



**Department for
the Aging**

TESTIMONY

Presented by

**Lorraine Cortes-Vazquez
Commissioner**

on

Oversight: Food Insecurity within Older Adult Centers

before the

**New York City Council
Committee on Aging
jointly with the
Subcommittee on Senior Centers & Food Insecurity**

on

**Wednesday, December 14, 2022
10:00 a.m.**

Introduction

Good afternoon, Chair Hudson and Chair Mealy, and members of the Aging Committee and subcommittee on Senior Centers and Food Insecurity. I am Lorraine Cortes-Vazquez, Commissioner of the New York City Department for the Aging (NYC Aging). I am so pleased to be able to testify before you today about a topic which is so fundamental to the work that we do at NYC Aging; combating food insecurity among the older adult population in New York. Thank you for the opportunity today to testify on this matter and give you an overview of some of the important work that NYC Aging does to connect older New Yorkers to food resources and combat hunger in this vulnerable population.

As you know, the COVID-19 pandemic disproportionately affected older adults in a variety of ways. From health outcomes due to the virus, to connectivity issues, social isolation, and even safely accessing food, older adults felt the impacts of this global pandemic deeply. At NYC Aging we are eager to reacclimate older adults to a life where we live with and adapt to this new reality. Because of that, this fall, we were excited to launch our “Join Us” campaign which will encourage older adults to return to their local Older Adult Centers (OACs) where they are connected to programs and activities including congregate meals. In recent weeks, OACs as a call category to Aging Connect—NYC Aging’s in house contact center—has increased since the start of the campaign and we are hopeful this is a sign of increased attendance at our centers.

Regarding food insecurity and older adults, NYC Aging focuses on two main programs to meet the various needs of our clients in New York. First, older adults can access congregate meals within OACs, and depending on that provider’s contract, can eat breakfast or lunch at that center. Secondly, older adults who cannot attend an OAC, or are unable to shop for themselves, may be entitled to receive Home Delivered Meals through our HDM program.

Meal Service at Older Adult Centers

Older adults have access to healthy, nutritious meals at all older adult centers across the city. While the last three years have been difficult for providing congregate meals to older adults in OACs, we are happy to see attendance increasing since our centers reopened in June 2021. As always, meal service is a core focus of the work done here at NYC Aging and with our provider network in the OACs.

Since the reopening of OACs, NYC Aging programs have served nearly 6 million total meals to older adults between congregate meals and Grab and Go meals. Meals provided at OACs are developed to be nutritious and culturally appropriate. Centers and neighborhoods which speak languages other than English, or have a predominant cultural need, have meals tailored to the individuals who attend those sites. This may include meals which are culturally Spanish, Puerto Rican, Caribbean, Asian, and other appropriate meals. We are pleased to see steady increases in the number of meals being served and the correlation between congregate meals and older adults returning to their OACs.

Home Delivered Meals

Providing meals to homebound older adults 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, in the most recent full fiscal year, FY 2022, NYC

Aging delivered more than 4 million meals to over 26,000 homebound older adults enrolled in this program. In order to qualify for this program, older adults must meet specific criteria such as being unable to attend an OAC due to illness or frailty or lack the ability to prepare food for themselves.

HDM functions differently than what older adults who attend an OAC will see in their congregate meal service. The HDM program at NYC Aging is connected to services provided by Case Management Agencies (CMA) who perform in-depth assessments of a person's social, psychological, cognitive, and physical wellbeing to determine their needs. This is a key part of the Community Care model and allows older adults to successfully age in place, within the communities that they helped to build.

NYC Aging continues to work to expand choices and options that older adults, who are in the HDM program, have regarding their meals. Much like at OACs, older adults who have culturally specific needs such as Kosher or Halal foods, receive appropriate meals tailored to those requirements. Meals are nutritious and developed to provide older adults with healthy options when they cannot leave home or are unable to afford food on their own. While dietary restrictions such as vegan or plant-based options are not part of the HDM program, individuals who request those types of meals are referred to partner organizations who do provide meals with those requirements in mind.

Grab-and-Go Transition & Recovery Meals

As you may remember, at the start of the pandemic, NYC Aging quickly transitioned our congregate meals operations to ensure that center members continued to have access to a daily meal. Meal service operations first included the "grab-and-go" model, and eventually merged with the City's broader food insecurity initiative, GetFoodNYC. While the Grab-and-Go program has ended as a citywide endeavor, some OACs have chosen to formally include this as part of their programs to serve the needs of their clients. For those clients who received grab and go meals and are now in need of other arrangements, they have been offered meal services across NYC Aging programs such as a return to congregate meals at OACs and the HDM program. While grab-and-go is a viable emergency option, it should not be a default provision as it does not support the key benefits of meals in congregate settings or combat social isolation.

Additionally, NYC Aging has launched a successful eight-month 60+ Recovery Meals service to help older adults with this transition away from pandemic responses to food insecurity. By the end of this transitional service, all participating older adults were either self-attested to no longer needing meal service or have identified appropriate means of getting food either by transitioning back to regular shopping, attending an OAC, or qualifying for HDM services.

Months after the RM service ended, we have not stopped our efforts to ensure vulnerable older adults receive adequate food. NYC Aging has identified older adults who participated RM but have not yet participated in either meals service at OACs or within an HDM program. In November of this year, NYC Aging distributed postcards to these older adults, which was supplemented by outreach calls, to encourage those older adults to attend an OAC and enjoy congregate meal service. These postcards were delivered in an appropriate language including English, Spanish, Russian, Traditional and Simplified Chinese, Mandarin, Arabic, Polish, and

Bengali. We are hopeful that these continued efforts will connect even more eligible older New Yorkers to the appropriate food resources which meet their needs.

Conclusion

We know that access to meals is a fundamental component of not just stability and health, but also independence and aging in place. Ensuring older adults have access to meals is the foundation for the work at NYC Aging and we are happy to continue to expand this core component of our network of services. I am proud of the work that NYC Aging and our program network has done, especially over these challenging and ever-changing times.

Furthermore, these programs which combat food insecurity reinforce key tenets of the Community Care Plan which—much like OAC congregate meals and the HDM program—prevent nursing home admissions and keep older New Yorkers in their communities. 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 and have successfully been integrated into other programs which provide daily meals. Thank you.



Asian American Federation

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

December 14th, 2022

Written Testimony

I want to thank 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 older-adult community. I'm Lisha Luo Cai, Advocacy Coordinator at AAF, where we proudly represent the collective voice of more than 70 member nonprofits serving 1.5 million Asian New Yorkers.

We are here today with members of our Seniors Working Group, the first and only Asian older-adult-focused advocacy coalition in New York State, led by AAF, made up of 12 Asian-led, Asian older-adult-serving AAF member organizations.

To put things into perspective, here are some numbers: in 2021, these groups served nearly 250,000 Asian older-adults, 87,000 of whom were low-income. With 13.9% of the city's older-adult population identifying as Asian, more work needs to be done to serve our community, especially when the number of Asian older-adults living in poverty has increased by 63.4% between 2010 and 2019, the largest percent increase of any major racial group. Of our older-adults in poverty, 29% live alone and 80% have limited English proficiency (LEP). The Seniors Working Group are the experts on the ground and understand the needs of our most vulnerable in our communities.

During the last hearing with the Committee on Aging, we provided data given to us by our Seniors Working Group: they had surveyed over 150 Asian older-adult clients about their greatest challenges and needs in the fall of 2021. With the data of this survey, we focused on these categories:

1. Access to food programs,
2. Access to direct services at older-adult centers,
3. Safety from anti-Asian violence, and
4. Combating mental health and social isolation.

Access to food programs was a top priority for a majority of respondents. With both the tridemic and rising costs of food, many are being forced to choose between hunger or their safety. Our CBOs are stretched thin, being asked to ramp-up congregate meal services while also needing to cater to a senior population that continues to stay at home. In-person services are important to ramp-up, but the City must understand that there have been permanent changes in behavior, and many seniors continue to require food deliveries.

While Asian New Yorkers comprise at least 10% of the population in more than half of City Council districts, with the other half having some of the fastest-growing Asian populations, we always highlight the fact that 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. SWG members, in balancing the need for culturally-competent food, reopening senior centers as the City wants, and simultaneously addressing the needs to isolated seniors, are overstretched, understaffed and risking burnout.



Asian American Federation

Recommendations

1. Prioritize community-led older-adult center-running organizations in policy-making, especially those serving underserved and isolated ethnic and linguistic communities, like the members of our Seniors Working Group. These organizations can speak to specific service demand dynamics that the City should keep in mind when considering policy shifts.
2. Fund a network of linguistically and culturally competent food service programs that provide alternative food benefits to older-adults.
3. Increase funding to Asian-led, Asian-serving older-adult service providers, and expand this funding to include time and expenses spent on case management and digital literacy, devices and training. Our CBOs are juggling expansion of in-person services while catering to the needs of an isolated senior population without funding to meet the demand for both streams.
4. Expand funding to include culturally competent, in-language, and older-adult-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.

On behalf of the Asian American Federation, thank you for raising up the work that needs to be done, and prioritizing the voices and needs of our older adults and our older adult service providers, the true experts in this work. We look forward to working with all of you, and policymakers always have a standing invitation to our Seniors Working Group meetings. Thank you.



**Testimony of
Kevin Jones
AARP New York**

**NYC Council Subcommittee on Senior Centers
and Food Insecurity**

**Subject: Oversight - Food Insecurity And Older Adult
Centers**

Wednesday, December 14, 2022

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

Good afternoon Chairs Hudson and Mealy and members of the City Council Committee on Aging.

My name is Kevin Jones and I am the Associate State Director of Advocacy at AARP New York, which represents 750,000 members across New York City. Thank you for the opportunity to testify.

Earlier this year, AARP New York released a first-ever blueprint for action filled with recommendations to help city officials address top challenges among older New York City residents. One of the top challenges we identified is food insecurity.

Before I talk about food insecurity, I'd like to underscore that the New York City Department for the Aging receives less than one percent of the city budget when 20% of New York City residents are age 65 and older. Our older residents deserve better. This population is the fastest growing in the city and they deserve more support.

Even prior to the pandemic, food insecurity was a growing issue among 50+ New Yorkers. An estimated 21% of older adults in New York City live in poverty and have to make tough choices, like paying rent or buying food and Black, Latino, and Asian American New Yorkers are even more likely to experience food insecurity and hunger.

Now, these same older adults are dealing with the impacts of inflation, which has resulted in rapidly increasing food prices, making it even harder for older adults to put food on the table.

Older Adult Centers are a lifeline for these older adults, serving and delivering meals. We must do more to support them. Senior centers provide food delivery services to homebound older adults, as well as grab-and-go meals that are essential to many residents.

Before the pandemic, roughly one million New York City residents were food insecure, including 1 in 10 older New Yorkers. That number has spiked to over 2.2 million, or roughly 25 percent of the population. Food insecurity clearly presents an urgent crisis.

Last year the city increased the reimbursement rates for meals, but with inflation, it's likely the increase was offset by rising prices. Older Adult Centers need more funding for meals and more support in general. Specifically, we are asking the city to:

- Expand the city's funding allocated for home-delivered meals programs to ensure that more eligible older New Yorkers can access two meals per day, seven days per week, with culturally appropriate food options.

- Increase the per meal reimbursement rate for meal providers, given that the city's funding currently does not cover the cost of these meals.

Given that half of older adults in the city are foreign born, we also call on the city to assess the demand for culturally competent meals for congregate and home-delivered meals and then make a plan to meet the demand.

Finally, we join LiveOn in calling on the city to support new models of service including grab-and-go meals.

I'd also like to take a moment to address access to SNAP, the federal food stamp program which has been linked to better health outcomes and reduced hospital and nursing home admissions among older adults, resulting in millions of dollars in savings for taxpayers. Unfortunately, participation in SNAP among eligible older adults is low. Reasons for the low participation rate include stigma associated with the program, a burdensome application process, and other barriers.

We recommend the following to increase participation rates:

- Allow Medicaid recipients to opt-in to SNAP.
- Offer Human Resources Administration training and promotion of SNAP.
- Expand outreach and education to inform SNAP participants of the opportunity and how to safely shop for groceries online using SNAP benefits.
- Collect data on the SNAP restaurant meals and online purchasing pilot programs to see what's working and to improve these programs.

Thank you for the opportunity to testify.

Testimony before the New York City Council
Committee on Aging
Jointly with the Subcommittee on Senior Centers and Food Insecurity
December 14, 2022

John Weed
Assistant Executive Director
BronxWorks
www.bronxworks.org

My name is John Weed and I am the Assistant Executive Director of BronxWorks. Thank you to Chair Hudson, Chair Mealy, and fellow City Council members for this opportunity to testify.

BronxWorks helps individuals and families improve their economic and social well-being. From toddlers to seniors, we feed, shelter, teach, and support our neighbors to build a stronger Bronx community.

BronxWorks manages seven Older Adult Centers and operates other older adult services offices that are designed to meet older adults' social, recreational, and health needs. Our centers create a support system to help older adults live better lives.

We thank the Committees for seeking opportunities to address food insecurity among older adults, which is a challenge we see every day at BronxWorks.

Inflation has had a profound impact on older adults in our community, many of whom are on fixed incomes. According to a 2021 report from Hunger Free America, the Citywide rate of food insecurity was 14%. In the Bronx, it was 25%. This may be even higher now, due to rising cost of living.

Across our Older Adult Centers, we serve about 500 meals a day. We could always use more funding to increase the number of meals we serve and the nutritional quality of the food. The issue of inflation is having the biggest impact within our food pantry programs. Each of our Older Adult Centers offers a pantry to complement the on-site meals, and we hear from our participants that they need these pantries more than ever because groceries are becoming so expensive.

Since our pantries are volunteer-led, there is no wiggle room in our budgets to account for rising food costs, so we have had to cut back on pantry services despite the growing need.

We also offer a Saturday pantry at our flagship community center, where we serve 225 people every other week. It is open to anyone in the community, and about 50% of the participants are seniors. We cobble together funding from foundations and food banks to keep our pantries afloat, but additional support from the City is needed.

Following the isolation of the pandemic, most of our participants have returned to in-person services at our Older Adult Centers in order to have access to meals and our other services. But, there are likely seniors who are home-bound who are falling through the cracks. Support from the City for transportation to get older adults safely into their Center would go a long way.

BronxWorks applauds the New York City Council for working to address food insecurity for our older community members. I thank the Committees for the opportunity to testify.

TESTIMONY OF CITYMEALS ON WHEELS

**Before the New York City Council Aging Committee
Subcommittee on Senior Centers and Food Insecurity**

**Honorable Crystal Hudson and Honorable Darlene Mealy, Chair
Committee on Aging Hearing – Food Insecurity at Older Adult Centers**

December 14, 2022

Submitted by:

Citymeals on Wheels

Prepared by:

Vik Bensen

Policy Analyst,

I would like to thank the Council and Chairs Hudson and Mealy for holding this important hearing on food insecurity at Older Adult Centers (OAC's). Citymeals works in partnership with the City and the network of home-delivered meal providers to fill the gap in the City's program by funding the preparation and delivery of meals on weekends, holidays, and emergencies to homebound older adults alongside additional supplemental feeding and connective services. The Department for the Aging (NYC Aging) funds one meal a day on Mondays through Fridays (excluding holidays); to fill the gap on the remaining 115 days, Citymeals funds the same network of providers to prepare and deliver weekend and holiday meals. In addition, we are the only organization providing home-delivered emergency meals to older adults across the City.

While Citymeals works with Home Delivered Meal (HDM) clients in the NYC Aging system, many of those clients were OAC attendees at one point, and most are served by meal programs operating out of OACs. Given our close working relationship with many OACs, we want to highlight concerns about the older adults caught in the gap between OACs and HDM. We are especially focused on older adults that may have attended congregate services before the pandemic but have neither resumed attending OACs nor transitioned to HDM, as well as clients that were receiving GetFood meals and either didn't agree to an assessment or were deemed ineligible for HDM, but who haven't transitioned to OACs. We want to highlight points of change and gaps to be examined to ensure that hungry older New Yorkers have the food they need.

We have heard a similar refrain across the network: OAC attendance has not rebounded despite efforts and outreach, and providers are concerned with whether the hungry older adults in their neighborhoods are still able to access food. To track the outcome of individual clients is extremely difficult without an official pipeline to transition OAC clients to HDM/CMA services. This story is common across centers—they have regular attendees, and someone may stop attending suddenly one day. To follow-up with an individual center attendee who has not come in, staff must first notice that an individual has stopped attending (amongst their various daily duties) and attempt to track and do outreach through checking STARS/Peerplace and calling information on hand to see where they are, check on their well-being, if they are suffering from hunger without congregate meals and need a referral to temporary or long-term home-based services. Staff may be able to reach the older adult and determine what happened and offer this support, but often times not. When they cannot track a client down, that person falls through the cracks even though they may still be in need. If the only way for a center attendee to transfer to HDM after they suddenly stop

attending is for staff to notice and try to reach them and then put them on the CMA waitlist, there is a problem. Now that thousands of older adults have dropped out of the congregate meal system it's clear that continuing this piecemeal approach will not work.

Another problem is that even when providers are able to reach them and determine home services like HDM would be beneficial, it's possible for an older adult to be "fast-tracked" for HDM by being presumed eligible while they wait to be contacted by a CMA for their official assessment. However, this doesn't always work out; for example, if a meal center simply has no capacity to take on a new client, or if a center is closed and they need to wait until it has reopened.

There is so little information available on the older adults that have not returned to OACs; we do not know how many transitioned to HDM, passed away, moved into institutional care, or left the city. There are not suddenly fewer hungry older New Yorkers; we know this is not the case and yet programs are not seeing the numbers they used to for in-person services. If anything, reports from across the city are that food insecurity for older adults has increased.

To our knowledge there is no data about how former GetFood clients that didn't transfer to an OAC or HDM are getting their nutritional needs met; we also do not know where clients that have not returned to OACs are now getting their food. **We call on the City to conduct a follow-up survey on the food security of former GetFood recipients who did not transfer to OACs or HDM and former OAC clients to learn more about how their needs are or are not being met.** NYC Aging collects information on all OAC attendees, HDM recipients, and GetFood recipients. The process to identify clients who dropped out of the system during the pandemic would involve running a few reports and coordinating calls to survey the former

attendees and meal recipients. **Once they have documented the social and behavioral changes of these older adults, there should be updates to program offerings and a wider variety of nutrition services provided through NYC Aging that are responsive to the current reality we are all living.** Covid-19 continues to pose the largest threat to the lives of older adults; the programs that serve them absolutely must reflect this so that they don't have to choose between eating and socializing or staying safe.

Secondly, there should be a formal process to allow OAC attendees to transition to HDM in the short or long-term. We heard from many programs that they have attendees who stop showing up to OACs for reasons they do not know or are unable to determine after doing some outreach. There should be better ways to track vulnerable OAC attendees who stop attending, and ways to notify OACs if a client of theirs starts receiving HDM independently. To attend an OAC, older adults have to register and receive an NYC Aging barcode to check into OAC activities, giving NYC Aging the ability to track an individual's attendance at congregate lunch and activities. Given that attendees have to check-in to activities, if a regular OAC attendee has not attended any OAC in a designated period they could receive an automatic check-in call to promote contact with city services if they are in need. NYC Aging has this data and should facilitate information sharing between the programs. For example, OAC attendees who know they will be going for surgery, have a bout of longer-term illness, or have a mobility-limiting injury should be able to sign up for HDM services through the NYC Aging OAC they already attend. If it will only be temporary, OACs should have the ability to presume eligibility and enroll the attendee for the duration of their need. There should also be better integration with the hospital system, a way to catch OAC attendees

who have been hospitalized and give hospitalized older adults a fast-track referral to NYC Aging CMA/HDM services.

Some programs have voiced the desire to continue Grab and Go but cannot because they didn't opt-in during NYC Aging's most recent RFP process, a time where many have stated that they couldn't predict what the pandemic would become or its lasting effects. Providers shared observations that there are older adults in their community that would benefit from continued Grab and Go, preferring it to dining indoors during the continued pandemic. Of course, without surveying and collecting data we will not know the preferences of older adults receiving nutrition services from OACs.

Especially while OACs are struggling to rebound their attendance, those who would like to continue to offer Grab and Go should be allowed to do so and be given adequate funds for the units, including adjusted costs for higher priced to-go containers.

There was a push from the City to return to normal operations as quickly as possible, without considering ways to seriously adapt to our new COVID reality. Some older adults may not want or feel comfortable having a sit-down meal at a center and should not be denied access to nutrition services. Moreover, offering a Grab and Go meal would encourage older adults to continue to have contact with the vital community hubs we know OACs to be.

Finally, it could be beneficial to allow HDM eligibility rules to be relaxed to include food insecure older adults who may be mobile enough to attend an OAC but do not feel safe dining indoors due to exposure to Covid-19. Clients and providers were offered flexibility in service offerings during the pandemic that has since been taken away, including Grab and Go meals and waiving the intensive case management evaluation to presume eligibility for clients receiving HDM. If older New

Yorkers were receiving GetFood or Grab and Go meals, they came to city nutrition services because they were hungry. It is cruel to deny a hungry person food simply because they do not fit a very narrow conception of being physically able to show up and dine indoors.

In our work at Citymeals, we see how OACs and HDM programs are siloed in dealing with their clients even when the meals are served from the same kitchen. Providers want to offer bridge services and they understand that there is a middle ground between those who are able and want to come for full center services and activities, and those who are entirely homebound. There are older adults with chronic illnesses that ebb and flow, who are more comfortable going out in the warmer seasons than colder, who simply have their circumstances change and would benefit from flexible nutrition services that were successfully provided during the pandemic. The emphasis should be on client choice—if they are eligible for NYC Aging services they should have the ability to dine-in, pick up for Grab and Go, or have a meal delivered, and be able to easily switch between going to an OAC and receiving HDM as they need. We ask that the City seizes this opportunity to adapt these programs so they can continue to meet the needs of older adults who are living very different realities than when these programs were created decades ago.



Testimony before the New York City Council
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December 14, 2022

Donna Coles
Assistant Director, Westbeth Older Adult Center
Greenwich House

www.greenwichhouse.org

My name is Donna Coles and I am the Assistant Director of Westbeth Older Adult Center at Greenwich House. Thank you to Chair Hudson, Chair Mealy, and fellow City Council members for this opportunity to testify.

Since Greenwich House was founded 120 years ago, we have been committed to addressing the needs of New Yorkers of all ages through arts and education programs, health services, and older adult services.

Greenwich House is proud to operate a network of five Older Adult Centers in Manhattan, offering our members vital social, educational, physical, and cultural resources. We applaud the Committees for seeking opportunities to address food insecurity among older adults, which is a challenge we see every day at Westbeth and across our network.

The impact of inflation for older adults is undeniable. 11% of New Yorkers over the age of 60 experienced food insecurity in 2020, but it's likely higher now.

Every day, we hear from our participants that they are being forced to make impossible choices between covering their rent, paying for medication, and buying food. Many are going through their savings and at the end of their ropes. Just last week, a gentleman came to us crying because he didn't have enough food. It is heartbreaking.

Across our Older Adult Centers, we serve about 250 meals a day, five days a week. With inflation, we have noticed the funding we receive per meal does not go as far with our vendor. Meals now include cheaper cuts of meat. We used to receive a variety of fruits, like kiwis and bananas. Now we mostly just get apples.

The City should consider increasing the funding per meal to ensure we can provide seniors with quality, nutritious foods. We are only currently funded to serve lunch, but we know if we could serve breakfast, snacks, and even dinner, there would be no shortage of demand.

One recent City Council initiative that was very helpful to our participants was the Fresh

Food for Seniors program. Seniors could buy a large bag of fresh produce from local farmers for just \$10. This kind of food program is a wonderful complement to our on-site meals. Our seniors loved being able to make salads and soups at home.

Overall, more funding per meal; the opportunity to serve breakfast and snacks; and more initiatives that provide older adults with affordable, nutritious food would go a long way for our community, especially as inflation is squeezing budgets.

Greenwich House applauds the New York City Council for working to address food insecurity for our older community members. I thank the Committees for the opportunity to testify today.



Good Morning Councilmember Mealy and members of the Subcommittee on Senior Centers and Food Insecurity.

I am Bonnie Lumagui, Assistant Executive Director of Senior Services and Community Services at Hamilton-Madison, or HMH. HMH is a multi-faceted community services organization, also known as a Settlement House, operating a range of programs based in Chinatown and on the Lower East Side and, increasingly, in neighborhoods throughout the City. Our programmatic concentrations are: early childhood education, mental health, youth development and, the subjects of this hearing, service to seniors and address food-insecurity.

We applaud the sub-committee for focusing on this crucial subject and we appreciate the opportunity to provide input.

Since the onset of COVID in NYC, we have been acutely concerned about barriers to access for healthy and affordable food among seniors and we have assembled a team of partners and volunteers that have supported us in regularly conducting food pantries and providing home-delivered food packages to seniors residing in public housing. These offerings have been very well received and we have found that the need persists even with the relaxation of COVID-related restrictions.

To complement these initiatives, last spring we launched a youth-run farmers market within the Alfred E. Smith public housing development in Chinatown in partnership with the upstate NY-based farm Norwich Meadows and the organization Fulton Stall Market, which supports farmers markets statewide. Each Saturday, we have operated a day-long market offering a broad range of organically grown vegetables and fruits that are preferred within the cultures of local residents such as bok choy, salad greens, eggs, spinach, pees, onions and apples and corn (a particular favorite). The items are reasonably priced and we accept payment via EBT and Green Bucks.

The initiative gained popularity as the season progressed and we typically serve more than 200 customers per day, the majority of them seniors, who have been especially grateful for the opportunity and who often arrive an hour before opening to take their places on line and ensure they purchase items of choice.

The farmers market was slated to close at the end of September but, given high demand, we secured the funding necessary to extend through December and we have made use of space indoors in the community center we operate at 50 Madison Street to operate in cases of inclement weather.

Presently, we are seeking funds to operate the farmers market next year as described, and to extend it to a year-round operation whereby seniors from our Naturally Occurring Retirement Programs (NORC) programs will receive weekly deliveries of boxes of fresh produce, Our plan is to also assist qualified seniors in enrolling in the Supplemental Nutritional Assistance Program (SNAP), thereby allowing them



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to receive the food at a 50% discount through a benefit available through the NYC Department of Health and Mental Health.

Of course, we welcome support and partnership and we would be glad to be helpful in encourage the adoption of these practices more broadly citywide.

Thank you once again for the opportunity to testify.



Commitment to Improve the Quality of Life

December 14, 2022

Oversight - Food Insecurity and Older Adult Centers

Thank you Chair Hudson, Chair Mealy, Council Committee on Aging and Subcommittee on Older Adult Centers and Food Insecurity for this opportunity today.

I am testifying on behalf of India Home, the largest organization dedicated to New York's South Asian older adults through culturally competent older adult programs. We are in six locations across Queens, in Jamaica, Ozone Park, Flushing, Kew Gardens, Elmhurst, and Jamaica Estates. We get anywhere from 200-300 older adults per week at our centers.

Our food programs have been a trusted component of our services from our inception.

We have served nearly 200,000 meals to our older adults catered to their diverse South Asian diets, whether they are Bangladeshi Muslims, Gujarati Hindu vegetarians, Jain vegetarians, or Indo-Guyanese Hindus. It has been core to our mission that our programs filled a gap in cultural competence that conventional older adult center programs had from the get-go. Research had shown that South Asian older adults had already been food insecure prior to the pandemic, and a needs assessment we conducted in 2017 showed that having access to food and groceries was NY's South Asian older adults' highest financial concern. When the pandemic first hit, in a time of absolute crisis, India Home maintained our dedication and pivoted to provide home-delivered meals and groceries, while still ensuring cultural competence in what we serve. 10-20% of our clients, relied on our home-delivered meals during this time as their only nutritious meal for the day.

Culturally competent meals truly make or break programming for the older adults we serve. They require ingredients and dishes they are comfortable with, and partnerships with caterers that are not only familiar, but proficient and well-versed with their cultural palates, while upholding our clients' health and interests through nutritious choices. We have been entrusted in selecting those partners that are best suited to meet the needs of our older adults.

The budget that we receive for the culturally competent meals that we serve at our six centers is not sufficient to meet the actual costs. Our food is tailored to the diverse communities we serve, who have very diverse palates. Our meals are a large driving factor for bringing our older adults to the center, which we know DFTA wants. However, of the annual meal costs incurred at our older adult centers, which is our organization's biggest expense, 20% have to be covered through other sources of funding.

At the beginning of this fiscal year, we know that DFTA emphasized to have in-person congregate meals, without allowing Grab-and-Go. Our sites are in six different locations. As such, we must work with the sites that we have partnered with, which include mosques, Hindu temples and mandirs, and other community centers, which help our services to be more accessible. Some of these locations are smaller, with limited seating space for consumption of congregate meals.

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Commitment to Improve the Quality of Life

COVID-19 is still very much a concern for our older adults, with spikes in our own neighborhoods and communities, and cases increasing as we speak. We need all city agencies to be on the same page, and we need the agencies to be adaptive and realistic to the needs demonstrated by our community, holding our clients' safety of utmost importance. With COVID numbers increasing, there are clients of ours that do not want to eat at the center, and rightfully so. In crowded programming spaces where older adults want to engage in the programming safely with masks, mandating them to eat in that same space is insensitive to their health and well-being. As such, Grab-and-Go meals have been a crucial pillar that needs to be considered not temporary, but a lasting portion of our programming.

Furthermore, our homebound older adults are in a predicament given that we had to scale down the home-delivered meal program. These older adults once depended on our home-delivered meal program, which we had to conclude due to the urge to be back in-person and the lack of support and capacity. The HDM contractors to our knowledge are not South Asian do not provide meals to the level of cultural competence, nutrition and quality that we provided. Our clients, especially those with Medicare who do not have home health aide assistance, used to rely on our programs for their meals. These diverse homebound older adults of the South Asian community are now in a situation in which we can't leave them hanging. We have a client Randeria Uncle who comes to our center, and his wife recently fell, who used to be the one cooking meals for the both of them. She is now bed-ridden, and he depends on our center program for two days to bring that meal home to his wife via the Grab-and-Go method. We cannot be blind to these cases.

As the DFTA Commissioner said, life is not the same, and it will likely never be the same. We cannot force upon our life-affirming programs, methods that are not appropriate for the current reality. We need consideration of the Grab-and-Go program on a long-term basis, if not consistently throughout the year, with the option to wax and wane as per the seasons, with more allowance during the winter months during which time COVID cases commonly rise. We need the financial support from DFTA to support these methods to appropriately serve one of the fastest growing communities in New York, through more funding provided per meal, acknowledging the higher cost of culturally competent meals. With older adults being of the most vulnerable populations, we cannot afford to be tone deaf, we cannot afford to leave any older adult behind, and it is imperative that we ensure we do not deny our South Asian older adults the access to quality, culturally competent food that they deserve.

Thank you for the opportunity to testify today.

Sincerely,

Shaaranya Pillai
Deputy Director, India Home

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**New York City Council Committee on Aging
Subcommittee on Senior Centers and Food Insecurity
Oversight: Food Insecurity and Older Adult Centers**

December 14, 2022

Thank you Chairs Hudson and Mealy and members of the Committee on Aging and Subcommittee on Senior Centers and Food Insecurity for hosting today's important hearing. JASA welcomes today's oversight hearing on food insecurity among older adults. My name is Tania Collazo, Associate Director Care and Case Management/Nutrition Services.

JASA is a not-for-profit agency that honors older New Yorkers as vital members of society, providing services for over 50 years that support aging with purpose and partnering to build strong communities. JASA has a comprehensive, integrated network of services that provides a continuum of community-based care in the Bronx, Brooklyn, Manhattan, and Queens. Programming promotes independence, safety, wellness, community participation, and an enhanced quality of life for New York City's older adults. These programs reach over 40,000 clients and include affordable senior housing, home care, and a wide range of social services, which include case management, older adult centers, NORC supportive services, home delivered meals, caregiver support, mental health, advocacy, legal services, and adult protective and guardianship services.

JASA Interventions Across Service Areas

JASA's Home Delivered Meals program, Older Adult Centers, and other special food initiatives provide older adults living with food insecurity several pathways to access meals safely. Over time, we have become adept at dealing with emergencies from storms, floods and most recently pandemics.

In some instances, where clients are unable to shop and cook for themselves and have difficulty getting to an older adult center but have the ability to warm meals up at home, they may qualify for the Home Delivered Meals program. The HDML program delivers 7 meals a week, snacks, soups, shelf stable boxes, and emergency shelf stable meals. Each month clients are given menu options and are allowed to choose between Caribbean/Latin, Chinese, Russian,halal, kosher, vegetarian and a standard regular meal. JASA's HDML program currently serves older adults living in certain catchment areas in Queens that includes Community District 14 which is primarily the Rockaways and Brooklyn CDs 13 through 15 which include a number of neighborhoods such as Borough Park, Brighton Beach, Coney Island, Flatbush, Sheepshead Bay and Manhattan Beach among others.

In addition to JASA HDML serving those specific communities, JASA has NORC and Case Management programs across the boroughs that have the ability to assess for and assist clients with registering for home delivered meal services in areas that JASA HDML does not currently service but other community partners such as RAIN, Riseboro,

Catholic Charities and Encore serve. To qualify, clients are typically homebound and again are not able to safely shop and/or prepare meals for themselves.

Older Adult Centers (OAC)

Other older adults, who may or may not have the means and ability to shop for and prepare their own meals, are welcome to participate at one of JASA's 17 Older Adult Centers or one of the hundreds of other OACs across the boroughs. The only requirements for a registered member of an OAC is that they be at least 60 years old and a resident of NYC.

All of JASA's OACs provide at least 1 type of meal if not a couple of options for program participants. At this time all JASA centers except Club 76 offer a hot lunch meal. Due to facility and equipment issues, Club 76 continues to provide participants with only Grab and Go meals at this time, but we expect to begin congregate meals in the near future. Most of the OACs also provide Grab and Go meals, which allow members the flexibility of taking a meal home based on their schedule. Covid-19 continues to weigh heavily on many program participants. Despite efforts to make OACs safe with masking and distancing, there are still many members that are not yet comfortable sitting down with their peers to eat in a congregate setting especially as we enter the colder months and flu season. Grab and Go has become an essential service that Centers provide.

For both Home Delivered Meals and the Older Adult Centers there is a voluntary contribution of between a dollar to a couple of dollars but if clients are unable to pay the contribution that does not affect their ability to receive the meal.

COVID-19 and Food Insecurity

During the height of the pandemic, JASA in collaboration with other community partners and key stakeholders provided special pandemic relief to clients including residents of JASA housing developments.

-Older Adult Centers and NORCs began offering food pantry days again once the City allowed programs to return onsite,

-In Co-op City, the housing agent Riverbay, helped JASA NORC and OAC staff to deliver meals donated by a local restaurant to the homes of frail older residents throughout the complex.

-Elected officials secured boxes of produce and non perishable foods that JASA staff distributed to community members,

-JASA staff hand delivered boxes of food that were generously donated by UJA-Federation of New York and other partners to tenants of JASA senior residences.

-Lastly, JASA Care, our homecare department, is providing more physically frail clients with home care attendants that can assist with shopping for and preparing meals for clients that need the help.

Food Access:

JASA's programs work closely with food pantries and either provide monthly pantry days at the NORCs and/or OACs or refer clients to food pantries in their area. A couple of the pantries that we work most closely with include the

NY Common Pantry and Met Council, which is one of several agencies that offers a Digital Pantry program, where clients are able to electronically order food items without having to leave their homes, in addition to a more standard pantry where non perishable food items are delivered to the centers for members to pick up.

NYC Aging (New York City's Department for the Aging) reportedly distributed approximately 40,000 farmer's market coupon booklets this year with coupon booklets that totaled \$25 each which is an increase from previous years, where the booklets had a total of \$20. The coupons were distributed to older NYers at OACs and NORCs between July and October this year. With those coupons, clients are able to shop for locally grown fruits and vegetables at participating farmers markets and stands across New York City. The coupon booklets are very well received and members have spoken very positively of the program.

During the Spring Holidays of Easter and Passover each year, JASA provides clients access to special holiday funds to help with the purchase of appropriate foods that are typically prepared during the holiday season. Individual clients usually receive \$50 and clients that are a couple are eligible to receive \$75. Staff are usually asked to provide a list of their clients that would benefit from the assistance.

Nutrition Education:

In addition to providing direct access to food via JASA services and referring clients to our community partners, we provide clients with nutrition education in multiple ways. The first is through the JASA Cooks initiative created and operated by JASA's Associate Director Care and Case Management/Nutrition Services. The goal of this initiative is to educate clients on nutrition that can help to optimize their health and well being. Educational workshops are conducted, often in collaboration with nutrition interns, both virtually and in person, food demonstrations that clients and staff rave about and a monthly newsletter with tips on how clients can stay healthy and hydrated. JASA is in the process of creating a Food Video Library that will contain an archive of nutritional education workshops that can be shared with clients individually or in a group setting and a workshop series for clients called "Cooking healthy on a budget". Also in the works, are live video workshops provided to home delivered meals clients, where clients will be given simple ingredient packs to prepare simple meals along with the JASA Chef/RDN.

Our NORCs and Older Adult Centers work with consultants and JASA's Health Services team to provide chronic disease self management programs, which are typically 8-12 week evidence based workshops on topics such as Diabetes and Chronic health conditions including pain management.

Lastly, one of the more recent nutrition education initiatives that we've launched has been in partnership with Plant Powered Metro NY, a community based organization that is committed to educating the public on the benefits of plant based nutrition on health outcomes. Since early 2020 several of JASA's Older Adult Centers and the Co-op City NORC in particular have worked with PPMNY to offer mostly virtual nutrition education workshops to clients. Some topics have included: Improving Your Immune Health with Food; Plant Based Eating For Chronic Disease Treatment; The Power of Food for Healthy Weight Management; and The Power of Food for Cancer Prevention and Survivorship.

As a result of participating in these workshops with Plant Powered Metro NY, one of our center members from Brooklyn who I refer to as Ms. W, recently shared with me that she participated in additional workshops that PPMNY offered outside of JASA. She reports having learned a lot and incorporating more whole plant based foods into her diet for over a year. She happily shared that she was able to reduce her A1c and lost 70 lbs which her

doctors were also very pleased with. Ms. W mentioned that she truly appreciated the information that she learned in the classes and looks for ways to incorporate more fruits, vegetables, whole grains and legumes into her diet at home, at the center - she made it clear that she is looking forward to more plant based options being offered in the future and that she found the farmer's market coupons very helpful in supplementing her purchase of fresh produce.

Finally, JASA would like to express our deep appreciation to the New York City Council and the Administration for investing in meal vehicles in the FY22 budget. This funding will ensure the delivery of safe and healthy meals to clients. This investment and the continued support for home delivered meals is critical to the sustainability and food security of vulnerable New Yorkers.

JASA is pleased to serve as a resource for any additional information on food insecurity among older adults in New York.

Thank you for the opportunity to testify today.

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December 14th Hearing Testimony

Hi, my name is Helen Ahn, Senior Director of KCS Older Adult Centers. Thank you for your time and the opportunity to speak.

KCS Older Adult Centers have provided services since 1986, serving culturally appropriate ethnic congregate breakfast, lunch, "Grab & Go" meals and home-delivered meal services, and food pantry are provided Monday through Friday through 3 sites in Corona, Flushing and Manhattan.

Especially since this spring, raw food costs have been increased about 30% and the escalated food cost has caused serious budget deficit and financial hardship for the meal services.

Also, DFTA's new RFP & award was not able to predict the current escalation of food cost and inflation. The food insecurity is prevalent among older adults. Nowadays, there are many new young older adults coming for congregate meals at the older adult centers and homeless seniors are also seen at the centers. Through 3 older adult sites, the monthly average meals we produce and serve are over 20,000. Last fiscal year, almost 100,000 home-bound meals were delivered to older adults.

But now, we are deeply concerned if we can accommodate the skyrocketed food cost and continue to keep the food quality and quantity without additional funding or support.

For lowering the food cost to reduce budget deficit, we changed to cheaper vendors and tried to change our menus, but the total cost seems the same cross the board.

Without additional support for the raw food, serious budget deficits of older adult centers and food insecurity will be continued which will affect the wellbeing of our older adults who depend on our older adult centers.

Helen Ahn, MPH
Senior Director of KCS Older Adult Centers

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Making New York a better place to age

**New York City Council
Subcommittee on Senior Centers and Food Insecurity
Chair, Council Member Mealy
Committee on Aging
Chair, Council Member Hudson
December 14, 2022
Oversight - Food Insecurity And Older Adult Centers**

Thank you for the opportunity to testify.

LiveOn NY's members include more than 100 community-based nonprofits that provide core services which allow all New Yorkers to thrive in our communities as we age, including 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

For many older New Yorkers, food insecurity remains a harsh reality of daily life. During COVID-19, food insecurity was deeply exacerbated by issues not only economic, but related to access as well, as seniors were advised to "stay home" to mitigate risk of contracting the virus. During this time, Older Adult Centers found new ways to provide critical services from setting up zoom classes to enrolling clients in emergency food systems, all in the face of unprecedented demand and a public health crisis.

Prior to the pandemic, many older adults relied on meals from the Older Adult Center for more than half of their daily nutritional intake. An estimated 21% of older adults living in New York City are facing poverty and too often older adults have to choose between paying their rent and buying food. For a growing diverse aging population, Older Adults Centers were a lifeline during the pandemic, particularly in response to the increased risk of food insecurity and rise in social isolation that plagued many older adults.

As we work to get older New Yorkers back out into the community, it's clear Older Adult Centers are hubs for socialization, diverse programming, and other critical services. **The City has the opportunity to create long term solutions and make meaningful investments to ensure all New Yorkers have access to equitable community-based services in their community. In response LiveOn NY recommends the following:**

Recommendations

Firstly, we invite the City to utilize our aging policy agenda, *Aging is Everyone's Business*, released by LiveOn NY in partnership with Hunter College Brookdale Center for Healthy Aging, which is a bold

LiveOn NY

Making New York a better place to age

policy agenda that provides actionable policy solutions, including food insecurity, to make New York a better, more equitable place to age.

Second, in order to address these challenges and created long-term solutions focused on New York City' congregate and home delivered meals program, LiveOn NY recommends the City should:

Assess and allocate funding for the significant inflationary impacts on raw food, gas prices, and other infrastructure needs for contracts

Many of LiveOn NY's members have raised their concern of the impact inflation cost for raw food, gas prices and other infrastructure items. For example, one of our members saw a 40% increase in raw food cost due to inflation this year. The unavoidable financial strain has created challenges for providers to continue to meet the growing capacity for home-delivered meals, in addition, providing congregate meals at Older Adult Centers.

Continue to support new models of service including grab-and-go meals. During the COVID-19 pandemic, food insecurity among older adults was deeply exacerbated by issues not only economic, but related to access as older adults were required to "stay at home" to reduce the chances of contracting COVID-19. New models of service such as grab-and-go were critical and successful in ensuring, who may not be comfortable congregating due to COVID risks, or for personal reasons are less willing to meet their nutritional needs by eating at an Older Adult Center, have the option to take their meal home, a decision that ensures one's nutritional needs can be met in the environment of one's choosing.

Work with Older Adult Centers to assess the utilization of congregate meals at Older Adult Centers as providers continue to adapt to the new normal.

It's evident Older Adult Centers have returned to a new normal that has posed new challenges for in-person services and programming including congregate meals. Coupled with the growing concerns voiced by older adult participants such as public safety concerns, new mobility and cognitive challenges that may have arisen during the pandemic, lack of reliable transportation and other factors, illustrates a new reality for OACs and older adults. Nonetheless, LiveOn NY recognizes the importance of congregate meals to keep older adults fed as well as combat isolation through socialization at OACs and other services. In response to this DFTA must work with OACs to ensure we are addressing the new challenges for both older adults and providers.

Assess the demand for 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 of home-delivered meals may require some level of case



Making New York a better place to age

management to remain independent and safe in their communities. 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.

Assess the demand for culturally competent meals for congregate and home-delivered meals

Almost 60% of New Yorkers 65 years or older, identify as a minority of an ethnic group, reflecting a significant need for meals that are culturally appropriate. The diversity of religious and health requirements - such as Kosher, Halaal, gluten free, vegetarian, vegan, or other consumer demands- also impacts the variety and associated cost of the meals providers must serve. The City must work to ensure older New Yorkers of all backgrounds and communities have access to culturally appropriate meals.

Additional recommendations outside of the congregate and home delivered meals portfolio to address food insecurity for older adults include:

Access to SNAP benefits for older adults

The under-enrollment rate of SNAP benefits is a major problem among older adults as well as other public benefits. Older adults face many barriers to utilize SNAP benefits including stigma, misconceptions about SNAP benefits, language barriers, and other obstacles. SNAP benefits help keep food on the table for New Yorkers including older adults. To respond to this, LiveOn NY recommends the City continues its strong outreach effort to ensure older adults know about and enroll in SNAP.

Develop and launch a centralized NYCFood Page to ensure all older adults can access food in their own neighborhoods.

We encourage the City to create a single, centralized, user-friendly NYCFood page that clearly lists all of the free or low cost-food options available to any individual. These options should range from older adult centers to pantry locations, to ensure all New Yorkers know how to access food in their neighborhoods at all times. Users should be able to filter by zip code, special status (like 'senior'), hours of operation, and income limitations.

Pilot a Food Voucher Program for older adults

Pilot a food voucher program where older New Yorkers can sign up through older adult centers to get vouchers towards meals at participating restaurants. For example, Erie County, NY, has a similar program called "Go & Dine." In addition, Visions, an NYC-based older adult center, also has a diner voucher program.¹

¹ Administration for Community Living (2020). New York Café Helps Older Adults Stay Well: Takeout Meals with Nutrition Program Vouchers. Accessed at <https://acl.gov/sites/default/files/programs/2020-07/GoDineNYC>

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Increase public funding support for local food pantries

In addition to OACs, there are over 500 food pantries in New York City. Older adults heavily rely on food pantries as an additional resource to receive food and groceries in their neighborhoods, making up an estimated 27% of the New Yorkers who visit the City's food banks.² . To respond to this, LiveOn NY recommends the City to increase public funding support for food pantries so that they can keep up with the high demand for food and groceries.

Thank you for the opportunity to testify.

Testimony provided by Brianna Paden-Williams, Communications and Policy Associate at LiveOn NY For questions, please email bpaden-williams@liveon-ny.org

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.

and Erie County, NY Senior Services: Go & Dine. Accessed at:
<https://www2.erie.gov/seniorservices/index.php?q=go-dine>.

² Gail Quets, Atrid Spota, Triada Stampas, and Zemen Kidane (2013). Hunger's New Normal: Redefining Emergency in Post-Recession New York City. Food Bank For New York City. Accessed at
Assistan<http://help.foodbanknyc.org/site/DocServer/FINALFINALDRAFTHSNPparticipantrptNoEmb.pdf>.

Submitted on behalf of Minister Dr. Diane Rose; PhD, LMHC
Diane Rose Ministries'. D.R.ea.M.
National Center on Economic & Enterprise Development
Anointed Faith Ministers Community Church
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The following is a presentation on behalf of DRM's Aging Gracefully and Grandparents Empowerment Ministries and is presented to the Committees on Human Rights; Women and Aging and whether the following submission be made part of the functioning and training of Senior Centers

As with many years of work as as NonProfit Social Services and Human Capital Development Executive, and subsequently as a Licensed Psychotherapist, I've been presented with a variety of cases involving Human Rights Violations and Domestic Violence in New York City. I have creatively worked to develop programmatic and clinical responses to same, as well as educate the "public" on cross sectoral approaches towards addressing these challenges. However, not until after my 60th birthday did I realize the absence of an effective approach to addressing Violence Against Older Women. What I also observed was an absence of budgetary investment and policy solutions to prevent and intervene upon violence against older women, sometimes until it was too late. Finally, what is most compelling is the level of desperation, helplessness and sometimes borderline hopelessness experienced by these women, to include myself, bought before me in Ministry that I had to appear today to help us to change the conversation and enact legislation and affect programmatic and service provision (ie budgetary investments) affecting violence against older women and its associated Civil and Human Rights abridgements going forward for we are NOT INCLUDED in the dynamics of what exist currently. Here is what the research says:

Introduction:

Violence against women is a major public health problem, a gender inequality issue and a human rights violation. There are significant serious and long-lasting impacts of violence on women's physical and mental health, including injuries, unintended pregnancy, adverse birth outcomes, abortion (often in unsafe conditions), HIV and sexually transmitted infections, depression, alcohol-use disorders and other mental health problems [1–5]. The United Nations 2030 Sustainable Development Goals [SDGs] include as one of their targets (5.2) under Goal 5 on gender equality, the elimination of all forms of violence against women and girls. Indicator 5.2.1, measures intimate partner violence [IPV]: The Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former

intimate partner in the previous 12 months, is proposed to track the measurement of progress in achieving this goal. The indicator does not include an upper age limit, and data on older women (aged 50 and above), including but not limited to intimate partner violence. This evidence is needed to support national and global monitoring of violence against women of all ages, including monitoring of the SDGs.

What we know are existing violence against women surveys and data that have focused on women of reproductive age (15–49), as they suffer the brunt of intimate partner violence and non-partner sexual violence [6]. A growing number of surveys are now including women older than 49 years, however globally there is sparse evidence concerning patterns of and types of violence against women aged 50 and older, and limited understanding of barriers to reporting and help-seeking amongst older women who are subjected to violence [7]. Compared to women of reproductive age, women aged 50 and above may experience different relationship dynamics which influence forms of abuse [8, 9], and some evidence indicates that older women experience different types of violence, for example, financial exploitation, psychological violence and verbal abuse, compared to younger women's experiences of physical and sexual violence [10]. For older women, recent exposure to violence may be interlinked with violence victimization at different stages of the life-course [11, 12]. Dynamics of ageing may shape experiences of violence, for example, provision of care to a dependent partner may influence decisions to disclose or report abuse [10]. They are also more likely to experience violence from other than partners and family members, including children, to include neighbors and community members and from professional care environments and its associated caretakers. In addition, older women are more likely to experience polyvictimization as a result of ageist dynamics within a community. We cannot forget the intersectionality of how racism, income, and ableism, though complex, we believe the solutions can be made current when we consider the evidence-base of qualitative and quantitative data concerning violence against older women that does exist, though limited. While incorporating same, investments need be made, to better understand these differing patterns and dynamics needed to ensure appropriate policy or programmatic responses to violence against older women and service development and provision for older women affected by violence [10, 11]. The time is now, we cannot afford these isms for older women who are a burgeoning population statistic. Even more so, we encourage the United States Federal, State, and Local Legislative Body begin by Ratifying CEDAW. Then, addressing these gaps in the evidence becomes global effort as many of these women in an Active Ageing Category may be those who flee towards the freedoms contained here in these United States. The report I will add towards the beginnings of such research as funded by the World Health Organization will be in my written submission. (Report funded by the World Health Organization (Meyers et al) conducted a systematic review of qualitative literature on violence against older women.)

However, I will prepare to close by saying, much more balanced effort is needed and does not preclude the glaring need to address the challenges currently being faced by so many. I might add that because of the nature and sensitivity to these occurrences, many

are isolated and have only to turn to faith based environments, ie, their Pastors, as a trusted servant of the Lord. What the majority of the existing evidence-base on violence against women focuses on reproductive age (15–49), and globally there is sparse evidence concerning patterns of and types of violence against women aged 50 and older. Improved understanding of differing patterns and dynamics of violence older women experienced is needed to ensure appropriate policy or programmatic response. To address these gaps in the evidence, the report conducted a systematic review of qualitative literature on violence against older women, including any form of violence against women, rather than adopting a specific theoretical framework on what types of violence or perpetrators should be included from the outset, and focusing specifically on qualitative studies, to explore the nature and dynamics of violence against older women from the perspective of women. Thematic synthesis identified several central themes, including the intersection between ageing and perceptions of, experiences of and response to violence; the centrality of social and gender norms in shaping older women’s experiences of violence; the cumulative physical and mental health impact of exposure to lifelong violence, and that specific barriers exist for older women accessing community supports and health services to address violence victimization. Our findings indicated that violence against older women is prevalent and has significant impacts on physical and mental well-being of older women. Implications for policy and programmatic response, as well as future research directions, are highlighted.

The following are several highlights to be further considered:

See Video Presentation Below

Let’s move into our Faith Based Study Closing our on you as Jewels Living Triumphantly:

Recall:

3. What is the Lord’s attitude towards His Jewels?

Notice that in verses 16-17 we are told three things that indicate the Lord’s loving interest in His jewels:-

- (1) He listens to them. “...the Lord listened and heard...” - that is, He bent down from heaven and listened to the holy conversations of His precious ones. Compare Jeremiah 8:6 with Luke 24:15. As the Lord draws near to us what does He hear from our lips?
- (2) He records the history of His Jewels. Verse 16 tells us that the Lord has “a scroll of remembrance”! In this book every detail is accurate. Is it the Lamb’s Book? No. It is the book in which the Lord records the faithful service of His people. What surprises we shall get when we look into that book on that day! We shall see that God did hear our prayers, that He did bless our faithful service, and that even the little things that were done in His Name were blessed of Him and recorded - look up Matthew 25:35-45.

(3) He assures their eternal security. Verse 17 tells us that the Lord says, "They will be mine, says the Lord Almighty, in the day when I make up my treasured possession." What day? - in the day when the Lord Jesus comes again (1 Thessalonians 4:16-17). Not one treasured possession will be lost or missing. All the elect will be gathered safely in (compare Psalm 87:6 with John 6:37; John 10:28-29; 2 Timothy 1:12; 2 Timothy 2:19). He welcomes them as "sons". Verse 17 tells us that the Lord gives to His jewels all the privileges of sonship. How wonderful the grace of God is! Look up and compare Romans 8:16-17 with Hebrews 1:2.

Online Recording of above testimony as presented in full

<https://www.facebook.com/DrmzOnline.org/videos/1124159514928826/>



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Testimony from Selfhelp Community Services

New York City Council

December 14, 2022

Food Insecurity within Older Adult Centers

Submitted by: Katie Foley

Thank you to the NYC Council, especially Aging Committee Chair Hudson and Subcommittee Chair Mealy, for holding a timely hearing on such an important topic.

Selfhelp Community Services is a non-profit serving 25,000 older and vulnerable adults each year through home health care, affordable housing, and skilled social services while remaining the largest provider of comprehensive services to Holocaust survivors in North America.

Our services are extensive and include: Citywide specialized programs for Holocaust Survivors; seventeen affordable senior housing residences; four Naturally Occurring Retirement Community (NORC) programs; three intensive case management programs; five older adult centers including one of New York City's first Innovative older adult center; home health care; the Virtual Senior Center; court-appointed guardianship; Adult Protective Services; the Selfhelp Alzheimer's Resource Program (SHARP); and New York Connects in Queens.

More Older Adults Experiencing Food Insecurity

Selfhelp operates five older adult centers in Queens – Forest Hills, Bayside, Maspeth, and two in Flushing – serving more than 7,000 older adults each year. At each Center, we serve hundreds of nutritious meals each day. Our Directors report seeing more people arriving at the center for the first time looking for an affordable meal. One reason people share for eating at the Older Adult Center is because of the increased cost of food in grocery stores and restaurants. For older adults on a fixed income, the increased cost of food can be a devastating burden and result in the adult not having enough to eat each day. We've seen double the interest in breakfast and continue to see high interest in lunch. Our social workers are seeing an increase in SNAP applications to help older adults afford food.

Grab-and-go is a very popular option. It allows people to save their meal for when they are hungry. We hope grab-and-go continues to be an option alongside congregate meals to meet the needs of adults who are not comfortable eating in a congregate setting and to give people the choice to eat the meal when they are hungry. Offering grab-and-go alongside congregate meals allows people to come together and then eat where and when they feel most comfortable.

In recent months we've seen more people join multiple centers and attend multiple centers throughout the week for meals. This wasn't typical prior to the pandemic. We believe this is due to the capacity limits for seats in the dining halls. Adults need to be more strategic about where there may be available seats and meals given the specific day and time.

Increased Cost of Food

The increased cost of food makes it more challenging to provide a delicious and nutritious meal on a budget. Milk, bread, meat, fish – everything is more expensive as compared to one year ago. The Directors need to use private fundraising to cover the budget gap between the NYC Aging budget and the actual cost of food. Unfortunately, this is also a time of diminishing suggested contributions from members and we don't turn anyone away who needs a meal. This creates a budget deficit and is an ongoing challenge for Directors.

Older Adult Centers Services

Since March 2020 and the start of the pandemic, Selfhelp's social workers have been connected to their members through phone calls, emails, and video chats. Once the centers opened up again in 2021, we began offering onsite services at the capacity determined by NYC Aging and we continue to provide onsite classes, meals, and social services. Our social workers are providing essential services helping older adults access food, medicine, and resources to maintain their mental and physical health, such as Selfhelp's Virtual Senior Center. Our Older Adult Centers continue to provide hybrid programming (virtual and in-person) to meet the needs of all of their members. We have a new webpage on our website to highlight our monthly menus and activities: www.selfhelp.net/older-adult-centers.

Conclusion

Thank you for the opportunity to testify today. On behalf of the 25,000 clients we serve, I am grateful for the Council's support of so many important programs.

Testimony submitted by:

Katie Foley, MSW

Managing Director, External Affairs and Communications

Selfhelp Community Services



Testimony of Sunnyside Community Services

To the New York City Council Committee on Aging & Subcommittee on Senior Centers and Food Insecurity

Council Member Crystal Hudson, Chair, Committee on Aging

Council Member Darlene Mealy, Chair, Subcommittee on Senior Centers and Food Insecurity

Oversight - Food Insecurity and Older Adult Centers-December 14, 2022

Submitted by Shyvonne Noboa, Associate Executive Director of Older Adult Services

Thank you for the opportunity to submit testimony on Food Insecurity and Older Adult Centers.

Sunnyside Community Services (SCS) offers a continuum of vital programming that helps older adults continue to be active members in their community, live with dignity, and remain safely in their homes. Our services to support them include Family Caregiving, Case Management, Friendly Visiting, Social Adult Day Services and city-wide Home Care services. We also provide Geriatric Mental Health and Long Term Care, including Medicaid Enrollment. All screening, referrals, and connections for older adult services are assessed by SCS' centralized intake team, Care Connections. We are very excited to add to this robust continuum, as a recent NYC Aging awardee of an Elder Justice program to prevent elder abuse. The hub of our older adult services is SCS' Older Adult Center, which provides vital services such as case assistance, activities that promote socialization and nutritious meals that offer our community a home away from home.

SCS appreciates the chance to share our concerns around food insecurity, especially as we continue to deal with the ongoing community spread of viruses including COVID-19, RSV, and the flu.

At our Older Adult Center, we are still not seeing pre-pandemic levels of participation. There are multiple factors we hear from our members that are impacting their choice to engage in person. Some members are still very concerned about COVID-19 and their susceptibility to contract the virus given comorbid medical conditions. Others are fearful of transportation and traveling given the rise of crime on subways and buses as well as related costs. These factors directly contribute to the underutilization of services across our Older Adult Center.

Grab and Go

Food insecurity remains a concern of our members and we have about 35-40 members who consistently pick up Grab and Go meals. Grab and Go was a critical service model for Older Adult Centers through the height of the pandemic. As we continue to navigate through a new normal, Grab and Go has proven to be a flexible and much-needed service model. The model has provided a sense of connection and stability for SCS Center members who, for various reasons ranging from health concerns to fear of exposure, have continued to stay home. Anecdotally, SCS staff have heard from older adults that they aren't comfortable coming into the Center for congregate meals due to fear of eating in a public setting and feeling more secure eating at home. Members have also shared that they do not want Meals-on-Wheels because they are able to go out but don't feel comfortable eating out in public.

They also mention that the quality of the meals are not the same as a freshly prepared and packaged meal at the Center.

SCS was disappointed to learn NYC Aging advised Centers who did not have Grab and Go services included in the recent contracting process, to be prepared to stop Grab and Go towards the end of 2022. SCS is among those Centers. While we recognize and understand the importance of congregate meals to reduce isolation, we strongly advise NYC Aging to continue the flexibility with Grab and Go as an option for members as it has proven to be beneficial in connecting them to nutritious, much-needed meals and a linkage to our Older Adult Center and staff.

Food cost and inflation

SCS is very concerned about the past year's high inflation rates. The cost of gas, utilities, and food continue to increase, yet contract budgets have remained flat, which strains our budget. We urge the City to ensure inflation costs are included in future annual budgets to ensure we are able to meet the cost of these necessities.

Older adults in the Center have also shared they are very concerned about talks of a recession and lack of access to food. They already feel that the food is increasingly expensive and are concerned that they may not be able to buy healthy foods. They are left with an incredibly difficult decision to prioritize food vs other basic necessities.

SNAP

At SCS' Center, we estimate that 50% of our clients are receiving SNAP but at reduced levels. It is those clients that are concerned about access to food, stating that the amount provided is usually not enough for the month. In some cases, these are clients who have a higher income but also have higher rental and medical expenses. Additionally, phone expenses are not taken into consideration in SNAP applications and many of the clients are paying for cell phone service. Such is the case for Mr. & Mrs. A. They have been in receipt of SNAP but receive only \$100 per month. They have a high monthly rent. Though their income is high, they have several expenses that are not considered in calculating their benefit amount and find it difficult to "make ends meet", particularly now with the high cost of food.

The City has the opportunity to make meaningful, long-term investments to ensure all older adults and the community providers that work in their service, have the opportunity to provide them with the just and equitable access of services they deserve.



UNITED NEIGHBORHOOD HOUSES

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Testimony of United Neighborhood Houses To the New York City Council Committee on Aging & Subcommittee on Senior Centers and Food Insecurity

**Council Member Crystal Hudson, Chair, Committee on Aging
Council Member Darlene Mealy, Chair, Subcommittee on Senior Centers and Food Insecurity**

Oversight - Food Insecurity and Older Adult Centers

**Submitted by Tara Klein, Deputy Director of Policy & Advocacy
December 14, 2022**

Thank you for the opportunity to testify on Food Insecurity and Older Adult Centers. United Neighborhood Houses (UNH) is a policy and social change organization representing 46 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.

UNH members provide a wide variety of services to over 80,000 older New Yorkers each year by operating programs such as older adult centers (OACs), Naturally Occurring Retirement Communities (NORCs), home delivered meal (HDM) programs, Geriatric Mental Health, case management programs, and others, often funded and contracted by New York City's Department for the Aging (DFTA). Settlement houses also run a range of food programs to support all ages including pantries, urban farms, and outreach to help people sign up for food benefits like SNAP. UNH and its settlement house members employ the philosophy that older adults are valued members of our neighborhoods, whose wisdom and experience are important to the fabric of our communities.

We appreciate the opportunity to share updates and concerns about food insecurity and older adults, particularly as the City enters a new wave of multiple contagious viruses and prepares for the FY24 budget cycle.

Our settlement house members have indicated that participation for in-person activities is still not back to pre-pandemic levels, largely due to persistent fears about COVID-19, and now influenza and RSV, as well. For the growing population of Asian older New Yorkers, fears of hate crimes are also having a negative effect on in-person attendance at programs. Those centers that are able to offer grab and go meals and virtual/hybrid programming have seen success in this flexibility, but these options need additional support. Notably, utilization rates are not consistent across programs and vary widely.

Broadly, UNH is concerned about budgetary matters that are quickly reaching crisis levels and will need intervention from the City. These include record-high levels of inflation without adequate contract amendments to match, growing challenges with recruitment and retention of staff due to low wages

and competition from other industries, growing capital and infrastructure needs, and the looming fiscal cliff we face in City programs when American Rescue Plan funds expire in a few short years. We welcome the Council's advocacy in alleviating these concerns, including with the DFTA and the Administration.

Growing Older Adult Population and Growing Food Insecurity

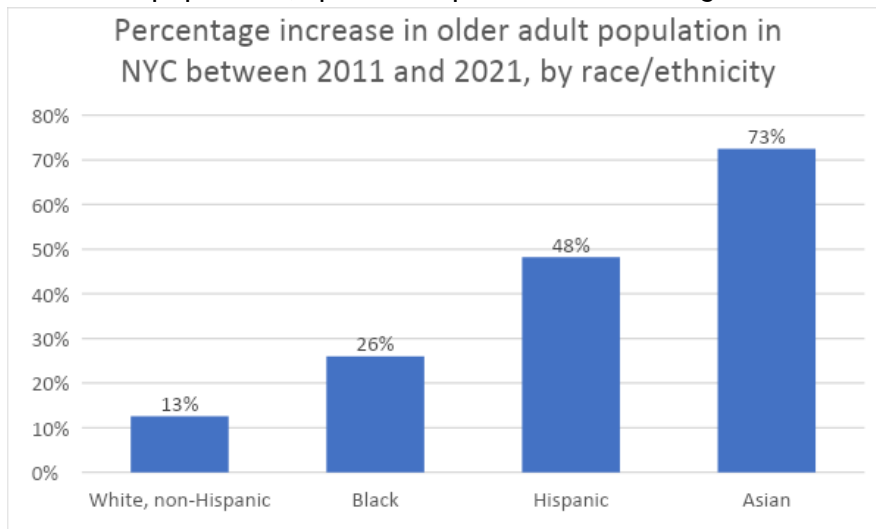
The Census recently released data on older adults in New York City as part of the 2021 American Community Survey, and the findings show there is a steadily growing older adult population in NYC, the City's older adult population has become more racially diverse over the past decade, there is an increase in the number of older adults living alone, and there is an increasing number of older adults who are reliant on SNAP benefits. This data provides further evidence about the need for additional investments in City aging services.

Steadily growing older adult population in NYC

- As of 2021, there are now roughly 1.9 million older adults aged 60 and over living in New York City, up from 1.4 million a decade ago (in 2011).
- As of 2021, older adults now make up 22 percent of all New York City residents, up from 17 percent a decade ago (2011).

NYC's older adult population has become more racially diverse over the past decade:

- In 2011, White New Yorkers made up 40 percent of the City's older adult population; by 2021, this share had declined to 33 percent.
- Hispanic share of the City's older adult population edged up from 23 percent in 2011 to 25 percent in 2021;
- Asian share of the City's older adult population increased from 12 percent of older New Yorkers in 2011 to 15 percent by 2021; overall, the Asian older adult population in NYC has increased by a staggering 73 percent between 2011 and 2021, while the White older adult population rose by just 13 percent over the same time period. In Queens, Asians now make up a quarter of the borough's older adult population, up from 19 percent a decade ago.



- Over the past decade, the number of foreign-born New Yorkers increased by 45 percent, from about 684,000 in 2011 to nearly a million by 2021 (994,000). Immigrant New Yorkers now comprise more than half (52 percent) of NYC's older adult population, up from 48 percent a decade ago.

Increase in number of older adults living alone

- As of 2021, there are now more than 500,000 single-person older adult households in NYC, a 23-percent increase from a decade ago (in 2011). Single-person households make up 44 percent of older adult households in NYC

Increasing number of older adults are reliant on SNAP benefits

- The number of older adults receiving SNAP benefits has increased by 39 percent over the past decade, from about 331,000 in 2011 to about 459,000 in 2021. Since 2019, the number of older adults with SNAP benefits has increased by 10 percent. Overall, 24 percent of older adults receive SNAP benefits, as of 2021.
- Usage of SNAP benefits is higher among foreign-born older adults: Nearly half of foreign-born older adults reported receiving SNAP benefits in 2021, compared to 40 percent of US-born older adults.

Support the Aging Services Workforce

While it is crucial to examine the needs of older adults and the supportive programs that allow them to age in place, we must also ensure that the workers providing these services are supported. Low wages for aging services positions have contributed to a staffing crisis, and without increased budgets in government contracts to cover wage increases, nonprofits will be unable to recruit and train the next generation of aging services workers, setting future New Yorkers up for significant barriers to accessing services. Our society has devalued care work for far too long, and it is time that we invest in this workforce to ensure that they earn wages that properly compensate them for the skilled and important work they do.

While UNH appreciates the \$68 million workforce enhancement funds for human services workers that the City provided in the FY23 budget, this one-time investment is not a COLA and does not go far enough to meet the growing workforce needs of a sector that has been neglected for years. In aging programs in particular, staff recruitment and retention remain top challenges. **We urge the City to significantly increase funding for the aging and human service workforce in ongoing budget and contract negotiations.**

JustPay. The #JustPay campaign is a racial equity and gender justice campaign committed to ending the government exploitation of human services workers by demanding sector employees under contract with New York City and State be paid fair wages for their labor. **UNH supports the #JustPay campaign's three-pronged ask for investments for the human services workforce** that includes: 1) Automatic COLAs in all human services contracts to help wages keep pace with inflation; 2) a living wage floor for human services workers of no less than \$21 per hour; and 3) the creation and funding of a comprehensive wage and benefit schedule that is compatible to similarly-qualified City government employees.

Hiring, including multilingual staff. Providers report that their widespread hiring and retention challenges are especially difficult when they need to hire bilingual staff to meet a community's diverse language needs, especially social workers and case managers. With a narrow applicant pool, these staff are often even more difficult to find when salaries are so low. Some settlement houses report job postings of up to a year for these positions. On top of increasing salaries across the board to make aging programs competitive employers, **the City should consider additional ways to support providers, especially for hiring bilingual staff**, such as coordinating strategic marketing and outreach campaigns. For example, DFTA could join job fairs, visit social work schools, and/or run ad campaigns that share the value of working with older adults.

Visa issues. Several settlement houses have expressed concerns that hiring staff who speak the necessary languages can be complicated by immigration and visa issues. Many job applicants are in the process of applying for work authorization in the U.S. and require an employer to sponsor them. This can be prohibitively costly, with costs falling on both the employer and the applicant. While there are certainly legal complications around visa issues, **the Council should investigate whether the City could help cover these costs.** This would remove a major barrier in the hiring process.

Home Delivered Meals

Nonprofit home delivered meals (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. HDM is a key service to support older adults, and has become even more crucial since the beginning of the pandemic. Nine UNH members currently provide home delivered meals, either as lead contractors or subcontractors.

Thank you to the Council for helping secure the home delivered meals increase in last year's budget, bringing the per-meal reimbursement rate from \$9.58 to \$11.78 per meal. UNH has advocated for this rate increase for many years, and finally reaching this number was a major accomplishment for providers who have faced chronic underfunding. Given this, it is difficult to now ask for another increase, but the reality is that **an increase is needed to keep HDM programs whole and functional.**

UNH and our advocacy partners determined the \$11.78 figure in two ways. First, it represents the average cost for a home delivered meal for urban areas in the United States in 2015, according to a report by Mathematica Policy Research¹ which is the most recently available national analysis done on this program. Second, in 2019 UNH and LiveOn NY, assisted by SeaChange Capital Partners, conducted an independent analysis of the true costs of home delivered meals programs in New York City and confirmed \$11.78 as close to the actual true cost of a home delivered meal, though costs varied by provider.

These analyses confirm that \$11.78 was an appropriate and much-needed increase at the time we began advocating for it. However, that was before the global pandemic, before the recent HDM RFP which added new programmatic requirements (like meal choice to meet diverse populations), and before the exuberant 2022 inflation rates. Similarly, capital needs have risen in recent years and require more investment. Given these changes, it is time once again for the City to invest in increases for the HDM program:

Pandemic. The COVID-19 pandemic drew renewed attention to the HDM program, showing just how valuable it is for homebound older New Yorkers. A side effect of the pandemic has been new demand for HDM – both early in the pandemic when older people were fearful to leave their homes and at the end of the GetFood/DFTA Recovery Meals programs in June 2022, when people still enrolled in that program had to begin to receive their meals elsewhere and many turned to HDM. This new influx of meal recipients has naturally added new costs for HDM providers. The City took some steps to address this in the FY23 budget, but moving forward **the Council should urge DFTA to conduct an updated analysis of HDM demand by neighborhood and adjust contracts and funding accordingly.**

Programmatic requirements. In the new HDM contracts in 2021, DFTA required providers to offer more meal choices to meet the food preferences of an increasingly diverse older adult population. However, this new requirement meant that providers lost some economies of scale that they previously relied on, including meal preparation times and costs. **Rates were not adjusted to meet this new requirement, and this must be addressed moving forward.** Similarly, providers that offer specialized therapeutic or

¹<https://www.mathematica.org/publications/older-americans-act-nutrition-programs-evaluation-meal-cost-analysis>

culturally-sensitive meals that have higher costs did not see increases in contracts tied to these needs. **Providers that spend more on specialized cultural and therapeutic meals should be paid higher rates as appropriate.**

Inflation. Record-high inflation is exacerbating chronic underfunding issues for the HDM program. According to the Bureau of Labor Statistics,² food costs in the New York City metro area, as of September 2022, increased by over 8 percent since the previous year, while the cost of gasoline has skyrocketed – in the spring of 2022 rates had jumped by nearly 50% over the previous year, while as of September they had stabilized somewhat and risen by “only” 14% over the previous year.

HDM providers have been directly hit by these rising raw food and transportation costs. UNH conducted an informal survey of settlement house HDM providers in May 2022, and we estimated that in the past year, raw food costs rose by 7 percent to as high as 50 percent. Providers noted that there are other increased costs that must be budgeted for, including new technology costs and meal bags for deliverers, as well as higher vehicle liability insurance rates and replacement catalytic converters for vehicles that had these parts stolen in recent months. All of these costs have had an impact on staff retention and recruitment: due to contract rates, salaries are forced to be kept low which makes it difficult for providers to hire competitively. One provider noted that “if we do not raise compensation in HDM [contracts], we will lose staff. The costs of gasoline, vehicle insurance, vehicle maintenance, food costs and health insurance limits our ability to raise hourly [wage] rates.”

To reflect higher gas and raw food costs due to inflation, **the City should include appropriate cost escalators for providers each year.** Other increased costs that providers face must also be budgeted for, including technology costs for meal deliverers and higher vehicle liability insurance rates. The Council can support this need by bringing these concerns to OMB early in the budget cycle for FY24.

Case Management. DFTA’s Case Management program refers older adults to benefits including home delivered meals – and every HDM recipient must first be assessed by a Case Management Agency. These programs have experienced wait lists in recent years, and while care is taken to ensure older adults who need food are able to access meals quickly, the wait list is a huge systemic barrier to accessing services. We were pleased that the FY23 budget included additional funds for Case Management, in part to address the end of the DFTA Recovery Meals program; and we were subsequently deeply troubled to see the \$4.3 million PEG reduction in the FY23 November budget modification. **We urge the City to restore this cut to Case Management programs to ensure they are able to clear waitlists and connect older adults with the services they need.**

Capital. HDM programs have a number of long-standing capital needs that have continued to grow throughout the pandemic. Needs vary by provider and include kitchen equipment, storage space, building repairs, new vans, and van repairs. Funding for many of these needs has been slow to be approved by the City. Van replacements in particular are an urgent need, and we are glad the City recently announced over \$3 million to purchase 44 new vehicles for HDM providers. However, more is needed: some lead contractors report that they are not receiving as many vehicles as they need, while subcontractors are not eligible for these vehicles and report the same urgent issues as lead contractors. In addition, we are disappointed that these funds were secured from Council Initiative funding this year, which could otherwise have gone to funding programmatic needs and enhancements at OACs and other programs. **Moving forward, the Council should advocate with DFTA and OMB to invest more in capital funds for HDM providers to make key infrastructure upgrades and repairs in their programs, including providing more HDM vans for lead contractors and subcontractors.**

² <https://www.bls.gov/regions/new-york-new-jersey/cpi-summary/ro2xg01a.htm>

Multiple meals per day. Finally, another lesson from the pandemic was that GetFood/DFTA Recovery Meals offered multiple meals per day, while HDM continues to offer one meal per day. While an ideal scenario would enable HDM to provide more than one meal per day for those who need it, the existing capacity and financial roadblocks make it difficult for providers to fulfill this need. **The provision of multiple meals per day should be a long-term goal of the HDM system** but the City will need to commit a significant increase in funding for the HDM program to make this goal a reality.

Older Adult Centers

Older adult centers (OACs) are crucial supports for older New Yorkers. In today's age of persistent COVID-19, OACs continue to offer both in-person and virtual activities, provide in-person congregate meals and grab and go meals when available, and serve as essential partners with the City in meeting public health goals. Settlement houses in UNH's network operate 42 standalone OACs and two network OACs, serving tens of thousands of older adults in these centers. As providers adjust to their new contracts, a number of programmatic concerns have arisen that DFTA should address, and we call on the Council to lend support.

Continuing grab and go meals. Grab and go meals were a tremendous innovation during the COVID-19 pandemic, initially serving as an interim solution before the Get Food program was set up and later serving as an option for older adults who were ready to go outside but not to spend time eating indoors in a crowd. We were disappointed to hear DFTA was ending the grab and go option this past summer, unless providers had included grab and go meals in their recent OAC contracts. Over the summer, centers still reported grab and go as a very popular option, with many older adults still hesitant to be unmasked and eating congregate meals indoors. Behaviors have not significantly changed since then: providers report that older adults are still concerned about COVID and this is affecting their utilization numbers for congregate meals. At the same time, food insecurity remains high among older adults, and anything the City can do to address these needs should be embraced. Moving forward, **DFTA must ensure grab and go meals continue to be a viable option at all older adult centers that want to offer them** – and not only those that had the foresight to include grab and go in their contracts.

Hybrid programming. Providers report that hybrid programming is here to stay, at least for the time being, with many older adults grateful for the opportunity to continue to participate in virtual activities. Along with the benefits of this innovation, hybrid programming comes with some unique needs. First, there are many technology needs, including at OACs and in older adults' homes. Technology training continues to be a high need, as well. Providers also report an ongoing staffing and cost challenge of running in-person and hybrid programs concurrently. **We urge the City to carefully consider these needs in the next budget cycle, including additional funding to help support technology needs and running concurrent programming.**

Vegetarian meals. New OAC contracts require that one day per week the congregate meal option must be fully vegetarian. Sadly, many providers report that on the veggie day older adults show up in lower numbers, with many of them attending a nearby OAC that has a different meal option that day. A simple solution would be to **require the vegetarian day to be consistent throughout the City**, like a "Meatless Monday" or other day. Alternatively, **DFTA should examine the vegetarian menus and provide specialized support to OACs** to ensure those meals are appealing to older adults.

Consultant pricing. Settlement houses report that rates for consultants who offer programs and activities at OACs have skyrocketed in recent months; in some cases hourly prices have doubled. However, budgets remain tight. The City should address this situation either by **providing funds to cover these higher consultant rates**, or looking into **coordinating a pool of trusted consultants** with standard rates and connecting OACs with those trusted consultants.

Food costs and inflation. The last year has seen very high inflation rates across the board, and OACs have been significantly affected, especially for food costs for congregate meals, gas prices for OACs with transportation components, utilities, and other areas. Much like increases needed for home delivered meal programs as described above, **the City must ensure inflation costs are included annually in future budgets.**

Food Pantries and Urban Agriculture

Settlement houses are reporting that demand at food pantries continues to be well above pre-pandemic levels and shows no signs of abating, with people of all ages looking for emergency food support. Unfortunately, record-high inflation and other barriers are preventing settlement houses from ensuring that their food pantries and other emergency assistance programs remain adequately staffed and have the kinds of culturally appropriate food that their communities want to eat. All of this underscores the need for increased and sustainable public investment in food pantries, especially for staffing and operational support. **It is critical to increase funding levels for City programs such as the Council's Food Pantries Initiative and HRA's Community Food Connection program** (formerly known as the Emergency Food Assistance Program). These programs are essential to ensuring that settlement houses and other CBOs have the capacity to provide food to all those in need of it, as well as to improve the diversity and nutritional quality of available food.

In addition, to address the health disparities laid bare by the pandemic, the City also needs to improve access to healthy, culturally appropriate food and make it accessible to all New Yorkers, regardless of where they live. This includes a **greater public investment in local sustainable agriculture initiatives such as community gardens and urban farms.**

Resolution 305: Urging the State to create a SNAP-like food benefit for all New Yorkers

The Council should pass Resolution 305 (Ayala), which calls on New York State to create a program to provide food benefits for those not eligible for existing benefits, including older adults over age 55. Specifically, this would create a program like the Supplemental Nutrition Assistance Program (SNAP) for all New Yorkers, regardless of immigration status, and would meet the needs of both recent asylum seekers as well as the many long-term undocumented families in our state.

This program should be modeled in part off a program that California created in June 2022 through their state budget known as [Food4All](#), which includes undocumented, income-eligible adults over age 55 into their state-funded nutrition benefit program CalFresh. Given the high number of recent migrants who are young families and young adults, this program in New York should include all ages, including the high number of older adults who are undocumented. California found that an important first step in developing this proposal was collecting data to get a sense of the scope and depth of the number of undocumented families in the state, the rate of hunger/food insecurity within the population, and estimated costs of creating and sustaining a state-based SNAP-like nutrition program to serve them.

New York State legislators and agencies are currently considering this program and we anticipate legislation being introduced in 2023. We are also looking to the NYS Child Poverty Reduction Advisory Council as a body to support this proposal, including to help with data collection. We urge the Council to lend their support to this effort to help meet the nutrition needs of immigrants and to help take pressure off of the emergency food system.

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

meal, our contract is structured on a per-person head count. If someone buys an additional meal, they do not count as an additional person. So, participants demonstrate creativity to qualify to buy lunches for relatives or friends at home.

We need to ensure that our older adults have access to healthy and affordable food in a dignified way. Here are some immediate ways that we can support our older adults facing food insecurity:

- We need healthier food options for distribution: our food bags primarily consist of canned goods, and our participants want and deserve fresh fruit and vegetables. We could receive funding to purchase more wholesale fresh produce from our vendors, which then we could distribute to our participants.
- DFTA could provide more flexibility in our contract to allow participants to buy multiple meals that count for our contractual requirements.

We need to do more to support our aging communities in NYC when it comes to food access. We appreciate the City Council's time to hold this hearing.



New York City Council
Subcommittee on Senior Centers and Food Insecurity
Chair, Council Member Mealy
Committee on Aging
Chair, Council Member Hudson
December 14, 2022
Oversight - Food Insecurity and Older Adult Centers

I would like to thank the Subcommittee on Senior Centers and Food Insecurity for their leadership and the opportunity to testify on **Food Insecurity and Older Adult Centers**. My name is Pia Scarfo, Deputy Director for Senior Services and Health Initiative at Vision Urbana, Inc. a multi-service community based nonprofit organization established in 1996. Vision Urbana, Inc. (VU), incorporated in 1996 as a NYS nonprofit organization, is a federally tax-exempt 501(c)(3) organization committed to developing strong and caring families, empowering the community to achieve their fullest potential, and helping older adults secure benefits and entitlements, stay healthy, and remain in their own homes with dignity and as productive members of their community. Older adult services are comprised of a Senior Center for Immigrant Population and a Naturally Occurring Retirement Community (NORC.) While the senior center promotes social engagement and provide educational and recreational activities to older adults at 175 Delancey Street, the NORC program brings case management and health management to the seniors' home. VU's NORC program serves the Seward Park Extension NYCHA complexes; the Guild Grand Street located at 131 Broome Street; 410 and 460 Grand Street and the Frances Goldin Senior Apartment Building at 175 Delancey Street.

Vision Urbana is in need of support to finance a unique food security model that is currently not replicated in any other borough across the City. We are in need of baseline funding to continue reaching over 2,500 families every week. VU has served older adults, mostly low-income Hispanic and minority families in the Lower East Side (LES) within Manhattan's Community Board District 3 (CBD 3) and has developed a reputation for quality, accessible, and culturally relevant services tailored to meet the needs of its target population and their families. Since 2000, VU distinguished itself as a provider within the Ground Zero catchment area during the **9/11 disaster** in the Lower Manhattan area, working particularly with families of the undocumented immigrant victims of that tragedy, which in many instances were never claimed or acknowledged given the circumstance of fear, shock, and legal status. VU provided financial support, immigration services, and health and mental health services in collaboration with relief organizations.

Since the start of the COVID-19 pandemic, VU has kept all its senior services core functions alive by providing mental health support and critical socialization, education, and health promotion support virtually, via Zoom, as well as case assistance on an appointment basis and via phone. Together with its older adult services, VU has responded to the pandemic with an efficient contingency plan to support the community. One of the main element was a new model of Food Security, unique and innovative.

FOOD SECURITY

Vision Urbana has a unique food security model approach and the largest food security operations in the Lower East Side targeting NYCHA residences and older adult. This program should be funded beyond discretionary fundings.

In regards to hunger relief, VU realized that particularly older adults living around the Seward Park Extension NYCHA Development located on 66 Essex Street New York, NY 10002 (a development where over 450 families live within a neighborhood that according to NYC Planning Department data is one of the poorest communities



within the 1.7 mile long CB3 District - 41% of total households live below \$24,999 annual income) do not have sufficient access to affordable food, often having to take public transportation with their carriages to reach the nearest food pantry. As a result, VU decided to work with the tenants to create the Seward Park development's first ever food pantry program on site at 66 Essex Street alongside their staunch advocate and TA President Carmen Orta, also a Latino senior citizen who has served as president for more than 35 years. Collectively engaging the help of local City Council member Margaret Chin, Chair of the Council on Aging Committee, the food pantry received approval from the NYC Food Collaborative and from NYCHA headquarters within two months of the request and established in April 2018.

Client Choice Model of pantry distribution, a model where residents come inside the pantry and hand pick the pantry items similar to shopping at a local grocery store, is the original distribution method of the Vision Urbana pantry until COVID-19 forced VU to think differently, engineering **a new model of pantry distribution** – home delivery. The Client Choice Model allowed VU to serve 250 residents within 2 hours, our new home delivery model is currently serving over 2,000 residents within 5-6 hours and is more targeted to NYCHA families and older adults who are homebound, suffering isolation and/or immunocompromised.

Pantry Express – Home Delivery Model

Since the COVID-19 pandemic began in March 2020, the VU pantry was the only pantry operational on the Lower East Side (Almost 40% of all FoodbankNYC pantries closed down citywide) which led to a rapid expansion of VU's food inventory to meet the growing need of older adults and families experiencing hunger. This increase of food, coupled with an increase of volunteer support throughout the Lower East Side quickly transformed our regular pantry into a coordinated food delivery service providing access to nutritious and balanced meals to 1,000 families weekly throughout the entire pandemic, through to today. Older adults and families receiving pantry deliveries are registered online at Vision Urbana's website and entered into a database where deliveries are tracked and follow up calls are made to ensure quality of their pantry delivery service. Residents who are 55 years or older are also contacted to register for VU's older adult NORC virtual services including tablet education, digital literacy, financial literacy, our healthy living initiative and soon our virtual workforce development program.

VU "Express Pantry" is part of our holistic approach which incorporate social services, health promotion and food security. Vision Urbana believes it is time for the City to enact a more equitable budget that holistically supports CBOs that work tirelessly to ensure that no older New Yorker falls through the cracks.

It is our experience in the community that brings us to the following areas of concerns we would like to highlight for the committee.

Increase public funding support for food security program.

Older adults heavily rely on food pantries as an additional resource to receive food and groceries in their neighborhoods, making up an estimated 27% of the New Yorkers who visit the City's food banks. . To respond to this, Vision Urbana recommends the City to increase public funding support for our food security program.

DFTA must assess and invest in food security program provider's capital needs, including van purchases and other infrastructure needs. Vision Urbana recently 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.

Provide additional funding for Support our Seniors and continued full funding for all discretionary initiatives. Many programs like Vision Urbana, a small Community based organization that serve hard-to-reach senior populations rely on discretionary funding to ensure their communities can be served. Therefore, it is critical that all aging services are funded beyond the discretionary in the Fiscal Year 2024 budget.



Conclusion

To truly make New York a better place to age, we need to finance food security operations that are uniquely delivering groceries and fresh vegetables directly to the households and housing developments of thousands of NYC residents as best model approach to food security like Vision Urbana, where we can all thrive in community, we must build a caring economy that supports all older New Yorkers regardless of their background. From a livable and competitive wage for *all* human services workers to equitable policies and programs that support all New Yorkers, New York can become a more equitable place to age.

**Testimony by Dr. Cynthia Maurer
Executive Director Visiting Neighbors, Inc.
to NYC Council's Subcommittee on Senior Centers & Food Insecurity and
New York City Council's Aging Committee on Oversight: Food Insecurity,
Hearing on December 14, 2022**

My name is Dr. Cynthia Maurer. I am Executive Director of Visiting Neighbors.

Thank you for this opportunity to give voice to the needs of our City's often forgotten population – who is also one of our most vulnerable -seniors, especially the oldest old, the 85+ year old's, the homebound and frail elderly, seniors who spend their days alone, unable to attend senior centers; so isolated that they have no incentive to eat their meals or to see their doctors. Our city's seniors were amongst those who got hit hardest from the pandemic and are continuing to feel the impact. Most of our clients are homebound or have many physical limitations and cannot go to senior centers for a hot meal and are reliant on programs like ours to help them gain access to food and vital supplies. Now in our 50th anniversary year, Visiting Neighbors has earned an outstanding reputation as a trusted lifeline for seniors and caregiver and has helped 833 seniors (currently ages 62-105) so far this year to get help with shopping, access to vital supplies, remain hopeful and positive about days ahead and feel a lot less lonely and afraid in lower Manhattan and Forest Hills, Queens. We provided information to over 1550 seniors and those who care about them all throughout the Pandemic who otherwise had nowhere else to turn. The average age of the seniors we serve is now 90, and we will soon have 18 seniors who are age 100+.

Our clients tend to be frail, with one or more ailments. We serve a diverse group of individuals, most of whom live on fixed incomes and can't afford to pay for help. There are no income eligibility requirements, nor a fee for services. All of our clients are able to self-direct. The senior who comes to us usually lives alone and has little or no family nearby that they can turn to for support. They are often isolated, nervous about crossing streets and getting to and from their appointments safely. Many have health concerns, have poor communication with their doctors and need help with errands. Our volunteers accompany clients taking them outside to shop, go for a healthy walk/for fresh air and to socialize. Most of our clients prefer to shop with a volunteer, but some still prefer us to go for them – especially in inclement weather or when they are not well. When a client returns from a hospital stay, we make sure they have what they need, understand their physicians' instructions and have some food in the house. Our seniors face a myriad of health concerns including loneliness, anxiety, mobility issues, financial struggles and losses of all kinds including family, friends, pets, abilities, income and pride. Some individuals do not take care of themselves, dismiss their physical problems, ineffectively articulate their needs and/or are fearful of many things including falling, learning about a potential diagnosis, having to cope with more loss in the near future

and judgment from others. These concerns have been exacerbated by the pandemic – especially with it going on for as long as it has and people are still getting sick with a COVID variant. Many seniors do not feel comfortable asking for help. Visiting Neighbors' seniors feel more confident knowing we are here to listen, offer support and guidance. We earn their trust. They understand that we do not judge them and know they will be treated with respect, empathy and kindness.

We are providing essential and life-enriching services and we will continue to be on the frontlines, ready to serve our community and existing clients as their needs increase, especially the oldest-old (age 85+) who often need more attention from our staff. Our long-term goal is to help make seniors' lives happier, safer, less lonely and frightening, address their health concerns, prepare for emergencies, cope with many changes and help seniors be better connected to others, empowered to identify and communicate their needs, be better informed, more social and express more joyous feelings and have the food they need to be/ stay healthy and alert. Visiting Neighbors will continue to advocate on behalf of seniors to be better understood, treated with compassion, dignity and respect and to not be ignored, overlooked, forgotten and to help foster their self-esteem and self-worth. Many of our clients have expressed to us - *we are the only family they have.*

Our volunteer visitors also serve as extra eyes and ears for our professional staff, alerting us immediately of any change in a senior's mental, physical or emotional condition, including whether or not they have eaten and are following proper diets based on their medical conditions such as diabetes, heart disease and high blood pressure, so they can get the attention they need promptly from staff or medical professionals, before irreversible damage is done. Staff and a trained cadre of volunteers encourage seniors to go to their doctors, help them communicate better with their doctors, advocate for them when they go into the hospital and make sure they have what they need when they return home. We pick up food, medications & supplies, and provide emotional support. We also help seniors make connections with other service providers and reach out to other local charities and local restaurants who may have some excess food to share. We share wellness, seasonal safety and stress relief tips and safe at-home exercises. Some seniors who become depressed, maybe from a recent diagnosis or loss, may need encouragement to eat properly and consistently. We also help seniors make connections with other service providers and reach out to local restaurants who may have some excess food to share.

Just a few examples highlighting the importance of what we do:

1. The past few years have been hard for 91-year-old **Bea R.**, a former mezzo soprano and now writer. Her beloved spouse suffered a debilitating illness, contracted Covid-19 in the rehab facility and died. This past June, she tripped and fell in her apartment, banging into a coffee table, was hospitalized for a week and then transferred to a rehab facility. Bea was there for a while and said she was

desperately lonely, but Jesse, one of our volunteers who had previously helped her on medical visits, shopping etc. began visiting her in rehab twice a week. She is feeling a lot more upbeat now and is thankfully back home. Jesse, who is a senior himself at age 80, is her devoted volunteer who visits Bea regularly and they have a lovely relationship and talk all the time. We spoke with Bea today who describes her relationship with Jessie, “as a rare friendship and describes Visiting Neighbors as “bringing sunshine into people’s otherwise dark lives and thanks us for being there.”

2. **Marilyn Y.**, age 79. is facing some personally troubled times. She became a client of ours just towards the end of the initial Covid crisis after receiving a Cancer diagnosis. We have been escorting her to the doctors for treatments and have been helping with her shopping needs. But a couple of weeks ago, we received a rather tearful call from Marilyn. She started out by telling us that she just saw her oncologist who told her the breast cancer had metastasized and went over the details with her. She described coming home totally exhausted, depressed and didn’t even feel like eating. She then opened an envelope from Visiting Neighbors – it was a birthday card, and that day was her actual birthday - tears flooded her eyes. She called us immediately, saying how wonderful it was that we *remembered*, and after a long conversation where she got to vent her frustration, sadness, anger and fear, she told us that the card made her realize - in spite of that horrible diagnosis, there was some sunshine in her life and she has friends who care, as well as help go shopping for her on days when she just isn’t able to.

3. **Frances L.**, one of our Centenarians (104 years old.), has tried over her life to be as self-sufficient as possible. She now has a part time aide that comes in, but we always keep in touch with her with check-in phone calls and she with us. She calls to thank us for her holiday goody bag, her birthday card, newsletters and she loves the little Valentine’s card made by 2nd & 3rd graders from neighborhood schools. Our Health Advocate Steve Gould, called her, mentioning that we work with another charity where a caterer prepares meals who would donate some of those meals to those seniors of ours in their catchment area and she can have a dinner delivered to her every Saturday by one of our volunteers. As we knew she always enjoyed going to restaurants, we knew she would like us making arrangements for her to have meals of restaurant quality. Steve did tell her that they might not cater to specific dietary restrictions of limiting salt, cholesterol and/or fat. Frances replied “*I’ve always been health conscious, but at 104, do you really think a restriction would matter?*” She called the following week to say she loved the “restaurant meal” and thought it was quite healthy and appreciated us making her feel special. She now gets those meals delivered every Saturday.

We are dependent on the support of the Council to keep to be here for our community’s seniors. We are most grateful for the funding and friendship to support our nursing and wellness program (a lifesaving program). ***Our NY City Council and The Aging Committee are our heros and have literally been a lifesaver – enabling us to continue to keep our doors open and to provide essential service, including access to***

healthy food, to our frail and vulnerable elderly neighbors. We remain true to our mission of providing vital support services that help seniors remain independent, safe and able to live in their own cherished apartments. With the support of hundreds of dedicated volunteers, recruited, trained and supervised by our professional staff, our seniors get the help they need as they struggle with the inevitable challenges of aging, often alone. We let them know they are not alone!

Visiting Neighbors' looks forward to continuing to work with the NYC Council and its' Aging Committee to meet our senior populations' growing needs. As our seniors are living longer, their needs often become more complex and require more time and attention. We are committed to working with you to do all we can so that our City's vulnerable seniors are not hungry, lonely, isolated, sad or alone.

Programs like Visiting Neighbors are compassionate, extremely cost-effective, and they work. Please continue to support, recognize our seniors and commit the needed resources to organizations like Visiting Neighbors who are very active in the community. You have helped us do a lot of impactful work that made an enormous positive difference in the lives, as well as prevent many potential life-threatening events of thousands of older seniors and the people who care for them.

Thank you for being the Champions for our City's seniors and to the Non-profits dedicated to their safety, health and well-being (physically, emotionally, spiritually and mentally)!

Thank you for allowing this testimony to be submitted,

Dr. Cynthia Maurer
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[***www.visitingneighbors.org***](http://www.visitingneighbors.org)

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