

Senior Issues Meeting  
Tuesday April 6, 2021

CB9 In Attendance: Martin Wallace, Anthony Fletcher, Marti Allen-Cummings, Walter Alexander  
Gail Powell, Rita McLaughlin, Lorraine Willbourne, Iretha Fletcher, Ameenah Muhammad, Cora Gilmore, Annie Payne, Lucille Bodie, Mary Goodman  
Presenters: Ron Bruno, Laura Radensky, Jeff Morris, Fern Hertzberg  
Elected Officials: Mark Levine, Kysha Smith, Caridad Figueroa  
Eutha Prince

11:15am - Meeting Called to Order  
11:15am - Minutes Adopted

Eutha Prince - City College is a vaccine hub - 1549 Amsterdam Avenue.  
Saint Nicholas Houses at Senior Center has the J & J Vaccine - 8am-7pm Thursday-Sunday

3200 Homebound New Yorkers have been vaccinated by a 3 person team. The city is working to schedule appointments - to request in home appointment call 877-829-4692

VACCINE INFO — <https://vaccinefinder.nyc.gov/>  
<https://vaccinefinder.nyc.gov/locations/420>

Central Harlem Senior Citizens' Centers, Inc. (CHSCC) has Johnson & Johnson COVID-19 Vaccines available with no appointment necessary. This is a 5-week long program ending the week of May 3rd, 2021. The address to the Central Harlem Senior Citizens' Center at St. Nicholas Houses, 210 W. 131st St. and 7th Ave. The hours are 7am to 7pm, Thursday thru Sunday.

FEMA will reimburse funeral cost for those lost to COVID from January 2020  
— <https://www1.nyc.gov/assets/hra/downloads/pdf/benefits/fema-funeral-fact-sheet.pdf>

Employment - WHDC SSEP is currently accepting applications up until April 15th.

Ron Bruno -  
Morningside Retirement Community - goal is to enable people to stay in their homes as long as they want to. - Most older adults prefer to age in their own homes. Nurse and social workers on staff. Key element is home care.

If client needs help with cooking, cleaning, personal care - someone a few hours a day few days a week - as time goes on these needs could increase. Many within their

community have 24/7 care. This is what enables them to remain living at home. People often are reluctant to accept someone coming into their home as many want to remain independent.

Faced with challenge during COVID-19. Found there was an increase in need as people were staying home more.

Increase in depression, cognitive behavior - for them to remain living at home they required home care. The challenge was how to do this safely.

If people are looking for home care - a key element is the accessibility of the agency.

Aides are nuts and bolts of our operation. Enable people to remain at home as long as they would like to.

Laura Radensky – Exec Dir. Of CHOME active for 36 years. Founded by social worker – recognized that home health aides need more support than they get. We are here as much for aides as clients. Social work service for aides and clients.

Provide training, regular screenings for Covid, anyone who is symptomatic must get tested immediately. We pay staff for quarantining. Signed up w/federal program that provides money to cover quarantine pay for first time workers are out.

We're in a new phase – clients who need home care are more comfortable having aides but we do not have enough staff to cover the need. Some staff have kids, are on disability, or are experiencing other challenges. More clients are getting vaccinated.

DOH allows phone and video visits by nursing and clinical staff. We are encouraging staff to get vaccinated, but not all staff feel comfortable. We are not mandating vaccination yet. It's in discussion for new hires. We are helping staff and clients get signed up. State provides paid time off – we are giving retroactive pay for people vaccinated before law was passed. We are providing hazard pay and pay a hazard bonus. These staff are on only one case when serving clients infected with virus.

Jeff Morris – Customize Care in Bronx

Few families are excited at the beginning about having a stranger in the home. Education process. During Covid – many shorter hour cases – aides were less inclined to do short hour cases rather than longer hour cases. Less moving around – Live-in care. We had some aides stay in place – not available for all families because of cost. Staffing was a bigger challenge before things opened up more and more clients got vaccinated. Worked to find cases closer to aides. With vaccine rollout, working to get aides and clients signed up. Many are anxious about taking vaccine. No mandate – some families are requesting aides who have been vaccinated. Trying to get each caregiver to speak with people they trust about vaccination. We

are at about 50% of staff being vaccinated. Those who have been vaccinated are thankful. Aides speaking with aides sometimes helps.

Fern Hertzberg – Exec. Dir. ARC XV! Fort Washington  
Run three senior centers.

A Phillip Randolph – Esplanade Gardens  
PS 139 Consolidated on 140th  
174<sup>th</sup> and Broadway moving to 181<sup>st</sup> and Audubon – Wash. Heights  
WHIST transport.

Challenges – people who need it don't want it – independence.  
3 Tier Home Care system

Private, Medicare and Medicaid, ISEP – Extended inhome services for the elderly. Co-share cost of home care with Medicaid. 3 different systems, 3 different costs, tend to be discriminatory based on your economic circumstances.

Anthony – Protocols changed in the home due to Pandemic?

Human Contact with patients  
Preparation of meals and so forth

Do each of orgs that dispatch aides – is there in place in NYS a regulatory scheme that integrates education in how to treat clients under covid conditions?

Laura R. – PPE and infection prevention – Aides can take mask breaks – must be in another room and 6 ft. away from anyone else in household. Many changes in how they can provide care. Must be masked and use gloves; wipe down surfaces. We have followed DOH regs. All licensed companies do. Health Commerce System is used.

Dear Administrator letters – update us about what we need to do.

Summer – daily surveys to DOH about numbers – infections/deaths. Staff and clients. Confirming supply needs. Developed our own policies – DOH audits us and asks us for policies. Now have policies re. vaccines.

Jeff M. – We are doing the same. More work on conference calls with aides/nurses. Clients think they need to have a mask. Not necessarily. Understanding mask use. Most visits and supervision being done remotely.

Fern – Issue often is that clients don't know what to expect or what is approp. Often not in line with actual regulations.

Ron – in some cases aide is like family. Temptation to be looser with regs. When both parties have vac. There is tendency to get looser. If we have vaccinated aide and client, we are not necessarily disturbed by not following regs.

Walter – Senior centers – when will they open?

Fern – Met with commissioner – pushing hard to get centers reopened. No target date or info. We think we should reopen, seniors think so, too. I think they should follow restaurant guidelines. Probably be more conservative because seniors are more vulnerable. Probably 25% and grab and go.

Walter – How does someone qualify for homecare? Financial requirements?

Laura – I worked over 30 years in homecare – mostly medicaid. Different requirements depending on medicare, medicaid or private. Market rate for private is from \$28/hr up to \$35/hr. Most agencies have minimum of 5-6 hours per day. Medicare for short term only. Medicaid – Can be long-term – not easy. Through managed care entities, can get it.

Jeff – we are primarily private pay, some Medicaid. Their system becoming more strict and difficult to use. No minimums for our company. 1-2 hours per day possible.

Ron Bruno – Long-term Care Insurance also possible. Unions or Education retirement package. Can get coverage. Must show a need that you require home care. These policies do pay pretty well.

Laura – we get many UFT referrals. Pay us directly. Healthsmart. Many don't realize they have the policy – check with past employer.

Martin – some people go through informal channels to get home health care. Is this an issue? Does it speak to tiered element of getting this kind of care? Suggestions for how to address this issue?

Laura

There are always folks who go the private route. There is also organizations of groups of people to cover shifts from each other. US doesn't have good structural system for providing long-term care. Agency provides backup, nurse to assure right things are doing, liability insurance, workman's comp. There is a shortage of staff right now, so people are doing what they can to fill in the gaps.

Jeff M.

We know of people who are not our employees but provide home health care – not vetted. We do what we can to help.

Ron –

We have informal network of aides and social workers. You get to know people and trust people. We often go to the agency for more challenging cases in order to have backup. Round the clock care requires infrastructure and backup of an agency.

Martin –

Generally, not enough money is coming from the federal level. Thoughts about current administration and sense that things might be turning around?

Laura –

We do need to look at home care as part of infrastructure. I can't comment in a broad way. We do need more attention and resources put towards this issue. Hope this continues to be part of Biden's plan.

Ron –

Challenge over short term – Paying for community-based care saves money over the long term. Federal, State and Local challenge.

Anthony –

Question for seniors – Have any of you had experience with a home health care aide?

Gail –

I have when I was discharged from the hospital. I had a good experience over all. A couple were fantastic, some just sat around and did what they were going to do.

Anthony –

Was this during or prior to pandemic.

Gail

During. Last Summer. I was comfortable with the protocols maintained by aides.

Anthony –

ON issue of Covid Protocol – rules and regs – majority of them are self-imposed, is this different than areas outside of NYC? Most of these are inhouse protocols that you follow, correct?

Laura –

Geriatrician on our board – dept of health is issuing regs – please pass your regs to me. Shocked by how little regs there were for home health care agencies. Dear Admin. Letters help. We maintain our own policies. They are changing all the time. DoH has continued to issue updates, including now re. vaccinations.

Jeff –

On our end, we are following those guidelines, often going above and beyond, sometimes in response to requests from families we serve.

Anthony –

Bar association not impressed by laxity of rules applied in this particular area at this time. Glad to hear Jeff and Laura acknowledge that there is a floor and that you're willing to go above that.

Laura –

We have no mandates for Covid testing. We encourage aides to get monthly testing. If client wants them to be tested, we comply with request.

Jeff –

We have clients who don't want aides to use Public Transit or take Uber. We do our best to find clients' requests, within reason.

Martin-

Mark Levine is back. Wrapping up our discussion. Want to give Levine an opportunity to chime in.

Mark Levine –

Updates on senior access to vaccine.

1. City expanding access to walk-in vaccinations to seniors 75 and older. Tomorrow expands to 25 different sites. One is at Yeshiva U. – up at 184<sup>th</sup> street. Expecting City College to be included as well. Not confirmed. Seniors and caregiver can both get vaccinated.
2. Major expansion of J & J coming to city next week. Last update – only 3200 homebound have received vaccination . over 100,000 have applied. Expecting 77,000 doses next week and every week thereafter. Run by FDNY.
3. Mobile Vans coming to NYC. City announced today that one van is ready to roll. Expecting many more. 1<sup>st</sup> van, basically a bus, can do 200 shots per day. Separate rooms on bus. 1<sup>st</sup> one is in Sunset Park Brooklyn. I will fight hard to get one in West Harlem. Love to have your input.

I am concerned that seniors will get crowded out by expansion to younger ages. Fact of online sign-ups also made it challenging. Blocks of vaccinations are set aside for seniors at 1-877-VAX-4NYC for those who do not have internet access. State line as well 833-NYS-4VAX

Walter A. – Stimulus Bill was supposed to have money for internet access

Access for mobile site – Convent and Abyssinian we're doing that.

Fed, State or Local holdup on Senior Centers opening.

Mark L.

A number of providers making point that seniors need senior centers to be open. Vaccination, Hot Meals, Computer Access. We're very close – probably not April. Early May a possibility. Extent to which we need to screen for vaccination? Logistical and moral questions in world where seniors and seniors of color are having trouble getting access. I would support immediately opening vaccine sites in senior centers.

Faith-based vaccination sites are great at getting local community vaccinated.

Abyssinian and Convent should be permanent. I am pushing for this.

Technology access – city has not announced plan for how we're going to use money for broadband access. We need access for public health, among other things. Needs to be fixed. We need Access, Devices and Training. OATS – Older Adult Technology Services. Budget season – We pass budget in June. Give us input on what we should be fighting for in terms of funding priorities.

Martin – DFTA. Communicating with seniors was a big challenge. We did it in person or hunting up phone numbers and calling. Also partnered with Sen. Jackson's office to make calls. DFTA only has access to seniors who are signed up at Senior Centers. Is there anything you or

council could do generally to upgrade or update DFTA's database to make them a more effective partner. I assumed they had access to that information and discovered that it's not the case.

Mark

Food access program helped expand our list of seniors, especially home bound seniors, is better than it's ever been. You are talking about a broader list. It is frustrating that we don't have a good enough list. Probably is just a matter of integrating databases. Need to tie it all together. Community groups more broadly need to be mobilized right now – what we did for the census is the model. We contracted with city to do outreach. We need that for vaccine outreach. More broadly, for pandemic issues and beyond. **That will require funding that city hasn't put on the table yet.**

Pat Lewis – LiLY

Large part of where we work is public housing. As far as your vans – put them in that area. Another good place would be 3333 Broadway – large building with many seniors. They're afraid to go far, so van is a great service.

Mark -

Thank you Pat and LiLY. You're right. If we could move it block by block and publicize it ahead of time, give people appointments, that would get many more people vaccinated. Concern is having seniors all come down at the same time and have to wait in a line outside. Door to door outreach with an iPad would help make that possible.

Ron –

NORC at Morningside was able to distribute 50 vaccinations. In terms of budget – CBA's helped with lists as well as other NORC programs. Value of NORCs especially in these kinds of crises are invaluable – hope budget will reflect that. We have parking lot at LaSalle that we can offer.

Mark –

Pop up at Morningside Gardens is perfect example. Parking there would be great for Grant Houses, Tiemann Place. Dense area with lots of seniors.

Anthony –

Recommend 125<sup>th</sup> or Old Broadway for locations for mobile vaccinations. Central for transportation, near highway. Manhattanville and Grant are majority senior occupied. Correct me if I'm wrong – did you have a vaccination in your office?

Have you had the hearing on Cooling Centers?

Mark –

We have been doing regular testing about twice a month – about 150 per day. Most people coming in have never had a test before. We are tabling at my district office on outreach and scheduling for City College vaccine site. Working hard to make sure people in neighborhood get scheduled. That is a permanent site.

As for cooling, this is the time to improve on our cooling centers plan as well as getting more window units for people's homes. There needs to be more cooling centers with better signage and communication still within Covid context this Summer. WeAct has been incredible on this issue – Cecil Corbin Mark was point person – despite his loss, WeAct will continue to push on this. I will use your comment to go back to the city and push hard to get some action on that.

Martin –

That brings us to Old Business. Anything to bring up?

Walter A. – Rep from Jackson's office had to leave.

Martin – we asked all reps from elected offices to leave items in chat or with me to be sent out in May packet. Most was shared by Eutha at the beginning of the meeting.

Everything that was left with us either in chat or sent to me will be sent out in May.

Walter – Question for seniors – curious how many of seniors on call have taken vaccine and how many are reluctant. Majority responds positively.

New Business:

Pat Lewis – LiLY getting masks from Gale Brewer's office. Anyone who needs them – call us at 917-847-7275.

Martin – Families for Safe Streets – Crash Victims Rights and Safety Act

Martin reads statement from Families for Safe Streets and moves to put onto May Agenda of Senior Issues Committee for discussion. Passes unanimously. Statement and proposed legislation attached.

Anthony – need to clarify statistics referred to are citywide, not statewide. I hope this will be discussed at the May meeting. I hope you will be willing to tease out distinctions at discussion in May. We will vet this in anticipation of the meeting in May in order to clarify what a letter of support would look like in regards to State vs. City law

Gail – Reminder about April 20<sup>th</sup> Senior Social meeting. Time to discuss issues and be social so we aren't so lonely.

Move to adjourn.

Adjourned at 1:22 PM