

**Testimony of
Isabella Geriatric Center El Corazon NNORC
Before the Joint Fiscal Committees of the New York State Legislature**

Human Services Budget Hearing for the Fiscal Year 2017-18

Honorable Catharine M. Young, Chair, Senate Finance Committee
Honorable Herman D. Farrell, Jr., Chair, Assembly Ways & Means Committee

Honorable Sue Serino, Chair Senate Committee on Aging
Honorable Donna Lupardo, Chair, Assembly Committee on Aging

Honorable Tony Avella, Chair, Senate Committee on Children & Families
Honorable Ellen Jaffee, Chair, Assembly Committee on Children & Families

Honorable James Tedisco, Chair, Senate Committee on Social Services
Honorable Andrew Hevesi, Chair, Assembly Committee on Social Services

**Submitted by Carol Ban and Miriam Colon
February 14, 2017**

NORCs and Neighborhood NORCS

On behalf of Isabella Geriatric Center and the El Corazon Neighborhood NORC, we want to thank the NYS Joint Fiscal Committees for the opportunity to make this statement in support of N/NORC Supportive Services Programs in New York. As New Yorkers age, an increasing number of residents will require the special health and social services facilitated by Naturally Occurring Retirement Communities (NORCs) and Neighborhood NORCs (NNORCs) ¹. These vital programs and resources help enable low-middle income New Yorkers to successfully age in place, thrive in their communities and delay hospitalization or nursing home placement.

For the last ten years, Isabella has received SOFA funding to support the El Corazon (The Heart) Neighborhood NORC in the heart of Washington Heights. The SOFA funding, supplemented by additional funding from Isabella, and as of late, NYC Council discretionary funding, has enabled us to serve a small catchment area in Washington Heights, in Northern Manhattan, comprised of 40 low rise tenement buildings, within six contiguous blocks and having no common ownership. However, this funding does not begin to put a dent in the growing need or services for the older adults in the Washington Heights community; home to a very large Spanish speaking older adult immigrant community, stemming from over 20 different Latin American countries, with most from the Dominican Republic. The majority of these older adults have low educational attainment; face literacy challenges in both English and their native language, worked at low wage jobs and today are aging in place while striving to survive on incomes below the poverty line. Most of them live in poorly maintained six story tenement walk up buildings in need of major repairs, in addition to inadequate heat in the winter and unsafe public areas. Gentrification has taken a toll in this community resulting in escalating rents which have forced many older adults to share a room in a stranger's apartment, , or share a

small apartment with extended family members. Additionally, profound challenges in accessing quality health care, obstacles to leading healthy lifestyles, and a deficiency of affordable fresh food have led to high rates of diabetes, hypertension, and obesity, as compared to other aging communities.

N/NORC's [1] SSP's offer programs and services that support a group that might otherwise fall through the cracks, by providing easily accessible case management, socialization programs, transportation and shopping assistance, as well as basic health services that allow seniors to remain in their homes, greatly improving their quality of life. Since its inception, El Corazon NNORC has served well over 800 seniors living within the funded catchment area and annually maintains over 400 members on the program roster with an average of three new intakes a month. From this we have learned that word of mouth in this community has been instrumental in identifying hard to reach seniors in need of support. Unfortunately, due to limited funding and concomitant limited staffing, as well as the rigid parameters of our catchment range, the El Corazon NNORC routinely finds itself unable to serve older adults living outside of the defined service area, begging the need for expansion of the development of services beyond the current program boundaries. At present, over the course of a year, our one full time social service worker is expected to provide case assistance and case management to upwards of 200 clients.

In the FY 2016-2017 Enacted Budget, significant legislative changes were made to the NORC program, including expanding NORC definitions to include rural NORCs and allowing NORCs to receive up to \$200,000 to support programming. The New York State Office for the Aging (NYSOFA) has released a Request for Applications (RFA) for NORC-SSPs that reflect the statutory changes, but only plans to fund 12 classic NORCs and 12 neighborhood NORCs. There are currently 16 classic NORCs and 13 neighborhood NORCs supported by NYSOFA.

Without any changes, five existing NORC programs will be forced to close. Governor Cuomo's FY 2017-2018 Executive Budget allocates \$2,027,500 for NORCs (Naturally Occurring Retirement Communities) and \$2,027,500 for Neighborhood NORCs (NNORCs). This eliminates the additional \$350,000 for NORCs and \$350,000 for Neighborhood NORCs that was included in the FY 2016-2017 Enacted Budget.

Furthermore, the RFA and the current budget allocation do not allow for expansion of the program, despite the fact that the legislation was updated last year with expansion in mind. Additional funding is vital to ensure that current NORCs can continue to provide services, particularly health care management services, and to grow the program to underserved areas with increasing aging populations.

Restoring \$700,000 from FY16-17 and investing an additional \$5.25 million in the NORC program (split evenly between the classic NORC and neighborhood NORC programs) will preserve the existing 29 NYSOFA-funded NORCs, and will allow for the creation of about 21 new NORCs across the State.

Thank you for your consideration and support.

[1] N/NORC indicates both NORC and NNORC programs