

**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"**

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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 there 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.

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>.