 65, which is quite high. So, you're limited in
13 your ability to truly dive in and support the client.
14 I'm sure every case manager would love a lower
15 client ratio to be able to truly serve their clients
16 in the way that they were taught to do so in getting
17 their social work degree. So, I just wanted to note
18 that. Of course, Live on is super appreciative of
19 this state investment that is being made, but we
20 wanted to put that on the record as well. So, a few
21 concrete examples of the DFTA services that could use
22 additional support that would direct and positively
23 impact this population. For older women living in
24 poverty, nutrition is incredibly, incredibly
25 important. Within DFTA's Home Delivered Meal

1
2 Program, 81% of meal recipients note that the home
3 delivered meals improved their overall health and
4 accounts for more than half of their total food
5 caloric intake for the day. That is one meal
6 accounted for half of your overall nutrition for the
7 day. That shows the value of this meal. To better
8 support the system and the Congregate Meal Program as
9 well because we know that's equally as valuable, the
10 city must increase funding by \$20 million this year
11 to ensure the solvency of the program. This is both
12 to ensure quality meals, to ensure that chefs working
13 in these program are paid adequately, and to ensure
14 that the non-profits are not footing the burden of
15 the lower reimbursement rate. Additionally, we
16 wanted to point out that the entire network of
17 services, this was well articulated by Commissioner
18 Resnick, but the entire network of agent services
19 plays a unique role in alleviating the burdens that
20 are associated with aging into poverty increasing
21 funding for services such as senior centers and
22 NORCs, we can ensure that the quality of the program
23 continues as costs rise and as the number of seniors
24 that they are serving rises because we know that
25 there are about 31% of the 50 plus population across

1
2 the United States are—the homeless population across
3 the United States, 31% of those are 50 plus, and
4 senior centers are certainly seeing them. Senior
5 centers are serving the most vulnerable of our older
6 adults and we need to make sure that funding is there
7 to ensure that the quality programming the one-to-one
8 support can be offered, and it's not all just one
9 director tried to man an entire facility.

10 Additionally mentioned was the geriatric mentally—
11 Geriatric Mental Health Initiative. Currently,
12 that's only in 25 senior centers. That feels like
13 it's right for expanding to make sure that older
14 women are able to talk to somebody and able to get
15 the supports that they need no matter where they are
16 in the city. Additionally, it's really important to
17 note that we—we talked a lot about the lower wages
18 that contribute to aging into poverty. For a lot of
19 women in the human service sector that is the reality
20 that exists in New York City. Many senior directors
21 are women. Many case managers are women and we need
22 to make sure that the city through the services that
23 its funding are funding livable wages and high
24 quality competitive salaries to make sure that the
25 human services sector in New York City doesn't age

1
2 into poverty as has been trend. So, we really
3 appreciate your support on all of these issues.
4 Happy to answer any questions that you may have.

5 [pause]

6 MOLLY KRAKOWSKI: Hi. Good morning, Good
7 afternoon. My name is Molly Krakowski. I'm Director
8 of Legislative Affairs at JASA and as I've said in
9 previous hearings, and again, we'll also be brief,
10 JASA has a full range of contracts with New York City
11 everything from Adult Protective Services, Community
12 Guardian clients. We have 22 senior centers, a dozen
13 NORCS. We have a lot of programs, case management
14 home delivered meals, caregiver support. So, we're
15 sort of touching I think on almost every area that
16 DFTA has to offer and—and I'm going to sort of
17 reiterate what Kaitlin said and also the
18 Commissioner, Acting Commissioner Resnick very
19 accurate, I think portrayed that there is this
20 massive safety net within New York City. The problem
21 is the funding and the underfunding of these
22 contracts, and so I feel a little like a broken
23 record. It's my—it's become my role in these hearings
24 to talk about it, but the aging demographics I think
25 we all know, but the underfunding of the Human

1
2 Services contracts can't be separated from the
3 relevance of a hearing like today. Not only do the
4 Human Services need to be paid fully for the services
5 that we provide, but the staff needs to be paid a
6 livable wage like Kaitlin said and the city had
7 increased wages in some programs, but not all
8 programs and so you can imagine we have now case
9 management has—has gotten a nice increase, a long
10 overdue increase, but the NORC directors haven't. So,
11 NORC Directors are making less than case management
12 workers, and APS just got an increase, but the
13 Directors of APS didn't get an increase, and we have
14 senior centers where now with the \$15 minimum wage
15 it's wonderful, but we have people who are
16 professionals who are making \$2.00 an hour more than
17 them. So, we haven't kept up, and we need the city
18 really to recognize and invest in the workforce that
19 provides essential services that keep people, women,
20 older adults safe in their homes and communities and
21 we need the city to make the connection and to put
22 the necessary funding into the budget. There are too
23 many people struggling to make ends meet. We need to
24 find a way to change the tide, and if we really want
25 to sort of nip this in the bud before it becomes a

1
2 much bigger problem, and as more people age into
3 poverty, then we need to start at home, and—and fix
4 the situation with all these contracts. Thank you.

5 Kristin Royce. My name is Kristin Royce,
6 a master in social work student and intern at the
7 Radical Age Movement, and I'll be sharing just some
8 highlights from Bobbie Sackman's testimony. Among
9 many other things she's a steering committee member
10 of the Radical Age Movement and she says: On behalf
11 of thousands of older women in New York City living
12 in quiet desperation struggling daily with economic
13 insecurity, I would like to thank Chairs Councilwoman
14 Margaret Chin and Councilwoman Helen Rosenthal for
15 and committee members for holding this hearing.
16 Simply put, Radical Age Movement was founded to
17 confront ageism and advocate for age justice in its
18 myriad of forms. Among the poorest individuals in
19 New York City are older women of color and
20 immigrants, yet they are mostly invisible. In
21 framing issues of older women aging into poverty, it
22 is critical to take into account that becoming poor
23 in old age is often the result of a lifetime of being
24 marginalized in the workplace. Thousands of older
25 adults are declaring bankruptcy due to inadequate

1
2 income and medical bills. A 2018 AARP study says
3 about 3 in 5 older workers have either seen or
4 experienced age discrimination in the workplace. In
5 a December 2018 investigative article by ProPublica,
6 in collaboration with an Urban Institute Study
7 reported 56% of workers over age 50 leave their jobs
8 involuntarily due to layoff or business closing, job
9 dissatisfaction or unexpected retirement.

10 Nationally, only five years from now in 2024 woman
11 age 55 plus are projected to be 25% of the women's
12 labor force, which is double their share from 2000.

13 This is New York City's future. We recommend the
14 establishment of a task force to address issues of
15 age discrimination in the workplace. Using data from
16 the Consumer Bankruptcy Project, we find more than a
17 twofold increase in the rate at which older Americans
18 age 65 and over file for bankruptcy. Older Americans
19 report they are struggling with increased financial
20 risks namely inadequate income and unmanageable costs
21 of healthcare as they try to deal with reductions to
22 their social safety net. Certainly, one primary
23 solution to the increase in bankruptcy among older
24 women would be to establish a single payer universal
25 long-term care system in New York State. We are very

1
2 appreciative that 44 Council Members signed onto a
3 resolution following a four-hour Health Committee
4 hearing to support the New York Health Act. Thank
5 you for the opportunity to testify today at this
6 important hearing. Radical Age Movement looks
7 forward to working with City Council members to
8 maximize the leverage New York City has to protect
9 older women from age discrimination in the workplace
10 preventing personal bankruptcy, providing supportive
11 services and access to benefits. It's necessary to
12 prevent poverty in old age and to bring older women
13 off the financial cliff. Please also see the
14 attached working policy agenda.

15 ALICE FISHER: My name is Alice Fisher,
16 Founder and Director of the Radical Age Movement.
17 I'd like to thank Councilwomen Margaret Chin and
18 Helen Rosenthal for holding this very important
19 hearing. For the past 1-1/2 years, the Radical Age
20 Movement has focused on issues of age discrimination
21 in the American workforce. From our conscious
22 raising and age café programs, we've identified that
23 the greatest concern of our members and followers is
24 running out of money before they run out of life.
25 There is no shortage of older adults in their 50s,

1
2 60s, 70s and even 80s who are desperately seeking a
3 way to earn a living after leaving the workforce
4 mostly—many often not by their own choice. We see
5 ageism in general and particularly in the workforce
6 as a systemic cause of poverty among older adults.
7 These people are mostly invisible to the general
8 public, and our institutions because they are beyond
9 the common description of middle age and they are not
10 yet old by today's evolving demographics. The
11 lifespan is not a fixed and permanent measure of our
12 length of days. Rather, it is a flexible ever
13 changing instrument that indicates the stages of life
14 we go through. As life expectancy and health
15 expectancy grow longer, changes in the life span are
16 a natural result. The extra healthy years we are
17 gaining are not tacked onto the end of our lives.
18 Instead, a new age of life has—a new stage of life
19 has opened up along the lifespan. People between the
20 ages of 60 and 80 plus occupy this new stage of life.
21 If they relatively healthy, they tend not to be ready
22 to leave the workforce because they don't want to
23 retire and they can't afford to be retired for 20, 30
24 or 40 years. If we live longer, we have to work
25 longer. Radical Age sees ageism as a major systemic

1
2 cause of poverty in older adults. If the workforce
3 turns its back on this group of older adults while
4 both Social Security and Medicare have not evolved to
5 meet the needs of most older adults, our country is
6 headed towards a major disaster. Prior to the
7 creating of Social Security, older adults were the
8 poorest cohort of Americans. If we don't acknowledge
9 these evolving changes, we will go full circle when
10 older adults will once again become the poorest
11 demographic of people living among us.

12 Unfortunately, many more women than men will find
13 themselves in this untenable situation. Some of the
14 circumstances that push women into poverty at a
15 greater rate than men are caregiving, wage gaps,
16 higher healthcare costs, death of a spouse or
17 divorce, wealth gap, discrimination and domestic
18 violence. Another issue is affordable housing and
19 fear of the bag lady syndrome. The bag lady syndrome
20 that so many women fear is not that farfetched for
21 many females over 50. Due to their low pay, lack of
22 employer provided retirement pan-retirement plans,
23 and increasingly longer lifespans, and higher medical
24 costs than men, they are slammed from all sides as
25 they age. During my tenure in Senator Liz Krueger's

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2 Office, the most dire situation with which I was
3 confronted were homeless elderly people, and I use 85
4 years plus to describe somebody who is elderly. For
5 most of them, a maximum stipend of \$100 to \$200 a
6 month would allow them to pay their rent and stay in
7 their homes. We know that it costs the city way more
8 to keep these people in a homeless shelter where they
9 do not belong and are extremely reluctant for good
10 reason to go there. These are not people who just
11 need a leg up so they can move ahead with their
12 lives. This is likely their final destination. A
13 solution that seems so simple has never gained
14 traction. Why not subsidize people over 85 years old
15 who are living below the poverty level, and cannot
16 afford their rent. As the demographic of older
17 adults keeps growing, this is not a problem that will
18 go away any time if ever in the near future. I'm
19 going to skip the statistics. Thank you for the
20 opportunity to testify today and we look forward to
21 work City Council members in an effort to protect
22 older women from age discrimination in the workplace,
23 preventing personal bankruptcy, access to benefits
24 and providing supportive services. Now is the time

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2 to call for age justice. After all, we are part of
3 the future, too.

4 COUNCIL MEMBER CHIN: Thank you. I mean
5 you all for your testimony and for all your great
6 work, and especially in this budget season I think we
7 are going to have to work together to make sure that
8 the recommendation that you put forward in terms of
9 paying, you know, our Human Service worker a better
10 wage we definitely need to work on that. So thank
11 you for being here today. We're calling up the last
12 panel. Peter Kempner from Volunteers of Legal
13 Services and Kate Webster from Neighbors to save
14 Rivington House. Okay. [pause] Peter you can start.
15 Yes, you can start.

16 PETER KEMPNER: Great. Good afternoon.
17 My name is Peter Kempner. I'm the Director of the
18 Elderly Project at Volunteers of Legal Service.
19 Volunteers of Legal Service was established in 1984
20 in response to federal cuts in legal services
21 funding, at the time the city's largest and most
22 respected law firms teamed up with the New York City
23 Bar Association to help fill the gap left by those
24 federal funding cuts. We are now 35 years into our
25 existence and Volunteers of Legal Service run six

1 projects including our Elderly Project, which
2 conducts regular free legal clinics at senior centers
3 around the city including two in your district,
4 Council Member Chin, and we provide technical support
5 to community based organizations serving low-income
6 seniors by answering legal questions faced by their
7 clients. We provide training on legal issues to
8 community based organizations and to the public
9 regarding proper end of life planning. We publish an
10 Advocate's Guide to SCRIE and a Guide to Burial
11 Assistance and Funeral Planning for New York City's -
12 New Yorkers in need. We also access pro bono services
13 of the privet bar by training and supervising and
14 pairing up volunteer lawyers with low-income seniors
15 who cannot afford to hire attorneys to get their
16 powers of attorney, healthcare proxies, living wills,
17 last wills and testaments as well as other advanced
18 directives done free of charge. These critical
19 documents ensure that the wishes of seniors are
20 carried out by the people they love and trust the
21 most. They also ensure that seniors are able live in
22 the community as long as possible, and help to avoid
23 costly and unpleasant legal proceedings like
24 guardianships in the event that they become
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2 incapacitated. We thank the City Council's Aging and
3 Women's Committee for holding this important
4 oversight hearing looking into the root causes of
5 women aging into poverty. As attorneys serving low-
6 income elderly New Yorkers we see everyday the legal
7 issues they face including those involving housing,
8 government benefits and consumer debt. At the root,
9 all of these are poverty issues. From our work in
10 the community we see that these issues
11 disproportionately impact women. In preparation for
12 this hearing I looked over the past year of our
13 client data and found that 72% of our clients were
14 women. This should not be surprising in light of the
15 fact that elderly women are much more likely to be
16 poor than men representing two-thirds of all
17 individuals over the age of 65 living in poverty.
18 This reality is further exacerbated when looking at
19 elderly women of color. Numerous factors contribute
20 to this including the gender pay gap disparities that
21 were discussed earlier, caregiver responsibilities
22 and higher healthcare costs for women. In a rapidly
23 gentrifying city like New York, we need to ensure
24 that comprehensive services and programs are in place
25 so that our seniors can age in their communities with

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2 dignity and respect. Programs such as the City
3 Citizen Rent Increase Exemption, the Senior Citizen
4 Homeowner's Exemption are necessary to stabilize
5 housing costs for our low-income seniors, social
6 programs and senior centers, which provide case
7 management services, social work services are needed
8 to ensure that seniors get access to benefits, hot
9 meals, and can work to combat social isolation. We
10 need to ensure that federally funded benefits such as
11 Social Security, SSI, Medicare and Medicaid are
12 protected and possibly expanded. In December 2018,
13 the organization Justice in Aging issued a special
14 report entitled *Older Women in Poverty*. This report
15 not only examined the causes of why a significant
16 number of older women live in poverty, but offered a
17 set of recommendations to help alleviate their
18 plight. In addition to shoring up and expanding many
19 of the traditional social safety net programs,
20 Justice in Aging also recommended that the expansion
21 of free legal services should be an integral part of
22 this equation. Access to free attorneys can combat
23 homelessness through eviction and foreclosure
24 prevention. It could combat the financial
25 exploitation of seniors by predatory lenders. It

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2 could prevent elders from elderly abuse and
3 discrimination and it can ensure that seniors are
4 empowered to take control of their lives and their
5 decision making. Recently we were approached by the
6 daughter of a 93-year-old woman who was facing
7 eviction from her Harlem home where she had lived for
8 decades. Suffering from dementia, her mother had
9 failed to file her re-certifications for Section 8
10 benefits, and those Section 8 benefits were needed to
11 afford her apartment. Fortunately, the year before,
12 Volunteers of Legal Services Elderly Project had met
13 with the mother and prepared and executed a Power of
14 Attorney authorizing her daughter to manage her
15 affairs should she ever become incapacitated. She
16 done so at the urging of a case manager at the
17 Visiting Nurse Service of Volunteer's community
18 partner whose staff recognized early onset of
19 dementia in the client. Using that power of attorney
20 we were able to retroactively restore the client's
21 Section 8 Housing subsidy, ensure that the benefits
22 would not be terminated in the future by obtaining a
23 reasonable accommodation from the agency to mail all
24 future notices to her daughter, and this has allowed
25 her to remain in her home and stay close to her

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2 daughter who lives in the building next door. This
3 is a story about how access to counsel for a matter
4 as simple as getting a power of attorney done for an
5 elderly woman prevented an eviction, prevented
6 placement in a nursing home, prevented a guardianship
7 proceeding and saved the city thousands in public
8 funds and most importantly saved the family from
9 suffering. Thank you again for giving us the
10 opportunity to testify. Volunteers of Legal Service
11 looks forward to working wit the City Council and the
12 Administration to ensure that New York City is best
13 able to support of seniors in need. Thank you.

14 COUNCIL MEMBER CHIN: Okay, welcome back.

15 KATE WEBSTER: Hi. Sorry. A protest on
16 the steps for our other party. [laughs] Hello. I
17 would like to thank the Council Members and I love
18 people who do advocacy for older women. So, I'm—I'm
19 going to just try to do statistics today on
20 Alzheimer's Disease and its impacts on aging, poverty
21 and being female. I'm not an expert. I'm just from
22 Neighbors to Save Rivington House. So, I sort of
23 fell into this plus I took care of my mother. I just
24 want to say that we have no national policy to
25 address the public health crisis of Alzheimer's

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2 Disease. No well regulated nursing homes to house
3 our elders when it becomes necessary to have long-
4 term 24/7 skilled care. It takes a toll on caregivers
5 and those with the disease alike as it drives older
6 women deeper into poverty. I think, you know, as
7 much as possible we try to keep people in their
8 homes, but if you've ever cared for somebody with
9 Alzheimer's Dementia, there comes a point when you
10 really can't. So, the—I think the poverty issue has
11 been covered. So, I'll just try to talk about the
12 statistics on women. Women are two-thirds of the
13 population afflicted with Alzheimer's Disease and
14 other dementias. Sixty-four—65% plus of both caring
15 for someone with Alzheimer's Disease and other
16 dementias are women. 65—over 65% of those with AD&D
17 with unpaid care from a family member or friend are
18 women. A third of Alzheimer's Disease caregivers
19 also have a minor child at home. Caregivers as almost
20 all women. I'm sure you know. Ian Poula (sic) said
21 care is women's work, violent women's work, voluntary
22 or unpaid and systematically devalued. Most care
23 workers here are women disproportionately women of
24 color, migrant women or women marginalized of social
25 status. The work is often part-time and

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2 inconsistent—inconsistent and longstanding racial
3 exclusions from labor protections and shortages and
4 culture that have failed to adequately value or
5 support caregiving have resulted in high turnover
6 rates, worker shortages and thus lower quality care.
7 The median annual pay for homecare jobs is \$13,000
8 barely above Federal Poverty Level. As a result,
9 more than half of U.S. care workers rely on some form
10 of public assistance. I'll just do other statistics.
11 Senior housing—let's 42% of adults caring for aging
12 relatives, 52 million caring for others on top of
13 jobs and childcare, a systematic problem that can't
14 be solved individually. People with Alzheimer's
15 Disease and Dementia tend to be especially vulnerable
16 to abuse because the disease makes—may prevent them
17 from reporting the abuse or recognizing it. Abuse
18 can occur—occur anywhere including at home and in
19 care settings and can take many forms. The lack of
20 affordable accessible housing integrated with long-
21 term care can leave some older adults homeless or at
22 risk of homelessness. The long duration of the
23 illness before death contributes significantly to the
24 public health impact of Alzheimer's Disease because
25 much of the time is spent in a state of disability

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2 and dependence. Even with help from community based
3 services, respite services providing care for a loved
4 one with Alzheimer's or other dementia become more
5 difficult with time. In later stages of the disease,
6 many people will require more care and assistance
7 than their family members, and those services can
8 provide. A typical homeowner would have enough
9 wealth to pay for 3-1/2 years of a nursing home stay,
10 and that type of residential facility would exhaust
11 the wealth of a typical renter age 65 and over in a
12 matter of weeks. Dementia imposed the financial cost
13 of approximately \$28,500 per affected person per
14 year, not counting the economic cost of informal
15 care. The average cost for a private room in a
16 nursing home is \$97 plus thousand dollars. The
17 average for a semi-private is \$85—almost \$86,000
18 year. Most families pay for residential care cost
19 out of their own pockets. Some facilities will
20 accept Medicaid. Others might not. The average
21 caregiver over 50 who leaves the workforce to care
22 for a parent loses \$303—almost \$304,000 in lifetime
23 wages, Social Security and private pension ticking
24 the cost down the line and making the economy as a
25 whole less productive. Tell me when that buzzer goes

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2 off. Older African-Americans are about two times and
3 older Hispanics are about one and a half times more
4 likely than older whites to have Alzheimer's Disease.
5 Limited data exists about the prevalence of it in
6 other racial and ethnic groups including Asian-
7 Americans and Native Americans. Non-Hispanic Blacks
8 have significantly higher costs of care than Whites
9 or Hispanics primarily due to more in-patient care
10 and greater severity of the illness. Half of
11 Alzheimer's caregivers are between the ages of 45 and
12 I might have already said that. People with Dementia
13 report being afraid of the reactions of others and
14 lower perceived status within society because of
15 their diagnosis. There's a tremendous stigma with
16 Alzheimer's. Well, that's probably good. I have a
17 million of them. [laughs] Anyway, I-I do want to
18 say that the-the one thing that hasn't been talked
19 about quite for me in the office is the-the aspect of
20 this-of aging where disability hits and where at some
21 point somebody may need the 24/7 skilled care and in
22 our community as the Council Member well knows and we
23 have fought with her for a long time to have
24 Rivington House returned to the community. We don't
25 have any care facilities except one with very small

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2 numbers not even Gouverneur actually can handle
3 Alzheimer's patients. So, we're in desperate need and
4 we have an epidemic coming. So, thank you.

5 CHAIRPERSON CHIN: Thank you, Kate and
6 thank you for—for sharing. I know that, you know,
7 this is a—a critical issue and hopefully that with
8 this committee and with the Council we are going to
9 continue to advocate for our older adults, and thank
10 you for the great work that your organization does,
11 Peter. We know that legal services is important, and
12 that's why the Council also have, you know, passed
13 legislation to make sure that tenants who were being
14 evicted have legal representation and we want to make
15 sure especially older adults that are facing that
16 situation have legal representation.

17 PETER KEMPNER: Thank you, Council Member
18 and I would just like to say that as it was pointed
19 out earlier, yes, right to Counsel is for everyone,
20 but I think we need to also have special programs for
21 our seniors that focus on their particular needs,
22 particularly their legal needs with respect to life
23 planning and so we want to make sure that that
24 critical piece is heard as well. Thank you.

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CHAIRPERSON CHIN: Thank you. Thank you
all for being here today. Anyone else who wanted to
testify? If not, then this hearing is adjourned.
[gavel]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date February 8, 2019