



TESTIMONY

Presented by

**Lorraine Cortés-Vázquez
Commissioner**

on

**Oversight - Home Delivered and Emergency Meal Services for Seniors
through DFTA's HDM Program and GetFoodNYC**

before the

**New York City Council
Committees on
Aging and Economic Development**

on

**September 20, 2021
10:00 A.M.**

Good morning, Chairperson Chin, Chairperson Vallone and members of the Aging and Economic Development Committees. I am Lorraine Cortés-Vázquez, Commissioner of the New York City Department for the Aging (DFTA). I am joined by Kate MacKenzie, Director of the Mayor's Office of Food Policy and Bridget Anderson, Deputy Commissioner at DSNY. I also have Edgar Yu, Chief of Staff, and Michael Ognibene, Chief Operating Officer from DFTA available to support Q&A.

As you know, DFTA works to eliminate ageism and ensure the dignity and quality of life of New York City's diverse older adults, and for the support of their caregivers, through service, advocacy, and education. DFTA is deeply committed to assisting older adults so they may age safely in their homes and remain actively engaged in their lives and their communities. DFTA's priorities became even more critical during this public health crisis—chief among them are (1) combating food insecurity among older adults, (2) maintaining social engagement for tens of thousands of senior center members, and (3) securing uninterrupted access to critical services, including meals, for older homebound individuals.

Addressing food insecurity is also the foundation for the creation of the Older Americans Act (OAA). Through this, the OAA supported and funded congregate meals at older adult centers and home delivered meals programs for homebound older adults. These two core DFTA programs have worked to address food insecurities for older adults and will continue to do so long after the pandemic is over.

HOME DELIVERED MEALS

Prior to the pandemic, on any given weekday throughout the City, approximately 18,000 homebound older people received a home-delivered meal (HDM) through DFTA's HDM Program. This number has remained stable through to the present. Unlike older adults who participate in the daily congregate meal service at centers, any older adult receiving HDM

service must meet one of the following criteria set by the New York State Office for the Aging:

- Unable to attend a congregate meal program because of an accident, illness or frailty;
- Lacks formal or informal supports who can regularly provide meals;
- Able to live safely at home if meals are provided; or
- Unable to prepare meals due to a lack of adequate cooking facilities, a lack of knowledge or skills to prepare meals, or an inability to safely prepare meals or shop or cook.

The HDM program is formally connected to DFTA's Case Management Program. Case Management Agencies (CMAs) perform in-depth assessments of social, psychological, cognitive, and physical well-being in order to assist clients with living independently in the community. This is also a pillar of the Community Care model and further allows more older adults to age in place.

HOME DELIVERED MEALS RFP

Through the network of dedicated HDM providers, DFTA currently delivers roughly 4.3 million meals annually to homebound older adults. The provision of a meal to a homebound older adult helps to ensure that their nutritional needs are met in order to promote overall health and the ability to live independently in the community.

Following an RFP in 2020, new contracts for the HDM program started in January 2021. Through this procurement, all of New York City is served through 22 catchment areas. Each contractor is responsible for delivering meals in a predetermined geographic catchment area of the City. This RFP also allowed for some innovation in HDM services.

One of the goals of this procurement was to increase the diversity in meal choices. Allowing individuals to choose what type of meal they receive also allows control over when they would eat the meal, regardless of when it is delivered. Since contracts started in January, we

have seen a doubling- now 27%- in the number of frozen meals served. Chilled meals were also added a choice this year and to date, 68,000 have been served. We are happy to see a positive response to the wider range of options.

FOOD ACCESS FOR OLDER ADULTS

In addition to home delivered meals, older adults have access to meals at older adult centers across the city. When older adult centers closed for in-person gatherings in March 2020, DFTA quickly transitioned our congregate meals operations to ensure that center members continued to have access to a daily meal. Meal service operations shifted first to a “grab-and-go” model, then to a centralized direct delivery system (DFTA Direct), which eventually merged with the City’s broader food insecurity initiative, GetFoodNYC.

We are thrilled that as of June 14th, older adult centers were approved to reopen following Department of Health and Mental Hygiene guidance for in-person gatherings, including reduced-capacity congregate and/or grab-and-go meals. We understand this was a slow ramp up based on a combination of factors, including COVID concerns and older adult hesitancy as well as the complexities of staffing backup and establishing the physical plans to reopen. We appreciate the work that the network has done to ensure that they are able to open safely and in compliance with public health guidance. As of today, 284 (98%) of our older adult centers have reopened for in-person programs. Over 660,000 congregate and grab-and-go meals have been served at older adult centers since reopening in June. Through this reopening, older adults have not just gained additional, community-based access to meals, but also the in-person social interactions we were all missing during the pandemic.

RECOVERY MEALS

When the pandemic first started, DFTA worked with providers to ensure that older adults still had access to meals. Rooted in an understanding that many older adults relied on older adult centers for regular meal access, centers immediately stood up grab-and-go meals. When

centers closed by executive order, that quickly pivoted to the DFTA Direct Meals program through which meals were delivered directly to the homes of the center members.

In May 2020, GetFoodNYC was established to address food insecurity for all New Yorkers. GetFoodNYC consists of several programs that includes the Emergency Food Delivery Program (EFD) for meals delivered to homes. Members of older adult centers who had been receiving meals through the DFTA Direct Meals program were transitioned over to GetFoodNYC's EFD Program at this time. For the simplicity of this hearing, I will use the term, GetFoodNYC interchangeably with EFD.

As we plan for the October sunset of the GetFoodNYC emergency food program, DFTA has been working closely with the Mayor's Office of Food Policy (MOFP) and the Housing Recovery Operations (HRO) to ensure that all 60+ participants who are currently receiving meals through GetFoodNYC have continued access to meals if needed. We are pleased to start this transition for older adults to minimize any disruption in meal access. For older adults, these options include congregate and/or grab-and-go meals at local community centers, HDM for those who are homebound or a new recovery meals program. All will be screened and connected to the program most appropriate for their current needs. As we look towards the future, our goal is to re-engage older adults in the core meals programs that have always existed through congregate meals at older adult centers or through the HDM program.

We are pleased to work with OMB on funding to enroll all eligible older adults currently on wait lists for HDM over the next few weeks. As such, we know there will be an increase in HDM clients and have also engaged the HDM provider network to assist with the implementation of the new recovery meals program. As such, we know that there will be increased demands placed on HDM providers. Additionally, we know that continuing to strengthen and support the HDM provider network would allow us to more quickly and easily increase capacity in the case of future emergencies. We continue to work in earnest with OMB to address these needs.

CONCLUSION

We know that access to meals is a fundamental component of not just stability and health, but also independence and aging in place. Ensuring older adults have access to meals is the foundation for the work at DFTA and we are happy to continue to expand this core mission. I am proud of the work that DFTA has done, especially over the last 2 years during ever-changing times. I am thrilled that we continue towards recovery and increased in-person service provision. I value the partnership that we have with our sister agencies as we all work to ensure that older adults have had access to food throughout the pandemic. Thank you.



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Gale A. Brewer, Borough President

Gale A. Brewer, Manhattan Borough President
Testimony before the NYC Council Committees on Aging and Economic Development
September 20, 2020
Oversight: Home Delivered and Emergency Meal Services for Seniors through DFTA's
HDM Program and GetFoodNYC

I am Manhattan Borough President Gale Brewer. I thank Margaret Chin, Chair of the Aging Committee and Paul Vallone, Chair of the Economic Development Committee, and the committee members for the opportunity to submit testimony on home delivered and emergency meal services for seniors through DFTA's Home Delivered Meals (HDM) program and GetFoodNYC.

Access to healthy, fresh, and local food for vulnerable and low-income populations is the most pressing nutritional issue New Yorkers face. Food access is a cornerstone of my office's age-friendly initiative. Through the height of the pandemic, these efforts included improving the City's Emergency Food Distribution program (referred to as GetFood) to better serve older and homebound adults.

I would like to focus my comments on ensuring successful transitions and the need to fully fund the older adult services that we know are essential going forward.

I want to express my thanks to DFTA Commissioner Lorraine Cortés-Vázquez, Mayor's Office of Food Policy Director Kate MacKenzie, and former DSNY Commissioner and Food Czar Kathryn Garcia and their staff members - spread across many city agencies and Mayoral offices - for their efforts to quickly address the needs of food insecure homebound New Yorkers.

Thank you to the staff of the City's senior centers, NORCs, settlement houses and advocates, especially LiveOn New York. We should all be grateful for their dedication in the face of unprecedented challenges, and their perseverance throughout transitions in support of the older adults they serve.

Even as our city continues in recovery, we know that approximately 18,000 older adults plus an additional 6,000 adults enrolled in GetFood still need assistance and sustenance. The program is scheduled to end October 15th. It's my understanding that DFTA and the Mayor's Offices of Food Policy and Housing Recovery Operations are working together to engage current program enrollees to transition them to programs that meet their continuing needs.

We know of older adults who have received text or recorded messages noting that the Emergency Food Distribution is ending yet several constituents also shared that the first time they learned of the GetFood closure was through my staff. This type of outreach requires a

significant amount of calls and follow up, not made easier by older adults wary of unfamiliar phone numbers and spam calls.

I am concerned about how DFTA, MOFD and HRO are divvying up the list of enrollees to notify them about the program's closure, and ensure that individuals do not fall through the cracks. What is the role of senior centers? I am also concerned that we may be repeating the same mistakes of past GetFood transitions when senior center staff were excluded from accessing critical member information yet also expected to serve at the forefront of City initiatives to address food access with the needed tools.

It's also my understanding from Home Delivered Meal (HDM) providers that they were restricted in FY21 and into FY22 from adding new enrollees into the City's Home Delivered Meals Program. These adults were enrolled into the GetFood program instead which is now ending. A number of these adults may be eligible for HDM and in need of the food and case management services that are a critical part of the program. What is the current capacity of the HDM program? Additional funding is needed now for case management hiring and services to meet the current waitlist and new needs.

The new DFTA Recovery Meals (RM) program is projected to serve those needing a better fit than Center Congregate/Grab and Go meals, HDM and the Eat Well Eat Local pilot program. What is the capacity of the RM program? How can providers be expected to prepare AND deliver healthy, religiously and culturally appropriate meals at the current reimbursement rate of \$9.58 cents? This rate is arbitrary and detached from the very real food, labor and logistical costs of operating a home delivered meals program in 2021. We need to fully fund services at a minimum of \$11.78 cents.

What is the plan for providing RM and HDM participants with weekend and holiday meals? Citymeals on Wheels should be fully funded to continue to provide these services. This need cannot be ignored in the GetFood transition, especially as an individual's meal allocation will reduce from 12 meals per week to 5 per week without an investment in weekend meal service.

Providers also shared that they have outstanding invoices from FY20 and FY21 – when can they expect payment from the City? Businesses operating as GetFood program vendors said that they were often reimbursed after two weeks of expenses. It's unacceptable that the City forces not-for-profit organizations to contend with unfair practices even as it relies on these organizations to continue providing critical services under financial liability.

One of the clearest lessons of the pandemic, from food access to vaccines and more, is that the City can't go it alone. In the case of food, it doesn't need to with a network of trusted not-for-profit partners. Careful coordinated planning to ensure that our most vulnerable and isolated residents aren't lost in the transition along with fully funding older adults services will guarantee that New York City continues to be a great place to age.



**Testimony of
Kevin Jones
AARP New York**

**New York City Council
Committees on Aging and Economic
Development**

**Home Delivered and Emergency Meal Services
for Seniors through DFTA's HDM Program and
GetFoodNYC**

September 20, 2021

**Remote Hearing
New York, New York**

Contact: Kevin Jones (646) 668-7550 | kjones@aarp.org

Good afternoon Chair Chin, Chair Vallone, and members of the City Council Committees on Aging and Economic Development. My name is Kevin Jones and I am an Associate State Director at AARP New York, representing the 750,000 members of the 50+ community here in New York City. Thank you for providing me with the opportunity to testify at today's public hearing.

The news that the city is extending GetFoodNYC operations into 2022 is extremely welcome. Though we are past the peak of the crisis, food insecurity across the city remains high, as does the vulnerability of older New Yorkers. We're also glad that the extension will create extra time to bring seniors currently receiving emergency food into DFTA food programs.

But, the city would be remiss to only think about this plan through the next nine months. Now is the time to think about how long-term food security for seniors can be part of the city's COVID recovery plan.

One in five older adults in New York City lives in poverty, and the rates are much higher among older people of color than older white people. This same group has been disproportionately impacted by the COVID pandemic.

In addition, as many of you already know, older adults are one of the fastest growing populations in New York City and will continue to make up a greater share of the City's residents in the coming years.

Despite the growing need for aging-related services throughout New York City, DFTAs programs remain chronically underfunded. One of the most important programs to the health of older New Yorkers are DFTA meal programs, and it is critical that the city invest more money in them to expand capacity.

We need the city to not only reach more home-bound seniors with their meal delivery program, but to double down on the amount of food that participants receive. Right now, GetFoodNYC participants receive about three meals a day as part of the emergency services. But regular meal delivery clients only get one meal a day.

These are folks who have been determined to be unable to feed themselves otherwise, for various reasons. That meal delivery is often the only thing they eat each day, which is not enough for folks whose health is vulnerable.

We urge the city to prioritize funding for senior meal services as we plan for COVID recovery.



**Oversight: Home Delivered and Emergency Meal Services for seniors through DFTA's HDM program and GetFoodNYC.
Committees on Aging and Economic Development
September 20, 2021**

**Testimony submitted by: Rachel Sherrow
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My name is Rachel Sherrow and I am the Associate Executive Director at Citymeals on Wheels. I would like to begin by thanking you for holding this hearing. I would also like to thank Chair Chin for her tireless advocacy on behalf of those who were some of the most vulnerable and isolated during the pandemic and needed tremendous support which was given mostly by not for profits serving them then, and now. 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%.

Citymeals continues to consistently feed thousands weekly who are not part of the home delivered meal system; those in NORC's, senior housing, and those with aging advocates, ensuring they get food.

We knew hunger for our recipients was an issue before the pandemic, during, and will continue after we fully emerge from this crisis. We know that older adults who are vulnerable and isolated in 'normal' times, need to be assured they will continue to receive food and attention, when we face the next catastrophe.

I would also like to continue to state the fact that Citymeals along with our partners, have consistently advocated for a real investment in aging services, which are historically underfunded and under-supported. Despite the growing population of older adults, funding for aging services has been held stagnant or worse. Money found for the GetFoodNYC program, which was created during an emergency and reimburses vendors much more than our home delivered meal programs, proves that money can be found when it is expedient. If the steady increase in the older adult population with food insecurity, housing, and healthcare at the forefront of many of their needs, isn't considered an emergency, I am not sure how this city will be able to support this group without shoring up our infrastructure and giving more resources to DFTA.

Citymeals, as a private not-for-profit, however, always stands at the ready to make sure older adults around the city can get meals if necessary. Part of what we would like to see is a program implemented by the city in partnership with Citymeals to pre-supply congregate sites, NORC's, senior housing and other places older

adults live, to make sure they have food on hand if they are unable to access some on their own due to a local emergency or other, instead of in reaction to one. Citymeals, through our Bronx warehouse, has the capacity to pre-supply both meals on wheels clients and older adults who attend senior centers, live in NORC's or other supportive housing, with shelf stable food in the event of an emergency, a closure of centers, or a suspension of meal delivery service. We keep 100,000 meals on hand and are able to package more quickly, if necessary, to assist those we normally serve and those who are older and in temporary need.

We all witnessed the cataclysmic effect of Tropical Storm Ida a couple of weeks ago, and this is only the beginning of what we will more regularly deal with. Emergency feeding is the norm and we must support the access of additional food to those in need on a consistent and sustainable way. We need to start planning for that today. As a sector, and as part of the larger feeding network around New York City, with the government taking the lead. Ensuring there will be a quick response, with the ability to transition to feeding more people and having the necessary food sourcing.

Citymeals on Wheels was founded forty years ago to fill the gap in city services, helping to provide weekend and holiday meals. We have become the de facto emergency responder for older adults beginning with 9/11 and proven over and over again throughout the

years and especially during Superstorm Sandy, when we delivered hundreds of thousands of meals, working twenty-four hours a day to package and deliver meals to those throughout the city to those unable to leave their homes or cook due to power outages and fear. From the beginning of the pandemic, we illustrated how resilient, focused, and productive we know we are, by securing, packaging, and delivering over one million emergency meals **IN ADDITION TO OUR REGULAR WEEKEND AND HOLIDAY MEALS** – a total of 4 million meals since March 2020, to those older adults in need of food, at the same time the city invested heavily in the GetFoodNYC program, because of issues in service, quality of food and other reasons people were unable to access that program.

While the Department for the Aging funds the meals that homebound elderly receive Mondays through Fridays, Citymeals on Wheels funds the same network of providers to deliver weekend, holiday and emergency meals. On the days the city does not provide a meal, Citymeals steps in to prevent our aging neighbors from being without food or human company. Most people though, eat seven days a week. Without Citymeals, our most vulnerable older adults, would not have food on the days the city shuts down. *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.

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 an incredibly vital program and Citymeals essential to the continuation of meals for those unable to shop or cook for themselves. As we know, our population is needy and hungry throughout the year with many normally living on the edge. Home delivered meals is essential in ensuring at least one nutritious meal a day is available to consume. 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. With the end of the GetFoodNYC program, and a continuation of services only through the end of this fiscal year, what do we think will happen on July 1, 2022? Will people who were hungry the day before be satiated in the new fiscal year? Able to access food when necessary? The right kind of food they need?

We must look at this moment as an opportunity to support aging services and food service in particular. HDM has been a successful safety net for tens of thousands of older adults throughout NYC. Why not expand the service to more of those in need? We know they are out there. The pandemic only highlighted this fact for us. The city MUST invest in the infrastructure, the technology, the wages, and their

own Department for the Aging, in order to be able to serve in a proactive and considered way. This system has been reactive for decades and while not-for-profits have collected pennies on the dollar to do this work, there is a breaking point. The pandemic has also highlighted this fact. People who have been on the front lines are burned out. They are dealing with their own marginalization. As a society we need to do better. Much better. Invest in HDM and other aging services, in a significant way; starting with increasing the reimbursement rate to at least \$11.50 per meal.

Home delivered meals are integral for social contact and nutritious food 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.

Citymeals as a not-for-profit will continue to work hard to raise private dollars in order to try to meet the needs of our partners and

our recipients, in the years to come. However, we also need the support of our partners in city government to help us reach all of those in need consistently and without a disruption in service. This kind of partnership is even more crucial in times of uncertainty or when facing potential crises like the COVID-19.

Citymeals on Wheels together with the Department for the Aging, and The New York City Council, are determined to keep older adults living safely in their own communities and at least 20,000 elderly New Yorkers who receive meals on wheels, fed 365 days a year plus some extra. We hope you, our partners in city government, will help us to continue to advocate on behalf of those who are often forgotten and marginalized and demand increased support for senior services and emergency meals funding for Citymeals on Wheels.

As we enter our incredible 40th year, we thank you for working with us and I hope we can count on your support to ensure our homebound older adults will not be forgotten, or hungry.



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Chinese-American Planning Council
Testimony Before the Committee on Aging on Home Delivered and Emergency Meal
Services for Seniors through DFTA's HDM Program and GetFoodNYC
Honorable Margaret Chin, Chair
September 20th, 2021

Thank you for the opportunity to testify today. The mission of the Chinese-American Planning Council, Inc. (CPC) is to promote the social and economic empowerment of Chinese American, immigrant, and low-income communities. CPC is the largest Asian American social service organization in the U.S., providing vital resources to more than 60,000 people per year through more than 50 programs at over 30 sites across Manhattan, Brooklyn, and Queens. CPC employs over 700 staff whose comprehensive services are linguistically accessible, culturally sensitive, and highly effective in reaching low-income and immigrant individuals and families. With the firm belief that social service can incite social change, CPC strives to empower our constituents as agents of social justice, with the overarching goal of advancing and transforming communities.

Over the course of the pandemic, CPC has been working on the frontlines in assisting our community members from relief application assistance to wellness checks to meal deliveries. In our wellness checks, we have found that 33% of our seniors requested food delivery from the City's Get Food NYC program. However, we had received reports of seniors not receiving meals after the Get Food NYC transition began, and we had to scramble to crowdfund some food for seniors. The City's failures in this program are not only unacceptable but were life-threatening as our senior population faced heightened levels of food insecurity, according to the [Center for an Urban Future](#).

Furthermore, many of our community members expressed hesitancy in requesting services from the City as they were less likely to open the door for city workers because of fears of ICE. During a tumultuous time, our seniors were faced with another burden of deciding between the fear of deportation and not going hungry. In addition, we have heard firsthand that many of our community members were unable to obtain culturally competent food support that meets their dietary needs and preferences. Community members were reporting meals of cold sandwiches, crackers, apple sauce, and juice, all of which are not culturally competent nor nutritionally appropriate. In order to address this issue, CPC has partnered with small businesses, nonprofits, and individuals over the course of the pandemic to deliver over 380,00 lbs of food and 200,000 meals.

As the economic crisis grows, and federal relief dwindles, the food crisis in New York City is only deepening. We urge the City to take immediate action in investing in our community-based organizations

as well as supporting our food banks and feeding programs to meet the increase in demand for accessible, culturally competent, and hot meals.

GetFood is poised to come to a close, with preparations underway for clients to transition to alternative or existing meal programs by October 15th. For the more than 18,000 older adults still receiving meals through GetFood as of August, the success of this transition will be vital to their ability to remain nourished.

It is critical that the City goes beyond ensuring continuity of service through this short-term transition of GetFood contracts, to instead executing long-term investments aimed at rooting out older adult hunger more holistically. Reaching this goal cannot be done without making immediate and significant investments in the non-profit home-delivered meal system that is best positioned to make meaningful strides towards this goal.

We support the recommendations of LiveOn and United Neighborhood Houses, who we are proud members of.

1. Within the November plan, the Administration must invest \$16.6 million to serve existing clients within the traditional home-delivered meal program. This investment will allow the Department for the Aging to increase the reimbursement rate to reflect the rising cost of raw food, changes in the labor market, and heightened costs of insurance, gas, and packaging. Currently, the reimbursement rate for home-delivered meals is capped at \$9.58, a rate inconsistent with the empirically verified average reimbursement rate for urban areas of \$11.78. For subcontractors like CPC, this rate is even lower, leading to insufficiently paid staff, a lack of ability to invest in proper equipment, and more.

2. In addition, the Administration must invest the required funding to the GetFood clients transitioning to the home-delivered meal contracts, at the higher rate. Both this funding and the requested \$16.6 million in funding for existing HDM clients should be allocated not only through June 30th of FY22, but in the outyears as well, as it is reality that an individual who is hungry on June 30th, will be hungry on July 1st as well.

3. Within the November plan, the Administration must make a \$3.6 million capital investment in van purchases by traditional HDM providers contracting with the Department for the Aging. Such an investment would, quite literally, put the wheels in motion towards expanded capacity for this mission driven system to serve GetFood clients that will continue to require meal delivery services long term. CPC literally has a parking lot of defunct meals on wheels vans that we cannot afford to repair and our staff deliver meals on foot- or as our Director Po-Ling Ng famously says, meals on heels.

4. Expand investments in case management to ensure all clients can be screened for case management eligibility and receive this critical service should they be eligible. Further, exacerbated by the long-term health impacts of isolation and other stressors experienced over the past year and a half, it is likely that some if not many of the 18,000 meal recipients may require some level of case management to remain independent and safe in community. This demand comes on top of consistent increases in demand for



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case management that have historically led to waiting lists for case managers, requiring additional funding, each year.

5. Beyond this, the City must begin including COLAs and inflation factors into all City human services contracts. Without this, the wages of workers under these contracts, the majority of whom are women and Black and brown individuals, are slated to remain stagnant in a City where costs are notoriously high. The decision to actively avoid building in the true costs of a core function of City government - ensuring the provision of services for those most in need - all but ensures wage stagnation for this Black and brown workforce.

We urge the City Council and the Department for the Aging to invest in our seniors and root out hunger in our City.

September 20, 2021

Testimony of Jeremy Kaplan, Executive Director of Encore Community Services

New York City Council Committee on Aging Oversight Hearing on Home Delivered and Emergency Meal Services for Seniors through DFTA's HDM Program and GetFoodNYC Jointly with the Committee on Economic Development

Good afternoon council members. My name is Jeremy Kaplan and I am the executive director at Encore Community Services, a nonprofit serving seniors on Manhattan's Westside. Encore is a home-delivered meal provider through DFTA. Between that and our senior center, we provide over half a million meals to Older New Yorkers a year.

Even before the pandemic, 1 in 4 older adults living at home were nutritionally at risk. Then COVID created a crisis uniquely devastating for seniors, and exacerbated food insecurity across the city.

We were extremely glad to hear that the city extended GetFoodNYC through recovery meals. The need for food remains high. Continuing the program into 2022 creates a longer transition period for the 19,000 seniors currently receiving emergency food.

That said we believe the City must take this time to plan for long-term recovery and further reduce food insecurity among older New Yorkers. This will require significant and long-term investment—including additional funding for DFTA, (which is right now one of the lowest funded city agencies), improved flexibility with contracts, and an emergency food plan to ensure that all older adults have uninterrupted access to food before the next crisis happens.

The city needs to invest more money in meals for older New Yorkers who are not able to cook for themselves. Not only are there seniors we're not yet reaching, we desperately need to expand food access for seniors who already receive services. As an emergency program, GetFood provides three meals a day to participants. However regular DFTA meal delivery clients are only allocated one meal per day—and it's often the only meal they eat. While those meals are nutritious and high quality, one meal is not enough, particularly for people trying to maintain health as they age.

For Encore and other organizations to truly meet the nutritional needs of seniors, we need the City to make capital investments in new vans; funding to rent space to cook and store more meals; and flexibility to be reimbursed for the full need.

In addition, as a city, we need to be more nimble in response to the next emergency. Whether it's a public health crisis, or an extreme weather event, it's often seniors who are most vulnerable. One way we can do that is with more flexibility in city contracts to expand to meet short-term needs. With more flexibility and infrastructure senior service providers, rather than for profit vendors, could have provided emergency food services throughout the pandemic.

Encore stands ready to collaborate with the City to address senior hunger long-term. We hope the city considers these investments. Thank you to council members for your time today.



equity advocates

**Testimony Submitted by
Gabrielle Blavatsky, Policy Director of Equity Advocates
Before the NYC Council Committees on Aging and Economic Development**

**Oversight Hearing: Home Delivered and Emergency Meal Services for Seniors
through DFTA's HDM Program and GetFoodNYC**

September 20, 2021

My name is Gabrielle Blavatsky and I am the Co-Founder and Policy Director of Equity Advocates. Thank you to Chairpersons Vallone and Chin as well as the staff and members of the NYC Council Committees on Economic Development and Aging for holding today's hearing and the opportunity to submit this testimony.

Equity Advocates builds the capacity of nonprofit organizations to address the underlying causes of food inequity through policy and systems change. We partner with New York-based organizations working to alleviate hunger and poverty, providing them with the tools they need to be more civically engaged—including policy education, advocacy training and coalition building services.

New York City emerged as the first American epicenter of the COVID-19 pandemic and is still reeling from the twin economic and public health crises caused by the pandemic. In response, last March Equity Advocates began to convene the New York COVID-19 Food Coalition: a diverse multi-sector group of over 40 food system stakeholders from across New York City. The Coalition is led by a policy committee including representatives from Citizens Committee for Children, City Harvest, Equity Advocates, Food Bank for NYC, Hunger Free America, and UJA-Federation. Our Coalition is advocating for resources to ensure that the local food system and supply chain remains intact, that all families are able to access the food and support they need, and that front line community embedded organizations can respond effectively to the crisis.

As organizations embedded in community food access and emergency hunger relief work, we were grateful to see how quickly many emergency food programs and initiatives were launched by the DeBlasio Administration in response to COVID-19. Our main concern and priority is to ensure that all New Yorkers, especially in low income communities of color that have been hardest hit by COVID, are getting the high quality food they need to weather this crisis.

We urge you to consider the following concerns and recommendations:



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GetFoodNYC

According to the City Council Finance Committee's Preliminary Budget analysis, in FY20 GetFoodNYC spent \$405 Million, entirely covered by federal dollars across HRA, DSNY, HRA, DOE, and DFTA delivering pre-prepared meals to homebound New Yorkers in need. Now that the pandemic is coming to a close, the Administration has decided to transition the majority of GetFood participants under the age of 60 onto the new *Eat Well Eat Local Program*, administered by the Mayor's Office of Food Policy, by the end of October. This pilot program will serve the approximately 30,000 GetFoodNYC participants still enrolled in the program by offering them monthly subsidies to order groceries online. Many questions remain unanswered about how this program will operate, who will be awarded the contract to develop the online grocery system participants will use and who will provide these grocery delivery services.

Over the last couple of months, the Administration has started a process of calling the more than 18,000 seniors still participating in the GetFoodNYC program to inform them about the transition to the new grocery pilot program. During this process it is our understanding that the Administration has learned that many of these seniors continue to need pre-prepared home delivered meals rather than the grocery option offered in the new pilot. Therefore the Administration will expand the traditional home delivered meal existing contracts to meet this need. Since this change is happening very abruptly and nonprofit contractors with the City operate on very slim budgets, they will need to (and are being encouraged to) subcontract to the current GetFood providers to continue service. This is concerning to us because over the last 18 months, we have heard many complaints about the poor delivery service and inconsistent quality of meals between neighborhoods that existing GetFood providers have supplied.

It is vital that this GetFoodNYC transition be smooth and that the food the seniors in need receive is high quality, culturally appropriate, and of equal quality across neighborhoods and communities. We believe that in order for this transition to be successful, the City should be transparent in its decision making process and invest in executing long term contracts with non-profit organizations with deep experience working with older populations and administering home meal delivery programs through the next iteration of the GetFoodNYC. In order to ensure that nonprofits have the resources they need to deliver high quality meals to older adults in need, we call upon the Administration to invest in the following:

- **\$16.6 million to serve existing clients within the traditional home-delivered meal program as well as GetFoodNYC Program clients.** This investment will allow the Department for the Aging to increase the reimbursement rate to reflect the rising cost of raw food, changes in the labor market, and heightened costs of insurance, gas, and packaging. Currently, the reimbursement rate for home-delivered meals is capped at \$9.58, a rate inconsistent with the empirically verified average reimbursement rate for urban areas of \$11.78.



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- **\$3.6 million capital investment in van purchases by traditional HDM providers contracting with the Department for the Aging.** Such an investment would, quite literally, put the wheels in motion towards expanded capacity for this mission driven system to serve GetFood clients that will continue to require meal delivery services long term.
- **Expand investments in case management to ensure all clients can be screened for case management eligibility and receive this critical service should they be eligible.** Further, exacerbated by the long-term health impacts of isolation and other stressors experienced over the past year and a half, it is likely that some if not many of the 18,000 meal recipients may require some level of case management to remain independent and safe in community. This demand comes on top of consistent increases in demand for case management that have historically led to waiting lists for case managers, requiring additional funding, each year.
- **Beyond this, the City must begin including COLAs and inflation factors into all City human services contracts.** Without this, the wages of workers under these contracts, the majority of whom are women and Black and brown individuals, are slated to remain stagnant in a City where costs are notoriously high. The decision to actively avoid building in the true costs of a core function of City government - ensuring the provision of services for those most in need - all but ensures wage stagnation for this Black and brown workforce.

Request for Data and Reporting on COVID-19 Food Programs

Over the last year our Coalition has heard significant feedback and concern from our community partners highlighting issues with the effectiveness of the Administration's emergency COVID food program services and delivery. We have also seen that the quality of food and response was not equitable across neighborhoods and communities. The Coalition's steering committee has experienced a lack of transparency and partnership in our efforts to access information from the Administration on where resources were allocated for the emergency food relief efforts, what stakeholders were at the table when designing emergency food response programs and specifically why food community-based organizations were left out of funding processes and program development opportunities. Members of the COVID-19 Food Coalition made multiple attempts both verbally and in writing to access program data on the impacts and effectiveness of emergency food response and programs set up by the Administration without success, including the Grab and Go school meals program, Pandemic Food Reserve Emergency Distribution Program (P-FRED), Temporary Emergency Food Delivery Program for Vulnerable Homebound New Yorkers and GetFoodNYC.

The City has now invested federal dollars to institutionalize several emergency COVID food programs through the FY22 budget, including investing an additional \$27 Million for P-FRED, \$6.8 Million for the continuation of the GetFood Program and \$12.5 Million for emergency food to



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improve City food programming. Thus it is incredibly important that City Council and community advocates get a better understanding **now** about what aspects of the Administration's COVID food response over the last 18 months have and have not worked well. This transparency and shared learning can help inform the continued administration of the programs into 2022. Coalition members are particularly interested in having access to the following data on the Administration's COVID food relief efforts and encouraging the Administration to consider how these programs could better serve communities and leverage the existing nonprofit infrastructure across the City. **We call upon the City to develop a report with the answers to the following questions to help inform these ongoing COVID City food programs as well as programs operated by nonprofits across the city to help them better meet the needs of their communities:**

- Where was the greatest need for food during COVID-19? Where have 311 requests and GetFood Portal requests for food been coming from by zip code/neighborhood (while ensuring that this aggregated data protects participants' privacy)?
- Where did the City deliver/serve food as part of its COVID-19 response? The City provided food through multiple programs, for each we are interested in where the food was delivered/served and to which populations by neighborhood/zip code (while ensuring that this aggregated data protects participants' privacy)?
 - How did this change over the course of the pandemic?
 - What gaps were identified between needs and services from these programs and how can they be addressed in planning for the next crisis?
- Coalition members have reported that the quality of emergency food provided by the City varied dramatically between different neighborhoods. What types of food were included in the a) emergency boxes/meals and b) DOE's Grab and Go meals?
 - How did quality and types of food for both change over the course of the pandemic?
 - How did this differ for different populations, neighborhoods and geographies?
 - How can the City ensure that high quality food provided through emergency programs is equitably distributed throughout the five boroughs?
- What was the rate of compliance with City Food Standards for the GetFoodNYC program?
- Which vendors were awarded contracts by the city to provide food through the various programs during this crisis?
 - How many of these vendors were new?
 - Did these vendors subcontract with partners, and does the City also have information on these partners?
 - How many were MWBEs and CBOs?
- Why did the administration choose to only allow TLC drivers to deliver meals through the OEM's Temporary Meals for Homebound New Yorker's Program despite interest from and expertise in the CBO community to do this work? What can the administration do to open up this program to food system CBOs during the next crisis?



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- We've heard from CBOs that contracted with the City to provide meals that there was significant variation in how much of the \$10 was spent on food vs transportation between vendors. How much money did the City reimburse vendors per meal? Can the City provide a breakdown of how vendors use reimbursement to cover food, labor, and transportation costs?
- How did the Administration collect feedback from both vendors and community members that received meals through the GetFood Program and integrate that information into the program's operation moving forward to improve service delivery?
- Emergency food providers have expressed that the P-FRED program works well for them and their customers and that the quality of the food provided through the program is high and much more culturally responsive than EFAP. Where is the City sourcing produce for the P-FRED from? Are there plans to replace EFAP with P-FRED or combine programs in the future since they provide the same shelf stable products?
- Why was DSNY tapped to be the lead agency on NYC's COVID-19 Food Response and why were they responsible for administering a portion of the \$25 Million in emergency contracts to emergency food pantries and providers given the agency's lack of experience and familiarity with food system work?

Coalition members have been attempting to play a more active role in developing and providing feedback on these programs for months. While these programs were developed quickly during a crisis, we missed opportunities to include community voice in their design and implementation. We are grateful that we now have the opportunity to transition out of crisis mode and build back a stronger, more resilient food system. In planning for the next crisis, it is crucial to build in lessons learned from these COVID programs as well as mechanisms for leveraging food system expertise from front line CBOs to ensure City programs are effective and equitable.

Thank you for your time and consideration.

For more information please contact:
Gabrielle Blavatsky at gabrielle@nyequityadvocates.org



MET COUNCIL

The Largest Jewish Communal Social Safety Net in America

The Metropolitan Council on Jewish Poverty (Met Council) would like to thank the City Council for the opportunity to submit testimony on the GetFoodNYC program. My name is Jessica Chait, and I am the Managing Director of Food Programs at Met Council. We are the nation's largest Jewish charity dedicated to serving the needy by providing hundreds of thousands of New Yorkers with critical services in their fight against poverty every year. We are also the largest Kosher Food Network operator in the country.

Our food programs are open and available to any hungry New Yorker. Our network focuses particularly on the provision of emergency food that meets the cultural and religious needs of kosher- and halal-observant households. New York is home to the largest Jewish and Muslim populations in the country. These populations often have specific dietary requirements that create additional challenges for emergency food providers and must be considered when addressing food insecurity. Kosher food is more expensive, kosher and halal products are available from fewer vendors, and public food sources, at the local, state and federal level, often stock limited quantities and varieties of kosher and halal food. At Met Council, we work every day to ensure that all New Yorkers, including those with specific dietary requirements, have equal access to quality food.

Our vast food network is an integral part of the City's emergency feeding system. In 2019, Met Council distributed nearly 5 million pounds of food to New Yorkers. In 2020, in response to the pandemic, our operations never ceased. Met Council more than tripled our food delivery volume to 15.2 million pounds. While the total number of New Yorkers who are food insecure is just over 1.5 million people, slightly down from the height of the pandemic, at Met Council we continue to see an increased demand for kosher and halal food. We are currently on track to distribute the most food in our history this year.

We commend The City, this Council, and all the community partners who've urgently acted to meet the unprecedented needs of food insecure New Yorkers since the start of the pandemic. This includes the investment of \$25 million by the Mayor and the City Council in additional emergency food funding to support community-based organizations combatting food insecurity, the creation of a coordinated foods and funds distribution plan, and the launch of the GetFoodNYC program in April 2020. These collaborations enabled Community Based Organizations (CBOs) to facilitate coordination to avoid overlap, ensure equitable distribution in priority neighborhoods, and maximize the reach of the City's funds for emergency food. This effort benefited the entire ecosystem of emergency food providers, ensuring no community was overlooked.

We believe that GetFoodNYC was an appropriate emergency response to the pandemic, but it also revealed many, often repeated, issues that must be remedied, both now and in future food programming. New York City is one of the most diverse cities in the world, yet in March of 2020, when GetFoodNYC launched, there were no culturally responsive options. At Met Council, we were a certified enroller for this program, and while we held this certification, we maintained the highest standards of quality and service for our clients. We are grateful that by May of 2020, the program included kosher and halal options, supporting those with religious dietary requirements. Yet, when these options were available, this food was often lacking in quality and consistency. Kosher boxes were sometimes nothing more than assorted snacks (e.g., crackers, granola bars, and cookies), and at times halal options were unappetizing dehydrated military-style Meals Ready to Eat. Not only were these options unhealthy and expensive, but they lacked the dignity and cultural awareness that is fundamental in emergency food services.

Initially, GetFoodNYC included a grocery delivery program that provided shelf-stable food for recipients to prepare. This was incredibly popular, and by nature, offered more flexibility to meet cultural preferences by allowing recipients to cook something they were excited to eat. Met Council provided almost 800,000 meals worth of groceries through our partnership with the program. Sometime during the summer of 2020, GetFoodNYC transitioned to providing only prepared meals. While we know some clients that require home-delivered food lack the means or capability to prepare meals, this change was abrupt and ignored the needs and preferences of many GetFoodNYC recipients.

The program itself also created significant uncertainty for those that it served. Accessing this program created another source of confusion for many New Yorkers who found themselves homebound during the pandemic. When the program began, senior centers and certified enrollers like Met Council could enroll clients monthly, then in the summer of 2020, this enrollment window shrunk from once a month to every two weeks. At times, certified enrollers such as Met Council were only able to enroll clients three days at a time. These shifts created an artificial barrier to access that required additional work of senior center staff in the middle of an ongoing pandemic. As an organization that not only serves seniors, but one that continued its emergency food operations without a closing during the pandemic, the thought of making it harder to access food during the summer of 2020 is unconscionable.

Through the life of the GetFoodNYC program, the City and its CBO partners worked to meet the needs of many diverse communities experiencing hunger. This allowed us to learn more about the cultural requirements of New Yorkers that experience food insecurity. In 2020 GetFoodNYC delivered almost 111 million meals. A significant portion of all meal requests were for some form of culturally specific (i.e., non-standard) meal. These requests show the particular needs of New Yorkers and the diversity that we cherish at the Met Council. They also illuminate a nuanced understanding of hunger that is often lacking in publicly funded emergency food programs and allow organizations like Met Council to better understand the geography and depth of hunger in our city and expand our capacity accordingly.

Going forward, we call upon this committee, the City Council of New York, and any local government agency charged with feeding New York City residents to consider the needs of all New Yorkers. To ensure these needs are met, emergency food programs must consider client choice models that allow clients to request the food they require to feed themselves and their families. Within this consideration, the City must trust and partner with community-based organizations that do this work at the ground level. These CBOs know their communities and the clients they serve, making them better positioned to understand the specific needs of a given neighborhood; they must have a seat at the table from the earliest stages of program planning. With this trust, there must also be flexible funding that will allow CBOs to purchase appropriate products for their clients. To put it simply, lacking flexibility creates unnecessary barriers to access, slows the process of purchasing, and exacerbates hunger.

GetFoodNYC was a monumental lift on behalf of the City and its partners. It was a swift and effective response to hunger during COVID-19, and its accomplishments should not go unnoticed. As a city, we came together through a public-private partnership, and we met hunger at the front door of senior housing facilities, apartments, and private homes. This program created an opportunity to grow and to learn more about emergency food provision for all involved. We are grateful to this body for the opportunity to participate in this work, and we look forward to continued and improved partnerships in the future.

Thank you,
Jessica Chait - Managing Director of Food Programs
Metropolitan Council on Jewish Poverty



GOD'S LOVE WE DELIVER
TESTIMONY FOR NEW YORK CITY COUNCIL'S COMMITTEE ON AGING & COMMITTEE ON ECONOMIC DEVELOPMENT

MARGARET S. CHIN, CHAIR, COMMITTEE ON AGING
PAUL VALLONE, CHAIR, COMMITTEE ON ECONOMIC DEVELOPMENT
SEPTEMBER 20, 2021

God's Love is New York City's leading not-for-profit provider of medically tailored meals and nutrition counseling for people living with life-threatening illnesses. We are dedicated to cooking – and delivering – the specific, nutritious meals a client's severe illness and treatment so urgently require. We support families by providing meals for the children and senior caregivers of our clients. All our services are provided free of charge, and we are proud that in our 36-year history, we have never had a waiting list. Illness knows no boundaries, and the diversity of our client population bears that out. We serve every demographic in all five boroughs of NYC, and a many of our clients live at or below the Federal Poverty Level.

As an essential service provider in New York City, God's Love We Deliver has remained open and delivering throughout the pandemic. With the adoption of COVID-19 safety protocols and the closure of congregate meal sites and food distribution sites, the need for medically tailored meals exponentially increased. As a provider with many years of experience home delivering meals to people living with serious illness, **God's Love We Deliver has seen a 30% increase in referrals to our program.** Committed to our mission of serving those who are most vulnerable in our city, God's Love leadership and staff stepped up to meet the demand while keeping our clients, volunteers, and staff safe. **As the pandemic continues in our city, we ask for the Council's assistance in our efforts to serve those in need.**

God's Love fills an important gap in the City's current food response, if you are an older adult living with cardiovascular disease and severe diabetes and are unable to shop or cook for yourself due to mobility limitations, the only provider who can meet your complex needs is God's Love We Deliver. **To date, the New York City Council and Borough President's offices have been responsible for any City funding to support our work.** While we greatly appreciate their support, the cost of meeting the need for our services for seniors far exceeds discretionary funding available from these resources. Last year 6,827 New York City seniors received over 1.7 million meals from God's Love. Over 50% of these services were supported with private funding, which gets harder and harder to raise each year. For certain populations, this percent is higher. For seniors with end stage renal disease, which disqualifies individuals from eating meals from DFTA-funded agencies, over 82% of the meals we deliver to this population (about 147,000 meals delivered to renal clients last year) are funded through private donations.

Research has shown that food and nutrition services are key to accomplishing better health outcomes, lower cost of care and improved patient satisfaction, especially for the elderly. When people get access to medically tailored meals like those provided by God's Love We Deliver, they are more likely to stay in care, manage their medications successfully and remain in their homes and out of institutions, resulting in significant cost savings to the healthcare system.

Department for the Aging Home-Delivered Meal Program

There is a service gap in the DFTA model for severely ill seniors who need customized nutrition. **Chronic illness is on the rise for older adults: 80% of seniors in the United States are**

living with at least one chronic illness, 77% are living with more than one chronic illnessⁱ. Individuals with chronic health conditions count for approximately 75% of all health care spending.ⁱⁱ Combined with the fact that 75% of seniors 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 seniors recently discharged from the hospital are malnourished, and hospitalization within the previous six months is a risk factor for malnutrition in some seniors.

Of the 1.1 million older adults living in NYC, **93% report not having enough food to eat and 32% indicate that they live alone.** In addition, people are also getting sicker, **28% report having diabetes, 12% indicate that they are living with COPD, and 65% report having high blood pressure.** These factors, combined with the increasing amount of ADL limitations that occur as a person ages, demonstrates a current and increasing need for medically tailored food and nutrition.

Despite receiving referrals from the Department for the Aging, **we have no direct contractual relationship with DFTA and are not reimbursed for the meals we provide to those that they refer to us.** Furthermore, despite our advocacy efforts, **DFTA did not include medically tailored meals in its 2020 RFP. Accordingly, we are respectfully asking that the Department of the Aging issue a separate RFP specifically for medically tailored meals for older adults living with life altering illnesses.**

The Get Food Program

We know that many hungry New Yorkers have benefited from the Get Food program. As the program closes, we ask that the **City thoughtfully offboard clients that have been receiving meals through the program, accurately assessing their needs and eligibility for other food and nutrition services programs in the City and working with community-based providers to ensure a warm handoff for those who continue to need services.**

We know that the shuttering of this program has the potential to leave many in need and hungry in our City and that nonprofits, like God's Love, will more than likely shoulder that burden. **So, we respectfully ask that the City set aside funding for nonprofits to support this transition and new provision of services.**

Thank you for your time and consideration. For further information please contact: **Alissa Wassung**, Senior Director of Policy & Planning, awassung@glwd.org

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.



Business: 411 Ovington Avenue

Senior Center: 6935 Fourth Avenue

Brooklyn, NY 11209, Telephone: 718-748-0650

I am writing on behalf of Bay Ridge Center in southwest Brooklyn where we currently operate a home delivered meals program that serves 600 of our neighborhood's most vulnerable residents on a daily basis. The need for our services was only magnified during the early days of the Covid-19 pandemic when we served as a lifeline to our homebound community and during which time our drivers and deliverers continued uninterrupted service to these individuals at significant personal risk.

Prior to the pandemic Bay Ridge Center annually delivered an average of 10% more units than our contract called for. We did so with no guarantee that we would receive reimbursement although encouraged by NYC DFTA to deliver food to all those referred to us and not permit older adults in need to go without food. In FY 2020 this resulted in a large loss of reimbursement to the agency due to MOC refusing to amend these units into our budget.

The initiation of the GETFOOD program insured that thousands of older adults received nutritious meals staving off hunger and further spread of COVID. It was a life saver for NYC's older adults who found themselves homebound for over a year. Now, with the program winding down, it is imperative that these older adults be safely transitioned to the DFTA network of community based services to insure their ongoing needs and safety should there be another emergency shut down. For the more than 18,000 older adults still receiving meals through GetFood as of August, the success of the transition program is vital to their ability to remain properly nourished. Not only that, it is an opportunity for us, as providers, to access their needs and onboard older adults in our community to the full spectrum of umbrella services for older adults. This cannot be done without human infrastructure funding for our agencies.

Bay Ridge Center has seen a dramatic rise in costs related to its production and delivery of home delivered meals including rising food prices and increased unit costs for our catered, Kosher meals. All efforts to secure any rate increases through DFTA have been unsuccessful so far.

In addition, we have found it virtually impossible to hire new drivers and deliverers given that our base salaries for these positions are minimum wage and therefore lack the competitive advantage required in the current job market. BRC lost a number of our HDM employees during the pandemic due to various health and economic concerns. Replacement staff has been impossible to secure, because of competition in the marketplace. Minimum rates of pay need to be incorporated into our budgets with attention to annual reviews for COLA increases. These two changes would have an immediate positive impact upon employee retention.

Board of Directors: Patricia Marchetti, *President*, Paul Knudsen, *Treasurer*, Allison Nidetz, *Secretary*
Elizabeth Bohrer, Gerri Brooks-Cassone, Dr. Rob Composto, Donna McClellan, Dr. Roy Olsen
Marianne Nicolosi, *Executive Consultant* Todd W. Fliedner, *Acting Executive Director*

BAY RIDGE CENTER IS A NON-SECTARIAN, NON-PROFIT SOCIAL SERVICE ORGANIZATION FUNDED BY THE NEW YORK CITY DEPARTMENT FOR THE AGING, NEW YORK STATE OFFICE FOR THE AGING, CITY MEALS-ON-WHEELS, NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT AND PUBLIC AND PRIVATE SUPPORTERS



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Capital investment in our organizations is imperative to permitting us to respond to the current crisis of the GETFOOD transition as well as the ongoing need for growth due to population projections. HotShots are a critical part of insuring food safety. For Bay Ridge Center, the addition of each 110 clients translates to the need for another HotShot. The city needs to build into its plans the addition and replacement of more vehicles in order for us to successfully serve our communities. Timing too is critical. Bay Ridge Center has waited over a year for the release of city capital funds awarded in FY20 for the purchase of a new vehicle for our aging fleet. This delay, combined with the shortage of available vehicles and the production time required to outfit the vehicles are ongoing hardships for home delivered meals programs. The sooner this need is addressed by the city, the better it will be for all.

Finally, it has been over five years since the DFTA has awarded capital funds that would allow for the upgrade of our kitchen facilities. This has significantly undermined our ability to increase production of the high quality meals required by our older adults and thereby undermined the fabric of the entire Home Delivered Meals program.

Bay Ridge Center shares the City Council Aging Committee's committed to providing healthy, hot meals for all our older adults. To do so it is critical to take a hard look at where we stand now and revamp the financial reimbursement structure to allow us all to achieve this mission.

Thank you for the opportunity to testify.

Todd W. Fliedner
Acting Executive Director

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HUNTER COLLEGE NEW YORK CITY FOOD POLICY CENTER

Testimony of Charles Platkin, Ph.D., J.D., M.P.H., Distinguished Lecturer, Hunter College, CUNY; Executive Director, Hunter College New York City Food Policy Center

Title of hearing: Home Delivered and Emergency Meal Services for Seniors Through DFTA’s HDM Program and GetFoodNYC

September 20, 2021

Thank you to Chairperson Vallone and the members of the Committee on Economic Development for the opportunity to submit written testimony regarding “Home Delivered and Emergency Meal Services for Seniors through DFTA’s HDM Program and GetFoodNYC.”

I am providing this testimony on behalf of the Hunter College New York City Food Policy Center, of which I am the executive director. The Center was created in 2012 to develop collaborative, innovative and evidence-based solutions to prevent diet-related diseases, promote healthy eating and reduce food insecurity in New York City and other urban centers. The Center works with policy makers, community organizations, advocates and the public to create healthier, more sustainable food environments. We thank the City Council and the Speaker’s office for their support of our Center.

“Where is my next meal coming from?” It’s a question that more than a million New Yorkers, many of them senior citizens, asked themselves before the pandemic, are asking themselves today, and will, unfortunately, be asking themselves tomorrow. It’s a question no one should ever need to ask in one of the world’s wealthiest cities. Healthy food is a basic human right, and no New Yorker should ever have to experience hunger and/or food insecurity and not know where their next meal is coming from.

Defining Hunger and Food Insecurity

Before examining how hunger and food insecurity are afflicting New York City residents, it is important to understand the distinction between the two concepts.

The USDA defines food insecurity as the “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways,” and adds that food-insecure households report three specific conditions:

1. Worrying whether their food will run out before they are able to buy more
2. The food they bought didn’t last and they didn’t have money to get more
3. They can’t afford to eat balanced meals.¹

Furthermore, the USDA describes individuals who see regular disruptions to their food intake, often forgoing meals because they lack the resources to acquire them, as experiencing Very Low Food Security (VLFS).² These are different from hunger, which can be a consequence of food insecurity and refers to a physiological sensation, as opposed to an economic and/or social situation. Individuals who are experiencing hunger may be experiencing food insecurity as well; however, hunger can result from missing a meal or meals for reasons other than food insecurity.³

While the definition of food insecurity and VLFS may be clear to academics, politicians and government staffers, a study reported by this Center in 2018 demonstrated that, even among New Yorkers who are food insecure, many struggle to define what that actually means — in fact, more than two thirds of those surveyed were unable to define food insecurity.⁴

Why is this significant? Because, in order to design appropriate interventions with successful outcomes for the diverse populations we are trying to serve, everyone involved must have the same understanding of the terminology and the problem. The existing differences in understanding (or lack thereof), especially among those who are food insecure, suggest the need for a greater emphasis on food-policy education, including the establishment of a commonly accepted terminology.

Hunger and Food Insecurity Among Seniors in New York City and Beyond

In the United States, more than 5 million seniors (roughly one out of every 14 over the age of 65, or 7.1 percent) face hunger and/or food insecurity.^{5,6} In New York City, hunger and food insecurity are pervasive and impacted more than a million New Yorkers even before the

¹ Definitions of Food Security. USDA. Accessed June 24, 2021.

<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>.

² Food Security in the U.S.: Key Statistics & Graphics. *USDA Economic Research Service*. Accessed September 17, 2021.

<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx/>.

³ Definitions of Food Security. USDA. Accessed June 24, 2021.

<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>.

⁴ Understanding Local Food Environments, Food Policies and Food Terminology. Hunter College NYC Food Policy Center. Accessed September 20, 2021.

<https://www.nycfoodpolicy.org/wp-content/uploads/2018/01/FINALREPORT2.pdf>

⁵ Facts about Senior Hunger in America. *Feeding America*. Accessed September 17, 2021.

<https://www.feedingamerica.org/hunger-in-america/senior-hunger-facts>.

⁶ Senior Food Insecurity Studies. *Feeding America*. Accessed September 17, 2021.

<https://www.feedingamerica.org/research/senior-hunger-research/senior>

COVID-19 pandemic reached the City. This number rose to nearly 2 million during the height of COVID-19.^{7,8} The number of food insecure individuals during this time included approximately 200,000 seniors, or 11 percent of NYC’s senior population.^{9,10} Furthermore, the most recent Current Population Survey (CPS) indicated that the number of VLFS seniors had increased 213 percent between 2001 and 2019.¹¹

Hunger, food insecurity and access to nutritious, nutrient-dense food (e.g., fresh produce, whole grains and lean proteins) are public health crises across America that impact our country’s seniors in a uniquely devastating way. Seniors confront many unique food accessibility challenges, including being isolated and/or medically vulnerable, which restricts their mobility. Many seniors live with limitations on their physical ability to perform certain functions, such as walking up stairs or carrying heavy items like grocery bags.¹² These functional limitations are connected to food insecurity, according to a 2021 study of Americans aged 65 and older titled *Food Security Status among U.S. Older Adults: Functional Limitations Matter*, that used data from the National Health Interview Survey (NHIS).¹³ The study also found that food insecurity is higher among women, those over the age of 70, Hispanic seniors, and those who do not have health insurance.¹⁴

Additionally, many seniors live on reduced, limited, or nonexistent incomes, especially those who rely on public assistance such as SNAP benefits and social security payments.¹⁵ Seniors who rely on public assistance programs generally have less money to purchase food at the end of the month as compared to the beginning.¹⁶ Furthermore, the lack of technological skills and/or

⁷ Hunger in NYC. City Harvest. Accessed June 23, 2021. <https://www.cityharvest.org/food-insecurity/>.

⁸ In New York City, 2 Million Residents Face Food Insecurity, Officials Say. *NPR*. Accessed September 20, 2021 <https://www.npr.org/sections/coronavirus-live-updates/2020/05/21/860312565/in-new-york-city-2-million-residents-face-food-insecurity-officials-say>

⁹ Growing Food Equity in New York City: A City Council Agenda. New York City Council Legislative Division. Published August 2019. <https://council.nyc.gov/data/wp-content/uploads/sites/73/2019/08/growing-food-equity-1.pdf>.

¹⁰ Hunger’s New Normal: Redefining Emergency in Post-Recession New York City. *Food Bank For New York City*. Accessed September 20, 2021.

<http://www.foodbanknyc.org/wp-content/uploads/HSN2012ParticipantExecSumm1.pdf>

¹¹ Ziliak J, Gundersen C. The State of Senior Hunger in America. *Feeding America*. Published August 2021. Accessed September 17, 2021.

<https://www.feedingamerica.org/sites/default/files/2021-08/2021%20-%20State%20of%20Senior%20Hunger%20in%202019.pdf>.

¹² Tang X, Blewett LA. Food Security Status among U.S. Older Adults: Functional Limitations Matter. *J Nutr Gerontol Geriatr* 2021;40(2-3):108-124. doi:[10.1080/21551197.2021.1924337](https://doi.org/10.1080/21551197.2021.1924337)

¹³ Tang X, Blewett LA. Food Security Status among U.S. Older Adults: Functional Limitations Matter. *J Nutr Gerontol Geriatr* 2021;40(2-3):108-124. doi:[10.1080/21551197.2021.1924337](https://doi.org/10.1080/21551197.2021.1924337)

¹⁴ Tang X, Blewett LA. Food Security Status among U.S. Older Adults: Functional Limitations Matter. *J Nutr Gerontol Geriatr* 2021;40(2-3):108-124. doi:[10.1080/21551197.2021.1924337](https://doi.org/10.1080/21551197.2021.1924337)

¹⁵ Balboni J, Finkelstein R, Nocenti D, Resnick C, Warren S. Panel Discussion: Nutrition and Aging: Improving Food Accessibility for NYC’s Seniors. Hunter College NYC Food Policy Center’s *Food Policy For Breakfast* series. October 23, 2018. <https://www.youtube.com/watch?v=1ALcYXD71vk&t=2854s>

¹⁶ Tang X, Blewett LA. Food Security Status among U.S. Older Adults: Functional Limitations Matter. *J Nutr Gerontol Geriatr* 2021;40(2-3):108-124. doi:[10.1080/21551197.2021.1924337](https://doi.org/10.1080/21551197.2021.1924337)

ability among many seniors can leave them unable to efficiently access many online resources, including enrolling for SNAP online, and finding food -related resources (e.g., food pantries, soup kitchen).¹⁷ All these challenges are more acute among non-White seniors,¹⁸ seniors in rural areas,¹⁹ and those who live alone.²⁰ Food insecurity is three times more common among divorced or separated seniors than those who are married.²¹

Low rates of Supplemental Nutrition Assistance Program (SNAP) enrollment among qualifying seniors can compound these challenges.²² And even seniors who do enroll in assistance programs can experience a gap in between applying for benefits and receiving services such as SNAP and Meals on Wheels. During this time seniors are referred to other food resources, including grocery store options, food pantries, and available Senior Dining Program meal sites. Those who have mobility issues and are homebound may struggle to access food at these locations. A longitudinal study of individuals experiencing food insecurity who were SNAP benefit recipients from 1998 to 2014 found that SNAP beneficiaries, particularly seniors, were more likely to experience low self-esteem and depressive symptoms.²³

In 2017, the New York City Council passed Local Law 134, which requires all senior centers to offer SNAP enrollment and recertification of SNAP benefits²⁴ (SNAP recipients are required to recertify for benefits every 6, 12, or 24 months depending on household circumstances). Still, less than half of eligible seniors in NYC receive SNAP benefits,²⁵ leaving a majority of impoverished seniors without the assistance in purchasing nutritious groceries that the program

¹⁷ Balboni J, Finkelstein R, Nocenti D, Resnick C, Warren S. Panel Discussion: Nutrition and Aging: Improving Food Accessibility for NYC's Seniors. Hunter College NYC Food Policy Center's *Food Policy For Breakfast* series. October 23, 2018. <https://www.youtube.com/watch?v=1ALcYXD71vk&t=2854s>.

¹⁸ Facts about Senior Hunger in America. *Feeding America*. Accessed September 17, 2021. <https://www.feedingamerica.org/hunger-in-america/senior-hunger-facts>.

¹⁹ Facts about Senior Hunger in America. *Feeding America*. Accessed September 17, 2021. <https://www.feedingamerica.org/hunger-in-america/senior-hunger-facts>.

²⁰ Age-friendly NYC: New Commitments for a City for All Ages. NYC Department for the Aging. Published 2017. <https://www1.nyc.gov/assets/dfta/downloads/pdf/publications/AgeFriendlyNYC2017.pdf>.

²¹ Ziliak J, Gundersen C. The State of Senior Hunger in America. *Feeding America*. Published August 2021. Accessed September 17, 2021. <https://www.feedingamerica.org/sites/default/files/2021-08/2021%20-%20State%20of%20Senior%20Hunger%20in%202019.pdf>.

²² Facts about Senior Hunger in America. *Feeding America*. Accessed September 17, 2021. <https://www.feedingamerica.org/hunger-in-america/senior-hunger-facts>.

²³ Pak TY, Kim G. Food stamps, food insecurity, and health outcomes among elderly Americans. *Prev Med* 2020 Jan;130:105871. doi:10.1016/j.ypmed.2019.105871

²⁴ Growing Food Equity in New York City: A City Council Agenda. New York City Council Legislative Division. Published August 2019. <https://council.nyc.gov/data/wp-content/uploads/sites/73/2019/08/growing-food-equity-1.pdf>.

²⁵ SNAP Benefit Puts Food on the Table. NYC Department for the Aging. Published September 2014. https://www.nyc.gov/html/dfta/html/newsletters/sn_0914/sn_0914_01.shtml.

provides.²⁶ These rates are even lower in immigrant communities, where language barriers and fears of deportation prevent many who qualify from enrolling in SNAP.²⁷

Nutrient-deficient diets caused by a lack of access to healthy foods and food insecurity can lead to diet-related disease.^{28,29,30} Seniors generally have higher rates of these chronic diet-related diseases, such as diabetes and hypertension, than adults under the age of 65.^{31,32} Furthermore, diabetes and hypertension are considered comorbidities with COVID-19, as patients with either of these diseases who contract COVID-19 are more likely to develop a severe case or die.³³ Seniors, especially those with comorbidities from diet-related disease, have been admitted to hospitals and intensive care units (ICUs) at higher rates than other patients, and are more likely to die from COVID-19.³⁴ To combat the prevalence of diet-related disease among the senior population, the USDA runs the Seniors Farmers' Market Nutrition Program. Low-income seniors in this program are provided with coupons to purchase locally-grown fruits, vegetables, honey, and herbs.³⁵ However, mobility restrictions³⁶ can make it difficult for seniors to shop at bustling farmers' markets.

Despite the food access and health challenges many seniors experience, they are often overlooked by food programs.³⁷ Approximately 425,000 or 28.9 percent of New York City

²⁶ Overview: Supplemental Nutrition Assistance Program (SNAP). USDA Economic Research Service. Accessed September 17, 2021.

<https://www.ers.usda.gov/topics/food-nutrition-assistance/supplemental-nutrition-assistance-program-snap/>.

²⁷ Balboni J, Finkelstein R, Nocenti D, Resnick C, Warren S. Panel Discussion: Nutrition and Aging: Improving Food Accessibility for NYC's Seniors. Hunter College NYC Food Policy Center's *Food Policy For Breakfast* series. October 23, 2018. <https://www.youtube.com/watch?v=1ALcYXD71vk&t=2854s>.

²⁸ Hunger and Health. Feeding America. Accessed June 23, 2021.

<https://www.feedingamerica.org/research/hunger-and-health-research>.

²⁹ Hunger and Health. Feeding America. Accessed June 23, 2021.

<https://www.feedingamerica.org/research/hunger-and-health-research>.

³⁰ Hunger and Health. Feeding America. Accessed June 23, 2021.

<https://www.feedingamerica.org/research/hunger-and-health-research>.

³¹ Kirkman MS, Briscoe VJ, Clark N, et al. Diabetes in older adults: a consensus report. *J Am Geriatr Soc* 2012;60(12):2342-2356. doi:10.1111/jgs.12035

³² Oliveros E, Patel H, Kyung S, et al. Hypertension in older adults: Assessment, management, and challenges. *Clin Cardiol* 2020;43(2):99-107. doi:10.1002/clc.23303

³³ Sanyaolu A, Okorie C, Marinkovic A, Patidar R, Younis K, Desai P, Hosein Z, Padda I, Mangat J, Altaf M. Comorbidity and its Impact on Patients with COVID-19. *SN Comprehensive Clinical Medicine* 2020;2. doi:10.1007/s42399-020-00363-4

³⁴ Sanyaolu A, Okorie C, Marinkovic A, Patidar R, Younis K, Desai P, Hosein Z, Padda I, Mangat J, Altaf M. Comorbidity and its Impact on Patients with COVID-19. *SN Comprehensive Clinical Medicine* 2020;2. doi:10.1007/s42399-020-00363-4

³⁵ Seniors Farmers' Market Nutrition Program. USDA Food and Nutrition Service. Accessed September 17, 2021. <https://www.fns.usda.gov/sfmnp/senior-farmers-market-nutrition-program>.

³⁶ Tang X, Blewett LA. Food Security Status among U.S. Older Adults: Functional Limitations Matter. *J Nutr Gerontol Geriatr* 2021;40(2-3):108-124. doi:10.1080/21551197.2021.1924337

³⁷ Balboni J, Finkelstein R, Nocenti D, Resnick C, Warren S. Panel Discussion: Nutrition and Aging: Improving Food Accessibility for NYC's Seniors. Hunter College NYC Food Policy Center's *Food Policy For Breakfast* series. October 23, 2018. <https://www.youtube.com/watch?v=1ALcYXD71vk&t=2854s>.

residents over the age of 65 live alone.³⁸ Identifying seniors in need and connecting them with resources can be challenging, particularly because they often decline or are unable to seek the support they need.^{39,40} Out of pride or an inability to recognize the extent of their physical or mental decline, many senior citizens do not ask for assistance.⁴¹ “As people age, they don’t expect to need assistance. Then they become more physically and mentally disabled and we don’t necessarily learn about them,” said David Nocenti, JD, Executive Director of Union Settlement, in a panel called *Nutrition and Aging*, which was hosted by the Hunter College NYC Food Policy Center in 2019.⁴²

Concerns about the stigma associated with receiving government assistance might be a reason many seniors do not enroll in food assistance programs such as SNAP, even if they are eligible.^{43,44}

Meals Services for Seniors

The two most significant nutrition services provided to seniors across the country, as established by the Older Americans Act, are congregate meals and home-delivered meals.⁴⁵ Congregate meals are hot meals served at public institutions such as senior centers throughout the United States. Approximately 900,000 congregate meals were served each day before the COVID-19 pandemic.⁴⁶ (The number of congregate meals served during the pandemic has not been calculated and released publicly yet.)⁴⁷ Home-delivered meals, on the other hand, are meals delivered straight to seniors who are homebound or otherwise unable to go to institutions serving

³⁸ Age-friendly NYC: New Commitments for a City for All Ages. NYC Department for the Aging. Published 2017. <https://www1.nyc.gov/assets/dfta/downloads/pdf/publications/AgeFriendlyNYC2017.pdf>.

³⁹ Balboni J, Finkelstein R, Nocenti D, Resnick C, Warren S. Panel Discussion: Nutrition and Aging: Improving Food Accessibility for NYC’s Seniors. Hunter College NYC Food Policy Center’s *Food Policy For Breakfast* series. October 23, 2018. <https://www.youtube.com/watch?v=1ALcYXD71vk&t=2854s>.

⁴⁰ Age-friendly NYC: New Commitments for a City for All Ages. NYC Department for the Aging. Published 2017. <https://www1.nyc.gov/assets/dfta/downloads/pdf/publications/AgeFriendlyNYC2017.pdf>.

⁴¹ Balboni J, Finkelstein R, Nocenti D, Resnick C, Warren S. Panel Discussion: Nutrition and Aging: Improving Food Accessibility for NYC’s Seniors. Hunter College NYC Food Policy Center’s *Food Policy For Breakfast* series. October 23, 2018. <https://www.youtube.com/watch?v=1ALcYXD71vk&t=2854s>.

⁴² Balboni J, Finkelstein R, Nocenti D, Resnick C, Warren S. Panel Discussion: Nutrition and Aging: Improving Food Accessibility for NYC’s Seniors. Hunter College NYC Food Policy Center’s *Food Policy For Breakfast* series. October 23, 2018. <https://www.youtube.com/watch?v=1ALcYXD71vk&t=2854s>.

⁴³ Pak TY, Kim G. Food stamps, food insecurity, and health outcomes among elderly Americans. *Prev Med* 2020 Jan;130:105871. doi:[10.1016/j.ypmed.2019.105871](https://doi.org/10.1016/j.ypmed.2019.105871)

⁴⁴ Levin M, Paprocki A, Mack M, Grey C. Older Adult SNAP Access. AARP. Published 2021. https://www.aarp.org/content/dam/aarp/aarp_foundation/pdf/2021/spr-older-adult-snap-access-report-full-report.pdf.

⁴⁵ Warren AM, Frongillo EA, Alford S, McDonald E. Taxonomy of Seniors’ Needs for Food and Food Assistance in the United States. *Qual Health Res* 2020 Jun;30(7):988-1003. doi:[10.1177/1049732320906143](https://doi.org/10.1177/1049732320906143)

⁴⁶ Warren AM, Frongillo EA, Alford S, McDonald E. Taxonomy of Seniors’ Needs for Food and Food Assistance in the United States. *Qual Health Res* 2020 Jun;30(7):988-1003. doi:[10.1177/1049732320906143](https://doi.org/10.1177/1049732320906143)

⁴⁷ Older Americans Act: Overview and Funding. Congressional Research Service. Published April 22, 2021. <https://crsreports.congress.gov/product/pdf/R/R43414>.

congregate meals.⁴⁸ Seniors do not always have the same physical capacity to access transportation, walk to grocery stores, or carry heavy items as younger individuals. Meal services therefore should be tailored to address older adults' specific food accessibility needs.

In addition to accounting for physical limitations, food programs that serve seniors must also pay greater attention to the nutritional quality of their offerings.⁴⁹ Given the significant food access challenges encountered by some New York City seniors, the meals they receive from community centers and delivery services may provide the bulk of their food intake on any given day. Care must be taken, therefore, to ensure that these meals are well-balanced and provide nutrient-rich diets to the City's older adults.⁵⁰ Providers should increase the amount of nutrient-rich ingredients, including fruits, vegetables, lean proteins, and whole grains, used in their meals.⁵¹

Lenox Hill Neighborhood House in Manhattan, which has been offering more plant-based meals to its clients since 2011, is a successful example of an organization that provides high-quality, nutrient-rich meals to its older adult clients.⁵² The change occurred after the settlement house hired Lynn Loflin, a former Manhattan chef and the owner of the Newton Farm Cooperative in the Catskills, to serve healthier food, sourced locally wherever possible.^{53,54} Loflin transformed their Food Services to a farm-to-institution model serving 400,000 healthy meals annually using more than 90 percent fresh produce and with a focus on plant-forward recipes, scratch cooking, local sourcing and diverse local whole grains.⁵⁵ In addition to operating two senior centers, the organization's programs, which include Geriatric Care Management, Caregivers Program, Adult Education, Visual and Performing Arts, Friendly Visiting and the CARE program for older adults living with late-stage dementia, altogether serve 10,000 older adults annually.⁵⁶

The Impact of COVID-19 on Hunger and Food Insecurity among NYC's Seniors

⁴⁸ Warren AM, Frongillo EA, Alford S, McDonald E. Taxonomy of Seniors' Needs for Food and Food Assistance in the United States. *Qual Health Res* 2020 Jun;30(7):988-1003. doi:[10.1177/1049732320906143](https://doi.org/10.1177/1049732320906143)

⁴⁹ Balboni J, Finkelstein R, Nocenti D, Resnick C, Warren S. Panel Discussion: Nutrition and Aging: Improving Food Accessibility for NYC's Seniors. Hunter College NYC Food Policy Center's *Food Policy For Breakfast* series. October 23, 2018. <https://www.youtube.com/watch?v=1ALcYXD71vk&t=2854s>.

⁵⁰ Kaplan J. Op-ed: City must invest in nutrition services for older New Yorkers. *amny*. Published August 31, 2021. <https://www.amny.com/op-ed/op-ed-city-must-invest-in-nutrition-services-for-older-new-yorkers/>.

⁵¹ Balboni J, Finkelstein R, Nocenti D, Resnick C, Warren S. Panel Discussion: Nutrition and Aging: Improving Food Accessibility for NYC's Seniors. Hunter College NYC Food Policy Center's *Food Policy For Breakfast* series. October 23, 2018. <https://www.youtube.com/watch?v=1ALcYXD71vk&t=2854s>.

⁵² Healthy Meals. Lenox Hill Neighborhood House. Accessed September 17, 2021. <https://www.lenoxhill.org/clientmeals>.

⁵³ Lenox Hill Neighborhood House: NYC Food Based Community Organization Spotlight. *Hunter College NYC Food Policy Center*. Published July 29, 2015. <https://www.nycfoodpolicy.org/community-partner-spotlight-lenox-hill-neighborhood-house/>.

⁵⁴ Krietsch B. Tackling Food Insecurity Among the Aging in New York City. *Hunter College NYC Food Policy Center*. Published March 1, 2017. <https://www.nycfoodpolicy.org/nutrition-aging-nyc/>.

⁵⁵ Older Adult Services. Lenox Hill Neighborhood House. Accessed September 17, 2021. <https://www.lenoxhill.org/olderadultservices>.

⁵⁶ French, David. Email to Alexina Cather. September 21, 2021.

The COVID-19 pandemic has greatly impacted the senior population of New York City.^{57,58} While New York City worked quickly and aggressively to develop programs to address the increase in food insecurity brought on by the pandemic, many City agencies struggled to adapt and expand their food-provision programs to meet specific cultural and/or dietary needs.⁵⁹ Many of the solutions spearheaded by the City government were not designed to continue indefinitely; in fact, many have already come to a close despite continued need in the community.⁶⁰ Now, more than a year into the pandemic, NYC is still struggling to reduce food insecurity, hunger, and diet-related diseases.⁶¹

While clearly acknowledging the extent of the City's food insecurity and hunger problems, officials have yet to provide the financial transparency (e.g. costs of food delivery programs and administration) and information that would allow NYC to determine what lessons have been learned, specifically around increasing access to healthy food during the pandemic, and whether or not officials enlisted the partnership of knowledgeable neighborhood organizations.

Until there are extensive studies on the impact of COVID-19 on the food system, the number of New Yorkers experiencing food insecurity will remain difficult to assess. Early data, however, suggests that the number of people in the City who are facing hunger and food insecurity has almost doubled to include as many as 1.5 to 2 million residents.^{62,63} Diet quality for many New Yorkers has also suffered.⁶⁴ Nearly 11 percent of NYC's seniors were experiencing food insecurity before the pandemic,⁶⁵ and it is reasonable to assume that this number has increased as

⁵⁷ Martins Van Jaarsveld G. The Effects of COVID-19 Among the Elderly Population: A Case for Closing the Digital Divide. *Front Psychiatry*. 2020;11:577427. Published 2020 Nov 12. doi:[10.3389/fpsy.2020.577427](https://doi.org/10.3389/fpsy.2020.577427)

⁵⁸ McFadden C, Siegel E, Monahan K. Hidden hunger: Elderly hunger is on the rise during Covid. *NBC News*. Published January 17, 2021.

<https://www.nbcnews.com/news/us-news/hidden-hunger-elderly-hunger-rise-during-covid-n1254415>.

⁵⁹ NY Food 20/20: Visions, Research, and Recommendations during COVID-19 and Beyond. The Hunter College NYC Food Policy Center, The Laurie M. Tisch Center for Food, Education & Policy, and The CUNY Urban Food Policy Institute. Published October 2020.

<https://www.nycfoodpolicy.org/wp-content/uploads/2020/10/ny2020-finalv2.pdf>.

⁶⁰ Cather A, Butz L. GetFoodNYC and Grab-and-Go Come to a Close. *Hunter College NYC Food Policy Center*. Published September 8, 2021. <https://www.nycfoodpolicy.org/getfoodnyc-and-grab-and-go-come-to-a-close-in-nyc/>.

⁶¹ Lewis C, Jeffrey-Wilensky J. Widespread Hunger Persists Even As New York's Economy Recovers. *Gothamist*. Published June 8, 2021.

<https://gothamist.com/food/widespread-hunger-persists-even-as-new-yorks-economy-recovers>.

⁶² Stewart N, Heisler T. 1.5 Million New Yorkers Can't Afford Food. Pantries Are Their Lifeline. *New York Times*. Published October 20, 2020.

<https://www.nytimes.com/interactive/2020/10/20/nyregion/nyc-food-banks.html>.

⁶³ Mann B. In New York City, 2 Million Residents Face Food Insecurity, Officials Say. *NPR*. Published May 21, 2020.

<https://www.npr.org/sections/coronavirus-live-updates/2020/05/21/860312565/in-new-york-city-2-million-residents-face-food-insecurity-officials-say>.

⁶⁴ Wilkins J. Challenges and Opportunities Created by the COVID-19 Pandemic. *Journal of Nutrition Education and Behavior* 2020;52(7). doi:[10.1016/j.jneb.2020.05.005](https://doi.org/10.1016/j.jneb.2020.05.005).

⁶⁵ Growing Food Equity in New York City: A City Council Agenda. New York City Council Legislative Division. Published August 2019.

<https://council.nyc.gov/data/wp-content/uploads/sites/73/2019/08/growing-food-equity-1.pdf>.

well. According to research conducted by the Food Bank for New York City, visits to emergency food relief programs by seniors increased by 56 percent in April 2020 compared to the monthly average before the pandemic.⁶⁶ One senior service organization, Encore Community Services, saw a 45 percent increase in demand for their home-delivered meal program in the first weeks of the pandemic.⁶⁷

Programs that existed before the pandemic were ill-equipped to handle the massive increase in demand that accompanied the COVID-19 pandemic. Reports from food pantries and other emergency food providers suggest that funding and food supplies may not have been adequate to cover their needs.⁶⁸ Three out of four food pantries and soup kitchens saw an increase in the total number of visitors compared to the previous year,⁶⁹ including a 59 percent increase in undocumented immigrant clients.⁷⁰ And two of the largest emergency feeding programs, City Harvest and the Food Bank For New York City, have reported significant strain on their systems.⁷¹

Paradoxically, at the same time that COVID-19 caused increased food insecurity among New Yorkers, it also decreased many of the resources available to serve those in need.^{72,73} Seniors and retirees, for whom a case of COVID-19 would pose serious health risks,⁷⁴ typically make up a

⁶⁶ Fighting More than COVID19: Unmasking the State of Hunger in NYC During a Pandemic. Food Bank for New York City. Accessed June 23, 2020. <https://www.foodbanknyc.org/fighting-more-than-covid-19/>.

⁶⁷ Kaplan J. Op-ed: City must invest in nutrition services for older New Yorkers. *amny*. Published August 31, 2021. <https://www.amny.com/op-ed/op-ed-city-must-invest-in-nutrition-services-for-older-new-yorkers/>.

⁶⁸ NY Food 20/20: Visions, Research, and Recommendations during COVID-19 and Beyond. The Hunter College NYC Food Policy Center, The Laurie M. Tisch Center for Food, Education & Policy, and The CUNY Urban Food Policy Institute. Published October 2020.

<https://www.nycfoodpolicy.org/wp-content/uploads/2020/10/ny2020-finalv2.pdf>.

⁶⁹ New Yorkers Don't Live Single-Issue Lives: The Intersections of Hunger. Food Bank For New York City. Published February 2020.

https://1giqgs400j4830k22r3m4wqg-wpengine.netdna-ssl.com/wp-content/uploads/Intersections-of-Hunger_NYC-Hunger-Conference-Report_02.13.20.pdf.

⁷⁰ Fighting More than COVID-19: Unmasking the State of Hunger in NYC During a Pandemic. Food Bank for New York City. Accessed June 23, 2020. <https://www.foodbanknyc.org/fighting-more-than-covid-19/>.

⁷¹ NY Food 20/20: Visions, Research, and Recommendations during COVID-19 and Beyond. The Hunter College NYC Food Policy Center, The Laurie M. Tisch Center for Food, Education & Policy, and The CUNY Urban Food Policy Institute. Published October 2020.

<https://www.nycfoodpolicy.org/wp-content/uploads/2020/10/ny2020-finalv2.pdf>.

⁷² Joseph G. A Third Of NYC Food Pantries Have Closed, Swelling Bread Lines During Coronavirus Lockdown. *Gothamist*. Published April 27, 2020.

<https://gothamist.com/food/third-nyc-food-pantries-have-closed-swelling-bread-lines-during-coronavirus-lockdown>.

⁷³ Koible W, Figueroa I. Fighting more than COVID-19: Unmasking the State of Hunger in NYC During a Pandemic. Food Bank for New York City. Published June 2020.

https://1giqgs400j4830k22r3m4wqg-wpengine.netdna-ssl.com/wp-content/uploads/Fighting-More-Than-Covid-19_Research-Report_Food-Bank-For-New-York-City_6.09.20_web.pdf.

⁷⁴ Singhal S, Kumar P, Singh S, Saha S, Dey AB. Clinical features and outcomes of COVID-19 in older adults: a systematic review and meta-analysis. *BMC Geriatr*. 2021 May 19;21(1):321. doi:10.1186/s12877-021-02261-3

large portion of senior center volunteers.⁷⁵ And as fears of infection kept many volunteers home, NYC's senior centers and food pantries had to reduce their meal services or close their doors.⁷⁶

NYC's 59 unique neighborhoods are vibrant and racially, religiously, and culturally diverse, meaning that different neighborhoods and groups have different food needs, many of which were not met immediately by the programs offered by City agencies during COVID. In response to the COVID-19 pandemic, the Hunter College NYC Food Policy Center, collaborating with NYC agencies and community-based organizations, developed Coronavirus NYC Neighborhood Food Resource Guides for each and every of NYC's 59 community districts to address these concerns.⁷⁷ These guides are the most comprehensive public database to provide NYC residents with an up-to-date overview of the various food and social service resources available to them in their community.

In order to find culturally appropriate food, many New Yorkers had to rely on local mutual aid networks and community-based organizations rather than turning to city programs. While these grassroots efforts are valuable, they are unsustainable as a long-term solution to hunger and food insecurity. City agencies should communicate more effectively with these groups and use their insights to better tailor food relief efforts to the needs of particular households and communities.

Disparities in the Food System Among New York City Communities

As the pandemic recedes to a degree, many New Yorkers, including seniors, still suffer from isolation, homelessness, joblessness, food insecurity, and hunger. Demand at food pantries across the City is still higher than it was before the pandemic.⁷⁸ Therefore, ensuring that NYC seniors have enough food, and that the food is high-quality and nutritionally dense, continues to be of critical importance, especially in light of the impact nutrition has on diet-related diseases and outcomes of COVID-19.

The NYC economy is recovering, yet the number of New York City seniors experiencing hunger and food insecurity is still high, especially among residents of color who have not seen the same

⁷⁵ Vellekoop Baldock C. Seniors as volunteers: An international perspective on policy. *Ageing and Society*. 1999;19:581-602. doi:10.1017/S0144686X99007552

⁷⁶ Joseph G. A Third Of NYC Food Pantries Have Closed, Swelling Bread Lines During Coronavirus Lockdown. *Gothamist*. Published April 27, 2020. <https://gothamist.com/food/third-nyc-food-pantries-have-closed-swelling-bread-lines-during-coronavirus-lockdown>.

⁷⁷ COVID-19 NYC Neighborhood Food Resource Guides. Hunter College NYC Food Policy Center. Accessed September 22, 2021. <https://www.nycfoodpolicy.org/coronavirus-nyc-food-reports/>.

⁷⁸ Lewis C, Jeffrey-Wilensky J. Widespread Hunger Persists Even As New York's Economy Recovers. *Gothamist*. Published June 8, 2021. <https://gothamist.com/food/widespread-hunger-persists-even-as-new-yorks-economy-recovers>.

level of economic recovery as other communities.^{79,80} Some of this increased need can be explained by larger problems, including limited benefits, low wages and structural racism.⁸¹ Emergency food relief programs respond to issues of hunger and food insecurity but do not address the underlying issues of aging, poverty and social inequity. In order to eliminate hunger and food insecurity in the New York City food system, we must develop innovative solutions that address their root causes.

Gaps that existed before the pandemic between affluent and underserved communities were widened by COVID-19.^{82,83} Healthy, affordable food is not distributed equitably throughout the City, and many underserved communities (particularly marginalized communities of color) do not have adequate access to healthy, affordable options.^{84,85} These communities are sometimes known as “food deserts,” but that is not an accurate term — food is available in these communities, but it is often highly processed and unhealthy.⁸⁶ A more accurate way to refer to the disparity in food access among New York City neighborhoods would be to call it “food apartheid,” a phrase that draws attention to the systemic social and racial inequities that cause unequal access to healthy food.⁸⁷

Communities affected by food apartheid are those in which racially discriminatory policies and systems limit access to healthy food.⁸⁸ The lack of healthy food options in these communities is a systemic issue that will require innovative, community-driven interventions to correct.⁸⁹ A June

⁷⁹ Lewis C, Jeffrey-Wilensky J. Widespread Hunger Persists Even As New York’s Economy Recovers. *Gothamist*. Published June 8, 2021.

<https://gothamist.com/food/widespread-hunger-persists-even-as-new-yorks-economy-recovers/>.

⁸⁰ Rates of Food Insecurity Remain High Despite Expansion of New York City Food Assistance Programs. CUNY School of Public Health. Published October 14, 2020.

<https://sph.cuny.edu/life-at-sph/news/2020/10/14/food-insecurity-covid-release/>.

⁸¹ Nargi L. New research highlights a shifting priority at food banks: tackling the root causes of food insecurity. *The Counter*. Published June 8, 2021. <https://thecounter.org/new-research-shifting-priority-food-banks-covid-19/>.

⁸² Reeves R, Rothwell J. Class and COVID: How the less affluent face double risks. *Brookings*. Published March 27, 2020.

<https://www.brookings.edu/blog/up-front/2020/03/27/class-and-covid-how-the-less-affluent-face-double-risks/>.

⁸³ Miranda L. How the coronavirus has widened the chasm between rich and poor. *NBC News*. Published September 24, 2020.

<https://www.nbcnews.com/business/business-news/how-coronavirus-has-widened-chasm-between-rich-poor-n1240622>.

⁸⁴ Feller M. Healthy Food Is a Right for Black People, Not a Privilege. *Healthline*. Published October 12, 2020.

<https://www.healthline.com/health/nutrition/black-communities-need-access-to-healthy-food>.

⁸⁵ Azétsop J, Joy T. Access to nutritious food, socioeconomic individualism and public health ethics in the USA: a common good approach. *Philos Ethics Humanit Med* 2013;8(16). doi:10.1186%2F1747-5341-8-16

⁸⁶ Tracy. Food Apartheid: The Silent Killer in the Black Community. *Atlanta Black Star*. Published June 16, 2015. <https://atlantablackstar.com/2015/06/16/food-apartheid-the-silent-killer-in-the-black-community/>.

⁸⁷ Brones A. Karen Washington: It’s Not a Food Desert, It’s Food Apartheid. *Guernica*. Published May 7, 2018.

<https://www.guernicamag.com/karen-washington-its-not-a-food-desert-its-food-apartheid/>.

⁸⁸ Tracy. Food Apartheid: The Silent Killer in the Black Community. *Atlanta Black Star*. Published June 16, 2015.

<https://atlantablackstar.com/2015/06/16/food-apartheid-the-silent-killer-in-the-black-community/>.

⁸⁹ Food Apartheid: Racialized Access to Healthy Affordable Food. Natural Resources Defence Council and Nation of Change. April 7, 2021.

<https://www.nationofchange.org/2021/04/07/food-apartheid-racialized-access-to-healthy-affordable-food/>.

2021 report from the New York State Health Foundation reported that in March 2021 approximately 20 percent of Hispanic adults and 12 percent of Black adults accessed free meals or groceries, compared to 8 percent of Asian adults and 4 percent of White adults.⁹⁰

Food apartheid contributes to disparities in the health outcomes of minority seniors as compared to their White peers.⁹¹ Black and Latinx seniors suffer higher rates of diet-related diseases, including heart disease, diabetes, hypertension, and obesity.⁹² During the pandemic, these underlying health conditions have placed minority seniors at increased risk for experiencing a severe or fatal case of COVID-19.^{93,94}

Although Asian Americans as a whole experience food insecurity at lower rates than other minority populations, some of the City's older Asian American adults face significant food insecurity challenges exacerbated by the pandemic, including poverty and difficulty accessing culturally-appropriate foods.⁹⁵ The poverty rate among New York City Asian Americans is 15 to 25 percent higher than the NYC average and saw the greatest increase of all major ethnic and racial groups during the pandemic.⁹⁶

The older Asian American population of New York City includes a large number of immigrants, some of them with minimal English language skills.⁹⁷ Language barriers and undocumented immigration status prevent some of the most vulnerable Asian American seniors from enrolling in SNAP, leaving them without federal food aid,⁹⁸ and during the pandemic, older Asian Americans have also struggled to access private food aid.⁹⁹ The increase in anti-Asian violence over the last eighteen months, including a more than nine-fold increase in hate crimes against Asians in New York City, has discouraged some Asian American seniors from going out, even to

⁹⁰ Continuing Impact of the COVID-19 Pandemic on Food Scarcity in New York. NYS Health. Published June 1, 2021.

<https://nyshealthfoundation.org/resource/continuing-impact-of-the-covid-19-pandemic-on-food-scarcity-in-new-york/#employment-income-loss-overall>.

⁹¹ Cox C. Older Adults and Covid 19: Social Justice, Disparities, and Social Work Practice. *J Gerontol Soc Work* 2020 Aug-Oct;63(6-7):611-624. doi: [10.1080/01634372.2020.1808141](https://doi.org/10.1080/01634372.2020.1808141)

⁹² COVID Data Tracker Weekly Review - September 10, 2021. CDC. Accessed September 17, 2021.

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>.

⁹³ COVID Data Tracker Weekly Review - September 10, 2021. CDC. Accessed September 17, 2021.

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>.

⁹⁴ Cox C. Older Adults and Covid 19: Social Justice, Disparities, and Social Work Practice. *J Gerontol Soc Work* 2020 Aug-Oct;63(6-7):611-624. doi: [10.1080/01634372.2020.1808141](https://doi.org/10.1080/01634372.2020.1808141)

⁹⁵ Murray R. The Hidden Problem of Food Insecurity Among Asian Americans. *Hunter College NYC Food Policy Center*. Published August 11, 2021.

<https://www.nycfoodpolicy.org/the-hidden-problem-of-food-insecurity-among-asian-americans/>.

⁹⁶ Gohl C. Food Insecurity in the AAPI Community. *Food Bank for New York City blog*. Published May 11, 2021.

<https://blog.foodbanknyc.org/food-insecurity-aapi-community>.

⁹⁷ Gohl C. Food Insecurity in the AAPI Community. *Food Bank for New York City blog*. Published May 11, 2021.

<https://blog.foodbanknyc.org/food-insecurity-aapi-community>.

⁹⁸ Gohl C. Food Insecurity in the AAPI Community. *Food Bank for New York City blog*. Published May 11, 2021.

<https://blog.foodbanknyc.org/food-insecurity-aapi-community>.

⁹⁹ Gohl C. Food Insecurity in the AAPI Community. *Food Bank for New York City blog*. Published May 11, 2021.

<https://blog.foodbanknyc.org/food-insecurity-aapi-community>.

acquire groceries.¹⁰⁰ And those who do make it to food pantries and other private sources of food aid often find that these charities do not offer culturally appropriate foods.¹⁰¹

LGBTQ+ seniors are another group uniquely affected by issues of poverty, hunger, food insecurity, and the COVID-19 pandemic.¹⁰² As the lifespans of LGBTQ+ seniors increase, they represent a growing share of New York City's senior population.¹⁰³ More likely to live alone and less likely to seek out social services than non-LGBTQ+ seniors, they often do not receive the help they need to access nutritious food.^{104,105} Historical discrimination against LGBTQ+ individuals has contributed to a lack of trust in the social safety net leaving many LGBTQ+ seniors less likely than non-LGBTQ+ seniors to reach out to senior centers and meal providers.¹⁰⁶ Furthermore, many LGBTQ+ individuals hesitate going to churches and other religious buildings due to many religions' histories of poor treatment and discrimination towards LGBTQ+ individuals.¹⁰⁷ LGBTQ+ seniors' aversion to places of worship can reduce their access to the many food pantries run by religious organizations across the city.^{108,109} The Love Wins Food Pantry, based in Jackson Heights, was founded by activist Daniel Puerto during the COVID-19 pandemic to provide a welcoming and safe space for the LGBTQ+ community, including seniors, to access food.¹¹⁰ The City needs more organizations such as these to ensure that seniors from all backgrounds have safe and comfortable places to access food when needed.

¹⁰⁰ Morales DX, Morales SA, Beltran TF. Racial/Ethnic Disparities in Household Food Insecurity During the COVID-19 Pandemic: a Nationally Representative Study. *J Racial Ethn Health Disparities* 2020;14:1–15. doi:[10.1007/s40615-020-00892-7](https://doi.org/10.1007/s40615-020-00892-7)

¹⁰¹ Carney MA, Krause KC. Immigration/migration and healthy publics: the threat of food insecurity. *Palgrave Commun* 2020;6(93). doi:[10.1057/s41599-020-0461-0](https://doi.org/10.1057/s41599-020-0461-0)

¹⁰² Disrupting Disparities: Solutions for LGBTQ New Yorkers Age 50+. AARP and SAGE. Published January 2021. <https://aarp-states.brightspotcdn.com/ca/eb/c2353b1e45b3a7fa0f15991c47a6/disparities-lgbtq-full-final-spread-v4.pdf>

¹⁰³ Gladstone E, Knowles P, Thompson D. From Connections to Community: Data-informed lessons on an intergenerational gathering. SAGE. Published 2018.

<https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-from-connections-to-community.pdf>.

¹⁰⁴ Age-friendly NYC: New Commitments for a City for All Ages. NYC Department for the Aging. Published 2017.

<https://www1.nyc.gov/assets/dfta/downloads/pdf/publications/AgeFriendlyNYC2017.pdf>.

¹⁰⁵ Disrupting Disparities: Solutions for LGBTQ New Yorkers Age 50+. AARP and SAGE. Published January 2021. <https://aarp-states.brightspotcdn.com/ca/eb/c2353b1e45b3a7fa0f15991c47a6/disparities-lgbtq-full-final-spread-v4.pdf>

¹⁰⁶ Disrupting Disparities: Solutions for LGBTQ New Yorkers Age 50+. AARP and SAGE. Published January 2021. <https://aarp-states.brightspotcdn.com/ca/eb/c2353b1e45b3a7fa0f15991c47a6/disparities-lgbtq-full-final-spread-v4.pdf>

¹⁰⁷ Trevor Support Center: LGBTQ + Religion. The Trevor Project. Accessed September 20, 2021. https://www.thetrevorproject.org/trvr_support_center/lgbtq-religion/.

¹⁰⁸ Trevor Support Center: LGBTQ + Religion. The Trevor Project. Accessed September 20, 2021. https://www.thetrevorproject.org/trvr_support_center/lgbtq-religion/.

¹⁰⁹ Queens Community Board 2: Houses of Worship & Food Pantries. NYC.gov. Accessed September 20, 2021. <https://www1.nyc.gov/site/queenscb2/resources/houses-of-worship-food-pantries.page>.

¹¹⁰ Love Wins Food Pantry. Accessed September 20, 2021. <https://www.lovewinsnyc.org/>.

Additionally, the emergence of the COVID-19 pandemic compounded the already existing HIV global epidemic, which has had a particularly devastating impact on the LGBTQ+ community,¹¹¹ and LGBTQ+ seniors in particular. In 2018, more than half of people living with HIV in the United States were age 50 or older,¹¹² including both newly diagnosed people living with HIV as well as those who were diagnosed early on — in the 1980s and 1990s — who are now the first cohort of people aging with HIV.¹¹³ People living with HIV are also more likely to experience food insecurity, and food insecurity contributes to a higher likelihood of adverse HIV-related health outcomes.¹¹⁴ This relationship is often characterized as a debilitating and vicious cycle.¹¹⁵ Many of the country’s leading medically-tailored meal delivery services, including the NYC-based God’s Love We Deliver, began by providing services to people living with HIV in the 1990s.¹¹⁶ While that organization has since expanded to provide meals to people with other chronic diseases including cancer, renal failure, Alzheimer’s, and more,¹¹⁷ it is imperative that NYC’s seniors living with HIV not be left by the wayside.

What Has Been Done to Help Feed NYC’s Seniors During COVID-19, and What Remains to be Done

Many programs and organizations emerged as a direct result of the COVID-19 pandemic to help New Yorkers most in need. Some emergency food relief programs and initiatives that began as a result of the pandemic have now become permanent, while others are set to end in the coming months, even though hunger and food insecurity are still problems facing thousands of older New Yorkers.

Funding from federal,¹¹⁸ state¹¹⁹ and local¹²⁰ governments was quickly poured into the NYC food system to feed hungry residents, but at times it was still not enough to get every single person an

¹¹¹ McLinden T, Stover S, Hogg RS. HIV and Food Insecurity: A Syndemic Amid the COVID-19 Pandemic. *AIDS Behav*. 2020 Oct;24(10):2766-2769. doi:[10.1007/s10461-020-02904-3](https://doi.org/10.1007/s10461-020-02904-3)

¹¹² HIV and Older Americans. CDC.gov. Accessed September 20, 2021. <https://www.cdc.gov/hiv/group/age/olderamericans/index.html>.

¹¹³ WING EJ. The Aging Population with HIV Infection. *Trans Am Clin Climatol Assoc*. 2017;128:131-144.

¹¹⁴ Anema A, Vogenthaler N, Frongillo EA, Kadiyala S, Weiser SD. Food insecurity and HIV/AIDS: current knowledge, gaps, and research priorities. *Curr HIV/AIDS Rep*. 2009;6(4):224-231. doi:[10.1007/s11904-009-0030-z](https://doi.org/10.1007/s11904-009-0030-z)

¹¹⁵ McLinden T, Stover S, Hogg RS. HIV and Food Insecurity: A Syndemic Amid the COVID-19 Pandemic. *AIDS Behav* 2020;24(10):2766-2769. doi:[10.1007/s10461-020-02904-3](https://doi.org/10.1007/s10461-020-02904-3)

¹¹⁶ God’s Love We Deliver. Accessed September 20, 2021. <https://www.glwd.org/>.

¹¹⁷ Check Eligibility. God’s Love We Deliver. Accessed September 20, 2021. <https://www.glwd.org/get-meals/find-out-if-you-are-eligible-for-medically-tailored-meals/>.

¹¹⁸ USDA Announces Coronavirus Food Assistance Program. USDA. Published April 17, 2020. <https://www.usda.gov/media/press-releases/2020/04/17/usda-announces-coronavirus-food-assistance-program>.

¹¹⁹ New York State Announces \$880 Million in Temporary Food Assistance for New York’s School Children. New York State Office of Temporary and Disability Assistance. Published May 12, 2020. <https://otda.ny.gov/news/2020/2020-05-12.asp>.

¹²⁰ Durkin E. NYC launches \$170M plan to combat hunger, urges grocery stores to require masks. Politico. Published April 15, 2020. <https://www.politico.com/states/new-york/albany/story/2020/04/15/nyc-launches-170m-plan-to-combat-hunger-urge-s-grocery-stores-to-require-masks-1276463>.

appropriate amount and variety of food. This caused problems for some government-led food delivery initiatives, including complaints about foods being spoiled, unhealthy, or not culturally appropriate.^{121,122} These complaints are not new — participants in food assistance programs are often expected to be grateful for the food they receive and not complain about any food they are dissatisfied with; the frustration of receiving poor quality food compounded with the embarrassment that is so often felt by those receiving help can make these programs an undignified experience.¹²³

During the pandemic, many community organizations and individuals pivoted to focus on filling in the food gaps by connecting seniors in need with food resources in their neighborhoods. Faith-based organizations, community centers, restaurants, and nonprofits became hubs for food and meal distribution.¹²⁴ Unfortunately, residents, including seniors, sometimes waited in lines for hours to receive kitchen staples such as rice and canned goods, and many struggled to feed themselves adequately on diets lacking in fiber, protein and other fresh foods.¹²⁵ While the work done by these organizations was impressive and necessary, many did not have the resources required to meet the needs of all residents, including the City’s seniors.

Furthermore, emergency food relief is not a long-term solution to the hunger and food insecurity crisis, and New York City seniors cannot permanently depend on pop-up emergency programs to keep themselves fed. Emergency food should be just that — food provided during an emergency. It should not be a system that New York City’s seniors in need have to rely on every day. We need increased SNAP enrollment and benefits, livable wages for those still working, and creative solutions from our local government to ensure that all of the City’s seniors have agency and access to nutritious, age-appropriate and culturally-sensitive food.

Meal Delivery for Seniors Before and During the Pandemic

Prior to the pandemic, DFTA’s Home Delivered Meals (HDM) program served approximately 4.5 million meals annually, 87 percent fresh and 13 percent frozen, to roughly 18,000 homebound seniors.¹²⁶ Eligibility extends to people over age 60 whose frailty prevents them

¹²¹ Demanding Answers: NYC’s COVID-19 Program Accused Of Delivering Spoiled Food, Items With No Nutrition Value. CBS New York. Published May 18, 2020. <https://newyork.cbslocal.com/2020/05/18/demanding-answers-nycs-covid-19-program-accused-of-delivering-spoiled-food-items-with-no-nutrition-value/>.

¹²² Blau R. Food-Insecure New Yorkers Seek More Meal Deliveries From City. The City. Published January 13, 2021. <https://www.thecity.nyc/2021/1/13/22230215/food-insecure-new-yorkers-seek-more-meal-deliveries-from-the-city>.

¹²³ Vissing Y, Gu J, Jones A, Gabriel S. Preserving Dignity in the Face of Hunger: A Study of Food Pantry Utilization. *Humanity & Society*. 2017;41(4):461-481. doi:10.1177/0160597617733623

¹²⁴ Margolies J, Strauss A. Hunger Is Worsening. Here Are 7 Ways New Yorkers Are Addressing It. *New York Times*. Published July 11, 2020. <https://www.nytimes.com/2020/07/11/nyregion/coronavirus-hunger-relief-nyc.html>.

¹²⁵ Lerner S. “We Need Protein”: Coronavirus Pandemic Deepens New York’s Hunger Crisis. *The Intercept*. Published June 16, 2020. <https://theintercept.com/2020/06/16/coronavirus-hunger-crisis-nyc/>.

¹²⁶ Andrews, Katelyn. Email to Alexina Cather. September 14, 2021.

from attending congregate meals, who lack another formal or informal source of meals, and who cannot cook or grocery shop independently.¹²⁷ Seniors, however, cannot enroll in the program directly. Instead, DFTA's Case Management Agencies (CMA) identifies and refers qualifying seniors after conducting extensive assessments of their needs.¹²⁸

The HDM program, which aims to provide nutritious and culturally appropriate meals to NYC seniors, relies on a network of food providers. DFTA sources the HDM meals through partnerships with contractors and subcontractors.¹²⁹ All contracted providers agree to create a varied, pre-approved menu of meals reflective of NYC food standards and affording seniors one-third of the Daily Recommended Intake for adults.¹³⁰ In 2019, kosher meals, which are offered city-wide, were chosen by more than 18 percent of participants.¹³¹ In eighteen out of the twenty-three geographic areas served by the HDM program, DFTA offers seniors additional culturally or religiously appropriate options,¹³² and, again in 2019, four percent of HDM recipients chose among Chinese, Korean, Polish, Halal, Caribbean, and vegetarian options.¹³³

At the beginning of the COVID-19 pandemic, concerns regarding increased risk of severe disease or death from COVID-19 led some previously mobile seniors to stay home.¹³⁴ At the same time, many seniors lost access to forms of support they had previously relied on to meet their food needs, including congregate meals and family visits.¹³⁵ This left a number of seniors confronting food security challenges they had not faced previously.¹³⁶ In response to these issues, NYC launched GetFoodNYC in March 2020, a delivery program for residents who could not acquire food on their own.¹³⁷ Eligibility for GetFoodNYC relied on largely the same criteria used to screen seniors for the HDM program.¹³⁸ The initiative targeted New Yorkers unable to go out

¹²⁷ Home Delivered Meals Program: Concept Paper. NYC.gov. Published October 28, 2019. <https://www1.nyc.gov/assets/dfta/downloads/pdf/community/HDMConceptPaper.pdf>.

¹²⁸ Home Delivered Meals Program: Concept Paper. NYC.gov. Published October 28, 2019. <https://www1.nyc.gov/assets/dfta/downloads/pdf/community/HDMConceptPaper.pdf>.

¹²⁹ Home Delivered Meals Program: Concept Paper. NYC.gov. Published October 28, 2019. <https://www1.nyc.gov/assets/dfta/downloads/pdf/community/HDMConceptPaper.pdf>.

¹³⁰ Home Delivered Meals Program: Concept Paper. NYC.gov. Published October 28, 2019. <https://www1.nyc.gov/assets/dfta/downloads/pdf/community/HDMConceptPaper.pdf>.

¹³¹ Home Delivered Meals Program: Concept Paper. NYC.gov. Published October 28, 2019. <https://www1.nyc.gov/assets/dfta/downloads/pdf/community/HDMConceptPaper.pdf>.

¹³² Home Delivered Meals Program: Concept Paper. NYC.gov. Published October 28, 2019. <https://www1.nyc.gov/assets/dfta/downloads/pdf/community/HDMConceptPaper.pdf>.

¹³³ Home Delivered Meals Program: Concept Paper. NYC.gov. Published October 28, 2019. <https://www1.nyc.gov/assets/dfta/downloads/pdf/community/HDMConceptPaper.pdf>.

¹³⁴ Home Delivered Meals for Seniors. 311. Accessed September 20, 2021. <https://portal.311.nyc.gov/article/?kanumber=KA-02252>.

¹³⁵ Abraham R. Crisis Led to Shift in Senior Meals that's Raising Concerns. *City Limits*. Published June 5, 2020. <https://citylimits.org/2020/06/05/crisis-led-to-shift-in-senior-meals-thats-raising-concerns/>.

¹³⁶ Home Delivered Meals for Seniors. 311. Accessed September 20, 2021. <https://portal.311.nyc.gov/article/?kanumber=KA-02252>.

¹³⁷ New Program Helps New Yorkers Who Cannot Afford Food Delivery. *Downtown Alliance*. <https://downtownny.com/news/getfoodnyc-food-deliveries-sign-up/>. Published March 25, 2020.

¹³⁸ New Program Helps New Yorkers Who Cannot Afford Food Delivery. *Downtown Alliance*. <https://downtownny.com/news/getfoodnyc-food-deliveries-sign-up/>. Published March 25, 2020.

who could not afford food delivery, lacked a household member or neighbor to source food for them, and did not already receive meals from another food aid program.¹³⁹

In May 2020, DFTA began to direct new enrollees to HDM to GetFoodNYC's Emergency Home Food Delivery Program (EFD) instead.^{140,141} The decision was criticized, as it forced many non-tech-savvy seniors to relearn how to use a completely different online platform than the one to which they had become accustomed.^{142,143} Participants in EFD received two deliveries a week, each providing enough food for three meals a day for three days,¹⁴⁴ a notable increase over the single daily meal provided to seniors through HDM.¹⁴⁵ Because of high demand, GetFoodNYC capped the number of individuals eligible to receive food at two people per household and could offer only a broad delivery window of 8 am to 5 pm on scheduled drop-off days.¹⁴⁶ Recipients could either place their orders one at a time or schedule two weeks of recurring deliveries.¹⁴⁷ The meals, prepared by a diverse group of vendors contracted by the city, tried to cater to religious and cultural needs.¹⁴⁸ Options included Kosher, Halal, and vegetarian as well as limited numbers of pan-Asian and Latin American meals.¹⁴⁹ The format of these dishes varied, but most arrived fresh or frozen, requiring minimal preparation using an oven or a microwave.¹⁵⁰

¹³⁹ GetFoodNYC Emergency Home Food Delivery. 311. Accessed September 20, 2021.

<https://portal.311.nyc.gov/article/?kanumber=KA-03304>.

¹⁴⁰ Providing Food to Older Adults During the COVID-19 Crisis: FAQ. Updated April 30, 2020.

https://hudsonguild.org/files/galleries/Full_FAQs_for_Senior_Centers_20200430_11A.pdf.

¹⁴¹ Home Delivered Meals for Seniors. 311. Accessed September 22, 2021.

<https://portal.311.nyc.gov/article/?kanumber=KA-02252>.

¹⁴² Abraham R. Crisis Led to Shift in Senior Meals that's Raising Concerns. *City Limits*. Published June 5, 2020.

<https://citylimits.org/2020/06/05/crisis-led-to-shift-in-senior-meals-thats-raising-concerns/>.

¹⁴³ NY Food 20/20: Visions, Research, and Recommendations during COVID-19 and Beyond. The Hunter College NYC Food Policy Center, The Laurie M. Tisch Center for Food, Education & Policy, and The CUNY Urban Food Policy Institute. Published October 2020.

<https://www.nycfoodpolicy.org/wp-content/uploads/2020/10/ny2020-finalv2.pdf>.

¹⁴⁴ GetFoodNYC Emergency Home Food Delivery. 311. Accessed September 20, 2021.

<https://portal.311.nyc.gov/article/?kanumber=KA-03304>.

¹⁴⁵ Kaplan J. Op-ed: City must invest in nutrition services for older New Yorkers. *amny*. Published August 31, 2021.

<https://www.amny.com/oped/op-ed-city-must-invest-in-nutrition-services-for-older-new-yorkers/>.

¹⁴⁶ GetFoodNYC Emergency Home Food Delivery. 311. Accessed September 20, 2021.

<https://portal.311.nyc.gov/article/?kanumber=KA-03304>.

¹⁴⁷ GetFoodNYC Emergency Home Food Delivery. 311. Accessed September 20, 2021.

<https://portal.311.nyc.gov/article/?kanumber=KA-03304>.

¹⁴⁸ GetFoodNYC Emergency Home Food Delivery. 311. Accessed September 20, 2021.

<https://portal.311.nyc.gov/article/?kanumber=KA-03304>.

¹⁴⁹ GetFoodNYC Emergency Home Food Delivery. 311. Accessed September 20, 2021.

<https://portal.311.nyc.gov/article/?kanumber=KA-03304>.

¹⁵⁰ GetFoodNYC Emergency Home Food Delivery. 311. Accessed September 20, 2021.

<https://portal.311.nyc.gov/article/?kanumber=KA-03304>.

The program, however, was not without problems: numerous complaints were raised to reporters and city officials about the quality of the food delivered,^{151,152} and there were reports of food being delivered to incorrect addresses.¹⁵³ Some people thought that the food was inequitably distributed among communities, as some recipients were given high quality meals while others received boxes full of snack foods.¹⁵⁴ Furthermore, in the summer of 2020, NYC's GetFoodNYC program changed their enrollment procedures, which caused difficulty accessing the program for many of the City's less-than-tech-savvy seniors.¹⁵⁵ The good news is that the one year after the program began, the City had delivered more than 200 million meals to New Yorkers in need,¹⁵⁶ many of whom were seniors.¹⁵⁷ The program will conclude in October of 2021, leaving thousands of recipients potentially without a viable food resource they have come to rely on for more than a year.¹⁵⁸ *The City* reported that "The De Blasio administration is working to make sure the people covered by the program are taken care of by other food assistance programs including meals served at senior centers, according to city officials and advocates."¹⁵⁹

Despite the shortcomings of GetFoodNYC, signs indicate that the HDM program alone will not be able to handle the increased demand for senior meals without significant funding for infrastructure and staffing increases. HDM had to redirect many of its participants to GetFoodNYC because it lacked the funding to provide for them.¹⁶⁰ And because it offers only one meal a day instead of GetFoodNYC's three, HDM is not in a position to fill the food insecurity gap left by the termination of the emergency program.¹⁶¹

¹⁵¹ Demanding Answers: NYC's COVID-19 Program Accused Of Delivering Spoiled Food, Items With No Nutrition Value. *CBS New York*.

<https://newyork.cbslocal.com/2020/05/18/demanding-answers-nycs-covid-19-program-accused-of-delivering-spoiled-food-items-with-no-nutrition-value/>. Published May 18, 2020.

¹⁵² Blau R. Food-Insecure New Yorkers Seek More Meal Deliveries From City. *The City*.

<https://www.thecity.nyc/2021/1/13/22230215/food-insecure-new-yorkers-seek-more-meal-deliveries-from-the-city>. Published January 13, 2021.

¹⁵³ Marsh J. Free Meals Meant for NYC's Needy Left at Wrong Address — Since May. *New York Post*. Published July 29, 2020. <https://nypost.com/2020/07/29/free-city-meals-meant-for-needy-left-at-wrong-address-since-may/>.

¹⁵⁴ Todd A. Snacks And "Gourmet Salads": The Wide Variety Of Meals Offered By NYC's Food Program.

Gothamist. <https://gothamist.com/food/snacks-and-gourmet-salads-wide-variety-meals-offered-nycs-food-program>. Published May 24, 2020.

¹⁵⁵ Blau R. City Food Delivery Changes Could Be Leaving Many Seniors Hungry. *The City*.

<https://www.thecity.nyc/2020/8/25/21401772/city-food-delivery-changes-senior-citizens>. Published August 25, 2020.

¹⁵⁶ City distributes 200 million meals through GetFoodNYC emergency programs. *Amsterdam News*. Published February 18, 2021.

<http://amsterdamnews.com/news/2021/feb/18/city-distributes-200-million-meals-through-getfood/>.

¹⁵⁷ Home Delivered Meals for Seniors. 311. Accessed September 20, 2021.

<https://portal.311.nyc.gov/article/?kanumber=KA-02252>.

¹⁵⁸ Cather A, Butz L. GetFoodNYC and Grab-and-Go Come to a Close. *Hunter College NYC Food Policy Center*.

Published September 8, 2021. <https://www.nycfoodpolicy.org/getfoodnyc-and-grab-and-go-come-to-a-close-in-nyc/>.

¹⁵⁹ Blau R. NYC's 'GetFood' Free Meal-Delivery Service to End This Fall. *The City*. Published August 31, 2021.

<https://www.thecity.nyc/2021/8/31/22651381/nycs-getfood-free-meal-delivery-service-to-end-this-fall>.

¹⁶⁰ Abraham R. Crisis Led to Shift in Senior Meals that's Raising Concerns. *City Limits*. Published June 5, 2020.

<https://citylimits.org/2020/06/05/crisis-led-to-shift-in-senior-meals-thats-raising-concerns/>.

¹⁶¹ Kaplan J. Op-ed: City must invest in nutrition services for older New Yorkers. *amny*. Published August 31, 2021.

<https://www.amny.com/oped/op-ed-city-must-invest-in-nutrition-services-for-older-new-yorkers/>.

Changes to the Ways Seniors Shop for Food

The pandemic also brought about a major increase in the use of online food shopping, both for in-store pickup and delivery.^{162,163} Online ordering is a particularly effective way to access food for people who are unable or unwilling to leave their homes, such as the immunocompromised and those with comorbidities.¹⁶⁴ Furthermore, delivery is especially helpful for people with difficulty accessing reliable transportation to and from a grocery store.¹⁶⁵ However, the expanded popularity and use of online shopping was not beneficial to all. Some seniors did increase their use of online platforms, but many still struggle to navigate the internet due to inexperience, lack of computer education, and cognitive issues.¹⁶⁶

Furthermore, many seniors face the added difficulty of attempting to purchase groceries online using their SNAP benefits. In recent years many retailers, such as Walmart,¹⁶⁷ Amazon Fresh,¹⁶⁸ and Stop & Shop, have begun accepting SNAP benefits for online orders,¹⁶⁹ and while the USDA does not allow SNAP benefits to be used to cover delivery fees for online grocery shopping, many retailers have waived the fee for people using EBT to purchase online.¹⁷⁰ This is, however, still a fairly recent development, and many SNAP recipients, especially seniors, do not have experience with online grocery shopping.¹⁷¹

¹⁶² Redman R. FMI: Online grocery sales jumped 300% early in pandemic. *Supermarket News*. Published October 9, 2020. <https://www.supermarketnews.com/issues-trends/fmi-online-grocery-sales-jumped-300-early-pandemic>.

¹⁶³ Ecola L, Lu H, Rohr C. How Is COVID-19 Changing Americans' Online Shopping Habits? *Rand Corporation*. Published November 10, 2020. https://www.rand.org/pubs/research_reports/RRA308-6.html.

¹⁶⁴ Rummo PE, Bragg MA, Yi SS. Supporting Equitable Food Access During National Emergencies—The Promise of Online Grocery Shopping and Food Delivery Services. *JAMA Health Forum* 2020;1(3):e200365. doi:[10.1001/jamahealthforum.2020.0365](https://doi.org/10.1001/jamahealthforum.2020.0365)

¹⁶⁵ Bezirgani A, Lachapelle U. Qualitative Study on Factors Influencing Aging Population's Online Grocery Shopping and Mode Choice When Grocery Shopping in Person. *Transportation Research Record*. 2021;2675(1):79-92. doi:[10.1177/0361198120964790](https://doi.org/10.1177/0361198120964790)

¹⁶⁶ Kovalenko A. Older Adults Shopping Online: A Fad or a Trend? In Mazaheri E, ed. *The Impact of COVID19 On E-Commerce* (pp.67-80). London: Proud Pen; 2021:67-80. doi:[10.51432/978-1-8381524-8-2_5](https://doi.org/10.51432/978-1-8381524-8-2_5)

¹⁶⁷ SNAP Online. Walmart. Accessed September 20, 2021. <https://www.walmart.com/cp/snap-online/1465096>.

¹⁶⁸ Pay with SNAP EBT. Amazon. Accessed September 20, 2021. <https://www.amazon.com/snap-ebt/b?node=19097785011>.

¹⁶⁹ Browne M. Stop & Shop now accepting EBT payments for online SNAP purchases. *Supermarket News*. Published August 26, 2021. <https://www.supermarketnews.com/online-retail/stop-shop-now-accepting-ebt-payments-online-snap-purchases>.

¹⁷⁰ Chester J, Kopp K, Montgomery K. Does buying groceries online put SNAP participants at risk? How to Protect Health, Privacy, and Equity. Center for Digital Democracy. Published July 2020. https://www.democraticmedia.org/sites/default/files/field/public-files/2020/cdd_snap_report_ff_0.pdf.

¹⁷¹ Rogus S, Guthrie J, Niculescu M, Mancino L. Online Grocery Shopping Knowledge, Attitudes, and Behaviors Among SNAP Participants. *J Nutr Educ Behav* 2020; 52:539–545. doi:[10.1016/j.jneb.2019.11.015](https://doi.org/10.1016/j.jneb.2019.11.015)

Additionally, some food pantries and grocery stores responded to the fears from older clientele by offering seniors-only shopping hours,^{172,173,174,175} thus reducing the number of people allowed in the store or pantry at a time in order to help seniors feel more protected and comfortable.¹⁷⁶

Other Initiatives to Feed All New Yorkers In Need, Including Seniors

In addition to the expansions to food and meal delivery for seniors, federal, state and city governments acted quickly to expand and improve the emergency food system, increasing access for all New Yorkers, regardless of age.

Nourish New York, an initiative instituted by former Governor Andrew Cuomo in April 2020,¹⁷⁷ is intended to connect surplus food from New York farms with state residents experiencing hunger and food insecurity. The purpose of the program is to purchase excess food from NY State farmers and deliver it to food banks across the state. In May 2021, the New York State Legislature unanimously passed a bill to make Nourish New York permanent, which will support farmers while also improving food security in urban and rural areas.¹⁷⁸ Furthermore, in September 2021 Governor Kathy Hochul announced a fourth round of funding to the program, in the amount of \$25 million.¹⁷⁹ The program is vital to promoting the success of New York-grown produce and encouraging statewide connections between food producers and consumers.

Food pantries in NYC received an emergency \$25 million from the City in April 2020,¹⁸⁰ but these funds ran out by the end of the year. Activists called on the Mayor's office to renew the

¹⁷² Garrity A. A Complete List of Grocery Stores With Senior Shopping Hours During the COVID-19 Outbreak. Good Housekeeping. Published December 9, 2020.

<https://www.goodhousekeeping.com/life/a31785542/stores-with-senior-hours/>.

¹⁷³ Koible W, Figueroa I. Fighting more than COVID-19: Unmasking the State of Hunger in NYC During a Pandemic. Food Bank for New York City. Published June 2020.

https://1giqgs400j4830k22r3m4wqg-wpengine.netdna-ssl.com/wp-content/uploads/Fighting-More-Than-Covid-19-Research-Report_Food-Bank-For-New-York-City_6.09.20_web.pdf.

¹⁷⁴ Quinn A. NYC Whole Foods Start 'Senior Only' Hours Amid Coronavirus. Patch News. Published March 18, 2020. <https://patch.com/new-york/upper-west-side-nyc/nyc-whole-foods-start-senior-only-hours-amid-coronavirus>.

¹⁷⁵ Stores Offering Shopping Hours to High Risk Population. NYC.gov. Accessed September 20, 2021.

<https://www1.nyc.gov/site/mopd/resources/supermarkets-offering-shopping-hours-to-high-risk-population.page>.

¹⁷⁶ Garrity A. A Complete List of Grocery Stores With Senior Shopping Hours During the COVID-19 Outbreak. Good Housekeeping. Published December 9, 2020.

<https://www.goodhousekeeping.com/life/a31785542/stores-with-senior-hours/>.

¹⁷⁷ Nourish New York. New York State Department of Agriculture and Markets. Accessed June 24, 2021.

<https://agriculture.ny.gov/NourishNY>.

¹⁷⁸ Siegal C. NY bill passes to establish permanent 'Nourish New York' program. *News10*. Published May 28, 2021. <https://www.news10.com/news/ny-capitol-news/ny-bill-passes-to-establish-permanent-nourish-new-york-program/>.

¹⁷⁹ Governor Hochul Announces State Actions in Recognition of Hunger Action Month. Governor Kathy Hochul Pressroom. Published September 16, 2021.

<https://www.governor.ny.gov/news/governor-hochul-announces-state-actions-recognition-hunger-action-month>.

¹⁸⁰ Shahrighian S. Mayor de Blasio touts \$25 million in emergency food funding during visit to Brooklyn pantry. *NY Daily News*. Published April 14, 2020.

<https://www.nydailynews.com/coronavirus/ny-coronavirus-new-york-city-pantries-bill-de-blasio-20200414-ygfwtbplxjcuhnulxzf2rxd3ui-story.html>.

funding in 2021,¹⁸¹ but the renewal has not taken place. In June 2021, however, the USDA announced funding for the country's food bank network that would include money to support local, regional, and socially disadvantaged farmers in order to address racial inequality in the country's food system.¹⁸² In order to alleviate hunger, government policy must acknowledge and actively confront the racial, age-based, and disparities that already exist.

When schools closed in March of 2020, the NYC Department of Education moved quickly to provide take-out meals to ensure that students who relied on school meals were not left hungry.¹⁸³ In addition, community members in need who were not students or family of students, including senior citizens, were able to go to specific schools to pick up meals without any registration or identification.¹⁸⁴ However, grab-and-go community meals ended on September 10, 2021,¹⁸⁵ and outreach must be done to ensure that communities are aware of the other resources available to them.¹⁸⁶

We applaud City agencies, community organizations, and residents for their quick response to the food crisis exacerbated by the COVID-19 pandemic. However, we must now reflect on mistakes made in order to see how we can do better for the people of NYC going forward. We must create strategies to eliminate hunger, food insecurity, and diet-related disease and give people the basic human right to healthy food for every meal.

The goal cannot be to return to the pre-pandemic normal, as that would still leave approximately 1.2 million people, almost 200,000 of them seniors,¹⁸⁷ hungry and food insecure.¹⁸⁸ In order to eliminate hunger in NYC, we need long-term solutions to ensure that all New Yorkers have access to healthy, nutritious meals. And in order to ensure this, we cannot leave our food insecure seniors behind.

¹⁸¹ Shahrighian S. Mayor de Blasio urged to renew \$25 million emergency funding for NYC food pantries. *NY Daily News*. Published January 18, 2021.

<https://www.nydailynews.com/coronavirus/ny-covid-nyc-food-pantry-funding-de-blasio-20210118-ah4flendabajbzi3dy5tlttdmy-story.html>.

¹⁸² USDA to Invest \$1 Billion to Purchase Healthy Food for Food Insecure Americans and Build Food Bank Capacity. USDA. Published June 4, 2021.

<https://www.usda.gov/media/press-releases/2021/06/04/usda-invest-1-billion-purchase-healthy-food-food-insecure-americans>.

¹⁸³ Shapiro E. New York City Public Schools to Close to Slow Spread of Coronavirus. *New York Times*.

<https://www.nytimes.com/2020/03/15/nyregion/nyc-schools-closed.html>. Published March 15, 2020

¹⁸⁴ Community Meals. NYC Department of Education.

<https://www.schools.nyc.gov/school-life/food/community-meals>. Accessed June 24, 2021.

¹⁸⁵ Cather A, Butz L. GetFoodNYC and Grab-and-Go Come to a Close. *Hunter College NYC Food Policy Center*.

Published September 8, 2021. <https://www.nycfoodpolicy.org/getfoodnyc-and-grab-and-go-come-to-a-close-in-nyc/>.

¹⁸⁶ Fu J, Kang J. 30 million children rely on free school lunch. Where do they eat when school's out? *The Counter*.

<https://thecounter.org/summer-hunger-new-york-city/>. Published July 3, 2018.

¹⁸⁷ Growing Food Equity in New York City: A City Council Agenda. New York City Council Legislative Division. Published August 2019.

<https://council.nyc.gov/data/wp-content/uploads/sites/73/2019/08/growing-food-equity-1.pdf>.

¹⁸⁸ Hunger in NYC. City Harvest. Accessed June 23, 2021. <https://www.cityharvest.org/food-insecurity/>.

Hunger, food insecurity, food justice, and reducing diet-related disease should be amongst the top issues in the next mayoral election and a key priority for the next mayor. In fact, we suggest creating a new position in the City Hall team — a Deputy Mayor for Food and Water, who would be responsible for hunger and food insecurity initiatives, diet-related chronic disease reduction, and coordination of these programs across agencies and communities. He or she would be a crucial public presence to demonstrate to New Yorkers that the City is prepared to meet the needs of its most vulnerable residents and ensure the right to healthy and nutritious food for all.

Every New Yorker deserves access to healthy, affordable food. And when food insecurity, hunger, and diet-related disease persist, the city government needs to intervene in order to make sure that no New Yorker ever has to think: “Where is my next meal coming from?”

Recommendations

1. Simplify Enrollment Processes for the Supplemental Nutrition Assistance Program (SNAP) and make sure both online and telephone options are expanded.
 - a. Staff SNAP enrollment centers with employees specially trained to assist older adults.
 - b. Improve awareness and use of the Get the Good Stuff¹⁸⁹ program through education at senior centers and expand the program to additional stores.
 - c. Send out health workers to go to seniors homes to encourage SNAP enrollment and have health workers provide enrollment door-to-door.
2. Expand and create new healthy food incentive programs for seniors to purchase healthy foods, and even healthy prepared foods.
 - a. Improve awareness and use of the Seniors Farmers’ Market Nutrition Program through education at senior centers and senior living facilities.
3. There should be financial incentive programs specifically for seniors to purchase healthy foods and healthy prepared foods beyond what is currently available with Health Bucks and other City-led incentive programs.
4. Avoid the “Get What You Get and Do Not Get Upset” Syndrome
 - a. Delivered meals must be healthy, and include fresh fruits and vegetables.
 - b. Those receiving public assistance should receive nutritious, culturally and age-sensitive food in a dignified manner.
5. Improve Communication and Accessibility to Information for Food Resources
 - a. Send letters via mail to seniors informing them of programs they are eligible for.
 - b. Expand the reach and improve the readability of informational materials.
 - c. Expand the certification period for SNAP to ensure that seniors don’t experience a lapse in benefits. Currently the maximum certification period for households with all elderly or disabled members is 24 months, but Texas and Arkansas have been

¹⁸⁹ Get the Good Stuff. 311. Accessed September 21, 2021. <https://portal.311.nyc.gov/article/?kanumber=KA-03272>.

permitted to waive this limit and provide 36 month certification periods to these households.¹⁹⁰

6. Improve At Home Grocery Store Delivery
 - a. Provide incentive vouchers/incentives for fruits, vegetables, grains, etc.
 - b. Train community workers to provide assistance to seniors so they can order food delivered to their door from a phone or NYC-provided tablet.
7. Continue to Serve Meals while Providing Transparency
 - a. The City reports that it provided more than 200 million meals to NYC residents in need during the pandemic.¹⁹¹ The public needs to know where those funds came from and how they were allocated.
 - b. Include publicly-available information about how many meals were served to seniors and how the meals were served (delivery or congregate).
8. Create More Senior Center Food Pantries
 - a. Some senior centers, such as the BronxWorks Heights Senior Center (currently closed due to the COVID-19 pandemic), have provided bags of groceries to older adults.¹⁹² Providing pantry goods in addition to hot meals can help seniors who are able to cook for themselves feel more independent and create meals that suit their cultural needs and personal preferences.
 - b. Seniors centers should be provided with funding to distribute grocery items to clients.
9. Expand Food Options to Reflect Variations in Ability Among Seniors
 - a. Seniors vary in their physical ability to prepare meals and access kitchen equipment. Some are capable of cooking their own meals and are interested in doing so. Others, cannot use or access the essential equipment required to reheat a fresh or frozen meal.
 - b. The City should expand its food aid to seniors to broaden the range of nutritious options, including produce boxes and shelf-stable meals that cater to seniors' varied food needs, preferences and cooking abilities.
 - c. Fridges, freezers, stoves and storage for food should be assessed at seniors' homes.
10. Increase the Cultural Diversity and Sensitivity of Meals
 - a. Fifty percent of HDM recipients surveyed in 2019 reported that culturally specific meals are important to them.¹⁹³ The City should work to ensure that culturally and

¹⁹⁰ Fact Sheet: USDA Support for Older Americans. USDA. Published July 13, 2015.

<https://www.usda.gov/media/press-releases/2015/07/13/fact-sheet-usda-support-older-americans>.

¹⁹¹ City distributes 200 million meals through GetFoodNYC emergency programs. *Amsterdam News*. Published February 18, 2021.

<http://amsterdamnews.com/news/2021/feb/18/city-distributes-200-million-meals-through-getfood/>.

¹⁹² Services for Older Adults. Bronxworks. Accessed September 20, 2021.

<https://bronxworks.org/our-services/services-for-older-adults/>.

¹⁹³ Home Delivered Meals Program: Concept Paper. NYC.gov. Published October 28, 2019.

<https://www1.nyc.gov/assets/dfta/downloads/pdf/community/HDMConceptPaper.pdf>.

religiously appropriate meals are consistently available to all older New Yorkers by establishing culturally-specific contracts.

- b. Many older immigrant adults have low English proficiency. Ensure that all information about free meals is available in languages understood by the seniors receiving them.

11. Monitor Food Prices

- a. Seniors often live on fixed incomes making it imperative to keep grocery prices low and avoid price gouging, especially in areas that have high populations of seniors. Track food prices (especially the price of produce and basic necessities) throughout the five boroughs monthly and report those results to the public to ensure that food prices are kept fair and affordable and that there is no price gouging.

12. Increase and Expand Emergency Food Funding

- a. The City allocated funds to a very small number of major emergency food providers during the height of the COVID-19 pandemic. It could be beneficial to allocate those funds to a greater number of smaller providers (e.g. small food pantries, faith-based food relief efforts, senior center food pantries, mutual aid groups) throughout the city, particularly in neighborhoods that are experiencing high rates of food insecurity and are farther away from the City's larger food pantries.
- b. Help community-based emergency food-relief organizations and programs connect to sustainable funding sources to allow those who are food insecure to access nutritious food.

13. Improve Funding for Senior Centers

- a. Many of NYC's elderly rely on hot meals provided by the nearly 250 senior centers throughout the city. Better funding to these institutions would help them provide a more varied selection of hot meals from quality ingredients so that all cultural and dietary needs are met.

14. Improve Communication about Food Resources

- a. The lack of coordination among and communication about available food resources has slowed food distribution efforts to NYC residents in need. Information about openings and closings of food pantries and retail food outlets, and about the availability of emergency food is not centralized in one easy-to-access location (other than the 59 Hunter College NYC Food Policy Center Neighborhood Food Resource Guides). Furthermore, seniors may need to access information in different methods than other groups throughout the City. Send out weekly letters to seniors letting them know what food resources are available in their neighborhood, and promoting those resources within that neighborhood (e.g., posters, flyers, announcements).

- b. The City needs to create a detailed list of emergency food options, including a map of all food distributed (e.g., Grab-and-Go sites and home delivered meals/food). These maps can then be distributed at senior centers and by community organizations helping the senior population.
- 15. Create a Live Database of Emergency Food Providers' Inventory and Accessibility
 - a. Add each food pantry's inventory to a live, public database to ensure that food banks, community organizations, and the City are supplementing low inventory and meeting high demand. Keep track of which inventory items are the most in-demand in specific communities and tailor food-relief efforts accordingly. Have a specific section for seniors on which food pantry locations are wheelchair accessible, have age-sensitive items, and offer senior hours.
- 16. Examine the Nutritional Profile of Public Emergency Meals
 - a. Analyze the nutritional quality and the proportion of "healthy" and "unhealthy foods" offered by emergency food providers and institutional food programs.
 - b. Ensure nutritional profile of emergency meals meets the dietary needs of older adults and the chronic diseases they might be managing.
- 17. Create a More Dignified Approach to Accessing Emergency Food
 - a. Many seniors struggle with the stigma that is too often associated with accessing emergency food and receiving assistance (such as SNAP). To improve their experience with these services, we must consider new, more dignified methods to provide those in need with food (e.g. expand food delivery options for those receiving SNAP benefits).
 - b. Require food delivery services such as Fresh Direct, Amazon Fresh, Instacart, and Target to accept SNAP benefits.
- 18. Improve Use of Online Shopping Among Seniors
 - a. Many seniors struggle when trying to purchase food online.¹⁹⁴ Platforms for purchasing groceries for pickup or delivery should be streamlined and made easier to navigate.
 - b. Staff senior centers with people trained to assist residents with online food purchases and problems they may have obtaining healthy food.
- 19. Conduct Surveys and Research into Hunger and Food Insecurity Rates Among the Various Communities of NYC
 - a. We need to get an accurate picture of how many New Yorkers, including seniors were negatively impacted by the COVID-19 pandemic in order to design appropriate, targeted interventions.
 - b. Include geographic and demographic information about hunger and food insecurity during the pandemic in reports that will be accessible to the public.

¹⁹⁴ Kovalenko A. Older Adults Shopping Online: A Fad or a Trend? In Mazaheri E, ed. The Impact of COVID19 On E-Commerce (pp.67-80). London: Proud Pen; 2021:67-80. doi:[10.51432/978-1-8381524-8-2_5](https://doi.org/10.51432/978-1-8381524-8-2_5)

- c. Include senior-specific information to pinpoint gaps in service for older adults and determine the best ways to support the homebound and isolated.
- 20. Appoint a Deputy Mayor for Food and Water
 - a. This individual will have a thorough understanding of the food needs of different New York City populations and will be the face of the food system for New Yorkers.
 - b. Provide adequate funding and staff to the Office of Food Policy so the City can better meet the needs of the people.
 - c. Staff under this Deputy Mayor should include personnel knowledgeable about the specific problems faced by seniors in accessing food.
- 21. Increase the Number of Fruit and Vegetable Carts designated to Naturally Occurring Retirement Community (NORC)
 - a. Expand the City's Green Carts program, especially in underserved areas, by easing restrictions and streamlining the application process.
 - b. Ensure that existing Green Cart vendors are allowing the use of EBT cards.
 - c. Allow other fruit and vegetable vendors that are not part of the Green Carts program to take EBT funds as well.
- 22. Subsidize Nutritious Food Boxes for all Senior Centers
 - a. Partner with GrowNYC and other food-related community-based organizations to create a nutritious food-box delivery to every single NYC senior.
- 23. Establish Participatory and Grow Gardens at Senior Centers and in NYCHA Housing and Senior Centers
 - a. Turn senior centers, spaces already frequented by older New Yorkers, into sources of fresh produce by creating participatory gardens.
 - b. Involve low-income seniors in the gardening process to offer them a social outlet and encourage them to eat what they grow.
- 24. Improve Accessibility of Public Spaces Where Food is Available
 - a. Ensure that parks and buildings providing food and food assistance, such as farmers' markets and SNAP enrollment centers, are equipped with ramps, handrails, and anything else needed for less-mobile seniors to have easy access to these spaces.



Commitment to Improve the Quality of Life

September 20, 2021

To: New York City Council Committee on Aging
From: India Home, Inc.
Re: Oversight: - Home Delivered and Emergency Meal Services for Seniors through DFTA's HDM Program and GetFoodNYC

Dear Committee on Aging,

We thank Chair Margaret Chin, Chair Paul Valone and members of the Committee on Aging for giving the opportunity for India Home to testify. India Home is the largest nonprofit organization dedicated to serving New York City's South Asian older adults.

Since the beginning of the pandemic, we have been providing culturally competent Halal home-delivered meals for older adults across Eastern and Southeastern Queens. With DFTA funding we have been able to continuously provide meals, and older adults have depended on the meals as a regular part of their routine. With the growing South Asian population in the city, this has been essential for the community's older adult population.

Our clients have appreciated these meals, and their nutritional value, and many tell us that this is the only nutritious meal they have access to in a given day. Though there were delays in contracts and reimbursement of our discretionary funding in the last fiscal year, we were able to provide over 17,000 home-delivered meals to roughly 300 unique individuals, and a total of over 21,000 home-delivered meals until now.

Earlier this year, we were quickly directed to open our centers at limited capacity, with strict COVID-19 restrictions. Our older adults were eager to return, and we created systems through which we could adhere to the capacity restrictions, while also feeding as many older adults as possible by implementing Grab-and-Go meals. Currently, we are running four centers in-person five days a week, in Jamaica, Ozone Park, Jamaica Estates, and Kew Gardens. At these centers, we provide both Halal and Hindu vegetarian meals, as well as breakfast. Until now we have provided over 3,500 Grab-and-Go meals at our centers across Queens. Our older adults depend on us for culturally competent and healthy food.

We were not contracted to provide home-delivered meals and never provided them prior to the pandemic. But given the need, we created the capacity and made it happen. We have been providing one meal per day three times a week. And we know it makes a difference for older

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Commitment to Improve the Quality of Life

adults. Older adults like Mr. Khan, who is disabled and unemployed and fully dependent on these cooked meals and items from food pantries to be able to feed himself. It is for older adults like Mr. Khan that we continue to go above and beyond to provide both home-delivered meals and Grab-and-Go meals, to ensure that no senior is left behind.

Without the funding available, we would not have been able to accomplish what we have, including serving over 800 unique older adults through our emergency meal services, and 25,000 home-delivered meals and Grab-and-Go meals. We need continued and increased funding to be able to continue these programs. Just how older adults are dependent on us for meals, we are dependent on discretionary funding from DFTA for the funding to provide those meals. With continuation of discretionary funding, we will be able to continue and expand these services to better reach older adults. Please continue to support organizations like ours in providing these emergency food services older adults deserve.

Vasundhara D. Kalasapudi, M.D.
Executive Director

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Ms. Bala Krishnamurthy

We thank Chair Margaret Chin (anyone else relevant/notable present) and the Committee on Aging for giving the opportunity for India Home to testify today. India Home is the largest nonprofit organization dedicated to serving New York City's South Asian older adults.

Since the beginning of the pandemic, we have been providing culturally competent Halal home-delivered meals for seniors across Eastern and Southeastern Queens. With DFTA funding we have been able to continuously provide meals without a gap, and seniors have depended on the meals as a regular part of their routine.

Our clients have appreciated these meals, and their nutritional value, and many tell us that this is the only nutritious meal they have access to in a given day. Though there were delays in contracts and reimbursement of our discretionary funding in the last fiscal year, we were able to provide over 17,000 home-delivered meals to roughly 300 unique individuals, and a total of over 21,000 home-delivered meals until now.

Earlier this year, we were quickly directed to open our centers at limited capacity, with strict COVID-19 restrictions. Our seniors were eager to return, and we created systems through which we could adhere to the capacity restrictions, while also feeding as many seniors as possible by implementing Grab-and-Go meals. Currently, we are running four centers in-person five days a week, in Jamaica, Ozone Park, Jamaica Estates, and Kew Gardens. At these centers, we provide both Halal and Hindu vegetarian meals, as well as breakfast. Until now we have provided over 3,500 Grab-and-Go meals at our centers across Queens. Our seniors depend on us for culturally competent and healthy food.

We were not contracted to provide home-delivered meals and never provided them prior to the pandemic. But given the need, we created the capacity and made it happen. And we know it makes a difference for seniors. Seniors like Mr. Khan, who is disabled and unemployed and fully dependent on these cooked meals and items from food pantries to be able to feed himself. It is for seniors like Mr. Khan that we continue to go above and beyond to provide both home-delivered meals and Grab-and-Go meals, to ensure that no senior is left behind.

Without the funding available, we would not have been able to accomplish what we have, including serving over 800 unique seniors through our emergency meal services, and 25,000 home-delivered meals and Grab-and-Go meals. We need continued and increased funding to be able to continue these programs and the way seniors are dependent on us for meals, we are dependent on discretionary funding from DFTA for the funding to provide those meals. Please continue to support organizations like ours in providing these emergency food services seniors deserve.

The COVID-19 pandemic resulted for many older adults food insecurity which were deeply exacerbated by issues not only economic, but related to access as well, as seniors were advised to “stay home” to mitigate risk of contracting the virus. At Meals on Wheels of Staten Island we saw our meal recipient census impacted by those who needed home delivered meals due to COVID-19 as well as requests consistent with our usual intake census. We have remained open throughout these months since COVID - 19 outbreak in March 2020 and served all referrals of eligible people over age 60 who were in need of Meals on Wheels in our borough. We have remained committed to serve all elderly in need of our services and never place someone on a wait list putting great strain on our fundraising efforts during the epidemic.

We have seen the impact of increased costs in our raw food and packaging costs, the cost of fuel and insurance for our meal delivery vehicles. We purchased two "hot-shot" delivery trucks, at a cost of \$54,000 each, this year to keep pace with census impact and delivery routing. We have felt it imperative to address staff needs such as minimal 2% salary increase each of these two years, increased medical insurance cost (since we lost NYC funded health insurance several years ago and left us to fend for ourselves with escalating insurance costs), increased wages for added hours to meet food preparation and delivery needs. During most of these months Senior Centers, which offer nutritious meals to older adults, were forced to close their doors virtually overnight and even today these spaces operate with significant capacity reductions. Recognizing that many individuals relied on Senior Center meals for more than half of their daily nutritional intake, in the Spring of 2020, the city started the emergency home-delivered meal program - GetFood. The City's emergency GetFood program scaled rapidly to meet the growing need for nutritional assistance yet represented a temporary solution to a more systemic hunger problem.

Today, GetFood, is poised to come to a close for clients to transition to alternative or existing meal programs by October 15th. For the more than 18,000 NYC older adults still receiving meals through GetFood as of August, the success of this transition will be vital to their ability to remain nourished.

We join with other NYC home delivered meal providers and recommend the following:

1. Investing \$16.6 million to serve existing clients within the traditional home-delivered meal program. This investment will allow the Department for the Aging to increase the reimbursement rate to reflect the rising cost of raw food, changes in the labor market, and heightened costs of insurance, gas, and packaging. Currently, the reimbursement rate for home-delivered meals is capped at \$9.58, a rate inconsistent with the empirically verified average reimbursement rate for urban areas of \$11.78.
2. In addition, the Administration must invest the required funding to the GetFood "older adult legacy clients" transitioning to the home-delivered meal contracts, at the higher rate. Both this funding and the requested \$16.6 million in funding for existing HDM clients should be allocated thru June 30th of FY22, but in the outyears as well, as it is reality that an individual who is hungry on June 30th, will be hungry on July 1st as well.
3. The Administration must make a \$3.6 million capital investment in delivery vehicle purchases by traditional HDM providers contracting with the Dept for the Aging. This

year, we had no choice but to purchase two additional delivery trucks. Older vehicles also "age out" and need to be replaced to maintain delivery capacity.

4. Expand investments in case management to ensure all clients can be screened for case management eligibility and receive this critical service should they be eligible. Further, exacerbated by the long-term health impacts of isolation and other stressors experienced over the past year and a half, it is likely that some if not many of the 18,000 meal recipients may require some level of case management to remain independent and safe. Meal delivery staff and volunteers also see our meal recipients every day when we deliver meals which reduces a sense of isolation and enables emergency response to our frail, disabled seniors who may be in physical or cognitive distress.

5. Beyond this, the City must begin including COLAs and inflation factors into all City human services contracts. Without this, the wages of workers under these contracts, the majority of whom are women and people of color, are slated to remain stagnant in a City where costs are notoriously high. The decision to actively avoid building in the true costs of a core function of City government - ensuring the provision of services for those most in need - all but ensures wage stagnation for our workforce.

***In reality, we are doing the City's work with none of the City's benefits. Our staff does not have NYC health insurance which was taken away several years ago. We were left to budget health insurance within our contracts and had to compromise benefits and coverage to contain costs. We cannot offer a pension or insurance after retirement to staff that is given to city employees. Again, we do the City's work with none of the benefits. We offer the minimum wage and we independently have given 2% cost of living increases through our fundraising.

Finally, worth elevating is the reality that our dedicated staff, in the kitchens, driving vehicles, in our offices have worked each day, all of these months and continue to work throughout the continued horrific COVID-19 epidemic. We asked for their recognition as front line workers, we begged for testing and vaccine priorities, for public recognition from our public leaders and received none. They came to work every day and did their jobs, masked, distancing, using PPE, cooking and packaging meals, delivering food to our vulnerable homebound seniors, in the office non-stop on the phone with meal recipients, caregivers and health care providers. I report this on behalf of our staff whom we honor for their ongoing service.

The recommendations above are not "nice to have" solutions to hypothetical issues, they are the reality of what New York City needs to commit to in order to ensure that no individual opens an empty cupboard in the richest City in the world. There is also the reality that there are home delivered meal and aging services workers who continue to be on the front line of service to our frail, aging and vulnerable neighbors.

Thank you for the opportunity to submit this testimony.

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Joseph Tornello, LCSW
President/CEO



Making New York a better place to age

**New York City Council
Committee on Aging, Chair, Council Member Chin
Committee on Economic Development, Chair, Council Member Vallone
September 20, 2021
Oversight - Home Delivered and Emergency Meal Services for Seniors through DFTA's
HDM Program and GetFoodNYC**

Thank you for the opportunity to testify.

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 support, NORCs, and case management. With our members, we work to make New York a better place to age.

During the COVID-19 pandemic, food insecurity was deeply exacerbated by issues not only economic, but related to access as well, as older adults were advised to "stay home" to mitigate risk of contracting the virus. Senior Centers, which offer nutritious meals to older adults, were forced to close their doors virtually overnight and even today these spaces operate with significant capacity reductions. Recognizing that many individuals relied on Senior Center meals for more than half of their daily nutritional intake, in the Spring of 2020, an emergency home-delivered meal program was instituted, which became known as GetFood. **The City's emergency GetFood program scaled rapidly to meet the growing need for nutritional assistance yet represented a temporary solution to a more systemic hunger problem.**

Today, that very program, GetFood, which laudably worked to keep thousands of New Yorkers fed throughout the pandemic, is poised to come to a close with preparations underway for clients to transition to alternative or existing meal programs by October 15th. **For the more than 16,000 older adults still receiving meals through GetFood as of August, the success of this transition will be critical to their ability to remain nourished.**

LiveOn NY supports the City's overarching goal to ensure a seamless transition of clients to existing meal systems without interruption of ensured nourishment. We also recognize that transitioning such a large number of meal recipients from the GetFood program to the traditional home-delivered meal program creates questions of immediate capacity of the current HDM providers. To the extent that capacity to immediately absorb a potential apex of 16,000 clients is unfeasible within a particular catchment area, we recognize that short-term subcontracting of meals might yield the desired continuity of service.

However, it is critical that the City goes beyond ensuring continuity of service through this short-term transition of GetFood contracts, to instead executing long-term investments aimed at rooting out older adult hunger more holistically. Reaching this goal cannot be done without making immediate and significant investments in the non-profit home-delivered meal system that is best positioned to make meaningful strides towards this goal.

To execute this goal, LiveOn NY recommends the following:

1. **Within the November plan, the Administration must invest \$16.6 million to serve existing clients within the traditional home-delivered meal program.** This investment will allow the Department for the Aging to increase the reimbursement rate to reflect the rising cost of raw food, changes in the labor market, and heightened costs of insurance, gas, and packaging. Currently, the reimbursement rate for home-delivered meals is capped at \$9.58 cents, an arbitrary rate irreflexive of the empirically verified average reimbursement rate for urban areas of \$11.78 — as found by Mathematica in 2015. The current rate creates real challenges, leaving barely enough for provider's to offer delivery drivers minimum wage, competing for the same market as Uber which, according to Glassdoor, pays roughly \$48,685 annually for similar work.¹ The effect? Only a quick search on Indeed will bring you 18 ads for delivery drivers within New York City's home-delivered meal system -- that means many of LiveOn NY's members are spending time unsuccessfully attempting to hire home-delivered meal drivers due to low wages set by government contracts.² Those 18 current vacancies represent 18 meal routes that somehow still need to be staffed, and exist at a time when these contracts are about to absorb upwards of 16,000 additional clients. Quite simply, not investing in this system is a recipe for disaster.
2. **In addition, the Administration must invest the required funding to the GetFood clients transitioning to the home-delivered meal contracts, at the higher rate.** Both this funding and the requested \$16.6 million in funding for existing HDM clients should be allocated not only through June 30th of FY22, but in the outyears as well, as it is reality that an individual who is hungry on June 30th, will be hungry on July 1st as well.
3. **Within the November plan, the Administration must make a \$3.6 million capital investment in van purchases by traditional HDM providers contracting with the Department for the Aging.** Such an investment would, quite literally, put the wheels in motion towards expanded capacity for this mission driven system to serve GetFood clients that will continue to require meal delivery services long term. Further, such an investment would recognize that the expanded demand for home-delivered meals is unlikely to be a short-term, emergency situation, as demand for home-delivered meals has historically risen year-after-year, a fact mirrored by the rapidly expanding older adult demographic citywide. *Appendix A offers cost-estimates supporting this request.*
4. **Expand investments in case management to ensure all clients can be screened for case management eligibility and receive this critical service should they be eligible.** Further, exacerbated by the long-term health impacts of isolation and other stressors experienced over the past year and a half, it is likely that some if not many of the 16,000

1

https://www.glassdoor.com/Salaries/new-york-city-uber-driver-salary-SRCH_IL.0.13_IM615_KO14.25.htm

2

<https://www.indeed.com/jobs?q=home%20delivered%20meal%20driver&l=New%20York%2C%20NY&vjk=16227198d34b04d9>



Making New York a better place to age

meal recipients may require some level of case management to remain independent and safe in their communities. This demand comes on top of consistent increases in demand for case management that have historically led to waiting lists for case managers, requiring additional funding, each year.

5. **Beyond this, the City must begin including COLAs and inflation factors into all City human services contracts.** Without this, the wages of workers under these contracts, the majority of whom are women and Black and brown individuals, are slated to remain stagnant in a City where the cost of living is notoriously high. The decision to actively avoid building in the true costs of a core function of City government - ensuring the provision of services for those most in need - creates inaccurate outyear budget projections irreflexive of what it will actually take to do business, and all but ensures wage stagnation for this Black and brown workforce.

To close, I would like to go beyond the statistics and the data to highlight the point of all of this work: the people, each with their own story, family, history, and uniqueness all their own. During the pandemic, we heard from one provider, JASA, about their rushing to deliver an emergency food box to an older client who reached out with only about “two potatoes” left in the house. Similarly gut wrenching, was the story of an older adult who had been surviving on cat food after fear and fatigue left her unable to get groceries; in this instance, our member, Stanley Isaacs Neighborhood Center stepped in to ensure she had the food she needed. This is the need we are confronting and the constituents who we put at risk when underfunding their very source of respite.

The recommendations above are not “nice to have” solutions to hypothetical issues, they are the reality of what New York City needs to commit to in order to ensure that no individual opens an empty cupboard in the richest City in the world.

Thank you for the opportunity to testify.

Contact

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

LiveOn NY

Making New York a better place to age

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.

Appendix A:

Current Number of Department for the Aging Prime Home-Delivered Meal Contractors	Estimated Number of New Vans and Replacement Vans Per Organization	Total Number of Vans Required	Average Cost Per Van (Estimate based off of recently executed purchase through Delivery Concepts)	Total Capital Request for Vans
15	4	60	\$60,000	\$3,600,000

TESTIMONY: UJA-FEDERATION OF NEW YORK

New York City Council Committee on Aging
Honorable Margaret Chin, Chair
New York City Council Committee on Economic Development
Honorable Paul A. Vallone, Chair

**Oversight Hearing: Home Delivered and Emergency Meal Services for Seniors through
DFTA's HDM Program and GetFoodNYC**

**Submitted by:
UJA-Federation of New York**

September 20, 2021

Thank you, Chairpersons Chin and Vallone and members of the Committees on Aging and Economic Development for the opportunity to testify about the Home Delivered and Emergency Meal Services for Seniors through DFTA's Home Delivered Meals (HDM) Program and GetFoodNYC. My name is Ariel Savransky, and I am an Advocacy and Policy Advisor at UJA-Federation of New York.

Established more than 100 years ago, UJA-Federation of New York is one of the nation's largest local philanthropies. Central to UJA's mission is to care for those in need—identifying and meeting the needs of New Yorkers of all backgrounds and Jews everywhere. UJA has more than 50 thousand engaged donors in the New York area, supports an expansive network of nearly 100 nonprofit organizations serving those that are most vulnerable and in need of programs and services, and allocates over \$150 million each year to strengthen Jewish life, combat poverty and food insecurity, nurture mental health and well-being and respond to crises here and across the globe.

During the COVID-19 pandemic, food insecurity increased sharply due to economic strain as well as limited access to meals, as seniors were advised to “stay home” to mitigate risk of contracting the virus. Senior Centers, which offer nutritious meals to older adults, were forced to close their doors virtually overnight and even today these spaces operate with significant capacity reductions. Recognizing that many individuals relied on Senior Center meals for more than half of their daily nutritional intake, in the Spring of 2020, an emergency home-delivered meal program was instituted, which became known as GetFood. **The City's emergency GetFood program scaled rapidly to meet the growing need for nutritional assistance yet represented only a temporary solution to a more systemic hunger problem.**

Now, GetFood is poised to come to a close, with preparations underway for clients to transition to alternative or existing meal programs by October 15, 2021. **For the more than 18,000 older adults still receiving meals through GetFood as of August 2021, the success of this transition will be vital to their ability to remain nourished.**

It is critical that the City goes beyond ensuring continuity of service through this short-term transition of GetFood contracts, to instead executing long-term investments aimed at rooting out older adult hunger more holistically. Reaching this goal cannot be done without making immediate and significant investments in the non-profit home-delivered meal system that is best positioned to make meaningful strides towards this goal.

To execute this goal, UJA recommends the following:

1. **Within the November plan, UJA urges the Administration to invest \$16.6 million to serve existing clients within the traditional home-delivered meal program.**

The Home Delivered Meals Program has played a critical role in New York City's COVID-19 response efforts. Currently, an estimated 18,000 homebound older adults receive home delivered meals across New York City; however, enrollment in the HDM program at the peak of the pandemic was 21,000. Even then, more seniors qualified and should have been enrolled in HDM instead of being directed to GetFood NYC. Beyond simple meal provision, the HDM Program provides important supports for homebound older adults. Recipients of home delivered meals are chronically disabled due to heart disease, mobility challenges, diabetes, arthritis or severe vision impairment and are reliant on these supports, that now, in a pandemic, serve as a critical lifeline for these older New Yorkers.

Regular meal deliveries provide health and psychological benefits beyond nutrition and can act as an access point for other critical support services, which help older adults continue to live healthfully and safely in their homes. However, the New York City per meal reimbursement rate is only \$9.58, which includes food, transportation costs, and staff. This is far below the national average per meal rate for urban areas of \$11.78. This low rate does not reflect the actual cost of meal provision and delivery, nor does it account for the high cost of culturally competent meals, such as kosher or halal. **UJA urges the Administration to support HDM providers with staff recruitment and retention.**

Covid-19 has led to challenges related to labor shortages. Whether staff is hesitant to return to work due to the ongoing pandemic or wages are too low, HDM providers have reported that recruiting and maintaining drivers for the program is an ongoing challenge. UJA urges the city to help address these labor shortages through increasing wages and providing retention incentives before transitioning GetFood clients.

2. **Within the November plan, UJA urges the Administration to make a \$3.6 million capital investment in van purchases by traditional HDM providers contracting with the Department for the Aging.**

HDM providers have reported trouble with existing infrastructure and have stressed the need for repairs to delivery vehicles to be approved and made in a timely manner. These issues must be

resolved to allow providers to continue to serve those currently receiving home delivered meals before even considering a system-wide expansion.

Once these issues are resolved, UJA urges the Administration to make a \$3.6 million capital investment to support van purchases by traditional HDM providers contracting with DFTA so that providers can serve additional clients.

3. Collect data on who still uses GetFood to ensure client needs can be met

The Administration recently released an RFP for the Eat Well Eat Local Program which is intended to serve some of the individuals currently receiving meals through GetFood. This program will provide grocery voucher and delivery services to those New Yorkers who are able to prepare their own food. Seniors unable to prepare their own meals are being encouraged to begin receiving meals in person at a senior center. However, it is possible that many of those seniors enrolled in GetFood will need to continue to receive home delivered meals and therefore, this transition will require the expansion of the home delivered meals contracts. In order to fully understand the needs of clients on GetFood and ensure that the system can respond to their needs, UJA urges the Administration to collect data on the 18,000 individuals still enrolled in GetFood.

Thank you for the opportunity to testify. UJA looks forward to working with the Council and the Administration to ensure that the nutritional needs of seniors in New York City are met as the GetFood program comes to a close. Please reach out to savranskya@ujafedny.org with any questions.



**Testimony of United Neighborhood Houses
Before the New York City Council Committees on Aging and Economic Development
Council Member Margaret Chin, Chair, Aging
Paul Vallone, Chair, Economic Development**

**Oversight – Home Delivered and Emergency Meal Services for Seniors through DFTA’s HDM
Program and GetFoodNYC**

**Submitted by Tara Klein, Senior Policy Analyst
September 20, 2021**

Thank you for hosting today’s important hearing on Home Delivered and Emergency Meal Services for Seniors through the Department for the Aging (DFTA)’s Home Delivered Meals (HDM) Program and GetFoodNYC. United Neighborhood Houses (UNH) is a policy and social change organization representing 44 neighborhood settlement houses, including 40 in New York City, 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.

Older adults are the age group most vulnerable to COVID-19, and settlement houses have acted phenomenally on the frontlines to meet their emergency needs throughout the pandemic. Over this time settlement house programs provided older people with food via DFTA-contracted home delivered meals (HDM) programs, referred and signed people up for deliveries from the City’s emergency GetFood NYC program, operated food pantries, and partnered with private sources as well as NYCHA to coordinate free food deliveries in buildings. They assisted older adults in accessing financial benefits through one-on-one case assistance, and provided mental health supports through senior centers and NORCs. They have provided older adults with access to COVID-19 tests and vaccines – through referrals, serving as NYC direct enrollers for vaccine appointments, and by hosting their own testing and vaccination sites in partnership with the State and City. This work has all taken place as congregate settings like senior centers remained closed to in-person activities, until their phased reopening began in June 2021 with 25% capacity.

As the Administration prepares for winding down the GetFood NYC program, which we understand is due to the expiration of federal funding for the program, we appreciate the opportunity to weigh in on the impact of transitioning these contracts to ensure homebound older adults are still able to receive meals, in large part through DFTA’s home delivered meals program. **Above all**

else, we urge the Administration to prioritize working with its existing network of nonprofit providers to ensure homebound older adults can continue to receive meals, which includes increased financial support.

Home Delivered Meals

The Department for the Aging (DFTA)'s long-standing home delivered meals program 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. Nine UNH members provide home delivered meals, either as lead contractors or subcontractors.

HDM programs have been operating continuously throughout COVID-19, while seeing program demand explode. COVID-19 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.

At the same time, DFTA guidance during the pandemic has instructed HDM programs to turn people away from the program, instead referring them to GetFood NYC, even though that program does not provide the social supports that many clients need. As a result, many HDM programs have been keeping waiting lists. This is very concerning for those individuals who are being denied crucial social supports.

GetFood NYC

GetFood NYC, the City's emergency feeding program, has been a tremendous initiative throughout the pandemic, providing a massive number of free meals to New Yorkers in need. In particular, GetFood's older adult feeding program served as an emergency replacement for people who received congregate meals served daily at senior centers before the pandemic, absorbed some individuals who otherwise would have utilized the HDM program, and met emerging needs from many other older New Yorkers who were newly confined to their homes.

UNH previously advocated to continue the GetFood program as emergency rules were extended. That being said, we have also observed serious flaws with how the program was operationalized, predominantly related to the selection of new, private vendors to operate these contracts and coordination between the City and nonprofits that were enrolling individuals. These concerns involved the quality of the food, with complaints including food that was difficult for seniors to chew and low availability and quality of culturally-appropriate meals. Older adults were inundating senior centers with phone calls: some did not receive their meal while their neighbor got one, some wanted to know when the meal would be delivered, some wanted to make sure they were signed up, etc. Unfortunately, senior centers were unable to answer most of these questions because they were not managing the program administration or given access to rosters. While some of these challenges have improved over time (i.e. senior centers can now enroll and un-enroll older adults directly), reports indicate there are still some problems, including poor quality food and delivery mistakes.

GetFood Transition

GetFood enrollment has steadily decreased, especially as many older adults were able to access grab-and-go meals at their senior centers starting in June 2021. However, according to DFTA, over 16,000 older adults still remain on this program. Now, as the GetFood program prepares to wind down deliveries by October 15th, there is a lack of clarity about how those 16,000 older adults will continue to receive the meals they need, whether it is through existing DFTA programs or in partnership with the current GetFood vendors through a new contracting model. Critically, existing DFTA programs will not be able to absorb those individuals without additional funding or support. The City must also learn from some of the early challenges of the GetFood rollout as it prepares any new contracting model.

Recommendations

Work with nonprofits in transition planning. While we appreciate that the City knows we need a strong transition plan in place to ensure over 16,000 older adults can continue to receive meals as GetFood winds down, we remain concerned about transition time. With less than a month left until deliveries are expected to stop, there is not yet clarity about whether there will be new contracting models involving current GetFood vendors, whether HDM and/or senior center programs will be expected to increase their capacity to meet this demand, or whether there will be some combination of these options. Time is needed to put these plans in place and to adequately communicate them to the older adults who will be affected. In making decisions about transition plans, we hope the City will work closely with nonprofit providers, having conversations to see exactly what programs need and moving beyond simply issuing surveys and collecting data. Furthermore, case management programs must have enough capacity to assess the individuals who are still receiving GetFood, and ensure that they are being assisted with all the resources that New York City has to offer.

Increase the HDM reimbursement rate to \$11.78 per meal. 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, several programmatic changes to increase meal choice were included in the new contracts that started in early 2021, 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.¹ DFTA's current across-the-board rate of \$9.58 per meal is therefore approximately 20% below the national average cost of a meal. While we are encouraged to hear during today's hearing that the Commissioner is pursuing a \$10.52 rate with the Office of Management and Budget (OMB), it's not enough to meet the need.

¹ https://acl.gov/sites/default/files/programs/2017-05/NSP-Meal-Cost-Analysis_v2.pdf

An independent analysis of true costs by UNH and LiveOnNY, assisted by SeaChange Capital Partners, has confirmed \$11.78 as close to the actual true cost of a home delivered meal, though 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 (and notably, NYC's minimum wage is higher than in many urban areas in the Mathematica study), OTPS costs that are generally not included in contracts such as parking tickets and uniforms, and indirect costs.

UNH has been calling for an additional \$16.6 million to be added to meet growing program demand while also addressing long-standing underfunded contracts by increasing the rate to \$11.78 per meal (including increases for weekend meals). This is the minimum amount needed, given that it is likely demand will continue to grow as GetFood winds down. The City must also include annual cost escalators in contracts, as well as fund and allow for higher rates for programs that spend more on specialized cultural or therapeutic meals.

Invest in HDM infrastructure and capital needs. If the City is to truly invest in HDM programs, it must consider existing infrastructure and capital needs, and how to address growing needs as the program may be scaled up. These include the need for new delivery vans and vehicle repairs, kitchen equipment, building repairs, and more, many which are slow to receive approval.

The City must also consider the human infrastructure that is needed to operate and strengthen these programs. Currently, program staffing is difficult due to low contract rates that necessitate low salaries. This is yet another reason contract rates must be increased.

Further, the City must consider capacity in Case Management programs, which screen clients for HDM eligibility. These programs have also experienced high demand and tight capacity limitations throughout the pandemic, and many have kept wait lists for some time. In building up a holistic HDM system the City must also support and fund these Case Management programs.

Delay new DFTA Older Adult Center/NORC contracts. Timing and transition planning are also concerning due to the pending start of DFTA's new Older Adults Centers (senior centers) and Naturally Occurring Retirement Communities (NORC) contracts. Notably, many HDM providers also run senior center and NORC programs, often out of the same buildings and serving overlapping participants.

Until today's hearing, providers were under the impression that new contracts for the Older Adult Center/NORC procurement were still slated to begin in less than two weeks on October 1, 2021, yet awards have still not been announced. We appreciate the Commissioner's announcement during the hearing that contracts will be negotiated and in place before November 1, 2021 following Mayor's Office of Contracting Services (MOCS) approval. However, given the high number of applicants versus number of planned contracts, it is certain there will be some new centers and likely that some existing centers may lose contracts and close. Even with a few more weeks, transitioning these contracts with such a shockingly tight turnaround will be close to impossible.

Strong contract transition plans are important for continuity of service for older adults whose centers may close. Community outreach and transportation plans will be key in these cases. For new centers, there may be limited time to hire staff, purchase equipment, and promote centers

to the neighborhood. Further, this work will all be taking place as programs navigate quickly-changing COVID-19 protocols, senior center reopening concerns, and responding to the changing GetFood program.

We reiterate our call that DFTA must delay new contract start dates to allow for this type of careful planning. Current senior center and NORC contracts have been extended until June 2022 with an expectation they will be terminated when new contracts begin, so a start date delay should not be a problem. Contract start dates should not be rushed to happen during the current Administration and must prioritize smooth transition planning.

Thank you. To follow up, please contact me at tklein@unhny.org.