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**Gale A. Brewer, Borough President**

# Gale A. Brewer, Manhattan Borough President
# Testimony before the NYC Council Committees on Health, Aging and Technology
# February 17, 2021
# Oversight - COVID-19 and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC

I am Manhattan Borough President Gale Brewer. I thank Chairs Mark Levine, Margaret Chin, and Robert Holden and members of the Health, Aging, and Technology Committees for the opportunity to submit testimony on how the City is addressing equity and access to the vaccine for older adults.

There's a limited supply of vaccines, I get that. But so far, I think everyone can agree that the vaccine rollout has been unnecessarily frustrating and crushingly disappointing for many; more so, because there was time to plan for when life-saving vaccines would arrive without further exacerbating the glaring disparities in our healthcare system.

I've formed a Manhattan Vaccine Task Force to improve local implementation of, and increase health equity within, the City and State's vaccination efforts-- composed of community-based organizations (CBOs), volunteer groups, elected officials, Community Board chairs, and other stakeholders from across the borough with on-the-ground knowledge of all of Manhattan's communities. While there are many outstanding issues that need addressing, I will focus my comments on improving access and equity through technology, location siting, and developing a plan to reach homebound New Yorkers.

**On technology**, there must be a centralized City vaccine appointment portal that is easily navigable from most devices, contains data from all vaccination locations, and offers the ability to schedule an appointment or receive a notification when an appointment opens up.

Transparency is fundamental to equity-- in addition to the official portals, my staff has used "hot tips" from WhatsApp groups to register eligible constituents for vaccine appointments at locations that aren't listed on the City's Vaccine Finder. While I'm grateful we could help, the current multi-layered system creates a marketplace of privileged information when it should be equally accessible to those registering themselves or helping others. Of course, the greatest travesty is that this technology is not available to those who do not have devices, WiFi, or

computer literacy. We have not only NOT dealt with issues of equity but have in fact exacerbated those issues.

There are numerous offices and individuals in the Administration who should be tasked with developing a single site now. Volunteers have strived to fill the void but even their efforts are stymied by the maddeningly non-uniform system at hand. In the interim, the City should publish and frequently update an open source, machine-readable database that includes all federal-, state-, and city- supplied vaccination sites available to New Yorkers.

This should go without saying-- in New York City, in 2021, but here it is: The City's portal, call center, and materials must be properly multilingual and accessible to people with varying abilities or disabilities.

**On location**, given that we know the ZIP codes and neighborhoods that have been hardest hit: There should be multiple vaccine sites in every one of those locations. Thanks to IMAGE:NYC, a terrific interactive map of aging developed by the New York Academy of Medicine and the CUNY Mapping Service at the Center for Urban Research/CUNY Graduate Center, we also know what neighborhoods have the highest populations of adults ages 65 and older.

Senior centers and their staff remain at the forefront of City initiatives to address food access and combat social isolation through wellness checks and remote programming as well as vaccine access. I support Federally Qualified Health Centers (FQHCs), hospitals, and other vaccine sites working with center staff and community leaders to reserve vaccination appointments for seniors. Center staff tell me that they are trying everything and anything. The limited supply and a significant expansion in the eligibility pool have made it more difficult. Despite best efforts, staff report that opportunities are scattered, with little advance notice, and often located far from where the seniors live.

Senior centers along with buildings where large number of older adults reside-- including NORCs, 202's, supportive housing, and NYCHA developments-- should be utilized as vaccination sites due to their concentrated eligible population, support infrastructure for outreach, and accessibility. For example, Fred Samuels, Stanley Isaacs, and Project FIND's Hamilton, Clinton, and Woodstock buildings would organize great sites. Current "pop-ups" like Hamilton Madison House/NYCHA Smith Houses should receive more supply and expanded days of operation, so their great staff could reach more of their residents.

There also need to be significantly improved communication, support, planning, and coordination by the State, City, and NYCHA. With exceptions, there are multiple instances where resident leaders were charged with ensuring no vaccines are wasted with less than two days' notice, while making and distributing their own flyers, staffing the site, and navigating confusing site appointment processes or restrictions.

This past weekend at the Thurgood Marshall Houses, my staff, area tenant leaders, and I scrambled over two hours to match 130 doses with seniors and essential workers-- all because residents were not notified. We need a vaccine point person at NYCHA to identify the seniors in all NYCHA buildings (not just senior buildings) and search neighboring developments. NYCHA should be signing up these residents over the phone and setting up their appointments (if they don't have a computer).

In addition, Roosevelt Island needs a vaccination site. This is indeed an island, with a large senior population. Seniors do not have the ability to get off the island to get to a vaccine site-- there must be one on the island itself. Between the Carter Burden Roosevelt Island Senior Center, the Roosevelt Island Operation Corporation, the Roosevelt Island Disabled Association, Dr. Jack Resnick, and Cornell Tech, there is ample opportunity to serve senior and homebound individuals, but it needs City support.

**On vaccinating homebound New Yorkers**, estimated at 136,000 by the Center for an Urban Future, I wrote to the Governor and the Mayor last week asking for specifics on developing said plan. I also included suggestions on leveraging CBO partnerships serving homebound adults, how our EMT network and the Visiting Nurse Service might be utilized, and co-scheduling vaccines for people who are homebound along with their homecare, home health, or personal care aide.

The next day, the Mayor announced a three-tier plan to vaccinate homebound seniors and home care workers who provide essential care for them. I fought to get home health aides-- who are out in the world and serving high-risk clients, those who are older, have preexisting conditions, and are homebound-- included on the New York State priority list. More should be done to connect them with vaccine appointments outside of their working hours in more convenient locations.

What can be done right now? One rather obvious idea is working with food programs that serve homebound adults. We know that the City's Home Delivered Meals program reaches 20,000 eligible adults by contracting with 23 CBOs. Citymeals on Wheels provides meals to these adults on weekends and holidays and emergencies. These organizations can leverage data and existing relationships between clients and their professional case management staff to identify, map and schedule eligible adults requiring in-home vaccination. I should add that home delivered meal and emergency food program workers should be eligible to receive the vaccine, alongside grocery store and restaurant workers.

Citymeals' leadership also suggests utilizing home delivered meals vehicles-- already outfitted with refrigeration units and done with deliveries by 3-4pm-- for the vaccine program during "off hours" and weekends. Because the Moderna vaccine can also be kept at room temperature conditions for up to 12 hours, I would challenge the idea that the City must wait until the Johnson & Johnson vaccine is available before launching the homebound vaccine program-- as long as the essential planning and outreach is done in advance. Several cities across the country including San Antonio, Corpus Christi, Seattle, and our very own Albany have launched

homebound vaccine programs using the currently approved vaccines. The City would benefit from studying these program models to see what best practices could be integrated into our own system when better supply is available.

There is clearly a great need for ongoing work and coordination, especially between City agencies and with the State of New York. I look forward to working with all of you and thank you for your time.

**Testimony of Brooklyn Borough President Eric Adams before the Hearing of the Committee on Health**
**February 17, 2021**

I would like to thank the Chair of the Committee on Health, Mark Levine, for inviting me to testify today on the important issue of New York City's vaccine implementation system. Since the first cases of COVID-19 were diagnosed more than a year ago, the goal has been to develop and distribute a vaccine. Over that same time period, we have seen the damage that the lack of clear information from government officials and others can do. We have also seen the effects of inequity in testing and PPE distribution. Across the City, we have witnessed more than 550,000 confirmed COVID-19 cases and more than 22,000 confirmed deaths attributed to the virus. With probable cases and deaths included, these numbers jump by thousands.

Our fears that the lack of priority for vaccine distribution to those most impacted by COVID-19 came to the expected realization with the release of ZIP code data yesterday. As of the morning of February 16, 2021, New York City had received more than 1.7 million total vaccine doses with 1.3 million administered. Only 14.4 percent of those vaccinated have been Black and 16 percent have been Latinx, despite comprising 30 percent and 24 percent of the eligible population, respectively. As with testing, residents in affluent neighborhoods such as the Upper West Side and the Upper East Side have received a higher percentage of vaccinations, above 10 percent, than those in economically-disadvantaged neighborhoods such as Brownsville and East New York, where the numbers are approximately three percent. We know that, throughout the pandemic and in the rollout of the vaccine, Black and Brown communities have both been disproportionately affected by the virus and are the least vaccinated among racial/ethnic groups.

These facts make it all the more important that New York City have a clear, equitable, and transparent plan for vaccine distribution. I testified to these facts one month ago and yet we are still seeing a vastly inequitable vaccine distribution plan in New York City. That is why I am calling on the Council to adopt Resolution 1535, introduced at my request by Council Member I. Daneek Miller, and co-sponsored by 22 council members, urging the State to remove themselves as a roadblock to local health departments so that changes can be made to the rollout that will reach our goal of access, clarity, and equity. I thank my partners in government for their partnership in advancing this vision.

We need a real-time demographic data vaccination reporting system to track test positivity rates, death rates, and hospitalizations so that we do not see the same disparities that we saw in testing. Many steps that I called for have been implemented, such as expansion of eligibility to receive the

vaccine and the establishment of 24-hour vaccination sites. However, more remains to be done to ensure the most vulnerable are receiving the vaccine, including expanding further eligibility to businesses and workers such as barber shops, hair salons, and nail salons. Additionally, I called for the following measures to be undertaken:

1. The New York State Department of Health (DOH) should create a transparent, three-tier color-coded system to define each level of eligibility for those who still need to receive vaccines.
    - Red – People with the highest level of need, such as frontline workers and first responders
    - Yellow – All of the red group, plus the ZIP codes most impacted by the virus, those with medical conditions that make them susceptible, those in high-risk industries, and all New Yorkers over 75
    - Green – All of the red and yellow groups, plus all in the public who have not already been vaccinated
    - Regardless of tiered status, the City and State should ensure that all doses are used each day by creating an open call for residents when the day's appointments are complete.
2. To ensure immigrants and other at-risk communities who are eligible get connected with the vaccination program, the City and State must work with advocacy organizations and those groups on the ground that can help them prove eligibility and to build the queue for the next round of dosages. For example, the City and State should work with groups like the Biking Public Project to ensure delivery workers are educated and informed about eligibility.
3. To set up the distribution hubs, the City must immediately provide a real-time map of the locations it says will be used so that we can ensure they can cover the most at-risk populations.
    - Schools without student population currently doing in-person learning
    - Schoolyards
    - Houses of worship
    - Senior centers

In addition to these common sense measures, we should also:

- Provide a map of vaccine locations
- Create a real-time, publicly available dashboard that has vaccination data aggregated by race, ethnicity, gender, age, sexual orientation, employment and ZIP code
- Develop a vaccination implementation plan for homebound individuals

Perhaps most important of all, the City and State governments must assure New Yorkers that they are working in concert with each other toward the goals of vaccinating all residents in an equitable manner. We cannot continue to let the sacrifices of the past year continue for any longer than absolutely necessary and we cannot allow them to have been in vain.

Thank you.

**To:** NYC Council - Joint committee hearing with Health, Technology, and Aging
**From:** Noel Hidalgo, Executive Director
Re: Covid 19 vaccinations and their websites

Wednesday, 17 February 2021

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On behalf of the BetaNYC community, we would like to say thank you for hosting this open conversation.

Thank you Council Members for all of your thoughtful comments. Thank you Borough President Brewer for including BetaNYC as a member of Manhattan Vaccine Task Force.

Getting access to a COVID-19 vaccine is highly personal. I am Puerto Rican, I have a pulmonary disease, and I have spent the year mourning the loss of friends and their family members. In my neighborhood, we've lost over 100 small businesses.[1]

For the last six weeks, I've been saying the same thing, digital technology is a critical tool in how government services are delivered in the 21st Century. Now, we are watching in realtime what a massive government technical and design failure looks like in real time.[2]

**It is insulting for this administration to willfully sideline government technologist and designers who sit in the Mayor's Office. Refusing to do so furthers the digital divide and perpetuates racism, ageism, and ablest mentalities.**

The roll out of these websites is a complete failure of "Service design" -- *"a practice that refers to creating a better understanding, and improving upon programs at any stage. For a program, product, policy or service to be effective, many factors come into play: the context in which it operates; the value that potential clients perceive to their lives; daily processes and workflows; staff skills and perspectives; clarity of communications; and, physical environments, among them. It considers people, processes, communications and technology as part of the solution."*[3]

[1] https://greenpointers.com/2020/08/26/covid-related-closures-in-greenpoint-and-williamsburg-near-the-100-mark/
[2] https://www.nydailynews.com/opinion/ny-oped-how-to-vaccinate-everybody-20210131-ees7uylrqneytk7axe7rljtzhi-story.html
[3] https://civicservicedesign.com/what-is-civic-service-design-9fd9deebef99

The Mayor's Office of Opportunity and the Mayor's Office of the Chief Technology Officer and DoITT have experts who are skilled at addressing product design, mitigating software failures, and are not being employed to solve these issues.[4] The Mayor's own Intergovernmental Affairs has said that these websites are not the problem, the lack of vaccine is the real problem.

I say bull.  For nearly a year there has been a service design and technology leadership vacuum. Dating back to April 2020, we have seen digital information tools and service design processes sit on the sidelines. Since March, we have known that this virus was disproportionately affecting communities of color. Yet, equity issues were marginalized until we had the data to see the impact of the tragedy. Yet again, this Administration refuses to address known inequities and deploy service design and collaborative technology leadership.

While the Mayor has said he would build a bridge between the tale of two cities, NYC Mayor Bill de Blasio has built a wall between the vaccine and those who are not digitally savvy, those who have a disability or don't read english fluently, those who don't have the means of transportation, time, or energy to figure out the city's myriad of vaccine resources.

Unlike the start, we know how to end this pandemic. It starts with the vaccine and ends with leadership and service design.

## No technology tool can replace poor or missing leadership.

**Immediately, the following must work together to address lingering usability and accessibility issues with the City's vaccine finder and appointment scheduler** -- the DOHMH Citywide Health Emergency Field Operations (CHEFO), DOHMH IT and the subcontractors who are providing the vaccine website scheduling app, NYC DoITT's Application Services department, NYC Opportunity's Civic Service Design Studio and Product Lab, and NYC Chief Technology Officer's NYC Digital Services Department.

**This team must focus on:**

- Making every site WACAG 2.0 compliant.

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4 https://www.nydailynews.com/opinion/ny-oped-how-to-vaccinate-everybody-20210131-ees7uylrqneytk7axe7rljtzhi-story.html

- Perform user testing with vulnerable and underrepresented communities. Currently, the sites do not have labels for screen readers to use.
- Ensure that every site works for a variety of mobile interfaces AND there should be device testing *before* sites go live.
- Create a citywide scraper that shows all available appointments at Federal, State, City, and pop-up locations.
- Provide professional translations on city websites so that non-English speakers have a fighting chance of getting the vaccine.
- Vaccine location data and accessibility data of that location must publish a centralized location and in a machine readable file. Currently, the vaccine finder website does not have accessibility information nor transit information.
- Vaccine scheduling slots should be openly visible. People should not have to click through days nor locations to see what is available. Again, these sites need user testing with diverse communities.

After yesterday's testimony from NYC DoITT and NYC Health and Mental Hygiene, BetaNYC has more questions than answers. Below is a list of questions that should be answered by all of the city's technology vaccine providers.

*Re: Websites*

- Who is responsible for user testing the sites before they go live to the general public?
- What audiences are being employed / used to test the sites before they go public?
- What type of accessibility / disability testing is done before the sites go live to the public?
- What type of mobile device testing is done before the sites go live to the public?
- What type of security testing is done?
- Who is translating the sites and what languages are they translating?
- Based upon user testing, what type of improvements have been made?
- Based upon public feedback, what type of improvements have been made?
- How difficult is it to publish availability time slots to the general public?

*Re: technical coordination*

- How is the Mayor's Office of Intergovernmental Affairs coordinating efforts?
- What type of cross agency working groups have been established?
- What type of internal service design working groups have been established?
- In regards to user testing or product design, has the NYC Opportunity's Civic Service Design Studio and Product Lab or NYC Chief Technology Officer's NYC Digital Services Department been asked for their feedback?
    - Have internal DOITT or DOH staff been used for user testing?
- Who is leading technology coordination across the following?
    - DOHMH Citywide Health Emergency Field Operations (CHEFO) and IT
    - NYC DoITT's application services department
    - NYC Opportunity's Civic Service Design Studio and Product Lab
    - NYC Chief Technology Officer's NYC Digital Services Department

*Re: in-person vaccination experience*

- How is the city collecting in-person vaccination feedback? What improvements have been made based upon that feedback?
- How many locations have scheduling navigators? What languages do they speak?
- How many locations are staffed with translators? How are translators selected?
- What type accessibility guidelines are set up per location? Is signage consistent across all sites?

Additional questions:

- How difficult will it be to publish a centralized location of all vaccine locations in NYC (federal, state, local, private providers, and related pop-ups)?
    - Would it be possible to include hours and accessibility information?
- How difficult will it be to publish scheduling availability / what vaccines slots are available?
- How difficult will it be to centralize federal, state, city, and private providers vaccination data?
- When did the DOH start requiring race and ethnicity data to be collected from all vaccine providers?
- How frequently are people missing appointments and what tool is being used to reschedule individuals?

While BetaNYC supports all efforts to centralize vaccination registration and supports CM Levine's legislation, we are concerned that current leadership at DOHMH or DoITT are NOT equipped to achieve this task. We call upon the City Council to empower NYC Civic Service Design Studio and product team to manage the process of integrating, deploying, and testing a centralized vaccination portal for ALL New Yorkers, not just the ones who are fortunate enough to have the time, access, and literacy.

# BRONX COMMUNITY BOARD 8

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**Laura Spalter, Chairperson** **Ciara Gannon, District Manager**




**New York City Council**
**Joint Committees on Health, Aging, and Technology, via email**
**February 17, 2021**

**RE: Oversight Hearing on Covid-19 and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC**

Dear Chairpersons Levine, Chin, Holden and Council Members of the Committees:

On behalf of Bronx Community Board 8, we are writing to express our frustration with the current dysfunctional system for vaccination appointments as it pertains to our senior population.
Last month thirty councilmembers signed a letter to Mayor de Blasio that advocated utilization of New York City's existing senior centers for outreach, scheduling and possibly distribution of COVID-19 vaccines. We strongly support this endeavor. Likewise, we applaud your exploration of ways to vaccinate our most frail and homebound seniors in their homes.

The Bronx has the highest rate of Covid-19 infections. Older adults make up a large percentage of residents in Bronx Community Board 8's district. We have 5 senior centers (including two NYCHA centers), and a large Naturally Occurring Retirement Community (NORC). Many more seniors in Bronx CB8 are now reaching out to their centers for desperately needed food, housing and health support.

Vaccine registration and scheduling has been extremely frustrating for residents and especially our seniors. Barriers to technology use and access are well documented. Registration by telephone is exhausting and usually unsuccessful after long waits. "Friendly" offers to assist with vaccination appointments subject older adults to financial scams.

Senior center staff remain in regular contact with members to ensure their well-being and to provide or connect them to needed services. Senior centers may be able to help vulnerable elders throughout the district to schedule vaccination appointments more efficiently. Providing their authorized staff with access to a special scheduling portal for specified vaccine allotments for eligible seniors, either at current vaccine sites or at pop-up sites located at or near senior centers is an efficient model that will save lives.

We ask that the City coordinate with our senior centers to expedite the scheduling of vaccinations for older New Yorkers. Please keep us updated and we thank you, in advance, for protecting our most vulnerable neighbors. Thank you for this opportunity to testify on this critical issue.

Sincerely,

**Laura Spalter, Chair**
Community Board 8

**Lisa Daub, Secretary**
Community Board 8

**Eric Dinowitz, Chair**
Aging

**Omar Murray, Chair**
Health, Hospitals & Social Services

**Community Health Care Association of New York State**

**NYC Council Committees on Health, Aging and Technology**

**Oversight - COVID-19 and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC**

**Wednesday, February 17 @ 10 AM**

On behalf of our members' network of 459 community health center (CHC) sites across New York City, the Community Health Care Association of New York State (CHCANYS) thanks Council Members Levine and Louis for introducing Resolution 1529 urging the New York State Legislature to protect New York State's safety net providers by rejecting the Medicaid pharmacy carve-out. We applaud the Council's recognition of the adverse consequences the loss of the 340B program would have on the response to the novel coronavirus (COVID-19) pandemic, including undermining the Council's efforts to ensure an equitable and safe vaccine distribution process.

Community health centers are facing financial uncertainty as a result of the COVID-19 pandemic. These financial challenges will be catastrophic if the State Budget initiative to move the Medicaid pharmacy benefit from managed care to fee-for-service is implemented on April 1. The "carve out" will eliminate the benefits of the 340B program, which leverages pharmaceutical company profits to fund uncompensated care and care expansion in impoverished communities across the State. Carving the pharmacy benefit out of managed care and back to fee-for-service will have the unintended consequence of eviscerating health care safety net providers - community health centers, Ryan White clinics and disproportionate share hospitals. This change would strip valuable financial resources from health centers and the individuals they serve at the time that they need them most. As a result, CHCs will be severely hampered in their efforts to battle COVID-19.

CHCs serve 1.3 million people in New York City annually, many of whom would otherwise not have access primary and preventive care. Community health centers are pillars in the community, committed to serving everyone who seeks health services regardless of insurance status, immigration status, or ability to pay. The communities we serve have long been adversely impacted by systemic racism and generational poverty, leading to long term health disparities that have only been exacerbated by COVID-19. In NYC, 85% of CHC patients are people of color, 92% are low income, 9% are elderly, 5% are homeless and 14% are uninsured. In addition to support for COVID-19 testing, outreach, and vaccination efforts, CHCs use 340B to provide free or low-cost medications to folks who could not otherwise afford it. 340B funding is used to purchase transportation vouchers, food pantry supplies, HIV and STI services, and more.

Many CHC patients are not able to access or navigate the Web-based scheduling system. To combat this problem, health centers have begun proactively contacting their eligible patients to ensure that anyone who wants to become vaccinated is provided that opportunity. Health centers have built community trust over generations; they employ individuals that live in the community and are governed by a Board of Directors composed of a majority of community members and patients. As vaccine supplies increase, communities that have been hardest hit by COVID-19 will rely on health centers for information, education, and empathy necessary to ensure vaccine acceptance and uptake. At a time when the City is


undertaking efforts to vaccinate as many people as possible as fast as possible, 340B savings are critical to pay for vaccination related outreach and education programs.

**CHCANYS provides this testimony in strong support of Res 1529, calling on the New York State Legislature to pass, and the Governor to sign, S.2520/A.10960, legislation to protect New York State's safety net providers and Special Needs Health Plans by eliminating the Medicaid pharmacy carve-out.**

Seniors, individuals with comorbid conditions, communities of color and those with trusted relationships at community health centers will be disproportionately harmed by the pharmacy benefit carve out. It will have the unintended consequence of decimating the health care safety net during the most harrowing public health crisis in modern history. Thank you to the NYC Council for supporting CHCs in their efforts to get out the vaccine in the communities we serve.

For questions or follow up, please contact Marie Mongeon, Director of Policy: mmongeon@chcanys.org.

Asian American Federation

# Testimony to the New York City Council
# Committees on Aging and Health

*February 17, 2021*

Written Testimony

On behalf of the Asian American Federation, I want to thank Committee Chairs Chin and Levine for giving us the chance to speak on this important topic. I'm Ravi Reddi, the Associate Director for Advocacy and Policy at the Asian American Federation. AAF represents the collective voice of more than 70 member nonprofits serving 1.3 million Asian New Yorkers.

The COVID-19 vaccine distribution is an unprecedented undertaking. And while senior New Yorkers are at the front of the line, the challenges to actually getting the vaccine are multiple and daunting, from navigating the complex web of websites for individual vaccine sites to actually getting an appointment to actually getting the vaccine at their appointment amidst supply challenges. And on top of all of this, our Asian New Yorkers, like so many who have limited English proficiency, are struggling to access any information at all on the process much less take part in it.

And our seniors need this. Social isolation amongst our seniors is taking its toll on not only them but also our communities within which they play an outsized social role. Our seniors are isolated and they are worried about stepping out not only because of the pandemic but also because of rising xenophobia and violent assaults on Asian New Yorkers, like the February 3rd face-slashing of a Filipinio-American man in Manhattan.

Thirteen percent of the City's senior population now identify as Asian. Among these seniors, one in four Asian New Yorkers live in poverty and 72% of Asian seniors have limited English proficiency (LEP) and comprise more than two-thirds of the Asian senior population in many neighborhoods across Brooklyn and Queens. Among seniors, 23% of Asian New Yorkers lived in poverty compared to almost 19% of all seniors in the city.

This hearing is critical so that Councilmembers and City agencies can hear exactly what the challenges are, what exactly our communities need, and what our community-based organizations are already doing to address the challenges.

Information Access

Especially in our community, the success of any mass vaccination effort will hinge on getting the right information to Asian New Yorkers the way they consume information. This means including community-based partners who have community credibility, especially with vulnerable populations like our seniors, as well as ethnic media outlets who are the primary medium of information consumption for many in our community. This means acknowledging the isolation of many of our Asian-American LEP New Yorkers and finding innovative ways to mobilize around their preferences, from ethnic media outlets, to Facebook and other social media outlets.

Asian American Federation

Language barriers present a formidable challenge, one our community-based organizations are uniquely-equipped to deal with. Amongst South Asian languages, 77% of Bengali speakers, more than 65% of Urdu speakers and half of Hindi speakers were also LEP. Even among Filipinos who have a reputation of high English proficiency, 39% of Tagalog speakers identified themselves as LEP. And for Asian American seniors living in poverty, LEP rates were 83% for Asians, compared to 48% for non-Asians. More broadly, more than 90% of Chinese and Korean speaking seniors had limited English proficiency (LEP). An effective vaccination effort will require an unprecedented communications effort, in multiple languages, that can effectively mobilize our community with clear safety and logistical guidance. And it won't simply be enough to have information translated in multiple languages. More than at any other time, translations will need to be timely. The community education requires the outreach efforts of the Census, which had a constant informational drum beat. Community organizations, faith-based institutions, local health clinics, private doctors' offices, small business leaders, and other stakeholders need to be engaged to educate our community on the necessity of the vaccine.

Distribution

The sheer scale of any vaccine distribution effort will have to acknowledge the scale and size of our communities of color, without whose buy-in no mass vaccination effort will be successful. But vaccines are only as effective as the systems that deliver them. Throughout this pandemic, the difficulties endured by our community to get basic needs met and receive culturally-competent services must be seen as, at best, teachable moments, and at worst, mistakes we can't afford to repeat.

Nonetheless, throughout this crisis, our member and partner organizations have confirmed what all of us already knew about some of our most vulnerable and isolated populations. Asian seniors, like most limited-English proficiency and immigrant New Yorkers, will utilize services that reflect their values and ethnic identities. In so many ways, our community-based organizations are leveraging the goodwill they have earned in our communities, providing culturally-competent services and leading by example.

During the COVID-19 vaccination effort, we have the opportunity to create a model effort that puts community-based organizations who have done the work and developed trusting relationships in our most marginalized communities in the driver's seat alongside City agencies. Involve our CBOs and ethnic media in outreach, utilize our spaces for vaccination sites and make sure doses meant for our community go to our community. Our seniors need the vaccine, but they'll be ready to take the vaccine if our CBOs are involved in the process.

Recommendations

The City's overreliance on online registration for vaccine appointments and digital outreach threatens to exclude Asian seniors, who are the least likely to have access to the devices and Internet services necessary to participate. Previous reliance on the library system to fill the digital divide is not an option during the pandemic. The City needs to utilize the existing communications channels that community-based organizations have built over the last year that allow them to maintain contact with isolated seniors. The City needs to provide the right messaging and resources


to these organizations and effectively utilize and work with ethnic media outlets that our seniors follow to help Asian seniors get the vaccinations they need to get them out of their isolated existence.

Moreover, as we've mentioned, doses meant for our community must go to our community members, and the best way to do that is by utilizing spaces in our CBOs and our communities.

On behalf of the Asian American Federation, I want to thank you for affording me the opportunity to speak with you today. This is an unprecedented situation, but we have an unprecedented opportunity to re-imagine our City's relationship with our community.

# Testimony of
# Beth Finkel, AARP New York

# New York City Council
# Committees on Aging, Heath & Technology

# Oversight - COVID-19 and Seniors

# February 17, 2021

# Remote Hearing
# New York, New York

**Contact: Beth Finkel (212) 407-3717 | bfinkel@aarp.org**

Good morning Chairs Chin, Levine and Holden and members of the Committees on Aging, Health, and Technology. My name is Beth Finkel, and I am the State Director of AARP New York, which includes about 750,000 members age 50 and older in New York City. I want to thank you for the opportunity to testify today about equity and access to the COVID vaccine.

By now we all know too well the disproportionate impact COVID has had on our older neighbors, especially older people of color.

Since the start of the pandemic more than 95% of New York State's deaths from COVID-19 have been among people 50 and older.

Vaccinating them is key, but once again disparities are at play. This time, though, the disparities are perpetuated by structural bureaucracy and shortcomings that are making it unnecessarily difficult for older individuals to access vaccines.

I know the Council – and especially the three committees facilitating this hearing – have been pushing for system improvements and I applaud you for your efforts. And I know the City is making an effort to resolve some of the barriers to vaccination for the most vulnerable individuals.

We hear it from our members nearly daily. And a recent internal AARP survey of thousands of AARP members shows that anecdotal data reflects widespread experiences: older people face frustration and irrational challenges when trying to make appointments for vaccinations. It just should not be this hard.

Landing a vaccination appointment has been described as the Hunger Games.

Because of a limited supply, the competition for a vaccination appointment is fierce. But the system – the playing field for finding a vaccination – makes the process even more unnecessarily and nearly impossible.

There must be a better way.

For starters, one stop online shopping for all vaccination sites, as is proposed by Councilman Levine, is critically important. New Yorkers should be able to visit one, simple, clear site to access vaccination availability across the city – no matter the location or who runs the facility.

The City's vaccine finder shows you all the sites near you that are administrating vaccinations. But, you still have to click on individual website, most of which require registering, to see who may have a vaccination slot available.

So even though we have at least partially vaccinated 1.3 million people in New York City, I don't think it is surprising to see that, as a percentage, more individuals between the ages of 65-74

have been vaccinated as compared to those over 75 (18% vs. 15%, according to City data). The older you get, the harder it is to use technology to access service and right now, too much of the vaccination access is based on access to technology.

One stop shopping would make it easier, but, that's not enough.

Too many older adult, particularly our low-income, Black, Hispanic, and immigrant neighbors, lack access to internet enabled devices. They don't have smart phones, iPad or computers.

Among those that do, many don't have reliable broadband.

According to a 2019 report by Comptroller Scott Stringer, 42% of New Yorkers age 65+ lack access to the internet. Broadband access is a problem that is more acute in communities of color.

Earlier this week, the City released neighborhood level vaccination data.

It is no surprise that the data bears out what we have been hearing for weeks – residents living in communities of color are vaccinated at lower rates. There are several reasons why, but chief among them is the inability to access a vaccination slot.

The City and State are doing more – and we acknowledge that effort. Between opening vaccination sites only for community members, working closely with trusted community-based-nonprofits to outreach to older community members, NYCHA-based vaccinations and a new effort to vaccinate homebound elderly, we are making progress. But this is a race against time. We are facing more contagious strains of COVID-19, and our older residents remain at higher risk.

Of course, ultimately, all our efforts depend on an increased supply.

There are now nearly ten million New Yorkers eligible to get vaccinated. According to state officials, on Sunday, 73,000 were able to make an appointment while over 500,000 went through an online eligibility screening. The federal government has recently increased the number of vaccines delivered to New York State by 20%, but according to Mayor de Blasio, who had the goal of vaccinating 5 million City residents by June, at the rate we are receiving vaccines, the City won't hit that goal until much later in the year.

I hope that is not too late for many of our older neighbors.

Thank you for allowing me the opportunity to testify today. I am happy to provide additional information.


Jenny Coffey, LMSW

Director, Community Engagement

Animal Haven

*Hearing before the New York City Council's Committee on Health Jointly with the Committee on Aging and the Committee on Technology Oversight COVID-19 and Seniors*

**February 17, 2021**

My name is Jenny Coffey and I am the Director of Community Engagement at Animal Haven, an independent animal shelter in Lower Manhattan. I would like to thank Chairman Levine and the Council's Committee on Health for having this hearing and for the opportunity to testify about the support Animal Haven provided last year to assist seniors and their pets as part of our COVID-19 emergency response.

While Animal Haven's primary mission is to help abandoned animals find new homes through adoption, the organization's Community Engagement program oversees an innovative safety-net model combining animal welfare and social work to aid marginalized pet owners experiencing crises. 2020 was a year like no other and despite the numerous challenges, the program worked continuously to respond to desperate calls for help, often when people were hospitalized and there was no one to care for animals. Our emergency interventions included boarding pets for owners, rescuing animals when owners passed away, and providing temporary care of animals for about a month to a group of residents from a Seniors-only building who were placed in hotels to interrupt the spread of the virus.

Today, more than 1.1 million older adults make up the City's population and while many are independent, some require help. Research shows that one in five New Yorkers over the age of 65 live in poverty and rely on government programs. While we don't know the exact number of seniors who are pet owners, we do know that these animals take on a very different role for this population and these relationships are important to recognize and support.

Animal Haven's efforts to assist older pet owners during the pandemic stand out to me. Isolated and scared, the people we assisted could no longer go to senior centers, interact with one another, or feel safe just going to a neighborhood store. They were stuck at home. Despite these restrictions, many felt a deep sense of joy and pride from their animals. In their homes, they relied on their pets as sole companions, best friends, family members, and, in one case, a reason to live. Some individuals even revealed to us that they would forgo their own medical care and treatment so they would not lose their pets. These stories were not uncommon. For instance, Ms. M, a Manhattan senior, turned away paramedics until Animal Haven could pick up her dog. Another elderly man with a cat, Mr. C, delayed going to the hospital altogether and passed away in his apartment.

Our program, in collaboration with the Mayor's Office of Animal Welfare and the City's Animal Planning Task Force (APTF) partners (ASPCA, Animal Care Centers and others), worked to make sure that those suffering from COVID and requiring medical care would not have to choose between their healthcare and their animals. Animal Haven provided emergency transport, access to pet vaccinations, temporary boarding and foster care, and reunification once the owners had recovered. One older adult, Ms. V, reported that just knowing that her dog and cat were safe gave her hope to get through this difficult period.

Animal Haven's safety-net program and the work of the APTF focuses on crises yet today we are increasingly aware of the City's need to incorporate emergency planning in our everyday lives. Whether we are faced with another large-scale hurricane or a second pandemic in the future, pet planning is vital. At Animal Haven, we continue to advocate for hospitals and social service

providers to adapt intake forms to ask early about pets in the home because we know advance planning improves service delivery and reduces gaps in care. It is our hope that the NYC Council's Committee on Health can help to further advance the understanding of link people have with their pets, especially older adults, and promote the need to adapt programs and services so pet owners have access to the same services and support without risking losing their animals. Thank you.

**Apicha Community Health Center Testimony Statement for NYC Council Health Committee Hearing on 340B Resolution**

Apicha Community Health Center strongly supports Resolution 1529-2021, calling on the New York State Legislature to pass, and the Governor to sign, legislation to protect New York State's safety net providers and Special Needs Plans by eliminating the Medicaid pharmacy carve-out.

The carve-out would strip millions of dollars in annual 340B savings away safety-net providers across New York State, like Apicha. This action drastically impacts the services that are currently available to medically underserved New Yorkers by undermining the fiscal stability of critical community providers; thereby, devastating the New York State safety-net system that is essential to addressing longstanding health inequities. The bill would allow the time necessary to fully consider the impact of the carve-out, as well as potential alternatives.

While the Department of Health has stated the carve-out will achieve $87M in State savings in FY22, it will likely result in an approximately $250M annual loss to the most vulnerable healthcare providers in the State:

- FQHCs, alone, stand to lose a collective $100M per year.
- A survey of just 15 FQHCs and Ryan White clinics that provide HIV prevention and care found they would lose at least $56M annually
- A small subset of hospitals reported that they would lose an additional $87M in the first year.

Apicha, formerly Asian Pacific Islander Coalition on HIV/AIDS, began 30 years ago as a grassroots advocacy organization fighting for resources to address the unmet HIV/AIDS needs in the Asian and Pacific Islander communities of New York City. We transformed into a Federally Qualified Health Center five years ago. It was a journey of survival and determination. Through this journey, Apicha created an inclusive mission that committed the health center to improving the health of the community while maintaining focus on populations who faced tremendous barriers to care such as Asian and Pacific Islanders, LGBTQ, People Living with HIV/AIDS and immigrants from communities of color.

Apicha's Federally Qualified Health Center recognition allows access to federal funds for long-term sustainability. It expanded its patient base and began to develop an organizational infrastructure to support a health center. The expansion of our 340B program has allowed Apicha to continue and strengthen its primary care and support services to some of New York City's most vulnerable residents. Over 64% of our patients are low-income. The vast majority are from communities of color. Over 70% identify as LGBT. Twenty percent are living with HIV.

Like many other organizations like us, our ability to provide services to these communities will be undermined should there be a drastic reduction in savings from the 340B program. This program has provided access to quality care, especially affordable drugs for some of the most

marginalized people living with HIV/AIDS, those who are at high risk of contracting the virus, and people living with other chronic conditions.

The financial benefits of the 340B program help not only with the access to prescriptions, but in providing preventive interventions and strategies to uninsured and under-insured persons with chronic disease and co-morbidities. Our services for those populations would not be fiscally sustainable if the State diverts Medicaid 340B funds away from safety net 340B providers. To put into perspective the impact of this issue for Apicha, statewide twelve and a half percent of all 340B patients are uninsured or under-insured. At Apicha CHC 17.8% of our patients are uninsured or under-insured.

The services supported by the 340B program are critical to reducing the persistent health disparities experienced by Apicha's patients who otherwise may have barriers to care due to their race, ethnicity, gender identity, sexual orientation, and citizenship status. These are the same NewYorkers have been most affected by COVID-19 and who rely on services from safety net providers.

The COVID-19 pandemic is not the time to limit these communities access to health care. Apicha strongly believes it is essentially to reject the "carve-out" for safety net providers participating in the 340B drug discount program. Preventing implementation at this time is a necessary first step. For these reasons, we wholly support Resolution 1529-2021, which calls on the New York State Legislature to pass, and the Governor to sign, legislation to protect New York State's safety net providers and Special Needs Plans by eliminating the Medicaid pharmacy carve-out.

**Written Testimony by Emily Goldberg on behalf of African Services Committee**
**NYC Council Health Committee Hearing, February 17th 2021**

African Services Committee writes to express our strong opposition to the Pharmacy Carveout component of the 1115 Waiver, and our strong support of Res 1529-2021 which would eliminate the carve out for HIV special needs health plans and 340B covered entities (including community health centers, Ryan White HIV clinics, sexual health clinics, and other critical safety-net providers). As you know, the proposed carve out would deny safety-net providers millions of dollars in 340B savings that are used to expand access to health care for thousands of medically underserved New Yorkers, and to address the barriers to care that drive longstanding health disparities.

Founded in 1981, African Services Committee (ASC) is the oldest and largest non-profit organization in NYC to serve African and Caribbean immigrants. ASC's mission is to provide health, legal, housing, and supportive services to African Diaspora immigrants in NYC and in 2 of the most HIV-affected regions of Ethiopia. It has a deep-rooted health and community focus. ASC directly serves over 3,500 unique clients annually and reaches an additional 6,500 through outreach and education. ASC has expanded to provide a comprehensive range of services for African, Caribbean and other immigrants and persons of color living in impoverished and underserved communities heavily affected by HIV/AIDS.

ASC's services include: linkage to primary care, including patient navigation and interpretation; HIV prevention and PrEP education and access, health education trainings, and outreach; HIV, STD (gonorrhea, Chlamydia, and syphilis), TB, and viral hepatitis (HCV and HBV) testing, and HIV early intervention services; HIV case management; HIV housing placement assistance; HIV legal services; food and nutrition services, such as pantry bags and cooking classes and hot meals; mental health services; ESOL classes; and screening for diabetes and hypertension. ASC's service population is 72% immigrant, 54% female, 95% Black, and 75% impoverished; 55% are ages 19 to 49 and 20% are age 50 or over; most clients are uninsured, including 95% of African immigrants. Geographic areas served include all of NYC, with the majority of clients living in Harlem and the South Bronx.

Since 1992, the Federal Public Health Service Act 340B drug discount program has allowed safety net health care providers to obtain pharmaceutical drugs from manufacturers at reduced costs and to reinvest those savings in order to expand access to care. As expressly stated by the Human Resources and Services Administration (HRSA), the Federal 340B Program was created to enable health providers that serve vulnerable populations to reinvest savings realized "to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services." [1]

The 340B program savings are used by NYS safety net providers to expand the type, quality and volume of their health care services, and to address social determinants of health by offering the full complement of clinical and support services that their clients greatly need (e.g.: housing

support; subsidized transportation; food security support; access to legal services, etc.). Yet, language adopted in this year's budget authorized the State to effectively eliminate safety net providers' access to the savings achieved through the federal 340B pharmacy discount program. Specifically, the budget action authorized the State to carve the pharmacy benefit out of Medicaid managed care and into fee-for service, denying safety-net providers the savings realized through 340B discounts. If the State proceeds with this plan, it will have dire consequences for the fiscal stability of safety-net providers and for the health of their patients.

By reinvesting the savings we are able to obtain through the 340B program, African Services Committee is able to provide one-on-one medication access and adherence support ranging from personalized reminders to troubleshooting insurance to translating drug labels and instructions, cover the cost of "over the counter" but essential items out of our clients' financial reach (such as specialist adaptive devices best suited to individual needs), make staff available for immediate response to emerging issues, such as keeping all 340B program clients informed of logistical changes to their pharmacy services as pandemic precautions were rolled out in the spring, and contribute to sustaining our broad range of essential services to the African Diaspora and immigrant community. If New York prevents us from achieving savings through the 340B program, staff reductions or reallocations would diminish the hands-on support available to our clients living with HIV, many of whom are also grappling with immigration, housing, legal, or other urgent needs, and face language and service knowledge barriers in handling the unfamiliar processes or may simply be overwhelmed. The proposed care-out would result in over $419,650 in savings lost annually, which would have been invested in these other direct client products and services.

As a member of the Ending the Epidemic New York 2020 Community Coalition, African Services Committee is also deeply concerned by the fact that safety-net providers' loss of 340B savings will drastically undermine our significant progress to date towards our shared goal to end New York's HIV/AIDS epidemic by stopping new infections and ending AIDS deaths. The services made possible by 340B savings not only promote optimal health outcomes in New York's most medically underserved communities but are also central to NYS's efforts to realize important public health goals, including NYS's plans for Ending the HIV Epidemic (ETE), for eliminating Hepatitis C (HCV), for addressing the opioid crisis and stopping overdose deaths, and for ending the COVID-19 crisis.

A survey by the ETE Community Coalition of just 15 community health centers and Ryan White clinics revealed that they would lose over $56 million in annual 340B savings that they currently invest in these public health efforts, undermining their financial stability at a time when providers are already struggling with reduced revenues and increased costs. As the result, these providers report that their patients will lose access to life saving medications, care coordination necessary to manage chronic health conditions, and a range of otherwise uncompensated or underfunded wrap-around services that are essential to effective prevention and care for vulnerable New Yorkers. In particular, these services are critical to reducing the persistent health disparities experienced by the people served by these safety-net providers—New Yorkers who face barriers to effective disease prevention and treatment due to race, ethnicity, gender identity, sexual orientation, status as a drug user or sex worker, or other sources of bias, discrimination, and

exclusion in health delivery. These are the same patients – low income people, people of color, and people with comorbidities – who have been most affected by COVID-19.

The pharmacy benefit carve-out will victimize these communities again, by limiting their access to care and support in the midst of a global pandemic. We strongly believe it is imperative to entirely reject the "carve-out" for safety net providers participating in the 340B drug discount program. Preventing implementation at this time is a necessary first step. For these reasons, we oppose the Pharmacy Carveout of the 1115 Waiver, and wholly support Res 1529-2021.

For questions or follow up, please email Emily Goldberg at emilyb@africanservices.org.

[1] https://www.hrsa.gov/opa/index.html#:~:text=The%20340B%20Program%20enables%20covered

Michelle Villagomez
NYC Legislative Senior Director

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# American Society for the Prevention of Cruelty to Animals

*Hearing before the New York City Council's Committee on Health Jointly with the Committee on Aging and the Committee on Technology Oversight COVID-19 and Seniors*

**February 17, 2021**

Good morning.  I am Michelle Villagomez, New York City Legislative Senior Director for the American Society for the Prevention of Cruelty to Animals (ASPCA).  On behalf of the ASPCA and nearly 200,000 New York City supporters, we value the opportunity to discuss our experience assisting seniors affected by Covid-19. The novel coronavirus pandemic and its impact on society have had profound consequences for seniors and their pets. As you are aware, long-standing inequities have put groups including seniors at increased risk from Covid-19.

Seniors have always been a part of the vulnerable and underserved communities in which the ASPCA works to reduce barriers to pet care. Research has shown that animals help older adults cope better with social isolation and loneliness as well as provide numerous health benefits from lowered blood pressure to reduced anxiety and depression. The pandemic created critical challenges to this relationship. Covid-19 has exacerbated the feeling of social isolation and loneliness for many seniors, leaving pets as their most consistent companions. We have responded to the crisis by connecting people to essential animal care resources including pet food, urgent medical services, and emergency boarding for their pets with the goal of keeping pets and people together.

Our commitment to those most in need in New York City has resulted in shifting our operational focus to provide them with even more of the support they desperately need during this time of crisis. The ASPCA has long served as a not-for-profit partner to New York City, and as such we are proud to have partnered with the Mayor’s Office of Animal Welfare and NYC Emergency Management's Animal Planning Task Force (APTF) - which includes Animal Care Centers of New York (ACC) and other partners in animal welfare - to work collaboratively on a strategic response to help people and animals in crisis. This unified coordination culminated in the launch of the NYC COVID-19 Pet Hotline. The first of its kind in the country, the Pet Hotline serves as an information, planning, referral, and service coordination resource for NYC residents who need support for their pets during the pandemic. Our goal is to reach people and pets across the spectrum of COVID-19 impact and create a broader safety net for people and animals in need during the pandemic. During the first wave of COVID-19, the hotline initially provided support from April through October. During that time, we assisted over 19,000 NYC animals.

The hotline was re-established on December 7, 2020 to continue to support New Yorkers with animals through the second wave of COVID-19.

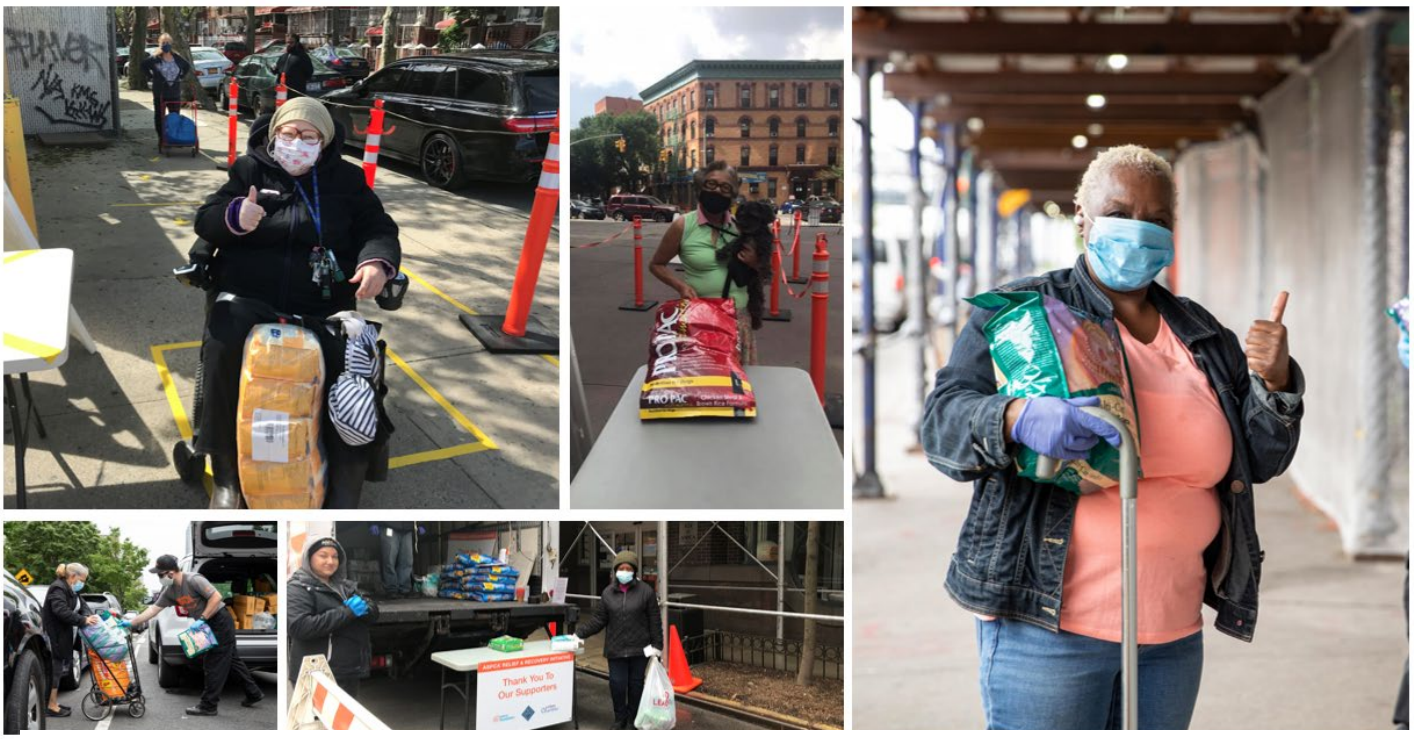
Our pet retention work also included a pet food pantry, which served as a lifeline for New Yorkers, including seniors in need and those affected by Covid-19. Here in NYC we assisted 71,553 animals - many of which belonged to seniors.

Below is a snapshot of the impact of our program.

| Distribution Location | Total Items Distributed | Total Animals Assisted |
|---|---|---|
| Manhattan | 6,362 | 9,067 |
| Bronx* | 29,875 | 51,455 |
| Brooklyn | 3,441 | 4,724 |
| Queens** | 571 | 5,807 |
| Curbside Delivery | 2,860 | 500 |

**Includes community based partners who picked up food to distribute to NYC residents through their own channels.*

***Community cat caretakers/rescuers only*



*Clients at various ASPCA pet food pantry locations in NYC*

This hands-on work reaffirmed what we already know: Seniors love and depend on their pets for support, and will often put their needs before their own in times of crisis. In the most extreme situations, we heard from seniors who were not seeking medical attention for fear of leaving their pets alone. Many of these callers did not have a social safety-net and were unable to identify a friend or family member to take care of their pets while they were hospitalized or recovering from Covid-19. In these cases, we were able to provide temporary boarding, ensuring that their beloved pets were well cared for while our clients were getting the care that they needed.

I would like to share the story of Loba.

Loba's owner was diagnosed with Covid-19 and hospitalized. She was left alone in their Queens apartment for a few days before his daughter, who lives out of state, called the hotline asking for help. Her father did not have any nearby family and was very concerned about Loba. Thankfully we were able to get Loba on that day and provide her with temporary boarding for two weeks - later reunifying owner and pet.

The ASPCA believes that pets and people belong together; that financial circumstances alone are not reliable indicators of the capacity to love and care for a companion animal, and that strong bonds between people and pets make for stronger communities. We thank the Council for recognizing the link between people and pets and urge your continued support to ACC so that they can keep moving forward with this important work, and connect communities to information and vital resources for keeping pets and people together.

Thank you.

UNITED NEIGHBORHOOD HOUSES
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**Testimony of United Neighborhood Houses**
**Before the New York City Council Committees on Aging, Health, and Technology**
**Council Member Margaret Chin, Chair, Aging**
**Council Member Mark Levine, Chair, Health**
**Council Member Robert Holden, Chair, Technology**

**Oversight – COVID and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC**

**Submitted by Tara Klein, Policy Analyst**
**February 17, 2021**

Thank you for hosting today's important hearing on COVID-19, older adults, and the vaccination process. United Neighborhood Houses (UNH) is a policy and social change organization representing 44 neighborhood settlement houses that reach over 765,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers.

Like most New Yorkers, UNH is thrilled with the growing availability of the COVID-19 vaccine that will lead us out of this crisis, but we remain very concerned with the public roll out of the vaccine, particularly for older adults. Based on conversations with settlement houses who operate senior centers, Naturally Occurring Retirement Communities (NORCs), home delivered meals programs, home care agencies, and other community-based supportive services for older adults, this testimony will include a series of recommendations for New York City to improve the vaccination distribution process to ultimately get more older people vaccinated.

**Add more local and accessible vaccination sites for older adults and allow more community-based organizations to become sites:** Currently, New York City's vaccine appointment system may send people to different parts of the City for an appointment. For many older adults this is nearly impossible. They may be unable to drive, unable to access public transit due to COVID-related health concerns and/or mobility challenges, or may not be able to travel far to receive the vaccine, despite the availability of the Department for the Aging's (DFTA) free transportation service to appointments. It would be safer and simpler for the City to offer more vaccination sites for older adults that are accessible to them, including in community-based organizations. This will also require some technological enhancements, as discussed below.

Many senior centers and NORCs in the UNH network have expressed strong interest in becoming official vaccination sites. These physical spaces remain empty as activities are indefinitely being held remotely, providing a ripe opportunity to provide vaccinations in a trusted community space where older adults feel comfortable and staff can assist with hyper-local outreach to older adults. This has

been a successful model for COVID-19 testing sites, flu shots, and previous emergency management needs.

We are happy to hear that Mayor de Blasio announced last week that vaccine clinics will be set up at two NORCs and HPD senior buildings to reach homebound older adults and their caregivers. Governor Cuomo's office has also established a number of "pop up" vaccination sites in community-based organizations starting last week, including several settlement houses and NYCHA developments. Still, more organizations are eager to join the effort and become formal sites. We understand the City scouted several senior centers as potential vaccination sites in the fall, but most of these spaces have yet to hear anything new and are unable to get responses when they reach out to their government contacts.

We understand that the process is moving slowly in part due to ongoing challenges with sufficient vaccine supply. We also recognize that the mRNA vaccines have strict refrigeration requirements, potentially making it difficult to offer vaccines in non-medical facilities. We are certain community-based organizations can work with medical professionals to navigate refrigeration needs, either by utilizing their spaces with commercial kitchens or the option of sending in mobile refrigerated trucks. Further, the Johnson and Johnson vaccine that is currently pending FDA approval does not have these strict requirements. Last week the City announced that the Johnson and Johnson vaccine would be used for in-home vaccinations for homebound older adults. This is a positive step, and the City must work to identify more community-based vaccination sites so that when the Johnson and Johnson vaccine is approved, we have the infrastructure ready to begin distribution.

Regardless, as we ramp up New York's vaccination efforts there must be a clear way for community-based organizations like settlement houses to express interest in being a vaccine site. The NYC Departments of Health, Aging, Youth and Community Development, Health + Hospitals, along with others, should work in tandem to build this process and ensure it is communicated to these sites.

Allow community-based organizations to directly enroll local older adults: When the GetFood NYC program rolled out, an early challenge was reaching older adults who struggled to sign themselves up due to low internet fluency and long wait times and confusion with the 311 call system. Through the former NYC Food Czar's office, this challenge was addressed by allowing senior services staff to sign up to become "trusted enrollers" who could directly sign older people up for services by using a direct computer system in which they were trained. This allowed trusted local partners to directly reach people in the neighborhood and enabled more people to sign up for services.

Parallels abound with the vaccination appointment roll out for older adults. Many struggle to sign themselves up and many are calling local senior centers for help. At the same time, DFTA has encouraged senior centers and NORCs to make wellness calls to their participants encouraging them to sign up to get a vaccine and offering to assist older adults to make an appointment. However, these staff are using the same appointment systems that the general public are using, thus competing with everyone else for appointment times.

The City should replicate the trusted enroller model to allow aging services staff to directly enroll people for vaccine appointments. These staff should have a unique system that allows them to bypass the public sign-up system. Additionally, a certain number of appointments should be set aside for these staff to schedule each day. For example, each senior center with enrollers could be given 10-20 pre-scheduled appointments per day that are reserved for older adults. If that quota is not reached they could be rolled over or released back to the public. Alternatively, the system could allow senior center staff to see live appointments that are available. We understand that a CBO partnership portal is in

development, and it is important that the City test this portal and gather feedback from CBOs before any launch, so that the rollout is smooth.

One settlement house in the UNH network is currently working with a local private hospital on just such a system. New York Presbyterian, a private hospital in northern Manhattan, independently reached out to a series of local CBOs and senior centers to discuss how to facilitate appointments for older adults. The organizations received a special link that shows live appointments at the hospital, and staff are able to register people age 65 and over directly. There is no special training required for staff; they simply help older adults make the appointments and then work with the hospital to make sure people can get to their appointments. We hear that many local senior centers have utilized this system and it is running smoothly. UNH member the Northern Manhattan Improvement Corporation is working on launching bilingual hotlines to assist in this system so more older adults in the neighborhood can sign up. The City should look at scaling up this model to all Health + Hospitals vaccination sites, or even a broader citywide program. We would be happy to facilitate connections with relevant staff at NMIC and NY Presbyterian to discuss further.

Further, registration could run more smoothly if computer labs in senior centers and NORCs were permitted to be opened safely to assist with sign-ups. Some organizations may also be able to set up an outdoor kiosk as a mobile in-person registration site. DFTA could easily facilitate this.

**Make technological enhancements including ending the requirement for an email address to sign up and allowing more location choice:** It is well known that it is very challenging to find available appointments throughout New York right now. While a large part of the challenge is the uncertain supply of vaccines, this should not absolve the City or the State in addressing challenges with its opaque appointment registration systems. Specifically, we have heard in New York City that even if people sign up for appointments via the phone, an email address is still required, presenting a barrier for many older adults who are not technologically literate and do not receive information via email. The system must be updated to include a non-email option for communication. Additionally, the City should improve its sign-up system to ensure older adults can opt to get their vaccine close to home, rather than the random assignment method that is current practice. We understand this is beginning to change, but it requires further coordination.

**Language access:** Recent news reports have indicated poor language access at vaccination sites. We have also heard reports from senior services staff that the limited educational materials they have received from government sources has been unavailable in multiple languages -- or at least slow to be translated. Settlement houses have been translating many of these materials themselves in an effort to get critical information out to communities in need quickly, including much-needed information about the safety and importance of the vaccine. They have similarly begun hosting vaccine information sessions for older adults in other languages, particularly in Mandarin, as these are not available from government sources. The City must do a better job in serving its non-English speaking populations throughout the vaccine roll out.

**Clarify eligibility for staff who serve older adults:** New York City must confer with the State to clarify vaccine eligibility for staff who serve older adults in community-based programs, including senior centers, NORCs, home delivered meals, and food pantries. Home delivered meals deliverers and pantry staff, in particular, regularly interact with older adults on a daily basis but lack clarity about whether they are eligible.

**Support Intro. 2225 (Treyger)**: UNH supports Council Member Treyger's legislation requiring the Department of Health and Mental Hygiene (DOHMH) to establish a plan to vaccinate homebound older adults for COVID-19 within 30 days of the bill's passage, along with bimonthly reporting requirements.

Settlement houses have long served homebound older adults through home delivered meals programs and home care agencies, and since the pandemic we have seen our senior centers, NORCs, and other programs support newly homebound older adults who are choosing to stay home due to health concerns with the pandemic. Should this legislation pass, we strongly encourage DOHMH to partner with local community-based organizations to develop and operationalize this plan. These organizations are strong messengers to reach the population this legislation seeks to support. While the Mayor announced a plan to begin vaccinating homebound older adults last week, this legislation is necessary because that plan was just a beginning step and it does not include reporting requirements.

**Delay the Older Adult Centers RFP:** UNH continues to urge DFTA to delay its pending procurement for Older Adult Centers. There is a large degree of uncertainty around the future of in-person senior center programming as centers remain physically closed and it is unknown what services will look like in the future. Given the fact that this procurement envisions the system for the next three years with an option to extend for three additional years this seems short-sighted. Further, there is a very real need for the aging services network to give full attention to vaccinating older adults right now, stymieing the potential for creative approaches to apply for an RFP. Finally, with contracts still scheduled to begin on July 1, 2021, this leaves less than five months for the full process of releasing the RFP, application, selection, and preparation for new contracts. We strongly believe that this is not the time to proceed with this procurement.

Thank you for the opportunity to testify. To follow up, please contact Tara Klein at tklein@unhny.org.

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**TESTIMONY SUBMITTED TO THE CITY COUNCIL COMMITTEES ON HEALTH, AGING AND TECHNOLOGY FOR THE HEARING COVID-19 AND SENIORS: ADDRESSING EQUITY, ACCESS TO THE VACCINE, AND SCHEDULING VACCINATION APPOINTMENTS ONLINE IN NYC**

***February 17, 2021, at 10:00 a.m.***

My name is Daniel Barkley, and I am the Director of the Elder Law Unit and the Veterans Justice Project at Brooklyn Legal Services, a constituent corporation of Legal Services NYC. Legal Services NYC is an anti-poverty organization that seeks justice for low income New Yorkers as the largest civil legal services provider in the country and one of the principal law firms for low income people in New York City. Brooklyn Legal Services assists over 2,000 Seniors each year with a variety of legal issues, including eviction and foreclosure prevention, access to public benefits, permanency planning and guardianships, and consumer issues. Many of the clients we serve are the more vulnerable and marginalized in our communities. As the vaccination roll-out in New York City gathered pace and we began to speak with our clients about getting vaccinated, we have become concerned that our Senior clients in particular and indeed all vulnerable and marginalized Seniors in Brooklyn and New York City are at significant risk of not being timely vaccinated or even vaccinated at all, in part because the City's vaccination program is not accessible to them.

The myriad of problems, weaknesses and limitations of New York City's web-centered vaccination application process were ably and amply described by Chairpersons Chin, Levine and Holden as well as many members of the Committees. In our experience, most Seniors, even those who are technologically proficient or have an effective support system, are struggling to make an appointment for a COVID-19 vaccination. The City

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must make immediate and meaningful changes to the process and to their platform, or most Seniors will continue to not be able to make an appointment for a vaccination. Any effort to create a unified application process for the vaccinations is an important first step to force the City to make its platform more accessible for those who are technologically proficient. It would also decrease or even eliminate the secondary portals or sites that do not have translation services—thus making the application process more user friendly for New Yorkers who do not speak English.

Furthermore, if the unified system is effective and streamlined, then Senior providers and Community Based Organizations will be better able to assist their Senior clients in applying for a vaccination. We have spoken with several community organizations who would like to help their Senior clients apply for vaccinations but don't have the personnel or resources to deal with the current time-consuming process. A unified application system would not only give Seniors more access to the application process but might also give community organizations a more meaningful opportunity to assist Seniors and provide them the support they need.

The more profound problem is that the City is not taking an expansive approach to getting New Yorkers vaccinated. The City appears to be overly reliant on its web-centered platform and is making insufficient effort to reach those who will not realistically engage with that platform. Moreover, the City is taking a restrictive approach to its selection of vaccination sites rather than creating as many vaccination sites as possible in a wide variety of settings throughout the city. This is ultimately a passive approach to getting New Yorkers vaccinated that is inequitable and demonstrates a level of disregard for more vulnerable and marginalized New Yorkers, many of whom are Seniors. As a result, tens of thousands of New Yorkers remain at risk of not being vaccinated either because they cannot engage with the web-centered platform to schedule a vaccination or because they cannot get to the limited vaccination sites that the City has established.

Many of our Senior clients do not have computers, internet access or even smart phones so their means of access to getting vaccinated are significantly more limited. It is of course a critical first step that the City has provided telephonic access through the Vaccination Hotline as a means of helping those without internet access, but even a hotline

is a passive approach that cannot substitute for outreach to the communities where our more marginalized Seniors live. At the hearing, it was telling that several City Councilmembers and community organizations complained of insufficient communication from the City's Department of Health. If the City is not reaching out to the obvious stakeholders, let alone the thousands of Senior Centers, health and medical providers and local organizations that are serving Seniors in New York City, then many of our more vulnerable and more marginalized Seniors will remain at grave risk of not getting vaccinated.

Efforts to force the City to establish a plan to vaccinate homebound Seniors is the kind of outreach effort that will be required if the City is actually to accomplish the task of getting New Yorkers, including the most vulnerable and marginalized, vaccinated. Indeed, it is hard to imagine how homebound Seniors could get vaccinated absent an outreach plan that accounts for and finds solutions for the fact that they are homebound.

We would note that there are other groups of Seniors who will also be at grave risk of not getting vaccinated unless the City is forced to create a plan to reach out to them as well. First, mobility impaired Seniors and those who have age-related health issues, such as hearing or vision loss, must be accounted for. While it is true that many of our Senior clients with physical disabilities do have support systems, those support systems won't necessarily be able to assist the Seniors in scheduling a vaccination, and travel to get the vaccination will be difficult and risky for some and impossible for others.

Second, Seniors with diminished capacity and mental health issues must be accounted for. A significant number of the most vulnerable Seniors, including many of the Seniors that we serve, are struggling with mental health issues or have some degree of diminished capacity, and they cannot reasonably be expected to successfully engage with a passive process that provides no support for them. In our experience, to successfully engage with our Senior clients with diminished capacity regarding their urgent legal issues requires empathy, patience and perseverance. To attempt a vaccination program without sustained outreach to these Seniors seems an abdication of responsibility for their wellbeing and for the wellbeing of the communities in which they live.

Finally, effective and broad-ranging outreach efforts must be considered if the City is to overcome the enormous disparities between the rates of vaccination for whites and people of color. The disparities are stark for all New Yorkers, but it is particularly distressing that the numbers are most disparate in the Senior population in New York City. According to the latest figures provided by the Department of Health, 46% of the vaccinations for Seniors have gone to whites while only 15% have gone to Latinx, 13% to Asians and 12% to blacks.[1] The City must dramatically shift its focus from its current passive approach to an outreach-oriented approach or these disparities will persist.

We recognize that in the midst of a terrible pandemic that has taken the lives of a devastating number of New Yorkers, the City is tasked with a monumental responsibility of vaccinating the population of a vast and complex city. Our concern is to ensure that in the City's efforts to accomplish its larger mandate, it makes the necessary effort to ensure that Seniors in communities of color and the more vulnerable and marginalized Seniors in all our communities get vaccinated as well.

We thank the City Council, and in particular Chairpersons Chin, Levin and Holden and the Committees on Health, Aging and Technology for addressing this critical issue.

Respectfully submitted,

s/

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[1] https://www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page

# CALLEN-LORDE

# TESTIMONY BEFORE THE NEW YORK CITY COUNCIL
## Committee on Health
## February 17, 2021

**Submitted by Kimberleigh Joy Smith, MPA**
**Senior Director for Community Health Planning and Policy**

Good Afternoon. Thank you for the opportunity to testify today. My name is Kimberleigh Joy Smith, and I am the Senior Director for Community Health Planning and Policy at **Callen-Lorde Community Health Cente**r, which is a federally-qualified health center that primarily serves the LGBTQ community, and is open to all regardless of ability to pay.

Callen-Lorde is testifying today in support of **Resolution 1529-2021**, calling on the New York State Legislature to pass, and the Governor to sign, legislation to protect New York State's safety net providers and Special Needs Plans by eliminating the Medicaid pharmacy carve-out. While not the focus of my testimony today, Callen-Lorde also supports T2021-7096, Int. 2225-2021 and T2021-7143.

Callen-Lorde patients have been systemically excluded from healthcare, housing, and economic stability. They also live, or come from, disinvested geographic communities. One quarter of our patients are people living with HIV and a third identify as transgender or gender non-binary. More than half of Callen-Lorde's patient population are people of color and 47 percent are under 40 years old. Fully one-third of Callen-Lorde patients are uninsured, and 35 percent use public insurance.

Our model integrates access to pharmacy, mental health, substance use screening and referral, and oral health services with medical primary care for LGBTQ communities who face barriers in accessing care and thus often have poorer health outcomes. Research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights.[1] This coordinated and comprehensive care improves health outcomes by emphasizing care management of patients facing extensive challenges due to multiple health care needs and social determinants of health.

The state's plan to transition the Medicaid pharmacy benefit from Managed Care to Fee-for-Service (adopted in the FY21 state budget) will eliminate the mechanism that enables safety net providers – like Callen-Lorde - to receive revenue generated by the federal drug discount program known as 340B. The loss of this revenue and the mechanism that produces it will decimate our state's health care safety net. In New York City there are 459 community health centers that are a part of this safety net, as well as many Ryan White Care providers and disproportionate share hospitals that rely on 340B revenues as well.

[1] HealthyPeople.Gov 2020 https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

# CALLEN-LORDE

340B resources are the foundation for New York's safety net, and these resources are critical to achieving public health goals key to addressing health inequities based on race, poverty, and marginalization. The Medicaid pharmacy carve out will disrupt efforts to achieve health equity in New York City and State.

340B resources have far-reaching impacts for our clinic and patients. Consider the homeless patient who connected with Callen-Lorde at an outreach event, where he tested positive for HIV. He was disengaged from healthcare. The outreach worker he met that day persuaded him to come clinic where he was able to see a nurse, case manager and a primary care doctor. Later he was diagnosed with Hep C. But, with the care and the referrals Callen-Lorde provides, he was housed, linked to care, and today he is virally suppressed and has been treated – and cured – of Hep C. In early 2020, he was living safely in his own apartment and holding down three jobs until the pandemic hit when he lost all three of his jobs and his apartment. If that was not enough, he tested positive for COVID-19. Our nurses helped him with his COVID diagnoses and once again we were able to refer him a place to stay. He's back at one job and is now eligible for the vaccine. He trusts us and is ready to receive it.

His story is a success. He is connected to quality, comprehensive health care and supportive services that have kept him out of the hospital, connected him to lifesaving treatments and supported his overall well-being. The revenue from 340B is making this possible. Furthermore – everyone from the outreach worker to the triage nurses – is supported with 340B revenues and the carve-out threatens their jobs.

At Callen-Lorde alone, if the Medicaid pharmacy carve out is forced through, it will result in a loss of $12 million dollars annually and impact hundreds (maybe thousands) of our patients' lives and leave a irreparable dent in our workforce. These losses will come on top of enormous losses we have experienced because of the COVID-19 pandemic.

Governor Cuomo's FY22 Executive Budget (HMH Article VII Part C) proposes a **340B Reinvestment Fund** through which the Department of Health will 'reinvest a portion of the savings from the Medicaid pharmacy carve-out - **$102M** - directly to 340B providers, excluding hospitals, to offset 340B revenue losses in Managed Care and maintain critical services in the community'. The budget language does not outline a methodology to allocate these funds and it is not clear whether all 340B-covered entities would be covered with this funding. Callen-Lorde opposes this language and supports a delay in the Medicaid drug carve out.

While the Department of Health has stated the carve-out will achieve $87M in State savings in FY22, it will likely result in an approximately $250M annual loss to the most vulnerable healthcare providers in the State: FQHCs, alone, stand to lose a collective $100M per year. A survey of just 15 FQHCs and Ryan White clinics that provide HIV prevention and care found they would lose at least $56M annually, and a small subset of hospitals reported that they would lose an additional $87M in the first year.

The Medicaid pharmacy carve out will cost New York City and State far more than it will save. Please pass **Resolution 1529-2021**. Thank you.


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**New York City Council Committees on Aging, Health and Technology**
Oversight - Seniors and Covid: Protecting Older Adults in the Community
**February 17, 2021**

Thank you Chairs Chin, Holden, Levine and members of the Committees on Aging, Health and Technology for the opportunity to submit testimony for the *Oversight Hearing: Seniors and Covid: Protecting Older Adults in the Community*. JASA welcomes today's hearing as an opportunity to share our experiences throughout the COVID-19 pandemic as well as suggestions as we move forward.

JASA is a not-for-profit agency that honors older New Yorkers as vital members of society, providing services that support aging with purpose and partnering to build strong communities. For over 50 years, JASA has served as one of New York's largest and most trusted agencies serving older adults in the Bronx, Brooklyn, Manhattan, and Queens. JASA has a comprehensive, integrated network of services that promotes independence, safety, wellness, community participation, and an enhanced quality of life for New York City's older adults. These programs reach over 40,000 clients of diverse backgrounds and include home care, case management services, senior centers, NORC supportive services, home delivered meals, caregiver support, continuing education, licensed mental health, senior housing, advocacy, legal services, adult protective services, and guardianship services.

The past 11 months have brought many challenges for everyone and particularly for older New Yorkers. Each decade of life from the age of 60, brings increasing vulnerability to COVID-19 related disease and death. This vulnerability is exacerbated in communities of color and among immigrant older adults who may have chronic health risks due to years of poor health care. This time has also highlighted the terrible toll of social isolation and loneliness and the technological divide experienced by older persons. It is clear that technology plays an essential role in every aspect of our lives, and the consequences are severe when one does not have access. Older persons who, prior to the pandemic, were independent, now find themselves in a more uncertain position. The pandemic has also revealed the critical role community based organizations, like JASA, play in the delivery of trusted information and services.

JASA appreciates the opportunity to share our concerns and experiences with the New York City Council at the many hearings you have held on Aging and Technology, Immigration, Health

and Contracts. These hearings, as well as regular press conferences by the Administration have pushed conversations forward and allowed for those of us on the ground to share concerns and highlight needs. JASA has been explicit regarding the need for access to resources, technology and multilingual, reliable information. We have highlighted the vast digital divide between generations, economic classes and communities.

**Vaccine Access**

New York is in a new phase, with vaccine eligibility expanded to include older adults, people with medical conditions and more first responders and human services staff. JASA is working closely with the New York City Department for the Aging, and the New York City Vaccine Command Center, as well as the New York State and federal government's efforts to vaccinate our program clients and members.

- JASA senior staff has called thousands of older adult participants in our programs and services to educate them about the vaccine and encourage them to register for vaccinations when they become available. Staff is actively assisting in scheduling vaccine appointments and transportation for those in need of additional assistance.

- JASA continuously uses its social media platforms, and wide email circulation to share up-to-date information with our employees, community partners and clients. We have also hosted information sessions to debunk myths and share current science with those who may be hesitant to vaccinate.

- JASA manages ten HUD Section 202 affordable senior housing buildings. Since the beginning of January, JASA has hosted vaccination clinics at each of the housing sites where approximately 1,000 older adults were able to receive vaccinations so far. We are looking to help all 2,200 JASA tenants get vaccinated. This opportunity was developed by HUD, in collaboration with CVS pharmacies.

- JASA's Sue Ginsburg and Throggs Neck senior centers in the Bronx have served as vaccination sites in coordination with the Mayor and Governor's office respectively. From February 18-20, JASA's Warbasse Cares NORC program will operate as a vaccine host site. JASA welcomes additional opportunities to use our sites as vaccination centers for older adults, where feasible.

JASA is eager to partner with the City to help facilitate vaccinations. In addition to offering our program sites, we believe that making available block appointments for community based organizations is another helpful strategy. We are a trusted source of information for the older adults we serve; ease of securing appointments, as through block appointments, may encourage greater participation, while reducing the anxiety and frustration with the current vaccination registration process.

**Vaccinating the Homebound**

The current procedures are for mobile older persons. JASA remains concerned about vaccinations for homebound seniors. While home health aides are now eligible for vaccines, access is still an issue. In addition, many older persons have family caregivers who need to be vaccinated. JASA's Home Care service is a New York State Department of Health (NYSDOH) licensed agency providing home health aide, personal care assistance, and nursing services to hundreds of older adults and their families. Our 600+ home health aides have continued working throughout the pandemic, providing essential care to clients while placing themselves at great risk.

JASA recognizes the complexity involved with door to door vaccinations and the conditions necessary for the vaccines to be administered. We will continue to look for opportunities to partner with the Administration and the Vaccine Command Center to ensure a successful roll out when vaccines are available. We look forward to hearing more details about the City's homebound vaccination plan.

**Return to Congregate Programming**

For too many older adults during this pandemic, physical distancing has turned into social distancing. For a year, older adults who regularly joined their friends and neighbors at senior centers, NORC programs, support groups and other congregate sites have been home, self-isolating. The effort to reduce virus transmission and support senior well-being through the elimination of these congregate opportunities, has unfortunately also increased the vulnerability of seniors, particularly in immigrant communities.

While many senior center members are joining classes virtually, the vast majority lack the equipment, access and skills to be able to participate. These individuals are missing the connection they once had through attending in-person programs, family gatherings and visits with neighbors and friends.

Vaccinations have allowed JASA to begin thinking in real terms about reopening our doors to congregate programming. Now is the time for the City to be thinking about what this looks like as well. We have a growing understanding of information and scientific knowledge about how the virus spreads and ways to safely engage in activities. With the number of older adults vaccinated growing daily, and warmer weather on the horizon, we ask the NYC Departments of Health and Aging to develop guidance for congregate programming. Can we resume outdoor walking groups, exercise classes on the boardwalk in South Brooklyn, outdoor dining? Older adults are desperate for opportunities to get together and socialize. Of course, in order to offer safe in-person programming, the best practice would be to make vaccines available to all human services staff who interact with clients.

We are experiencing an extraordinary level of uncertainty related to the course of the pandemic, but our current experience also informs our vision about the needs and preferences of the City's

older adults. The immediate priority is vaccinations. However, concurrently we need to have a technology strategy (with funding) as well as other tools for senior services' providers to be able to re-connect their constituency to the people, communities and other affiliations of importance to them. Contracts for senior services should also include appropriate and targeted funding for bi-lingual staff, culturally preferred food choices and programming - to help address racial and cultural service delivery disparities. Such efforts will provide a strong basis for future contracts and procurements once the pandemic has transitioned to a more manageable level.

Thank you for the opportunity to offer this testimony.

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**Testimony for New York City Council Health Committee**
**In Support of Resolution 1529-2021**
**Tuesday, February 16, 2021**
**Nathalie Interiano, Director of Policy and Advocacy**

Care For the Homeless (CFH) strongly supports Resolution 1529-2021, which calls on the New York State Legislature to pass, and the Governor to sign, legislation to protect New York State's safety net providers and HIV Special Needs Plans by eliminating the Medicaid pharmacy carve-out. The carve-out would strip millions of dollars in annual 340B savings away from safety-net providers across New York State—drastically curtailing the scope and reach of services now available to medically underserved New Yorkers. The bill would allow the time necessary to fully consider the impact of the carve-out, as well as potential alternatives.

Care For the Homeless has 36 years of experience providing medical and mental health services exclusively to people experiencing homelessness in New York City. We operate 26 federally qualified and state licensed community health centers in Manhattan, Brooklyn, Queens and the Bronx. Our service sites are co-located at facilities operated by other non-profits that include shelters for single adults and families, assessment centers, soup kitchens and drop-in centers. Additionally, our community-based health center model brings services directly to neighborhoods where the need is most significant. Both models reduce barriers homeless New Yorkers regularly face in navigating a complex health care system by increasing access to high-quality, patient centered, community-based primary health care services, as well as behavioral health services, dental care and substance use services delivered in a trauma informed setting. We serve 7,600 patients in 46,000 visits annually and all services are always provided regardless of documentation or an individual's ability to pay.

Since 1992, the Federal Public Health Service Act 340B drug discount program has allowed safety net health care providers, such as CFH, to obtain pharmaceutical drugs from manufacturers at reduced costs and to reinvest those savings in order to expand the type, quality and volume of their health care services, as well as offer a full complement of clinical and support services needed to overcome barriers to care. Yet, language adopted in last year's NYS budget authorized the State to effectively eliminate safety net providers' access to savings achieved through the federal 340B pharmacy discount program. Specifically, the budget action authorized the State to carve the pharmacy benefit out of Medicaid managed care and into fee-for service, denying safety-net providers the savings realized through 340B discounts.

Care For the Homeless currently uses 340B savings to provide life-saving medications at no cost to our uninsured clients. This is an important resource that improves access to quality health care for the marginalized populations we serve. Of the 7,600 individuals we serve annually, 36% are uninsured, 50% rely on Medicaid, 85% live below 100% of the Federal poverty level, 99% are experiencing homelessness and approximately 79% are Black (42%) or Hispanic/Latinx (37%).

Our medical providers shared the following stories about the impact of 340B on our clients:

"A mother and her children presented as new patients at one of our health centers after seeking political asylum due to violence in their home country. The mother was so grateful that I was able to immediately refill the children's asthma inhalers even though they did not have insurance yet. I was so happy to have the 340B program as a resource to help this family. They are now successfully housed in the community and currently receive care at one of our open-access sites!"

"Many of our street homeless patients have difficulty finding a place to securely store their belongings every night. I hear multiple reports of medication and medical supplies getting taken or lost due to multiple complex challenges that these patients face. It makes a world of difference when I can say, "No problem, we can get another glucometer delivered to you today!" Our 340b program continues to benefit these vulnerable patients and ensures that they get the care they need."

If the State proceeds with this plan, **Care For the Homeless and the patients we serve will lose at least $500 thousand in 340B savings annually**, at a time when FQHCs are already facing lost revenues and increased costs due to the COVID-19 crisis. Loss of 340B savings would force CFH to reduce the types and reach of the services we provide, jeopardizing health outcomes among some of New York's most vulnerable residents.

A survey by the Ending the Epidemic Community Coalition of just 15 community health centers and Ryan White clinics revealed that they would lose over $56 million in annual 340B savings currently invested in public health efforts. As a result, their patients will lose access to life saving medications, care coordination, and a range of otherwise uncompensated or underfunded wrap-around services that are essential to effective prevention and care for vulnerable New Yorkers. In particular, these services are critical to reducing the persistent health disparities experienced by the people served by CFH and other safety-net providers. These are the same patients – extremely low-income people, people of color, and people with comorbidities – who have been most affected by COVID-19.

The pharmacy benefit carve-out will victimize these communities again, by limiting their access to care and support in the midst of a pandemic. Preventing implementation at this time is a necessary first step. For these reasons, we support Resolution 1529-2021, which calls on the New York State Legislature to pass, and the Governor to sign, legislation to protect New York State's safety net providers and Special Needs Plans by eliminating the Medicaid pharmacy carve-out.

Thank you for this opportunity to submit testimony, and we look forward to working with the City Council to ensure that all New Yorkers have access to the services and support they need to lead healthy, safe, and fulfilling lives.

For questions or follow up, please email Nathalie Interiano, Director of Policy and Advocacy, at ninteriano@cfhnyc.org.

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**Testimony Regarding Oversight – Covid-19**

I am Bill Dionne, Executive Director of the Carter Burden Network (CBN), an organization that receives funding from DFTA and discretionary support from NYC Council. I want to thank the Committee on Health, the Committee on Aging and the Committee on Technology for holding this virtual meeting and inviting testimony.

CBN has 11 programs throughout Manhattan that offer a range of services and programs to a diverse population of older adults. I will address some of the issues that have arisen when our clients and our staff who have tried to help them schedule appointments and access vaccines.

At this point, the process for accessing vaccines has been confusing for everyone. The problem appears to be that there are multiple vaccine sites offered by NYS, NYC, private non-profits, pop-up sites and pharmacy chains. It is hard to keep track of all the sites but one thing is clear, it is very difficult to get an appointment for a vaccine. People calling the designated number for a particular site, area often put on hold, and then, after some time, they are told that the site cannot accept any more messages. On-line registration is difficult for many people, particularly elderly who have difficulty using computers due to physical limitations or who do not have computers. Many people are relying on the CBN staff and on their own family members to help them register. However, both the staff and family members have had the same experiences as clients. The registration process for vaccines is not user friendly nor is it coordinated. Each site seems to have its own particular rules for registering and accessing the vaccine. This is especially true with the appointments for the second vaccine. Some sites make an appointment for the second vaccine following the first vaccine and other sites do not. Consistency in this regard, that is to make the second vaccine appointment on the day the first vaccine is given is critical and can be achieved by a centralized Covid command center as described below.

I think that we should consider having a centralized COVID command center that communicates with all vaccine sites regardless of the entity that is providing the vaccines (NYC, NYS, private, etc.). There could be one overall Vaccine Czar to oversee the vaccine programs for NYC and create a Vaccine Command Center. This person could then appoint vaccine coordinators for each borough who would be responsible for communicating with the Command Center so that any problems that are identified can be addressed immediately. Having one Command Center will also give the general public one site that will address their problems and concerns. The Command Center will refer people to the vaccine coordinator in their borough for assistance. It imperative that lines of communication are maintained between the Command Center and the Vaccine Coordinators. The Vaccine Coordinators will also be responsible for ensuring that they maintain communication with the vaccine sites so that issues such as long wait times at the sites for the vaccines, difficulty getting through to sites to make appointments, etc. are addressed immediately. For instance, if someone calls about an excessive wait time for vaccines at a particular site, the Vaccine Coordinator can contact the site, tell them the problem and identify how to rectify it i.e., ensure that information about the appointments are given to the workers at the front desk who sign people in for appointments.

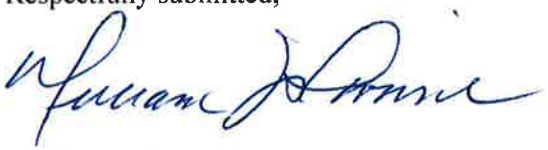
My agency coordinates four senior centers, including one Innovative Senior Center in East Harlem, the Upper East Side and on Roosevelt Island. We know from our experience that senior centers are often the first point of entry for individuals seeking services and that they quickly become important to seniors who utilize their services, including meals and activities. Because of the trust that seniors have in their particular centers, I

would like to suggest that the members of the Committees holding this hearing, look at making senior centers sites for vaccines. Seniors are more apt to go to their community senior center than to a site further away.

"Walk-In Hours" for half days once or twice per week would help to reduce wait times at vaccine sites. This will also reduce the number of calls to various sites to try to schedule appointments.

I want to again thank the Council Committees for having this hearing and for so generously inviting comments from community organizations. I do hope that this hearing will lead to changes that will enhance the distribution of Covid vaccines in NYC.

Respectfully submitted,



William J. Dionne
Executive Director
Carter Burden Network
February 17, 2021

**Hearing with the Technology, Health and Aging committees jointly: COVID and Seniors; Protecting Older Adults in the Community**
**February 17, 2021**

**Testimony submitted by:** **Rachel Sherrow**
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**My name is Rachel Sherrow and I am the Associate Executive Director at Citymeals on Wheels. I would like to begin by thanking the Technology, Health and Aging committees for holding this incredibly important hearing and in particular to Chair Chin, for her unwavering dedication to advocating for more support and help for Older Adults in NYC. Thanks to generous New Yorkers and with the support of City Council, Citymeals was able to deliver nearly 3 million meals in FY 20, to over 20,000 homebound elderly receiving meals on wheels, and 25,000 formerly congregate and newly homebound citywide due to COVID-19, an increase in our distribution of food of 25%.**

**I would like to also thank the consistently under- appreciated local not for profit network, which never hesitated from stepping in and stepping up to help older adults in NYC during COVID, most especially by delivering nutritious food right to their doors. Without**

**their help, this very vulnerable population would not have gotten the necessary support they needed and continue to need during this pandemic and beyond.**

**However, despite the growing population of older adults, *and* especially while we are in the midst of a pandemic, while money has been found for other services, aging funding has been held stagnant or worse. In addition, COVID has disproportionately affected our population doubly, in regards to health *and* being forced to isolate for an unforeseen amount of time.**

**Citymeals on Wheels, founded forty years ago to fill the gap in city services, provides weekend and holiday meals. In more recent years, Citymeals became the emergency responder for older adults beginning with 9/11, and proven again over the years and especially during Superstorm Sandy. During the current crisis, we have shown once again how resilient, focused and productive we can be, by securing, packaging and delivering nearly 900,000 emergency meals IN ADDITION TO OUR REGULAR WEEKEND AND HOLIDAY MEALS, to those older adults in need of food. Many of those we are helping are former congregate members of senior centers unable to attend because they have been closed since March with no concrete plans around safely re-opening.**

**Senior centers, are critical for the older adult population, for socialization, food, education and resources, and in the days and months after the shutdown, their staff's expertise in knowing their community and members should have been seen as an asset and used to create a parallel home delivery system, replicating meals on wheels. Instead, Citymeals and its partners stepped in to fill the gap reaching a newly homebound population who needed the same service that meals on wheels has been doing for decades; consistently working to provide a safety net for older adults in conjunction with all aging supportive services. The GetFood program has not worked for many and that parallel system has diverted much needed funding which could have gone into the already established meals on wheels programs and senior centers to help feed the hungry older adults in need.**

**The daily Home Delivered Meals program throughout the city, along with support from Citymeals, remained seamless even when the city shut down services throughout because of COVID-19. As a sector, aging providers have always known how critical our services are, but not more so than in the current environment when meals on wheels staff are literally essential workers, ensuring their recipients are not without food and a friendly face, risking their own lives to maintain a lifeline for our elderly neighbors. The check-in i s just as important as the nutritious meals. Social isolation, which was an issue before the pandemic, has devastated this population without a**

**known end date in sight because the vaccine rollout has been so flawed. Unable to socialize or even see family, who are afraid of infecting this most vulnerable group, has been very difficult and another added layer of stress for older adults.**

**We must quickly create outreach plans to inform our seniors about the vaccine and its efficacy, while also creating a system to bring vaccine doses to some homebound elders who are unable to get to a vaccine site. We must also tackle the digital divide that is pitting tech savvy people against seniors in order to access the vaccines! Many of our recipients do not have access to the internet. Many are not able to advocate for themselves. This must be addressed now if we are going to help inoculate this population. The grassroots efforts of the census should be replicated now on a community based level with door to door efforts and culturally competent communication.**

**We must also open our senior centers and use them as vaccine hubs for those who are comfortable going to a place they know and feel welcomed, culturally and communally. We must use ambulette services and refrigerated meals on wheel vehicles to carry doses at the appropriate temperatures, as other cities are doing. Our meals on wheels staff, already designated essential workers by the city, MUST be able to get their shots NOW, in order to prevent any disruption in the delivery system and because they have face to face contact with the most vulnerable seniors. The chaos**

**surrounding this pandemic and now the vaccine rollout is appalling at best, and deadly at worst.**

**Studies have shown that access to food and better nutrition, is an effective way to cut medical costs and improve overall health, especially for older adults, thus making meals on wheels and congregate senior centers, incredibly vital programs and an essential lifeline to those unable to shop or cook for themselves, during any point in their lives. Proper nutrition is also essential in order to mount the appropriate immune response to a vaccine. And, with the combination of nutritious meals and the Covid-19 vaccine, our homebound neighbors will be able to continue to live safely in their own homes.**

**Home delivered meals are integral to older adult's survival and part of the larger safety net that has been under-funded and under-invested in over the years. Ensuring that our meal recipients have food throughout the week is what the partnership between Citymeals and the meals on wheels provider network does. Without Citymeals, tens of thousands of (currently over 20,000) homebound older adults would no longer receive meals on weekends, holidays or in times of emergency. And now when the meals on wheels rolls have increased by over 20%, it is imperative for those in need to receive what they need and not to create wait lists or divert older people to the GetFood program. We must look at the disinvestment of years**

**past, the current pandemic and the growing population and FULLY FUND SENIOR SERVICES. NOW.**

**Our recipients feel like the meals are a lifesaver. Howard said; "I would like to express my gratitude for the outstanding job Meals On Wheels does. The wonderful meals always arrive on schedule, delivered by cheerful, friendly folks. Because I am elderly, with multiple health issues, your meals have literally been life-saving...eliminating the need for me to venture out to the market during this continuing health crisis." But for some, the vaccine has caused tremendous fear and trepidation. 98 year old Marion said; "My daughters-in-law found out my grand-nephew was taking me and they got very upset. No I didn't go." Another recipient Carmela, laments the social isolation of what her life is like on a daily basis, "Thank you so much for calling. It gets pretty lonely here. I don't have much."**

**In addition to being a moral obligation, Meals on Wheels is a cheaper alternative to institutionalization, more dignified, and what the majority of older adults prefer, especially in light of the current devastation of life within nursing homes by the coronavirus.**

**Citymeals on Wheels together with local community based organizations, the Department for the Aging, and The New York City Council, are determined to keep older adults living safely in their**

**own communities and now, at least 19,500 elderly New Yorkers who receive meals on wheels, fed 365 days a year plus some extra. We hope you, our partner in city government, will help us; to continue to advocate on behalf of those who are often forgotten and marginalized; support solvency for senior services, home delivered meals, the safe and smart re-opening of senior centers, the outreach and education about the vaccine and a clear plan for getting older adults vaccinated safely and quickly and for supporting Citymeals on Wheels.**

**Be safe and stay healthy!**

Committee on Health - Testimony

Vaccine registration would be more accessible and easier to monitor if we follow the example of “Take a Number” at the deli counter. Everyone who registers, no matter where or when they register, should get a number. A centralized website, operated by the state as the entity that receives and redistributes vaccines, would then allow anyone to enter their number and figure out where they are on the queue. People could see an estimated time to getting an appointment that would change dynamically based on conditions. Based on having to do this, the state would then have to figure out how to connect the scheduling systems into this central reporting site.

Thank you for your consideration,
Adrian Gropper, MD
CTO
Patient Privacy Rights Foundation

NYC COUNCIL HEARING: Oversight - COVID-19 and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC on Wed, Feb. 17

Greetings.

I would like to submit the following testimony in relation to "Preconsidered Int ___ - By Council Member Levine - A Local Law in relation to the creation of a unified scheduling system for COVID-19 vaccinations."

I agree wholeheartedly regarding the need for a unified system for NYC's vaccine rollout. However, I strongly believe that rather than a unified *scheduling* system, it should be a unified *registration* system that takes into account risk and equity.

As a Professor of Epidemiology who has also worked for New York City's Health Department and for the CDC, I believe that a system that allows people who are eligible for the vaccine to schedule the first available appointment will at a minimum perpetuate, and most likely greatly exacerbate, existing health inequities in COVID hospitalizations and deaths in NYC. Such a 'first come first served' system inevitably benefits society inequitably, favoring faster access to the vaccine those with the most available resources, including the resources of free time, proximity and access to the internet.

This also sets up a situation where the order in which appointments are made are not aligned with what is needed for public health, even ***within*** the very broad categories of eligibility. There is not enough vaccine right now and community transmission is high at the moment. People eligible for the vaccine have been, and will be, hospitalized and will die of COVID because they couldn't get vaccinated in time. When you can't vaccinate everyone at once, you would never want to, for example, vaccinate all the 65 year olds before all the 85 year olds. Or all the younger teachers without comorbdidities before the older ones with comorbidities. Yet, this is what the current system does, virtually guaranteeing inequity when it comes to this amazing public good.

As the Executive Director of the City University of New York's Institute for Implementation Science in Population Health, I lead a group of researchers whose mission is to conduct research that leads to population health gains through better implementation of strategies and policies that we know are effective. Through all the years of conducting research like this, one

theme has emerged across almost all areas of population health: Any time you have a public good that is in short supply with the ability to improve population health, the population health benefit will be unfair unless you put some guard rails on the system that provides that public good. Examples include access to mammography to detect breast cancer early, access to colonoscopy to prevent colon cancer, access to drugs to treat and prevent HIV, access to curative treatments for hepatitis C, I could go on.

I would submit that a better unified system would allow New Yorkers who want to receive the vaccine to register with the system. At that time, they would provide basic information on their eligibility (age, occupation, co-morbidities, etc) and sociodemographic (neighborhood, race/ethnicity). This allows the city to identify those who may need to be vaccinated sooner rather than later: Those who are much older, those who have comorbidities, those from neighborhoods with high community prevalence, etc. Based on the availability of vaccine in a given week, those that are in the highest priority within each eligibility group are scheduled for an appointment right away. Going forward, others are notified in order of priority in a given week, based on vaccine availability, that they are being scheduled for their appointment (they have 2 days to confirm that they are accepting the appointment or inform the system they have been vaccinated; otherwise they go back in the queue). This allows implementation of the limited amount of vaccine in a way that will maximize its public health impact in any given week. And course corrections can be made in any given week to address inequities by demographics or geography.

Moreover, instead of general targets like 'vaccinate 1 million eligible New Yorkers by the end of February', it should be 'Equitably Vaccinate 1 million eligible New Yorkers by the end of February according to public health priorities'. Of course there could also be accommodation for other priorities besides public health, such as opening things up (vaccinating teachers, vaccinating restaurant workers, etc). But at least the priorities and targets would be explicit and under the control of the city with guiding principles that can be discussed, debated and ultimately implemented transparently.

Right now, our vaccination program has no transparency or guard rails to prevent the very inequitable early differences we are seeing by race/ethnicity and geography. Eligible people at very high risk for a bad COVID outcome (older people with comorbidities) are dying before they can be vaccinated while others who are eligible, but at much lower risk, are getting two doses of the vaccine.

It is not too late to fix this. The city could tell all those with scheduled appointments that they will be rescheduled according to a prioritization scheme that will minimize hospitalization and deaths and also, for example, prioritize K-12 teachers. Unless they provide other information that suggest they are in a high priority group, their appointments will be cancelled and rescheduled for a later date (they wouldn't need to do anything, just wait their turn to be notified).

New York City should be leading the way for the world in terms of getting this vaccine rollout to work in ways that maximize the incredible public good that has become available to us. Right now, it is an embarrassment and goes against all principles of how to implement a large scale public health campaign that prioritizes public health, equity, fairness, efficiency, and transparency. Please adopt a registration system, not a first come first serve, free-for-all scheduling system.

Thank you for considering this testimony.

Denis Nash

Denis Nash, PhD, MPH
City University of New York (CUNY)
Executive Director, CUNY Institute for Implementation Science in Population Health (ISPH)
Distinguished Professor of Epidemiology, CUNY School of Public Health

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Greenwich House

122 West 27th Street, 6th Floor ◆ New York, New York 10001

Greenwich House Testimony
City Council Committee on Health and Committee on Aging and Committee on Technology

February 17, 2021

Via:

Judith Levin, LMSW

Director of Senior Services

Thank you to Committee Chairs Levine, Chin and Holden, and members of these City Council Committees, for this opportunity to discuss Covid 19 and Seniors.

I am Judy Levin, Director of Senior Center Services at Greenwich House, a settlement house based in Greenwich Village, 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 8 of those years leading our senior service work; a population I have devoted my entire career to serving. As relevant to this issue, we have four senior centers located throughout the Village and Tribeca, as well as mental health and arts/culture services particularly focused on supporting older adults.

To state the obvious, the Covid 19 vaccine roll out has presented significant obstacles and challenges for seniors though out New York City. . Our most basic challenge stems from the well documented hesitancy and skepticism around the vaccine, whether due to lack of confidence in this unknown, or the lack of trust stemming from the long standing inequities in the health care system and the legacy of systemic racism. We have worked to address this challenge through outreach calls focused on providing information and resource provided by DFTA and others. We have also held 2 ZOOM Town Halls, facilitated by Greenwich House Health Service Division staff, to share the latest in scientific findings and to respond to questions in a safe and trusted environment

Additionally, we continue to try to address the well reported challenges of helping members and the public navigate the logistics of the online and phone vaccine sign up systems. From the disconnect due to the multiple web sites each requiring different sets of information to be entered, along with the different information needed to secure an appointment, seniors and even those who have family members to assist are discouraged and unable to continue with the time consuming process. In addition, the toll free number which should make the process manageable for those without internet, often has different availability than that which is available online. We would hope that this information could be coordinated and consolidated to provide accuracy.

In terms of suggested and recommended solutions to some of these challenges, we support Councilmember Levine's call for the much needed creation of a unified portal for booking vaccines. We would also suggest providing senior center operators with a specific number of vaccine appointments each week through partners in our community, which would allow for bulk scheduling. For our part, we along with others, are in the process of creating a program of Navigators to assist seniors with the process from start to finish, helping them to secure appointments and provide information about documentation needed for the process as well as linkages to transportation. While we are piecing together existing staff and volunteers, the availability of micro grants would allow programs like this to bring in part time staff to quickly build capacity to organize and expand efforts.

Thank you,

Judith Levin

HARLEM UNITED

**Testimony of Jacquelyn Kilmer, CEO, in Support of Resolution 1529-2021**
**New York City Council, Committee on Health**

**February 17, 2021**

Harlem United is pleased to submit this testimony in support of Resolution 1529-2021 calling on the New York State Legislature to pass, and the Governor to sign, legislation to protect New York State's safety net providers and Special Needs Plans by eliminating the Medicaid pharmacy carve-out. The carve-out of the pharmacy benefit from managed care to a fee-for-service model will decimate New York's safety net system, including community health centers, Ryan White program providers, and disproportionate share hospitals. Any threat to the safety net system will disproportionately impact Black and brown New Yorkers, New Yorkers with low incomes, immigrants, the uninsured, those who already experience health disparities—all communities that have been hardest hit by the COVID-19 pandemic.

The pharmacy carve-out is part of the recommendations made by the State's Medicaid Redesign Team II, and was adopted in last year's approved State budget. The Governor's FY22 budget carries forward the language from last year's budget. The carve-out is currently set to be implemented by the State Department of Health on April 1, 2021.

The pharmacy carve-out will impact the Federal 340B Drug Discount Program and the people who rely on the services and programs that the 340B Program supports. Since 1992, the Federal Public Health Service Act 340B drug discount program has allowed safety net health care providers to obtain pharmaceutical drugs from manufacturers at reduced costs and to reinvest those savings in order to provide and enhance services that are otherwise not reimbursable services. These savings are used to expand access to health care for thousands of medically underserved New Yorkers, and to provide other critically necessary services that help to address the barriers to care that drive longstanding health disparities. If the State proceeds with this plan, it will have dire consequences for the fiscal stability of safety net providers and for the health of their patients.

Harlem United (through its healthcare subsidiary) is a covered entity under the 340B Program. If New York State implements the pharmacy carve-out, we will lose approximately $1.5 million to $2 million annually in 340B savings upon which we currently rely to provide essential services for those in our care. We will not be able to replace this money from other sources. We will be forced to lay off staff and reduce our services at a time when the communities we serve need us the most.

For over 30 years, Harlem United's mission has remained the same: to provide healthcare, housing, prevention and supportive services to those most in need throughout Upper Manhattan and the South Bronx. Each year, Harlem United conducts more than 24,000 medical visits, provides housing for nearly 1,000 formerly homeless people, engages over 10,000 clients

across all programs, and offers more than 20,000 hot meals and pantry boxes to low-income New Yorkers.

Our services span four programmatic areas:

- Health Services (primary care, dental, mental health, substance use treatment and specialty care)
- Housing (permanent supportive, transitional and shelter housing)
- Prevention (harm reduction, testing)
- Supportive Services (adult day health care, food and nutrition, vocational education, case management).

As a Federally Qualified Health Center ("FQHC") with a Healthcare for the Homeless designation, nearly 75% of Harlem United's patients need and qualify for the 340B drug discount program. The vast majority of our patients live with multiple chronic physical and mental health conditions, requiring complex medication regimens. Harlem United relies on the savings obtained through the 340B Program to subsidize the cost of discounted medications for our uninsured and underinsured patients. In addition to allowing us to subsidize the cost of necessary medications for our uninsured and underinsured patients, by reinvesting the savings we obtain through the 340B Program, we are able to provide outreach, care coordination and patient navigation services through the following staff positions which are funded through the 340B savings:

- Patient Navigator who tracks patients who are lost to care, checks client eligibility for Medicaid and helps to connect patients to all Harlem United services.
- Jitney Driver, who transports our patients from shelters, SROs, soup kitchens and other locations to our clinics for their appointments, and also transports our patients between and among Harlem United facilities to access our full spectrum of care.
- Business Development (Outreach) Staff and Peers (client stipend workers), who go out into the community to connect folks who are out of care to our clinics and work with existing patients to help retain them in care. Additionally, critical to the goals of Ending the HIV/AIDS Epidemic, the team also works with the virally unsuppressed population to connect them to case management services with the goal of getting them the help and support they need to reach and maintain viral suppression. This team of staff is also now engaged in assisting with registration for our COVID-19 vaccine clinic.

Nearly 75% of the patients Harlem United serves are homeless. All of the navigation, transportation and outreach services described above are critical for engaging and retaining in care this very transient population that we serve. Loss of the savings obtained through the 340B Program will prevent us from being able to provide low-cost and free medications to our uninsured and underinsured patients and will force us to eliminate the positions described above. Loss of these positions will, in turn, severely limit our ability to provide critically needed care to the most vulnerable New Yorkers.

Harlem United also serves a significant number of French-speaking West African immigrants, primarily women, who are in need of specialized gynecological and other women's health services. We currently employ a physician who is French-speaking and specializes in providing

these services to this population. We are currently recruiting for a French-speaking patient navigator to assist with connecting these patients to much-needed support services in Upper Manhattan and other areas of New York City. Without the savings from the 340B Program, we will be forced to scale back or completely eliminate this specialty care and navigation services.

Of particular importance in the current trajectory of the COVID-19 pandemic, FQHCs, like Harlem United, are playing a critical role in implementing the State's vaccination plans. Communities served by the community health centers are those who, due to a long history of discrimination and mistreatment by the medical community, are most suspicious of the medical community in general, and untrusting of drugs and vaccines in particular. It will be the providers in the community health centers who will be the most successful at establishing the trust necessary within these communities to vaccinate as many people as possible. It will be these providers who will need to listen to the fears and concerns of their patients, talk to them, educate them, and build trust, before they can administer the vaccines. While administration of the vaccine is reimbursable, all of the time necessary for these discussions leading up to vaccine administration is not, and loss of the savings from the 340B Program will significantly impede the ability of our providers to spend this necessary time. The success of the vaccination plans in communities of color depends on the very safety net providers who will be losing millions of dollars if the pharmacy carve-out is implemented.

The carve-out will also jeopardize the State's Special Needs Plans who work hand-in-hand with the community-based 340B providers, who, like Harlem United, help people living with HIV/AIDS access life-extending therapies and reduce hospital use associated with unmanaged HIV disease. Separating the pharmacy benefit from the rest of a patient's care management will result in certain disruption to the coordinated care that is so vital to people living with HIV, most of whom require multiple medications to manage multiple chronic conditions that accompany aging with HIV.

Harlem United does not believe the pharmacy benefit carve-out will achieve the State's stated goals of improving the Medicaid program and containing costs. The Department of Health has stated the carve-out will achieve $87 million in State savings in FY22. Instead, it will result in an approximately $245 million annual loss to the most vulnerable healthcare providers in the State. FQHCs, alone, stand to lose a collective $100 million per year. A survey of just 15 HIV clinics and Ryan White program providers found they would lose at least $56.2 million annually, and a small subset of hospitals reported that they would lose an additional $87 million in the first year. The Menges Group has also refuted the State's projected savings, calculating that the State will actually **lose** $154 million in the first year of the carve-out and a total of $1.5 billion over five years, largely due to increases in avoidable emergency and inpatient costs.

In an attempt to mitigate the negative financial impact the carve-out will have on safety net providers, the Governor's Executive Budget provides for an investment of $102 million from savings to support covered entities that currently benefit from 340B savings. The methodology for distribution is to be determined by the Commissioner of Health, and despite the fact that it is a mere six weeks to the planned implementation date, no proposals regarding this methodology have been shared with the stakeholders. What we do know is that, based on the language of the

Executive's budget bill, the 340B providers who are eligible to participate in this pool do not include non-clinic Ryan White program providers or disproportionate share hospitals. Taking into account all of the 340B providers, this funding is woefully inadequate. In addition, the pool of money for distribution must come from "savings," and so assumes that savings will be realized. Finally, no proposed "mitigation" that is subject to the State budget process is a long-term solution for sustainability of New York's safety net.

The 340B Program is a well-established and existing mechanism created by Congress to ensure that safety net providers have the necessary resources to expand uncompensated care programs and to adequately care for their patients' health and health related social needs. It is unfathomable for New York to implement the pharmacy carve-out, thereby denying otherwise eligible healthcare providers access to these savings during the most significant public health crisis in modern history—a crisis that cannot be effectively addressed without a strong network of trusted community-based safety net providers. Implementing the pharmacy benefit carve-out will threaten a strong public health response to the COVID-19 pandemic and will compromise the State's progress in ending the HIV epidemic.

The services provided by the safety net providers using the savings from the 340B Program are critical to reducing the persistent health disparities experienced by the people served by these safety net providers—New Yorkers who face barriers to effective disease prevention and treatment due to race, ethnicity, gender identity, sexual orientation, status as a drug user or sex worker, or other sources of bias, discrimination, and exclusion in health care delivery. These are the same patients who have been most affected by COVID-19.

The pharmacy benefit carve-out will victimize these communities again, by limiting their access to care and support in the midst of a global pandemic. We strongly believe it is imperative to entirely reject the pharmacy carve-out for all safety net providers participating in the 340B drug discount program and the Special Needs Plan. For these reasons, we wholly support Resolution 1529-2021, which calls on the New York State Legislature to pass, and the Governor to sign, legislation to protect New York State's safety net providers and Special Needs Plans by eliminating the Medicaid pharmacy carve-out.

For questions or follow up, please email Jacquelyn Kilmer at jkilmer@harlemunited.org.

INDIA HOME
A CENTER FOR SENIOR CARE

Commitment to Improve
Quality of Life

Re: ***Oversight - COVID-19 and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC***

To: Committee on Health (Jointly with Committee on Aging and Committee on Technology)

Thank you to Chair Chin, Chair Holden, and Chair Levine for the opportunity to testify on this pressing matter regarding equity and vaccine access for older adults. We are writing from India Home, the largest senior center program dedicated to serving South Asian immigrant older adults through culturally competent programming. Our programs have touched the lives of over 3,000 older adults through programs such as congregate meals, case management, education, civic engagement, art programs, ESL classes, advocacy, and research. This last year, we pivoted and continued to provide essential services to over 1,400 vulnerable seniors through home-delivered meals, home-delivered groceries, virtual programs, wellness check-up calls, virtual case management, and COVID-19 Test & Trace outreach. The needs of our communities increased, and as such, so did our reach. Our COVID-19 Relief reach has included nearly 15,000 culturally competent Halal meals, 1,200+ grocery packages deliveries, 18,000+ service units of virtual programming, over 15,000 wellness check-up calls, and over 23,000 case management service units.

For the past year, vaccines have been talked about as the source of hope, the catalyst to moving forward, and the solution to a safer, healthier world. We have been educated on the vaccines, and we have educated our communities on the vaccines, answering misconceptions left and right in whatever way we can. However, once the vaccines became available, our clients, who should have been prioritized, and organizations like ours, were left scrambling.

Older adults are likely to lack digital literacy and this is especially the case for South Asian immigrant older adults who are also likely to be low income and low English proficient. A process being highly dependent on digital literacy to be able to get the vaccine for older adults is inaccessible. Some of our clients do not have internet, or any device to be able to access this vaccine booking system. Constantly our clients and we both see the same message from the website that appointments are all booked up in the areas around them. The procedure to book the appointments on the website is complicated and not intuitive in the way that is accessible for older adults. Furthermore, low English proficient older adults face even more barriers in this process. While there is the option to translate the vaccinefinder.nyc.gov website in Bengali and Urdu, once you click on the site you want to book at, clients that are low-English proficient struggle to navigate further. We are swamped with the calls to handle these vaccine appointments for the older adult community across New York City, without the given support for us to do this. The procedure takes a long time which puts high stress on the limited capacity we have to be able to book appointments on the clients behalf. Imagine, when we are asking our oldest of adults for their email to register online for their vaccine appointment, they say what is an email. How we became dependent on this website to serve the biggest population of eligibility for the vaccine simply does not make sense. While the phone hotline is meant to be an accessible option, this process has proven inefficient, lacking in South Asian language access, and frankly very frustrating.

There are several other points at which access needs to be addressed, including the locations of vaccines, which are highly lacking in Eastern Queens where a large older adult population lives. We also need to look at the accessibility of these locations and measures to keep vulnerable seniors warm during

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these cold months while getting vaccinated. There needs to be more partnership with CBO's like ours to directly provide vaccines to our clients at our locations.

We need more attention to this matter. Eligibility criteria expanding doesn't mean anything if it's not accessible to those it is expanded to. We have 80+ year olds calling our office constantly saying they know about the website's existence but they can't use this website. It is common knowledge to all of us that this website is inaccessible. We need more to show that South Asian older adults 65+ are being included. This is a matter of life and death.

We at India Home are in support of the Local Laws and Resolution put forward by Council Members Treyger, Levine, Louis, and Miller, including Resolution 1529.

Furthermore, in order for us to get our older adult communities back to normal:

- We need accessible locations in the areas where seniors live
- We need an improved portal or phoneline system that is easy to use and efficient
- We need direct partnership with older adult serving organizations like ours to provide the vaccines at our locations
- Direct service organizations like ours need more funding to support these programs and continue to help ensure seniors are vaccinated and that we safely get through this pandemic

Thank you for your time and consideration of our requests,and giving us the opportunity to testify once again.

Sincerely,

Vasundhara D. Kalasapudi, M.D.
Executive Director

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**Testimony Before the New York City Council**
**Committee on Health**
**NYC Council Budget and Oversight Hearings on the FY 2022 Preliminary Budget**
**February 11, 2021**

**Testimony of Jessica Lee, Healthcare Navigator**
**The Korean Community Services of Metropolitan New York, Inc. (KCS)**

**Our community**

Founded in 1973, the Korean Community Services of Metropolitan New York, Inc. (KCS) was the first and remains the largest community/social service agency dedicated to the Korean community.We offer more than 20 programs that serve more than 1,300 individuals on a daily basis in the areas of Aging, Community, Workforce Development, clinical Mental Health services, and Public Health. Our mission is to be a bridge to Korean and the greater Asian immigrants to overcome cultural, language, and economic barriers to be effective and thriving members of the community. The division of Public Health, or the Public Health and Research Center (PHRC) is part of a city-wide initiative called the Access Health NYC that funds community-based organizations (CBOs) to provide community health education, outreach, and assistance to all New Yorkers about how to access health care and coverage. Being part of this unique initiative for three years now, PHRC has been able to deliver a more holistic approach to our access health service such as interpretation services, case management, and education-based counseling.

**How has our community benefited from the Access Health NYC initiative?**

- Health care being such a complex system, navigating and accessing health care services is a struggle to folks who are limited English proficient in the Korean community. Therefore, with the funds from Access Health, KCS has been able to improve health literacy among community members through linguistically appropriate education and outreach opportunities.
- Discretionary Funding for the Access Health NYC initiative has also expanded our healthcare navigator services by providing in-depth case management and interpretation services. Proper health insurance utilization does not stop at enrollment assistance. KCS offers post-enrollment services such as, but not limited to, understanding health insurance terminology, locating an in-network primary care provider, and making the first premium payment. In addition, for more complicated issues such as health insurance claims billing/payment reconciliation, premium reimbursement, etc, KCS is able to provide interpretation and translation services for community members.

- So far, KCS has reached more than 3,000 Korean immigrants through media, educated more than 1,000 community members on healthcare policies and literacy, and managed more than 143 complex healthcare cases for FY20.

**Why do we need Access Health NYC?**

In early of 2020, Ms. Audrey reached out to us asking for assistance regarding her health insurance. Because of her disability, she required two public health insurance programs, Medicare and Medicaid, to cover her expensive medical costs. However, because she did not know how to update her address, all letters regarding her health insurance were lost. In addition, she was unaware of her primary coverage being a third-party insurer, so she was unable to get coverage through Medicare. With the help of our healthcare navigator, we were able to update her address on file so that she could continue to get important documents regarding her health benefits, contact the third-party insurer to terminate her coverage, and lastly, contact the Benefits Coordination and Recovery Center to update the primary coverage as Medicare, again. Fortunately, Ms. Audrey had no gap in coverage and was able to continue seeing her doctors without having to worry about her medical bills.

Ms. Audrey's case is not an uncommon issue within our community. Therefore, we ask you to stop the Article 6 cuts towards the Access Health NYC initiative so that we can continue to offer these services. The funding will help our community receive better access to health care services and increase utilization of health insurance benefits through culturally and linguistically available information.

We sincerely thank the members of the City Council and Committee on Health for supporting the efforts of community-based organizations like KCS in the past. Without your support, our work for the community and assistance for at-risk individuals would not be possible.

Thank you for the opportunity to share our stories.

Jessica Lee
Program Manager /Healthcare Navigator
Korean Community Services of Metropolitan New York, Inc. (KCS)

**Testimony Before the New York City Council**
**Committee on Health**
**NYC Council Budget and Oversight Hearings on the FY 2020 Preliminary Budget**
**February 15, 2021**

To Chairperson Levine and Members of the Committee on Health.

My name is Okhyun Ko and I am a program manager and patient navigator at Korean Community Services of Metropolitan New York (KCS).
Korean Community Services is a nonprofit organization that strives to prevent viral hepatitis B infection and provide care coordination for low-income, uninsured Korean and Asian American patients. Since 2014, with the support of the City Council, we have implemented 'Check Hep B Patient Navigation Program' to our patients to be linked with medical care and to receive proper treatment for their chronic condition. The population we serve are Korean and Asian American and other immigrant communities who are low-income status, limited with English proficiency and lack of health care coverage.

For the past four years, we conducted 113 events for free on-site screenings in community churches and other organizations. Annually, we identify at least 25 new chronic patients; currently we provide care coordination for more than 160 patients. Aforementioned, the majority of our patients we serve are vulnerable residents, uninsured and undocumented, who are lack of adequate knowledge of Hepatitis B with limited English proficiency. Moreover, COVID-19 has had a disproportionate impact on the population living in Queens, who were affected the most during the pandemic.

Last month alone, I encountered with 3 new patients living with chronic Hepatitis B though free screening event KCS provided. They are all Queens residents who were going through financial struggle and could not afford health care coverage. Those patients either lost their job or had to close their business recently and they were facing economic hardship. We immediately connected those patients to pro-bono medical providers through our

Check Hep B Patient Navigation Program and they are scheduled to have a low- cost liver cancer screening this month.

Due to the prolonged pandemic, other crucial chronic conditions have been less focused. Please keep in mind that there are approximately 241,000 NYC residents are living with chronic Hepatitis B and about half of those with Chronic Hep B are estimated to be undiagnosed. With Article 6 cutting once again, important chronic health issues in NYC will only exacerbate, especially for the vulnerable individuals we serve.
Without your continued support, thousands of New Yorkers will face severe health complications, especially for those individuals with chronic Hep B will higher chance of developing serious liver diseases like liver cancer if not properly cared.

Korean Community Services, as a member of the NYC Viral Hepatitis Coalition, will continue to identify untreated patients with culturally competent program and services and we hope to expand the services to other boroughs by training more patient navigators. Moreover, we'd like to support costs of sonogram for liver cancer screening. Please continue to support Viral Hepatitis Initiative so that we could continue to work with vulnerable individuals and also to reduce health disparities in NYC immigrant communities.

I truly appreciate the members of the City Council and Committee on Finance for supporting the efforts of CBOs like KCS in the past and wish that your support will continue into the future. With your dedicated support for our work for the community and assistance for at-risk individuals in the community would be possible.
Thank you very much for this opportunity to share my testimony.

LiveOn NY

Making New York a better place to age

**New York City Council**
**Committee on Health**
**Chair, Council Member Levine**
**Committee on Aging**
**Chair, Council Member Chin**
**Committee on Technology**
**Chair, Council Member Holden**
**February 17, 2021**
**Oversight - COVID-19 and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC**

Thank you for the opportunity to testify on "COVID-19 and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC."

LiveOn NY's members include more than 100 community-based nonprofits that provide core services which allow New Yorkers to thrive in our communities as we age, including senior centers, home-delivered meals, affordable senior housing, elder abuse prevention, caregiver supports, NORCs and case management. With our members, we work to make New York a better place to age.

The COVID-19 pandemic has swept across New York, creating a rippling effect exposing the current political, economic, and social gaps that impact older New Yorkers. These must be confronted both as we continue to respond to the pandemic, but in undertaking the COVID-19 mass vaccination effort.

## Vaccine Recommendations

Today, we have the opportunity to bring this life-saving vaccine to thousands of older adults and slow down the pandemic in its tracks. Yet despite eligibility for older people 65 and over, we continue to see the gaps and inequities as access to the vaccine remains nearly impossible for many, particularly for people of color who have shouldered the brunt of the COVID-19 pandemic.

The time is now to commit to older New Yorkers and remove the barriers that have pushed out communities. Unfortunately, LiveOn NY and our members have seen the hurdles older adults have experienced to simply get a shot, and distribution has also revealed the racial inequities that already plague communities of color. As it stands, Black and brown residents, who represent 22% of the City's population, have only received 9% of the vaccines.

Given these realities, there is much work to be done. We do, however, want to take a moment to thank all those who are working tirelessly to ensure older adults can get vaccinated. Specifically,

we thank the Vaccine Command Center for their continuous effort to coordinate the vaccine distribution across the City and we applaud the recent launch of the homebound seniors initiative to ensure older adults who are unable to travel to vaccine sites have the opportunity to receive the shot.

**To ensure a more equitable distribution of the vaccine moving forward, LiveOn NY recommends the City:**

- Work in coordination with community-based organizations that are often sources of trust to marginalized populations to promote access to the vaccine, and can provide the necessary information to ensure no one is left behind.
- Move away from an over-reliance on technology, including removing the requirement for each vaccine appointment be made using a different email address, which prohibits professionals from assisting multiple seniors using the same account.
- Ensure information is available across languages
- Monitor and improve the vaccine registration process, including: phone wait times and the numerous web systems and pages each older adult must navigate
- Make clear vaccine eligibility of senior service professionals, including: home-delivered meal cooks and deliverers, service coordinators and maintenance workers in senior housing, home care attendants, and caregivers who are the unseen, underappreciated heroes throughout this pandemic.
- Fully fund providers and professionals for their work.

Now is the time to create an efficient and equitable vaccination program that ensures no one is left behind and *all* older New Yorkers can safely age in their communities.

## COVID-19 Response Recommendations

Older New Yorkers who have stayed home for extended periods to remain safe from the virus, need a clear plan, guided by science, as to when it will be safe to reengage with the community services they know and love. Many spent the Summer, a period of low transmission risk, hoping their local Senior Center would one day open, not knowing if this would be the case, or why it would not be the case if restaurants, gyms, bars, and other services could resume operation. These individuals and the professionals that serve them deserve clarity, transparency, and the comfort of knowing their services are prioritized and guided by science as New York emerges from this crisis.

**Therefore, LiveOn NY recommends a plan be created jointly by the Department of Health and Mental Health (DOHMH) and the Department for the Aging (DFTA), and that such plan should:**

- Be balanced against the fact that, in addition to the risk of COVID-19, the impacts of isolation also pose considerable risks to the older adult population.
- Be guided by the fact that the older adult population is not a monolith experiencing the risk of COVID-19 uniformly, but an age cohort spanning multiple decades of significant variations in overall health and risk level.
- Quantify the health indicators that will need to be met in order to resume in-person senior services, including services at Senior Centers and NORCs.
- Include clear guidance on metrics that must be met, or other rationale, indicating the ability to resume in-person services from a public health perspective. A sample metric could indicate a maximum threshold for the citywide infection rate, which once reached, would trigger the allowance of grab and go meal service to resume.
- Identify the order in which the resumption of in-person services can be phased in. For example, we have seen restaurants deemed safe enough to offer outdoor dining, followed by indoor dining at a specific capacity and with specific social distancing requirements as risk levels went down. Senior services require similar guidance.
    - Given the varying risks associated with each activity, the following components of a Senior Center should each be given individualized guidance: grab-and-go meal distribution, indoor dining, one-on-one case assistance with clients, outdoor programming (potentially at local parks as the weather changes), and indoor programming.
- Be posted on each agency's websites and shared with City Council, non-profit providers, older adults, and other stakeholders.
- Be released as soon as is practicable, taking into account community input, including input of providers, upon drafting.

In addition to such a plan, providers must be fully reimbursed for cleaning and other costs incurred to ensure safety upon the resumption of each service.

We appreciate the consideration of the recommendations, and look forward to working with the City to reauthorize in-person Senior Services at an appropriate time.

Thank you for the opportunity to testify.

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

*based service providers.*

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

MET COUNCIL
The Largest Jewish Communal Social Safety Net in America

NYC Council Testimony February 17, 2021
***Oversight - COVID and Seniors: Protecting Older Adults in the Community***.

Good Morning. My name is Susan Moritz, and I am the Senior Director for Holocaust and Geriatric Services at the Metropolitan Council on Jewish Poverty. Met Council is America's largest Jewish charity dedicated to serving the needy. We fight poverty through comprehensive social services and by treating each client with compassion, integrity, and respect, and we have been serving the city for close to half a century. Our ten different departments are staffed by experts who help over 225,000 clients each year and advocate on behalf of all needy New Yorkers. Our programs range from 100% affordable housing at 20 locations to our family violence program to Holocaust survivor assistance to senior programming to crisis intervention to the largest free kosher food distribution program in the world. Our network of 80 food pantries, affordable housing sites and JCCs provide services directly in neighborhoods across New York.

The COVID-19 pandemic hit the older adult community hard. Isolated from family, friends, and the traditional support network of senior services, many older adults have spent months alone fearful that they may never see family and friends again. The nightly reports of increasing infection rates, hospitalizations, and deaths as seniors were continuously warned to stay inside because that they were at the greatest risk of severe illness and death should they contract the virus added to their fear, anxiety, and sense of isolation. Many of our clients lament that it's been months with no physical contact and mourn being able to hug and hold their children and grandchildren.

When the COVID-19 vaccine became available to older adults, hundreds of our clients turned to us for assistance in navigating the complex and confusing system of vaccine appointments. Many do not have internet access or emails. Most found the complexity of 3 separate systems that do not interact with each other along with the never-ending busy signals and extraordinarily long wait times when calling for an appointment difficult to navigate. The near impossibility of finding an available appointment in the borough in which they reside let alone in their own neighborhood, and the fear that they will not be able to find a vaccine ever has led to increased frustration, anger and anxiety. Our team of case workers and social workers did not fare much better. Navigating the system for one client could take hours and sometimes days making it unrealistic for staff to assist clients by making their appointments for them. Requiring that older adults have an email in order to use the online system puts barriers in front of those of us trying to help hundreds of seniors. Explaining how the system was set up, encouraging patience and perseverance, and looking for alternative ways to secure appointments for clients became a full-time pursuit with little success. There must be a better way to get the vaccine to those most vulnerable. With 300,000 vaccines available and 10 million eligible New Yorkers state-wide it is not a surprise that the system is not working. Even if an older adult is lucky enough to get a vaccine appointment, they are then faced with long lines while waiting sometimes hours for their turn. This not only raises questions about safety and social distancing while waiting but is in fact another impediment to getting the vaccine. And yet we hear stories of vaccines going to waste, how can that be? Why are we not distributing vaccines to the physicians who treat older New

Yorkers? Why are we not setting up vaccine distributions in the many senior citizen housing sites as well as senior centers throughout the city in addition to the several NYCHA sites currently giving vaccines? If our priority is to vaccinate the most vulnerable and supply is nowhere close to demand, why are we continuing to expand current eligibility criteria before getting the vaccine to those already eligible? Why are we not utilizing the CBOs like Met Council productively to ensure vaccine appointments go to the oldest and most frail New Yorkers? Why are we unable to simplify and coordinate the vaccine appointment systems and develop a protocol that would allow organizations like ours to efficiently and effectively register clients for the vaccine through a dedicated portal that would streamline the process? We need to do better. We need an easy to navigate system that makes getting the vaccine safe and easy for all New Yorkers, but especially our oldest and most vulnerable.
Thank you.

Volunteers of America
GREATER NEW YORK

**Testimony of Myung J. Lee, President & CEO, Volunteers of America-Greater New York**
**Committee on Health Jointly with the Committee on Aging and Committee on Technology**
***Oversight –*** *COVID-19 and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC*

**Wednesday, February 17, 2021**

Good morning, my name is Myung Lee and I am the President & CEO of Volunteers of America-Greater New York, the local affiliate of the national organization, Volunteers of America, Inc. (VOA). VOA-Greater New York is a human services organization that serves nine special needs populations through 80 programs in all five boroughs of NYC, Westchester County and Northern New Jersey, including homeless individuals and families, veterans, those recovering from domestic violence and the poor elderly. Annually, we provide housing—transitional, emergency and permanent, supportive programs—to 11,000 New Yorkers.

Next month VOA will celebrate its 125th anniversary, which is particularly meaningful for us here in New York as it was on March 8, 1896 on the steps of The Cooper Union that VOA co-founders Maud and Ballington Booth announced the birth of their new organization with a mission to reach and uplift the most vulnerable among us.

We have much to be proud of, having stayed true to our founders' mission to identify the community's most pressing social needs and, if it is determined that we have the right experience, relationships, and resources to address them, created programs to do so. When the AIDS epidemic struck, we were one of the first to offer a congregate living program for those living with HIV/AIDS. At the peak of veteran street homelessness we were involved in the effort to reduce veteran homelessness to functional zero and today are the largest provider of permanent supportive housing in NYC for this population. More recently, recognizing that people recovering from domestic violence need more than six months in emergency shelter in which to heal, and that their significant mental health issues must be addressed using a trauma-informed approach, we will soon be offering two Tier II domestic violence housing programs.

As for today's topic, *COVID-19 and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC,* I would like to thank City Council and Committee Chairpersons Mark Levine, Margaret Chin and Robert Holden, for holding this hearing and allowing VOA-Greater New York, and others who work with older adults, to participate. It is an honor to be able to share our experience of the needs and fears of NYC's poor seniors during the COVID crisis, and what we as an organization do every day—escalated, of course, in response to the needs that became manifest during the pandemic—to ensure the safety and dignity of this vulnerable population. In New York City, VOA-Greater New York has one permanent supportive housing

residence for 92 formerly homeless older adults on East 12th Street in Manhattan. Another 2,000 older adults live in our other housing programs – mainly SROs – throughout the five boroughs, but these are not programs dedicated to older adults.

Let me first say that VOA-Greater New York is and has been concerned about the needs of the poor elderly as their numbers grow, as they age in place often without the access to the support they need, and as their vulnerability is magnified by the critical lack of supportive, affordable housing. On any given day there are approximately 1,200 older adults sleeping in a NYC homeless shelter, with an estimated 3,200 at risk of homelessness. Demand for adequate, subsidized, supportive housing for seniors, particularly in NYC, far surpasses supply. Compounding this imbalance, the city's senior population is expected to increase to over 1.4 million by 2040.

In response to both realities—the aging population and lack of adequate housing—VOA-Greater New York is committed to developing affordable, purpose-built housing for seniors. East Clarke Place Senior Residence (East Clarke Place) in the Concourse Village section of the Bronx (in CD 4), designed entirely with the needs of older adults in mind, is set to welcome its first tenants in early March of this year. The 14-story building has 122 studio and one-bedroom units. Thirty-seven of those units are reserved for chronically homeless older adults who will move into fully-furnished, accessible studio apartments with all the services they need to stay permanently housed, safe and connected to a caring community. A fulltime live-in super has one unit, and the remaining 84 will be filled by lottery – applicants will need to meet age and low-income requirements. No one will pay more than 30% of his or her income toward housing.

To understand the magnitude of the need for housing for low-income older adults, for those 84 community units, **we received 26,000 applications i**ncluding 200 handwritten ones. Considering that many older adults do not have a computer or smart phone, are afraid or unable to leave their homes during the pandemic to access a public library computer or, in many cases, do not know how to use the technology required to find and complete a housing application, imagine how many more eligible individuals are out there who did not apply. We have a second development process, similar to East Clarke Place, to open in 2023 and another in concept stage.

Our city's poor older adults live in inadequate housing. Many are climbing flights of stairs in buildings with no elevators to arrive in apartments with spotty hot water and heat. They often live alone without family or friends or any support system and must choose between purchasing food and paying for other essentials. They often are afraid to venture outside – or are unable to do so - and are at risk of social isolation—made worse by the current global crisis. If they are not officially, they are essentially, homebound, many by physical barriers and others by psychological ones.

**VOA-Greater New York's Care of Seniors During COVID**

At VOA-Greater New York, as our longtime residents age, their needs become more complex and we do our best to meet them, keeping them in the community as long as we possibly can. During COVID, staff continued to show up and to meet the demand for even closer attention to the needs of our clients, particularly our older adults. In general our older adults have fared well during the pandemic. They looked to staff for guidance and expressed gratitude for the care we took to keep

them safe, pleased to see staff sanitizing all public and high-touch areas like doorknobs and railings, several times throughout the day.

When Community Centers and other usual sources for meals abruptly closed, we lined up alternate food resources as quickly as possible and, in the meantime, filled the programs' on-site food pantries with non-perishable food items for clients who needed immediate help. We also turned to community partners with whom we had strong relationships—or they came to us—as in the case of Bronx Community Board 9. CB9 has a wonderful relationship with Commonwealth Veterans Residence and became a great source of support during the pandemic providing toiletries and non-perishables on a consistent basis, supplying groceries to veterans independent enough to cook for themselves, and connecting Commonwealth to RAP4BX, a non-profit that recruits local restaurants to provide meals, resulting in delivery of 300 meals three times a week.

Many of our older adults were fearful of going out and indeed, we preferred that they stay in, so staff ran errands, helped them call grocery stores for home deliveries, and made sure we knew which of our older adults might need help but were too proud to ask. Our External Relations Department secured thousands of books, puzzles and other activities that staff brought to tenants, in an effort to keep them occupied, socially distanced but not isolated.

Concerned about missed medical appointments with, for instance, podiatrists since foot care is so important for older adults, one of our larger SROs had a medical service come on-site to address foot issues and fitting of special shoes. We reached out to a number of licensed home health care agencies and brought in home health aides and various other services to assist our older adults. We helped convert in-person medical appointments to tele-health ones when possible—though a lack of technology, specifically tablets with which to visit clients in their units, made (and still makes) that very challenging. Corporate partners like PCSWireless responded to our request for tablets and quickly sent a dozen specifically for our older adults to use in the form of a "lending library," but we need hundreds more.

Large donations of PPE were gratefully accepted, and we distributed them to clients as well as staff, but we still had (and have) huge amounts of cleaning supplies and PPE to purchase. We made sure that tenants were regularly updated on new CDC and other government health guidelines and had copious amounts of signage posted. We established a rule that allowed no visitors on-site. While this posed a risk for social isolation and there was some resistance to this policy, others were grateful that we implemented and maintained this safety protocol.

We maintain a Wellness List at every program, comprised of clients who agree to allow us to check on them daily. During COVID we expanded that to two daily check-ins for those on the list, and a check-in every two days for those not on the list. Even residents staying offsite with family members or friends and only return to the program to pay their rent check receive a check-in call from staff every two days just to maintain contact and to check on their health. When a tenant did become ill and was ordered by their physician to self-quarantine, we made it possible for them to do so, relieving them of as much worry as we could. If they were sharing a bathroom, we provided them with one of their own, delivered meals to their door, and ran any errands they needed us to run. We

were the family they did not have or could not see during COVID-19. Clients expressed appreciation for the honesty and confidence staff conveyed that we would make it through this as long as everyone—clients and staff—as a community, complied with our written and verbal instructions for social distancing, using PPE properly, quarantining if infection was suspected, and most recently, taking the vaccine when available. The latter – taking the vaccine - is where we have fallen short through no fault of our own.

**Getting the COVID-19 Vaccine**

Now that the vaccine is becoming more available, we have launched a comprehensive marketing campaign at each of our program sites to encourage all eligible staff and clients to take it: colorful posters dispel the myths; "Ask Me" posters feature a staff member who has received the vaccine and is willing to talk about his/her experience; "I got the vaccine." buttons are given to those who have taken the vaccine. But we are finding the problem is as much about concrete practicalities as it is about fear or resistance. Most of our older adults do not have smart phones or other technology that would allow them to go online to book a vaccine appointment.

The majority of our seniors, most of whom are formerly homeless, have co-morbidities and many have mobility issues. During winter in particular, with the danger posed by icy sidewalks, gusty winds and cold temperatures, our older adults simply cannot go outdoors unattended. The vast majority of our programs do not have vehicles with which to provide transportation and during COVID it would not be safe to bundle several of our seniors into a van even if we had the vehicles. To counter these constraints, if we are to vaccinate the majority of our seniors against COVID-19 we must bring the vaccine to our program sites. It is simply impractical, as well as dangerous, to expect our seniors to venture out to get the vaccine.

At VOA-Greater New York, we ask ourselves all the time, what would our clients – those with complex underlying issues, are homebound, the elderly, those without the wherewithal to ask for help let alone keep themselves safe during these COVID times – have done if they lived alone, if they didn't have someone like us?

**Ms. Albert (age 64), Webster House SRO**

Ms. Albert is a survivor of childhood sexual abuse. She has a significant mental health diagnosis, history of substance use and a 10-year history of homelessness starting when she left an abusive husband. Ms. Albert worked for eight years as a NYPD attendant. She has been at Webster House for seven years. She has maintained sobriety for fifteen years and is described by staff as a shy but humorous person who will run errands for her less mobile neighbors. During COVID her apartment flooded and ruined her small television. After three months of attempting to manage without a TV, occupying herself on her own while staying indoors and social distancing due to COVID, Ms. Albert finally asked staff for help. With limited funds she was struggling to find ways to fill her time and was concerned for her sobriety. Staff understood this and, when another resident was moving out of the program and had indicated that she'd purchased a new television, staff asked if she would donate the old one to Ms. Albert. In mid-January of 2021 Ms. Albert received her new (gently used) television and was thrilled.

**Mr. H (age 74), Webster House SRO**

Early on in the pandemic, Mr. H, a veteran, contracted COVID-19. His symptoms were severe and he was sent to the Comfort Navy ship stationed at Pier 90. He has since made a full recovery, but upon his return to Webster House was weak. Staff were concerned about his ability to prepare meals for himself, so they arranged for Meals on Wheels and another meal service to deliver. While Mr. H did reluctantly accept this help, staff wanted to initiate home care services as well, but this veteran, who is ferociously independent, adamantly refused. He has been doing very well since being back at Webster and appears to have no lingering effects from COVID-19, but staff continue to watch him closely—from afar!

**John (age 70s), East 12th Street Senior Residence SRO**

John struggles with keeping his unit clean, and for years resisted help from staff. Adult Protective Services (APD) had been brought in which resulted in only semi-yearly thorough cleanings, shortly after which John's unit would again fail the monthly SRO room inspection. His Case Manager spent many hours encouraging this proud man to accept a home health aide, but to no avail, insisting he could manage and making it clear his ethnicity and culture dictated that he did not accept help, that he could care for himself. Finally, with the Case Manager's non-judgmental urging and the Program Director's more direct approach, they convinced John that he had earned the right at his advanced age to receive services and that there was no shame in this. Quickly, staff got John recertified for Medicaid so he could qualify for long term home health care assistance. John eventually embraced the idea of the attendant helping with his housekeeping challenges as well as daily errands. In fact, John appears to have a good rapport with Nicole, his home health aide, who is there three days a week for four hours a day. John's room now passes inspection every time. Nicole meets with John's case manager bi-monthly to keep staff apprised of any issues or his changing needs.

**Mr. E (age 60), Rose House SRO**

In the early days of COVID-19 when all was new and scary, Rose House had a tenant, Mr. E, who became very ill and repeatedly went by ambulance to the emergency room. Each time he was discharged back to Rose House to recover. Mr. E was extremely frightened, fearing he had COVID, and, as staff learned more about the virus's presenting symptoms, suspected that this gentleman, although not formally diagnosed, likely did have it. Staff erred on the side of caution and asked Mr. E to isolate in his room and use a separate bathroom reserved only for him. Staff checked on him daily and supplied him with PPE and lined up a food delivery service through the NYC food program. Before the food service began, the tenant made a special request for homemade chicken soup from his favorite takeout place and staff picked it up for him. They also made runs to the pharmacy and ran any other errands needed to make him more comfortable, both physically and emotionally. He overcame his illness and has been doing well. Since that experience he is much more engaged with staff and expressed—for the first time since he's lived at Rose—how appreciative he is to be here and how grateful he is to have been supported during one of his most vulnerable and difficult times.

**What we need from the City:**

1. Technology: we need smart phones and/or many more tablets to bring to clients for tele-health and other appointments, and for clients at risk of depression and social isolation to be able to connect with family members through FaceTime or other video calls.

2. On-Site COVID-19 Vaccines and Testing: mobile units are needed to bring the vaccine on-site since many of our clients are too old and too frail to travel (to Yankee Stadium, the Javits Center, or other boroughs), essentially or actually, homebound.

3. COVID Vaccine Education: a significant number of our older adults are reluctant to get the vaccine, so we need healthcare professionals to come on-site, days before the vaccine is to be given, to convince folks of its safety.

4. An Incentive: a $10 gift card or something similarly appealing would be enough to convince more of our clients to take the vaccine or to be tested.

5. Many more affordable, supportive housing units, appropriate for seniors, as our SROs become, for all intents and purposes, NORCs.

ACLU of New York

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**Testimony of Allie Bohm**
**On Behalf of the New York Civil Liberties Union**
**Before the New York City Council Committees on Health, Aging, and Technology *Regarding Oversight* – COVID-19 and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC**

**February 17, 2021**

The New York Civil Liberties Union (NYCLU) is grateful for the opportunity to submit the following testimony regarding oversight of COVID-19 and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC. The NYCLU, the New York State affiliate of the American Civil Liberties Union, is a not-for-profit, nonpartisan organization with eight offices across the state and over 180,000 members and supporters. The NYCLU defends and promotes the fundamental principles and values embodied in the Bill of Rights, the U.S. Constitution, and the New York Constitution through an integrated program of litigation, legislative advocacy, public education, and community organizing.

Adults ages 65 and older are 16% of the U.S. population, but have experienced 80% of COVID-related deaths.[1] At the same time that this population faces great risks from COVID-19, they also contend with the increased risks of depression, anxiety, dementia, and early death that accompany isolation as they seek to avoid contracting COVID-19.[2] These facts underscore the urgency both of this hearing and of prioritizing timely vaccination of New York City's seniors.

Still, as the Committees focus on seniors' access to vaccines, it is critical to pay particular attention to which seniors have access to vaccines. New York City is nearly 25% Black,

[1] Meredith Freed, Juliette Cubanski, Tricia Neuman, Jennifer Kates, & Josh Michaud, *What Share of People Who Have Died of COVID-19 Are 65 and Older – and How Does It Vary By State?*, KAISER FAMILY FOUNDATION, July 24, 2020, https://www.kff.org/coronavirus-covid-19/issue-brief/what-share-of-people-who-have-died-of-covid-19-are-65-and-older-and-how-does-it-vary-by-state/.
[2] COUNCILMEMBER CHIN, NEW YORK CITY COUNCIL COMMITTEES ON HEALTH, AGING, AND TECHNOLOGY ON OVERSIGHT - COVID-19 AND SENIORS: ADDRESSING EQUITY, ACCESS TO THE VACCINE, AND SCHEDULING VACCINATION APPOINTMENTS ONLINE IN NYC (2021).

nearly 30% Latinx, and about 14% Asian,[3] and yet nearly half of all New York City residents ages 65 and older who have been vaccinated, and whose race is known,[4] are white.[5] Only 15% are Latinx, and 12% are Black; 13% are Asian.[6] The City's vaccine tracker by zip code paints a similarly galling picture. While 11% of adults in Riverdale, 12% of adults on the Upper West Side, and 17% of adults on Lenox Hill in the Upper East Side are fully vaccinated, only 2% of adults in Corona, Queens and Cypress Hills/East New York and 1% of adults in Hunts Point have been fully vaccinated.[7] This sample represents a pattern that repeats throughout the map: wealthier, whiter neighborhoods are receiving vaccines at much higher rates than the poorer neighborhoods that are disproportionately home to Black, brown, and Asian communities, essential workers, and – relatedly – those who have already born the brunt of the coronavirus pandemic.[8] The barriers to vaccination should be familiar by now, but this testimony will describe several of them and offer solutions to help the vaccine reach the communities that need it the most.

**Internet and Language Access and Transportation**

The vast majority of vaccine sign-ups take place online. Although the City has developed a hotline for New Yorkers to make appointments, that phone line is often overwhelmed, frequently delivers only an automated recording that no appointments remain, and, moreover, only accommodates English and Spanish speakers.[9] An effectively online only registration system specifically disadvantages seniors. Nationwide, half of all adults ages 65+ do not have home internet access, and one-third of that population reported in 2019 that they had never used the internet.[10] Those seniors lucky enough to be internet savvy, or to have family or friends who can help, must navigate to each provider's website to try to register for one of precious few vaccination slots, often answering the same intake questions

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[3] *QuickFacts: New York city, New York; New York*, UNITED STATES CENSUS, https://www.census.gov/quickfacts/fact/table/newyorkcitynewyork,NY/PST045219 (last visited Feb. 18, 2021).

[4] Twenty-nine percent of vaccine recipients' race and ethnicity are unknown, an appallingly high number that suggests that providers have not received adequate training in non-stigmatizing ways to ask demographic questions and collect demographic information. *COVID-19 Vaccine Tracker*, NYC HEALTH, https://www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page (last visited Feb. 18, 2021).

[5] *Id*.

[6] *Id*.

[7] *NYC Adults Vaccinated by ZIP Code*, NYC HEALTH, https://www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page (last visited Feb. 18, 2021).

[8] *Fatalities*, NYS DEP'T OF HEALTH, https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n (last visited May 26, 2020); *see also The Color of Coronavirus: COVID-19 Deaths By Race And Ethnicity in the U.S.*, AMP RESEARCH LAB, May 20, 2020, https://www.apmresearchlab.org/covid/deaths-by-race; John Eligon, Audra D.S. Burch, Dionne Searcey, & Richard A. Oppel Jr., *Black Americans Face Alarming Rates of Coronavirus Infection in Some States*, N.Y. TIMES, Apr. 14, 2020, https://www.nytimes.com/2020/04/07/us/coronavirus-race.html.

[9] COUNCILMEMBER MENCHACA, NEW YORK CITY COUNCIL COMMITTEES ON HEALTH AND HOSPITALS ON OVERSIGHT - COVID-19 VACCINE DISTRIBUTION & ACCESSIBILITY IN NYC (2021).

[10] Jessica Fields, *We are leaving older adults out of the digital world*, TECHCRUNCH, May 5, 2019, https://techcrunch.com/2019/05/05/we-are-leaving-older-adults-out-of-the-digital-world/.

over and over again with each new attempt,[11] a time intensive-process that favors those who have the advantages of more flexible time, greater internet savvy, and English proficiency. Many who have been able to make an appointment face transportation barriers to arriving at that appointment,[12] or when they do arrive, find that none of the workers on site speak their language.[13]

City Council can – and must – fix these problems. We are pleased to see Chair Levine's preconsidered Int. 2021-7143 to require DOHMH to create a unified scheduling system, in all designated citywide languages, for COVID-19 vaccinations. This is an important first step, but it is not enough because the digital divide remains a persistent barrier. New York City must also develop an effective, language-accessible means for individuals to sign-up for vaccine appointments by phone.

And while we are grateful that the Mayor's office has announced a plan for the City to offer transportation to seniors who need it to access vaccines,[14] we are cognizant that this program requires separate sign-up, forcing would-be vaccine recipients to run another gauntlet after securing an appointment. Ideally, an integrated call center should both schedule vaccine appointments and arrange transportation for those who need it.

In addition to providing transportation, the City Council must do more to ensure that individuals – and particularly seniors – can be vaccinated – without substantial wait times – in their own neighborhoods. One way to do this is to require the vaccination pods and hubs, particularly those located in low-income neighborhoods, to give priority to local residents.

Moreover, the City must support vaccination programs within the existing community-based health care providers, because these health centers are deeply integrated into their communities and are trusted sources of care for the populations they serve. It should also partner with community-based organizations and senior centers to establish additional vaccination sites that are local, culturally competent, and linguistically inclusive, because these community-based organizations are the experts in reaching their own communities.

We understand that the City has begun pilot programs that give local community groups blocks of vaccine appointments to fill with qualifying residents. These programs must

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[11] Sydney Pereia, *New Yorkers Eligible for COVID Vaccine Report Frustrations With City Registration Websites*, GOTHAMIST, Jan. 11, 2021, https://gothamist.com/news/new-yorkers-eligible-vaccine-report-frustrations-city-registration-websites.
[12] *See generally* Jenni Bergal, *Without a Ride, Many in Need Have No Shot at COVID-19 Vaccine*, PEW STATELINE, Feb. 1, 2021, https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2021/02/01/without-a-ride-many-in-need-have-no-shot-at-covid-19-vaccine.
[13] *E.g.*, Josefa Velasquez, *Outsiders Get Vaccinated at Washington Heights Armory Cuomo Touted as Combatting COVID 'Inequity'*, THE CITY, Jan. 26, 2021, https://www.thecity.nyc/coronavirus/2021/1/26/22251524/vaccines-washington-heights-armory.
[14] Press Release, NYC, Vaccine for All: City to Offer Transportation for NYC Seniors (January 17, 2021) (https://www1.nyc.gov/office-of-the-mayor/news/035-21/vaccine-all-city-offer-transportation-nyc-seniors).

continue and be expanded. And, the City should engage in a culturally competent and linguistically inclusive public education campaign to ensure that all of our communities know where they can receive vaccines.

Furthermore, each vaccine site must have staff on site who speak the languages prevalent in their neighborhoods. They must further have access to a language line to provide appropriate and timely translation for those who speak less common languages.

**Homebound Seniors**

In addition to making it easier for seniors who can travel to receive vaccines, the Committees are right to focus on homebound seniors, who face some of the most intense isolation during the pandemic. We are encouraged by Councilmember Treyger's Int. 2225-2021 that would require the establishment of a plan to vaccinate homebound seniors. While we understand that Mayor de Blasio has already announced a plan,[15] we are concerned that this plan relies on the Johnson & Johnson vaccine, which has experienced manufacturing delays[16] – meaning that there will be a longer delay before the homebound are vaccinated. Moreover, this plan offers a particularly vulnerable population a less effective vaccine compared to Pfizer and Moderna.[17] There is no reason to wait for – or rely on – the Johnson & Johnson vaccine when other states, such as Vermont, have begun to vaccinate their homebound seniors with existing vaccine supplies.[18] Rather, the City should work with organizations, like Meals on Wheels, that have expertise bringing cold deliveries to homebound seniors and which are already trusted service providers for this population.[19]

Moreover, the City must prioritize vaccinating those who provide deliveries to homebound seniors, as well as their family members who serve as caretakers, in addition to the seniors themselves and the home health aides whom Mayor de Blasio has prioritized.[20] Particularly

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[15] Natalie Rahhal, *NYC will use Johnson & Johnson's easily stored one-shot COVID-19 vaccine to reach homebound seniors, Mayor de Blasio says*, UK DAILY MAIL, Feb. 16, 2021, https://www.dailymail.co.uk/health/article-9267943/NYC-use-J-Js-one-dose-shot-vaccinate-homebound-seniors.html.
[16] Noah Higgins-Dunn, *Dr. Fauci slightly delays timeline for widespread vaccine availability in U.S. to May*, CNBC, Feb. 16, 2021, https://www.cnbc.com/2021/02/16/dr-fauci-slightly-delays-timeline-for-widespread-vaccine-availability-in-the-us-to-may-.html.
[17] Ben Adams, *J&J single shot sees 66% efficacy in moderate COVID-19, 85% in severe cases; shares fall*, FIERCE BIOTECH, Jan. 29, 2021, https://www.fiercebiotech.com/biotech/j-j-single-shot-sees-66-efficacy-moderate-covid-85-severe-cases-shares-fall.
[18] *E.g.*, *Vaccination Program for Homebound Vermonters Begins*, VERMONTBIZ, Feb. 5, 2021, https://vermontbiz.com/news/2021/february/05/vdh-covid-19-update-covax-program-homebound-seniors-begins-do-hs-sports.
[19] RACHEL SHERROW, CITYMEALS ON WHEELS, NEW YORK CITY COUNCIL COMMITTEES ON HEALTH, AGING, AND TECHNOLOGY ON OVERSIGHT - COVID-19 AND SENIORS: ADDRESSING EQUITY, ACCESS TO THE VACCINE, AND SCHEDULING VACCINATION APPOINTMENTS ONLINE IN NYC (2021).
[20] Natalie Rahhal, *NYC will use Johnson & Johnson's easily stored one-shot COVID-19 vaccine to reach homebound seniors, Mayor de Blasio says*, UK DAILY MAIL, Feb. 16, 2021,

in low-income communities and communities of color, family members act as caregivers for homebound seniors more often than home health aides do.[21] Because homebound seniors are, by definition, homebound, their biggest risk of contracting COVID-19 comes from the individuals who enter their homes to provide care or make deliveries, and the best way to protect these seniors is to protect those who take care of them.

**Vaccine Hesitance**

It is imperative that the City make it as easy and convenient as possible for seniors to sign-up for vaccines, travel to vaccination sites, and receive vaccines. At the same time, the City must do more to address well-founded vaccine hesitance.

Many, particularly in the Black community, remember the Tuskegee syphilis study – when, in the 1930s, the U.S. government studied the trajectory of untreated syphilis in hundreds of Black men, both concealing the nature of their research and withholding effective treatment after one had been identified – as well as surgical experimentation on enslaved people.[22] To individuals who still face stark disparities in the U.S. health care system,[23] Tuskegee feels ever-present. Black patients suffering from appendicitis, broken bones, and other serious conditions are less likely to be offered painkillers than white patients,[24] and in 2016 researchers found that half of white medical students surveyed "were willing to entertain one or more false statements about biological differences based on race, such as the notion that African Americans have less-sensitive nerve endings than whites."[25] In fact, COVID-19 researchers are using a cell line that originated from Henrietta Lacks, a Black woman whose cells were harvested without her knowledge and consent. And, although research done with so-called HeLa cells "underpin[] much of modern medicine . . . [n]one of the biotechnology or other companies that profited from her cells passed any money back to her family."[26]

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https://www.dailymail.co.uk/health/article-9267943/NYC-use-J-Js-one-dose-shot-vaccinate-homebound-seniors.html.

[21] COUNCILMEMBER TREYGER, NEW YORK CITY COUNCIL COMMITTEES ON HEALTH, AGING, AND TECHNOLOGY ON OVERSIGHT - COVID-19 AND SENIORS: ADDRESSING EQUITY, ACCESS TO THE VACCINE, AND SCHEDULING VACCINATION APPOINTMENTS ONLINE IN NYC (2021).

[22] Peter Jamison, *Anti-vaccination leaders fuel [B]lack mistrust of medical establishment as covid-19 kills people of color*, WASH. PO., July 17, 2020, https://www.washingtonpost.com/dc-md-va/2020/07/17/black-anti-vaccine-coronavirus-tuskegee-syphilis/?hpid=hp_hp-banner-main_black-antivax-940am%3Ahomepage%2Fstory-ans.

[23] Khiara M. Bridges, *Implicit Bias and Racial Disparities in Health Care*, 43 ABA HUMAN RIGHTS MAGAZINE (2018).

[24] Peter Jamison, *Anti-vaccination leaders fuel [B]lack mistrust of medical establishment as covid-19 kills people of color*, WASH. PO., July 17, 2020, https://www.washingtonpost.com/dc-md-va/2020/07/17/black-anti-vaccine-coronavirus-tuskegee-syphilis/?hpid=hp_hp-banner-main_black-antivax-940am%3Ahomepage%2Fstory-ans.

[25] *Id.*; Sandhya Somashekhar, *The disturbing reason some African American patients may be undertreated for pain*, WASH. PO., Apr. 5, 2016, https://www.washingtonpost.com/news/to-your-health/wp/2016/04/04/do-blacks-feel-less-pain-than-whites-their-doctors-may-think-so/.

[26] *Henrietta Lacks: science must right a historical wrong*, NATURE, Sept. 1, 2020, https://www.nature.com/articles/d41586-020-02494-z.

Indigenous Americans, too, have survived "significant unethical research and medical care" since colonization.[27] Latinx New Yorkers remember that between the 1930s and the 1970s, approximately one-third of Puerto Rican women and girls were forcibly sterilized.[28] This history feels strikingly present as immigrants detained in ICE facilities in Georgia last year reported forced hysterectomies.[29] Against this backdrop, it is no wonder that some communities are skeptical of vaccines, particularly if pushed too forcefully upon them when the vaccine is experimental and new.[30] Getting New Yorkers to take this vaccine will require planning, care, and sensitivity to these concerns.

Unfortunately, throughout the pandemic response, both the City and state have failed to prioritize cultural and linguistic competence and meaningful community engagement – to all of our detriments.[31] Given the City's high vaccine refusal rate,[32] it appears to be making the same mistakes once again. These community engagement failures are public health failures. The City must work with community members and community-based organizations to engage all New Yorkers in the vaccination effort. Just as community members have been more effective at convincing their neighbors to wear masks and adhere to social distancing,[33] community members and organizations are more likely than outsiders to know how to convince their neighbors to get vaccinated.

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[27] *See* Felicia Schanche Hodge, *No Meaningful Apology for American Indian Unethical Research Abuses*, 22 ETHICS & BEHAVIOR 431 (2012).
[28] Katherine Andrews, *The Dark History of Forced Sterilization of Latina Women*, UNIV. OF PITTSBURGH, Oct. 30, 2017, https://www.panoramas.pitt.edu/health-and-society/dark-history-forced-sterilization-latina-women.
[29] Caitlin Dickerson, Seth Freed Wessler, & Miriam Jordan, *Immigrants Say They Were Pressured Into Unneeded Surgeries*, N.Y. TIMES, Sept. 29, 2020, https://www.nytimes.com/2020/09/29/us/ice-hysterectomies-surgeries-georgia.html.
[30] *E.g.* Desi Rodriguez-Lonebear, PhD (@native4data), Twitter (Nov. 25, 2020), https://twitter.com/native4data/status/1331818437211955204. Nearly half of Black people in the U.S. say they will avoid a vaccine "even if scientists deem it safe and it is available for free," and 40% of Hispanic adults expressed skepticism about getting vaccinated while "two-thirds of white people said they would definitely or probably get vaccinated." Press Release, Kaiser Family Foundation & The Undefeated, New Nationwide Poll by the Kaiser Family Foundation and The Undefeated Reveals Distrust of the Health Care System Among Black Americans (Oct. 13, 2020) (https://www.kff.org/racial-equity-and-health-policy/press-release/new-nationwide-poll-by-the-kaiser-family-foundation-and-the-undefeated-reveals-distrust-of-the-health-care-system-among-black-americans/).
[31] *See generally* NYCLU, TESTIMONY BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH AND HOSPITALS REGARDING OVERSIGHT OF NYC'S COVID-19 TESTING AND CONTACT TRACING PROGRAM, PART II (2020).
[32] *See* Henry Goldman & Keshia Clukey, *N.Y. Front-Line Workers to Lose Place in Line If Skip Shot*, BLOOMBERG, Jan. 7, 2021, https://www.bloomberg.com/news/articles/2021-01-07/nyc-s-de-blasio-blames-state-for-thousands-of-unused-vaccines ("More than 30% of health workers resist jabs, causing surplus.").
[33] Ashley Southall, *Police Face Backlash Over Virus Rules. Enter 'Violence Interrupters.'*, N.Y. TIMES, May 22, 2020, https://www.nytimes.com/2020/05/22/nyregion/Coronavirus-social-distancing-violence-interrupters.html.

But, addressing vaccine hesitance will require more than just public education. It will also require ensuring that individuals feel – and actually are – safe registering for vaccination. The City must accommodate those who, whether for fear of deportation, criminalization, losing custody of their children, or any other reason, may be afraid to share intimate information with the government. This is particularly true when it comes to intake forms, like CVS's, that ask for a social security number, state identification number, or driver's license number for individuals who are uninsured.[34] Although President Biden issued an executive order directing agencies to review the Trump administration's public charge rule, the rule remains in effect.[35] And, too many immigrant seniors still fear that participation in government-linked health care assistance will render them ineligible for permanent residency.[36] Intake forms that request social security numbers generally and specifically for the uninsured, particularly when vaccine recipient information is shared with the federal government,[37] are likely to dissuade individuals who hold these fears from seeking vaccination.

Moreover, a social security, state ID, or driver's license number request or requirement may close the door to vaccination for those who lack such identity documents. There is no reason that vaccine providers should be soliciting this information.[38]

Similarly, other vaccination sites, like AdvantageCare, use individuals' credit histories to determine whether they are eligible for vaccination, running individuals through Experian to verify their identities – despite the fact that one in five Americans is "credit invisible" and cannot be verified by a credit check – a problem that disproportionately impacts Black people.[39]

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[34] *COVID Vaccine Intake Consent Form*, CVS, https://info.omnicare.com/rs/095-VIX-581/images/COVID%2019%20Vaccine%20Intake%20Consent%20Form.pdf (last visited Jan. 12, 2021).
[35] *Public Charge Rule*, NYC MAYOR'S OFFICE OF IMMIGRANT AFFAIRS, Feb. 17, 2021, https://www1.nyc.gov/site/immigrants/help/legal-services/public-charge.page.
[36] *See generally* Public Charge and Immigrant Seniors, JUSTICE IN AGING, Sept. 17, 2020, https://justiceinaging.org/public-charge-and-immigrant-seniors/.
[37] *See* n.40, *infra*.
[38] While CVS asserts that it collects this information to facilitate reimbursement from the federal Health Resources & Services Administration (HRSA) for uninsured vaccine recipients, reimbursement is available regardless of immigration status, and HRSA does not require a social security number, driver's license number, or state ID to facilitate reimbursement. *See FAQs for COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment and Vaccine Administration*, HRSA, https://www.hrsa.gov/coviduninsuredclaim/frequently-asked-questions (last visited Feb. 2, 2021); *COVID-19 Claims Reimbursement*, HRSA, https://coviduninsuredclaim.linkhealth.com/patient-details.html (last visited Feb. 2, 2021) (explaining how to submit reimbursement for a patient who does not provide a social security number, driver's license number, or state ID).
[39] Samantha Cole, *Vaccine Sites Use Credit History to Verify Patients' Identities*, VICE, Jan. 15, 2021, https://www.vice.com/amp/en/article/y3gq9j/nyc-vaccine-site-credit-history-experian-identity-rejected?__twitter_impression=true.

Even as New York works to stand up one unified vaccine registration system, the City can ameliorate these barriers immediately by issuing binding rules proscribing requests for social security numbers, driver's license numbers, or state identification numbers as well as the use of credit checks to verify identity for the purposes of vaccine receipt.

A prohibition on collecting this information on the front end will also help to ensure that New York does not share troves of vaccine recipients' personal information with the federal government. At the same time, City Council should re-evaluate and strengthen, where necessary, the protections for the Citywide Immunization Registry, as well as pressure state and federal lawmakers to adopt policies that protect vaccine recipients' personal information, because no one should have to worry that information shared to respond to a public health crisis will be used to criminalize or deport them or to take their children away.[40]

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[40] In November, the federal government informed states that it was conditioning distribution of any COVID-19 vaccine to a state on that state's signing a data use agreement (DUA), Data Use and Sharing Agreement to Support the United States Government's COVID-19 Emergency Response Jurisdiction Immunization and Vaccine Administration Data Agreement (Nov. 9, 2020) (on file with the author), that committed to provide the federal government with a wealth of personal information about each vaccine recipient, including, but not limited to, name, address, date of birth, and identification number. *See* CENTERS FOR DISEASE CONTROL AND PREVENTION, COVID-19 VACCINATION PROGRAM INTERIM PLAYBOOK FOR OPERATIONS 63 – 64 (Oc. 29, 2020). The sweeping nature of this data sharing agreement was unprecedented. *E.g. Statistics Center*, CENTERS FOR DISEASE CONTROL AND PREVENTION, https://www.cdc.gov/hiv/statistics/index.html (last visited Dec. 2, 2020) ("Health departments report de-identified data to CDC."). What is more, that data sharing agreement was explicit that the CDC and the federal Department of Health and Human Services (HHS) could share vaccine recipients' information with "other federal partners," Data Use and Sharing Agreement to Support the United States Government's COVID-19 Emergency Response Jurisdiction Immunization and Vaccine Administration Data Agreement (Nov. 9, 2020) (on file with the author), which could include Immigration and Customs Enforcement (ICE), the FBI, or the Department of Homeland Security (DHS). This too was without precedent. *E.g. National Immunization Surveys*, CENTERS FOR DISEASE CONTROL AND PREVENTION, https://www.cdc.gov/vaccines/imz-managers/nis/confidentiality.html (last visited Dec. 2, 2020) ("It is against federal law for us to give your name or any other information that could identify you to anyone, including the President, Congress, National Security Agency, Department of Homeland Security, Internal Revenue Service, Immigration and Naturalization Service, or welfare agencies for any reason."). Fortunately, in early December, as a result of advocacy from many organizations and several states, including New York, the CDC did roll back the most egregious parts of the DUA. The new DUA states explicitly in Appendix G that vaccine recipient information will not be used "for any civil or criminal prosecution or enforcement, including, but not limited to, immigration enforcement, against such individuals whose information is shared pursuant to this DUA." Data Use and Sharing Agreement to Support the United States Government's COVID-19 Emergency Response Jurisdiction Immunization and Vaccine Administration Data Agreement 24 (Dec. 1, 2020) (https://www.cdc.gov/vaccines/covid-19/reporting/downloads/vaccine-administration-data-agreement.pdf). It is also explicit that the federal government "will not seek social security numbers, driver's license numbers, or passport numbers." *Id*. But, the DUA itself continues to insist that only states with a state law or regulation prohibiting them from sharing identifiable information about vaccine recipients may send de-identified information to the federal government; all other states are still required to share vaccine recipients' identifiable information. *Id*. at 2. New York has no such law, which means that New York will still be required to share vaccine recipients' names, addresses, dates of birth, and other personal information with the federal government, unless or until we pass such a law. Moreover, the latest DUA continues to permit the federal government to unilaterally change its appendices with only notice to the states – that is,

**Conclusion**

Throughout the COVID-19 pandemic, the City has perplexingly sidelined community-based providers and organizations that are expert in delivering culturally and linguistically competent care, services, and communication to their communities. Now, as the City – like the rest of the United States – pins its hopes of emerging from the coronavirus pandemic on vaccine uptake,[41] it is as important as ever that the City turn to these trusted community groups to ensure that vaccine outreach and distribution is inclusive, effective, culturally competent, and linguistically accessible. Many of the witnesses at this hearing join a cadre of organizations that have long been offering to help.[42] New York City must finally take them up on their offer. The health and vibrancy of our communities and our City are at stake.

The NYCLU thanks the Committees for the opportunity to provide testimony and for their consideration of this critically important issue.

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without the opportunity to agree or disagree to the changes. *Id.* at 9. This means that the protections in Appendix G could disappear at any time. *See generally See generally* NYCLU, TESTIMONY BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH AND HOSPITALS REGARDING OVERSIGHT – COVID-19 VACCINE DISTRIBUTION & ACCESSIBILITY IN NYC (2021).

[41] *E.g.* David Paul, *Wall Street's Rosy Scenario is About to Come Crashing Down*, MEDIUM, July 21, 2020, https://davidapaul.medium.com/wall-streets-rosy-scenario-is-about-to-come-crashin-46d96880dfca; *cf. Waiting for a vaccine fairy is for children, not leaders*, SUNDAY INDEPENDENT, Oct. 18, 2020, https://www.pressreader.com/ireland/sunday-independent-ireland/20201018/282282437780731.

[42] *See generally* NEW YORK CITY COUNCIL COMMITTEES ON HEALTH, AGING, AND TECHNOLOGY ON OVERSIGHT - COVID-19 AND SENIORS: ADDRESSING EQUITY, ACCESS TO THE VACCINE, AND SCHEDULING VACCINATION APPOINTMENTS ONLINE IN NYC (2021).

**Maggie Ornstein, PhD, MA, MPH**

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Testimony for Public Hearing: *Oversight - COVID-19 and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC*.
NYC Council Committee on Health
NYC Council Committee on Aging
NYC Council Committee on Technology

February 17, 2021

Dear Council Members Levine, Chin, and Holden,

Thank you for holding this public hearing on the importance of vaccine equity among the elderly. I write this testimony as a member of the NY Caring Majority and on the morning of my mother's second dose of the COVID-19 vaccination, for which we are very grateful. Unlike many New Yorkers, I had the time and stamina to persevere with the online system in order to snag one of the early appointments. Without family caregivers, many seniors have no access to making vaccination appointments, let alone traveling to them, if they are lucky enough to get one. In order to better serve seniors, they need to be contacted directly to have their appointments set up, rather than leaving the onus on individuals to make them, given the extreme difficulty involved in navigating the current system.

My mother is 75 and a brain injury survivor. In 1996, at the age of 49, she suffered an aneurysm rupture, which left her in a coma and on life support for five months. I was 17 years old. At the moment of this catastrophic event my life was transformed into one completely dedicated to getting my mother better. I had no desire to become an advocate for a more just health care system, however it became immediately apparent that this is what was required of me for my

mother's very survival. Over the years, I've cared for multiple family members, including my grandmother, who was in her 80's when my mom got sick and died at home at 102.

As a family caregiver for 25 years, there is an experience I've had numerous times, which I'd like to draw your attention to, as it is related to the vaccine distribution and eligibility guidelines. There were many times when my mother wasn't eligible for services because she wasn't old enough and my grandmother wasn't eligible because she wasn't poor enough. This left me, as the caregiver who was responsible for a majority of their care, alone, caring for multiple family members, with no were to go for help. Their existence, their very survival depended on my ability to navigate this system. There is an opportunity here to stop neglecting family caregivers who do so much and sacrifice so much to provide the care they do.

In my advocacy work to help get family caregivers prioritized for vaccination, I recently published an op-ed on this topic and would like to help get this issue onto the Mayor's radar. NYC is home to more than 1 million family caregivers. As of this writing, they are not recognized by the City or State as important in the vaccination effort. Family caregivers are essential direct care workers. We are unpaid home care workers doing the same job as hospital, home care and nursing home workers, but without pay, labor protections of other benefits. Given the cost of nursing home care in NYC, if family caregivers got too sick or died due to COVID-19, the cost to the government would be exorbitant.

This issue is especially relevant at this moment, with the Mayor's recent initiative to vaccinate homebound seniors. Including both home care workers and family caregivers would make this initiative more impactful. NYC's family caregivers are largely ignored in policy and service provision and are in dire need of attention.

Arguments are often made of the importance of providing relief to family members, so they have help providing care in order to avoid the institutionalization of the people they care. In the instance the COVID-19 pandemic, this reality is compounded by the very real possibility of family caregivers getting too sick to care. If family caregivers die, many of those who receive care would be destined for nursing home care. Given the current death rate in NYS, of 2.97%, nearly 30,000 caregivers are at risk of death due to COVID-19. The human toll here is great, but the economic cost to the state would be enormous. If the care recipients could no longer be cared for in the community, due to the loss of their family caregivers, they would need nursing home care. With the average annual cost of nursing home care being about $140,000, the State would need to come up with over $4 billion to cover the replacement cost of family caregivers' unpaid labor.

In 2005, NYC had just over 46,000 nursing home beds. Consider the catastrophe, which would result if 30,000 additional beds were required. The system as we know it, would crumble. There is insufficient infrastructure to support the needs, which would arise if family caregivers became ill or died due to COVID-19.

Included in phase 1a & 1b are "Home care workers and aides, hospice workers, personal care aides, and consumer-directed personal care workers." Given that family caregivers are not waged laborers, we do not qualify. I urge the City Council to put pressure on the Mayor, as well as your colleagues in the Senate and Assembly to push the NYS DOH to include family caregivers in the current phase of eligibility. Family members are integral to community-based care, as well as the facilitation of vaccination of seniors and people with disabilities and deserve a safety net, which the vaccine would provide.

In my recent advocacy work, I've had family caregivers reach out to me in desperation, looking for loopholes. They are terrified of getting sick, worried about what will happen to their loved ones if they become ill or die. The vaccination program for seniors is only as good as the collective measures implemented to protect all members of their care team. Home care workers are included in the Mayor's plan, as they should be, but family caregivers must be included as well. I urge the City Council to put pressure on the Mayor, and work with their colleagues in the Senate and Assembly to get this much needed change enacted by the State Department of Health in order to highlight the significance and magnitude of this issue.

I'd be happy to be involved in these efforts. If I can be of further assistance to the City in any way, please do not hesitate to contact me.

Sincerely,

Maggie Ornstein

Maggie Ornstein, PhD, MPH, MA

tayamo@gmail.com

Queens Resident

**Testimony of Brian McIndoe, MPA, President & CEO of Ryan Health**

**To New York City Council**

**Committee on Health**

**Supporting Resolution 1529-2021**

**February 17, 2021**

Good afternoon Chair Levine and members of the Committee on Health. I am Brian McIndoe, President and CEO of Ryan Health. I am here to testify in support of Resolution 1529-2021 calling on the New York State Legislature to pass, and the Governor to sign, legislation to protect New York State's safety net providers and Special Needs Plans by eliminating the Medicaid pharmacy carveout.

I am here today on behalf of the over 50,000 patients that Ryan Health serves every year. Ryan Health is a mission-driven Federally Qualified Health Center (FQHC) with nineteen locations throughout Manhattan, which includes our seven primary care centers: two in Harlem, two on the Upper West Side, one on the Lower East Side, our newest center in Washington Heights, our affiliated center, Ryan Chelsea-Clinton in Hell's Kitchen, as well as seven school-based health centers, four community health outreach centers, and a mobile health center. We have over fifty years of experience providing healthcare in vulnerable communities to diverse populations who are most in need of our care.

Over 85% of our patients are low-income, living at or below 200% of poverty. Seventy percent of them are enrolled in Medicaid and/or Medicare, and another 11% are uninsured. At least three-fourths are people of color.

Last March, the Medicaid Redesign Team (MRT) II recommended the State Department of Health transition the Medicaid pharmacy benefit from managed care to fee-for-service beginning in April 2021. The Governor included it in the Executive Budget, which the Legislature passed for the fiscal year starting April 1, 2020.

Our opposition to the pharmacy benefit carveout is rooted in the devastation it would cause to the savings that Ryan Health achieves under the federal 340B program. As a federal grantee, we have participated in the program since 2001. We have worked diligently to make the program benefit our vulnerable patients, and to fulfill the Congressional intent of the statute "to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services."

At Ryan Health, we reinvest our 340B savings into efforts to achieve that intent in the following ways:

- Subsidizing low cost or free medications for low-income patients;
- Financing our sliding fee scale for uninsured patients;
- Supporting mission-focused programs that operate at a loss;
- Offering enhanced care coordination for those who are chronically ill, including patients with diabetes and HIV;
- Creating and implementing nutrition and diabetes education programs; and
- Conducting outreach to local community members to bring them into care, addressing racial disparities and inequalities in healthcare access.

I would like to share with you the story of one such patient who benefits from our diabetes education program. Carlos – not his real name – is a patient of ours at Ryan Health | NENA on the Lower East Side. He is 78 years old, and is a very complex patient living with multiple co-morbidities including diabetes, HIV, high blood pressure, COPD, kidney disease, and cognitive impairment. His care team includes a medical case manager, certified diabetes educator, registered dietician, and primary care provider.

For years before entering our Diabetes Management and Education Program, he was not properly taking his medication and easily confused. In the fall of 2019, he became more engaged in his care when our certified diabetes educator implemented twice monthly visits or calls with him. While his A1C was as high as 12.6%, it has been at goal (<8%) since engaging with the diabetes educator more regularly. He is a clear example that patients who live with complicated medical histories are manageable with long-term and very frequent follow-ups.

Importantly, we also know that it is that hands-on intervention and care with the patient that keeps him out of the emergency room and from avoidable hospital admissions.

I testify before you this afternoon with the sobering knowledge that if the misguided pharmacy carveout is implemented, it will have a devastating impact on the healthcare safety net in New York State and on patients like Carlos. The threats to the 340B program mean Ryan Health and Ryan Chelsea-Clinton could lose up to $6 million in revenue. We could not sustain that loss in funding and would have to eliminate or cut the programs that I mentioned and about 35 staff positions, including members of 1199SEIU United Healthcare Workers East, which represents a majority of our workforce.

The Governor and New York State Department of Health have proposed a funding pool of $102 million to support covered entities that currently benefit from 340B savings, which is woefully inadequate. FQHCs alone would lose an estimated $100 million annually. Collectively, safety net providers across New York State would incur approximately $245 million in annual losses. It is also worth noting that today the 340B

program does not cost New York or US taxpayers a single dollar, rather it comes out of pharmaceutical companies' profits.

We want to applaud and thank Chair Mark Levine for introducing the resolution calling on the Governor and Legislature to reverse course on this misguided policy and support the vital work of 340B providers in our communities. We urge the other members of the Committee to pass the resolution, and swiftly bring it before the full City Council for a vote.

Thank you for allowing me to testify today and I am happy to answer any questions.

**The Japanese American Association of New York Inc.'s written testimony for the "Oversight- COVID and Seniors: Protecting Older Adults in the Community" hearing on February 17th joint City Council hearing of the Aging and Health Committees**

As a community based organization serving people of Japanese ancestry in the New York tri-state area, we strongly believe that it is imperative for all people, especially the high-risk elderly and those with comorbidities to get fully vaccinated as soon as possible given the scope of the pandemic as well as the recent spread of new highly contagious strains. Painstakingly, we have witnessed on a daily basis high risk individuals struggle to secure a COVID19 vaccine appointment in their community.

The issues are three-fold:

**1. Language/cultural barriers**

For the majority of those we serve, their dominant language is Japanese. Even though they may have lived here for many years, they are often not fluent in speaking or comfortable in reading and comprehending information in English. In addition, the literature providing information on COVID vaccines are lacking in the Japanese language although more likely available in Chinese and Korean. (It is important to realize that not all Asians speak the same language or have the same cultural or historical background.) As a result, there is likely to be vaccine misinformation and vaccine reluctance especially amongst the elderly who may be reluctant and fear getting the COVID vaccine due to multiple media reports from Japan that are highlighting the potential side effects and issues related to the COVID vaccine. Lack of clarity can lead to reluctance to sign up for the vaccination or lack of comfort to seek clarification or share private information.

**2. Technology**

COVID has been especially difficult for the elderly who are not comfortable and experienced with technology. Since March 2020, we were advised by one of our Board members who is a doctor serving this community, many of her elderly patients were not able to establish a MYCHART in order to set up a virtual medical visit online due to the need to utilize technology and the internet. Often, a family member or friend would need to assist the elderly population in order to create their accounts online. Even with assistance, many elderly patients simply were not able to create an online portal.

Now that elderly over 65 are eligible to receive COVID vaccines, this issue has become even more prominent. The elderly have simply been unable to navigate the disjointed, confusing websites in search for a vital ticket to health- a COVID19 vaccine appointment. Trying to secure a COVID vaccine means the elderly must be able to surf the internet at all hours of the day and night, know how to open various accounts with several medical systems by creating a user name and password and somehow keep track of all the information. All of this is compounded by any language barriers they may have.

**3. Inability to access appointments on line and get to a physical site**

Even if they are successful to find a site, the site fills up in a matter of hours online and at this point appointments for vaccines are simply "unavailable" no matter how many times the link is refreshed, leading many elderly to become confused and frustrated and likely to give up. Even when successful, many of the elderly are intimidated, concerned and in some cases unable to safely travel to NYC sites such as the Javits Center in Manhattan, Aqueduct Raceway in Ozone Park Queens and the small clinics in the Bronx to get vaccine appointments. Unfortunately, many of the elderly of Japanese descent live alone and do not have family and friends who can help them. At this time, such elderly may feel that perhaps their best option is to just stay isolated in their home in order to stay safe vs. getting vaccinated. Sadly, finding an appointment to get a COVID vaccine still feels unattainable to many elderly.

**What would help?**
A designated site with designated hours accessible to the community where bilingual volunteers can help set up appointments and bring the elderly to such site. Or even to have a mobile unit that goes around to various community centers where we can arrange to have bilingual volunteers to be of assistance.

As more pop-up vaccine sites and local pharmacies such as CVS and Walgreens start offering COVID Vaccines, assistance with making appointments at such sites. A bilingual volunteer could offer assistance in creating an account online for pharmacies such as CVS or Walgreens so that a vaccine appointment can be obtained.

The main problem is accessibility to get the vaccines for those who want to get it. But for those unsure, it would be extremely helpful if information on the safety of COVID vaccines and the recommended vaccine schedule, as well as explanation of side effects and what to expect after getting the shots could be translated or written in Japanese to dispel any vaccine myths and to advise on the need to continue masking, social distancing and hand washing even after receiving the vaccinations.

HUNTER | Brookdale Center for Healthy Aging

**TESTIMONY OF RUTH FINKELSTEIN AND CHRISTIAN GONZÁLEZ-RIVERA**
**OF THE BROOKDALE CENTER FOR HEALTHY AGING, HUNTER COLLEGE**
**BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH, AGING, AND TECHNOLOGY**

**OVERSIGHT HEARING**
**"COVID-19 AND SENIORS:**
**ADDRESSING EQUITY, ACCESS TO THE VACCINE, AND SCHEDULING VACCINATION APPOINTMENTS"**

**FEBRUARY 17, 2021**

My name is christian gonzález-rivera and I'm the director of strategic policy initiatives at the Brookdale Center for Healthy Aging. We are CUNY's aging research and policy center and a part of Hunter College. We are changing the future of aging by supporting innovative research and developing policies and practices for New York that will become models used around the world. Through this work, we strive to create opportunities for everyone to age as well as anyone can.

Thank you Chairpersons Levine, Chin, and Holden and members of the committees for holding this oversight hearing.

While the city and state have been making efforts to get as many New Yorkers vaccinated as quickly as possible, data on who has been vaccinated thus far show significant racial and ethnic disparities. We are not surprised to see these disparities, since has been no organized vaccine education effort among communities of color in advance of the start of vaccination, New Yorkers of color are less likely to have a trusted messenger like a personal doctor advising them to get the vaccine and helping them do so, and the process for getting appointments is largely online. Access to these are critical to ensuring that the city's most disadvantaged people get access to the vaccine. The Council is well aware of this since your committees have been holding hearings on this for several weeks.

Case in point: the largely online vaccine appointment system disenfranchises the one out of every three New Yorkers age 60 and above who lack home internet access, which adds up to 474,000 people.[i] Moreover, as the Council is well aware, vaccine education is essential to ensuring that immigrants and communities of color can get the vaccine. Yet education efforts are only now getting underway in earnest after more than a month and a half of vaccination.

Without intervention now, those disparities are likely to only grow. As an indication of what these disparities could look like, we can refer to the longstanding disparities in who gets their annual flu shot. According to the CDC, while 72 percent of Whites over 65 got their flu shot in 2019, just 62 percent of Blacks and 59 percent of Hispanics in the same age group did.[ii]

To help reverse the trend of disparity in COVID-19 vaccination, we would like to outline for the Council a four-step plan for ensuring that older New Yorkers of all socioeconomic levels take their rightful place in line for the vaccine.

**Take the vaccine to where the older adults are.** The New York City Vaccine Command Center should speed up the process of identifying vaccine points of distribution (PODs) in places that already serve older adults. This includes the city's 280 senior centers across five boroughs, 27 Naturally Occurring Retirement Center (NORC) service programs, 109 buildings for low-income older adults, 54 NYCHA senior-only buildings, and other sites. Locations that already meet the requirements to become PODs should be informed as soon as possible so their staff can begin preparing their sites. Locations that are close to meeting the requirements should receive recommendations on how to meet the requirements as soon as possible. This should be done well in advance so that these places are ready if supply of vaccine is expanded.

**Push medical providers to vaccinate their patients.** Every healthcare provider in the city should be calling each of their patients age 65 and above and offering to help them get an appointment to get a vaccine. A person's own doctor is an important trusted messenger. Some providers are already doing this, but it's far from universal. Smaller providers, public hospitals, and other safety net medical facilities without the capacity to do this should be able to tap into H+H's Test and Trace Corps to make phone calls and do follow-ups. Public hospitals and safety net facilities in particular are more likely to serve the lower income people who are less likely to have other means of access to getting the vaccine.

**Serve the homebound through existing, trusted delivery infrastructure.** New Yorkers are eagerly awaiting distribution of the Johnson & Johnson vaccine, which does not have the extreme cold storage requirements of the Pfizer and Moderna vaccines, thus simplifying distribution logistics. This is especially good news for the thousands of older New Yorkers who are homebound and thus cannot get to PODs. In advance of the release of that vaccine, the city should be preparing to activate its existing network of delivery services that thousands of older New Yorkers already trust. This includes Meals on Wheels, which delivers about 18,000 meals to homebound older adults daily, as well as the tens of thousands of home health and personal care workers who serve homebound older adults. The city should also develop a plan to serve homebound older adults with all three vaccines.

**Set up a hotline for caretakers to summon a vaccinator.** In order to further support homebound older adults, the city should set up a hotline that allows informal or formal caretakers to make an appointment for a vaccinator to visit the person's home. There should also be a major public awareness campaign to advertise this service. All entities providing vaccinators should communicate the safety and fraud prevention protocols that will be in place to keep homebound older adults safe as vaccinators make home visits.

We believe that all four of these are critical pieces of the infrastructure necessary to ensure that the city's most disadvantaged older adults can get access to the vaccine. As the past month-and-a-half has demonstrated, simply building PODs around the city is not enough. Older adults, especially older people of color, immigrants, and others most likely to lack internet access and health literacy need facilitated access to vaccines. Ending this pandemic in every community in the city depends on having a plan that reaches the most disadvantaged.

Thank you again for the opportunity to testify. And, we remain, as always available to you as you think about how New York City can become an even better place to grow older.

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[i] gonzález-rivera, c., & Ruth Finkelstein. (2021, January 22). Meaningful access: Investing in technology for aging well in New York City. Brookdale Center for Healthy Aging. Available at https://brookdale.org/meaningful-access-investing-in-technology-for-aging-well-in-new-york-city.

[ii] Finkelstein, R. (2020, January 14). Seniors, vaccines and fairness: The governor and mayor must ensure Black and Brown elderly New Yorkers get protected. *New York Daily News*. Available at https://www.nydailynews.com/opinion/ny-oped-vaccine-access-and-the-myth-of-a-level-playing-field-20210114-uxspaqd5bze4rn27w6gk4aoxn4-story.html.

Isaacs Center

Thank you to Chair Levine, Chair Levine, and Chair Holden for the opportunity to give testimony today and to highlight the issue of accessibility and inequity with the vaccine roll-out. The vaccine being released is a true accomplishment for the scientific community and for many it is a beacon of hope to overcoming this pandemic which has been incredibly taxing. For seniors, the risk of social isolation has never been higher and many have been left behind by individual limitations and comfort related to technology and the digital divide in New York City that affects our most vulnerable communities. Despite being eligible for the vaccine, our seniors - the population hardest hit by the pandemic, who are at the highest risk for hospitalization and death related to COVID-19 - have largely being left behind in the vaccine rollout. As a community-based provider, we have been on ground working with older adults every day to support urgent and emerging needs - from technology access and food insecurity, to housing instability and physical and mental health. I am appealing to this body to urge our City to partner with its reliable, compassionate, and dynamic social service providers to prepare for the distribution of vaccines for older adults and to activate effective and equitable distribution systems now.

Isaacs Center is a multi-service organization that has been serving the older adults of the Isaacs and Holmes NYCHA development on the Upper East Side of Manhattan for over 50 years. We oversee a hybrid Senior Center and Naturally Occurring Retirement Community (or NORC) at Isaacs-Holmes and at Taft and Johnson Houses in East Harlem. Our team has been working every day to make vaccine appointments for the older adult residents of those developments and other community members when appointments are available, to survey our members, provide them with weekly or bi-weekly information sessions on Zoom to breakdown myths, answers questions, and to help our members to make informed decisions. We are working with a number of different health care providers – that we were able to secure on our own - to provide these information sessions.

**In total, we work with 1,700 seniors each year. 79% are ready to take the vaccine, 21% say they aren't ready, they are afraid, or they do not trust what they are being told about the vaccine. As of today, of those 1,700 seniors, we know only 65 who have appointments for the vaccine.**

The primary neighborhoods served by Isaacs, the Upper East Side and East Harlem, are home to many hospital networks, yet it is nearly impossible for service providers to get appointments for people in the area. Just one day after the vaccine was open to 75+ there were NO appointments available at Mt. Sinai, Lenox Hill, Advantage Care, Harlem Hospital, or Metropolitan. While it is understandable that vaccine availability is limited due to federal, state, and local governmental allocation issues, **we ask of this body to work with community agencies like ours to make vaccine appointments more accessible to older adults in the neighborhoods and communities where those older adults reside and access services.** It is our most common question and request from older adults that the vaccine be made available at our hybrid Senior Center and NORC. This is an ideal location and we believe that the presence of our trusted personnel will increase the likelihood that older adults will access the vaccine. We heard recently that our location wouldn't be considered for vaccine distribution because it is also a site that produces meals. If this is an existing regulation from a government entity, DOHMH or otherwise, we'd like to understand it better and ask that an accommodation be made. There is no guideline we can find that should

disqualify a trusted community organization like ours that also happens to produce meals like a hospital or school does.

As indicated before, those who have limited knowledge or access to technology, which account for a large amount of our seniors, are at a disadvantage in obtaining an appointment. The easiest way to see up-to-date appointment times and schedule is through online scheduling systems, and even for someone who is technologically inclined, difficulties arise when racing with time to get appointments scheduled. Within seconds of finding appointments, you can lose the appointment. This is even more complex when helping our client because by the time the person confirmed and info is added, the appointment is gone. For seniors who do not have assistance from case management teams, neighbors, or family, they have to struggle with utilizing the technology or spend hours upon hours attempting to speak to a representative on the vaccine scheduling hotline, who at that specific moment might not have appointments, but the next caller might be luckier and appointment are made available then. This system is the opposite of "senior friendly" and these complexities are leaving seniors behind in this process. For those with limited resources, the disparities of tenfold. **There needs to be an enrollment system for providers to use specifically for seniors. This would not be a costly investment, and certainly would not take an extensive amount of time to create. As was reported recently, a software engineer built a system to assist with finding vaccine appointments for $50 within two weeks.**[1]

There is a long-standing history of distrust in our country's healthcare system, particularly for communities of color who have been let down and mistreated by this system over and over again. It is going to take extraordinary efforts and public/private collaboration to protect our seniors and communities with this vaccination. Trusted community organizations like Isaacs Center bridge the gap between the community and the vaccine. Thank you for your time and consideration.

[1] https://www.nytimes.com/2021/02/09/world/nys-vaccine-websites-werent-working-so-he-built-a-new-one-for-50.html

**TESTIMONY**

**February 17, 2021, 10:00 AM, REMOTE HEARING (VIRTUAL ROOM 2)**

**To: The New York City Council:**
**Jointly to the Committee on Aging, the Committee on Technology, and the Committee on Health**

**From: Two Bridges Neighborhood Council, Inc.**
**Victor J. Papa, President, Two Bridges Neighborhood Council (Two Bridges)**
**victorpapa@twobridges.org, 917.881.5008, 212.566.2729**

**RE:** **T2021-7096 -** Oversight - COVID-19 and Seniors: Addressing Equity, Access to the Vaccine, and Scheduling Vaccination Appointments Online in NYC.

**Int 2225-2021** - A Local Law in relation to the establishment of a plan for COVID-19 vaccination of homebound seniors, reporting on such plan, and providing for the repeal of such provisions upon the expiration thereof

**T2021-7143 -** A Local Law in relation to the creation of a unified scheduling system for COVID-19 vaccinations. *Preconsidered*

Two Bridges Neighborhood Council endorses **T2021-7096, Int 2225-2021, T2021-7143** as they intend to address, and if passed, will surely remedy the inclusion, as a top priority, the aging population of NYC seniors not able to travel to vaccine sites. These comprise a vast population of homebound seniors, including those living in section 202 HUD buildings, in private and government sponsored nursing homes, in NYCHA buildings and in hundreds of tenement buildings on the Lower East Side.

We recognize State and City officials are mobilizing vaccination resources with speed and urgency. However, in their earnest phased distribution, many of New York's elderly, many of whom do not even have an email address, let alone can make an online vaccine appointment or have the means to travel to a vaccination site, are being lost in the gap. Council Member Fernando Cabrera states the problem most accurately (*press release issued by his office on February 4, 2021*):

> *"We've learned that the City currently has no system to get vaccines to seniors who cannot travel to vaccine sites, even with free transportation, because of their frailty."*

That is the reality of our home bound and very frail seniors living in our Lower East Side Section 202, 109-unit senior residence at 80 Rutgers Slip. We calculate that 70% have mobility difficulties, and that 82% are 80 to 90 years old. As well, we calculate that in our mixed-income, affordable 198-unit 82 Rutgers Slip building right next door, at least 88 seniors are over 70 years old. It should not be difficult to understand the challenges these seniors face if they had to leave their homes and visit hospitals or places like the Javits Center. Transportation alone is fraught with logistical complications, not to mention the physical dangers of frail seniors going to and from. Sadly, some are contracting and/or have died from the Covid-19 virus, a reality which

prompts Two Bridges to support these bills with urgency.

While nursing homes are prioritized in the State's Phased Distribution of covid vaccines, New Yorkers, residing in elderly housing (also known as Section 202 Housing), are falling through the gaps of the State's priority to protect homebound seniors. The fact of the matter is many seniors in Section 202 Housing share the same living conditions, circumstances and challenges, as those in nursing home.

It can almost be described as a blatant indifference to a population experiencing the highest infection rate in the New York State. *See Exhibit 1. Chart*. The statistics of this age group should alarm those responsible for providing Covid-19 related services; The fatality rate of NYS persons from age 60 to 90 years of age and older is 87%. It is especially because of their frailty, mixed with freezing temperatures and inclement weather, that they are homebound and immobile and are at great risk should they travail to a vaccination site"

We urge the City Council to act on passing these bills as a matter of utmost urgency since they will enable the provision of the needed vaccines to this senior population in their homes – however the means to do it. Mobile units with medical personnel might be deployed, as might local municipal hospitals and health centers.

**ABOUT TWO BRIDGES NEIGHBORHOOD COUNCIL**: Two Bridges serves the residential, commercial, and cultural life of Manhattan's Lower East Side through community-based programs and strategic partnerships. Our service area includes the economically, culturally, and ethnically diverse neighborhoods of Two Bridges, Chinatown, and the Lower East Side.

For media inquiries, please email: info@twobridges.org

**Exhibit 1.**[1]

| AGE GROUP FROM 0 TO 59 YEARS OLD | | | | | | | |
|---|---|---|---|---|---|---|---|
| AGE GROUP | 0-9 | 10-19 | 20-29 | 30-39 | 40-49 | 50-59 | TOTAL |
| FATALITIES | 11 | 12 | 120 | 401 | 1038 | 2935 | 4517 |
| % | 0% | 0% | 0% | 1% | 3% | 8% | 13% |
| **AGE GROUP FROM 60 TO 90 YEARS OLD AND OVER** | | | | | | | |
| AGE GROUP | 60-69 | 70-79 | 80-89 | 90-Over | UNKNOWN | | TOTAL |
| FATALITIES | 6354 | 9274 | 9823 | 5943 | 9 | | 31403 |
| % | 18% | 26% | 27% | 17% | 0% | | 87% |
| | | | | | TOTAL FATALITIES | | 35920 |

[1] Source: [1] NYS Department of Health, FATALITIES as of 2/4/2021 updated 2/5/2021. https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n

February 17, 2021

Dear New York City Councilmembers of the Committee on Aging, Committee on Health, and Committee on Technology,

My name is Michele Rodriguez, and I am the Program Director for the Neighborhood Center and Social Club at University Settlement, a 135-year-old community-based organization serving over 40,000 children and adults across Manhattan and Brooklyn. I am submitting testimony for Hearing on COVID and Seniors: Protecting Older Adults in the Community

We began 2021 hopeful that mass vaccinations could help our older adults, who have been deeply impacted due to their vulnerability to Covid-19, return to something close to normalcy in their day-to-day lives. Our elders, to whom we owe so much, have spent nearly a year now in extreme isolation and daily fear of a deadly virus. Their schedules and lives have been utterly disrupted, and as a generation, they were less fluent with technology and virtual social engagement.

And yet, as the month of January brought vaccines to NYC, we experienced frustration and confusion with a distribution rollout that relied so heavily on online registration for appointments. Considering the first phases of access rightly included our older adults, we were surprised that the state and city did not anticipate the difficulties so many of our older adults, particularly the ones with the fewest economic resources and those without English language fluency, would have with online registration.

Now, a month after the vaccine distribution has begun and our Governor has continued to add eligible groups, many of our elders have still yet to receive vaccine appointments, let alone vaccinations. Some are mistrustful of mass vaccination sites, preferring to be vaccinated by their primary care doctors or worried about leaving their homes. And others have become so frustrated that they are no longer seeking them, choosing to wait until there are more vaccines so they do not need to spend anxious hours on the phone, waiting to see if there are available slots.

To protect our older adults in the immediate future, we must prioritize ways to get them vaccinated. We must recognize and respond to their specific concerns. Along with many other community-based organizations, University Settlement has requested to serve as a vaccination site. We believe that we can quickly and safely help the city reach and vaccinate more seniors; our participants regularly tell us that they trust our staff where they do not trust mass vaccination sites. As we are a NYCHA senior center, and many of our locations serve immigrant communities, allowing US to be a point of distribution is an issue of equity.

Simultaneously, we need to help educate our older adults about the vaccine. Increasing access will only be useful if people are willing to get vaccinated, and we worry that our older adults have been susceptible to misinformation—both about the vaccine and its safety and about where to access the vaccine. We have done our best to encourage our older adults to talk with their doctors and to read CDC guidelines, but misinformation has and will continue to dissuade people from getting vaccinated.

Since we know that vaccine supply is limited, we need also to have more testing sites across our Lower East Side neighborhood. Currently, we do not have consistent testing sites within reasonable walking distance for elders around our location at 189 Allen. The testing locations on the LES are further east and south. In light of the new, more virulent strains and the recommendations for double masking, we need to continue distributing masks as well.

We also need to consider our older adults' physical health outside of vaccine access. We know that this year of mostly indoor isolation is dangerous for mental health, but it also affects physical health. Our older adults need to exercise daily to stay healthy and fit; physical fitness is imperative for mental acuity as well. Many more participants complain about backaches & knee pain because they don't exercise or move around as much. Pre-Covid, many of our older adults in the Lower East Side area would take regular walks around the neighborhood. Now, due to store closures and fewer pedestrians, our older adults feel less comfortable walking around the neighborhood. There are fewer bodegas open where familiar faces would call out to them and say hi; there are no longer any accessible indoor neighborhood gathering points. In particular, our Asian and Asian American seniors are terrified of the rise in hate crimes. Our older adults must feel safe in their neighborhoods. Simply because stores or even senior centers are closed does not mean that the neighborhood is closed.

We should also take this opportunity to reflect on what we have learned about serving our older adult community in this time of unexpected crisis so that we can have plans in place for any future crisis. For example, we know that the rapid shift to virtual events and socialization left behind many older adults whose daily lives were rooted in in-person interactions. Our older adults tend to receive their news and information less from online sources and more from their peers, our staff, or via television. Though we do call our older adults for regular wellness check-ins, without senior centers or being able to congregate in buildings, many of them no longer have a centralized place to access vital, including public health, information. As vaccination may take months, we should start to plan ways to safely distribute information to older adults in a format that would reach them—whether this is through outdoor tabling at their buildings or direct mailings in multiple languages.

We also need to find how to better ensure older adults are technologically connected. This is in part an issue of hardware—ensuring that all older adults have access to laptops, tablets, and internet. But it's also about teaching them how to feel comfortable navigating and learning technology on their own. We need more instructive classes that move and are taught at a pace needed for older adults to really learn.

We believe that including CBOs like University Settlement in the vaccine rollout and recovery process will be beneficial to all our communities, but especially our older adults. In addition to becoming a vaccination site, we feel that with more flexible programming, we could be safe sites of information, health materials, and essential goods distribution as well. For example, we currently provide meals to seniors direct to their homes. However, if we were able to do grab-and-go, we could provide health information, masks, and calendars of programming alongside meals. We would allow seniors to feel more ownership in their day and provide one-on-one interaction, which would also help their mental health.