

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING

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September 21, 2020
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HELD AT: REMOTE HEARING

B E F O R E: Margaret S. Chin,
Chairperson

COUNCIL MEMBERS:

Diana Ayala
Chaim M. Deutsch
Ruben Diaz, Sr.
Mathieu Eugene
Mark Treyger
Paul A. Vallone

A P P E A R A N C E S

Maria Pia Scarfo
Vision Urbana

Karen Zhou
Homecrest Community Services

Judy Levin
Greenwich House

Shaaranya Pillai
India Home

Katelyn Andrews
LiveOn NY

Lorraine Cortés-Vázquez
Department for the Aging

Gale Brewer
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Michele Rodriguez
Director for University Settlements

Peter Cheng
Chinese American Planning Council

Thomas Kamber
Executive Director of Older Adults Technology
Services

Tara Klein
Policy Analyst for United Neighborhood Houses

A P P E A R A N C E S (CONT.)

Beth Finkel
State Director for AARP New York

Jo-Ann Yoo
Executive Director of the Asian American
Federation

Christian Gonzalez-Rivera
Director of Strategic Policy Initiatives at the
Brookdale Center for Healthy Aging

Katie Foley
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Ruth Finkelstein
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Mary Archana Fernandez
Director of Family Support Services at SACSS,
South Asian Council for Social Services

Rachel Sherrow
Associate Executive Director at City Meals on
Wheels

Melissa Sklarz
Senior Government Relation Strategist at SAGE

Helen Ahn
Director of Senior Centers of Korean Community
Services

A P P E A R A N C E S (CONT.)

Kerly Serrano
Director of the Senior Center at Sunnyside
Community Services

Gail Brown
Director of Senior Services at Jacob Riis
Neighborhood Settlement

Jenny Low
Resident of lower Manhattan

Bonnie Lumagui
Assistant Executive Director for Senior Services
and Community Services at Hamilton Madison House

Aaron Rooney
Clinical Director at Stanley Isaac Center

1
2 SERGEANT MARTINEZ: Sergeants you may begin your
3 recordings. Sergeant Polite, I pass it over to you.
4 Thank you.

5 SERGEANT POLITE: You are welcome. Good morning
6 and welcome to the Remote Hearing to the Committee on
7 Aging. Will Council Members and staff please turn on
8 their videos at this time. Once again, please turn
9 on your videos at this time. To minimize
10 disruptions, please place all cellphones, electronic
11 devices to vibrate. You may send your testimony at
12 testimony@council.nyc.gov, that's
13 testimony@council.nyc.gov.

14 Chair Chin, we are ready to begin.

15 CHAIRPERSON CHIN: [GAVEL] Good morning. I am
16 Council Member Margaret Chin, Chair of the Committee
17 on Aging. I thank you all for joining us today, Zoom
18 oversight hearing on the Future of Senior Centers
19 After COVID-19.

20 It has been a long and scary six months for our
21 city seniors. While the COVID-19 pandemic has
22 changed lives as we know it for everyone, it has hit
23 New York City senior population especially hard. The
24 pandemic has forced our seniors to deal with such
25 things as food insecurity, social isolation, economic

1
2 instability, and of course, escalating health risks
3 and crisis.

4 Since March, our seniors have needed extra
5 support and thankfully our city's senior service
6 providers have risen to the occasion. The city
7 senior service provider have been working hard to
8 continue serving the seniors that used to be within
9 their programs portfolio while also expanding their
10 services to new seniors. Although, DFTA's senior
11 centers will require to physically close following
12 the Governor and Mayor's Shelter at Home orders in
13 mid-March. DFTA's Contractor Senior Service provider
14 did not stop serving.

15 Even without physical programming, senior center
16 providers have transitioned from congregate meal
17 setting to a grab-and-go meal service system, to
18 provide seniors with home delivered meals.

19 Transition from physical to virtual and online
20 programming for seniors, even open their doors as
21 cooling centers during this summers heat waves. Our
22 senior service providers have step in when seniors
23 needed them the most.

24 However, they have not served without challenges.
25 The issues we have learned from the providers and

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1 advocates have been the same since March. Lack of
2 communication from DFTA, unclear guidance and quick
3 turnaround time uncertainties around reimbursement
4 that were promised and generally being told to do
5 things without being consulted.
6

7 Even now, our senior service providers face
8 uncertainty. They do not know when senior centers
9 will be physically reopened. What they will need to
10 do to prepare for it. What funding they will receive
11 for their new reality or even what reopening might
12 look like during and in a post-COVID world.

13 Just last month, DFTA released a concept paper on
14 senior centers that was meant to solicit
15 recommendations on how the Department could support
16 different types of senior centers in the network.
17 The paper outlined some expectation with DFTA's
18 upcoming request for proposal or RFP, which is set to
19 be released this fall.

20 This RFP is for senior service providers to apply
21 for DFTA senior center contracts from July 2021 to
22 June 2024. The problem as providers and advocates
23 have brought up, is that no one knows what the senior
24 centers will look like. What the senior population
25 will look like or what their needs will be post

1
2 COVID. Even more concerning, the concept paper
3 outlined many expectations for providers. Including
4 having an increase in outreach, in marketing, and
5 employing a data manager. But absent from the
6 concept paper is funding for such requirements. How
7 will providers execute these expectations without
8 additional funding, especially during an uncertain
9 economic time for our city. We need to take a step
10 back. How can we start an honest dialogue about
11 senior centers of the future when we don't even know
12 what senior centers of the present look like.

13 Until we get an answer to this question, it is
14 downright irresponsible to expect that all providers
15 are in the right place to compete for these
16 contracts. Our senior providers network has been
17 jolted by the pandemic, but lack of guidance and
18 communication from City Hall, be absent of \$10
19 million in senior center model budget funding, \$5
20 million in food and kitchen staff funding and
21 indirect costs funding promised to them this year.

22 Visionary plans for the future are great but we
23 can't ignore our priority right now which is
24 stabilizing this network. DFTA must consider pushing
25

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1 the RFP deadline back to give our providers the
2 clarity and stability they need today.
3

4 At this hearing, the Committee hopes to open and
5 force the dialogue between DFTA and senior service
6 providers about how to best move forward with
7 physically reopening senior centers.

8 The Committee would like to hear from DFTA about
9 what plans they have for physical reopening including
10 specific timeline and detail. How DFTA will be
11 approaching the upcoming senior center contract
12 procurement process and what DFTA envisions for the
13 future of senior centers going forward in a post
14 COVID world.

15 We will additionally be hearing Intro. 2030
16 sponsored by myself at the request of the Mayor,
17 which increase the maximum qualifying income level
18 for those who are applying to the Senior Citizen Rent
19 Increase Exemption and the Disability Rent Increase
20 Exemption or SCRIE and DRIE programs. This
21 legislation extends these increase qualifying level
22 to June 30, 2022.

23 I'd like to thank the Committee Staff for their
24 help in putting together this hearing. Our Counsel
25 Nuzhat Chowdhury, Policy Analyst Kalima Johnson,

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4 Finance Analyst Daniel Kroop and Finance Unit Head

5 Dohini Sompura. I'd like to also thank my Deputy

6 Chief of Staff Marian Guerra and I'd like to thank

7 the other Committee Members who have joined us today.

8 I see Council Member Diaz, Council Member Vallone,

9 Council Member Ayala. I guess other Council will be

10 joining us later and I'm going to turn it back to the

11 Legislative Counsel for further instruction. Thank

12 you.

13 COMMITTEE COUNSEL: Thank you Chair. I am Nuzhat

14 Chowdhury, Counsel to the Aging Committee of the New

15 York City Council. I will be moderating today's

16 hearing and calling on panelists to testify.

17 Before we begin testimony, I want to remind

18 everyone that you will be on mute until you are

19 called to testify. After you are called on, you will

20 be unmuted by the host. I will be calling on

21 panelists to testify, so please listen for your name

22 to be called. I will also be periodically be

23 announcing who the next panelist will be.

24 Before we hear from Members of the Administration

25 today, we will be hearing testimony from the

following five senior service providers. Pia Scarfo

of Vision Urbana followed by Karen Zoo of Homecrest

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4 Community Services followed by Judy Levin of
5 Greenwich House followed by Shaaranya Pillai of India
6 Home and finally, followed by Katlyn Andrews of Live
7 on New York.

8 Panelists, I will call on you when it is your
9 turn to speak. During the hearing, if Council
10 Members would like to ask a question, please use the
11 Zoom raise function and I will call on you in order.
12 We will be limiting Council Member questions to five
13 minutes. This includes both questions and answers.
14 Please also note that for ease of this virtual
15 hearing, we will not be allowing a second round of
16 questioning.

17 All public testimony will be limited to three
18 minutes. After I call your name, please wait a brief
19 moment for the Sergeant at Arms to announce that you
20 may begin before starting your testimony. We will
21 begin this hearing with public testimony from our
22 senior services providers.

23 As a reminder, I will be calling on individuals
24 one by one in order to testify in panels. We will
25 first hear from Pia Scarfo of Vision Urbana.

CHAIRPERSON CHIN: Before Pia starts, I would
also like to recognize that we've been joined by

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4 Council Member Gjonaj and Council Member Deutsch.

5 Thank you.

6 SERGEANT AT ARMS: Starting time.

7 COMMITTEE COUNSEL: Pia, you may begin.

8 MARIA PIA SCARFO: Thank you. Good morning all.

9 I would like to thank Chair Margaret Chin for her
10 leadership and the opportunity to testify on the
11 Future of Senior Center After COVID-19.

12 I am Pia Scarfo, Deputy Director for Senior and
13 Wellness Programs at Vision Urbana. A highly
14 regarded community-based nonprofit organization that
15 has served the Lower East Side of Manhattan for over
16 25 years, providing family services, youth and
17 workforce development, health and wellness workshops,
18 food security, pantry delivery, financial and digital
19 literacy training, and several older adult programs,
20 including a NORC program, which I lead.

21 Vision Urbana provides access to critical
22 services to our senior residents and community
23 service through our NORC, and our center-based
24 services for immigrant seniors. We serve
25 predominantly Latino, Asian, and Black older adults,
which has given us an understanding, a unique
understanding of the growing challenges and changing

1 needs of this population. Food and financial
2 insecurity are more acute in this population that
3 also suffers from serious health disparities with
4 higher rates of chronic illness and comorbidities.
5

6 Today, I would like to spend a few minutes
7 talking about, less than a few minutes, talking about
8 what services Vision Urbana would provide and what
9 are our accommodations for the future.

10 Vision Urbana is not the typical senior center.
11 Since we have a cohort of population, we have the
12 baby boomer from the 60 to 70's and we have older
13 adults. So, our program is a holistic program, which
14 is based on case management, health promotion and
15 several other activities. We consider the needs of
16 this population and when the COVID-19 started,
17 [INAUDIBLE 14:11] to make us more conscious of the
18 needs of this population and creative in terms of the
19 service we provide.

20 Before COVID-19, a senior service provider were
21 limited to an activity from 8 a.m. to 4 p.m. Right
22 now, we look more profoundly to what our population
23 needs. Vision Urbana create an internal data
24 collection base to make us more conscious of what our
25 population needs. A part of the virtual classes that

1 we start providing, also we deliver meals. We
2 started a pantry express what Live on New York could
3 define as the Meals on Wheels and we think that this
4 urge is very important to continue providing those
5 meals in a very different way. It can be the grab-
6 and-go but also we need the more funding in order to
7 provide more -

8
9 SERGEANT AT ARMS: Time expired.

10 MARIA PIA SCARFO: To provide those services.
11 Thank you so much for the opportunity. We are
12 [DROPPED AUDIO 15:14-15:20]

13 COMMITTEE COUNSEL: Thank you Pia. Our next
14 panelist will be Karen Zhou of Homecrest Community
15 Services.

16 SERGEANT AT ARMS: Starting time.

17 KAREN ZHOU: Hi, can you hear me?

18 COMMITTEE COUNSEL: Yes.

19 KAREN ZHOU: Oh, great.

20 COMMITTEE COUNSEL: You may begin.

21 KAREN ZHOU: Okay, thank you. Good morning, I
22 want to thank the Chair Margaret Chin and Members of
23 the Aging Committee for this opportunity to testify
24 today. I hope that everyone is staying safe and
25 healthy at this time.

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1 My name is Karen Zhou, Executive Director of
2 Homecrest Community Services, a multi-social service
3 agency with over two decades of serving the Asian
4 American community in Brooklyn. We are a service
5 provider of two large senior centers in Sheepshead
6 Bay and Bensonhurst and we've been providing
7 culturally competent programs and services for Asian
8 Immigrant Seniors.
9

10 When the outbreak of COVID-19 hit New York City,
11 we were highly concerned about our seniors wellbeing.
12 This is a high risk and vulnerable population with
13 many seniors having underlying medical conditions and
14 pose a significant health risk to developing the
15 disease.

16 Because of the rapidly evolving situation, we
17 went from being open the first half of March and
18 having to self-sanitize our facilities to the Mayor's
19 mandate to close all New York City senior centers by
20 March 16th. In an attempt to stem the spread of
21 COVID, which that had by then had widespread
22 community transmission.

23 At the onset, our team acted nimbly and quickly
24 to address a critical need of high food insecurities
25 arising from shelter in place for seniors in self-

1
2 isolation. We ponder the question; how would they
3 eat while staying at home? We found many seniors who
4 were highly concerned of their next meal, especially
5 as the days turned into weeks.

6 While we are not contracted for meal deliveries,
7 we immediately took the initiative and set up an
8 emergency meal delivery program, which a friend of
9 ours helped point Stir-Fry Meals and Wheels.
10 Providing culturally appropriate meals for Asian
11 seniors. We worked with a local Chinese restaurant
12 who prepared and cooked the meals on demand and we
13 utilize our staff knowledge here to provide the meals
14 directly to the seniors homes.

15 These deliveries were based out of the need
16 because there was an emergency situation. As a
17 result of this crisis and heightened media attention,
18 we have had an increased demand for meals and
19 subsequent increase in our meal expenses, which far
20 exceeds our Fiscal 2020 meals budget. Today, we have
21 delivered over 34,000 meals to seniors in need and
22 have fulfilled 100 percent of meal requests. It's
23 become a lifeline for seniors to keep them nourished
24 so that they can stay at home.

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4 Also, during the pandemic, we received a high
5 volume of phone calls from seniors needing meals
6 particularly Chinese Immigrant seniors who only spoke
7 Chinese. They did not know how to call 311 for help
8 but they did know about our organization and we
9 started answering calls from our center to better
10 assist them. Many of these calls were requests for
11 meal delivery services. We try not to turn anyone
12 away because we knew what the growing weight was for
13 DFTA's meal delivery program.

14 SERGEANT AT ARMS: Time expired.

15 KAREN ZHOU: Oh, okay, thank you, thank you.

16 COMMITTEE COUNSEL: Thank you Karen. Next we
17 will hear from Judy Levin from Greenwich House.

18 SERGEANT AT ARMS: Starting time.

19 JUDY LEVIN: Hi, thank you to the Committee Chair
20 Chin and Members of the City Council Committee on
21 Aging for this opportunity to discuss the future of
22 our center centers after COVID-19. I am Judy Levin,
23 Director of Senior Center Services at Greenwich
24 House. A settlement house based in Greenwich Village
25 where we've been providing a range of services to our
immediate community and beyond for over 117 years.
I, myself, have been at Greenwich House for eight of

1 those years and have worked with this population for
2 my entire career. Relevant to this issue, we have
3 four senior centers located throughout the village
4 and Tribeca as well as mental health and arts culture
5 services particularly focused on supporting older
6 adults.
7

8 To state the obvious, the COVID-19 crisis has
9 exacerbated, many of the ongoing challenges to
10 seniors while also raising a range of new ones,
11 they've been faced with increasing social isolation,
12 difficulty accessing needed healthcare services and
13 ongoing issues related to food insecurity, just to
14 name a few of the key challenges.

15 And we welcome this chance to rethink how we and
16 others are delivering these most essential and
17 important services to older adults now more than
18 ever. Broadly speaking, we are energized by many of
19 the improvements and suggested innovations mentioned
20 in the concept paper. However, we remain
21 trepidatious given a raft of outstanding questions
22 that each thought and suggestion raises.

23 Additionally, while we always stand at the ready
24 to work with the city on improving supports for this
25 exceptional population, we also know that the timing

1
2 of the discussion during an ongoing local and
3 international crisis, health crisis raises noteworthy
4 additional concerns.

5 With that all said, I'd like to summarize our
6 impressions as follows. We acknowledge the need to
7 focus on the younger older adults and reduce any
8 stigma's that exist. After all, they are the next
9 generation who will be in need of this safety net.
10 But in doing so, we'd like to be sure that we don't
11 do this at the expense of important health and
12 wellness needs of our most vulnerable older adults.

13 In a different but related area, the idea that
14 centers and spaces might be redesigned to focus on
15 specific needs is promising but the suggestion raises
16 critical questions about how providers might be asked
17 or permitted to weave several sites together to
18 ensure that communities are still provided with a
19 comprehensive range of services to meet needs.

20 Increasing elements like partnerships, marketing
21 and data management all mentioned in the paper, would
22 strengthen our centers but is that a new requirement
23 we need to figure out on our own? Or is this the
24 concept to also give budget and supports to each
25 center to bring in that type of expertise and talent?

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4 And as a final observation, many of the
5 challenges we, community services providers in this
6 city face -

7 SERGEANT AT ARMS: Time expired.

8 JUDY LEVIN: Thank you.

9 COMMITTEE COUNSEL: Thank you Judy. We will now
10 hear from Shaaranya Pillai of India Home.

11 SERGEANT AT ARMS: Starting time.

12 SHAARANYA PILLAI: Thank you. I thank Chair
13 Margaret Chin and the Committee on Immigration
14 for helping India Home provide for the salvation
15 community during such difficult times. The mission
16 of India Home is to improve the quality of life for
17 older adults by providing culturally appropriate
18 social services across Queens.

19 During this pandemic, India Home quickly
20 responded to the needs of the Salvation Senior
21 Community and has continued to serve an even higher
22 number of clients than ever before. We provide
23 accurate information, resources and ultimately
24 provide sanity and comfort in language through our
25 15,000 plus individual checkup calls that we've done
to date.

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4 We started a culturally competent home delivered
5 meal and grocery program, which will serve 9,240
6 meals to 111 seniors three days a week and have
7 served groceries to over 800 seniors.

8 Our dedication to reducing social isolation
9 promoting health and wellness continues as we've
10 transitioned to virtual senior programs including
11 informational lectures, yoga, meditation and creative
12 aging, through which we've provided over 9,000
13 service units.

14 We have also continued to provide case
15 management, telephone reassurance, counseling, ESL
16 and citizenship classes among other programs. We
17 have worked very hard to provide these services and
18 have certainly faced a great deal of challenges
19 during this time.

20 One of the biggest challenges was food programs.
21 The way that a transition of meal provision was
22 handled was incredibly poor. The congregate meals
23 delivered through our culturally competent caterers
24 were initially handled by DFTA through their
25 emergency food services. The financial support of
this initiative was discontinued and of the exact
date of logistics for which we were unaware and we

1 were suddenly dropped and blind sighted by the
2 discontinuation on a day we didn't expect and we
3 expected our clients to be receiving meals and I
4 remember this day vividly on May 7th, where 100 of
5 our seniors were left hanging and did not receive
6 meals because of this miscommunication.
7

8 This happened during the month of Ramadan where
9 many of our seniors were fasting and were completely
10 dependent on meal provision to break their fast.

11 You know, we were told that Get Food NYC would be
12 the new solution to meal provision and that we must
13 have our clients take these meals in lieu of the
14 congregate meals that we provide. But the meals
15 provided by Get Food NYC were not acceptable for the
16 population that we serve.

17 We received numerous complaints regarding the
18 quality of the food and in many instances, complaints
19 of the food is spoiled and thus we worked directly
20 with caterers to provide culturally competent meals
21 using our own funds and while this is a temporary
22 solution that we are able to run with the help of
23 private donations, we need the city's help to sustain
24 this program to continue to provide and prioritize
25 culturally competent services.

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4 This is just one example of many of the ways that
5 we are under resourced and limited to our access of
6 funding. We are dependent on our partnership with
7 government agencies to serve our clients. However,
8 the budget cuts and limited access that AP
9 organizations like ourselves face, are barriers in
10 being able to meet the needs of our devastated
11 community during this time.

12 We have worked hard and have had to think
13 creatively to provide these services in a salvation
14 community during this pandemic but we need more
15 partnership and collaboration with government
16 agencies to be able to sustain and stabilize the
17 future of our community.

18 SERGEANT AT ARMS: Time expired.

19 SHAARANYA PILLAI: India Home makes the following
20 recommendations. Please do support grassroots
21 organizations such as India Home with resources and
22 funding to better serve and stabilize the vulnerable
23 Asian community with access to crucial resources and
24 please do start discussions on reopening senior
25 centers and work directly with immigrant seniors
serving organizations to guide decision making and
culturally competent matter and please do continue to

1
2 prioritize food security and the COVID-19 response
3 for seniors and continue to work on this partnership
4 and collaboration with local nonprofits such as
5 ourselves.

6 Thank you and we urge your support to help
7 stabilize our community. Thanks.

8 COMMITTEE COUNSEL: Thank you for your testimony.
9 Our final panelist is Katelyn Andrews from LiveOn NY.

10 SERGEANT AT ARMS: Starting time.

11 KATELYN ANDREWS: Thank you Chair Chin for the
12 opportunity to testify. My name is Katelyn Andrews,
13 I am the Director of Public Policy at LiveOn NY.

14 LiveOn NY's members include more than 100
15 community-based nonprofits, some of whom you have
16 already heard from, that provide core services which
17 allow all New Yorkers to thrive in our communities as
18 we age, including senior centers, and other supports.

19 First, I have to applaud senior center providers
20 across the City that have stepped up during COVID-19,
21 finding new ways to provide critical services in the
22 face of numerous challenges.

23 While the physical facilities temporarily
24 shuttered, it is a testament to the strength of these
25 programs and the City that all of senior centers core

1 functions have remained available to older adults
2 throughout the pandemic: mental health supports took
3 the form of hundreds of thousands wellness calls;
4 nutrition was provided in-part through GetFood, which
5 required a lot of support from Senior Center staff;
6 socialization, education, and recreation went
7 virtual; and a health focus was paramount through it
8 all.
9

10 While much of the future appears uncertain, what
11 is certain, is that senior centers core services will
12 be more important than ever in the lives of a rapidly
13 growing older adult population. Now, what are our
14 next steps? What does the future look like? Well,
15 LiveOn NY really believes that it is time to shift
16 meal provision back to senior centers. While
17 GetFood served a laudable purpose during the pandemic
18 to address large scale hunger across the lifespan,
19 the city must elevate beyond its interim meal system
20 and shift meal provision back to senior centers
21 because only senior centers can provide a service
22 that is more cost efficient, effective and
23 importantly, in the best interest of older New
24 Yorkers.
25

1
2 Senior centers know the nutritional needs of
3 their clients and they have done this work for
4 decades. It is critical that we bring this service
5 back to senior centers and to do so, the city will
6 need to commit to reimbursing all associated costs,
7 including PPE, cleaning costs, ventilation
8 improvements.

9 The city should also include the \$5 million in
10 promised kitchen staff funding that was left out of
11 the 2021 budget, as well as the \$10 million promised
12 for senior center staff.

13 They should provide funding for full cost of
14 providing meals. That includes any funding for meals
15 that are beyond the senior centers contract units.
16 And also, the city should provide clear guidance
17 distinct guidance regarding clients that face best
18 safety practices to help mitigate the risk for both
19 senior center staff and clients. While supporting
20 flexibility in models to accommodate variance in
21 staffing patterns.

22 Now, I want to skip forward so I can quickly
23 touch on the Concept Paper as well. While
24 recognizing the Concept Paper is aimed to push the
25 senior services forward, LiveON NY underscores the

1
2 need for more specific details that are not currently
3 addressed in the Concept Paper but should be
4 explicitly articulated prior to the upcoming RFP. To
5 offer providers the opportunity to fully and
6 collaboratively engage with the city.

7 Clarity and details within the Concept Paper are
8 paramount.

9 SERGEANT AT ARMS: Time expired.

10 KATELYN ANDREWS: Particularly given the
11 historic uncertainty that providers and New Yorkers
12 continue to grapple with. I want to give a couple
13 examples really quickly as some of those questions
14 that we need answers. How many contracts will be
15 awarded? What method, if any, will be utilized in
16 determining the geographic distribution of contracts?
17 What are the expectations and details regarding meal
18 provision in future contracts?

19 We will submit a full comprehensive list of our
20 concerns in our formal response to the Concept Paper
21 and we really appreciate this hearing and the
22 opportunity to learn more about what the future of
23 senior centers will look like. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony
Katelyn. Are there any Council Member questions for
this panel?

Seeing none, I will turn it back to Chair Chin
for any remarks.

CHAIRPERSON CHIN: I just wanted to thank this
panel for their testimony and I think it was really
important for the Commissioner to really get a sense
of what has been going on with the providers. So,
but I hope that the panelists who testified, even
though you didn't have enough time, please submit
your full testimony because we definitely want to see
the recommendation and work with you to make sure
that all the issues are addressed.

So, I turn back to our Committee Counsel to swear
in the Administration. Thank you.

COMMITTEE COUNSEL: Thank you Chair. I will now
call on the following members of the Administration
to testify. Commissioner Lorraine Cortés-Vázquez
from the Department for the Aging. Jose Mercado,
Edgar Yu, Jennine Ventura, and Eric Rivera.

I will first read the oath and after I will call
on you, each of you individually to respond.

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4 Do you affirm to tell the truth, the whole truth
5 and nothing but the truth before this Committee and
6 to respond honestly to Council Member questions?
7 Commissioner Cortés-Vázquez? Commissioner?

8 COMMITTEE COUNSEL: Jose Mercado?

9 JOSE MERCADO: I do.

10 COMMITTEE COUNSEL: Edgar Yu?

11 EDGAR YU: I do.

12 COMMITTEE COUNSEL: Jennine Ventura?

13 JENNINE VENTURA: Yes, I do.

14 COMMITTEE COUNSEL: Eric Rivera?

15 ERIC RIVERA: I do. Lorraine is having technical
16 issues. She will be on in a second.

17 COMMITTEE COUNSEL: Alright, we will wait one
18 moment for the Commissioner.

19 ERIC RIVERA: Yeah, yeah, they are ready for you
20 now. You have to do the oath. Just log out and log
21 back in.

22 COMMITTEE COUNSEL: Commissioner, are you unmuted
23 now? One moment while we deal with some technical
24 issues. Commissioner, do we have you now?

25 LORRAINE CORTES-VAZQUEZ: Okay, am I unmuted now?
I told you I am not good at this technical stuff.

COMMITTEE COUNSEL: No worries.

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4 LORRAINE CORTES-VAZQUEZ: Great, don't say
5 anything Chairman Chin. Did you say the oath yet?
6 Do I need to say I do? I swear to tell the whole
7 truth and nothing but the truth.

8 COMMITTEE COUNSEL: Yes. I can repeat the oath
9 though. Commissioner, do you affirm to tell the
10 truth, the whole truth and nothing but the truth
11 before this committee and to respond honestly to
12 Council Member questions?

13 LORRAINE CORTES-VAZQUEZ: I do, absolutely.

14 COMMITTEE COUNSEL: Perfect, you may begin your
15 testimony when ready.

16 LORRAINE CORTES-VAZQUEZ: Good morning, good
17 morning Chairperson Chin and the Members of the Aging
18 Committee. You know who I am, I am honored to
19 present to you during this unprecedented times and I
20 also hope first and foremost, that you and your
21 families are doing well and it is also good to see
22 some of you, some of you I am not able to see.

23 So, I thank you for this opportunity to discuss
24 the future of senior centers after Covid-19. In
25 response to the Covid-19 pandemic, the Department for
the Aging has unceasingly achieved the agency's
mission to ensure the quality of life and well-being

1 of older New Yorkers. Our priorities are even more
2 critical during this public health crisis, combating
3 food insecurity among older adults, maintaining
4 social engagement for thousands of center members,
5 and ensuring uninterrupted access to services for
6 older homebound individuals.
7

8 When congregate services closed, DFTA worked
9 quickly to transition our operations to these
10 unprecedented times, to ensure that senior center
11 members continued to have access to a daily meals.
12 Our congregate meal system initially shifted from a
13 congregate at home dinner style arrangement to a
14 grab-and-go model, which then transitioned to a
15 direct delivery service system, DFTA Direct and that
16 has since merged as originally planned, into the
17 city's broader food insecurity initiative, GetFoodNYC
18 under the Food Czar.

19 The providers were trained to become authorized
20 enrollers with GetFoodNYC to connect older adults to
21 meals through the programs. The shift from the grab-
22 and-go congregate meals to direct delivery was
23 challenging and yes, it was a key aspect of how DFTA
24 services adapted in accordance with the public health
25 guidance to ensure that older New Yorkers, especially

1 those with underlying health conditions and limited
2 economic resources, were able to receive meals while
3 remaining safely at home.

4
5 With the onset of the Covid-19 pandemic, numerous
6 senior centers commenced virtual programming or
7 increased their virtual offerings in order to reach
8 senior center members following public health
9 guidance was to stay at home. Virtual classes – I’m
10 sorry, I’m going to go back because I skipped a page.

11 With the onset of the Covid-19 pandemic, numerous
12 senior centers commenced virtual programming or
13 increased their virtual offerings in order to reach
14 their senior center members following public health
15 guidance to stay at home. Virtual classes encompass
16 a wide variety of activities, including Zumba,
17 exercise classes, theatre, arts programming,
18 informational sessions on benefits and other topics,
19 chat groups, bereavement groups, and much more.
20 Geriatric mental health programs based in senior
21 centers also continued via telephonic outreach. The
22 number of senior centers reporting virtual programs
23 expanded from 49 or 20 percent of the providers,
24 prior to the pandemic to more than 171, more than
25 half by this summer.

1
2 The programming provides several benefits. First
3 and foremost is reducing social isolation for all
4 participants, which is a great concern and continues
5 to be a concern.

6 Second, Information of value to the members
7 staying in contact with senior center friends.

8 And the fourth is, maintaining and improving
9 mental and physical health.

10 While DFTA partners with our sister agencies to
11 implement innovative approaches to provide
12 uninterrupted services for older adults, we also work
13 cooperatively with the network of dedicated service
14 providers. For example, to help combat social
15 isolation and loneliness during the pandemic, senior
16 center staff contact members regularly through social
17 engagement calls. The ongoing engagement calls
18 enable older adults to have a consistent and regular
19 connection with familiar staff in order to decrease
20 social isolation, assess needs, and link center
21 members with vital resources. They have been working
22 tirelessly thus day and pause orders were given.

23 Since the closing of senior centers in March, DFTA
24 and our provider networks have made approximately 1.4
25 million social engagement calls, connecting with

1 about 171,700 unduplicated older adults. That is
2
3 considerably higher than the average daily attendance
4 of center participants.

5 Earlier this year, the agency launched a social
6 isolation campaign, which focused on the challenges
7 and disconnect that many older New Yorkers faced
8 during the New York State on Pause plan and Executive
9 Order 100 plans, which were implemented due to the
10 public health emergency and also the vulnerability of
11 older adults.

12 The campaign entailed both audio and visual
13 public service announcements with two calls to
14 action. First, asking New Yorkers to reach out to an
15 older neighbor, a friend, or a relative; and the
16 second highlighting DFTA's Friendly Visiting program,
17 which pairs older adults with volunteers to help curb
18 social isolation among the older adults. That program
19 went virtual.

20 Broadway star Lin-Manuel Miranda contributed his
21 time to record the audio advertisement in English.
22 The visual ads were translated into Spanish,
23 Traditional Chinese, and Russian to make sure we
24 reach the diversity of New York's older adults.
25

1 The pandemic, wellness work, and social isolation
2 campaign led to significantly increased public
3 interest and involvement in supporting older adults.
4 DFTA providers recruited more than 700 volunteers.
5 The agencies also partnered with the New York City
6 Department of Health and Mental Hygiene to work with
7 more than 120 public health associates. DFTA's
8 social isolation campaign also resulted in nearly 400
9 additional individuals expressing interest in
10 volunteering.
11

12 DFTA immediately initiated these responses to the
13 pandemic. As we worked to continue to address food
14 insecurity among older adults served through the DFTA
15 network, parallel and equally important work was
16 dedicated as I said, to combat social isolation.
17 Given the increased of likelihood that senior adults
18 have a more serious course of Covid-19. DFTA
19 continues to monitor ongoing developments and
20 communicates with the provider network.

21 Prior to and throughout the public health crisis,
22 DFTA worked closely and collectively with our service
23 providers. Earlier in my tenure I started four
24 workgroups to work on areas that were of interest,
25 that I was informed that were of interest by the

1 providers. Those were look at assessment and
2 evaluations, customer services, better communication
3 and also anti-agism.
4

5 During the pandemic, I hold monthly meetings with
6 providers by borough. DFTA subsequently has
7 established two provider workgroups last month. One
8 group focuses on the reopening of senior centers as
9 part of our early planning, which must be done in
10 collaboration with the providers and the other is
11 reimagining the future of these programs to ensure
12 senior services reflect the changing and growing
13 needs of the diverse older population that we have
14 experienced since the last time we looked at older
15 adult programs and that we continue to know we will
16 continue in the future. Together these workgroups
17 address both short-term planning and long-term
18 visioning in terms of how senior centers can best
19 serve the wide diversity among older adults. While
20 complying with public health guidance in response to
21 the pandemic.

22 To further support innovations and advancements
23 in remote programming, together with the Mayor's
24 Office of the Chief Technology, DFTA launched a
25 Virtual Programming Learning Community made up of

1 providers and city staff earlier this summer. The
2
3 best practices of technologic in relation to the best
4 technological programming are shared through this
5 community. They bring their best practices and then
6 we try to figure out ways that we can expand on
7 those. Discussions focus on program innovations as
8 well as hardware and connectivity needs, which you
9 see I needed because I disconnected just a little
10 while ago. The Virtual Programming Learning
11 Community covered topics such as technological access
12 and education, outreach and participation, and
13 program evaluation and reporting.

14 The one goal is to explore how we can expand and
15 replicate the technical support and tablet program
16 initiated for NYCHA older adults. Our goal is to
17 expand this program to non-NYCHA older residents.

18 Additionally, in the summer of 2019, DFTA
19 conducted a series of workgroup meetings with current
20 providers to identify best practices in the aging
21 services portfolio. Most of the input provided and
22 ideas shared were relevant to the upcoming senior
23 center procurement. Some suggested concepts that may
24 support engaging in social and congregate activities
25 in a healthy and safer manner post-COVID include:

1
2 Fostering a welcoming atmosphere by using practices
3 from the hospitality industry, which is a notion that
4 centers around providing choice to center members;
5 Cultivating a culture that embraces volunteerism,
6 which helps to combat ageism and has proven critical
7 to the operation of some centers. Most centers are
8 dependent on the vast pool of volunteers that they
9 have been so adept at recruiting. And promoting
10 intergenerational program, which has documented the
11 value for older adults, youth, and the community.

12 As part of our early planning and to ensure that
13 we do not find ourselves flatfooted, should the stay
14 at home rules be relaxed, DFTA is in communication
15 with the Department of Health and Mental Health to
16 develop guidance for senior centers as we contemplate
17 reopening and what that might look like. The
18 guidance being developed includes long form guidance
19 that is modeled after New York State's guidance. A
20 checklist for reopening, metrics for reclosing should
21 circumstances result in that response. In
22 collaboration with Department of Health, DFTA is
23 discussing what might be possible in terms of indoor
24 and outdoor center activities and the prospect of
25 reintegrating food provision, given the knowledge and

1 relationships providers have with the older adults
2 they serve. Our goal is to do that as soon as
3 possible.
4

5 Providers are also interested in exploring how
6 older New Yorkers who were not affiliated with the
7 DFTA, who were identified as food insecure and
8 enrolled in GetFoodNYC, and how we can bring them to
9 start receiving additional services. We are working
10 closely with our sister agencies and oversights to
11 make sure that our reopening guidance is in alignment
12 and is protective of both our providers as well as
13 the city's adult population.

14 In recent years, DFTA has worked with provider
15 partners to diversify the center portfolio and
16 enhance services and activities offered, with the
17 objective of meeting the needs and preferences of an
18 evolving older New Yorker demographic. Particularly
19 in light of the pandemic, senior centers will be much
20 different from what we've known traditional center
21 models to have been, those that have existed for
22 decades. Diversifying the mix of centers will create
23 more options and increase choice for older adults,
24 which should, in turn, expand the overall capacity of
25 the network to attract even more New Yorkers across

1 the age range of older adults. And I am going to
2
3 add, I agree with Judy that as we are being
4 innovated, we could never lose sight of the pressing
5 needs of the older adult.

6 Early provider workgroup discussions have focused
7 on reimagining various aspects of senior centers.
8 Suggestions include specializing models of centers
9 specialize the wellness, education, reevaluating the
10 types of facilities that allow for social distancing.
11 Even given the shifting demographics throughout the
12 city, providers have proposed exploring ways to
13 address older adult deserts that 5 have emerged. We
14 are examining the role of transportation as part of
15 senior center programming and bridging geographic
16 gaps in older adult services.

17 In advance of the forthcoming procurement, DFTA
18 issued a concept paper for older adult centers,
19 traditionally known as senior centers on August 21st,
20 2020. The procurement of such a magnitude occurred
21 in 2011. That was ten years ago. The model has not
22 changed. The one prior to that was done in 2003.

23 Currently, DFTA funds 249 centers located in
24 every Community District, as well as 38 other sites
25 affiliated with those centers. Prior to the pandemic,

1 approximately 30,000 older adults attended a center
2 on a typical weekday. About 20 percent of center
3 participants attended solely for socialization,
4 classes, and other activities without participating
5 in a congregate meal. While meals are important for
6 many attendees, it is evident that other activities
7 and services are also a draw for members. The
8 overarching goal is for centers to provide a range of
9 high-quality services, programs, and resources that
10 attract, meet the needs of, and enrich the lives of
11 New York City's diverse older adults.
12

13 Covid-19 has underscored and only tapped into the
14 potential for older adult centers to use virtual
15 programming to provide services remotely. The number
16 of centers creating virtual programming opportunities
17 has more than tripled during this period. Through
18 the upcoming procurement, DFTA plans to seek creative
19 input from respondents, as well as promote ways to
20 further expand virtual programming as a permanent
21 feature of center services. In order to increase the
22 number of people who can benefit from these programs
23 and reach people who do not easily get to centers,
24 and to broaden the types of programming made
25 available to older New Yorkers.

We have seen that virtual programming has allowed a state of the art programming to be available to all programs regardless of their resources for staffing capacity.

DFTA is working with our partners in City government to determine next steps in the provision of food to center members in upcoming months. Given the unpredictability of this evolving COVID-19 crisis, food provision methods could still be impacted at the time of implementation of any new center contracts. DFTA will keep working with the stakeholders throughout this process and to continue working on the planning and implementation as we proceed.

Many centers have proven to be vital resources to members and the local community during the COVID-19 pandemic. DFTA wants to ensure that future centers are prepared for emergencies, such as major weather events, acts of terrorism, or outbreaks of communicable diseases. The existing center network has been critical in addressing the social isolation through wellness and combating food insecurity by providing meals. They have also played an important role in response to emergencies and recovery efforts.

1
2 We saw that during the heat wave this summer and last
3 summer when they responded as very effective cooling
4 centers.

5 DFTA seeks to promote older adult centers that
6 have racially, ethnically, and culturally diverse
7 membership reflective of New York City's cosmopolitan
8 population. That includes attracting older people of
9 various age, welcoming special populations, LGBT,
10 persons with disability, and long term mental health
11 issues. People with reentry, older adults reentering
12 society, and ensuring cultural and linguistic
13 competence, so that all older adults seeking
14 assistance are supported by the city and the
15 community in which they live.

16 The agency looks to continue to fund centers that
17 successfully demonstrate their familiarity and
18 knowledge of the community in which the center is
19 located, which includes serving special populations,
20 planning activities that are culturally aligned with
21 those communities, and providing meals that reflect a
22 cuisine and dietary preferences of ethnic and
23 demographic groups in the community.

24 The concept paper also references experimenting
25 with a variety of combination of service delivery

1 models. In the stakeholder engagement sessions,
2 center stated repeatedly, as we stated and restated
3 in the Concept Paper, one size does not fit all.
4 Many center directors noted that they were operating
5 several models within one center to meet the various
6 needs among a diverse membership. Minimum service
7 levels would most likely still need to be met and
8 core functions provided nutrition, information and
9 assistance, health and wellness programming,
10 education, recreation and socialization
11 opportunities, and community linkages. The program
12 design could vary considerably as a way to promote
13 innovation and to attract members of varying
14 interests and needs. Regardless of the model, these
15 are common themes that unify forward-thinking center
16 directors and administrators. Collaboration,
17 responsiveness, accountability, creativity, and of
18 course dedication.

19
20 Comments in response to the older adult center
21 concept paper are due in October and a request for
22 proposal, as you stated Councilwoman Chair Chin, is
23 anticipated in the fall because the contracts will
24 hopefully commence on July 1st, 2021.

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4 In conclusion, DFTA and our partners have learned
5 a great deal as we collaborated closely to ensure
6 continuity of services for older adults during the
7 COVID-19 crisis.

8 We continue forward to the ideas and insights
9 from stakeholders concerning how best to structure
10 older adults. The communications and the weekly and
11 the monthly meetings will continue and the workgroups
12 will also continue. Both during and immediate
13 pandemic for the ongoing evolution of the center
14 network. Our partnership with the Council, service
15 providers, advocates, and older adults themselves is
16 key to shaping the future of senior centers, as we
17 work collectively to meet the ongoing needs of the
18 aging services in the face of these extraordinary
19 circumstances and we believe that we will continue to
20 be extraordinary.

21 Thank you very much.

22 COMMITTEE COUNSEL: Thank you Commissioner. We
23 will now turn to Chair Chin for questions.

24 CHAIRPERSON CHIN: Thank you Commissioner. I
25 will ask a couple of questions and then I will turn
it over to other Committee Members to ask questions.

1
2 Commissioner, on September 4th, I along with many
3 of my colleagues sent a letter to the Mayor asking a
4 number of questions about the reopening of our city's
5 senior centers. Although we are pleased to be
6 engaging with the Administration on the reopening
7 process today, we are looking forward to receiving a
8 response very soon.

9 Here are some of our outstanding questions until
10 then, what has DFTA learned about the reopening
11 centers from Department of Education's challenges
12 with reopening school? Will senior centers reopen
13 under a specific predetermined timeline or will the
14 reopening of senior centers be tied to any kind of
15 metrics, benchmarks, such as infection rate,
16 hospitalization or a vaccine available and when
17 senior centers reopen, what safety measures will be
18 adopted to protect seniors from COVID? Do you have
19 any models for senior centers reopening are being
20 considered? Are you exploring hybrid models? Is the
21 agency considering offering COVID-19 testing on site?
22 And will DFTA hire a staff or provide a staff to
23 coordinate testing's? We will start with that.

24 LORRAINE CORTES-VAZQUEZ: Okay, so let me try to
25 cross out each one of those to the best of my

1 ability. First and foremost, the safety of older
2 adults in New York City is our top priority. Any
3 discussion, decision to reopen is going to be guided
4 by the public health authorities. It remains to be
5 determined exactly when congregate sites will reopen.
6 We have no clue. In the interim, senior center
7 providers continue to serve their members virtually
8 and remotely.
9

10 Since the onset of the pandemic, senior centers
11 served grab-and-go meals. We are looking forward to
12 working with them on the reopening models. We have
13 several scenarios that we have developed with the
14 work group, which include a still, stay, pause, stay
15 at home safely but because the Department of Health
16 has already established a food insecurity is an
17 opportunity to relax the stay at the pause and the
18 stay at home rules, that grab-and-go may be an option
19 that we can explore.

20 We have also had the cooling center experience,
21 which tells us what some of the protocols can be if
22 we reopen or even if we introduce a grab-and-go
23 model, which are giving out masks, having appropriate
24 PPE for all people who enter, ensuring that they have
25 them – staff having the guidance and the protocols.

1
2 Also, making sure that we have all of the — some
3 centers, we're taking temperatures, that's another
4 thing that we're looking at.

5 Currently, we have about six to eight senior
6 facilities. I don't remember the exact number excuse
7 me, who are serving as testing sites for the public.
8 That is something that we are also exploring, what
9 will be the testing availability in senior centers
10 and what would be the conditions? That's exactly
11 what we're working on with the Department of Health.
12 What will be the conditions under which we would have
13 to close, should that unfortunately happen and/or
14 what would happen with individuals. Both for the
15 individuals, the staff, as well as the older adults.

16 So, we are exploring many things simultaneously
17 in preparation for reopening. Do we have a date
18 definitive? No. I think the science is not clear
19 yet as to when we could congregate again in
20 facilities. We're also looking at the size of our
21 facilities. You know, if social distancing remains a
22 requirement, how can we do that? We do have some
23 experience from the cooling center experience that we
24 saw were good models for keeping people socially
25

1 distanced within senior centers but that is a very
2 different model than if we were doing food provision.
3

4 So, we are - there are many, many questions and a
5 lot of these questions will be raised by the network
6 in these work groups that we have and a very good
7 representation of participants on those work groups.
8 One work group has 41 participants, another one has
9 18 and I think the reopening one is that has I think
10 41 participants, where we are getting rich ideas and
11 concepts and things that are doable and then based on
12 those discussions, we go back to our sister agencies
13 and try to set up some protocol.

14 CHAIRPERSON CHIN: So, are you saying that you
15 don't have any specific timeline that you are aiming
16 for? I mean, just like the Department of Education,
17 they have a timeline that they had opened you know,
18 in September and then they had to push back. So, we
19 hope that we don't have to do that once we plan to
20 reopen the centers.

21 LORRAINE CORTES-VAZQUEZ: Right, so I will give
22 you two timelines that we are working on. The one
23 timeline is the November 1st transition from GetFood
24 back to DFTA Direct. Alright, so that the meal
25 provision for older New Yorkers will be transferred

1 from GetFoodNYC to DFTA and that is scheduled for
2
3 November 1st.

4 In anticipation of that, with the reopening
5 group, we are exploring, would it be possible to do
6 an earlier "reopening" of the food program involving
7 the network. So, that it is not a direct provision
8 but one that may use a model like grab-and-go or
9 Meals on Wheels using the center network as the
10 providers of food. So, that's one, we are exploring
11 that as we speak. We've been exploring that for two
12 or three weeks. What would that look like, what
13 would we need if that were possible?

14 We haven't gotten clear guidance from the
15 Department of Health on that yet. We still need to
16 look at what the exposure and the vulnerability to
17 the older adults is surrounding that. But that's one
18 of the options that we're looking at. So, we know
19 that we are planning for a November 1 transition.

20 Earlier on, we thought that we would have a
21 September opening. That has been moved and we were
22 informed earlier in July that it did not look like we
23 were looking at any opening, actual opening of
24 congregate sites before the end of this year. As
25 congregate sites as we know them.

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CHAIRPERSON CHIN: But even if you, I mean,
during the summer you have opened up what, 70
something sites as cooling centers?

LORRAINE CORTES-VAZQUEZ: Yes.

CHAIRPERSON CHIN: So, weren't there good you
know, case studies with those centers?

LORRAINE CORTES-VAZQUEZ: Oh, yeah. All of that
experience, all of that experience Chairwoman Chin,
is what's leading us to look at and to propose the
notion that we should bring the network back into a
grab-and-go model. Either before the November 1st
deadline or at least by the November 1st deadline.

CHAIRPERSON CHIN: Now -

LORRAINE CORTES-VAZQUEZ: And let that be a choice
for our older adults if they choose to have a grab-
and-go model or some might choose to still receive a
direct meal because of their own concern or their
family concerns about them leaving their homes.

CHAIRPERSON CHIN: Now, you are talking about the
scheduled time on November 1st, right? So, does DFTA
have the statistic that they could provide back to
the provider to the center? Because centers were
asked to help register seniors for the GetFood
program. So far, we haven't you know, seen any

1
2 statistic, so for example if a center all of a sudden
3 the number of seniors have doubled or increased by a
4 large number. How the funding will be provided for
5 them to serve an extra number of seniors whether you
6 are doing grab-and-go or home delivered meals.

7 LORRAINE CORTES-VAZQUEZ: So, let me give you
8 some numbers first, so that we can put this in
9 context alright. And that is something that has been
10 discussed in the reopening discussion with the
11 providers.

12 Today, GetFood has served over 127,000 New
13 Yorkers. Of those, 73,500 are older adults and of
14 those, 21,150 are what we call DFTA legacy clients,
15 DFTA clients, affiliated clients.

16 So, the network, DFTA network has the capacity to
17 serve up to 30,000 older adults. We have done that
18 survey, they told us that they had the capacity to do
19 that -

20 Remember pre-pandemic, we were serving up to
21 25,000 daily through our network of agencies. So,
22 the 249 senior centers and the 38 affiliated sites.
23 So, with over 300 sites, we are serving anywhere
24 between 21,000 to 25,000 on an average daily basis.

1 What we've also done and are doing now is that
2
3 we've collected the data of the difference between
4 the 21,000 and the 53,000. The network of providers
5 have been very clear that they would like access to
6 those names, so that they can do some outreach. Some
7 have been more interested in that than others but it
8 is clearly something that we are looking to making
9 sure that here we have a new 30,000, 40,000 older
10 adults who are food insecure and that they have
11 raised their hand who are living independent lives.
12 Those individuals may find themselves in need, and so
13 that we need to do some assessment.

14 We have just done a survey. I don't know that
15 results yet between GetFood and DFTA, we've done a
16 survey of the 73,000 older adults and asked them. We
17 know that they are interested in the frequency of
18 meals. Are they still interested in continuing those
19 services and a variety of other questions and I will
20 be more than happy to share those results with you as
21 soon as they are finalized and we will be sharing
22 those with the reopening group and eventually with
23 the broader network once we socialize them within the
24 reopening group.

1 So, that is an issue that we're looking at. And
2
3 then, across the question comes, your always
4 question, which is how is that we're going to support
5 this vast growing need of older adults and that is
6 what we are you know, we're looking at to work
7 closely with you and OMB on addressing those issues.

8 CHAIRPERSON CHIN: I guess initially one question
9 that we still haven't gotten an answer to is the
10 amount of money that's still available in the GetFood
11 program. I mean, that could be transferred over back
12 to the senior center when they are you know, serving
13 extra seniors and the seniors in need. So, that's
14 something the Administration really needs to deal
15 with. But I want to make sure that -

16 LORRAINE CORTES-VAZQUEZ: I was going to say, I
17 don't have that information to give you. I can give
18 you the number of clients but I don't have that data
19 for you.

20 CHAIRPERSON CHIN: Well, we're still trying to
21 get that data from the Administration because there
22 was a lot of money to begin with and we want to make
23 sure DFTA gets the share for our older adult
24 population. But looking at the data that you just
25 gave us, that's a large number of seniors that needs

1 to be served and so, I think one of the questions
2 that came up when Katelyn was given her testimony is
3 that, in your new RFP, one of the big questions is
4 like, what's the number of seniors that the
5 Administration is planning to serve and the number of
6 senior centers? Because right now we have 249, so
7 that is something that we want to see also within the
8 concept paper.
9

10 LORRAINE CORTES-VAZQUEZ: Right, and the other
11 thing that we're looking at Chairwoman Chin and I
12 think you could talk to this also that we've been
13 discussing is, you know, we see this population. Not
14 only this growth that we saw in interest possible in
15 aging services but we also have the competing demand
16 of population growth. And every borough in New York
17 City will experience population growth and yet we
18 have also mapped out and we are sharing that with the
19 reopening group. We have mapped out where senior
20 centers exist, where the growing populations are, and
21 as I said in my testimony, we are noticing major
22 geographic gaps that we are calling senior deserts
23 and we need to address that either through
24 transportation, satellites or other kinds of
25 services. So, all of that goes into what will this

1 service profile look like and what will be the
2 response to this growing service demographic?
3

4 CHAIRPERSON CHIN: I think one of the other part
5 of the population that I don't want us to forget, I
6 mean, it came up in the testimony from the provider,
7 I think it was from Pia. The more frail elderly -

8 LORRAINE CORTES-VAZQUEZ: Judy.

9 CHAIRPERSON CHIN: They need their services and I
10 think you know, one of my favorite topics is how do
11 we deal with these private social adult daycares who
12 is taking advantage of our seniors and we cannot
13 overlook that population. So, I just wanted to make
14 sure that in the senior center concept that you also
15 look at, how do you provide for this population you
16 know, that are more frail, that need the
17 socialization and they need more services? But they
18 should also be connected to a center and not being
19 taken advantage of by these private social adult
20 daycares.

21 LORRAINE CORTES-VAZQUEZ: That's a wonderful
22 suggestion and we can use our you know, social adult
23 daycare centers as models and then look at some
24 integration opportunities. So, thank you for that
25 because that's one area we haven't been looking at in

1 terms of reopening. I'm nodding at Judy here, that
2 we need to look at you know, either more social adult
3 daycare centers as an option within the RFP or
4 looking at more integration of that because I think
5 that is a concern that several of the providers have
6 raised.
7

8 Making sure that we don't forget the older, older
9 or the younger older.

10 CHAIRPERSON CHIN: Yeah, so I think we look
11 forward to working with you on that. I'm going to
12 pass it over to some of my colleagues who is waiting
13 to ask questions and we've also been joined by
14 Council Member Treyger. So, I will turn it back to
15 the Committee Counsel.

16 COMMITTEE COUNSEL: Thank you. I will now call
17 on Council Members in the order they have used the
18 Zoom raise hand function. Council Members remember
19 to use the Zoom raise hand function if you have any
20 question for our panelist.

21 Please also remember to keep your questions to
22 five minutes. The Sergeant at Arms will keep a timer
23 and I will let you know when your time is up.

24 Commissioner and members of the Administration,
25 you will be left unmuted during Council Member

1 questions for ease of answering. Council Member
2
3 Vallone?

4 SERGEANT AT ARMS: Starting time.

5 COUNCIL MEMBER VALLONE: Good morning everyone.
6 Thank you to our Chair Chin. Thank you to the
7 providers who testified first. It's always good to
8 hear your voice. We miss your faces too, seeing
9 everyone at City Hall. I hope everyone had a blessed
10 holiday for this weekend for those who were
11 celebrating.

12 I think Chair Chin as always, hit it on the head
13 and I think everyone in this room and virtually are
14 the advocates and the staunch protectors of our
15 seniors and Commissioner, thank you for your
16 testimony. But what we're missing were some dates
17 and facts that we could give back to the seniors who
18 are going to ask us, well, when will my center open?
19 When will I be able to go there to receive some COVID
20 relief? When will I be able to receive a meal from
21 there? And one of the providers used the term,
22 cautiously trepidatious for the morning. I think
23 that pretty much sums it up.

24 I heard no clue about when reopening and then I
25 heard November 1st and a possible different other

1 date for food metric models. So, what I would like
2 to do in our time because we only have five minutes
3 is to not say that we're not prepared but look at
4 those dates, look at other jurisdictions who are
5 opening and how we are going to prepare because we
6 will open. So, we haven't had any testimony today on
7 - there will be a day when we are open and when that
8 day comes, we are going to do A,B, and C.

10 We can't just say, we are waiting for guidelines.
11 We need additional - my favorite word, metrics and
12 protocols. We have to be prepared for the day we are
13 open and when we are open, what that day will look
14 like. And in the interim, what we are doing until we
15 get to that day so that we can give our seniors
16 detailed information and how that is going to happen.

17 So, my first question would be is whenever the
18 day comes, whether it is November 1st or some other
19 day, because it will come, what will these centers
20 look like and what would your vision be on that first
21 day? What type of services would there be provided?
22 Is it going to start with meals? Would it be some
23 type of PPE providing? Would it be some type of
24 limited ability and how would the seniors know that
25 information? So, that would be my questions.

1
2 LORRAINE CORTES-VAZQUEZ: So, to answer you sir,
3 good morning, great to see you to.

4 COUNCIL MEMBER VALLONE: Good morning.

5 LORRAINE CORTES-VAZQUEZ: We are planning and
6 preparing. So, we don't have a date definitive
7 because the date definitive really depends on the
8 safety and the guidance from the public health
9 experts. And we still don't have any information on
10 the opening of schools and the effect of that. We
11 don't have any information on the opening -

12 COUNCIL MEMBER VALLONE: Schools are trying to
13 open. They are trying to get back. There is chaos
14 because it wasn't planned correctly and there has
15 been a lot of conflict on that. We are not going to
16 spend the day on the schools reopening but now, we
17 need to take that step. Let's say, the planning for
18 a day and what that day will look like and what we
19 can do to get there. So, that's what I want.

20 LORRAINE CORTES-VAZQUEZ: We are planning for
21 that day. We are planning for - first, one day
22 definitive is for the transfer of the GetFood back to
23 the DFTA network, right. So, that's what we're
24 planning for. The transfer of GetFood New York to
25 DFTA and we're looking at two scenarios in that case

1
2 and that November 1st and we are looking at either a
3 continuation of the direct meal delivery, as GetFood
4 does it with private providers doing direct meal
5 delivery and we're also looking at and exploring
6 currently with providers on another option. Which is
7 a hybrid, meaning some older adults will continue to
8 get direct food delivery and then some older adults
9 may get their food through their provider network
10 through a grab-and-go model or Meals on Heels.

11 COUNCIL MEMBER VALLONE: So, the two food
12 programs that we are going to basically be looking at
13 off the bat, correct?

14 LORRAINE CORTES-VAZQUEZ: Yes.

15 COUNCIL MEMBER VALLONE: Okay, is there going to
16 be any change into the reimbursement for the
17 providers during this COVID crisis? Because with our
18 without COVID, we've always had reimbursement
19 questions on an annual basis and now, we are
20 stretched more than ever for a dollar. Is there any
21 change as to the reimbursement for the food programs
22 and for overall costs?

23 LORRAINE CORTES-VAZQUEZ: For the DFTA provider
24 program, there is no challenges with reimbursement.

25 SERGEANT AT ARMS: Time expired.

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4 LORRAINE CORTES-VAZQUEZ: However, the entire
5 network, as Chairman Chin mentioned earlier, there
6 may be the issue of an increased older population
7 being served. We will have to address that.

8 COUNCIL MEMBER VALLONE: Thank you Commissioner
9 and Chair and just maybe somewhere in the testimony,
10 we could also bring out if the use of some equipment
11 or testing that could be provided while we open also
12 because I think one of the number one demands of all
13 of us as Council Members in our offices is folks,
14 especially now while we are reopening and folks in
15 fear of winter coming for additional equipment and
16 masks and some basic essentials.

17 So, maybe we can include that into our senior
18 centers also. Thank you very much.

19 LORRAINE CORTES-VAZQUEZ: Sir, the senior centers
20 have received PPE equipment throughout. We've given
21 over 2 million pieces of PPE to senior centers
22 throughout the City of New York in anticipation.
23 Even with cooling centers in anticipation that they
24 open. We have also for your information, when I was
25 referring to the school opening it was what was their
experience after they opened, not in the planning.
We've been using a lot of that experience as well as

1 the cooling center experience to inform our planning
2 process.

3
4 COUNCIL MEMBER VALLONE: Well, the senior centers
5 quickly ran out in my district of equipment and I had
6 to go through our individual office to provide that.
7 So, it was a success but we need to continue that and
8 the demand that the seniors are our largest
9 demographic and it is difficult for them to be
10 mobile, especially in a district I find that doesn't
11 have public transportation. So, they are completely
12 dependent on all of you. So, let's continue to
13 provide that and thank you for that. Thank you
14 Chair.

15 LORRAINE CORTES-VAZQUEZ: Thank you.

16 COMMITTEE COUNSEL: Thank you Council Member
17 Vallone. We will next hear from Council Member
18 Deutsch followed by Council Member Gjonaj. Council
19 Member Deutsch?

20 SERGEANT AT ARMS: Starting time.

21 COUNCIL MEMBER DEUTSCH: Thank you. Thank you
22 very much. Good morning Commissioner and first, I
23 want to thank all the providers who gave testimony
24 today. I have a few questions. So, number one, how
25 does DFTA conduct outreach to determine if there are

1 seniors who are suffering from depression during the
2 last six months and what services are available and
3 does DFTA collaborate with ThriveNYC, and if yes, how
4 does the outreach work if home visits may not be
5 permitted because of COVID?
6

7 So, that's the first part of my question and then
8 I have a second part. Does DFTA have data of how
9 many seniors were effected by COVID-19 and what has
10 DFTA learned from the last six months on how to do
11 things differently?

12 LORRAINE CORTES-VAZQUEZ: Thank you for the
13 question. In terms of one of the areas where the
14 provider network as well as other partners and
15 volunteers have been engaged in during this pandemic,
16 has been wellness calls and combating social
17 isolation. It is one of - the two primary goals
18 during this pandemic and even before this pandemic
19 because social isolation causes great impact on all
20 of us but for older adults, it also has health
21 implications, serious health implications such as
22 high blood pressure and cardiac issues.

23 And so, we focus very aggressively on wellness
24 calls. All services are provided virtually as I said
25 before. There are over 1.7 million, close to 2

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1 million wellness calls that have been done to over
2 171,000 individuals, and on a regular basis, people
3 are in communication. Whether that is through the
4 center network themselves who do regular calls
5 through the Thrive geriatric mental health programs
6 or through volunteers because we had a public service
7 campaign that was led by Lynn Manwell[SP?]
8 encouraging New Yorkers to call older adults just so
9 that we could combat social isolation.
10

11 So, there has been a lot of work in this area
12 sir, and I'm really happy that you asked that
13 question because it is something that we continuously
14 want all New Yorkers engaged in. Call and reach out,
15 call them, ask them how they are doing and if
16 possible, you know, running errands for them.

17 As far as the number of older adults affected by
18 the pandemic, I can get you that number and the
19 number is vast because it goes from different stages
20 of health spans, alright and I will get back to you
21 on that.

22 COMMITTEE COUNSEL: Thank you Council Member
23 Deutsch. Now, we will hear from Council Member
24 Gjonaj.

25 SERGEANT AT ARMS: Starting time.

1
2 COUNCIL MEMBER GJONAJ: Thank you. Let me first
3 thank the Chair of this very important hearing and
4 Commissioner, thank you. You were extremely helpful
5 during the beginning stages and the work that we did
6 together with your office to make sure that the food
7 insecurities amongst our seniors. We met those
8 challenges together and for that I am forever
9 grateful and so are my, I refer to them as teenagers,
10 not seniors, will never forget the work that we've
11 done together to at least accommodate their food
12 insecurities.

13 I'm going to piggyback Commissioner. I know that
14 your hands are tied and I know that if you had a
15 magic wand we would be in a different place. If we
16 all had a magic wand, we would be somewhere else
17 today and I talk about this Administration and the
18 inability for them to make a decision.

19 After our Beaches and Parks were opened, I
20 immediately called for our senior centers to be able
21 to begin doing outdoor programming. Not even indoor
22 programming and it was met with push back. There was
23 no reason, there is no signs behind it, there is no
24 metrics behind the denial. Except that we kept our
25 seniors, our teenagers prisoners in their own home.

1
2 And between now and November 1st Commissioner, what
3 is it that we're going to learn that we already don't
4 know? In other words, I believe there is a push to
5 reopen up our senior centers sooner than later. We
6 know the direct benefit. We know how to prevent the
7 risk of the spread of the virus and what protocols
8 need to be in place and my real fear is come
9 November, we're going to say, well, it's really cold
10 out there and the need for our senior centers won't
11 be that great because of the weather and let's push
12 this until spring time. Which will undermine and
13 give us a full year of imprisonment of our seniors.

14 And no one talks about the anxiety that we've
15 given our seniors and not with could called out
16 cause, but the anxiety that we still continue to
17 promote that God forbid you come outside or even to
18 seek healthcare, whatever mental wellbeing or
19 physical needs that you may have, you will be writing
20 your own death sentence. Our seniors know better.
21 They know how to protect themselves. They know what
22 needs to be done and everyday that goes by that these
23 centers are not open is an injustice.

24 So, my question is to piggyback on Council Member
25 Vallone's question and I love his directness. Why

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1
2 November 1st, what assurances, how do we get the word
3 out now so our seniors see some stability in their
4 day to day lives and it's just more than food
5 insecurities. We've addressed the food insecurities
6 by home delivery. Our seniors need to come out of
7 their homes, receive that physical interaction with
8 one another, safely of course and in an environment
9 where they can get their exercise and go back to some
10 daily routine.

11 So, November 1st is not around the corner,
12 although it is around the corner. What assurances
13 can I have from you Commissioner that this will
14 happen. That we will have enough time to get out the
15 word. The programming that we can expect, so that we
16 can prepare them mentally as well as our centers and
17 the injustice, the follow up, that all of our senior
18 centers lost all of our discretionary funding that we
19 provided them. Never to be able to recapture that
20 funding and some vital programs that have created
21 stability and are necessary for our communities. And
22 it looks like we're going to be doing the same thing
23 all over again. We're going to cut their programming
24 funding and they are going to be in dire straights
25 not being able to offer the programs that our

1 communities are benefiting from. Thank you
2
3 Commissioner.

4 LORRAINE CORTES-VAZQUEZ: In terms of outdoor
5 activities, as programs have requested guidance on
6 outdoor activities, we go back to the Department of
7 Health and in some situations, depending on the
8 activity, they have been granted permission to
9 conduct those activities, particularly around health
10 issues. And so, that's one of the ways we've been
11 addressing that.

12 I wish I could give you a time definitive when
13 senior centers would open but that is really dictated
14 by public health, the public health crisis and to
15 ensure the safety –

16 SERGEANT AT ARMS: Time expired.

17 LORRAINE CORTES-VAZQUEZ: Of the older adult.
18 Which is why we're looking at bringing back the
19 network into the food provision opportunity because
20 that is some sense of normalcy again. Introducing
21 some sense of normalcy back into the provision of
22 older adult services as we have known them.

23 COUNCIL MEMBER GJONAJ: Commissioner, thank you
24 for that and Chair, thank you for giving the extended
25 period of time that I need. We are opening pools

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1
2 October 1st. Bronx House, a senior center with
3 various programs has a pool. That same senior will
4 be able to participate and get the pool exercise they
5 need but they can't go into the same room or next
6 door to be able to get other programming, including
7 other exercise and therapy and food.

8 Commissioner let's grab the bull by the horn and
9 not the tail. I'm counting on you to help lead the
10 charge. You've got our support. The entire Council
11 is going to be pushing for this and we will be behind
12 you as you push to open up these senior centers.

13 LORRAINE CORTES-VAZQUEZ: Thank you.

14 COMMITTEE COUNSEL: Thank you Council Member.
15 Are there any other Council Member questions at this
16 time? Council Members if you have questions,
17 remember to use the Zoom raise hand function and I
18 will call on you.

19 Seeing none, I will turn it back to Chair Chin.

20 CHAIRPERSON CHIN: Thank you. Commissioner, you
21 know what I love to talk about, the funding. We
22 didn't get the \$10 million that was promised in the
23 second tranche of the model budget senior funding.
24 We didn't get the \$5 million that was baselined last
25 year for the food service worker and the food program

1 and we didn't find out about that until after the
2 budget was passed. And then also, providers are
3 protesting about the indirect costs that was promised
4 and so, I want to work with you to make sure that
5 funding gets back. Because if we expect the center
6 to reopen and to provide all these services, are they
7 going to have adequate funding and the provider, we
8 ask them to start cooking again you know, for where
9 there is a grab-and-go program, are they going to be
10 expecting new funding for this purpose?
11

12 LORRAINE CORTES-VAZQUEZ: I know that you are one
13 of the strongest allies and advocates to support
14 aging services and to get more funding in that
15 direction and I applaud you for that and the network
16 applauds you for that. The fiscal reality is one
17 that is dire and we are all facing that but you know,
18 we always know that needs outpace the resources and
19 now even more so.

20 With that being said, you know, should we be
21 fortunate enough to open before November 1st, let's
22 say October 15th or the last week of October, just to
23 have the grab-and-go experience. Or even if we do it
24 November 1st to bring the network back into the
25 provision of food. The money for the population as

1 we know it up to 30,000 meals can be provided by the
2 network because DFTA's funding is available at that
3 level.
4

5 CHAIRPERSON CHIN: But some of that funding was
6 used for other purposes. So, I think that you need
7 to talk with the provider and see you know, what the
8 needs are.

9 LORRAINE CORTES-VAZQUEZ: I don't believe that
10 any of the food money was used for other purposes.
11 We have food money beginning October 1st through the
12 end of the year. There is a full compliment of food
13 money. What was not available which was part of the
14 budget negotiations, the first quarter of food money
15 was taken away from the contractors knowing that they
16 were not going to be able to use that money.

17 And it was taken away from the Department of
18 Aging, you know, the \$4 million which was the first
19 quarter of food services, of the budget negotiations.

20 CHAIRPERSON CHIN: But if they are going to do
21 the grab-and-go let's say and also with the home
22 delivered, they would definitely need additional
23 resources. I mean, it would make sense for them, for
24 the providers to do both. For their members who
25 cannot come and pick up the meal and you have to have

1 resources to deliver them. I mean, in the beginning,
2 they were doing that but because they didn't have the
3 resource, the capacity to do the food deliveries and
4 that's why it went over to the GetFood, which
5 everybody agreed was not the best for our seniors.
6

7 So, and I agree with you that we got to get the
8 providers back into you know, providing the food to
9 the members and from the statistic that you just gave
10 us earlier, there is like you know, there is another
11 close to 50,000 new seniors that are not in the
12 network that were getting food from GetFoodNYC.

13 LORRAINE CORTES-VAZQUEZ: So, I just want to
14 clarify. The GetFood program does not seize for
15 older adults. GetFood program would continue, so
16 that 50,000 as you just mentioned, would continue to
17 receive food through GetFood should they choose to.
18 The question then becomes, should we expand should
19 they be interested in getting DFTA funding, I mean,
20 DFTA meals, then we need to figure out how the funds
21 become fundable, so that we can support that
22 additional shift from GetFood to DFTA.

23 CHAIRPERSON CHIN: So, how are you serving these
24 people and I'm sure that if you are giving them the
25 choice, they would love to be part of the network and

1 these are you know, new seniors who are not connected
2 to the senior center and that's what I asked earlier,
3 that the providers would love to have those contacts,
4 so that they can bring them into their network. I
5 mean, that is what makes the most sense. Because
6 they were not getting nutritious food in the
7 beginning because they didn't follow DFTA's
8 guideline. And so, I mean, there was a lot of
9 frustration in the beginning and I do not support you
10 know paying you know, a private contractor to do not
11 a great job and everybody agrees. I mean, I have
12 heard from so many of my colleagues of all the
13 problems that has started and that's why we want the
14 providers to take back this responsibility and we
15 have to provide the resources for them. So, the
16 money that it's in the GetFood, well, hand the money
17 over.

19 It is as simple as that. I mean, we have to
20 demand that they hand the money over. So, the
21 service providers who are taking care of our seniors
22 can take care of this new population.

23 Commissioner, if you and I, if we have to meet
24 with OMB, I will sit down with you and we got to
25 fight for this money. You know, it's like come on,

1 you know, they owe us the \$10 million, the \$5
2 million, these are money that was promised and these
3 are money that was so needed for the center to run
4 just the basic. Come on you know, it is just like,
5 that is unacceptable. I know we are in a financial
6 crisis but the city can find the money. The amount
7 of money that was in the GetFood program, it's such a
8 shame how it has been wasted.
9

10 So, I think we have to fight to get that
11 resources for our provider, so the seniors can be
12 taken care of.

13 LORRAINE CORTES-VAZQUEZ: We are in common cause
14 about getting the network involved and we are also in
15 common cause to make sure that food insecurity is
16 addressed for all older adults and the city is making
17 that effort through the GetFood program currently.

18 Our goal is to bring back some level of normalcy
19 to bring the provider network. I believe that we
20 will be able to support that but I agree with you,
21 resources are always do not match you know need and
22 increased need.

23 CHAIRPERSON CHIN: Well, the resources are there
24 it's just that they are not adequate. You know, they
25 are not given to our seniors. As we notice that

1 seniors are not a priority to this administration and
2 that's a shame. This population is growing and we
3 have to make the demand.
4

5 I mean now we only have a Deputy Mayor that
6 oversees DFTA that can work with us. I had an
7 appointment with the Deputy Mayor and then I found
8 out he resigned. So, who is taking care of our
9 seniors. I mean, in addition to the food, I know
10 that in your testimony we talk about you know, the
11 virtual programming and that's important. But it
12 also means additional funding. A lot of seniors
13 don't have computers or are not tech savvy like you
14 and me. So, like, how do we make sure that they are
15 involved, right.

16 And I know that the city, you know, they were
17 giving out iPads to NYCHA senior residents and that
18 was not that successful. Like, a lot of them don't
19 have internet. It's like they are going to assume
20 everybody has a computer and everybody have internet.

21 So, what happened to this group of seniors? So,
22 I think that's why with the center reopening, we need
23 to look at you know, different models like, you know,
24 the hybrid where seniors can come in and you have
25 great you know, examples that you learned from the

1 cooling center. The seniors showed up to the cooling
2 center and I think I remember a conversation with
3 you, a lot of them show up not because they need the
4 cold air, because they need some socialization and
5 they were so happy to find out that their center was
6 the cooling center and they can go meet up with their
7 friends.
8

9 So, you know as you hear from my colleagues, they
10 want the centers to be reopened again so they can go
11 meet up with their friends and we can do this in a
12 hybrid model, maybe not every day but that's part of
13 the planning process. To really try to get these
14 centers to reopen safely yes but as quickly as we
15 can. I mean, we should be planning this all along.

16 LORRAINE CORTES-VAZQUEZ: And we are Chairwoman
17 Chin. I have the utmost confidence in the
18 thoughtfulness and the collaboration with the
19 providers, the 41 providers and anyone else is
20 welcome to join us, who have been discussing
21 reopening plans. All of the considerations that have
22 been raised today, raised among the providers and
23 what we are doing is collecting data and to come up
24 with a plan that just makes sense and getting that
25

1 plan approved. But it has to be done in concert with
2 the provider network.
3

4 They know what they can do. They know what the
5 limitations are both financially and physically and
6 we all share the common concern of the safety and the
7 health of older adults. We've been planning now for
8 over three weeks with this provider network. We've
9 been looking at planning with the Department of
10 Health for five weeks, six weeks. We've worked with
11 the Department of Parks to come up with some
12 provisions there and so, a lot of that collaboration
13 and cross collaboration with city agencies is going
14 on. And we're working towards you know, a November
15 date, a late October, mid-October, late November
16 date.

17 CHAIRPERSON CHIN: Well, November 1st is GetFood
18 but if we can't - have you talked to every single
19 provider in the network about reopening or have your
20 staff talked to everyone?

21 LORRAINE CORTES-VAZQUEZ: What we've done so far
22 Chairwoman is that we have asked each of the centers
23 what is their capacity? But no, I'm trying to be as
24 thoughtful as possible and to get the best
25 information from a variety of providers so that we

1 could not come up with a one size fits all approach
2
3 again. So, that we can come up with approaches that
4 make sense given the diversity and the complexities
5 of the provider network. And which is why their
6 input is so important to this planning process and to
7 the final determination.

8 Contrary to what people say that we're not in
9 communication, we are.

10 CHAIRPERSON CHIN: I mean, what about surveying
11 the providers, because I know one of the things that
12 you know, for the school reopening, they talk about
13 ventilation system and even with the Council, even
14 with opening up our district office. There was this
15 whole set of protocols that we have to follow. Every
16 single day and the deep cleaning and all that
17 procedures before we can even open up our district
18 office.

19 So, there has got to be some protocol in place.

20 LORRAINE CORTES-VAZQUEZ: Yes.

21 CHAIRPERSON CHIN: That the providers can look at
22 and prepare for and also, you have yeah different
23 types of centers. You have some centers who don't
24 have windows that they can open or don't have good
25 ventilation systems because they are in the basement

1
2 or whatever and they might need additional resources
3 to get those things fixed, so that they can be able
4 to reopen. I mean those are the issues that I hope
5 that you are talking to providers about listening to
6 what their needs are.

7 LORRAINE CORTES-VAZQUEZ: Absolutely. The issues
8 resolved around capacity, physical plan and need, and
9 also transportation. I mean, so all of the key areas
10 are being addressed. Physical plan, client need,
11 organizational needs and don't forget senior center
12 staff. We also want to protect and ensure their
13 safety.

14 So, all of those are part of the planning
15 process. Do I have a plan for you today that I can
16 tell you on November 1st, we're going to do x, y, and
17 z? Absolutely not but you will have way in advance
18 of November 1st because the contract is set. That
19 they need at least two weeks to make, at a minimum
20 two weeks, so that they can be prepared to open.
21 That was one of the last discussions we had.

22 CHAIRPERSON CHIN: So, even if they do the
23 November 1st you were talking about, you were
24 starting with grab-and-go, you have to give them
25

1
2 enough notice so they can start you know, preparing
3 for that.

4 LORRAINE CORTES-VAZQUEZ: Right, right. They
5 have been very clear about that. You know, even if
6 grab-and-go which is the desired model, by most
7 providers. Even that, we would need a minimum of two
8 weeks. Some said one week, that makes me too anxious
9 but most had said two weeks to turn on the service.
10 Because we've had so many discussions and we're also
11 looking at other activities that we can also do
12 during that time, very limited but what could they.

13 CHAIRPERSON CHIN: And in your Concept Paper, you
14 were talking about a communicating need assessment
15 that shows the senior service deserts. Can you share
16 some of that with us?

17 LORRAINE CORTES-VAZQUEZ: Sure. Well, three
18 things come out of - well, four main things came out
19 of our community needs and there are many others but
20 the main one is the projected growth in the older
21 population. We were not surprised by that but what
22 we were surprised was how it crosses all boroughs.
23 We thought that one borough would experience more
24 broke than other but it is across all five boroughs.

1 We also looked at – we were able to get the
2 projected growth by CD, by Community District right,
3 which then indicates where would we need additional
4 center facilities or more capacities by existing
5 centers in a particular area.

6
7 The diversity of the CD's, you know the shifting
8 of who you know, the population is and has become
9 overtime. We also were able to identify you know,
10 transportation desert. So, there is two kind of
11 transportation deserts. There is the transportation
12 desert that's there because we don't have enough bus
13 routes or enough subway stations. So, that's one
14 transportation desert that we need to address for
15 older adults but we're also looking at transportation
16 services that are not commentary with the needs of
17 older people in geographic area because there is no
18 facility for them to receive services. So, we're
19 looking at that and we're also working with Fordham
20 University on an impact analysis to show what
21 physical and mental health benefits of enrollment.
22 We want to make the case of why senior center, the
23 value and make it evidence based, the value of senior
24 centers. How it promotes additional evidence that
25 programming centers are designed to spur better

1 health, better wellbeing and looking at that in terms
2 of not only the actual benefit of going to a senior
3 center to an individual but how that looks across
4 ethnic and income level. And that to us is an
5 important piece that we're working on right now with
6 Fordham University and we're looking forward to those
7 findings and all of that will be ready for sharing
8 with the network as soon as we get it.
9

10 CHAIRPERSON CHIN: Okay, I mean -

11 LORRAINE CORTES-VAZQUEZ: In addition to that, we
12 are doing an older adult survey. We really want to
13 go back to getting the customer voice in our
14 services.

15 CHAIRPERSON CHIN: So, in your Concept Paper, you
16 didn't talk about how many contracts will be awarded.

17 LORRAINE CORTES-VAZQUEZ: It's a concept paper to
18 get some of the best thinking out there. Some of the
19 best research, so that we could inform the RFP.

20 CHAIRPERSON CHIN: So, also in the - you have a
21 section on emergency preparedness but there is
22 nothing in the concept paper that reflect what we've
23 talked about before about expanding cooling center
24 hours, staffing overtime, and having programming and
25

1 meaningful meals. That was not included in the
2
3 concept paper.

4 LORRAINE CORTES-VAZQUEZ: No, the concept paper,
5 we try to keep it top level, high level and let the
6 provider network respond to that and give us the
7 issues that the more granular issues that they would
8 like us to address.

9 CHAIRPERSON CHIN: Well, I think for the senior
10 population, when they go to the senior center, I
11 mean, that will be great to really have programming
12 in place and whether, it's almost like they are going
13 to a senior center and staying longer and not just
14 going in to just sit around with air conditioning.

15 LORRAINE CORTES-VAZQUEZ: No, we were surprised
16 on the cooling centers, the activities this year were
17 limited but they had their own engagements that they
18 did. They were clustering, you know, were well
19 socially distant but they were talking to each other
20 and staying there longer which is why we knew that it
21 was not about cooling centers as much as there was
22 social engagement. But the concept paper is to
23 solicit the thinking and the issues from the network,
24 so that we could make sure that those are included in
25 the procurement process.

1
2 CHAIRPERSON CHIN: Well, we just wanted to make
3 sure that the concept paper, the idea is to provide
4 more funding so that we can increase services to the
5 growing number of seniors and not so the number of
6 centers definitely would be increasing rather than
7 decreasing, especially like just from the data that
8 we got from the you know, GetFoodNYC.

9 LORRAINE CORTES-VAZQUEZ: One of the other issues
10 that has come out of the research and the community
11 needs piece that we did was that given the growth,
12 that there is a potential point additional 17 to 18
13 centers required to meet the growth.

14 CHAIRPERSON CHIN: That's it?

15 LORRAINE CORTES-VAZQUEZ: Huh.

16 CHAIRPERSON CHIN: I mean, we have 10 centers
17 that the City Council funded with discretionary
18 funding that serves immigrant population and they are
19 big. I mean, they are large centers that serve a
20 large number of seniors. There is already 10 out
21 there and you have all that extra 50,000 who is not
22 connected. I'm not sure 17 - the number you just
23 gave me is going to be sufficient to meet this
24 growing population.

1
2 LORRAINE CORTES-VAZQUEZ: That is true. That was
3 early COVID data. You are absolutely right.

4 CHAIRPERSON CHIN: Yeah, and everyday somebody is
5 becoming a senior, yeah.

6 LORRAINE CORTES-VAZQUEZ: The number may be
7 higher than 17 but the number right now is 17 to 18.

8 CHAIRPERSON CHIN: Yeah, I think that number is
9 definitely going to be much bigger than that.

10 Commissioner, I know that you have to step off at
11 noon.

12 LORRAINE CORTES-VAZQUEZ: Yes.

13 CHAIRPERSON CHIN: So, I will definitely let you
14 go and I think that we can work together and we need
15 to set up a meeting with OMB to talk about promised
16 funding that was not in – that was taken away. We
17 should do that and we will reach out to you and make
18 sure that we get a meeting with OMB, even though we
19 don't know who the Deputy Mayor is going to be
20 responsible for DFTA. If we don't get a good answer
21 from OMB, then you and I need to sit down with the
22 mayor, right. If there is no Deputy Mayor, then we
23 will go to the Mayor, right Commissioner.

24 LORRAINE CORTES-VAZQUEZ: I thank you always for
25 your strong advocacy. I respect it and I admire it

1
2 and I thank you for this opportunity and I also thank
3 you for the consideration of time that I need to run
4 off to another conference for Area Agencies on Aging.
5 So, thank you for that.

6 CHAIRPERSON CHIN: You are welcome and I think
7 there are extra money that need to be available for
8 the provider if they get back into providing food for
9 our seniors. I think the money that they have is not
10 sufficient because of the growing number. So, I
11 think you and I need to talk about what is you know,
12 the increased funding that we need and we need to
13 fight for it once we get the provider started, we got
14 to make sure the resources are there for them to
15 provide the nutritious food to our seniors and the
16 new seniors that will be joining them.

17 LORRAINE CORTES-VAZQUEZ: Thank you.

18 CHAIRPERSON CHIN: So, thank you Commissioner for
19 being here today and I wish you stay health and well
20 and we will see you soon.

21 LORRAINE CORTES-VAZQUEZ: Same to you and your
22 family. Thank you to the providers who participated.

23 CHAIRPERSON CHIN: I just have a couple more
24 questions. Are there any other questions from my
25 colleagues? Okay, so I just have a couple more

1 questions on the Concept Paper and funding. You
2 know, according to New York State Office for the
3 Aging, DFTA received a total of \$6.3 million from the
4 Family First COVID Relief Act and \$20.4 million from
5 the Care Act for a total of \$26.7 million.
6

7 Today, how much of that funding have been spent
8 and how much is committed and how much is yet to be
9 committed? Can you share that breakdown of services?

10 LORRAINE CORTES-VAZQUEZ: Sure. We received
11 \$10.4 million for emergency procurements. We
12 received \$8.3 million of which \$3 million has been
13 spent for home delivered meals and that is
14 traditional home delivered meals and then there was
15 when grab-and-go was transferred to the Department of
16 Sanitation to GetFood New York, \$8 million was spent
17 for the month of June for those services. So, that
18 went to them. So, that is how the \$26.7 million has
19 been spent.

20 We have some money that we held for home
21 delivered meals because we kept seeing an increase in
22 that and trying to make sure that we can continue
23 that for as long as possible.

24 CHAIRPERSON CHIN: Okay, oh, when it comes to
25 home delivered meals, in July, we heard that there

1 was a wait list for clients in Staten Island. I was
2 hoping Council Member Rose was going ask that
3 question, needing home delivered meals. Is there a
4 wait list citywide for home delivered meals?
5

6 LORRAINE CORTES-VAZQUEZ: There is no wait list
7 for home delivered meals. What we have experienced
8 and I shared this with you and other members is that
9 we have experienced an increase of about 2,500 people
10 who need home delivered meals beyond the traditional
11 17,000 that we serve through the home delivered meals
12 program. And that is why we've been – the \$8.3
13 million is to ensure that we can continue those
14 services through the end of the contract period.

15 CHAIRPERSON CHIN: Oh, so there was an increase
16 of 2,500 people that wanted home delivered meals and
17 they are getting it, so they are not on a waitlist?

18 LORRAINE CORTES-VAZQUEZ: No, no, anyone who
19 calls you know, needing in home services and the
20 minute that they are identified as food insecurity,
21 they are immediately turned onto the GetFood program
22 or the home delivered meals program, yes.

23 CHAIRPERSON CHIN: Oh, okay. Okay, I didn't
24 realize you were still on Commissioner, that you had
25 to leave.

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4 LORRAINE CORTES-VAZQUEZ: Oh, I'm sorry. I was
5 not trying to be rude but I would be very happy to
6 get off because I am very anxious right now.

7 CHAIRPERSON CHIN: Yeah, you were supposed to get
8 off at noon.

9 LORRAINE CORTES-VAZQUEZ: But I don't know how to
10 do that. So, let me see if I can do this. I need to
11 be technologically trained. Good bye and thank you
12 all very much.

13 CHAIRPERSON CHIN: Yeah, and the remaining
14 questions, we will send it over to you and the
15 Administration and definitely have a great day.

16 LORRAINE CORTES-VAZQUEZ: Yeah, thank you so
17 much. Bye.

18 CHAIRPERSON CHIN: Okay, so I think we can -
19 since there is no other questions and whatever
20 questions I have left, we can send it over to the
21 Commissioner. Nuzhat, is that okay?

22 COMMITTEE COUNSEL: Yes, that's fine.

23 CHAIRPERSON CHIN: And then we can hear directly
24 from providers and advocates and people who have
25 signed up.

COMMITTEE COUNSEL: Yes.

CHAIRPERSON CHIN: Okay.

4 COMMITTEE COUNSEL: So, we will now turn to
5 public testimony. Once more, I would like to remind
6 everyone that unlike our typical Council hearings, we
7 will be calling individuals one by one to testify.
8 Council Members who have questions for a particular
9 panelists should use the raise hand function in Zoom
10 and you will be called on after each panel has
11 completed their testimony. For panelists, once your
12 name is called, a member of our staff will unmute you
13 and the Sergeant at Arms will give you the go ahead
14 to begin after setting the timer.

15 Testimony will be limited to three minutes.
16 Please wait for the Sergeant to announce that you may
17 begin before delivering your testimony.

18 Our first panel will be the honorable Gale
19 Brewer, Michele Rodriguez, Peter Cheng, and Thomas
20 Kamber. I will call on the honorable Gale Brewer.

21 GALE BREWER: Thank you very much Chair Chin and
22 the Members. I'm just going to submit testimony but
23 I will quickly summarize.

24 So, I think that we all know that during the
25 pandemic, one of the challenges for the senior
centers was just the change constantly as to what the
list was, who was serving, it was really, really hard

1
2 and I want to thank all of the providers, LiveOn and
3 everybody else and certainly Shula Warren Pudder in
4 our office who was phenomenal.

5 Now, here we are 2020 getting towards the fall
6 and just want to point out that in terms of more
7 seniors and the Chair indicated 2010 Census, there
8 were 280,000 seniors in Manhattan, we will see what
9 the 2020 Census brings and there are about 1.3 in the
10 five boroughs.

11 In terms of COVID, we lost almost 18,000 in terms
12 of seniors in the five boroughs. That's a lot of
13 people and these are sobering. We do thank DFTA and
14 the Commissioner for all that they did but I am
15 concerned about the RFP, older adult center concept
16 paper because it is a three year concept. I don't
17 think we have enough information to be releasing this
18 RFP at this time. There are so many uncertainties.

19 One, what will the public health guidance be in
20 terms of its recommendations for reopening in-person
21 senior center programming. I know you had some
22 discussion about when it will be outdoors, indoors.
23 I can tell you the ones I know are not clear. When
24 will the older adults be comfortable in returning and
25 are we prepared God for bid for a second wave of

1 transmission. These are really outstanding needs.

2
3 There is no question that these senior centers, more
4 than any other nonprofit perhaps address the food
5 access, they combat social isolation, they do a
6 wellness, they do remote programming. These are all
7 great things but a lot of seniors don't have tablets,
8 they don't have a portable broadband and they are not
9 comfortable using them.

10 So, access to food; you know with the Council
11 Member and others, we worked on our fresh food for
12 seniors program way before COVID. I understand the
13 need and we know that we've all worked on congregate
14 and home delivered meals to be fresh and healthy and
15 so on and to be culturally and religiously
16 appropriate.

17 Despite all the efforts, GetFoodNYC there have
18 been content issues, delivery issues, oversight
19 issues and there are great improvements. We don't
20 want to go back to the past. We still need to work
21 on this program. We have to make sure that it
22 doesn't fail in the future. We have to worry about
23 the flu season, we have to worry about assistance and
24 subsistence for the senior.

1
2 So, you really need to do some pilots before you
3 implement an RFP for three years. The food service
4 businesses work well. They get contracts, they
5 provide the food and then they get reimbursed. Is
6 that the way to go? Well, only as the Council Member
7 indicated, DFTA's money.

8 This is really frustrating. We need to fully
9 fund the adult services. They are essential today,
10 they are going to be in the future and this indirect
11 cost rate funding initiative, it's not right. The
12 people who are providing the services did not get
13 fully paid for the past work and we don't know with
14 this indirect rate what's going to happen in the
15 contract coming up.

16 SERGEANT AT ARMS: Time expired.

17 GALE BREWER: So, I'm saying, slow it down, tweak
18 it but make sure that this particular RFP doesn't go
19 forward until you have a thorough investigation.
20 Address the challenges. Thank you very much.

21 COMMITTEE COUNSEL: Thank you. Our next panelist
22 will be Michele Rodriguez.

23 SERGEANT AT ARMS: Starting time.

24 MICHELE RODRIGUEZ: Hi, can you hear me?

25 COMMITTEE COUNSEL: Yes.

1 MICHELE RODRIGUEZ: Hi, my name is Michele
2 Rodriguez. I am the Director for University
3 Settlements. A 134-year-old community based
4 organization serving over 40,000 children and adults
5 across Manhattan and Brooklyn.
6

7 I'd like to talk briefly about the Concept Papers
8 and concern we are facing. As we near the six month
9 mark of when all seniors centers across the city
10 closed down, we've all had the opportunity to
11 envision what our programs will begin to look like
12 when we return. We all look forward to the day when
13 we can safely open our doors to participants with
14 proper guidance procedures from DFTA.

15 There are of course many concerns, unanswered
16 questions, fear and frustrations coming from staff as
17 well as participants. With this in mind, I wanted to
18 emphasize the following points when we consider the
19 future of senior centers in New York City.

20 The recent DFTA Concept Paper offers new and
21 welcomed opportunities to change how we deliver
22 services. However, COVID-19 has led to many
23 unknowns. For example, some of our senior centers
24 draw participants from across the boroughs who often
25 take public transportation and understandably, some

1 seniors may not want to travel due to fears of COVID.

2
3 In addition, COVID can cause day to day changes with
4 protocol and closures.

5 It is difficult to plan for an RFP when so much
6 is unknow. Therefore, though we look forward to the
7 possibilities of the Concept Paper, we believe we
8 should postpone the RFP.

9 Regarding meals for seniors, we understand the
10 need to adhere to the social distancing and safety
11 precautions. However, we must provide flexibility in
12 timing, variety and delivery. Participants need more
13 options on when and where to pick up meals, what
14 types of meals according to dietary needs and whether
15 to have grab-and-go or home delivery.

16 COVID-19 places elders at risk for isolation,
17 negatively impacting their quality of life and
18 emotional and physical health. The city should
19 prioritize that all participants and not just NYCHA
20 residents need to have access to tablets, Wi-Fi and
21 lessons in order to be able to remain connected to
22 their communities.

23 DFTA should consider outcomes alongside outputs
24 and while we recognize the importance of data, we
25 should also consider the importance of qualitative

1 data measuring for example length, intensity and
2 frequency of the tenants of participants over the
3 year and the impact these have had on their physical
4 and mental health and not simply recording the daily
5 number of participants.
6

7 Finally, DFTA needs to fully trust its community
8 partners as experts of their communities. As we move
9 towards reopening, we hope DFTA recognizes and
10 respects the existing community relationships and
11 vast experience that community partners bring. We
12 believe that everyone, community partners, DFTA and
13 seniors we support benefit from open communication
14 and equal collaboration between DFTA and community
15 partners. How we open now will affect the future of
16 our programs for years to come.

17 Thank you so much for your time. I am happy to
18 answer any questions.

19 COMMITTEE COUNSEL: Thank you. We will now hear
20 from Peter Cheng.

21 SERGEANT AT ARMS: Starting time.

22 COMMITTEE COUNSEL: Peter, do we have you online?

23 PETER CHENG: Can you hear me now? Okay, great.

24 Good afternoon Chair Margaret Chin and the
25 extinguished members of the Committee on Aging.

1 Thank you for the opportunity to testify today. My
2 name is Peter Cheng and I am reading comments on
3 behalf of the Chinese American Planning Council.
4 CBC's mission is to promote social and economic
5 empowerment of Chinese American immigrant and low
6 income communities. Founded in 1965, CPC is the
7 largest Asian American social service organization in
8 the U.S. providing vital resources to more than
9 60,000 people per year through more than 50 programs
10 at over 30 sites across the city.
11

12 COVID-19 has hit our seniors heart, food
13 insecurity has been a growing issue for our seniors
14 in COVID-19. At the National Senior Center which I
15 manage, we distribute food to seniors every Thursday
16 and there is always a long line waiting. Meals
17 provided by senior centers often have been the only
18 reliable source of nourishment for many seniors. I
19 urge the city to consider reopening for services at
20 senior centers in an orderly and safe manner. This
21 is something that seniors greatly need.

22 In regard to the upcoming senior center RFP, I
23 respectfully suggest that we postpone it until the
24 senior centers are reopen and have settled down into
25 a new normal. There are just so many uncertainties

1 now and while our members are proposing a contract,
2 it would be like a shot in the dark. It would be
3 much better for us to have a clearer picture first
4 before projecting what we are going to be doing for
5 the next few years.
6

7 Finally, it may sound like cliché, but it is
8 really important for DFTA to pay for the full costs
9 of providing senior services including indirect cost
10 for services in model budgets. Many senior centers
11 are depending on discretionary funding and donations
12 to fill budget gaps and to just provide basic senior
13 services. There is no money to improve site
14 infrastructure and to innovative programming. This
15 is relevant to this moment as we are investing in
16 remote programming and pandemic proof our sites.

17 Thank you again for giving us the opportunity to
18 speak about issues that impact the city's we serve.
19 We are grateful to your leadership on these issues
20 and look forward to working with you on them.

21 COMMITTEE COUNSEL: Thank you. Our last panelist
22 for this panel will be Thomas Kamber.

23 SERGEANT AT ARMS: Starting time.

24 THOMAS KAMBER: Hello, my name is Tom Kamber, I
25 am the Executive Director of Older Adults Technology

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4 Services which is a citywide organization that's
5 funded in 2004. We have been providing training and
6 support in programs for older adults around the city
7 and have served over 30,000 seniors helping them get
8 online. And I want to just briefly encapsulate what
9 we've learned since COVID-19 started and a couple of
10 quick comments on what we need to do to prepare.

11 Since COVID-19 started OATS converted all of our
12 training into online only materials. We had already
13 had about 200 modules of online learning support
14 before COVID, so we were able to create a series of
15 training opportunities and socialization programs for
16 seniors and those have been extraordinarily
17 successful since the beginning of the crisis. We
18 have had over 60,000 participants in our online
19 calls. A very large percentage of those are from New
20 York City and have been joining for everything from
21 basic training on technology on how to use Zoom, on
22 how to access services on how to stay safe and how
23 you do online banking and programs like that.

24 They are all available for free to seniors who
25 are able and wants to participate through
26 seniorplanet.org, which is a publicly available site
27 facing older adults and providing programs for a

1
2 variety of formats. And it also enables people to
3 join and become members and help each other and be
4 helped by people in the senior planet network.

5 I should say by the way, that I am going to
6 provide a written version of this testimony later
7 today, so people can read all the statistics and
8 don't need to take notes.

9 Secondly, we have been working with the city
10 government to help create programs to support other
11 organizations. We have been extremely grateful for
12 the support of Department for the Aging.
13 Commissioner Cortés-Vázquez has been wonderful in
14 supporting the technology initiatives that we've been
15 leading as well as people from the Mayor's Office,
16 the CTO's office and DoITT as well. And we've been
17 able to reach tens of thousands of people with
18 outreach calls and most excitingly and importantly
19 have been able to increase connectivity for older
20 adults as a result of a program supported by the
21 Mayor's Office, where they are providing 10,000
22 tablets to older adults. This was mentioned by the
23 Commissioner in her testimony. Those tablets are
24 supported by T-Mobile, which is providing a more
25 affordable, actually free broadband for the seniors

1 that are participating and they are coming set up,
2 preset up and kitted with materials for people to
3 plug directly into Senior Planet training and get
4 support. And then what we did is converted our
5 training operation at Senior Planet into a digital
6 outreach program where we called all 10,000 people
7 over the course of nine days but when they launched
8 the program and reached all of them and were able to
9 help them get support in using the new tablets and
10 being engaged with them and having really positive
11 results from it.
12

13 We just did a quick survey just to give a little
14 bit of data for this committee hearing and we got 108
15 responses just over the course of a day. 96 percent
16 said they were very satisfied, were satisfied with
17 their support from Senior Planet and 96 percent also
18 felt more socially connected after receiving the
19 tablet.

20 SERGEANT AT ARMS: Time expired.

21 THOMAS KAMBER: So, these digital tools are
22 really important. Last point would just be to
23 continue supporting this hybrid model. We think the
24 senior centers really need support but people are
25 going to keep doing things digitally, so we can keep

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1 providing training and support in the next phase of
2 all of this and people are going to continue
3 connecting online as well as through the centers when
4 they reopen. Thank you for your time.

5
6 COMMITTEE COUNSEL: Thank you. Are there any
7 Council Member questions for this panel at this time?

8 CHAIRPERSON CHIN: Yes, Nuzhat, I have a couple
9 of questions.

10 COMMITTEE COUNSEL: Please.

11 CHAIRPERSON CHIN: Yeah, first I would like to
12 thank the Borough President for coming. I know the
13 Borough President is very tech savvy. My question is
14 for Tom with Senior Planet. Are you working with
15 other community based organizations or like, senior
16 center providers to provide some of this training and
17 services in different languages?

18 THOMAS KAMBER: Yes, we are. We are doing
19 programming ourselves in different languages
20 directly, so OATS trainings and programming are
21 available in Spanish, Mandarin, Russian, and Bengali.
22 We've been working with partner sites around the city
23 themselves to have linguistic capacity in other
24 languages that we don't currently operate ourselves,
25 so we are able to make referrals.

1 So, we have a hotline that people can call into
2
3 if they have questions and then we direct those calls
4 from the hotline if we have linguistic needs to other
5 partners who do have languages like Korean or some of
6 the you know, French creole and things like that.

7 So, we do get some calls on it. The largest
8 volumes have been Spanish, Chinese and Russian so
9 far. We've been able to - we just did our first
10 fitness class in Chinese from Senior Planet but most
11 of our partners in the communities are also getting
12 support from Senior Planet calling us with questions
13 about how to do Zoom calls, how to organize effective
14 online programming and we've been using some of our
15 support from the city to provide those services to
16 the local partners around the city.

17 CHAIRPERSON CHIN: So, do you work, also work
18 directly with a number of senior centers?

19 THOMAS KAMBER: Yeah, we do. We've got, well
20 first of all, we operate 23 labs with support from
21 DFTA where OATS had been training directly in those
22 senior centers around the city and then the City
23 Council members have been supporting OATS to do work
24 in, I think we're in 35 different districts as well
25 reaching, doing support with the different centers.

1
2 And so, we've been doing capacity building calls
3 with all of our community partners over the last
4 couple of months on how to organize Zoom sessions and
5 things like that. I could send you a separate email
6 with information or include it in my testimony just
7 with updates with how those support sessions have
8 been going with the community partners.

9 CHAIRPERSON CHIN: Yeah, that would be helpful
10 because I think going forward, if the centers are you
11 know, doing virtual programming, they definitely need
12 support and that's something that the city needs to
13 also look at. As we heard earlier from other
14 providers, a lot of seniors don't have tablets, don't
15 have Wi-Fi and they don't know how to use the
16 computer. So, a large number of them will not be
17 served.

18 So, that is really important. Thank you Tom.

19 THOMAS KAMBER: Right, we can absolutely do that.
20 For sure, we have the capacity to help with those.

21 CHAIRPERSON CHIN: I think I have another
22 question for the providers. I think either Peter or
23 Michele, are you, anyone of you, participating in the
24 working group that the Commissioner talked about
25 earlier with reopening and have anyone in DFTA

1 reached out to you regarding suggestions or ideas or
2 needs in the reopening process?
3

4 PETER CHENG: I have not received anything in
5 regard to that. However, you know, I cannot rule out
6 that they may have contacted central office.

7 CHAIRPERSON CHIN: So, they haven't contacted
8 center director?

9 PETER CHENG: Not yet.

10 CHAIRPERSON CHIN: But you haven't heard from
11 your CEO right?

12 PETER CHENG: No.

13 CHAIRPERSON CHIN: They didn't tell you, so they
14 might not have contact to him either. Michele, are
15 you still on?

16 MICHELE RODRIGUEZ: Yes, I am in the working
17 group.

18 CHAIRPERSON CHIN: Okay.

19 MICHELE RODRIGUEZ: I am in the working group.
20 We were divided into subcommittees for meals and
21 social services and activities. We took on the task
22 of trying to outline how to conduct social services
23 safely and we submitted that to the Commissioner, but
24 we haven't heard anything back yet.
25

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4 I know that our next meeting I believe is October
5 13th. So, we're still working through some kinks but
6 no, DFTA has not reached out to us after that. We
7 haven't heard anything from our program officers at
8 all.

9 CHAIRPERSON CHIN: Your next meeting is October
10 13th, so there is no way that the senior center is
11 going to be reopened by then. I mean, you are still
12 like needing a working group. I mean, that's just
13 really, really unacceptable and if providers haven't
14 been reached out to, I don't know how they are going
15 to be preparing for that. Okay, we will reach back
16 out to the Commissioner on that. Thank you.

17 MICHELE RODRIGUEZ: Sure.

18 CHAIRPERSON CHIN: Nuzhat, you can call the next
19 panel.

20 COMMITTEE COUNSEL: Okay, alright, so our next
21 panel will be Tara Klein, Beth Finkel, Jo-Ann Yoo and
22 Christian Gonzalez-Rivera. We will first hear from
23 Tara Klein.

24 SERGEANT AT ARMS: Starting time.

25 TARA KLEIN: Thank you so much for the
opportunity to testify today. My name is Tara Klein,
I am Policy Analyst for United Neighborhood Houses.

1 UNH is a policy and social change organization
2 representing 40 neighborhoods -

3 SERGEANT AT ARMS: You sound was coming out.

4 TARA KLEIN: Oh, I apologize. Can you hear me
5 alright now?

6 SERGEANT AT ARMS: We hear you, thank you.

7 TARA KLEIN: Thank you. So, UNH is a policy and
8 social change organization. We represent 40
9 settlement houses in New York City, including 46
10 senior centers that serve over 53,000 older adults.

11 Senior centers have been enormously creative and
12 adaptive in meeting the evolving needs on the ground
13 during COVID-19, while buildings have remained
14 physically closed, no senior center has seized
15 operation and many have been working overtime to
16 serve older adults remotely through wellness calls,
17 benefits assistance, virtual social activities and
18 more.

19 As we now think about reopening senior centers,
20 many providers in the UNH network have insisted we
21 use a different word than reopening because they have
22 been virtually open and serving older adults
23 continuously. Instead, we should be talking about
24

1 safely transitioning and returning back to in-person
2 activities.

3
4 We want to thank Council Member Chin, Council
5 Member Levine, the Speaker and all the other Members
6 who signed onto the September 4th letter to the Mayor
7 asking for a dialogue with the agencies around
8 returning to in-person activities. UNH echoes all of
9 the questions and concerns in that letter.

10 We've heard clearly from our members that they
11 are ready for certain limited in-person activities.

12 Such as one on one case management, outdoor
13 activities held safely in small groups, and bringing
14 back meal service through grab-and-go or another
15 mechanism.

16 Food distribution in particular urgently needs to
17 return to the nonprofit senior centers where
18 providers know their communities best.

19 As UNH has seen in other areas like Youth Service
20 and Early Childhood Education, clear guidelines and
21 communication, flexible start times and adequate PPE
22 supplies are all essential components of restarting
23 any in-person programming during COVID.

24 It is critical to underscore the harm of recent
25 budget cuts to senior centers in thinking about their

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1 post COVID future. FY21 was a difficult budget year
2 all around but senior centers were hit especially
3 hard with the delay of the \$5 million in kitchen
4 funding. The failure to include the remaining \$10
5 million in original model budget funding. \$4 million
6 in COVID related cuts and major cuts to the indirect
7 Cost Rate Initiative.
8

9 These cuts have lead senior centers to make
10 difficult decisions around staffing, salaries and
11 programming. As we approach future budget decisions
12 and the potential for more across the board cuts, we
13 must protect senior center funds.

14 And finally, we have many serious questions and
15 concerns around DFTA's new Concept Paper for senior
16 centers, especially around funding needs and
17 programmatic issues. For instance, the Concept Paper
18 does not mention the overall number of contracts or
19 what a typical budget should be for a center.

20 Although we have seen that in other Concept Papers
21 across different agencies.

22 And it fails to address expenses like cost
23 escalators -

24 SERGEANT AT ARMS: Time expired.
25

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4 TARA KLEIN: And capital needs. So, given the
5 current uncertainty around the reopening transition
6 and the fact that this procurement envisions the
7 system for the next three or possibly six years, we
8 encourage DFTA to clarify their overall vision for
9 serving older adults in a post COVID world.

10 We anticipate sharing our formal comments on the
11 Concept Paper with DFTA and the Council by their
12 deadline of October 5th. So, thank you very much for
13 your time.

14 COMMITTEE COUNSEL: Thank you Tara. Our next
15 panelist will be Beth Finkel.

16 SERGEANT AT ARMS: Starting.

17 BETH FINKEL: Hi, thank you so much. Thank you
18 to Council Member Chin for her incredible leadership
19 and devotion. I want to thank Gale Brewer. I don't
20 know if she is still on the call but really great
21 advocates. And I thank the other Council Members who
22 are part of this and have been part of fighting for
23 older New Yorkers for a very long time.

24 I am Beth Finkel, I am the State Director for
25 AARP New York. We have over three quarters of a
million members throughout the five boroughs of New
York City who are 50 years and older. And they have

1 told us repeatedly in research that we have done for
2 decades, that they want to stay in their homes and
3 communities. In fact, almost 9 out of 10 tell us
4 that consistently.
5

6 In going through this COVID challenges, it's in
7 particularly hard on them to do that and I want to
8 thank all the senior services that have been out
9 there helping them.

10 I am here representing the consumer; I am not
11 here representing any organization or any provider.
12 This is about making sure that older adults get the
13 very best services that they can and at the least,
14 don't end up with diminished services which I think
15 is what so many of us are fearful about.

16 So, we know that the fastest growing are older
17 adults. I know that you all know that and we also
18 know that financial hardships are the number one
19 issue that we're hearing again over and over again
20 from our members. It's about how they can afford to
21 keep living with dignity as they age.

22 We put out a report on disrupt disparities which
23 particularly looked at the 50 plus African American,
24 Hispanic and Asian. And what we found was the
25 economic hardships are even greater for communities

1 of color than they are for the general market and
2 that's something that I think that we have to keep in
3 mind. As a matter of fact, in gentrifying
4 neighborhoods in New York City, we found that the
5 median income for older Whites is as much as \$100,000
6 higher than for older African Americans or Hispanic
7 residents. The Council has been very generous over
8 the years in support for older New Yorkers and have
9 really gone to the ramparts to fight for more money
10 continually for older New Yorkers and I know this is
11 a very difficult year. But literally hundreds of
12 thousands of New Yorkers are counting on you and so,
13 I know that you are going to rise to the occasion and
14 do the very best you can to help us in any way
15 possible.
16

17 I would like to also point out that non-for-
18 profit senior serving organizations are counting on
19 you to. They are shouldering much to much of the
20 cost of caring for seniors and AARP worries about
21 their long term sustainability because they maintain
22 the neighborhood services for older adults. Not long
23 ago, we spoke with the local non-for-profit that
24 provided home delivered meals. Nearly 30,000
25 homebound elderly rely on these home delivered meals.

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4 SERGEANT AT ARMS: Time expired.

5 BETH FINKEL: Because of the gap, what the city
6 pays, and what the actual agencies have to pay out,
7 that gap is not sustainable and we have to sustain
8 these local non-for-profit organizations that are the
9 first line to helping older New Yorkers and older New
10 Yorkers are an economic boost to the economies of
11 their local neighborhoods and the city and we cannot
12 afford to lose them. Thank you.

13 COMMITTEE COUNSEL: Thank you. Our next panelist
14 will be Jo-Ann Yoo.

15 SERGEANT AT ARMS: Starting time.

16 JO-ANN YOO: Thank you Council Member Chin for
17 this opportunity to testify before the Council's
18 Committee on Aging. My name is Jo-Ann Yoo and I am
19 the Executive Director of the Asian American
20 Federation.

21 Before we talk about opening the centers, I am
22 hear to sound the alarm that the Asian American
23 senior population is in trouble. COVID-19 has
24 exposed our city's fragile social services
25 infrastructure that stems from the lack of
investment. Any meaningful investment in the
communities of color for decades and there are

1 seemingly little acknowledgement of the Pan Asian
2 community needs in the recovery plan. But the well
3 known statistics is a benchmark I want to share with
4 you where we work during the pandemic and where we
5 are now and where we need to be.
6

7 Before the pandemic, Asian senior programs were
8 receiving 2.7 percent of the total DFTA contract
9 dollars and no Asian nonprofit has their own meals
10 contract, always serving as a subcontractor. This
11 funding gap was for the exposed during the pandemic
12 when our senior serving groups continue to expand
13 both to meet the needs and stretch their service
14 dollars to ensure that seniors the food and services
15 they needed during the isolation periods.

16 The city's food delivery plan remains plagued by
17 rapid deployment of meals and quality of food and
18 nonprofit staff are in the impossible positions of
19 having to meet client needs, create connections with
20 possible lenders and worry about their own families.

21 Our members agency staff are conducting thousands
22 of assurance costs to seniors on a daily basis on top
23 of their existing work and we are also getting
24 reports that mental health clinics are seeing a huge
25 uptick in services. All of this is happening under

1 the rise of anti-Asian violence and hate crime.

2
3 Where do we go from here? The needs in our senior
4 community is continuing and abated even under your
5 leadership and the sympathetic DFTA Commissioner, we
6 are straining at the seams. With the growing budget
7 deficit that threatens to continue for many years, we
8 ask that you continue to work that ensure that Asian
9 agencies are in the best position possible to provide
10 culturally competent services directly to Asian New
11 Yorkers. Thank you.

12 COMMITTEE COUNSEL: Thank you. Our last panelist
13 on this panel will be Christian Gonzalez-Rivera.

14 SERGEANT AT ARMS: Starting time.

15 CHRISTIAN GONZALEZ-RIVERA: Hi everyone. My name
16 is Christian Gonzalez-Rivera and I am the Director of
17 Strategic Policy Initiatives at the Brookdale Center
18 for Healthy Aging. We are CUNY's aging research and
19 policy center and a part of Hunter College. Thank
20 you Chairwoman Chin for holding this oversight
21 hearing.

22 So, we would like to address both the issues of
23 transitioning to in-person services and also talking
24 about the future.

1
2 As for the present, we think that senior centers
3 do not need to reopen all services at the same time.
4 For instance, certain activities like walking groups
5 and even some socially distance studio art classes
6 should be restarted. While congregate meals may
7 still need to be delayed in favor of grab-and-go, as
8 others have said.

9 To make sure that this is done well, we support
10 the idea to postpone the RFP to give providers more
11 time for this kind of phase reopening. Also, we
12 think that DFTA should open their working group to
13 more stakeholders who can advise them on how to carry
14 out this transition. And you know, we will start
15 with us too, you know Brookdale for one, stands ready
16 to assist DFTA in this way.

17 As for the future, we suggest that the senior
18 centers of the future serve two main functions.
19 First, it should be a place that facilitates access
20 to this city's abundant resources. Second, it should
21 be a place that unleashes older New Yorkers power to
22 use their knowledge, their skills, and their energy
23 to support their fellow New Yorkers, regardless of
24 age.

1 And so, I will speak about each of these in turn.

2 So, first of all, I mean it's like the sort of idea
3 that senior centers should be older New Yorkers
4 portal to the city.

5 Senior centers across the five boroughs are asked
6 to be just about everything for older New Yorkers
7 from cafeteria and benefits counselor to art studio
8 and college. You know and they serve people ranging
9 in age from 60 to 100 and beyond. But why do this
10 you know, when we live in a city that's full of
11 cafes, museums and so much more?

12 The senior center of the future importantly,
13 would be funded just by DFTA in our point of view.
14 Imagine a future where the Department of Parks and
15 Recreation funds and partners with senior centers to
16 provide exercise classes to older adults. And where
17 HRA provides funding for benefits counselors. And
18 where senior centers join forces with public
19 libraries, museums, and other institutions to provide
20 cultural offerings. Importantly, leveraging the
21 public and private funding that those institutions
22 have at their disposal. And you know, DFTA's primary
23 role in such a senior centers of the future, should
24 really be to facilitate those partnerships and what
25

1 goes on in senior centers should be determined by
2 senior centers – by older adults themselves, not
3 prescriptive government contracts.
4

5 The second suggestion is really around that the
6 senior center of the future should be an older adult
7 service centered space in service to the whole city
8 and basically to paraphrase former President John F.
9 Kennedy, you know, senior centers should ask, you
10 know, also ask what older adults can do for their
11 city.

12 For instance, most senior center kitchens lay
13 idle when not used for lunch service. Imagine if
14 they could be funded by DHS to cook meals for the
15 homeless or by DYCD or the DOE to run cooking classes
16 and nutrition education programs for young people
17 that are led by older adults.

18 SERGEANT AT ARMS: Time expired.

19 CHRISTIAN GONZALEZ-RIVERA: Yeah, one last point,
20 I mean some senior centers already encourage the
21 participants to share their skills and knowledge by
22 leading classes and workshops for their peers but why
23 stop there? When older adults can actually do that
24 service for all New Yorkers.
25

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4 So, again, the idea would be that - I mean, this
5 is very different from the way that senior centers
6 have been run in the past and the way of business as
7 usual but both being able to have other agencies, be
8 able to supply the budget for senior centers would
9 enrich their services and would also have senior
10 centers be not just centers for older adults but
11 places that are a platform for older New Yorkers to
12 serve their entire city. And as always Chairman
13 Chin, we stand ready to help you and others to really
14 think through how we can do this in practice. More
15 in the written testimony and thank you for the
16 opportunity to testify.

17 COMMITTEE COUNSEL: Thank you. Are there any
18 Council Member questions for this panel?

19 CHAIRPERSON CHIN: Yeah, I have a question for
20 Christian. It is always good to see you and for the
21 great work that you do, and I hope that you would
22 respond to DFTA's Concept Paper. I think in their
23 Concept Paper, they have different models and they
24 were talking about the comprehensive model. I think
25 it was leaning into some kind of community center.
This is true, DFTA centers usually offer Monday to
Friday and they close in the evening, they close on

1 weekends. It's not fully utilized and the whole
2
3 issue like as you say with the kitchen. There is so
4 much more we can do and the partnership, they did
5 talk a little bit about that in their Concept Paper
6 but the example they used was like very, too simple.
7 You know, you do an event in the library and then
8 you set up a table. It is just not in depth.

9 So, I think that is something that I hope that
10 your organization would definitely contribute to and
11 we appreciate that.

12 The other question was for Beth. Beth, AARP is
13 our greatest partner. So, on the state level, what
14 are you doing on the state level in terms of really
15 advocating you know, for more state funding and state
16 guidance on you know, how senior centers can provide
17 services again you know, safely. And the other issue
18 that I raised earlier with the Commissioner, when we
19 talked about in their new Concept of the future
20 senior center, that they really forgotten about the
21 more frail seniors that are utilizing some of these
22 social adult daycares and that needs to be
23 incorporated into the Concept. And I know that you
24 know, we need more state supervision on the social
25 adult daycare program because the one that we have in

1 the city, the majority of them, I think most of them,
2
3 except for the one that we in the Council have some
4 oversight and there is only nine of them that are
5 truly providing the services that they are required
6 to do.

7 BETH FINKEL: You are absolutely right on both
8 counts. We are actually meeting with other senior
9 advocates across New York State. We have a group put
10 together and we are advocating very diligently for
11 more money at the state level. This is exactly the
12 time that we need to do that because we know that the
13 governor is looking at what his state of the state is
14 going to be and what his budget is going to be. So,
15 we are listing all of our volunteers across New York
16 State to make sure that we have our voices heard.
17 And let's not forget it is an election year. State
18 Assembly and State Senate people are running, so I
19 would behoove everyone to make sure that all of the
20 seniors are asking their state legislatures and their
21 state senators exactly what they are going to do to
22 increase money for senior services because it has
23 been pitiful. It's the smallest agency at the state
24 level and it has had the least amount of increases
25 except for one year that was a pretty good year.

1
2 Otherwise, New York City by far has done a much
3 better job trying to fund seniors.

4 On the part about adult daycare, I'm glad you
5 brought that up because our members are 50 plus and a
6 lot of them are caregivers. We know that the average
7 caregiver is a woman in her 50's and how is she
8 supposed to save for her own retirement and keep
9 going to work if she doesn't make sure that her loved
10 ones are taken care of during the day. We hear a lot
11 from the Administration about daycare and worrying
12 about children and care for children and that's
13 absolutely important and we have to make sure parents
14 can get to work. But those parents are part of the
15 sandwich generation and they also are caring for
16 their elderly loved ones. And we have to make sure
17 that we have adequate adult day services and that
18 people understand what an adult day service is
19 because we name these things, these names that nobody
20 even knows what we're talking about and so, the
21 general public doesn't even know very often that
22 these services are there for them.

23 So, number one, we've got to make sure we have
24 the best services which we really need to do a lot of
25 work on and get more funding for at the state level.

1
2 Couldn't agree more. We also have to make sure that
3 people understand it is there for them because in the
4 end, if we don't do that, we're going to have this
5 cycle of people constantly not prepared for their
6 retirement and then having to turn back to public
7 services and public benefits to help them maintain
8 dignity as they age.

9 That's not what any of us want. So, thank you so
10 much again Councilwoman for bringing up these such
11 important issues and we will do our part in Albany,
12 we promise.

13 CHAIRPERSON CHIN: Thank you. Thank you Beth and
14 thank you for your members. I am a member too. But
15 thank you, you know, for all the advocacy that AARP
16 do. Nuzhat, you can call the next panel.

17 COMMITTEE COUNSEL: Thank you. The next
18 panelists will be Katie Foley, Ruth Finkelstein, Mary
19 Archana Fernandez and Rachel Sherrow. We will begin
20 with Katie Foley.

21 SERGEANT AT ARMS: Starting time.

22 KATIE FOLEY: Hello, thank you so much for the
23 opportunity to testify today. Thank you to Committee
24 Chair Chin and the Members of the Committee. Self
25 Help provides homecare community based services and

1 affordable housing to more than 20,000 elderly and
2 vulnerable New Yorkers each year while remaining the
3 largest provider of comprehensive services to
4 Holocaust survivors in North America. Selfhelp has
5 been on the front lines of COVID-19 pandemic. Our
6 home health aids have been providing in home care and
7 our social workers have been checking on their
8 clients to ensure access to food, shelter and
9 medicine. We've expanded our virtual senior center
10 in order to reduce social isolation among our clients
11 and our team is working every day to ensure our
12 clients continue to live with dignity through this
13 challenging time.

14 COVID-19 and social distancing were not in our
15 vocabulary ten years ago when Selfhelp started the
16 virtual senior center, the VSC. We knew this program
17 was the first of its kind engaging homebound older
18 adults and interactive real time online classes. And
19 that it effectively reduces social isolation by
20 creating social networks for homebound seniors.
21 We've learned that many seniors have a new interest
22 in virtual, social interaction.

23 In only a few months, the VSC participation has
24 doubled with new members joining each week. The VSC
25

1
2 is a vital source of face to face social interaction
3 and can become a lifeline for the thousands of
4 vulnerable New Yorkers who are isolated at home.

5 We believe that the VSC should become a permanent
6 part of the city's infrastructure to support older
7 adults. Just as New York City invested in home
8 delivered meals for homebound seniors, we believe
9 that our virtual senior center is a senior center for
10 homebound seniors and we are eager to work with the
11 city as part of the new RFP process to establish this
12 idea more broadly.

13 In my remaining minute, I want to highlight four
14 areas. Firstly, we agree with the previous sentiment
15 that although the senior centers are closed, our
16 staff has been actively providing essential services
17 and they are eager to continue to do so.

18 Secondly, we believe that there are safe ways to
19 restart food services and we're ready to work with
20 the city on establishing and implementing a new
21 system, possibly grab-and-go or another model that
22 allows social distancing for the safety of our
23 members and our staff.

24 Thirdly, we are eager to return to the centers
25 and serve our members as before but we are cautious

1
2 about planning for future programs. We appreciate
3 DFTA's careful approach to reopening, taking into
4 consideration staff, safety, and member safety.

5 Fourth, we have adapted our programs virtually
6 and we can starkly see technology disparity among
7 seniors in terms of access to devices, Wi-Fi, and
8 skill. We need a comprehensive plan to address this
9 divide as we look to the future of services for older
10 adults.

11 There are additional details in the testimony
12 submitted electronically. Thank you for the
13 opportunity to testify today. Selfhelp is grateful
14 to the City Council for emphasizing the needs of
15 older adults and policy decisions and budget
16 allocations. Thank you.

17 COMMITTEE COUNSEL: Thank you. Next, we will
18 hear from Ruth Finkelstein.

19 SERGEANT AT ARMS: Starting time.

20 RUTH FINKELSTEIN: Hi, thank you very much. I am
21 also from the Brookdale Center for Healthy Aging and
22 Christian so eloquently conveyed our main ideas
23 coming into this hearing.

24 What I would like to do is really briefly
25 underline our conclusions from during this hearing,

1
2 so that it is clear where we stand on some of the
3 questions that arose today.

4 First of all, Brookdale feels strongly that the
5 situation warrants postponing the RFA for senior
6 centers. We need to understand what the new models
7 are in the COVID era. We are not going to be post-
8 COVID truly in the near future and so, the RFA, RFP
9 needs to take that into account.

10 Secondly, in figuring out about reopening, it's
11 important to use data from relevant experiences. I
12 feel that Borough President Brewer touched on this in
13 her testimony but isn't it too bad that we didn't
14 associate COVID testing with the cooling center use,
15 so that we could then have strong evidence, not just
16 impression that that experience was able to be done
17 unassociated with transmission.

18 I think it would be great if we could have more
19 intergovernmental collaboration on figuring out how
20 to get information to DFTA and the service providers
21 from the experiences that different sectors of the
22 government are going through and of course, this is
23 hindered by the lack of the relevant Deputy Mayor, as
24 mentioned by Chairman Chin and Commissioner, omg
25 senior moment, very embarrassing. Uhm, and the

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1 Commissioner, I know you can't say senior moment
2 anymore, I get that but I can.

3
4 But I think that one of your pieces of advocacy
5 that we would join you in, if you thought it was
6 helpful, is that we've got to have a Deputy Mayor
7 over Health and Human Services at this time. This is
8 the wrong time to be missing that position and the
9 temptation not to worry about it because we just have
10 a little more time in the Administration, is the
11 wrong move and so, if we can help.

12 I think that we need to strengthen the interphase
13 with the design of the testing, the contact tracing.

14 SERGEANT AT ARMS: Time expired.

15 RUTH FINKELSTEIN: Almost done. DOHMH rather
16 than have it attenuate a weekend, it's time to make
17 the strategy for older adults to reenter the world
18 but that can only happen healthfully and safely and
19 that we can only know about if we have testing and
20 prevalence and transmission information that we lack
21 and we have to be a part of designing that and just
22 in general, one of the big lessons from COVID is that
23 these departmental silos just don't reflect how
24 people live their lives. And we simply have to make
25 new strategies and mechanisms and ideas to cut across

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4 them for all of our wellbeing. Thank you so much for
5 indulging me to jump into a spot, that I really
6 didn't earn. Thank you.

7 COMMITTEE COUNSEL: Thank you. Our next panelist
8 will be Mary Fernandez.

9 SERGEANT AT ARMS: Starting time.

10 MARY ARCHANA FERNANDEZ: Good morning Council
11 Member Chin and other members of the Aging Committee.
12 Good afternoon, I am Mary Archana Fernandez, Director
13 of Family Support Services at SACSS, South Asian
14 Council for Social Services.

15 Thank you for this opportunity to talk with you
16 today about how COVID-19 has impacted the emotional
17 and physical wellness of Asian seniors particularly
18 here in Flushing Queens. I really want to thank
19 Council Member Chin for raising the issue of digital
20 divide, which we are seeing here among our clients
21 today.

22 We are a nonprofit agency that works to empower
23 immigrant communities through services in the areas
24 of healthcare access and education. Senior supports
25 services in food security. We also provide basic and
youth program.

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4 Our staff together speaks 12 different Asian
5 languages and Spanish and Korean. Each year we serve
6 over 15,000 clients throughout our services. Over
7 the past two decades, we have built a relationship of
8 trust with our clients. Our cultural and linguistic
9 competency has enabled us to develop programs that
10 our client centered in holistic.

11 As the pandemic spread rampantly through Queens,
12 we were worried about our seniors, many of whom were
13 isolated and living in poverty even before the
14 pandemic began. Being dependent on organizations
15 like us to socialize with their peers. And a lot of
16 them when we moved programming to virtual setting,
17 did not know how to use a computer or a smart phone.

18 I want to tell you the story of one of our
19 clients whose phone hung up. Her phone was not
20 starting. She did not know what to do. So, she was
21 banging on the door of her windows and shouting out
22 her door and her windows to draw the attention of
23 anybody who could come and help her start her phone.
24 Because for a moment, she was worried that this
25 phone, which is her only contact with the world has
been lost.

1
2 So, it took her an hour of doing that when a
3 neighbor noticed her attention and came to her and
4 helped her restart her phone. The first person that
5 she called was her social worker at SACSS and she
6 told her social worker that she was worried that
7 something is going to happen to her and she would not
8 be able to get help.

9 So, it's very important that while we talk about
10 virtual programming, we also address that a lot of
11 our clients don't have access to internet, Wi-Fi, or
12 smart phones.

13 We are doing a lot of our programming. We have
14 online support groups, over the phone support groups
15 in Bengali, Hindi and providing individual support of
16 counseling over the phone. We have [INAUDIBLE
17 2:53:38] which our seniors love. They love to come
18 play and be in touch with each other.

19 I know I am running out of time. I also will be
20 providing a written testimony. I want to talk about
21 access to food and hunger, which is also a major
22 concern among Asian seniors. We are currently
23 providing South Asian and Asian [INAUDIBLE 2:53:58]
24 to seniors all over Queens, starting March 30th. We
25 tied up with a small business in Queens to provide

1
2 cooked salvation vegetarian meals to seniors across
3 Queens, despite not being contracted for meal
4 services.

5 A senior living in Jackson Heights owned by
6 herself suffering from asthma and arthritis, called
7 our office in the first week of April.

8 SERGEANT AT ARMS: Time expired.

9 MARY ARCHANA FERNANDEZ: And told us that her
10 home had tested positive for COVID and she did not
11 have anybody to cook or get food for her. She hadn't
12 had any fresh vegetables or hot meals for more than a
13 month.

14 She was connected to us through 311. When we
15 finally got her the meals, she said thank you. I am
16 not anxious anymore and worried about where my next
17 meal will come from. Since then, we've been serving
18 over 3,000 individuals and families with food, many
19 of whom are seniors. Thank you.

20 COMMITTEE COUNSEL: Thank you. Our last panelist
21 on this panel is Rachel Sherrow.

22 SERGEANT AT ARMS: Starting time.

23 RACHEL SHERROW: Hi, my name is Rachel Sherrow
24 and I am the Associate Executive Director at City
25 Meals on Wheels and I would like to begin by thanking

1
2 the Council and especially Chairwoman Chin for her
3 unwavering and steadfast support of services for
4 older adults and for City Meals on Wheels. And I'm
5 going to be very quick with this because I know you
6 have other people who would like to speak and we've
7 been here for a while.

8 As always, City Meals on Wheels stepped into work
9 with a variety of senior providers with emergency
10 meals serving over 700,000 of these meals since
11 March, which is an increase of 25 percent. And as
12 noted by the Commissioner, we have an additional
13 2,500 Meals on Wheels clients that we're serving. In
14 addition to those at NORCs, NYCHA facilities, Senior
15 Housing who fell through the cracks of GetFood.
16 Senior centers must reopen. We need to fund aging
17 services more, as we have proved our indebtedness.
18 All of us in the senior services world, as we've
19 heard over and over, in reacting to our constituent
20 needs during emergencies. Please use us. Fund us
21 appropriately and respect us and our expertise.
22 Thank you very much.

23 COMMITTEE COUNSEL: Thank you for your testimony.
24 Are there any questions for this panel?

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4 Seeing none, we will move on to the next panel.

5 Our next panel will be Melissa Sklarz, Helen Ahn,
6 Kerly Serrano, and Gail Brown. We will begin with
7 Melissa.

8 SERGEANT AT ARMS: Starting time.

9 MELISSA SKLARZ: Hi, thank you. Hi, good
10 afternoon. My name is Melissa Sklarz, Senior
11 Government Relation Strategist at SAGE. Thank you
12 for having this panel. It is always great to see
13 Chairperson Chin in charge.

14 So, SAGE was found in 1978 with the first and
15 largest organization dedicated to improving the lives
16 of LGBT elders here in New York. SAGE is a
17 cornerstone of the LGBT community. We have shifted
18 our capacity, energy and resources to adapt to this
19 new reality. Thank you for the Council for always
20 your great support and your leadership on issues
21 dealing with LGBT elders. LGBT elders and
22 specifically elders of color have more underlying
23 health conditions such as diabetes and HIV, higher
24 levels of poverty, lower access to healthcare, social
25 isolation, mistrust of institutions for decades of
discrimination and so, SAGE stands to connect them to
an opportunity to get access to services they would

1 not normally get. We've been closed since the middle
2 of March. We have completely redesigned our
3 programming, Bring it Online, accessing GetFoodNYC.
4 We've had our staff calling thousands of our members
5 at GetFoodNYC. We were able to provide food for
6 3,000 of our members. SAGE Connect, we've now
7 instituted volunteer services with our community.
8 You know, you mentioned earlier about DFTA and the
9 adults of older adult centers and one of the quotes
10 is to create a high quality services programs and
11 resources that attract the needs in preference of an
12 emerging diverse demographic in New York. And among
13 the models that even you mentioned earlier was a
14 comprehensive model where all needs are incorporated.
15 We feel strongly that SAGE has re-envisioned that
16 progressive model and we've done that.

17
18 The Council has been great, they've been very
19 supportive with discretionary support. We have five
20 centers in New York. Life saving supports, housing
21 navigation who provide outreach information and
22 referrals. And we are confident we can continue to
23 develop innovative protocols. Our partnership with
24 the City Council has proven that New York City's
25 committed to take care of its LGBT elders.

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1 Hopefully, we will be able to get – be able to deal
2 with the discouragement of COVID very shortly, but in the
3 meantime, we look forward to continuing the work that
4 we've been doing and hopefully we will have the help
5 and support of Chair Chin and the New York City
6 Council. So, thank you.
7

8 COMMITTEE COUNSEL: Thank you. We will now hear
9 from Helen Ahn.

10 SERGEANT AT ARMS: Starting time.

11 HELEN AHN: Thank you for having this
12 opportunity. Hi, my name is Helen Ahn and I am the
13 Director of Senior Centers of Korean Community
14 Services of Metropolitan New York.

15 I am here today to speak about our current ethnic
16 home delivered meal program as a subcontractor and
17 the crucial need for special funding to address the
18 unprecedented food insecurity and social isolation as
19 Asian American seniors are struggling due to the
20 pandemic.

21 Since March 23, 2020, all congregate meals were
22 paused and the daily average of 500 seniors through
23 our two senior centers who have relied on the program
24 have been struggling to secure their daily food.

25 DFTA introduced all senior centers to pause the

1 purchasing of any raw food instead they have been
2 providing DFTA centralized standard food soon after.
3 The GetFoodNYC Initiative by DSNY took over the DFTA
4 meals service.
5

6 Each senior members had no choice but to accept
7 the unsuitable food and services that were inadequate
8 in addressing the hardship caused by the pandemic
9 induced food insecurity. For immigrant seniors in
10 particular, being deprived of the ethnic meals they
11 have had their entire lives have been an added burden
12 to their daily hardships.

13 Existing senior center service providers acutely
14 know what our seniors need the most, especially
15 having served on the frontlines during this
16 challenging time.

17 Through our telephone check-in and wellness
18 calls, we have contacted 10,000 times to our seniors
19 and learned that so many of our seniors are feeling
20 the impacts of food insecurity. They have found the
21 GetFood meal services not suitable for their needs as
22 homebound seniors.

23 Meals have been left on the floor without notice,
24 leaving seniors unaware of meals that have been
25 delivered. During the summer months, this raised the

1 concern of food spoilage. As a result, we have
2 received many calls complaining about the service or
3 asking us to stop the GetFood meals and when we could
4 provide ethnic get and go meals.
5

6 Furthermore, the recently released senior center
7 RFP Concept Paper raises many concerns about the
8 future of the existing senior centers. Not all
9 senior centers can fit into the center models and it
10 is not desirable to start a new model during this
11 uncertain time.

12 Moreover, many seniors struggle with
13 accessibility issues and face difficulties
14 participating in virtual activities.

15 SERGEANT AT ARMS: Time expired.

16 HELEN AHN: The limitations imposed by Asian
17 language barriers and lack of video technology or
18 internet service at their home.

19 The impact of food insecurity on both physical
20 and mental health of Asian American immigrant seniors
21 is immense and having to refuse homebound meals to
22 clients and family members who are in need have been
23 more difficult than any other dilemmas we face as an
24 organization.
25

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4 We urge you to consider a concrete reopening plan
5 and meal service options with adequate financial
6 support and funding for existing senior centers and
7 Homebound providers who provide dedicated services
8 that effectively meet the acute needs of our seniors.

9 Thank you.

10 COMMITTEE COUNSEL: Thank you for your testimony.
11 We will now hear from Kerly Serrano.

12 SERGEANT AT ARMS: Starting time. Kerly Serrano,
13 do we have you online?

14 KERLY SERRANO: Yes, I'm so sorry.

15 COMMITTEE COUNSEL: No worries, you may begin.

16 KERLY SERRANO: Thank you. Thank you for the
17 opportunity to present here today. My name is Kerly
18 Serrano and I am the Director of the Senior Center at
19 Sunnyside Community Services, which is a community
20 based organization serving over 16,000 people of all
21 ages, ethnicities and income levels in 1974 in
22 Queens.

23 Our programs are designed to enrich lives,
24 strengthen communities through service, engagement
25 beginning with those most in need.

Senior centers have been providing crucial
support to older adults in New York City during this

1 pandemic. We have been providing support calls,
2 assistance and guidance to our older adults. We have
3 been striving to ensure food security, medical access
4 and mental health connections, as well as offering
5 virtual programming as it relates to physical and
6 mental health. We need to continue providing the
7 range of support services, including engagement
8 opportunities, benefit assessment, case management
9 for the homebound and mental health services, care
10 giver supports, just to name a few.
11

12 COVID-19 pandemic has resulted in older adults
13 becoming increasingly isolated. We know that
14 isolation negatively impacts older adults mental
15 health and overall physical wellbeing. The lack of
16 connection to their social networks decreases their
17 sense of belonging and being and increases health
18 risk factors, which in turn increase their
19 vulnerability to COVID-19.

20 In order to begin to have conversations regarding
21 the future of senior centers, consideration has to be
22 made with regard to health and safety of our most
23 vulnerable population during this crisis.

24 In order to begin this conversation of in-person
25 programming, the focus has to be on community health

1 and applying best practices in addressing these
2 needs.

3
4 We don't know what the future holds with regard
5 to COVID and how this impacts our society. The only
6 way to move forward is to realize that we are in a
7 public health crisis and incorporate this into senior
8 center planning. We need guidance and support in
9 order to most effectively meet the need of our older
10 adults. Standards need to be outlined, focusing on
11 health and safety for our older adults and the staff
12 that are involved in providing these services.

13 New York City has a range of services, we need to
14 be connected to those services and have access to
15 those services which the city can easily do for us.

16 We also need to ensure resources in order to be
17 technologically efficient. Action needs to be taken
18 to assist our older adults and remain being connected
19 with their family, their friends and the community.

20 In order to do this efficiently, access to resources
21 that allow them to remain connected virtually such as
22 equipment and what access needs to be secured. These
23 resources have not been equitably distributed. As it
24 is, older adults struggle to meet the high cost of
25 living and at times have to choose what is needed

1 most. Do you eat healthy? Do you buy medications or
2 do you pay the rent?
3

4 This multilevel set of barriers has further
5 exacerbated the inequitable experience of immigrant
6 older adults.

7 SERGEANT AT ARMS: Time expired.

8 KERLY SERRANO: Many of which we support at
9 Sunnyside Community Services. They are not able to
10 afford tablets, smart phones or internet connections.
11 We need connection as well as other programs and even
12 have Aging Connect provide IT support to seniors who
13 need to maintain these connections.

14 We also need to focus on benefits and benefit
15 assistance. We are hearing about food provision
16 which in our community districts 2 and 5, we do have
17 a waiting list for case management Meals on Wheels
18 but we need to be able to navigate these systems and
19 the conversation needs to start as to how these
20 services are going to be put in place, so that they
21 are again in line with health and safety standards.
22 Not only for the older adults but for the staff as
23 well.

24 I have to consider the future of our senior
25 center staff, our kitchen staff and our

1 transportation staff as well. We have been
2
3 redirecting services but need to have conversation as
4 to how to best support senior centers and retaining
5 and supporting our dedicated employee.

6 In conclusion, I do believe that health is a
7 human right and as such, it is imperative that we
8 engage older adults at all levels of activity and
9 ability. We need to address isolation as this
10 directly impacts physical and mental health. I ask
11 that we keep this in mind on planning for present and
12 future senior centers.

13 Please help us by providing the resources that
14 are needed to ensure the health and safety of older
15 adults and those who strive to assist them in New
16 York City. Thank you.

17 COMMITTEE COUNSEL: Thank you. Our final
18 panelist for this panel is Gail Brown.

19 SERGEANT AT ARMS: Starting time.

20 GAIL BROWN: Good afternoon and thank you for
21 allowing me to present today. I can hardly repeat
22 all that has been echoed by my fellow providers,
23 especially my western Queens providers. My name is
24 Gail Brown, I am the Director of Senior Services at
25 Jacob Riis Neighborhood Settlement. We are a multi-

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1 service agency that serve DYCD, DOE, as well as DFTA
2 program. I'd like to just make three quick points
3 because the others have been well rehearsed by my
4 colleagues.
5

6 We absolutely need clear and concise guidance
7 regarding the safety protocols for the operation of
8 the senior center, not just for our seniors but for
9 our staff, our vendors, our visitors who come in to
10 the agency, which has multi-levels and we need to be
11 able to service them safely.

12 Also, with respect to our expertise, the work
13 that is performed could not possibly incorporate all
14 that is needed and perhaps the Department for the
15 Aging, could do a larger, a wider scope to include
16 work groups by area perhaps western Queens, southeast
17 Queens, northeast Queens, because we serve some of
18 the same people in our expertise is left out if we
19 not included in the work group which Jacob Riis is
20 not included in.

21 Also, we would like to have our funding restored
22 to raw food. The Commissioner stated that we didn't
23 lose funding but in fact, we did. We were asked to
24 reallocate as much as \$47,000 from our raw food and
25 kitchen staff as part of our budget because of the

1 attrition and we understand that but in the last six
2 months, we went from serving 80 meals to registering
3 454 Queens residents who are not connected DFTA
4 services just through GetFood alone and those people
5 are not going away.
6

7 So, we return to direct services partially and it
8 includes the service of meals. We will need that
9 funding restored otherwise; we will not be able to
10 keep up with the demand that has not increased like
11 the seniors have seen the need to be connected to a
12 service. And this is outside of the homebound
13 seniors that receive their meals from our
14 counterparts in western Queens at Sunnyside.

15 So, we have more than 600 seniors who are now
16 connected, that if we do not have funding restored
17 when we move from the GetFood model, we will not be
18 able to keep up with the demand.

19 And lastly, we are generously supported by our
20 City Council and we would like to say that we would
21 love to keep all of our discretionary funding and how
22 do we use it if we do not have safety protocols
23 related to the enhanced services that the
24 discretionary funds provide.

25 Thank you again for allowing me to present.

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4 COMMITTEE COUNSEL: Thank you for your testimony.

5 Are there any questions at this time for this panel?

6 CHAIRPERSON CHIN: Yeah, I have a question. You
7 know, thank you to this panel for your testimony. I
8 just wanted to ask Gail, Kerly, I think Gail
9 mentioned that she was not, her agency was not part
10 of the working group. Kerly, was your agency part of
11 the working group?

12 KERLY SERRANO: Not with mine.

13 CHAIRPERSON CHIN: So, I mean, have anyone from
14 DFTA reach out to you Kerly or Gail to solicit
15 comments, suggestions on this whole preparing for
16 reopening?

17 GAIL BROWN: I did not hear anything and there
18 may have been executive director and group but he
19 will report back but as far as the providers, as far
20 as the center directors, I was not contacted and
21 Kerly and I speak regularly and I wasn't aware that
22 she was contacted either.

23 CHAIRPERSON CHIN: I think that's a big problem.
24 I mean, we will have to -

25 GAIL BROWN: A huge problem.

CHAIRPERSON CHIN: Yeah, I mean we would have to
get back to the Commissioner. Because I mean, come

1 on, like the staff from DFTA should be the one
2 reaching out to you. I mean, your contract manager
3 or the person that you deal with on a regular basis.
4 They should be talking to you to find out what your
5 concerns are and in terms of how to prepare for a
6 safe you know, reopening. And that hasn't been done?
7

8 GAIL BROWN: No ma'am.

9 CHAIRPERSON CHIN: It is just not right.

10 GAIL BROWN: They do contact us in regard to what
11 to take from our budget, what not to do, what we
12 can't do, what we are prohibited from doing, and
13 that's - unless somebody else said differently,
14 that's the level of conversation that we have with
15 DFTA at least from March till April. But with regard
16 to reopening, I haven't heard a word.

17 CHAIRPERSON CHIN: Okay, I appreciate your
18 response and definitely we will follow up with DFTA
19 on that. I know Helen, have you been contacted or
20 your agency been contacted by DFTA? Are you on the
21 working group?

22 HELEN AHN: I'm not in the working group but I
23 have been contacted a few times by DFTA about how our
24 agency and senior centers are ready and you know
25

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1 prepared for the reopening and DFTA keeps sending us
2 some PPE.
3

4 So, both senior centers are deep cleaned and we
5 are always you know, just get ready for reopening you
6 know notice.

7 CHAIRPERSON CHIN: Okay, so there is unevenness
8 in terms of contact. Also, Helen, I was concerned
9 about your agency has a subcontract to the home
10 delivered meal? Do you have a waiting list?

11 HELEN AHN: Yes, we have a waiting list and also
12 due to the time you know, limit, I skipped a very
13 important you know, information. I mean, through
14 this pandemic, since March 23, 2020, we provided
15 ethnic, mainly Korean and Chinese homebound meals
16 over 35,000 until end of August. And without support
17 from City Meals on Wheels and also, dedicated staff,
18 we wouldn't be able to deliver.

19 And one thing I am really proud of that we never
20 had to stop the service. There was no stoppage of
21 meal delivered service at this situation.

22 CHAIRPERSON CHIN: Were you allowed to allocate
23 funding from your DFTA budget to meet this need?

24 HELEN AHN: No. It's solely from you know,
25 homebound meal, the reimbursement only and community

1
2 - actually the local community sponsors and
3 individuals, they donate either raw food or also, we
4 purchase through only homebound meal reimbursement in
5 the budget, not DFTA money, no.

6 CHAIRPERSON CHIN: Did you apply for the new home
7 delivered meal RFP?

8 HELEN AHN: Actually, I was involved in focus
9 group and went every meeting that DFTA hosted but we
10 were not - I was told that our agency is not eligible
11 for submitting RFP. Again, we are hoping to our
12 current contractors wind of grant and we you know,
13 gladly become their subcontractors again.

14 CHAIRPERSON CHIN: Thank you. I mean, I think we
15 need to follow up with you on that, why you were not
16 qualified to be a contractor but thank you. Thank
17 you for your answers and your testimonies.

18 Nuzhat, you can call the next panel, thank you.

19 COMMITTEE COUNSEL: Thank you. Our next panel
20 will be Jenny Low, Bonnie Lumagui and Aaron Rooney.
21 We will start with Jenny.

22 SERGEANT AT ARMS: Starting time.

23 JENNY LOW: Hi, thank you Chair Chin for allowing
24 me to testify today. I am Jenny Low; I am a resident
25 of lower Manhattan and a volunteer of a network of

1 folks working with an organization called Rethink
2 Food NYC. We have been delivering over 420,000 meals
3 to seniors on the lower east side in China Town since
4 April. I am here to talk about an effective way of
5 how a new delivery program can work for seniors.
6

7 Since March, seniors have been isolated because
8 they are not able to go to senior centers and many of
9 the providers have articulated very well on what
10 happened and what the impact is and one of the major
11 impacts is really mental health for the seniors who
12 have been at home for this long time.

13 When do city budget and city resources delivering
14 a meal is really the first thing that you can begin
15 to help the seniors recover from this traumatic
16 experience of being isolated.

17 As an example, we have been delivering meals to a
18 complex in the lower Manhattan area called
19 Knickerbocker Village. This Knickerbocker Village is
20 a NORC service by Hamilton, Madison Houses. We
21 partner with Hamilton Madison Houses and the
22 management in the complex where we deliver meals,
23 seniors registered for meals, for free meals with
24 Hamilton Madison House. And we deliver the meals to
25 - I actually drive the meals to Knickerbocker Village

1 every day from Monday through Friday at the beginning
2 and now about three days a week because we recruited
3 more drivers. So, we deliver the meal to the
4 building, the building staff deliver the meals door
5 to door to the seniors. Hamilton Madison House makes
6 calls to the seniors for wellness checks and also,
7 solicit or receive any other requests from the
8 seniors. So, this is a model that works because the
9 meals that we deliver to Knickerbocker Village are
10 sourced by local restaurants and they also are
11 culturally sensitive.
12

13 So, this is a way to support not only the seniors
14 for the meal and for the health and wellbeing, but
15 also a way to support local businesses as well.

16 This is a win, win, win situation. So, I am
17 asking DFTA and the Council to consider encouraging
18 more of this type of meals delivery. I think many of
19 the providers have talked about how the meals that
20 were delivered to the seniors were not necessarily
21 culturally sensitive -

22 SERGEANT AT ARMS: Time expired.

23 JENNY LOW: And difficult for seniors to take in.
24 The last thing is for seniors who are living in
25 multigenerational homes, the reopening of school

1 without being safe, ensuring safety is going to bring
2 another risk, level of risk to the seniors who have
3 grandchildren and who go to school.
4

5 So, we must have the safety of school before we
6 reopen to not add another risk to the seniors. Thank
7 you very much.

8 COMMITTEE COUNSEL: Thank you Jenny. Our next
9 panelist will be Bonnie Lumagui.

10 SERGEANT AT ARMS: Starting time.

11 BONNIE LUMAGUI: Good afternoon everyone. Thank
12 you so much for convening this panel today. Thank
13 you Council Member Chin, who has always been a
14 staunch supporter and advocate in the Committee of
15 older adult needs.

16 I am Bonnie Lumagui; I am the Assistant Executive
17 Director for Senior Services and Community Services
18 at Hamilton Madison House.

19 My colleagues and I are just very grateful that
20 you are holding this hearing today on a timely topic
21 of the post-COVID-19 operations of senior centers.

22 Hamilton Madison House is a long deep tradition
23 in supporting seniors in Manhattan. Most
24 specifically in the lower east side of China Town.
25 We extend services to low income and immigrant

1 seniors, many of Asian descent. Operating NORC
2 programs as Jenny mentioned. Thank you for your
3 support. We really appreciate you at Knickerbocker
4 Village. Social Adult Day program, Caregiver Support
5 program and particularly and pertinent to this
6 hearing, the City Hall Senior Center, which is among
7 one of the city's largest and longest standing senior
8 centers.
9

10 As well known, the large majority of those who
11 have sadly died from this virus have been seniors and
12 the population has therefore been compelled to remain
13 at home and avoid contact with others. They are more
14 susceptible to isolation, mental health difficulties,
15 and other difficulties as my other colleagues have so
16 eloquently stated today.

17 Closing of senior centers in particular has been
18 highly problematic. In that these programs serve as
19 hubs for seniors, many with limited resources. For
20 multiple essential purposes including meals, social
21 connections, personal expression, and receiving vital
22 information. We want and look forward to reopening
23 the City Hall Senior Center and we intend to partner
24 with DFTA and others to ensure the reopening occurs
25 in a manner that maximizes safety for seniors and

1 staff and at the same time, allows for the most
2 satisfying possible experience. Towards that end, we
3 have several recommendations.
4

5 One, support immigrants. Ensure that all senior
6 centers serving immigrant populations are fully
7 equipped to respond to the unique post-COVID-19 needs
8 of the population. With respect to matters of
9 nutrition, health and cultural matters. Put in place
10 comprehensive safety measures. That is prudent.

11 DFTA must issue safety and screening protocols and
12 procedures and extend the resources necessary to
13 comply including staffing, to managing screening,
14 temperature checks, crowd control and cleaning, staff
15 provided to and required to utilize PPE.

16 DFTA must provide additional funding necessary to
17 purchase clean and sanitized supplies to allow for
18 daily disinfecting and for deep cleaning by
19 professional services.

20 Plexi glass barriers, utilized to allow
21 separation between staff and participants, hand
22 sanitizing stations, staffing schedules being
23 staggered. That volunteers are not included in the
24 programming design and clear policies put in place -

25 SERGEANT AT ARMS: Time expired.

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4 BONNIE LUMAGUI: Managing situations in which
5 participants do not comply with safety rules. We
6 want to work with DFTA but we need to have clear and
7 concise protocols. Thank you.

8 COMMITTEE COUNSEL: Thank you. Our last panelist
9 on this panel will be Aaron Rooney.

10 SERGEANT AT ARMS: Starting time.

11 CHAIRPERSON CHIN: Aaron, you have to unmute.

12 AARON ROONEY: Oh, sorry. So, thank you. Thank
13 you again and thank you Council Chair Chin and
14 Committee on Aging. We appreciate your advocacy and
15 your remarks thus far today. My name is Aaron
16 Rooney; I am the Clinical Director at Stanley Isaac
17 Center. We operate a hybrid model senior center NORC
18 program. We also oversee the Tap Senior Center at
19 Tapped Housing. Most of our – a good portion of our
20 seniors are public housing residents.

21 Like many other providers that have presented,
22 since we have to close our doors to in-person
23 services in March, we've made over 8,000 calls to
24 seniors. We have identified and connected over 600
25 seniors to food supports. We've obtained over 200
air conditioners, many of which we had to purchase

1 ourselves and we developed a community kitchen to
2 prepare and deliver over 18,000 meals so far.

3
4 We have done all of this with little guidance and
5 collaboration from the city. The human service
6 sector has largely been left out of these
7 conversations in our opinion. Over the last year,
8 this has led to incredible challenges getting
9 eligible older adults onto programs like GetFood and
10 GetCool long after they were launched.

11 To my knowledge, we are not part of any working
12 group so far that we've been talking about here. For
13 this reason, we are very concerned that directives to
14 reopen in-person programs prematurely without the
15 support and the funding and planning that it can
16 take, could have devastating consequences.

17 We are of course very eager to reopen safely and
18 get everybody back on site and we are keenly aware of
19 the risks of isolation. This has been the hardest
20 thing we have ever had to do as an agency.

21 But the crisis is not over and there has not been
22 adequate funding or planning to operate in-person
23 programming in our opinion. This could be deadly for
24 our population if we do this wrong. We have deep
25 concerns about DFTA resuming the distribution of

1 food, as was mentioned earlier. This was very poorly
2 handled by DFTA in the spring and the summer. The
3 GetFood program has been very problematic and that
4 timeline seemed very quick.
5

6 I would like to thank the Borough President
7 Brewer and UNH for including the indirect cost rate
8 issue in their testimonies. The absence of full
9 funding for that initiative in the current fiscal
10 year could further cripple already underfunded
11 programming. We would ask that a meeting would be
12 called with OMB and DFTA to ensure that the RFP and
13 their aspects of reopening are funded adequately.

14 You know, I'll end by echoing what many have said
15 before me today. This is not the time for us to be
16 you know, looking at these new models of services and
17 this RFP. We've heard you speak of Councilman Chin
18 today, postponing, delaying this RFP until after this
19 COVID-19 crisis is behind us. It's really all that
20 makes sense.

21 It is not a time for us to be able to focus on
22 that when we are not through a crisis where we need
23 to really address the food security and isolation
24 issues with our older adults. Thank you very much
25 for the time.

1 COMMITTEE ON ECONOMIC DEVELOPMENT JOINTLY WITH THE
2 COMMITTEE ON CULTURAL AFFAIRS, LIBRARIES AND
3 INTERNATIONAL INTERGROP RELATIONS 159

4 COMMITTEE COUNSEL: Thank you Aaron. That
5 concludes this panel. Are there any Council Member
6 questions?

7 Seeing none, that concludes the public panel
8 testimony portion of this hearing. If we
9 inadvertently missed anyone that would like to
10 testify, please use the Zoom raise hand function and
11 we will call you in the order your hand is raised.

12 Seeing none, we have concluded the public
13 testimony for this hearing. I will now turn it back
14 to Chair Chin for closing remarks.

15 CHAIRPERSON CHIN: Yes, I would like to really
16 thank everyone for coming today to participate in
17 this important hearing. I really appreciate all the
18 providers, all the great work that you have been
19 doing and I urge you to submit you know, your
20 comments and your suggestions to DFTA, also reach out
21 to my office. We want to work together with you to
22 make sure that we can safely open up back the sites
23 for in-person servicing and to make sure we have
24 adequate funding for the senior centers and senior
25 center, you know, the providers. All the issues that
was raised here today and we look forward to continue
to working with you.

1 COMMITTEE ON ECONOMIC DEVELOPMENT JOINTLY WITH THE
2 COMMITTEE ON CULTURAL AFFAIRS, LIBRARIES AND
3 INTERNATIONAL INTERGROP RELATIONS 160

4 So, once again, thank you for everyone and thank
5 you to all the staff and thank you to all the
6 Sergeants for helping with this hearing. The hearing
7 is now adjourned. [GAVEL] Thank you.

8 SERGEANT AT ARMS: Okay, we have ended the live
9 stream. Thank you everyone.
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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 October 11, 2020