



TESTIMONY

Presented by

Caryn Resnick
Deputy Commissioner, External Affairs

on

**Oversight: Seniors' Access to Nutritional and Culturally Competent
Congregate and Home Delivered Meals**

before the

New York City Council
Committee on Aging & Subcommittee on Senior Centers

on

Thursday, December 14, 2017
1:00 P.M.

at

250 Broadway, 14th Floor Committee Room
New York, NY 10007

Good afternoon, Chairperson Chin, Chairperson Vallone and members of the Aging Committee. I am Caryn Resnick, Deputy Commissioner for External Affairs at the New York City Department for the Aging (DFTA). I am joined by Karen Taylor, Assistant Commissioner for Community Services, and Eileen Mullarkey, Assistant Commissioner for Long-Term Care. On behalf of Commissioner Donna Corrado, I would like to thank you for this opportunity to discuss seniors' access to nutritional and culturally competent congregate and home delivered meals. DFTA contracted organizations provided 11.7 million meals in FY '17, including both home delivered meals and congregate meals at senior centers. Central to DFTA's mission is to ensure the dignity and quality of life of New York City's diverse older adults, and providing culturally sensitive services is tantamount to supporting that mission.

SENIOR CENTER CONGREGATE MEALS

DFTA currently sponsors 246 senior centers and 29 affiliated satellites throughout the five boroughs, which are funded at \$139 million. The satellites include senior social clubs previously operated by the New York City Housing Authority and former discretionary programs that were baselined. As you know, in addition to offering a broad range of programs and services, senior centers provide meals at little or no cost to participants, though modest contributions are accepted and are completely voluntary. In FY '17, approximately 29,500 older New Yorkers participated in activities and received meals at DFTA sponsored senior centers each day. Senior centers served a total of 7.2 million congregate meals – including breakfast, lunch and dinner.

All DFTA sponsored senior centers serve meals that meet City and State nutritional standards and strive to be culturally relevant to program participants. Kosher meal programs are available at senior centers in all five boroughs. A number of senior centers in Brooklyn, Manhattan and Queens serve meals that are culturally appropriate to their Chinese constituents, including senior centers in Chairperson Chin's district. In Queens, Korean Community Services of Metropolitan New York, Inc. provides Korean meals at the DFTA senior center they operate in Flushing in Chairperson Vallone's district, as well as at another site in Corona. In the Bronx, several senior centers serve Spanish and Latin American fare, as the preference of their constituents. Other senior centers offer Indian, Italian, Southern, and Caribbean meals to meet constituents' needs. Some DFTA senior centers celebrate and observe the national holidays of their diverse program

participants as a way of incorporating traditional customs. Through cultural sharing and exchanges enriched by educational programming and translation services, senior centers foster sensitivity and appreciation for different cultures among a diverse membership, which break down cultural barriers in centers that have undergone demographic changes.

HOME DELIVERED MEALS

The home delivered meals (HDML) program provides nutritious meals to older New Yorkers while creating greater choice to address the future needs of a growing homebound population. All home delivered meals meet prescribed dietary guidelines. Those older adults assessed by their case manager as capable of handling a frozen meal have choice and flexibility between choosing twice weekly delivery of frozen meals or daily delivery of a hot meal. The selection of frozen meal delivery provides the option to decide when clients are ready to eat and which meal they wish to eat that day. In FY '17, more than 26,500 homebound seniors received nearly 4.5 million home delivered meals. Home delivered meals are funded at \$37 million.

In addition to the \$3.3 million that was baselined in FY '15 to address rising food costs for congregate and home delivered meals, the Administration added baseline funding of \$1.8 million in FY '16 to expand the capacity of the home delivered meals network by 5 percent. This funding resulted in 200,000 additional home delivered meals for seniors in need.

DFTA's HDML program includes a variety of culturally relevant meals and menus. The agency requires that menus are reviewed in terms of nutritional standards as well as cultural relevance as determined by the demographics of HDML clients. Reflecting this diversity, more than 22 percent of meals delivered citywide are kosher. For example, clients living in Lower Manhattan are offered Chinese meals; clients in Greenpoint, Brooklyn are delivered Polish meals; and clients residing in Queens receive Korean meals.

DFTA engaged PricewaterhouseCoopers (PwC) as a consultant, in order to identify the means by which the City could better structure the HDML program to improve the efficiency and quality of the program for older New Yorkers. PwC received feedback from HDML stakeholders in New York City and nationally to pinpoint what works well and what needs improvement in the way that

food is procured, prepared and delivered to homebound seniors. Currently, DFTA holds 23 contracts with 17 community based organizations to deliver approximately 18,000 meals per day. It is the agency's vision to build capacity and improve its food service delivery across the City by broadening menu options, addressing consumer choice, increasing program efficiency, controlling costs, leveraging technology and emerging platforms, and tailoring meals to meet the nutritional needs of diverse constituents. After extensive interviews, analysis and fieldwork, PwC presented findings to DFTA on how to improve meal quality, expand choice and develop greater efficiencies where possible. We are analyzing these results as they help to inform our retooling of the overall system in the future. After obtaining stakeholder input, DFTA plans to release an RFP for HDML contracts commencing in 2020.

CONCLUSION

Thank you again for this opportunity to testify on seniors' access to nutritional and culturally competent congregate and home delivered meals. I am pleased to answer any questions you may have.



December 14, 2017

To: New York City Council Committee on Aging

From: India Home, Inc.

Re: Seniors Access to Nutritionally and Culturally Competent Congregate and Home Delivered Meals

Thank you for giving me this opportunity to testify to the Subcommittee on Senior Centers. My name is Meera Venugopal and I am the Communications and Development Manager for India Home. India Home is the only community based non-profit in the New York area serving the needs of Bangladeshi, Indian, Indo-Caribbean, Pakistani and other South Asian elders by providing classes, meals, and events that are appropriate to diverse South Asian cultures.

I am here today to support T2017-6943 Oversight - Seniors' Access to Nutritional and Culturally Competent Congregate and Home Delivered Meals

We run congregate meal programs at all four of our centers. Our Desi Senior Center in Jamaica, Queens, runs the largest senior center congregate halal meal program in New York city, serving culturally appropriate halal meals to over 120 mostly Bangladeshi Muslim seniors every program day. At our Sunnyside Center, Kew Gardens and Richmond Hill centers we serve vegetarian Hindu and Jain meals to over 100 Indian and Indo-Caribbean patrons.

One of the main reasons keeping South Asian seniors from accessing mainstream services is the food. Many senior centers serve congregate meals. A shared meal helps combat the social isolation so many seniors suffer from, and often is the only way for poor seniors to get a nutritional meal. However, the food in mainstream senior centers may not suit everyone, especially South Asians, who have many restrictions on what kind of food they can eat.

A substantial percentage of Indians are Hindu and vegetarian. Many Pakistanis and Bangladeshis have strict religious injunctions about what they may or may not eat. For instance, Halal food is an integral part of Islam. As a subset of one of the five main pillars of the religion, Muslims are mandated to eat only Halal food to maintain their faith.

Because we serve culturally appropriate food at our centers we are able to target an underserved and ignored segment of seniors in New York City.

According to the Center for an Urban Future's report in New York City alone, Indians are the second largest immigrant group. Between 2000 and 2010 the population of older immigrants from India grew by 135 percent or about 8000 people. The number of Bangladeshi immigrants from Bangladesh grew in the previous decade by 471%. The Pakistani populations grew by 38 percent from 2008 to 2011. The borough of Queens, where we have our centers, is home to some of the largest South Asian populations in the country.

Studies have shown that congregate meals promote health, help tackle food insecurity faced by low-income seniors, increase nutrition intake and more importantly, encourage conversation and camaraderie. Some of our seniors live alone or have chronic health conditions or maybe at nutrition risk. For many of our seniors, the shared, warm meal is one of the best reasons to visit the center.

Given the huge need and growing population of South Asian seniors, it is imperative that there be a concerted effort to make culturally appropriate meals widely available.

It is also important to reach homebound seniors who may be older, in poorer health, and more likely to live alone than their respective counterparts. They may be highly vulnerable and at risk of social isolation. Home Delivered Meal drivers may be the sole social contact for meal recipients and may also report safety or unhealthy environmental concerns back to agencies who can then address issues. Home delivering culturally appropriate meals will allow us to support our desire to promote healthy aging and food security and allow all older adults to experience stable health and age in place. More importantly it will help in reducing and/or impacting the racial equity disparity that currently exists in Home Delivered Meal plans and ensure healthy aging for all.

We at India Home are ready to partner with DFTA to deliver these nutritionally and culturally appropriate meals.

Thank you so much for your time.

Sincerely,

Meera Venugopal

Communications and Development Manager



Making New York a better place to age

**New York City Council Joint Hearing
Committee on Aging, Chair, Council Member Chin
Subcommittee on Senior Centers, Chair, Council Member Vallone
December 14, 2017
Oversight: Seniors' Access to Nutritional and Culturally Competent Congregate and Home
Delivered Meals**

LiveOn NY thanks Chair of the Committee on Aging, Council Member Margaret Chin, and Chair of the Subcommittee on Senior Centers, Council Member Paul Vallone, as well as the rest of the committee for holding this important hearing.

LiveOn NY also thanks Mayor de Blasio, Speaker Mark-Viverito, Finance Chair Ferreras-Copeland, Aging Chair Chin and Department for the Aging Commissioner Corrado for the critical investment of an additional \$1.2 million in baselined funding for congregate, home-delivered and weekend meals during last year's funding increases associated with the "Year of the Senior" campaign.

At inception, senior centers, borne out of the Older American's Act, were aimed at providing nutritional services so often lacking for seniors throughout the United States. Today, this model has expanded to include services that support a senior's overall health and wellbeing, such as fitness classes, cultural outings and art programs. What has not changed, however, is the value associated with congregate meals for the lives of thousands of older New Yorkers each year.

For many New Yorkers, food insecurity remains a harsh reality of daily life. With 250 million meals needed to reach food security for all, and seniors making up an estimated 19% of the city's population, the demand for nutrition services among seniors remains significant.¹ This is highlighted by the fact that 1 in 6 seniors struggles with hunger in the U.S. For older adults, inadequate nutrition can exacerbate existing conditions such as diabetes, cardiovascular disease or osteoporosis.² Further, it has been found that the risk of hunger is not equal among all populations, as seniors with disabilities, African Americans, and other minorities are more at risk of hunger.

Both home-delivered meals and congregate meals combat more than just the strains of food insecurity among seniors. For example, congregate meals offered by senior centers offers not only a nutritious meal but an opportunity for socialization with peers. This socialization improves lives, as isolation has been found to be a greater predictor of morbidity than obesity. Further, attended by nearly 30,000 seniors daily, senior centers provide critical nutrition services for seniors of all backgrounds, language capacities, religions, and socioeconomic status.

The benefits of home-delivered meals have been well documented after years of programmatic success. Meals on Wheels of America found that 92% of seniors say home-delivered meals

¹ Food Bank for York City, 2014

² Department for the Aging, Annual Plan Summary, 2019

enables them to remain in their homes.³ Given the cost of nursing home use, the ability for home-delivered meals to facilitate the aging in place model should be seen as a cost-savings mechanism for the city. Further, 81% of seniors stated that home-delivered meals improve their overall health and 90% agree that the program makes them feel more safe and secure. The majority of seniors utilizing the program tend to be women, living alone, receiving meals that on average account for ½ or more of their total food for the day.

Given these statistics, we must continue to ensure the programmatic success of both home-delivered and congregate meals by both modernizing and contextualizing the programs.

Contextually, the makeup of older adults in New York City has changed in recent years and will continue to evolve in the years to come. As of 2015, almost 50% of older New Yorkers were foreign born, reflecting a significant need for meals that are culturally appropriate to an array of backgrounds.⁴ Further, diversity of religious and health requirements also impacts the variety and associated cost of the meals providers must serve. According to DFTA's senior center standards, providers must offer menus that "are appropriate to participants' cultural backgrounds". This requirement brings a fiscal implication: for example, in 2015, DFTA stated that, "in DFTA's HDML network, each catered Kosher [meal] is on average \$1.38 more than non-Kosher catered meals." Similar to Kosher meals, Halaal, gluten free, vegetarian, vegan, or other consumer demands have an associated cost-increase.

LiveOn NY advocates that the city fully reimburse providers for all types of meals and support provider's efforts to serve culturally appropriate meal variations as needed.

Further, LiveOn NY believes that the city must modernize the structure of cost per meal reimbursements to one that consistently reflects rising food costs such as ingredients and labor. From 2008-2013 alone, the cost of food increased by 11% according to the Consumer Price Index. **As inflation continues to rise, a system must be put in place to automatically reimburse providers for the full cost of each meal, rather than reimbursing at a consistently insufficient rate.** Currently, this lack of adequate reimbursement forces providers to subsidize all meal contracts, a practice that is exacerbating the system's ability to make ends meet. Additionally, senior center and home delivered meal contracts should be fully funded in terms of the cost of administrative and overhead costs associated with a contract. This change would enable providers to deliver high quality services to older adults as a result of full funding.

These recommendations are supported by the findings from LiveOn NY's recently held membership convening entitled *Senior Centers: Visions and Priorities for the Future*. Here, 80 individuals from LiveOn NY member organizations engaged in thoughtful and productive conversation discussing priorities and their vision for how to serve older adults today and in the future. What we found was that members overwhelmingly identified "enhanced nutrition capabilities" as one of the top five collective priorities when looking at their vision for the future. Discussions around this issue included increasing their ability to offer high quality and more variety nutrition options to best serve their communities. LiveOn NY is continuing to compile

³ Meals on Wheels of America, 2017

⁴ Center for an Urban Future, 2017



Making New York a better place to age

the incredible ideas and information discussed at the event which will be shared more broadly with Council and the Administration in the future.

LiveOn NY looks forward to working with NYC City Council and the administration to implement policy and secure funding to bolster this critically important program for seniors in every community.

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, NORCs and NY Connects. 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 administers a citywide outreach program that supports seniors in communities where benefits are most underutilized. This program educates thousands of older adults, including those who are homebound, about food assistance options, as well as screens and enrolls those who are eligible for SNAP and SCRIE/DRIE.

LiveOn NY is also proud to administer the Senior Medicare Patrol (SMP) program for the entire state, which works to prevent Medicare fraud and its associated healthcare expenses. SMP is modeled around recruiting and actively engaging senior volunteers to promote peer counseling, education and assistance on how to protect, detect, and report Medicare fraud. SMPs empower beneficiaries to reduce healthcare costs caused by errors, abuse, and fraud.



**Testimony of United Neighborhood Houses
Before the New York City Council
Committee on Aging
Subcommittee on Senior Centers**

**Submitted by Nora Moran, LMSW, Senior Policy Analyst
December 14, 2017**

**Oversight: Seniors' Access to Nutritional and Culturally
Competent Congregate and Home Delivered Meals**

**Honorable Margaret Chin, Chair, Committee on Aging
Honorable Paul Vallone, Chair, Subcommittee on Senior Centers**

Thank you for convening today's hearing. My name is Nora Moran, and I am a Senior Policy Analyst at United Neighborhood Houses of New York (UNH). UNH is the federation of New York City's settlement houses that collectively benefit over 750,000 New Yorkers annually—from infancy through old age—with services at over 600 sites throughout the city. UNH members provide a wide variety of services to over 80,000 older adults each year through senior centers, Naturally Occurring Retirement Communities (NORCs), home delivered meals, and social adult day programs. Specifically, settlement houses serve nearly 48,000 people through neighborhood and innovative senior centers each year, serving 1.3 million congregate meals. Through their home delivered meal programs, settlement houses serve 1.4 million meals to over 6,000 older adults each year.

We thank the City Council for its support of older adult programs, particularly for funding additional weekend meals and fighting to baseline enhanced funding for senior centers. This testimony will focus on the need for greater funding in meal programs to support culturally appropriate and therapeutic meals, and greater flexibility in meal provision.

Background

Meal programs are an important part of supportive services for older adults, since good nutrition is a key determinant of health outcomes as people age. The number of older adults facing hunger is increasing in New York City, with older adults in the Bronx facing the highest rates of food insecurity.¹ Access to congregate and home delivered meals are a key part of the strategy to decrease food insecurity among older people. Currently, both neighborhood and innovative senior centers typically offer daily lunch meals to their participants, with some centers also offering a breakfast or dinner option. For those individuals who have difficulties leaving their homes and struggle to cook meals for themselves, they

¹

<http://www.hungerfreeamerica.org/sites/default/files/atoms/files/2017%20NY%20City%20and%20State%20Annual%20Hunger%20Survey%20Report%20.pdf>

can receive home-delivered meals either five days per week (a hot meal) or two days per week (a frozen meal that is then reheated). Citymeals on Wheels partners with home delivered meal programs to provide weekend and holiday meals. In addition to providing nutritious meals, home delivered meal programs have the added benefit of acting as a regular well-check on an older individual who might be homebound and socially isolated. According to Citymeals on Wheels, over half of home delivered meal recipients live alone. UNH's *Aging in the Shadows* report identifies living alone as a significant risk factor for experiencing social isolation, which has its own health risks for older adults.²

Settlement houses that operate senior centers and home delivered meal programs in the UNH network strive to offer the highest quality meal options while being responsive to the needs and preferences of older adults. In recent years, programs have seen a greater need for variety in their meal offerings, mainly around providing culturally appropriate meals, including Kosher and halal meals as well as meals that are relevant to one's culture (i.e., Chinese meals or Korean meals). Furthermore, individuals with diabetes, food allergies, and other chronic health conditions also need meals that address their unique nutritional needs. Though organizations seek to make accommodations when possible, funding constraints can make this difficult to achieve.

There is also interest among settlement houses to provide greater choice and flexibility when it comes to meals, particularly when it comes to incorporating local ingredients and offering a menu with greater variety. For example, Lenox Hill Neighborhood House, a UNH member organization, has piloted a project called the Teaching Kitchen, a training and technical assistance program that helps nonprofit organizations with institutional food programs serving low-income clients to convert their programs to, or accelerate their progress towards, a farm-to-institution model of serving meals. They have trained 22 organizations to date, and continue to work with institutional kitchens across the city to increase their menu offerings. As the City explores ways to support congregate and home delivered meal programs, it should consider the ways that organizations are meeting the needs of their clients. While this unique model is promising, additional resources would be required to take it to scale and make it broadly available.

Finally, settlement houses seek to create a more streamlined and holistic experience for older adults who attend senior centers or receive home delivered meals. Several settlement houses coordinate hybrid NORC programs, to offer greater integration between their senior center programming and NORC programming in order to reach more NORC residents. Many settlement houses would like to see that opportunity for program integration between NORCs and home delivered meal programs, particularly when it comes to program referrals.

Meal Costs

The main barrier that providers identify to providing greater variety of meals is cost, as culturally appropriate and therapeutic meals are often more expensive to provide than standard meals. DFTA contracts often do not cover the cost of providing such meals, making it difficult for providers to do so. A recent national evaluation of Administration on Aging (AOA) Nutrition Programs found that the average true cost of a home delivered meal is \$11.06, and the average cost of a congregate meal is \$10.69.³ However, in the UNH network, the average DFTA reimbursement rate for lead home delivered

² http://www.unhny.org/literature/239781/UNH_Aging_in_the_Shadows

³ <https://www.acl.gov/sites/default/files/programs/2016-11/NSP-Meal-Cost-Analysis.pdf>

meal contracts is \$8.12, and the average reimbursement rate for neighborhood senior center meals is \$7.98. Organizations will often incur deficits to meet the needs of their local communities and ensure meals are provided. Without increased reimbursement rates, it is challenging for providers to offer widely culturally appropriate and therapeutic meals, retain meal staff and offer them competitive wages, and provide the proper social services that accompany meal programs.

Recommendations:

UNH recommends the following actions to support access to nutritionally and culturally competent meals for older adults in New York City:

- **Increase reimbursement rates of meals to allow for culturally appropriate and therapeutic meals.** Without greater resources, it will be difficult for providers to meet the nutritional needs of older adults. Reimbursement rates should reflect the true cost of providing meals, should account for the higher cost of culturally appropriate and therapeutic meals, and should have regular cost adjusters to account for rising food costs.
- **Allow for a greater set of providers to refer for home delivered meals.** Currently, if an individual requires a home delivered meal, they must first go through the DFTA-contracted case management provider for their region to be referred for a meal. This extra step can be confusing for older adults, particularly those who live within a Naturally Occurring Retirement Community (NORC) and might already be working with a case manager there. DFTA should allow for case managers working within NORC programs to refer eligible clients directly to a home delivered meal program. This would allow for a more seamless experience for the client and lower administrative burdens for providers.
- **Fully fund senior center and home delivered meal contracts.** Senior center and home delivered meal contracts should fully fund the cost of administrative and overhead costs under a contract, so that providers can have the right resources they need to deliver the best services to older adults

Thank you for your time. For questions, I can be contacted at 917-484-9322 or nmoran@unhny.org.



Testimony Regarding Seniors' Access to Nutritional and Culturally Competent Congregate and Home Delivered Meals

Good Afternoon. I am Bill Dionne, Executive Director of the Carter Burden Network (CBN), an organization that receives funding from DFTA and discretionary funding from City Council. I want to thank the Committee on Aging and the Subcommittee on Senior Centers for inviting this testimony regarding senior center congregate and home delivered meal programs.

CBN has 13 programs throughout Manhattan that offer a range of services and activities to a diverse population of older adults.

Four of the programs that CBN coordinates are senior centers: two neighborhood centers on the Upper East Side and on Roosevelt Island, one Innovative Senior Center in East Harlem and one senior center in an East Harlem NYCHA building. The seniors who participate in these centers reflect the diverse demographics of their communities. The Committee on Aging and the Subcommittee on Senior Centers is correct to note the importance of senior centers in providing high quality meals that meet the nutritional needs seniors and in taking leadership roles in the creation of culturally competent meals for a diverse constituency of older adults.

The senior center congregate and home delivered meal programs were created in 1965 by the Older Americans Act to address the real issue of seniors not being able to afford to eat. There was even an article in The New York Times that reported some seniors were eating cat food to survive. So one goal of the Older Americans Act was to provide older adults with nutritious meals. Based on this goal, the congregate and home delivered meal programs have been overwhelmingly successful. Now we need to look at new goals for the congregate and home delivered meal programs, something I will address in my remarks.

I think it is important to note that while this hearing is focused on meals, we cannot talk about meals without also noting the importance of the congregate senior center setting in alleviating social isolation by facilitating conversation and camaraderie through a group experience. A recent article in the New York Times that addressed the issue of isolation among older adults noted that the negative effects of loneliness on health and well-being are staggering. For example, it reported that loneliness "eclipses obesity as a predictor of early death." Both the congregate setting and home delivered meals are critical for so many reasons in addition helping seniors maintain their nutritional well-being. The congregate setting facilitates conversation and interaction and seniors receiving home delivered meals have opportunities to interact with the meal deliverers who are often their only social contacts.

There are also physical issues that impact good nutrition among seniors. A primary barrier is poor dental health. According to the *Centers for Disease Control & Prevention Division of Oral*

Health, 25% of adults age 65 and older have no remaining teeth and 30% of older adults have untreated tooth decay. In addition, older Americans with the poorest oral health are those who are economically disadvantaged, lack insurance and are members of racial and ethnic minorities. In East Harlem where our Innovative Senior Center is located and which has the largest membership of any of our senior centers, 13,533 residents are 65 and older, representing 11% of the total population of 120,511. Of these elderly, 48.7% live at federal poverty level (*NYC Dept. of City Planning, Manhattan Community District 11*). In short, it is fair to say that there are many people receiving home delivered meals or attending our senior centers who are unable to eat some of the items in their meals because they cannot chew them. Other seniors may take medication that precludes their eating certain foods. An example is the drug Coumadin, a blood thinner that reduces the formation of blood clots that can result in heart attacks and is commonly used by older adults. Patients using Coumadin cannot eat leafy vegetables, which are included in the healthy meals served or delivered to them.

Consideration of poor dental health and medications as well as specific diagnoses is important when coordinating meal programs. With proper funding, our meal programs could offer specialized meals that accommodate the dietary and health needs of the recipients. Senior center kitchens would have to be equipped to make these specialized meals, something that can easily be done with appropriate support. Just as we do not have a “one size fits all” approach to senior centers, we should also develop the same approach to meals programs. Consideration of the conditions of the recipients of meals is as important as considering nutritional content of meals and the creation of culturally competent meals.

Senior centers are critical to addressing issues of food insecurity, hunger and poor nutrition. However, the funding that senior centers receive does not allow for meals to be healthy, tasty and appealing, while also being culturally competent. This coupled with disparities in funding to senior centers can be defeating for those working in senior centers. Using the example of just one of our neighborhood centers, the CBN is reimbursed \$2.41 per meal. The approximate amount that we spend per meal is \$3.00. Last year this senior center provided 31,225 luncheon meals but was reimbursed for 26,861 meals which is the number it is required to serve by our contract. In other words, we had to spend \$18,296 more than we received for meals in this one senior center last year. This means that my agency must engage in fundraising, through the submission of grant requests to meet the total cost of the meals we provide. It also requires the support of our board of directors who made a commitment to ensure that we serve meals to all who need them. This is not something my agency or my board should have to do. I would suggest that there needs to be an examination of senior center funding so that all centers are not only brought up to the same level of funding but also brought up to levels that allow for the adequate preparation of quality nutritional and culturally competent meals, that also take into account specialized needs, to all the seniors who want them.

Meals are an important part of senior center’s service delivery. People may initially come for a meal and then engage in other activities that enhance their lives such as arts, computer training, educational programs, etc. In addition, we know from experience that people will not say they are coming to a senior center because they are lonely or isolated. What they will comfortably say is that they want to try a meal, which becomes the introduction to the senior center and its members and programs. At CBN we know that dignity and hospitality are important elements of

senior center programming. In terms of the meal program this means serving meals restaurant style, as opposed to having seniors stand on line for their meals. It also means using real plates, glasses and cutlery. People feel good when they are treated well and understand that they are important.

Each of our four senior centers have distinct client populations that reflect the communities in which they are located, e.g., our East Harlem Senior center has a primarily Hispanic and African American population and is experiencing an increase in the numbers of Asian American elders attending the program. Our Upper East Side senior center has a predominately Caucasian membership that is also primarily low income and our Roosevelt Island senior center has a significant Asian American membership followed by Hispanic and Caucasian. We take our responsibility to provide quality meals seriously and even have a graduate of the Culinary Institute of America overseeing all our meal programs and creating the menus. We have been able to successfully introduce meals that are common to each of the groups attending our centers. One reason for our success is that we have active **Meal Planning Committees** at each center and these Committees are involved in all discussions regarding healthy options to meals. The Meal Planning Committees have been helpful in identifying when discussion and explanation is needed before items are replaced and have also been vital to helping members understand why changes are needed. Members have, as a result, enjoyed the introduction of bok choy and rice dishes that use brown rice, and café con leche that is made with low-fat milk. While we are committed to healthy options in terms of culturally competent meals, this is an expensive undertaking. Healthy food items cost more. For this reason, it is critical that the funding senior centers receive reflects the actual costs of both congregate and home delivered meals and that rebalances funding to congregate and home delivered senior center meal programs.

Respectfully submitted,

William J. Dionne
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December 14, 2017

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TESTIMONY: UJA-FEDERATION OF NEW YORK

NYC Council, Committee on Aging
Honorable Margaret S. Chin, Chair
NYC Council, Subcommittee on Senior Center
Honorable Paul A. Vallone, Chair

Submitted by:
Ariel Savransky, UJA-Federation of New York

Re: Oversight – Seniors' Access to Nutritional and Culturally Appropriate
Congregate and Home Delivered Meals

December 14, 2017

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*Executive Committee member **Of Blessed Memory

Good afternoon Chairperson Chin, Chairperson Vallone, and members of the Committee on Aging and the Subcommittee on Senior Centers. My name is Ariel Savransky and I am an Advocacy and Policy Advisor at UJA-Federation of New York. Established 100 years ago, UJA-Federation of New York is one of the nation's largest local philanthropies. Central to our mission is to care for those in need. We identify and meet the needs of New Yorkers of all backgrounds and Jews everywhere. We connect people to their communities and respond to crises in New York, Israel and around the world. We support hundreds of nonprofit organizations serving those that are most vulnerable and in need of programs and services. On behalf of UJA, our network of nonprofit partners and those we serve, thank you for the opportunity to testify on seniors' access to nutritional and culturally appropriate congregate and home delivered meals.

I would like to start off by thanking the Council and the Administration for the historic investments in the Department for the Aging (DFTA) core programs in FY18. However, DFTA's procurement and operations structure is in need of updating. DFTA is one of a few city agencies that does not use HHS Accelerator. Additionally, DFTA continues to administer contracts by site (requiring each senior center to have its own contract) and continues to be slow in releasing funding. This discussion about meals for seniors presents a good opportunity to explore ways to update DFTA's structure.

Our nonprofit partners provide vital services and supports to New Yorkers all throughout the five boroughs. We are also the largest provider, through our core partners, of kosher food. There are over 500,000 people living in poor or near-poor Jewish households in New York City. The high cost of a kosher meal – which on average is 30 percent more expensive than a not-kosher meal – presents a unique challenge for many of our agencies in their work with clients who observe these dietary laws. SNAP recipients often exhaust their current SNAP allotments by the last week of the month, but for those observing kosher dietary laws, benefits may run out much earlier in the month.

Furthermore, while food insecurity rates among most New Yorkers have declined, there has been an increase among seniors. Between 2014 and 2016, almost 200,000 seniors in New York experienced food insecurity, which is a 16.5 percent increase from 2013-2015 and represents 12.2 percent of seniors in New York City.¹ Compounding the rising food insecurity rates among seniors, federal cuts to SNAP in 2013 decreased the amount of SNAP benefits that New Yorkers receive each month, resulting in increased reliance on the Emergency Food Assistance Program (EFAP) to get adequate nutrition throughout the month. Because of this increased reliance on EFAP, according to a report by the Food Bank for New York City, more than 75 percent of food pantries and soup kitchens saw increased visitor traffic and an increased number reported experiencing food shortages in September 2017 compared to September 2013.² Additionally,

¹ Hunger Free America. *Working New York Still Hungry: New York City and State Hunger Report*. November 2017. <http://www.hungerfreeamerica.org/sites/default/files/atoms/files/2017%20NY%20City%20and%20State%20Annual%20Hunger%20Survey%20Report%20.pdf>

² Food Bank for New York City. *Trade-Offs at the Dinner Table: The Impacts of Unwanted Compromises*. November 2017. https://www.foodbanknyc.org/wp-content/uploads/Trade-Offs-at-the-Dinner-Table_FB-Research-Brief_Nov2017.pdf

many food pantries struggle to obtain an adequate food supply, especially in terms of proteins (meat, poultry and fish).³

It is also vital that senior's nutritional needs are met as an individual may be dealing with increasing health complications. Adequate nutrition is necessary to ensure better resistance to illness and disease as well as increased mental capacity and overall health. As evidenced by these numbers, especially with the increasing rates of food insecurity among seniors and increased nutritional requirements, there is an immense need for access to nutritional and culturally appropriate meals for this population.

We offer the following recommendations:

1) Increase reimbursement rates for kosher meals

As discussed previously, the high cost of a kosher meal presents a unique challenge for many of our agencies in their work with clients who choose to observe these dietary laws. Providing culturally sensitive meal services for seniors is a priority for UJA-Federation, and we are particularly concerned about reimbursement rates for kosher home-delivered meals. The cost of kosher home-delivered meals is higher than the current DFTA reimbursement rate, and our agencies that provide these kosher meals to the elderly struggle to cover the higher costs. This also makes it difficult for service providers to meet the needs of the diverse senior communities throughout the City. Although increased investment in FY15 alleviated some of this burden, providers of kosher meals continue to feel strained.

2) Maintain access to culturally appropriate, home-delivered meals for Holocaust survivors

Many of our nonprofit partners received initiative grants to provide specialized programming and comprehensive services for Holocaust survivors, many of whom are frail, isolated and living in poverty. Providers' services include case management and personal care and assistance. As we continue to care for this last generation of survivors, we ask that the Council maintain its support for this important initiative.

Providing culturally appropriate meals for this population is essential to addressing the food insecurity that is often found in this population. Furthermore, beyond simple meal provision, home-delivered meals provide important social contact for those who are confined to their homes. It acts as an access point for other important services, and helps survivors to age safely and in place.

3) Continue to invest in expanding the anti-hunger safety net as well as the Emergency Food Assistance Program

³ Food Bank for New York City. *Meeting NYC's Need: Bolstering the Emergency Food Network in 2017*. <http://www.foodbanknyc.org/wp-content/uploads/MeetingNYCsNeedNetworkBrief20172.pdf>

Many of our agencies work with their clients to help to enroll them in the benefits for which they are eligible. We know that the City administration and the City Council have been taking steps to expand enrollment in programs like the Supplemental Nutrition Assistance Program through strategies, such as identifying eligible New Yorkers using Medicaid data matching, as well as allowing applicants to submit necessary documents using their smartphones and recertify for benefits over the phone. We urge the continued expansion of these efforts so that more eligible individuals can enroll in this program.

While we were pleased to see an increased investment in the Emergency Food Assistance Program in the FY18 budget, emergency food providers continue to run out of food and cannot serve the current need. We urge further investment in the EFAP program in the coming year.

Thank you for the opportunity to testify today. UJA-Federation looks forward to working with Chairs Chin and Vallone and the members of the Committee on Aging and Subcommittee on Senior Centers to address the issue of Seniors' Access to Nutritional and Culturally Appropriate Congregate and Home Delivered Meals.



GOD'S LOVE WE DELIVER
TESTIMONY FOR NEW YORK CITY COUNCIL'S COMMITTEE ON AGING
MARGARET S. CHIN, CHAIR
DECEMBER 14, 2017

God's Love We Deliver is New York City's leading not-for-profit provider of medically tailored home-delivered meals and nutritional counseling for people living with life-threatening illnesses. Over 30 years ago God's Love began with one person's simple, compassionate response to hunger. God's Love provides services to the most underserved and isolated populations in our City: those who are sick and unable to take care of their most basic need – the need for food and nutrition. God's Love is an integral part of the City's safety net. As a key service agency within the local care continuum, we maintain relationships with 200 community organizations to reach those in need. God's Love has a network, a reach and a program that greatly benefits coordination of care for the elderly.

We believe that being sick and hungry is a crisis that demands an urgent response. When someone calls us for help, we deliver their first meal on the next delivery day, we never charge clients for their meals and we have never had a waiting list. Each year, God's Love continues to grow to meet the demand, last year alone, we delivered over 1.7 million meals to 7,000 men, women and children living with severe illness throughout the NYC metropolitan area. As NYC's population ages, senior New Yorkers are increasingly relying on God's Love We Deliver for meals to meet their specific medical needs. **For seniors in New York City who are living with complex illnesses, God's Love is the only service that stands between them and hunger. People living with serious illnesses that require very specific diets (like Renal Failure) are unable to be served by DFTA-contracted meal providers and due to their lack of mobility, are unable to use SNAP benefits. As a result, these clients are regularly referred to God's Love from DFTA-contracted meal providers who cannot address the clients' complicated nutritional needs. These factors have contributed to an enormous increase in demand for our services for seniors. Over the last 5 years, we have seen a 50% growth in our senior clients (60+) and currently, 65% of the people we serve are seniors (60+).**

At God's Love, nutrition is our signature difference. Although some seniors are able to tolerate regular food, aging and illness can lead to a variety of complications that require a specialized diet. We are able to meet this need as part of our commitment to food as medicine. God's Love clients receive services from our 7 Registered Dietitian Nutritionists (RDNs) who tailor each meal to meet each client's specific medical needs. All of our meals are well-balanced: low in sodium, free of highly allergenic foods such as nuts and shellfish, and immune supporting. Our menu allows for individualization of meals according to dietary needs, including texture restrictions such as minced and pureed diets, and renal diets. Based on a client's nutrition assessment with an RDN, additional restrictions may be added to the client's diet for medical, nutritional, or cultural reasons. Our goal is to provide clients with the least restrictive meals possible that meet their medical needs and nutritional requirements.

God's Love does not have a contractual relationship with DFTA and does not receive funding support from the Administration for its services. 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. In addition, in this current political climate, the resources that are currently available to fund our services are being threatened. Last year, 4,329 New York City seniors received over 1 million meals from God's Love. Over 70% 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 93% of the meals we deliver to this population (over 90,000 meals 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.

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: 92% of seniors in the United States are living with at least one chronic illness, 72% are living with more than one chronic illnessⁱ.** Individuals with chronic health conditions count for approximately 86% of all health care spending.ⁱⁱ Combined with the fact that 75% of 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. A recent study suggests significant food insecurity in patients with high rates of inpatient hospitalization. According the study, “[u]sing the USDA definition of food insecurity, 30% (95% CI, 17% to 47%) were food insecure and 25% (95% CI, 13% to 41%) were marginally food secure. Forty percent responded that, in the past 30 days, they worried that their food would run out; 35% that their food would not last; 17.5% that they did not eat for a full day; and 10% that they were hungry but did not eat some or all of the time. More than half reported using food pantries or other community food resources.”

Furthermore, providing medically-tailored meals makes good fiscal sense. Meals are a relatively inexpensive way to address the risk factors of costly interventions. By saving one night in a hospital, you can feed a person a medically-tailored diet for half a year. We also maintain a key link in the safety net for people over the age of 60 by providing meals for the senior caregivers of our clients.

Because of all of these benefits for the senior population, we urge DFTA to issue an RFP for the provision of medically-tailored, specialty meals for the senior population most at risk for malnutrition, hospitalization and institutionalization. God’s Love We Deliver is also eager to hear what topic area the consultants hired by DFTA have in their purview, and is interested in working together to address the needs of severely ill seniors.

Thank you for your time and consideration.

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

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

ⁱⁱⁱ Ibid. Phipps et al.



**Seniors' Access to Nutritional and Culturally Competent Congregate and Home Delivered Meals
Committee on Aging jointly with the sub-committee on Senior Centers**

December 14, 2017

**Testimony submitted by: Rachel Sherrow
Associate Executive Director
Citymeals on Wheels
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Rachel@citymeals.org**

My name is Rachel Sherrow and I am the Associate Executive Director at Citymeals on Wheels. I would like to begin by thanking the Council for their continued support of aging services and Citymeals on Wheels which will help to deliver over 2 million meals to nearly 18,400 homebound elderly citywide this year. A special thank you to Council Members Chin and Vallone for putting up the good fight last year for aging services in the Year of the Senior and for baselining \$1.2 million in home delivered and congregate meals.

As most of you know, Citymeals is a not-for-profit agency working in a public/private partnership with the New York City Department for the Aging. The Department funds the meals that homebound elderly receive Mondays through Fridays, and Citymeals funds the same network of providers to deliver weekend and holiday 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. *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.*

Studies suggest that one in four senior citizens living in our communities is malnourished. It is also estimated that up to 55% of seniors admitted to hospitals are suffering from malnutrition. According to Hunger Free America, there has been a 25% increase in food insecurity in the senior population, and a Hunger Study conducted by LiveOn NY shows this to mean 35% of older adults in NYC are living with food insecurity, or hunger.

Meals on wheels is a vital service for our homebound elderly to prevent hunger, decrease isolation and ensure our older neighbors can remain in their homes and live within their communities and neighborhoods, as they wish. Having the right nutrition is crucial for this population. For years the system has relied on community based organizations which know their local populations and cultural traditions to prepare and deliver meals appropriate to their meal recipients. However, as the city's neighborhoods shift

demographically, and a more diverse group of older adults live together, having only one choice for a meal no longer works.

In addition, Citymeals undertook a study with the Columbia University Dental School which showed that there are meal recipients unable to eat part of their meal due to oral health issues, therefore missing essential nutrients and not fulfilling the benefits of meals on wheels. Thus, we need to offer choice and diversity in what we serve both culturally and therapeutically in order to best serve this vulnerable population.

For example, in addition to funding weekend meals for homebound elderly, Citymeals prepares over 600,000 shelf stable meals at our warehouse for holiday weekends and emergencies, and all of our food is kosher which enables all of our recipients to accept and eat the food. However, we would like to be able to have a better variety for example, to serve those who are gluten-free, or vegan. With the partnership of the Department for the Aging, we hope that the near future will bring more innovation in our kitchens which will allow our recipients to have greater choice for taste, culture and oral health needs. However, this will not happen without an investment in our system for both nutritional education and appropriate funding which covers the cost of both the meal and delivery and all components involved including administrative costs, with increases based on the increase in prices.

We should also look toward modernizing the system as a whole to include technology and accessibility to make the delivery process more efficient and to push information about the recipients out faster.

Bringing a meal to the door is one less struggle for the homebound to worry about financially. In addition, this food delivery is one way to prevent them from slipping into more expensive kinds of care.

Evidence does support the fact that programs like meals on wheels which allow older adults to age in place, may help save costs for families, government and our health system. This is a savings for example, in Medicaid costs that the city would bear if these economically disadvantaged and elderly neighbors of ours were institutionalized instead. It is in their interest and ours to keep them with us, right here in the communities where they have lived for so long. Meals on wheels is also a benefit to the growing population of caregivers whose emotional, physical and financial efforts can be unburdened by knowing the right meal is being delivered to their loved ones allowing for respite and relief on so many levels.

Together with the Department for the Aging, and The New York City Council, Citymeals is determined to keep 18,400 elderly New Yorkers and growing, appropriately 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.

As Citymeals moves into our 36th year, we thank you for consistently working with us and I hope we can count on all of you to support the efforts to diversify and modernize our meals on wheels program and ensure our elderly neighbors have access to nutritious and appropriate food.



**New York City Council Committee on Aging
Hearing on Oversight: Congregate and Home Delivered Meals
December 14, 2017**

Jewish Association for Services for the Aging (JASA)

Thank you to Council Member Chin and Council Member Vallone for chairing the Committee hearing on aging and for the opportunity to submit testimony regarding *Seniors Access to Nutritional and Culturally Competent Congregate and Home Delivered Meals*.

JASA is a not-for-profit agency serving the needs of older adults in the greater New York area. Its mission is to sustain and enrich the lives of the aging in the New York metropolitan area so that they can remain in the community with dignity and autonomy. JASA has developed a comprehensive, integrated network of services that provides a continuum of community care. Programming promotes independence, safety, wellness, community participation, and an enhanced quality of life for New York City's older adults. These programs reach over 40,000 clients and include home care, case management services, senior centers, NORC supportive services, home delivered meals, caregiver support, continuing education, licensed mental health, housing, advocacy, legal services, adult protective services, and guardianship services.

Human Services Contracts

Prior to addressing the hearing's agenda items, I would like to briefly speak to the underfunding of human services contracts. As you are aware, JASA joined with members of the Human Services Council (HSC) in the last budget cycle calling for an across-the-board increase in human services contracts. We are pleased to finally have an increase in indirect expenses for DFTA contracts, but the base contracts still do not fund the full cost of direct service delivery. Community based organizations, like JASA, cannot be expected to raise philanthropic dollars in order to resolve the funding gap. Inadequate funding prevents agencies from paying appropriate salaries for staff who are tasked with taking care of the most vulnerable older adults in New York. As a result, turnover rates are high and vacancies are difficult to fill. It also makes it harder to identify vendors interested in taking the City's rate when subcontracting for necessary services.

Resolving this funding crisis continues to be JASA's top priority.

Culturally Appropriate Meals

This hearing speaks directly to the issue of underfunded contracts and the impact on programs to provide culturally appropriate services, despite the added expense.

JASA serves 762,000 home delivered meals annually; thirty eight percent are kosher meals. Providing kosher meals continues to cost an additional \$0.40-\$0.70 more per meal. As a result, JASA projects a deficit of \$107,460 for FY18. We are extremely appreciative to the New York



City Council, the Jewish Caucus, and the Speaker for allocating \$75,000 toward closing this deficit. This is the second year that the Council has helped to lessen the burden of this deficit. However, we need to operate with a long-term, stable funding solution and JASA urges DFTA to revisit the reimbursement rates for culturally appropriate home delivered meals and cover their full cost. Expecting and relying on the Council to annually patch the gap does not address the challenge across City contracts in providing culturally appropriate meals.

JASA also serves culturally appropriate congregate meals at our 22 senior centers. We all know that senior centers serve a vital role in helping older adults continue to engage in community life and remain socially connected. Recent research demonstrates the importance of social connectedness to overall well-being. Senior centers offer hot, nutritious meals, fitness, health, and wellness activities; classes, lectures, trips and meaningful volunteer and intergenerational opportunities. Providing culturally appropriate meals and programming at the centers are key to creating and sustaining an ambiance of inclusion and promoting responsiveness to community-based diversity. The majority of senior centers operate with bare bones funding. We are eager to engage with DFTA staff as they work toward developing the senior center model budget in anticipation that these issues are addressed. We hope that the provider community will be integrally involved in the process.

JASA urges DFTA to make halal meals available as an option in the home delivered meals program. While DFTA providers currently offer a variety of culturally appropriate meals, in compliance with religious observance and/or cultural preferences, including kosher, Chinese, Korean and Polish meals, there are no contracts with halal providers.

In its three DFTA-funded Brooklyn Case Management programs, JASA partners with COPO, Council of People's Organization, formerly known as Council of Pakistan Organization. COPO's mission is to assist low income immigrant families, particularly South Asians and Muslims, to reach their full potential as residents of New York City. As a subcontractor with JASA, COPO provides three social workers to improve case management services access to an underserved aging cohort. The population targeted by COPO, specifically vulnerable older adults, would be more appropriately and better served if halal meals were available via home delivery.

Thank you for your leadership on this and other issues facing the growing number of older adults in New York City.

Molly Krakowski
Director of Legislative Affairs
212 273-5260
mkrakowski@jasa.org

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I represent: God's Love We Deliver

Address: 166 Avenue of the Americas

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Address: Deputy Commissioner, External Affairs

I represent: DFTA

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Name: William Dianne (PLEASE PRINT)

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I represent: CARTER BUDDEN NETWORK

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Name: Andrea Cianfrani (PLEASE PRINT)

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Name: Allison Simmons (PLEASE PRINT) Bron

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I represent: MANAC Inc

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Name: Nora Moran (PLEASE PRINT)

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I represent: United Neighborhood Houses

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