



## **TESTIMONY**

Presented by

**Lorraine Cortés-Vázquez**  
**Commissioner**

on

**DFTA's Home Delivered Meals Program and  
the Ending of the 60+ Recovery Meals Service**

before the

**New York City Council**  
**Committee on Aging**

on

**Friday, March 11, 2021**  
**10:00 A.M.**

Good morning, Chairperson Hudson, members of the Committee on Aging and Subcommittee on Senior Centers and Food Insecurity. I am Lorraine Cortés-Vázquez, Commissioner of the New York City Department for the Aging (DFTA). Congratulations on your new roles. I look forward to working with you. I am joined today by Louella Byers, Assistant Commissioner for the Bureau of Community Services and Michael Ognibene, DFTA's Chief Operating Officer. I am happy to discuss the topic of Home-Delivered Meals and the 60+ Recovery Meals transitional service with you today.

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 more critical during the COVID public health crisis, such as maintaining virtual engagement for tens of thousands of older adult center members, and securing uninterrupted access to critical services, including meals, for older homebound individuals.

### **HOME DELIVERED MEALS**

The provision of a meal to a homebound older adult helps to ensure that their nutritional needs are met and promotes overall health and the ability to live independently in the community. Through the network of 15 dedicated HDM providers, DFTA delivered nearly 4.3 million meals to homebound older adults in the last full fiscal year, FY 2021,.

Unlike older adults who participate in the daily congregate meal service at Older Adult centers, any older adult receiving HDM service must first meet one of the following criteria set by the New York State Office for the Aging and determined eligible by a DFTA-funded case management agency.

Eligibility includes:

- 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 one or more of these reasons: a lack of adequate cooking facilities, a lack of knowledge or skills to prepare meals, an inability to safely prepare meals or shop or cook.

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

Following an RFP in 2020, new contracts for the HDM program started in January 2021. One of the goals of this program design was to increase the diversity in meal choices. Allowing individuals to choose the 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 of last year, 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, 102,384 have been served. We are happy to see a positive response to the wider range of options.

We are thankful for the City's investment to increase the reimbursement rate for home delivered meals. As of January 1, 2022, meal rates are now \$10.68 and will raise the rates further to \$11.78 beginning in Fiscal Year 2023. This investment will make a great impact on our providers and HDM meals recipients. However, we are seeing an increasing need for meals within a system that is near capacity.

Historically, HDM enrolls roughly 800 new clients each year. DFTA is projecting that once Recovery Meals are discontinued in several months, approximately 3,000 of the recipients of those meals will be found eligible for and want to enroll in Home Delivered Meals. These individuals have had their meals needs met by GetFood and/or Recovery Meals, but will need to switch to HDM by July.

### **FOOD ACCESS FOR OLDER ADULTS**

In addition to home delivered meals, older adults have access to healthy, nutritious meals at older adult centers across the city. At the start of the pandemic, 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 emergency food initiative, GetFoodNYC.

In June 2021, our 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 appreciate the work that the network has done to ensure that they were able to open safely and in compliance with public health guidance. Since Older Adult centers began the re-opening process in June 2021, over 2.3 million congregate and grab-and-go meals have been served at older adult centers. Through the reopening, older adults gained community-based access to meals and a return to their in-person social interactions and programming.

### **60+ RECOVERY MEALS SERVICE**

As stated previously, in May 2020, GetFoodNYC was established to address food insecurity for all New Yorkers. At the time, DFTA transitioned about 44,000 people to GetFoodNYC from DFTA Direct Meals.

In the Fall of 2021, Coinciding with the phasing out of GetFoodNYC, DFTA designed a temporary recovery meals service to be limited to the 60+ GetFood participants still active at the October transition point. The 60+ Recovery Meals service will operate through the end of the current fiscal year. As we prepared for the transition, a survey was completed through DFTA providers to ascertain whether GetFood recipients known to DFTA would (1) return to older adult centers (OAC) for either grab and go or congregate meal, or (2) be assessed by case managed to determine eligibility for Home Delivered Meals, or (3) transition to receive recovery meals. DFTA and the Housing Recovery Office (HRO) then devised a 2<sup>nd</sup> survey to older adults not known to DFTA. The survey was completed at the end of November and over 13,000 older adults were referred to recovery meals. During the transitional month of November, GetFoodNYC overlapped delivery with the new recovery meals service to avoid any missed meals. During the last week of October, a week before the start of Recovery Meals, DFTA launched a customer information call center to respond to any concerns that clients have regarding their Recovery Meals.

Recovery Meals, a short-term transitional meal service, was created exclusively to support GetFood participants—aged 60 years or older—who were still receiving emergency meal deliveries when GetFood ended in October 2021. When the Recovery Meals service first started, we were at a peak of more than 13,000 weekly participants, last week the number of weekly recipients fell to roughly 11,700.

As we approach the end of Recovery Meals in June, DFTA will work to ensure that older adults with need of meals have access to meals. First, we launched an education campaign and will continue to

remind older adults that the program will end. The first notification via post card went out on Monday. Later this month, we will conduct a survey with recipients and ask if they are able to resume groceries shopping and meal preparation, and if not, what barriers they face moving forward. The call center reminds callers on incoming calls of the pending service end and will make outgoing calls to participants in the coming months. As part of this contact, we will remind older adults about congregate or grab-n-go meal options at local OACs. Additionally, we will provide information on the case management agency in their area when a needs assessment and HDM screening is needed. Understanding that food insecurity is a city-wide issue, we continue to have conversations with the Mayor's Office of Food Policy regarding meals options once this program sunsets.

## **CONCLUSION**

We know that access to meals is a fundamental component of not just stability and health, but also independence and aging in place. We're also incredibly grateful for the ongoing support of the City Council, which in FY '22 awarded DFTA with over \$46.3 million in discretionary funding, allowing us to make even greater investments in often unserved or underserved communities. I urge you to continue allocate these funds for aging services, so that we can continue to diversify and expand services for older adults. 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 and the aging network has done, especially over these challenging and ever-changing times. 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.



**Asian American Federation**

**Testimony to the New York City Council  
Subcommittee on Senior Centers and Food Insecurity (Jointly with the  
Committee on Aging)**

*March 11, 2022*

**Written Testimony**

I want to thank Committee Chair Hudson and the Council Members of the Aging Committee for holding this hearing and giving the Asian American Federation (AAF) the opportunity to testify on the needs of our senior community and our senior service providers. I'm Dorothy Jiang, Membership and Capacity-Building Coordinator at AAF. Our organization represents the collective voice of more than 70 member nonprofits serving 1.5 million Asian New Yorkers.

We're here today in part because we convene the Seniors Working Group, the first and only Asian senior-focused advocacy coalition in New York. This group is made up of 12 Asian-led, Asian senior-serving member organizations of AAF who served nearly 250,000 Asian seniors in 2021, 87,000 of whom were low-income. Asian seniors comprise 13.9% of the city's senior population, and the number of Asian seniors in poverty increased by 63.4% between 2010 and 2019, the largest percent increase of any major racial group. Of our seniors in poverty, 29% live alone and 80% have limited English proficiency (LEP).

We're also here because our seniors are heavily targeted by anti-Asian violence. As we mourn the recent deaths of several Asian seniors, many of our seniors are still anxious, fearful, and on high alert. In the spree of seven anti-Asian attacks on February 27th alone, the first woman attacked was a 57-year-old Chinese American woman. In the face of dual pandemics of COVID-19 and anti-Asian violence, both of which uniquely target Asian seniors, our elders need support that fully addresses their needs, physically and emotionally. And as our partners in the Asian community can attest, these dual crises are fundamentally changing the behavior of clients as they seek out senior services; the City must adapt in support of our senior service providers.

Food insecurity is one of our coalition's top concerns for Asian seniors, alongside anti-Asian violence, senior centers, and mental health, all of which are connected. Culturally competent meal programs have become our seniors' lifeline, especially amid an era of increased anti-Asian violence that have left seniors understandably terrified to leave their homes. This makes it even more critical that our seniors are receiving as much support as they can every time they interact with one of their trusted CBOs. The meal programs our CBOs offer not only give them an opportunity to pick up food or eat together, but also to participate in social activities, receive assistance applying for services, and access health and mental health care.

However, signs of strain among CBO staff members are showing, and they have been showing for a while. Throughout the pandemic, our CBOs have reported more burnout among staff who are stretched to their limits with too much work and not enough institutional support. From May to November 2020 alone, AAF helped six senior-serving organizations to serve almost 3,000 seniors with nearly 20,000 food

services and 8,500 assurance calls. It is clear that the need for these programs is still there, as thousands of Asian seniors still line up for culturally competent food pantries. CBOs are providing hot meals to seniors beyond the capacity of their finances.

In our Seniors Working Group, CBO staff members say meeting our most vulnerable where they are with culturally-competent, effective senior services requires systemic change. This includes the City supporting, reinforcing, and building capacity for programming by and for marginalized communities by prioritizing cultural competency and language access in contracting processes. It also means focusing more funding on smaller contracts so the organizations providing care to our most marginalized communities have access to funds they can spend down at their size.

## **Recommendations**

For all the work our senior service agencies are doing, from Fiscal Year 2002 to 2014, the Asian American community received a mere 1.4% of the total dollar value of New York City's social service contracts, a reflection of a broader, long-term trend. Our CBOs already have Asian seniors' trust through culturally competent programming, and they consistently lead by example in the provision of direct services, including providing meal programs, safety reporting programs, and mental health support. But, this work depends on the support of our elected officials. We recommend that the City:

1. Increase funding to Asian-led, Asian-serving senior service providers, and expand this funding to include time and expenses spent on case management and digital literacy - devices and training. Even though funding has historically prioritized mainstream organizations, our marginalized elders have always first come to our CBOs to access services they can actually take advantage of; these providers deserve easier access to funds as they provide irreplaceable services.
2. We're calling on City Council to increase funding for the AAPI Community Support Initiative in order to sustain and expand direct services that are seeing increased demand as well as fund critical anti-violence programming in our Hope Against Hate Campaign. This includes safety ambassador programs that match seniors with volunteers providing physical protective accompaniment when they go outside, upstander and anti-violence trainings, as well as victim support services.
3. Expand funding to include culturally competent, in-language, and senior-focused non-traditional mental health service models. This includes prioritizing CBOs that have a history of providing free or subsidized nontraditional, culturally competent services for funding opportunities.

As we continue to navigate the physical, emotional, and social impacts of the pandemic, our CBOs will be instrumental in restoring trust between our most vulnerable populations and the City. We at the Asian American Federation thank you for allowing us to testify and look forward to working with all of you to make sure our senior communities get the support they deserve.



**AARP Testimony - NYC Council Aging Committee (jointly w/ Subcommittee on Senior Centers and Food Insecurity)**

**Friday, March 11th, 2022 | 10:00 AM | Subject:** Oversight - DFTA's Home Delivered Meals Program and the Ending of the 60+ Recovery Meals Service

Good morning Chair Hudson, Chair Mealy, and Members of the Committee on Aging and the Subcommittee on Senior Centers and Food Insecurity,

My name is Kevin Jones and I am the Associate State Director for Advocacy at AARP New York, representing 750,000 members of the 50+ community in New York City. Thank you for providing AARP with the opportunity to testify at today's oversight hearing to talk about the critical importance of addressing food insecurity among older New Yorkers, as well as to discuss the status of DFTA's Home Delivered Meals Program and the City's Recovery Meals Service for 60+ New Yorkers.

Prior to the COVID-19 pandemic, food insecurity was a growing issue among older New Yorkers. According to one [study](#), an estimated 183,290 adults above the age of 65 – about 11% of New York City's entire older adult population – live in food insecure households, and Black, Hispanic, and Asian American households across New York City are disproportionately impacted by food insecurity and hunger.

The Supplemental Nutrition Assistance Program (SNAP) has played an important role in addressing the problem of food insecurity among older New Yorkers since the program's inception. Access to SNAP and the financial assistance it provides to older New Yorkers has been proven to help improve health outcomes and reduce hospital and nursing home admissions, resulting in millions of dollars in savings for taxpayers. Although New York State has the second highest highest SNAP enrollment rate among 60+ adults in the country, hundreds of thousands of older New Yorkers who are eligible for the program are not enrolled for a myriad of reasons, such as stigmas associated with the program, as well as burdensome application and administrative processes that dissuade individuals from enrollment.

In addition to SNAP, New York City's network of senior centers and the Home Delivered Meals Programs for older adults also served as important resources to combating food insecurity and hunger for tens of thousands of older New Yorkers. These services also provide ancillary benefits to our City's older adults



as they provide opportunities for socialization, as well as for providers to check in on the overall health and wellbeing of older adults, especially for those who may be experiencing social isolation.

However, with the onset of COVID-19 in March of 2020, the total number of New York City residents facing food insecurity and hunger only grew as 2.2 million residents – roughly a quarter of the City’s entire population – were suffering from food insecurity as a result of the pandemic. The City also witnessed a considerable increase in demand for home delivered meals among older adults for several reasons stemming from the COVID-19 crisis, especially as many older New Yorkers were experiencing new financial hardships, could no longer access in-person meals at their local senior centers, and/or did not want to leave their homes to purchase groceries or obtain meals because of fears of contracting the virus.

We commend the City’s efforts to identify this problem, especially among older New Yorkers, and seek to address the worst consequences of New York City’s food insecurity crisis with the establishment of the GetFoodNYC program. While GetFoodNYC largely fulfilled the immediate hunger needs of older New Yorkers amid the worst periods of the pandemic, we heard several concerns from our members that many of the meals that were delivered to them were not culturally or nutritionally appropriate for their diets or allergies.

As the Mayor and the City Council continue to help New Yorkers recover from the devastation caused by the COVID-19 crisis, we believe that the City should continue to prioritize the issue of food insecurity by implementing policies and programs that will help address the immediate nutritional needs of our City’s older adult population, while also making the City’s network of meal providers and food distribution programs more resilient in the event of future pandemics or other related emergencies.

AARP recommends that the Mayor and City Council implement several policies to address the issue of food insecurity among older adults, including:

1. Expand the City’s total funding allocated for the Home Delivered Meals program by \$4 million to reach more eligible older New Yorkers and provide them with two culturally appropriate meals per day, seven days per week. The City should also invest an additional \$3 million into the program to support home-delivered meals on weekends





- a. We also commend the City and DFTA for their announcement at the end of 2021 that will increase the per-meal reimbursement rate for providers of home-delivered meals to \$11.78 per meal starting on July 1st of this year, and look forward to working with the Adams Administration to ensure that the City's partner meal providers have the resources to provide nutritionally and culturally appropriate meals for their clients.
2. Develop a "Citywide Emergency Food Plan" for future pandemics or related emergencies, which would include a neighborhood-by-neighborhood plan for food distribution during declared states of emergency, as well as suspend eligibility requirements for key programs to ensure that older adults in need have full access to meals and food during declared emergencies.
3. Create a Citywide educational outreach campaign on SNAP enrollment, starting in the neighborhoods hardest hit by COVID-19, to educate hundreds of thousands of older New Yorkers about their eligibility for the program, as well as to provide them with guidance on how to enroll in the program and information on the benefits that SNAP would provide.

Thank you for providing me with the opportunity to testify today. I am happy to answer any questions.



Business: 411 Ovington Avenue

Senior Center: 6935 Fourth Avenue

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

**TESTIMONY, March 11, 2022 Hearing**

**DFTA's Home Delivered Meals Program and the Ending of the 60+ Recovery Meals Service**

**Submitted by Todd W. Flidner, Executive Director, Bay Ridge Center**

Short and to the point,

- Food prices in New York City, which had been steadily increasing since pre-pandemic times, have sky-rocketed. In fact, food prices are at their highest since the food crisis of 2011.
- NYC gas prices have hit an 8 year high topping \$4 per gallon.
- Home Delivered Meals delivery personnel are dramatically under paid for the work that they do and continued to do throughout the Covid-19 Pandemic.

The recent unit rate increases instituted by OMB (\$10.52 as of 1/1/22; \$11.78 as of 7/1/22) won't cover the rising food and fuel let alone allow for a salary increase for our home delivered meals drivers and deliverers.

Todd W. Flidner, *Executive Director*

**Board of Directors:** Patricia Marchetti, *President*, Paul Knudsen, *Treasurer*, Allison Nidetz, *Secretary*  
Elizabeth Bohrer, Gerri Brooks-Cassone, Donna McClellan, Dr. Roy Olsen

**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**



## **TESTIMONY OF CITYMEALS ON WHEELS**

**Before the New York City Council Committee on Aging  
Honorable Crystal Hudson, Chair  
Subcommittee on Senior Centers and Food Insecurity  
Chair, Council Member Mealy  
Oversight - DFTA's Home Delivered Meals Program and the Ending of  
the 60+ Recovery Meals Service  
March 11, 2022**

**Submitted by:  
Jeanette Estima  
Director of Policy & Advocacy  
Citymeals on Wheels**

My name is Jeanette Estima and I am the Director of Policy and Advocacy at Citymeals on Wheels. Thank you for the opportunity to testify today. Citymeals was established in New York City in 1981 as a unique public private model to fill a critical gap in the City's home delivered meal program, which provides one meal per day, five days a week, excluding weekends and holidays. Every year, we raise over \$20 million in private donations to ensure that homebound older New Yorkers have a meal on the remaining 115 days. Citymeals has also emerged as the emergency responder for homebound older adults, beginning with 9/11 and continuing throughout the pandemic.

The Covid-19 pandemic rendered thousands of older adults effectively homebound when it very suddenly became unsafe for them to be in most public spaces given their particularly heightened risk of contracting the virus

and becoming seriously ill. They were no longer able to access their usual food programs, such as having lunch at an older adult center, using their EBT cards at a local grocery store, or stocking up at a food pantry. The City responded with the creation of an emergency home-delivered meal program called GetFood to address this new need. While the temporary program closed this Fall, about 10,000 older adults were transferred into yet another temporary program, the Department for the Aging's (DFTA's) Recovery Meals program. This program is currently set to end on June 30, 2022.

It is clear to us that the need for an expanded home delivered meals program is not waning, even as we begin to emerge from the Covid-19 pandemic, and we believe that a significant number of older adults in the City's Recovery Meals program will need to transition to DFTA's home delivered meals (HDM) program in the next fiscal year. Moreover, the transition of Recovery Meals clients is not the only increase in demand for HDM on the horizon. Older adults are among the fastest growing populations in this country, and we are all grateful to be living longer than ever before. We can confidently predict, then, that more and more people will be coming onto the HDM rolls in the years to come—indeed we have been seeing this increase already, for years. However, there is no additional funding in the Mayor's preliminary budget to support this transition from Recovery Meals, nor a broader plan for investments that would enable HDM to keep up with the rapidly growing number of New Yorkers in need of meals.

Citymeals applauds the Mayor's increase in reimbursement rates for HDM providers, a longstanding ask from the sector that is necessary to continue to provide the current level of services. However, without additional funding for the thousands of new clients that will be coming into the HDM program, providers will not be able to meet the increased demand, and older adults

with little or no other recourse will go hungry. This new administration has an important opportunity to take a step back and consider the broader needs of the system, to look beyond temporary solutions and consider how we can best support New Yorkers aging in place.

Therefore, Citymeals recommends the following:

**1. A timely assessment of the projected increase in home-delivered meal clients for Fiscal Year 2023, including clients transitioning from Recovery Meals as well as anticipated population growth.**

We believe that the increase in HDM clients will easily be in the thousands for the Recovery Meals transition alone, and there could be thousands more added to the rolls next year simply due to the aging of our population. This level of growth will require that providers have enough time to properly plan for and operationalize an increase in the number of meals that must be prepared, packaged, and delivered. We respectfully request that DFTA work closely with providers to ensure a seamless transition of Recovery Meals clients, by completing their assessment and sharing that information with providers as soon as possible. At this point, there are just 3 months left for providers to prepare for an increase in service delivery, which will already be very challenging. We urge DFTA to carefully consider the needs of providers as they manage this transition under such a tight timeline.

**2. Fully fund the programmatic and infrastructure investments required to expand the HDM program to meet this growth in demand. We estimate that a programmatic investment of \$12.7 million will be needed. Capital needs must still be assessed.**

In the absence of data, Citymeals worked with our partners to develop an estimate based on a conservative assumption of how many Recovery Meals clients will transition to HDM at the end of June 2022; importantly, this *does not* include funding required to meet the projected needs of a growing population of older New Yorkers.

The \$12.7 million estimate includes \$9.7 million to serve roughly 3,100 new clients at the \$11.78 reimbursement rate. Additionally, to ensure that these new clients receive weekend and holiday meals, an additional \$3 million earmarked for Citymeals will be required. Weekend and holiday meals are not provided through existing City contracts, and therefore did not receive the same investment to address reimbursement rates in the Preliminary Budget. This is a critical point: Citymeals fundraises to fill the gap in the City's HDM program and we cannot reasonably expect to raise an additional \$3 million to cover this new need. Therefore, without *both* investments, new HDM clients will only receive 1 meal a day, on weekdays only, and excluding holidays.

Finally, the focus of investments in HDM is usually on food costs, but the infrastructure of such a program is significant and maintenance costs are high. During our site visits with HDM providers, we are often told about vans that have been sitting in parking lots because they are in need of costly repairs, old refrigerators or stoves that should be replaced, cramped kitchens, etc. DFTA must evaluate the infrastructure needs of these programs and ensure that there is sufficient capital funding to address them. This is a critical aspect of ensuring that this program will be able to keep up with the increasing demand for home delivered meals.

### **3. Ensure the sustainability of our essential workforce by funding living wages for contracted human services workers.**

It cannot be overstated that nonprofit human services providers are a lifeline for the City and its residents; the sector's tenacity, resourcefulness, and expertise was on full display during the pandemic. Yet the City continues to underfund the services it relies on nonprofit providers to deliver, hobbling the programs and harming workers whose low wages fail to reflect the essential nature of their work. Therefore, we stand with our sector partners in requesting the following investments:

- **Provide a cost-of-living adjustment (COLA)** across all human services contracts
- **Boost salaries of nonprofit employees** on human services contracts with a floor of no less than \$21 per hour
- **Create and fund a comprehensive wage & benefit schedule** as exists for government employees

I thank you again for the opportunity to testify. It is my sincere hope that we can harness the momentum of a new administration and a largely new council to build and implement a robust vision for the network of services and supports that help older New Yorkers live safely, comfortably, and happily in their communities.

March 11, 2022

**Testimony of Jeremy L. Kaplan, Encore Community Services**

*New York City Council Committee on Aging — Recovery Meals & Home Delivered Meals*

*Contact: Jkaplan@EncoreNYC.Org*

Good afternoon council members. My name is Jeremy Kaplan and I am the Executive Director at Encore Community Services.

**Encore is the lead Home Delivered Meals Contractor for the Westside of Manhattan; where we deliver about 10,000 meals a week. We are also the lead Recovery Meals Contractor for The Bronx, Brooklyn, and Staten Island, where with our Partners DFTA and Green Top Farms we are responsible for delivering about 42,000 meals a week.**

**I want to commend the Commissioner and the Department for the Aging for its implementation of the Recovery Meals program. The process of transitioning people from GFNY to Recovery Meals not only happened fast, it involved a great deal of authentic collaboration with many partners.**

We have a problem though, and it's not just about what to do with Recovery Meals post June 30. **Even before the pandemic, 1 in 4 older adults living at home were nutritionally at risk.** I have full faith that DFTA will assess every individual receiving Recovery Meals and when they do- we will find a majority will require help accessing food in one way or another. **And the city does not have a financial plan to support that need.**

Encore started out with 7,200 people in the Recovery Meals program and so far, of those who have been unenrolled, about 30% have been transitioned to traditional Home Delivered Meals. Follow that through and that's 3,420 for the RM program that will need HDM, not to mention the thousands of others not yet reached.

**The Department for the Aging remains one of the most chronically underfunded agencies, receiving less than half of one percent of the budget. If a budget is a reflection of priorities, this budget does not show that New York City prioritizes Older Adults.**



But as I said- the issue goes beyond just “what to do with all the people still on the Recovery Meals program.” There is so much need, SO many New Yorkers aging in the shadows and isolated, whom we are not yet reaching. I often deliver meals to homebound seniors on the Westside. Without Fail- every time, Neighbors on my meal delivery rout look out their door and say- “what about me, I need food too...”

Finally, but perhaps most crucially, we urge the committee to address the issue of low pay for nonprofit contractors as a matter of equity.

A couple of months ago I delivered meals on a snowy day with Encore’s lead meal driver- George. We got to a building in Chelsea and the buzzer was busted. Its pretty common that our delivery staff have a hard time getting into buildings, especially NYCHA buildings because buzzers and elevators often don’t work – this time, a woman maybe 90 years old- **frail in body but strong of mind and determined** was waiting for George in the lobby of the building. George was astonished – “what are you doing down here, he said, I would have brought it up to you”.... She said – “I knew the buzzer was broken so I decided to wait downstairs because I really need the food.” George had to carry that women up 4 flight of stairs because there was NO way she would have made it back up on her own.

We can barely pay our drivers and meal delivery staff minimum wage. If George left Encore for better pay somewhere else so that he can better support himself and his family, it would take me months to fill his position, simply because the pay scale that the city offers to nonprofit contractors is atrocious. Its Government Sanctioned Poverty. The city of New York MUST guarantee a minimum of \$21/hour for all essential Human Service Workers and guarantee an annual COLA on every single contract.

I know this great Council is in favor of this, so I Urge City Hall to consider our plea.

Thank you to council members for your time today.



**TESTIMONY of FPWA**

**Presented to:**  
**New York City Council Committee on Aging**  
**Oversight Hearing on Food Insecurity**  
**Hon. Chair Crystal Hudson**  
**Friday, March 11<sup>th</sup>, 2022**

**Jennifer Jones Austin**  
**Executive Director/CEO**

**Prepared By:**  
**Jessica Cinque**  
**Human Services Policy Analyst**

40 Broad Street, 5<sup>th</sup> Floor  
New York, New York 10004  
Phone: (212) 777-4800  
Fax: (212) 414-1328

Good morning committee members and Chair Hudson. Thank you for hearing testimony on the Home Delivery Meals program and food insecurity.

My name is Jessica Cinque, and I am a Policy Analyst at FPWA. FPWA is an anti-poverty, policy, and advocacy nonprofit with a membership network of 170 human service and faith-based organizations. We have been a prominent force in New York City's social services system for nearly 100 years, advocating for fair public policies, collaborating with partner agencies, and growing our community-based membership network to meet the needs of New Yorkers. Each year, through our network of member agencies, FPWA reaches close to 1.5 million New Yorkers.

In order to continue reaching those New Yorkers, FPWA's fiscal team conducted in-depth research into federal funding mechanisms in New York City, and calls attention to the looming federal fiscal cliff faced by the human services sector. The city's eight human services agencies took in \$5.3 billion in federal funding in fiscal year 2021, a 22.7 percent increase from the prior year. Just two programs—epidemiological capacity and emergency shelter grants—more than account for the total federal funding increase across human services. Without Covid-19 relief funding for the six programs that received the highest sums, total federal grants these to human services agencies would have fallen by 5.7 percent from last year. As temporary emergency relief spending begins to expire in the coming years, these declines in baseline federal funding may become more acute. Without longer-term baseline funding solutions, this trend is likely to place greater strain on community-based programs, negatively affecting the millions of New Yorkers they support. For further analysis, please refer to our [Federal Funds Tracker Report](#).

As a result of COVID-19, older adults became invisible overnight with the City's stay-at-home order, creating barriers to access critical community-based services that enable older New Yorkers to age in place. The pandemic also exposed some of the most pressing challenges facing older adults, namely: an over-reliance on institutionalization, a chronic rise in social isolation, and an inequitable care system. To confront these realities, the human services sector has stepped up to provide critical services for older adults. And yet, the Department For The Aging (DFTA) budget that supports these services continues to make up less than 1% of the overall City budget. We believe that every New Yorker deserves the ability to age in community with access to services regardless of one's zip code or background.

To that end, we respectfully urge the City to:

- Pay Human Services Workers Adequate Wages
- Restore Cuts to DFTA
- Expand DFTA's Home Delivered Meal Program (HDM)
- Build on DFTA's Community Care Initiative, and
- Invest in Affordable Senior Housing

These measures will ensure that older adults receive the culturally competent services they need in a safe environment while building a viable model for continued partnership and coordination between the City and CBOs. This testimony seeks to address each request in brief detail to give the committee a contextualized understanding of the imperative of these needs.

#### **Pay Human Services Workers Adequate Wages**

- Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts.

- Set a living wage floor of no less than \$21 an hour for all City and State funded human services workers.
- Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.

### **Restore DFTA Funding**

- Restore the \$10.2 million Program to Eliminate the Gap (PEG) to DFTA's budget, including a \$1.3 million PEG to the Geriatric Mental Health program.

### **Expand DFTA's Home Delivered Meal Program**

- \$8 million to support continued growth in demand for HDM, including Recovery Meal clients transitioning to traditional home-delivered meals
- \$3 million to support weekend and holiday home-delivered meals not provided by current contracts

### **Build on DFTA's Community Care Initiative**

- \$7 million to expand DFTA virtual programming accessibility through an online database, devices, and connectivity, as well as technology support provided by community-based organizations
- \$5 million to support continued growth in demand of the case management program
- \$28 million to support continued growth in demand of the home care program, including expanding the hours of home care service available to older adults requiring additional support.

### **Invest in Affordable Senior Housing**

- Allocate capital funding to develop 1,000 units of affordable senior housing per year
- Increase the per unit reimbursement rate for SARA services from \$5,000 to \$7,500 per unit, allowing for increased staff to more adequately address social isolation and significant case assistance needs.

### **Conclusion**

With all of these things in mind, we humbly request the City prioritize the needs of older adults when planning for the fiscal year ahead.

Thank you for the opportunity to testify. FPWA hopes that you will consider our recommendations, and we look forward to working closely with you to ensure that New Yorkers of all ages receive the services they need in order to thrive.



**GOD'S LOVE WE DELIVER  
TESTIMONY FOR NEW YORK CITY COUNCIL'S COMMITTEE ON AGING  
CRYSTAL HUDSON, CHAIR  
MARCH 11, 2022**

**Thank you to Chair Hudson, and the Committee on Aging for holding this important and relevant hearing at a time when there is a food crisis in NYC. God's Love We Deliver is New York City's leading not-for-profit provider of medically tailored home-delivered meals and nutritional counseling for people living with life-threatening illnesses.** God's Love provides services to the most underserved and isolated populations in our City: those who are sick and unable to take care of their most basic need – the need for food and nutrition. As a key service agency within the local care continuum, we maintain relationships with 200 community organizations to reach those in need. God's Love has a network, a reach and a program that greatly benefits coordination of care for older adults in New York City. In the last year alone, we served 2.5 million meals to over 9,100 people living with serious illness.

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

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

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

**Compared to food-secure older adults, food-insecure older adults are 57 percent more likely to report congestive heart failure, almost 90 percent more likely to report asthma, and more than 65 percent more likely to have had a heart attack.**

**Food-insecure older adults are also significantly more likely to have lower nutrient intakes and to experience more serious limitations in activities of daily living.** Combined with the fact that 75% of older adults were unable to shop for food on their own and 58% were unable to prepare their own food, means risk factors align for malnutrition.<sup>i</sup> In addition, half of older adults recently discharged from the hospital are malnourished, and hospitalization within the previous six months is a risk factor for malnutrition in some older adults.

**Medically Tailored Meals ensure those living with life-altering illness have access to food while also improving health outcomes and reducing health care costs.** We recognize Nutrition as a Key Social Determinant of Health and that MTMs are an Innovative and Low-Cost Response to Disease and High Costs Driven by Food Insecurity and Malnutrition. There is robust research Evidence that when MTMs are included as part of a treatment plan for the highest risk in our communities, the service results in lower healthcare costs, higher patient satisfaction and better health outcomes. Receipt of MTMs (as compared to a group of comparable individuals who did not receive MTMs) is associated with:

- Reduction in emergency department visits of dually eligible individuals by 70%
- Reduction in inpatient hospital admissions by 52%
- Reduction in admission to skilled nursing facilities by 72%
- 16% net decrease in health care costs for over 800 individuals receiving the service over a 5- year period

**Last year, 6,300 New York City older adults received over 1.7 million meals from God's Love. God's Love is currently serving New Yorkers living in every zip code throughout the five boroughs and we have enclosed a table reflecting our services for older adults by New York City zip code, which demonstrates that there is an existing, and ever-growing need for medically tailored meals among older New Yorkers throughout all five boroughs.** 65% of our budget is supported with philanthropic funding, which gets harder and harder to raise each year.

There is a service gap in the current DFTA model. 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. Thank you for your time and consideration.

For further information please contact:

**Alissa Wassung**  
Senior Director of Policy &  
Planning  
212-294-8171  
[awassung@glwd.org](mailto:awassung@glwd.org)

**Kate Janeski**  
Senior Director  
of Client Services  
212-2948120  
[kjaneski@glwd.org](mailto:kjaneski@glwd.org)

**Danielle Christenson**  
Policy & Planning Associate  
212-294-8185  
[dchristenson@glwd.org](mailto:dchristenson@glwd.org)

---

<sup>i</sup> Ibid. Phipps et al.

Joanne Chu  
for the  
New York City Council Oversight Hearing  
" DFTA's Home Delivered Meals Program and the Ending of the 60+ Recovery Meals Service "

March 11th, 2022

on behalf of  
Hamilton Madison House/ City Hall Older Adult Center

#### Introduction

Good morning and thank you. I am Joanne Chu, Director for Hamilton Madison House City Hall Older Adult Center which is funded by NYC Department For the Aging(DFTA). Hamilton Madison House appreciates the opportunity to present testimony this morning to the City Council regarding DFTA's Home Delivered Meals Program and the Ending of the 60+ Recovery Meals Service.

First, I would like to thank the City Council and the Committee on Aging for taking this time to highlight the particular issue of meals service for senior population. Hamilton Madison House City Hall Older Adult Center which is located at lower Manhattan; our primary mission is to combat social isolation and economic insecurity among adults age 60 and above. In accordance with the mission, comprehensive programs and services including the social service program fosters access to vital services while the Meal Program provides fresh, nutritious meals in a social atmosphere. Program serves approximately 250 senior members on a daily basis and distributes approximately 5,000 meals on a monthly basis for our elder members and home bond clients currently; provides food safety among our seniors to live their life independently within community. Our program also conducts outreach and develops relationship with community and DFTA efforts to support for the meal program we've been offering in all perspective.

In my testimony today, I wish to provide a brief overview of recent poverty findings among New York City's senior population and the challenges faced by this vulnerable population. Background Census data demonstrates that almost one-fifth (19 percent) of the city's elderly population ages 65 and above live below the federal poverty level (approximately \$20,000 for a family of three). As the baby boom generation ages, the number of elderly New Yorkers is expected to rise dramatically. As the population of NYC residents ages 65 and older rises, it becomes increasingly more urgent to address the challenges and hardships experienced by low-income elderly New Yorkers, who makes up the main population we assist on a daily basis at the center. In collaboration with local, health and academic partners, reveals that many elderly members are forced to make ends meet on low incomes and benefit amounts, as the costs of basic necessities rise, by turning to basic living cost. Especially during COVID, we reached out over 2,500 seniors and how they expressed did not want the emergency food and desperately missed the center's meals. Furthermore, it showed how challenging it was to support immigrant seniors with their food insecurity needs.

The existence of City Hall Older Adult Center's meal program serves the nutritional needs of seniors by offering culturally and nutritionally-balanced meals inclusive of protein, grain, vegetable, fruit, and milk. Many seniors lack the financial or physical means to prepare their own meals and may not have the social network in which they can dine with company. We not only provide hot nutritious meals but also a dining experience that fosters interaction and socialization. In addition, Cultural sensitivity Meals and nutrition needs are essential to our older adult's population; in connection with the large Chinese demographic at the center, recipes and menus are prepared with cultural sensitivity. Our dining lounge is more than just where meals are served, it's where people gather to connect, share and social engage with others.

## Conclusion

City Hall Older Adult Center's offers a dining experience where healthy eating unites with socialization. In the long term, serving elderly population requires expanding the discussion and addressing the myriad of hardships faced by low-income New Yorkers. That is also the main purpose of all older adult centers. Bringing more voices to the table refocuses the issue of increasing the budget of meal services for all elder new Yorkers who can enjoy their meals in the company of familiar faces and new friends as well as DFTA's Home Delivered Meals Program and the Ending of the 60+ Recovery Meals Service.





## Commitment to Improve Quality of Life

**To: Committee on Aging Jointly with the Subcommittee on Senior Centers and Food Insecurity**

**From: India Home, Inc.**

**Re: Senior Center Services and Home Delivered Meals Testimony**

Thank you for providing us this opportunity to speak in front of the City Council Committee on Aging in conjunction with the Subcommittee on Senior Centers and Food Insecurity.

I am here today on behalf of India Home, a non-profit organization founded by healthcare professionals dedicated to serving South Asian older adults in New York.

India Home leads the city's largest and most secular senior center programs aimed at empowering and improving the quality of life of diverse South Asian and Indo-Caribbean immigrant seniors residing across Queens and beyond. Since our inception, we have touched the lives of over 5,000 older adults through our holistic and culturally competent programs such as congregate meals, senior center services, case management, mental health services, advocacy, and educational and recreational activities.

We also pivoted into delivering a robust and multitargeted COVID19 Relief & Recovery program at the onset of this unprecedented global pandemic and, with the hard work of our passionate staff and volunteers, we were able to provide essential services to over 2,000 vulnerable seniors in high-risk communities through home-delivered meals and groceries, virtual programs, wellness check-up calls, virtual case management, and COVID-19 Test & Trace outreach.

Our impact includes having provided over 30,000 culturally competent Halal/ vegetarian meals sensitive to the dietary restrictions of our seniors (who practice diverse faiths), over 1,200 grocery packages, more than 35,000 service units of virtual programming, and over 30,000 wellness check-up calls - and we are continuing to provide these much-needed services to our seniors and the communities we serve as our city returns to normalcy.

Food insecurity, a massive lack of culturally competent and multilingual case management services, chronic physical health issues, and mental health stressors such as depression, dementia, prolonged social isolation, and loneliness continue to pose some of the most critical challenges that our seniors face and these challenges have been exacerbated by the pandemic. Our seniors are at-risk and homebound, and thus are unable to go grocery shopping and prepare nutritious meals. Many have also lost their spouses or one or more beloved family members due to COVID19.

There is an undeniably high demand and need for the services we're providing, and the fact that we now serve more than 500 seniors on a weekly basis (which is a mighty 200% increase from 2019), as well as have over 225 seniors regularly attending our creative aging/ education programs so that they are engaged and socially connected - is a testament to this growing demand and that our services are being greatly utilized and valued by seniors.

178-36 Wexford Terrace Suite 2C Jamaica, NY 11432 ▪ Phone: (917) 288 7600 ▪ Fax: (718) 425 0891 ▪  
www.indiahome.org ▪ info@indiahome.org ▪ Tax ID: 20-8747291

**Board of Director Officers**  
**Mr. Mukund Mehta**, President  
**Dr. Amit Sood**, Treasurer  
**Mr. Ali Najmi**, Secretary

**Board of Director Members**  
**Ms. Jaya Bahadkar**  
**Ms. Neetu Jain**  
**Dr. Ankineedu Prasad**



## Commitment to Improve Quality of Life

We are trying our utmost best to fill this gap in holistic and culturally competent support services for our South Asian and Indo-Caribbean immigrant seniors, who are highly underserved populations in NYC. We have a 100% open doors policy and do not turn any seniors away; however, it is important to note that our community resources are running thin. We are trying to address the growing need for case assistance and various emergency food and mental health services; however, we are understaffed and unable to meet the high demand of cases. Though we were recently awarded the RFP to contract a center directly with DFTA, this is just for one of our four sites, it doesn't cover all of the associated costs for that center, and we are about to establish two more centers this year. The need for our services, and especially culturally competent meal programs, continues to grow more than the funding we receive. Despite us not receiving fully adequate support to sustain all our innovative programming, we continue to be compliant to DFTA standards and regulations throughout our centers.

We have regularly testified in front of the Committee on Aging for many years now, and we've been on the forefront of advocating for increased senior services and programs. With that being said, I am here today to advocate for greater increases to the DFTA budget in the coming years. I ask that the Committee increase funding that can be allocated towards the expansion of our senior center programs, especially in regards to our meal program and creative aging activities, and to support our growing case management needs. I ask for equity in resource allocation and distribution. Our communities cannot continue to be shortchanged especially when they exist at the intersections of marginalization.

The need is urgent and the time to act is now!

**Thank you for your time and cooperation!**

Sincerely,

Vasundhara D. Kalasapudi, M.D.  
Executive Director

178-36 Wexford Terrace Suite 2C Jamaica, NY 11432 ▪ Phone: (917) 288 7600 ▪ Fax: (718) 425 0891 ▪  
www.indiahome.org ▪ info@indiahome.org ▪ Tax ID: 20-8747291

**Board of Director Officers**  
**Mr. Mukund Mehta**, President  
**Dr. Amit Sood**, Treasurer  
**Mr. Ali Najmi**, Secretary

**Board of Director Members**  
**Ms. Jaya Bahadkar**  
**Ms. Neetu Jain**  
**Dr. Ankineedu Prasad**



## Testimony of Stanley M. Isaacs Neighborhood Center

Committee on Aging Hearing - March 11, 2022

I would like to thank Chair Crystal Hudson for bringing us together today on the future of the Home Delivered Meals program and the NYC 60+ Recovery Meal service formerly known as Get Food NYC. My name is Khristel Simmons and I am the Senior Director of Food and Nutrition Services at the Stanley M. Isaacs Neighborhood Center (Isaacs Center), overseeing the Recovery Meals program, home-delivered meals, and congregate lunch programs for seniors.

The Isaacs Center is a multi-service organization providing critical social safety nets to older adults, children, young adults, and families for nearly 60 years. We operate under a “hybrid model,” for our Senior Center and NORC (Naturally Occurring Retirement Community), and Home Delivered Meals (or HDM) programs located at the Isaacs Houses and Holmes Towers on the Upper East Side, and the Taft Houses Senior Center in East Harlem.

I have been an HDM director for 13 years in New York City, working to diminish food insecurities for seniors by providing the resources necessary for them to live longer, healthier, and more independently. The HDM program is not only a meal delivery program. It is a lifeline to the seniors of New York City, the same seniors who worked to build its very foundation.

We know that seniors are among the most vulnerable and disproportionately impacted population throughout this public health crisis. Since the onset of the pandemic, the Food and Nutrition Department has been at the forefront of feeding New York City’s most underrepresented and oppressed population. The past two years only magnified the impacts of this longstanding issue. The NYC 60+ Recovery Meal service was launched in the wake of the pandemic in 2020. In the Fall of 2021, Isaacs Center, alongside Encore Community Services, and Catholic Charities began servicing collectively 10,000 seniors residing in NYC with 7 fresh and healthy meals each week.

Without your intervention, the Recovery Meal Service will end on June 30<sup>th</sup>, 2022. As we get closer to the end of this program we would like to receive clarity on how the City plans to serve the seniors who are relying on this service now and would return to experiencing food insecurity without support.

When we surveyed our clients this month, we learned the following:

86% of our clients are satisfied by the quality of our meals. 84% are satisfied with the taste. 86% are satisfied with the portion size.

While we are pleased with those results, here’s the data that keeps us up at night:

20% of our clients acknowledge that their existing health conditions effect their food and meal choices. Any of us who have had experience with seniors know the complexities that salt and fat have on their diets, or how oral health and dental issues lead to chewing and digestive issue. It is critical for programs to be appropriately resourced to tailor meals to meet those specific needs.

**More urgently, 85% of our clients tell us that they rely on these meals to meet their nutritional needs – and 76% do not know how they will have their needs met when this program ends.**

We call on this Committee to ensure that there will be no disruption in service to older adults on July 1 and to commit to providing us with the resources we need to prevent food insecure seniors from falling through the gaps. By increasing access to home delivered meals in FY23, stocking our food pantries, expanding the kitchens in the community centers and senior centers we operate, and ensuring that our essential workforce – our deliverers, our cooks, our case managers – have a livable wage, no senior will go hungry on our watch.

Thank you to the Committee on Aging for holding this important hearing and the opportunity to submit testimony.



**New York City Council Aging Committee Hearing  
Oversight - DFTA's Home Delivered Meals Program and  
the Ending of the 60+ Recovery Meals Service  
March 11, 2022**

Thank you Council Member Hudson for Chairing today's hearing on DFTA's Home Delivered Meals Program and the Ending of the 60+ Recovery Meals Service. JASA welcomes the opportunity to share our experiences as a provider of both congregate and home delivered meals, as well as make recommendations for FY23.

JASA is the go-to agency serving older adults in New York City, providing critical services to over 40,000 people annually. Founded 50+ years ago, JASA is a leading expert and innovator in aging services that recognizes the diversity among the aging population and honors older adults as vital members of society. JASA's life-changing support services, interventions and partnerships promote aging with a purpose and provide autonomy for older adults to remain in their homes and communities. JASA operates ten affordable housing properties, is a licensed home care agency and offers a breadth of integrative services citywide spanning free legal services, health and mental health services, home-delivered meals, social programming at older adult centers and community trainings on elder abuse, peer health support, caregiver assistance and more.

The pandemic's impact on older New Yorkers cannot be understated. Virtually all in-person programming and congregate social opportunities came to an end overnight, and a real fear descended on people who previously were independent and actively involved in their communities. Suddenly, independent older New Yorkers needed assistance with the most mundane tasks and errands, more vulnerable individuals sought out previously unutilized services, and providers needed to pivot immediately to meet the needs of the growing community. Like our sister agencies, JASA was forced to quickly transform our service delivery models.

**Food Insecurity**

Since the start of the pandemic, food insecurity and inaccessibility have been of increased concern. While there was prior awareness of food insecurity as an issue for many individuals and

families, the pandemic served to highlight the need among vulnerable New Yorkers and brought it to the forefront.

Following emergency orders, JASA closed the doors to all congregate meal programs at our 22 older adult centers (OAC), and quickly shifted to “grab and go” meals, retaining the quality and choice that members had come to expect. As DFTA moved away from “grab and go”, JASA’s OACs served as hubs for DFTA’s initial COVID-19 food distribution plan with staff going onsite to receive meals from caterers, which were then distributed by DoorDash drivers. The Administration then moved meal distribution and coordination to the Food Czar, and JASA staff enrolled members in the NYC GetFood program. Most recently, DFTA is again responsible for food distribution through the Recovery Meals program, which is slated to end June 30, 2022. According to DFTA, there are still 11,400 individuals benefiting from the program.

## **Looking forward**

New York City is thankfully in a different place than we were in March 2020, when Covid-19 arrived in a real way at the doorstep. There are vaccines available, and many older adults are fully vaccinated, thanks in large part to the efforts of the human services workforce. Although there remain concerns, the hospitalization and death rates have plunged, and New York is beginning to reopen. When congregate meals at OACs resumed, JASA welcomed the return of many legacy center members (members who were already active in the OAC prior to the pandemic). However, OACs are still limited to 25% capacity for on-site programming and congregate meals. While JASA appreciates the City’s aim in protecting vulnerable populations, it is time to revisit the limits on program participation.

In wrapping up the Recovery Meals program, the Administration talks of OACs and home delivered meals as part of the solution for addressing the remaining nutrition needs of the remaining beneficiaries. Can OACs be the solution if they are unable to serve the growing number of individuals requesting meals? What’s more, in brief calls to the Recovery Meal recipients, most were uninterested in having a case management assessment done, which is the only way for them to be determined eligible for home delivered meals or any other DFTA services. What will happen with the 11,400 individuals at the end of June? How do we ensure that they do not find themselves without food on July 1st?

There are many questions that need to be asked to have a better understanding of the individuals who are still receiving meals. JASA would encourage DFTA to do a survey to find out, at least from a sample of the current recipients, how they accessed food prior to the pandemic, and whether the recovery meals increased food security based on the beneficiaries’ own assessments. There should be an attempt to understand their participation in the Recovery Meals program, assess where the gaps in food accessibility exist, and figure out what might fill it. Perhaps the pandemic has shown us that there is a need for new flexibilities in the models of food delivery beyond the current home delivered meals and congregate meal models.

As a DFTA contracted provider of case management and home delivered meals, JASA is particularly concerned about a potential last minute influx of individuals in need of a case management assessment. Staff is already stretched with their current caseloads, and temps are not easily found to fill in the staff vacancies. Adding thousands of people to home delivered meals routes requires staffing, new vans, office space, parking spots for vehicles, and would likely require an RFP. Case management and home delivered meals contracts have struggled with staffing since the pandemic began, with vacancies for case workers, drivers, meal aides, and clerical support. All these human services positions are essential to the sector, and yet they are very challenging to fill, in large part because of the low wages. Government contracts do not pay a livable wage and workers have not received a COLA. The low salaries make hiring and retaining staff all the more challenging. How will DFTA manage a last minute surge in requests should that occur, and if the idea is to move these individuals into OACs, or case management and home delivered meals, has sufficient funding been allocated for FY23?

There are a lot of questions in this testimony and hopefully these questions will result in some new thinking about what the aging services looks like as we move forward. The pandemic has challenged everyone, government and the human services sector, to rethink and reimagine how best to meet the needs of vulnerable populations in good times, as well as times of crisis.

Thank you for the opportunity to offer this testimony.

Molly Krakowski  
Senior Director, Government Affairs  
JASA  
[mkrakowski@jasa.org](mailto:mkrakowski@jasa.org)  
212 273-5260



**New York City Council  
Committee on Aging  
Chair, Council Member Hudson  
Subcommittee on Subcommittee on Senior Centers and Food Insecurity  
Chair, Council Member Mealy  
March 11, 2022**

**Oversight - DFTA's Home Delivered Meals Program and the Ending of the 60+ Recovery Meals Service**

Thank you for the opportunity to testify and an enthusiastic welcome to our new Chairs, Council Member Hudson and Council Member Mealy, during our first Aging Hearing of the new term.

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 older adult 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.

**Background**

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. Prior to the pandemic, many older adults relied on meals from Older Adult Center for more than half of their daily nutritional intake; but in the Spring of 2020, congregate meal settings were forced to close, resulting in the creation of an emergency home-delivered meal program which became known as GetFood. The GetFood program scaled rapidly to meet the growing need for nutritional assistance yet represented a temporary solution to a more systemic hunger problem.

Representative of the temporary nature of the program, the GetFood program came to a close this Fall, transferring thousands of older clients into the Department for the Aging (DFTA) Recovery Meal (RM) program, which is currently being run by three non-profit providers, all of which are LiveOn NY members. This program — also envisioned as a temporary solution — is currently set to end at the close of this Fiscal Year, or June 30, 2022. **Unfortunately, Mayor Adams' Preliminary Budget allocated no Fiscal Year 2023 or outyear funding to support Recovery Meals clients who will need home-delivered meals (HDM) beyond June 30th,** nor is there publicly available data on the current demand trends to understand how many clients might need such continued support into the future.

On the other hand, **LiveOn NY is appreciative of Mayor Adams Preliminary Budget investment to address reimbursement rates within the HDM program.** This funding will bring the reimbursement rate for meals to \$10.68, retroactive to January 1, 2022, and will raise the rates further to \$11.78





beginning in Fiscal Year 2023. This investment, first announced in December of 2021 by Commissioner Cortés-Vázquez, will make a meaningful difference in the overall sustainability of this program.

Nonetheless, we recognize there is more work to do in order to fully root out senior hunger in the City, including for the thousands of older adults who will continue to need home-delivered meals beyond the close of the Recovery Meal program in June. **It is critical that the City use this moment and the momentum of a new Administration and City Council to go beyond short-term solutions, to instead executing long-term investments aimed at rooting out older adult hunger more holistically.**

### **Recommendations**

In order to adequately tackle these challenges at hand, LiveOn NY recommends the following:

**First, recognizing the home-delivered meal program would not be possible without the tireless work of human service professionals, we join our partners in calling for the City to invest in a Cost of Living Adjustment (COLA) for all human services workers.**

Throughout COVID-19, human services workers across sectors have stepped up to provide critical services in new ways, including to keep New Yorkers older New Yorkers fed, assist older adults in receiving vaccinations, and combating the life-threatening effects of social isolation. Despite this, the wages of these workers, the majority of whom are women and Black and brown individuals, are slated to remain stagnant and at poverty levels in a City where costs are notoriously high. It is critical that the FY23 budget, and all future budgets, rectify this by automatically allocating a COLA for all human services workers.

**Additionally, DFTA must work with providers to assess clients, share data, and ultimately make the proper investments required to address projected home-delivered meal demand increases for Fiscal Year 2023, including those as a result of Recovery Meal client transitions.**

This assessment should result in a corresponding investment required to serve all older adults that might require a home-delivered meal in the coming Fiscal Year, including both those known to the Recovery Meal program, and a projection of future demand likely to be experienced during the year as a result of growing population. Recognizing that such a growth in demand requires operational and logistical support on the part of current providers, as well as time to make preparations for such a growth in demand, DFTA must also work with providers to ensure a seamless transition of clients, with proper infrastructure support and investment as is needed.

**In lieu of this more detailed information, LiveOn NY and partners estimate an \$12.7 million investment should be made to meet home-delivered meal demand that will result from the termination of the GetFood Recovery Meals Program in June.**



As the Recovery Meal program is set to end in June, many clients will continue to need nutritional support – support for which there is currently no funding allocated to provide. Ideally, these clients will transition to the HDM program, which already serves approximately 20,000 older New Yorkers.

This investment would include \$9.7 million to support continued growth in demand for the HDM program, equating to funding to serve roughly 3,100 new clients at the \$11.78 reimbursement rate, as a conservative estimate of the number of clients that might need meals beyond the Recovery Meal transition. Additionally, this would provide \$3 Million to support weekend and holiday home-delivered meals, which are not provided through current contracts, and did not receive the same investment to address reimbursement rate as weekday meals received in the Preliminary Budget.

**DFTA must assess and invest in addressing the capital needs for van purchases and other infrastructure needs by HDM providers.**

LiveOn NY recently informally surveyed providers and found an estimated 65 replacement or new vans are needed to support the home-delivered meal program. This in addition to consistently hearing of capacity concerns due to needs for larger kitchen spaces, new refrigerators, and other infrastructure investments. Further compounding the need for infrastructure investments, we have recently learned that the majority of our members who provide home-delivered meals have had their delivery vans vandalized in recent weeks, with the majority having had their catalytic converter stolen from their vehicle, a part that takes both time and money to replace.

By working with providers to more formally survey and understand the needs, DFTA would be well positioned to make an investment that would, quite literally, put the wheels in motion towards expanded capacity for this mission driven system. 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.

**\$5 million to 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, many meal recipients may require some level of case management to remain independent and safe in their communities. In a recent survey, LiveOn NY estimated that more than 1,000 clients are currently on the waiting list for case management. This demand is likely to grow as more Recovery Meal clients are assessed and comes on top of consistent



Making New York a better place to age

demand increases that have historically led to waiting lists for case managers. These waiting lists have required advocacy for additional funding each year, and indicate a need for early and significant upfront investments to avoid the continued cycle of recurring waiting lists.

**Recognizing the role that Older Adult Centers play in combating hunger, DFTA and the Department of Health and Mental Hygiene (DOHMH) should work together to reassess and update Older Adult Center (OAC) Capacity Requirements.**

Presently, OAC/NORCs are, for the most part, unable to operate at full in-person capacity, as currently there is a 25% capacity restriction in place, with flexibility to go beyond this only under guidelines that are administratively difficult for providers to execute. In comparison, restaurants are able to operate at full capacity with an indoor vaccination requirement in place. Given the current downturn in infection rates and the variance in guidance with similar entities such as restaurants, it would be impactful for the current guidance to be reassessed and updated to ensure maximum opportunity for social service provision, while also balancing safety precautions. This is critical as capacity restrictions on OAC hinders the recovery for these spaces, which are hubs for addressing hunger among older adults.

Thank you for the opportunity to testify.

---

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

*LiveOn NY also administers a citywide outreach program and staffs a hotline that educates, screens and helps with benefit enrollment including SNAP, SCRIE and others, and also administers the Rights and Information for Senior Empowerment (RISE) program to bring critical information directly to seniors on important topics to help them age well in their communities.*



**The New York City Council  
Committee on Aging Jointly with the Subcommittee on Senior Centers and Food Insecurity  
Preliminary Budget Hearing  
Friday March 11th, 2022 10 A.M.**

**TO:** The Committee on Aging and the Subcommittee on Senior Centers and Food Insecurity

**FROM:** Kathleen DiPerna, Rethink Food NYC, Inc.

**DATE:** Friday March 11th, 2022

Good Afternoon Chair Hudson, Chair Mealy, Commissioners, Committee Members, Council and Staff,

Thank you for the opportunity to testify today on behalf of Rethink Food, a New York City-based nonprofit with the mission to create a more sustainable and equitable food system - one where every New Yorker has access to dignified, culturally responsive, nutritious food.

My name is Kathleen DiPerna, and I am the Director of Government Relations. Rethink Food currently operates in 35 council districts across all 5 boroughs and has plans to expand to 40 districts by Fiscal Year 2023. I come to you today to discuss how our services have supported food insecure seniors across the City, and how together we can continue support them through our citywide funding requests through the Speaker's Initiative, Food Access and Benefits, Food Pantries, Access to Healthy Food and Nutritional Education and A Greener NYC Initiatives.

Rethink was founded in 2017, and started with a commissary kitchen, with the goal of transforming excess food from restaurants, corporate kitchens, and grocery stores into healthy meals that could be provided - at no cost - to communities in need. The kitchen prepares an average of 8,000 meals per week, which are distributed to 8 CBOs in Queens, Brooklyn and Manhattan, and last year, recovered nearly 500K pounds of excess food.

At the height of the pandemic, Rethink leveraged its experience to address the dual challenges of escalating food insecurity rates and restaurants facing widespread closures, to launch Rethink Certified. Through this program, we partner with local restaurants to prepare delicious, culturally responsive meals that are provided free of charge to CBO's. In exchange, Rethink provides small grants to offset food, operating, and staffing costs. In 2021, we delivered nearly 3.3M meals to 88 CBOs and invested more than \$15M dollars into 76 restaurants, three quarters of which were minority- and/or women-owned.

We know that COVID left our seniors isolated at home, and at a higher risk of food insecurity due to the closure of senior centers, where they relied on hot communal meals. Rethink responded to this need at the height of the pandemic in partnership with the Chinatown Strong Initiative, by providing nearly 14,000 culturally relevant meals per week, delivered door to door to Chinatown/LES seniors and residents. In the Bronx in partnership with BronxHouse, we provided on average 700 kosher meals per week for just over a year to its seniors while their senior center was closed.



Looking ahead, we cannot let our seniors wonder where their next meal will come from, allow restaurants to close when they are a viable conduit for feeding the community, especially while perfectly edible food is being wasted. Thank you for the opportunity to testify before you today, and we look forward to discussing how in partnership, we can work together to feed the most vulnerable New Yorkers.

Respectfully Submitted,

Kathleen DiPerna



**Testimony of United Neighborhood Houses  
Before the New York City Council  
Committee on Aging and Subcommittee on Senior Centers and Food Insecurity  
Council Member Crystal Hudson, Chair, Aging  
Council Member Darlene Mealy, Chair, Senior Centers and Food Insecurity**

**Oversight – DFTA’s Home Delivered Meals Program and the  
Ending of the 60+ Recovery Meals Service**

**Submitted by Tara Klein, Senior Policy Analyst  
March 11, 2022**

Thank you for hosting today’s important hearing on the Department for the Aging (DFTA)’s Home Delivered Meals (HDM) Program and the Ending of the 60+ Recovery Meals Service. United Neighborhood Houses (UNH) is a policy and social change organization representing 45 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 and later the DFTA Recovery Meals 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 older adult centers (OACs) 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.

Now, as the City prepares for the end of the DFTA Recovery Meals program due to the expiration of federal funding support, we appreciate the opportunity to weigh in to ensure homebound older New Yorkers are still able to receive meals, in large part through DFTA’s home delivered meals (HDM) program as well as older adult centers (OACs). We urge the Administration to carefully analyze the needs of Recovery Meals clients prior to the end of the program and to provide

sufficient funding and time to allow HDM providers to expand their capacity so that no one who needs a meal going forward is denied one.

### **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 and beyond. 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 skyrocket. 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 instructed HDM programs to turn people away from the program, instead referring them to GetFood NYC and its later iteration as DFTA Recovery Meals, 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.

### ***HDM Rate Increase and Funding Needs***

UNH is thrilled to see that the FY 2023 Preliminary Budget includes additional funding for HDM programs to support increased contract reimbursement rates, with \$2.338 million added for FY22 and \$9.41 million added for FY23 and beyond – to bring rates up to \$11.78 per meal. UNH has long advocated for this much-needed increase and we thank the Adams Administration for delivering. That being said, there are additional funding needs for the HDM system, including funding support for weekend meals, wait lists, capital/infrastructure needs, new inflation rates including higher gas and raw food costs, and cost of living adjustments. These needs, representing a legacy of systemic underfunding, will be discussed in greater length in our budget testimony later this month.

### **GetFood NYC**

GetFood NYC, the City's emergency feeding program, was 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.

Unfortunately, we 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. 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 improved over time (i.e. senior centers were eventually permitted to enroll and un-enroll older adults directly), some of the problems persisted, including poor quality food and delivery mistakes.

### **GetFood Transition to DFTA Recovery Meals**

GetFood enrollment steadily decreased in late 2021, especially as many older adults were able to access grab-and-go meals at their senior centers starting in June 2021 and with the rise in vaccination rates and general comfort among older adults to go out to programs. With the expiration of federal funding for GetFood on the horizon, the City transitioned the GetFood contracts for older adult meals away from the Department of Sanitation and over to the Department for the Aging, rebranding the program as Recovery Meals beginning in the fall. Three nonprofits were given these contracts, including one settlement house, and were instructed to administer the program while subcontracting out the meal preparation and delivery to the existing private GetFood vendors. Today, we understand approximately 11,500 older adults continue to receive these meals.

### **End of DFTA Recovery Meals and Areas of Concern**

Given that these Recovery Meals contracts are expected to end on June 30, 2022 with no planned extension, there is a severe lack of clarity about how those 11,500-or-so older adults will continue to receive the meals they need. Those who still need meals will have to choose between receiving meals from the HDM program, attending an older adult center for in-person or grab-and-go meals, attending a food pantry, signing up for SNAP, or finding another suitable option. This is more than a menu of options for older adults to choose from – there are deep systemic needs to operationalize this transition and boost programmatic capacity, and we worry that given the timeframe the City is woefully underprepared. Critically, existing DFTA programs will not be able to absorb those individuals without additional analysis and case management assessments, significant funding and capacity investments, or adequate time.

### ***Case Management Assessments and DFTA Analysis***

Currently, to enter the HDM system, a separate Case Management Agency must assess an older adult to determine their eligibility for the program. Not every older adult on Recovery Meals will be eligible (i.e. they may only have been “homebound” due to the pandemic). The Case Management system is already overburdened and dealing with waiting lists, so suddenly adding thousands of older adults systemwide on a tight timeline will be a significant challenge. Further, to plan ahead for capacity and funding needs, there needs to be an approximate assumption about the overall number of older adults who will transition to HDM. Some providers have been trying to conduct this analysis themselves, but it is piecemeal and incomplete. DFTA should assist in this analysis in conjunction with the Recovery Meals providers as soon as possible to determine the overall number of older adults who will be eligible to transition to HDM. DFTA could also consider creating a separate, streamlined HDM assessment process for older adults receiving Recovery Meals that bypasses the Case Management Agency or utilizes a simplified



methodology. The assessment process should also be able to determine whether capacity increases are needed for OAC meals, food pantries, or other programs.

### ***Funding - Number of Meals and System Capacity***

The elimination of federal funding for GetFood/Recovery Meals programs poses a significant challenge as the City considers how to address food insecurity among older adults who continue to rely on this support. The City will have to invest additional funding into the HDM system, as well as the older adult centers and any other programs that are left to take on this additional capacity. No new funding has been allocated for this in the FY 2023 Preliminary Budget. This is another reason why DFTA must help conduct an analysis of how many older adults will need to join HDM or OAC meals – to determine how much additional funding is needed. Since the Preliminary Budget now includes an across the board HDM reimbursement rate of \$11.78 per meal, the math should be simple once this analysis is complete.

On top of this, there will be significant capacity-related needs that will have to be funded, including new infrastructure needs like kitchen equipment, storage space, building repairs, new vans, and van repairs. Many of these needs are currently slow to be approved by the City. Further, current staff retention and recruitment is extremely difficult due to low contract rates that necessitate low salaries – and especially as the increased rates announced in the FY 2023 Preliminary Budget have not yet trickled down to providers. Finally, the City must consider funding for increased capacity in Case Management programs, which are backlogged with wait lists and must continue screening clients for HDM eligibility.

In addition, it is important to note that Recovery Meals offers multiple meals per day while HDM only offers one meal per day. While conceptually it would be great for HDM to be able to provide more than one meal per day for those who need it, the existing capacity and financial roadblocks make this difficult for providers to accomplish as things are set up now. This should be a long-term goal of the HDM system, but the City will need to commit significant funding and capacity resources before moving forward.

### ***Timing***

The timing of this transition remains extremely concerning. With three and a half months left until deliveries are expected to stop, the City has not yet begun to consider what will happen to older adults when the contracts end.

The City cannot afford to wait another day to plan for this transition. First, the Case Management assessment process will take time given that thousands of older adults will need to be screened. If an alternative streamlined system is created, that needs to be developed now and implemented very soon. These first steps are needed so providers can plan ahead for their capacity increases and so the City can understand what kind of budget investment it will need to make in FY 2023.

Capacity and programmatic needs will take time to scale up, particularly for HDM. New routes will need to be developed. New staff will need to be hired – which given current hiring challenges will take time. New vans will need to be ordered – by one account new vans take upwards of eight months to build. We heard in past hearings that DFTA was investing in several new vans for existing providers and we hope to hear a status update on this soon. Finally, older adults will need some time to prepare for a change in their daily routines and be able to find suitable alternatives if HDM is not the answer for them.

Given this tight timeline, we cannot wait until the end of this fiscal year to inform providers of their new capacity increases. We hope the City will take a serious look at whether this transition is actually feasible on this timeline, or whether contract extensions for a few months is worthwhile in order to ensure the transition is smooth. If contract extensions is the answer, providers must be told a firm length of time as soon as possible.

***Working with Providers***

In making decisions about transition plans, we hope the City will work closely with nonprofit providers, especially those who have been operating Recovery Meals programs. It will be crucial for the City to listen to and learn from providers what issues they are seeing with clients, what their programs need, and to work collaboratively to identify solutions so that no older adult goes hungry.

Thank you. To follow up, please contact me at [tklein@unhny.org](mailto:tklein@unhny.org).