



**Aging committee hearing:
Oversight: The future of Home Delivered Meals
October 30, 2020**

**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 Council, and Chair Chin, for her dedication to advocating for more support of senior services, and for Citymeals on Wheels as well. 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 begin by reiterating the fact that Citymeals along with our partners and advocates, have been consistently lobbying for the support of aging services, which are continually underfunded.

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, this pandemic has disproportionately affected our population doubly, in regards to health and by being forced to isolate for an unforeseen amount of time.

Citymeals on Wheels was founded forty years ago to fill the gap in city services, helping to provide weekend and holiday meals. In more recent years, Citymeals has become 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 over 700,000 emergency meals IN ADDITION TO OUR REGULAR WEEKEND AND HOLIDAY MEALS, to those older adults in need of food.

Working together with the aging services provider network of New York City and the Department for the Aging, the Department funds the meals that homebound elderly receive Mondays through Fridays, and in turn, Citymeals on Wheels funds the same network to deliver weekend, holiday and most especially right now, emergency shelf stable meals. On the 150 days plus throughout the year, the city does not provide a meal, Citymeals steps in to fill the gap and prevent our aging neighbors from being without food or human contact. *In fact, Citymeals, as an added benefit generates revenue for New York City through the federal government's cash in lieu of commodities program which reimburses DFTA approximately 67*

cents for every meal funded by Citymeals. All of this money goes toward the city-funded weekday meals program, bringing in over \$1.4 million last fiscal year and an additional 180,000 home delivered meals for those who need it.

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 can be almost as important as the nutritious meals. The social isolation which was an issue before the pandemic, has devastated this population acutely without a known end date in sight. Unable to socialize or even see family, afraid of infecting those in the most vulnerable group, has been very difficult and another added layer of stress for older adults.

Senior centers, are also critical for the older adult population, for socialization, food and education and resources, and in the days and months after the shut-down, their staff's expertise in knowing their community and members should have been tapped into and a parallel home delivery system put into place, 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.

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. Most crucial is the situation we currently find our vulnerable and hungry older adult neighbors. While the media highlights stories about the newly poor, and those frequenting food pantries for the first time, we know that our population is needy and hungry throughout the year, many of whom normally live on the edge. Home delivered meals is essential in ensuring at least one nutritious meal a day is available to consume. Now, there is a growing need for supplemental food as well, since accessing additional supplies has become an almost daunting if impossible task, as the vast majority of our meal recipients are unable to shop and cook for themselves. Reliance on home delivered meals has only increased since the pandemic and has reassured many new recipients that they are not forgotten, and will have food.

Pre-COVID, most of our home delivered meal recipients were unable to walk to pantries, or wait in line and carry the bags home, and as we know, 40% of our meal recipients are unable to leave their homes due to physical restrictions, and many do not have support to help them.

We also know that older adults are the fastest growing demographic, and 1 in 7 older New Yorkers lives in poverty. Living longer, and on fixed incomes means more struggle over access to food for this vulnerable group under NORMAL circumstances.

Although the HDML awardees have not been confirmed by DFTA, we do know that a big part of the RFP was to ensure the quality of meals, menu choice and cultural competency. Home delivered meals are integral to their 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 extra, supplemental food in addition to their

daily meals because accessing other means of nutrition is less possible now for most of them.

Additionally, senior centers have been closed since March, with no solidified plans to re-open. Although DFTA has asked IF they could help feed their clients and come up with some ideas as to how to reach them, without one additional penny. Investment into the system has to be a full-throated effort, ensuring older adults are safe, fed and healthy. We must look at the disinvestment of years past, the current pandemic and the growing population and FULLY FUND SENIOR SERVICES. NOW.

The meals, the check-in, the alleviation from anxiety about when the next meal will come, or when someone will be knocking on their door; these are some of the ways the continuity of services has assuaged much stress for our home delivered meal recipients who rely on this essential service in order to age in place, at home.

“If I didn’t have Meals on Wheels, I don’t know how I’d survive. Thank god for Meals on Wheels. What a godsend it is.”, Fred B told a staff member calling to check in and see how he’s been doing over the past several months. 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.” Elaine states that she’s been receiving Meals on Wheels since mid -

February when she returned home from foot surgery. “I appreciate the balanced meals with fruit, milk, juice and wheat bread. It’s just the right portion and the meals are tasty. The meals are a big help since I wasn’t able to walk...” and Howard also feels like the meals are a lifesaver; “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.”

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 20,000 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 and support solvency for senior services, home

**delivered meals, the safe and smart re-opening of senior centers,
and Citymeals on Wheels.**

Be safe and stay healthy!



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**Testimony of United Neighborhood Houses
Before the New York City Council Committee on Aging
Council Member Margaret Chin, Chair**

Oversight – The Future of Senior Home Delivered Meals

**Submitted by Tara Klein, Policy Analyst
October 30, 2020**

Thank you for hosting today’s important hearing on the future of senior home delivered meals. 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.

COVID-19 has ravaged New York City’s economy and safety net and has underscored the significant racial and economic disparities that have impacted New York City’s neighborhoods for decades. Just as they did through other crises that our city has faced, settlement houses have been on the front lines of the COVID-19 emergency response by continuing to deliver essential services to New Yorkers, providing emergency food, counseling, shelter, youth and family supports, and more.

The Department for the Aging (DFTA)’s long-standing home delivered meals program (HDM) is a key service to support older adults during the pandemic. Nonprofit HDM providers deliver a daily nutritious meal to homebound older adults who are unable to prepare their own food, while also providing case management and regular in-person wellness checks for those at risk of social isolation. Eight UNH members provide home delivered meals, either as lead contractors or subcontractors. Unfortunately, the program has faced several long-standing funding and contracting issues and a number of unanswered questions about the future of services remain.

During COVID-19, HDM providers were instructed to continue business as usual. At the same time, the program saw demand increase rapidly, with many indicating a 20-30% uptick in demand as urgent community needs grew. The Mayor’s Management Report notes that 4.66 million total meals were served to 31,023 older adults in FY 2020, an increase over the previous year.¹ While operating as normal with this new demand, HDM programs expressed concerns about deliverers putting themselves at risk to enter people’s homes, without receiving any incentive pay. Regardless, providers continued to serve their neighbors, often drawing into what organizational reserves they had to do so.

¹ Actual meals served in FY20 per Mayor’s MMR was 4,663,561 and this number has risen for at least the last 4 years. <https://www1.nyc.gov/assets/operations/downloads/pdf/mmr2020/dfta.pdf>

COVID-19 has also underscored the crucial wrap around supports that home delivered meals clients receive, including case management, regular contact from drivers who are trained on how to work with older adults, and tailored and nutritionally appropriate meals. Nonprofit providers have shown throughout COVID-19 that they are finely attuned to their community's needs, understand how to tailor meals to support individuals, and can provide effective social supports to older adults. From what we have seen from the GetFood NYC emergency feeding program, this is not the case with private vendors, and the City must remember this lesson in future contracting decisions.

We have heard reports that DFTA instructed HDM providers to stop signing up new people in May and instead to refer them to the GetFood NYC program, and also told some providers to transfer some existing clients into GetFood, even though that program does not provide the social supports that many clients need. This is very concerning for those individuals who are being denied crucial social supports. Should the GetFood program eventually wind down or end, there is a lack of clarity about how DFTA programs will be able to absorb those individuals without additional funding or support.

DFTA recently announced new awards for its HDM Request for Proposals (RFP), with contracts scheduled to start on January 1, 2021. Although the contract start date was pushed back six months from the original plan, we remain concerned that this RFP proceeded in the midst of a global pandemic that has significantly strained programs. Notably, the RFP lists the number of meals to be served in each catchment area, but these numbers are no longer accurate to match the need, given the increased demand we have seen during the pandemic and uncertainty about how these numbers will change in the future as the pandemic ultimately subsides. There were major funding concerns in the HDM RFP that remain unaddressed. In fact, the HDM RFP received a 75% overall risk rating from the Human Services Council's RFP Rater – the riskiest an RFP has ever been ranked – primarily due to inadequate funding.²

We must take the lessons we have learned from this crisis about emergency food, social isolation, and the needs of older adults in order to create stronger programs in the future. Changing programs now runs the risk of older adults falling through the cracks. **The COVID-19 pandemic is not the time for the City to release any new procurement that envisions services for years to come**, and DFTA should heed this call as it proceeds with other procurements for Older Adult Centers, Elder Justice, NORCs, and others.

The HDM procurement has advanced in spite of these concerns, so we now must try to build the strongest system we can. Despite its overwhelming success in maintaining health and nutrition throughout the pandemic and beyond, **the home delivered meals program has been significantly underfunded for years, with DFTA contracts failing to cover the full cost of providing meals.** Before the pandemic, some providers individually reported losing *hundreds of thousands of dollars* each year on their contracts. Long-standing underfunding has only been made more acute by the increased demand during COVID-19. Ultimately this underfunding undercuts the quality and availability of services for the older adults who rely on these meals. Additionally, the RFP included several programmatic changes to increase meal choice, but the City failed to invest any new funding in the program.

The average cost for a home delivered meal for urban areas in the United States in 2015 was \$11.78, according to a report by Mathematica Policy Research.³ DFTA's new across-the-board rate of \$9.58 per meal, as listed in the RFP, is therefore approximately 20% below the national average cost of a meal. An independent analysis of true costs by UNH and LiveOn NY, assisted by SeaChange Capital Partners, has confirmed \$11.78 as close to the actual true cost of a home delivered meal, though

² <https://humanservicescouncil.org/rater/home-delivered-meals-program-rfp/>

³ https://acl.gov/sites/default/files/programs/2017-05/NSP-Meal-Cost-Analysis_v2.pdf

rates varied by provider. This analysis entailed working with current contractors and subcontractors to develop standardized categories and budgets and calculating average costs. It considered raises to minimum wage-level staff, OTPS costs that are generally not included in contracts such as parking tickets and uniforms, and indirect costs.

In addition to these low rates, which urgently must be increased, simple math shows us that DFTA's new rate of \$9.58 per meal and the funding allocated to the program each year – \$40.7 million as listed in the RFP – is not enough to meet the current need of 4.66 million meals served each year. In fact, there is a gap of approximately \$4 million needed in order for DFTA to serve 4.66 million meals at a rate of \$9.58 per meal.⁴ Something will need to be done to correct course: either the City will need to add \$4 million to meet the terms of its own procurement, or contractors will be forced to reduce the number of meals they serve each year by 418,428 meals, denying much-needed food and social services to older New Yorkers in need.⁵

The City must increase funding along with its per-meal rate in order to make the home delivered meals program whole. UNH previously called for an additional \$26.2 million in emergency and retroactive funding to meet the need, including \$8.5 million retroactively for FY 2020 and \$17.7 million for FY 2021. This funding will cover increased demand and incentive pay for staff during the pandemic and address long-standing underfunded contracts. The City must also include annual cost escalators in contracts, fund and allow for higher rates for programs that spend more on specialized cultural or therapeutic meals, and invest in a capital fund for programs to make key infrastructure upgrades and repairs in their programs. The City must also reverse the cut to the Indirect Cost Rate Initiative (ICR) that has significant hurt programs even further. Finally, we remain concerned about the elimination of \$2.84 million in annually recurring one-year funding from the Administration to the HDM program in the FY 2021 budget. We urge the City to look to federal funding sources as they become available to support the HDM program, but absent of this the City must increase its own investment into this program.

As things stand now, providers are being forced to choose between cutting the number of meals and older adults they serve or accepting a rate that will not fully cover the costs of running a program, risking organizational insolvency. The City must acknowledge the dire need to increase funding for this program so providers can feed and support some of our most vulnerable citizens for years to come.

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

⁴ Actual meals served in FY20 per Mayor's MMR was 4,663,561. The RFP sets a per-meal rate of \$9.58 and an annual program budget of \$40,668,374 for the next three years. \$9.58 times 4,663,561 meals is \$44,676,914. This leaves a difference of \$4,008,540.

⁵ The \$40,668,374 allocated to the program divided by \$9.58 per meal represents 4,245,133 meals able to be served at that rate. The gap between this and the 4,663,561 meals served in FY 2020 is 418,428.



Asian American Federation

Testimony to the New York City Council Committee on Aging

October 30, 2020

Written Testimony

I want to thank Committee Chair Chin and Council Members Ayala, Diaz, Vallone, Eugene, Treyger, and Deutsch for giving us the opportunity to provide testimony before this committee today. I'm Ravi Reddi, and I am the Associate Director of Advocacy and Policy at the Asian American Federation (AAF). AAF represents the collective voice of more than 70 member nonprofits serving 1.3 million Asian New Yorkers.

As we continue to work closely with City staff and your offices to make sure our seniors are getting their basic needs met, we are consistently reminded of the breadth of the ongoing crisis. We are regularly hearing of the challenges our member and partner agencies are facing in providing for our seniors and the array of challenges they're up against, such as: high rates of poverty, widespread limited English proficiency, lack of immigration status, the digital divide, and anti-Asian xenophobia and violence. Cases like that of an 89-year-old Asian elder who was set on fire in Brooklyn in late July highlight the very real threats that our service providers are working round-the-clock to address to keep our seniors safe.

And for many of our community-based organizations (CBOs), the fight is a desperate one. Staff are working overtime, and every dollar from already-underfunded city and state programs is being stretched as far as it can go, as our CBOs try to address our seniors' basic needs in culturally competent ways. We're appreciative of the continued efforts being made by DFTA and the ongoing advocacy of this committee, but we reached a crisis threshold a long time ago, and we're here on behalf of CBOs that are doing on-the-ground work in order to sound the alarm that much more needs to be done.

Rising Demands and Changing Demographics

First, two identifiers will define the challenge of senior home-delivered meal service in the near future: 1) rising demand as more seniors will remain homebound as they will have to remain more vigilant than other demographic groups because of the greater danger posed to them, and 2) an expanding, increasingly dispersed and diverse Asian senior population across the five boroughs of our city. In other words, the challenge that we're facing will only continue to grow.

From 2000 to 2018, the Asian senior population in New York City more than doubled, increasing faster than all other major racial and ethnic groups. There are now over 150,000 Asian seniors living in the city, making up 16 percent of the total population over 50-years-old. Among Asian seniors, 1 in 4 in our City lives in poverty, compared to just over 1 in 10 of all seniors in the state, with poverty rates reaching as high as 35% for Bangladeshi seniors and 30% for Chinese seniors.

Additionally, language barriers remain high among Asian New Yorkers, and for 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). 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.

Immigration and integration trends are also diversifying and dispersing the Asian senior population. Asian seniors can now be found outside of ethnic enclaves, and new Asian communities have emerged in places such as Parkchester in the Bronx and East Harlem. As our senior population increases in every borough, many CBOs who are the sole service providers for certain ethnic communities are struggling to cover the expanding map of culturally-competent service demand without the necessary funding.

So while our CBOs continue covering gaps in City services and modelling the services our seniors need, trends amongst the Asian senior population in our city require funding reflective of the essential services being provided during this pandemic.

Food Service Innovations

But to get their basic needs addressed, Asian seniors continue to come to our CBOs before they come to the city, and for good reason. Our CBOs are proving the importance of speaking the languages our seniors speak, acknowledging the cultures they live in, and delivering services as our seniors need them.

One relatively bright spot when it comes to senior home-delivered meal programs has been the innovation our CBOs have shown. This innovation can serve as a model for future senior meal programming across the city in its modeling of efficiency, economies of scale, local business support, and cultural competency.

For example, while many senior centers and service providers are not able to meet the volume of need, they're coordinating with local restaurants to deliver meals and stock food pantries with meals that are familiar to their clients, or they're building relationships with produce suppliers familiar with Asian diets.

Similarly, CBOs in our community are addressing multiple needs at once as funds are strained but demand continues, conducting mental health checks and embedding wellness interventions into basic needs services like meal delivery. With an eye on the future, we'll need to further reinforce what our CBOs are already acknowledging in their culturally-competent programming: individual services are better received and utilized when delivered together.

Continued Underfunding

However, let's call this what it is: many of the innovations by our service providers are borne out of necessity. Our CBOs have been forced into a position, driven by high community buy-in and unyielding demand, wherein they have had to become so efficient at their work that our CBOs' staff are being put under unprecedented mental health strain, themselves.

From Fiscal Year 2002 to 2014, the Asian American community received a mere 1.4% of the total dollar value of New York City's social service contracts. Our analysis showed that over that 12 year period, the Asian American share of DFTA funding was 2.7% of total contract dollars and 3.7% of the total number of contracts. These numbers were from over a decade of data and they reflect a long-term trend that has resulted in our CBOs being more and more dependent on private fundraising to keep the lights on and our seniors fed. And in the midst of this pandemic, this history of chronic underfunding has had a cumulative impact on our entire community with our most vulnerable being hit the hardest. And with winter coming, many of our service providers are worried about how they'll keep our seniors fed while they depend on unstable private funding and as cold weather adds another factor in our seniors' continued isolation.

Nonetheless, within the Asian American community, service providers are working together to build internal structures that include umbrella organizations that have the expertise in coordinating with member nonprofits to be innovative in sourcing culturally appropriate meals and who have the community buy-in to hit the ground running with existing relationships. Nonetheless, city contracting processes have left these critical actors out.

Our service providers are leading by example, but there are several actionable steps the City can and must take to make sure our CBOs aren't stretched too thin and every senior in our community who needs food is getting it as they need it.

Recommendations

- Continue funding for the Senior Centers for Immigrant Populations Initiative at \$1.5 million to support Asian senior centers in both existing and emerging neighborhoods.
- Raise reimbursement rates for ethnic home-delivered meals and temporarily allow congregate meal contractors to run home-delivered meal services as long as it's needed, especially as it will allow groups to continue to reach seniors who were homebound prior to COVID and will remain so due to physical limitations.
- Address the growing need for in-language and culturally competent health care and mental health services for Asian seniors.
- Amend contracting process to allow Asian-led nonprofits to more accurately reflect the cultural and language expertise they bring when serving Asian seniors.
- Establish protections for subcontractors or restructure contracts to enable Asian senior centers to contract directly with the City for homebound meals.
- Ensure that DFTA receives the funding they need to fully implement the new citywide languages covered in Local Law 30



**GOD'S LOVE WE DELIVER
TESTIMONY FOR NEW YORK CITY COUNCIL'S COMMITTEE ON AGING
MARGARET S. CHIN, CHAIR
OCTOBER 30, 2020**

Thank you to Council Member Chin and the Committee on Aging for holding this important and relevant hearing at a time when there is a food crisis in NYC. God's Love We Deliver is New York City's leading not-for-profit provider of medically tailored home-delivered meals and nutritional counseling for people living with life-threatening illnesses. God's Love provides services to the most underserved and isolated populations in our City: those who are sick and unable to take care of their most basic need – the need for food and nutrition. As a key service agency within the local care continuum, we maintain relationships with 200 community organizations to reach those in need. God's Love has a network, a reach and a program that greatly benefits coordination of care for older adults in New York City.

God's Love We Deliver has remained open during the COVID-19 pandemic serving more clients, caregivers, and children than any other time in our 35-year history. In just the last six months alone, we have added 3,200 new clients and prepare over 11,000 meals each weekday. We remain committed even in the face of uncertainty of this pandemic to serving those who are sick and vulnerable. What this pandemic has highlighted for New York City is the need for nutritionally tailored meals for those living complex medical lives.

God's Love was pleased to serve as an expert for the home-delivered meal program analysis conducted by Price Waterhouse Cooper and spent time detailing the necessity of our services for older Americans with critical illness. We also offered our operational expertise on the sophisticated model that is the medically tailored meal intervention. **While we agree with some of the improvements made by DFTA in the most recent RFP, we are concerned that medically tailored meals have not been considered or incorporated into the recommendations for the future of DFTA's home-delivered meal program.**

We believe that being sick and hungry is a crisis that demands an urgent response. We urge DFTA to issue an RFP for a stand-alone citywide contract for medically tailored meals for older adults. For example, currently, if you are an older adult living with a serious illness in New York City, such as end stage renal disease, you are unable to eat the food provided by current DFTA contracted meal providers due to the complex dietary restrictions. If it is the goal of DFTA to reach every senior in need of meals, they cannot ignore those in need of medically tailored meals.

Chronic illness is on the rise for older adults: 92% of older adults in the United States are living with at least one chronic illness, 72% are living with more than one chronic illnessⁱ. Individuals with chronic health conditions count for approximately 86% of all health care spending.ⁱⁱ Combined with the fact that 75% of older adults were

unable to shop for food on their own and 58% were unable to prepare their own food, means risk factors align for malnutrition. ⁱⁱⁱ In addition, half of older adults recently discharged from the hospital are malnourished, and hospitalization within the previous six months is a risk factor for malnutrition in some older adults.

Medically Tailored Meals ensure those living with life-altering illness have access to food while also improving health outcomes and reducing health care costs. A study conducted in Philadelphia showed a 28% drop in average monthly health care costs for Medicaid managed care patients battling life-threatening illness who received MTMs. When compared to similar patients who did not receive these services, study participants experienced 50% fewer hospital admissions and were 23% more likely to be discharged to their homes rather than another facility. In a retrospective cohort analysis, an MTM program in Denver similarly recorded a 24% decrease in health care costs for patients enrolled in their services who were diagnosed with congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), or diabetes. Finally, a study conducted in San Francisco found that receipt of MTMs increased adherence to antiretroviral therapy (from 47-70% adherence) for individuals living with HIV and significantly decreased diabetes distress for diabetic patients.

Last year, 6,425 New York City older adults received over 1.5 million meals from God's Love. God's Love is currently serving New Yorkers living in every zip code throughout the five boroughs and we have enclosed a table reflecting our services for older adults by New York City zip code, which demonstrates that there is an existing, and ever growing need for medically tailored meals among older New Yorkers throughout all five boroughs. 65% of these services were supported with philanthropic funding, which gets harder and harder to raise each year.

There is a service gap in the current DFTA model. We appreciate the Council's resolution to ensure that halal meals are available as part of the home delivered meals program to be responsive to the needs of our seniors. In a similar vein, we strongly feel that DFTA's home delivered meal program should include medically tailored meals. **We ask for the support of the Council in urging DFTA to release a standalone RFP for medically tailored meals for seniors in New York City.**

Thank you for your time and consideration.

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ⁱ According to the National Council on Aging. Available at <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/>. Accessed July 24, 2017).

ⁱⁱ According to 2010 data. *Chronic Disease Overview*, CTRS. FOR DISEASE CONTROL & PREVENTION. Available at <https://www.cdc.gov/chronicdisease/overview/>. Accessed Mar. 28, 2017.

ⁱⁱⁱ Ibid. Phipps et al.



Commitment to Improve Quality of Life

October 30, 2020

To: New York City Council Committee on Aging
From: India Home, Inc.
Re: Home-Delivered Meals

Thank you Chair Margaret Chin and the Committee on Aging for the opportunity to testify. We are writing from India Home, a community organization that has dedicated our heart and soul towards serving the South Asian senior community in Queens and throughout New York City with culturally competent senior programs.

During this pandemic, we did not stop any of our programs. We pivoted, and we continued to serve in as many ways as possible creatively, and we're having more of a reach than we ever have before. We took a holistic approach to not only adapting to, but addressing the crisis. To meet the food security needs of low-income seniors, we started an initiative to provide culturally sensitive home-delivered meals & groceries. We shifted all of our senior center activities to a virtual platform using Zoom to help maintain our seniors' physical and social health. Since the start of the pandemic, we have delivered 11,000+ meals, delivered groceries to 900+ seniors, provided 17,900+ telephone reassurance check-ins, and reached 17,000+ service units through educational talks, nutrition talks, yoga, meditation, exercise, ESL, technology, citizenship & art classes. We have also provided remote case management and wraparound services by phone through which seniors have had access to crucial benefits from the safety of their home. The impact we have had during this time has been far-reaching and we are serving more seniors than ever before. During this time, we have gone beyond our target population of seniors to reach to the family members of seniors as well of all ages, by connecting them to crucial services.

In 2017, we conducted a needs assessment which focused on the needs of the South Asian senior community in NYC. When assessing economic priorities for this population, food & groceries were of highest importance. We acknowledged this and tailored our programming accordingly, even before the pandemic started. When the pandemic came upon us and took over Queens in mid-March, we continued to be in tune with the needs of seniors during this time, of which food insecurity was still the biggest concern. We knew that the senior population was especially vulnerable to contracting COVID-19, and that we cannot take the risk of making them go outside to get food, even through the Grab & Go method which was proposed to us, and frankly, did not work. Many of our seniors were dependent on our senior centers for the only nutritious meals that they could have. Many of our seniors cannot afford to go and get meals both financially and in terms of their health.

Despite this program not being funded by DFTA, we continued to fight for nutritious culturally competent meals for these seniors as a basic right. We started our own culturally competent home-delivered meal and grocery program which again has delivered 11,000+ meals, delivered groceries to 900+ seniors. We are working directly with a local caterer who serves Halal meals in the Bangladeshi style of cooking and delivers the meals to the safety of the seniors' homes.

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Commitment to Improve Quality of Life

While it has been incredibly fulfilling to provide this program, it has not come without its own challenges. We have been scrambling for grants and are fully dependent on the funding from foundations and the generosity of individual donors. We were directed to GetFoodNYC as a solution and told to direct all our seniors, to this program. But this program, has lacked cultural competence and has lacked quality, and our seniors deserve better. They do not deserve the same treatment that our organization's founder was told more than ten years ago, "We don't have curry for your father". When our seniors are not prioritized or heard, it is our job to speak up for them and advocate for them.

And so, we have to speak up on the continued importance of local organizations with the cultural competence and knowledge of these populations to be the ones delivering meals to these seniors. We have shown that nothing will stop our dedication to the provision of culturally competent meals to vulnerable seniors and we ask that the City do the same. While we are temporarily able to run with the help of private donations, we need the City's help to sustain this program and to continue to provide and prioritize culturally competent services.

As such, India Home makes the following recommendations:

1. Support grassroots organizations such as India Home with resources and funding to better serve and stabilize the vulnerable immigrant aging community with access to crucial resources,
2. Prioritize food security in the COVID-19 response for seniors in a demonstrable way
3. Work directly with local nonprofits to handle the provision and delivery of meals so that cultural competence is ensured and we ask that the city provide funding for these local organizations to be able to continue to meet food security needs of the South Asian senior population

We urge your support and look forward to working together to stabilize the vulnerable South Asian senior community.

Sincerely,

Vasundhara D. Kalasapudi, M.D.

Executive Director

Mukund Mehta, JD, CPA

President



**New York City Council
Committee on Aging
Council Member Chin
October 30, 2020
Oversight - The Future of Senior Home Delivered Meals**

Thank you, Chair Chin, for the opportunity to testify on the future of senior Home-Delivered Meals.

LiveOn NY’s members include more than 100 community-based nonprofits that provide core services which allow all 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.

First, we wish to thank and applaud the home-delivered meal providers across the City that have stepped up throughout COVID-19, providing critical services in the face of unprecedented demand and a public health crisis.

On January 1, 2021, following a procurement process led by the Department for the Aging (DFTA), new contracts will begin for the traditional home-delivered meals (HDM) program. LiveOn NY weighed in during the procurement process as to changes that would be needed to ensure the success of these new contracts and of the program moving forward. We would like to use this opportunity to reiterate the core funding requirements that must be met in order to ensure non-profit providers are financially solvent throughout these soon to be executed contracts. These financial requirements are particularly prescient, as a recent analysis by Candid has found that 1,829 non-profit organizations might go out of business across New York due to the current COVID crisis.¹ To prevent further stress that could lead to non-profit closures within the home-delivered meals system, here are key financial supports that must be provided by the City within the HDM system:

- **It is critical that contracts explicitly provide for and fully fund organizational Indirect Cost Rates (ICR).** Recent cuts to the ICR Initiative have significantly threatened the viability of New York City’s nonprofit human service providers, leaving current senior service providers scrambling to pay staff and get by. To truly support nonprofits through COVID-19, the City must reverse course and fully implement the ICR Initiative, including full funding of ICRs within HDM contracts, and all DFTA and human services contracts. This issue is particularly urgent, as a decision on the ICR funding levels for FY21—the fiscal year we are already in—has not yet been shared with providers, sowing further uncertainty among all human services providers at a time when certainty is paramount.
- **LiveOn NY strongly recommends that DFTA reimburse providers for the true cost of the meal and to fulfill all contractual obligations associated with this program.** A strong step towards this, would be to increase the reimbursement rate from \$9.58 as proposed in the RFP, to \$11.78, the national average for a home-delivered meal in urban areas.

¹ <https://blog.candid.org/post/how-many-nonprofits-will-shut-their-doors-state-level-data/>

- **Cost escalators and Cost of Living Adjustments (COLAs) must be built into the programs' budgets, particularly given that HDM contracts span multiple years—three years with the possibility of extension.** While reimbursements may be sufficient in Year One of the contract, without cost escalators, providers will find themselves running a deficit due to inflation and rising labor costs by Year Three or Six. Cost escalators would help ensure that providers are able to meet rising costs each year, such as increases in raw food costs, and COLAs will help ensure consistently competitive salaries for the human services workforce, which is predominantly made up of women and persons of color.

Beyond the funding needs for new contracts, it's important to note the significant uptick in demand for meals that has been experienced during COVID-19. Programs initially reported increases of 20-30% since the start of March for HDM clients, and those numbers continued to grow as more older adults expressed need for food and social support, with some programs experiencing increases of approximately 50%. Due to a lack of government funding for the HDM system, many programs have been forced to refer clients to the GetFood program, rather than meeting the need within this long-established home-delivered meal system. **Recognizing that the GetFood program is a laudable, but temporary, solution and that many of these individuals will continue to need meals long beyond the current pandemic, LiveOn NY recommends that the City increase funding within the HDM program to fully fund providers for all increases in meals served, and to work with providers as is needed to expand their capacity to meet this demand.**

We also request a clear process of transitioning clients from GetFood to the HDM system, or from old HDM contractor to new HDM provider, to the extent that these changes will take place. Given the current crisis we are experiencing, continuity of services is paramount for older meal recipients.

Further, knowing the projected continued growth of the older adult population—expected to reach 1.86 million individuals by 2040—and the newly exacerbated economic and health related stressors, LiveOn NY anticipates that demand for home-delivered meals will only continue to increase in the coming years.² With this in mind, **LiveOn NY recommends that the City implement a process for consistently reevaluating and increasing its financial support for the HDM program in proportion to increases in demand.**

Relatedly, given that the case management system is integral to referring older adults for home-delivered meals, **the City should also look to consistently reevaluate its funding for Case Managers to ensure that there are no waiting lists causing strain on this service as well.**

Recognizing the interrelatedness between the HDM program, GetFood program, and Senior Center congregate meal system, **LiveOn NY recommends and appreciates efforts towards regular information sharing opportunities by all relevant City personnel to providers, many of whom will be directly involved in implementing and relaying changes to the food systems for seniors.**

² <https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/DFTAAnnualPlanSummary2019.pdf>



Making New York a better place to age

As previously noted, the parallel GetFood program, which provides meal delivery service to all individuals, including older adults, during COVID, will at some point wind down its services. **To prepare for that inevitability, LiveOn NY requests that data regarding the number of older adults receiving meals through GetFood be shared publicly.** While taking care to maintain client anonymity, this data should be broken down by Council districts to allow for meal providers to understand trends in nutrition needs among older New Yorkers.

We also recommend that preliminary work be done through the GetFood program to understand what older GetFood meal recipient's needs might be beyond the pandemic. This need could encompass congregate meals through a local Senior Center; Case Management assessments for continued home-delivered meals; or other supports. Early understanding of what the future demand will look like can help to inform the resources needed to continue to support older GetFood recipients and to ensure the senior services system is ready and well-funded to meet this demand.

To this end, LiveOn NY also notes our recommendation that the Older Adult Center RFP be delayed to allow for the current pandemic to subside and for its impacts on both service levels and models to be fully realized and therefore be adequately utilized to inform a future RFP.

Thank you for the opportunity to testify.

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.



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**Testimony from Selfhelp Community Services
New York City Council
FY21 Aging Committee Hearing Public Testimony
October 30, 2020**

My name is Katie Foley and I am the Managing Director of External Relations and Communications at Selfhelp Community Services. Thank you to Aging Committee Chair Margaret Chin, and the members of the committee for the opportunity to testify today.

Selfhelp was founded in 1936 to help those fleeing Nazi Germany maintain their independence and dignity as they struggled to forge new lives in America. Today, Selfhelp has grown into one of the largest and most respected not-for-profit human service agencies in the New York metropolitan area, with 46 program locations throughout Manhattan, Brooklyn, Queens, the Bronx, and Nassau County. We provide a broad set of services to more than 20,000 elderly, frail, and vulnerable New Yorkers each year, while remaining the largest provider of comprehensive services to Holocaust survivors in North America. Selfhelp offers a complete network of community-based home care, social service, and senior housing programs with the overarching goal of helping clients to live with dignity and independence and avoid institutional care.

Our services are extensive and include: specialized programs for Holocaust Survivors; eleven affordable senior housing complexes; four Naturally Occurring Retirement Community (NORC) programs; three intensive case management programs; five senior centers including one of New York City's first Innovative Senior Centers; home health care; client centered technology programs including the Virtual Senior Center; court-appointed guardianship; the Selfhelp Alzheimer's Resource Program (SHARP); and New York Connects, which provides seniors and people with disabilities with the information and support they need to remain living independently in their own homes.

We are grateful for the Council's long standing and ongoing support for so many important senior programs and for always emphasizing the needs of older adults in policy decisions and budget allocations. With strong community based programs, we are confident that older New Yorkers will be able to access the care and support they deserve and need to be able to age in their own homes and communities.



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The Conference on Jewish Material Claims Against Germany

During the COVID-19 pandemic, Selfhelp has continued to serve our 20,000 elderly and vulnerable clients through our range of home and community-based programs. Our home health aides have been provided much needed at-home care, our frontline staff have been caring for individuals in the Community Guardian Program, and all of our social workers from our community-based programs, including case management, have been checking on their clients by phone, email, or Zoom to ensure access to food, safe shelter, medical care, and more. We have quickly expanded our Virtual Senior Center to include members of Selfhelp's senior centers, NORCs, Case Management, and Housing in order to reduce social isolation among our clients. Our team is working every day to ensure our clients continue to live with dignity through this challenging time.

In today's testimony, I will focus on Selfhelp's experience helping our clients access home delivered meals. We recognize that the need for home delivered meals has significantly increased since the beginning of the COVID-19 pandemic. We anticipate that the increased need for meals will continue throughout the 2020-2021 winter. We are appreciative that the Mayor established the GetFoodNYC program which has increased access to home delivered meals. We also recognize the unique challenges home delivered meals providers, our non-profit colleagues, have faced during the pandemic especially uncertain funding amidst serving a rapidly increasing homebound population.

We recognize that the pandemic caused a number of challenges for everyone, including our partners in government, and we do appreciate the City's quick action in March as the pandemic hit New York City. As a case management provider in parts of Manhattan, Queens, and Brooklyn, our experience has varied widely in terms of meal availability, reliability, and quality of home delivered meals. Our case managers have helped our clients navigate wait lists, inconsistent delivery schedules, and frequent renewal applications.

Below I've outlined details of our experience that we want to share with the Committee:

- Our clients and older adults across New York City deserve nutritious and quality meals. Before the COVID pandemic, our clients were able to access quality hot meals every day. Since the start of the pandemic however, the availability of hot meals has decreased, and deliveries became infrequent. We have seen a significant decrease in the quality and appropriateness of the food being delivered. Hot meals have become much more limited as deliveries change from once/day to a more infrequent schedule. We've submitted feedback on behalf of our clients about the quality of the frozen meals via the online communication system.



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- Each person deserves food that is appropriate for their needs. We've had bedbound clients receive uncooked pasta that requires standing at a stove to cook, or boxes of food left in the lobby of a building waiting for the client to carry back to their apartment. It is imperative that the notes in each person's application be followed so that the food delivered is appropriate to their needs.
- The inconsistent and changing delivery schedules have made food access an ongoing source of stress and anxiety for our clients. Another consequence of inconsistent food delivery is staff time. Our case managers spend a disproportionate amount of time coordinating and following up on delivery issues.
- While the GetFoodNYC online referral form has been easy for our case managers to navigate, there are limited details about the types of available food. If possible, it is preferred for case managers to be able to communicate directly with the food vendor to resolve issues, discuss meal options, and provide details about client's needs.
- Unfortunately one of our case management programs was only given two logins for a team of over 20 people. When we requested addition logins for each staff person we were only granted two additional. It's important for all of our case managers to have equal access to the online referral system in order to be efficient and serve as many clients as possible, especially as we coordinate our client care while working remotely during the COVID pandemic.
- A challenge for our case managers is the need to renew each client's food delivery every two weeks. One team has over 100 clients they need to renew every two weeks requires a significant amount of staff time to track and resubmit these requests. We respectfully request that the renewal period be extended by months in order to maximize efficiency.
- We recognize that DFTA is currently considering how to re-open senior center kitchens to provide meals to members. These meals will be a welcome addition to the options for older adults, but it will not replace the need for consistent hot meal delivery for homebound adults. The need for meals is great and should be continued even when there's a phased reopening of senior centers. Even when centers are open, due to social distancing, lunch service capacity will be much smaller than before, but the need for additional meal options will continue.

We appreciate the opportunity to testify on Selfhelp's experience accessing home delivered meals for our homebound clients. Food security is a priority for our staff and clients during this challenging time and we anticipate that the need will only grow during the winter ahead.



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Conclusion

Selfhelp is grateful to the City Council for always emphasizing the needs of older adults in policy decisions and budget allocations. We are also grateful to the Mayor's Office, DFTA, and the Council for their work to ensure that our City's most vulnerable are well cared for during the pandemic. Thank you for the opportunity to testify today. On behalf of the 20,000 clients we serve, I am grateful for the Council's support on so many important programs.



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Organization: Japanese American Social Services, Inc. (JASSI)

Testimony for the Future of Senior Home Delivered Meals Hearing

October 30, 2020

Thank you, Chair CM Chin and members of the Committee for Aging for giving us the opportunity to submit a written testimony on the Future of Senior Home Delivered Meals.

JASSI has been providing an array of social services to seniors in the Japanese community over 39 years. 53% of JASSI's Senior Program members live alone. Some of them have dementia and/or are homebound. Over 90% of JASSI's senior clients require assistance in Japanese and 77% of JASSI's Senior Program members have low-to-moderate incomes. Those senior members are often times concerned about their safety and wish to have someone check in with them.

Unlike other Asian immigrant groups, Japanese are widely spread out in New York City which makes it difficult for them to build a local community in their neighborhood. JASSI does not have a senior center like many other Asian American organizations which provide menu that is geared toward the ethnicity. Since Mid-March JASSI staff and volunteers have been in touch with hundreds of New York Japanese seniors to make sure of their safety and food security.

JASSI would like to see the future of Senior Home Delivery to consider the following:

1. We urge Committee of Aging to expand DFTA's capacity for meal delivery.

Since DFTA is not taking new sign-ups for home delivered meals anymore, it's been difficult to find a way to provide nutritious hot meals to our seniors. JASSI staff sought alternatives such as Meals-on-Wheels, but, they too were not open for everyone. Meals-on-Wheels requires not only few months to start meal delivery service but also the applicants must qualify for the requirements.

We would like to see DFTA to expand the delivery program to all seniors who need meals to be delivered in an emergency situation such as the Covid19 lockdown.

2. We urge DFTA to offer more variety of food options.

With the number of Asian population growing rapidly in New York City we hope to see senior centers/DFTA to include Asian menu. Many Japanese seniors shy away from the meals offered by senior centers because the current offering does not have Asian food options.

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3. Have the meal delivery person to check in with seniors to confirm seniors' well-being.

Having the meal delivery person to check-in on the seniors' well-being would be very meaningful especially for those frail seniors living in isolation. Meal delivery person can keep the 6 feet distance from the seniors and just stay there until the senior opens the door to takes the meal.

Thank you for the opportunity to submit our testimony.

Mizue Katayama,
Senior Program Manager

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Testimony of Stanley M. Isaacs Neighborhood Center

Committee on Aging Hearing- October 30, 2020

I would like to thank Chair Margaret Chin for her support of the Aging Services sector and for bringing us together today on the future of Home Delivered Meals in New York City after COVID-19. My name is Khristel Simmons; and I am the Director of Food and Nutrition Services at the Stanley M. Isaacs Neighborhood Center (Isaacs Center), overseeing the home-delivered meals and congregate lunch programs for older adults.

The Isaacs Center is a multi-service organization providing critical social safety nets to older adults, children, young adults, and families for nearly 60 years. We operate under a “hybrid model,” for our Senior Center and NORC (Naturally Occurring Retirement Community), and Home delivered meals- programs located at the Isaacs Houses and Holmes Towers public housing developments on the Upper East Side, and the Taft Houses Senior Center in East Harlem. We serve 1,662 Meals on Wheels program participants annually.

I have been an HDM director for 11 years in New York City, working to diminish food insecurities for seniors by providing the resources necessary for them to live a fulfilling and long life independently. Throughout my tenure, I have observed key policy and budgetary decisions, impacting both older adults and human service professionals, being made by our City and State government entities with little to no discourse or opportunities for meaningful partnerships with those utilizing the services, as well as those employed within the sector. The onset of this year’s public health crisis only magnified the impacts of this longstanding issue.

In March of 2020, without a clear blueprint of how to proceed, the human services sector worked tirelessly to ensure both service continuity and expansion to accommodate rapidly growing needs across the City. We just knew we had to find a way to not have meal delivery disrupted. We did so all while writing robust responses to an ill-timed RFP, to ensure we received said program in January of 2021. We sustained operations and reassured clients throughout the new norm, navigating citywide curfews, and the deep pain of police brutality and the oppression of minorities in NYC and across the country.

In total, between the months of March-June 2020 we delivered 105,019 meals-an increase of 18% from the previous year.

The HDM program is not only a meal delivery program. It is a lifeline to the seniors of New York City to those who worked to build its very foundation.

Regarding, the GetFood Program, it has been made more difficult and time-consuming for seniors to re-register and stay on the program. The burden for keeping seniors on the program has largely fallen on the senior centers already stretched to meet the growing needs of our members stuck at home. The messaging has been that the added steps are to reduce waste. But the reality is that until senior centers are resourced to begin cooking and distributing meals, there is not going to be a significant reduction in the need for GetFood. It should be made easier, not more difficult, to stay on this program. For us, we have 405 seniors still on GetFood, a slight decrease from around 500 at the peak of the pandemic, and actually up from 377 last month. **We ask for the Aging Committee's help and advocacy to release funding for Senior Centers such as ours to cook grab and go meals.**

Further, it was extremely disheartening to learn of no restoration or base lining of one-time, prior-year funding from both the Council and DFTA for the current fiscal year. This longstanding annual support has provided meals, much needed incentives for underpaid kitchen staff and Meals on Wheels drivers/deliverers, thermal bags for delivery, hand carts, uniforms, and inevitable parking tickets (a logistical and budgetary gap not recognized by DFTA). **We ask for the Aging Committee's help and advocacy to restore and baseline this one-time funding from DFTA, particularly as need continues to grow until the COVID-19 crisis is behind us.**

We know that seniors are among the most vulnerable and disproportionately impacted throughout this public health crisis. Since the onset of the pandemic the Isaacs Center Meals on Wheels program has been at the forefront of feeding New York City's most underrepresented and oppressed population. The Isaacs Center created, funded, and adopted a community kitchen model to deliver additional meal to our seniors who needed them- this included Meals on Wheels recipients. Senior Center members who relied on congregate meals, and our elderly neighbors in need.

The future of the home-delivered meals program relies on meaningful government partnership with the HDM program directors and their team- the drivers and deliverers, the chefs and the case workers. They are all essential workers *always* and their dedication and commitment ensure that our City meets its obligations to support aging New Yorkers in *all ways*. Thank you to the Committee on Aging for holding this important hearing and the opportunity to submit testimony.