

Investing in Home Delivered Meals for Older Adults in New York City

INTRODUCTION

As of 2019, there are 1.76 million older adults aged 60 and over living in New York City, a 24-percent increase from 1.41 million in 2010. Older adults now account for one out of every five New Yorkers,¹ with this population expected to increase to 1.86 million by 2040.² Even before the COVID-19 pandemic hit, 15 percent of older New Yorkers were considered food insecure.³ Nearly a quarter of older adults reported receiving Supplemental Nutrition Assistance Program (SNAP) benefits in 2019, with the number of older adults who received SNAP benefits rising by 39 percent, from just under 300,000 in 2010 to 410,000 in 2019.⁴

Fifty years ago, the Older Americans Act (OAA) Nutrition Program was signed into law in March 1972, establishing the first federal program to improve the food security of older adults. Decades later, the OAA Senior Nutrition Program administered by the US Department of Health and Human Services' Administration for Community Living (ACL) continues to fund local agencies and organizations that help older adults aged 60 and over access healthy meals and other resources, including meals delivered directly to their doors. In New York City, the Department for the Aging (DFTA) operates the Home Delivered Meals (HDM) program through a network of contracted (and subcontracted) community-based organizations ("providers") and commercial caterers. To receive home-delivered meals, an older adult must receive authorization from a DFTA-funded case management organization following an assessment. Older adults with a disability or diminished mobility that makes it difficult for them to shop for food or prepare their meals are eligible for the HDM program. Nonprofit providers, which include four settlement houses who are lead contractors, deliver a daily nutritious meal five days a week to these homebound older adults while ensuring that that HDM participants receive case management, regular in-person wellness checks, and contact from drivers who are trained on how to work with older adults. In FY 2021, the HDM program served 4.2 million home delivered meals to 26,275 older adults.⁵

This brief provides an overview of food insecurity among older adults during the pandemic and the City's response to addressing this problem, the chronic underfunding of DFTA's HDM program exacerbated by rising inflation; and a list of recommendations to enhance and improve the program so that no homebound older adult who needs a meal is denied one.

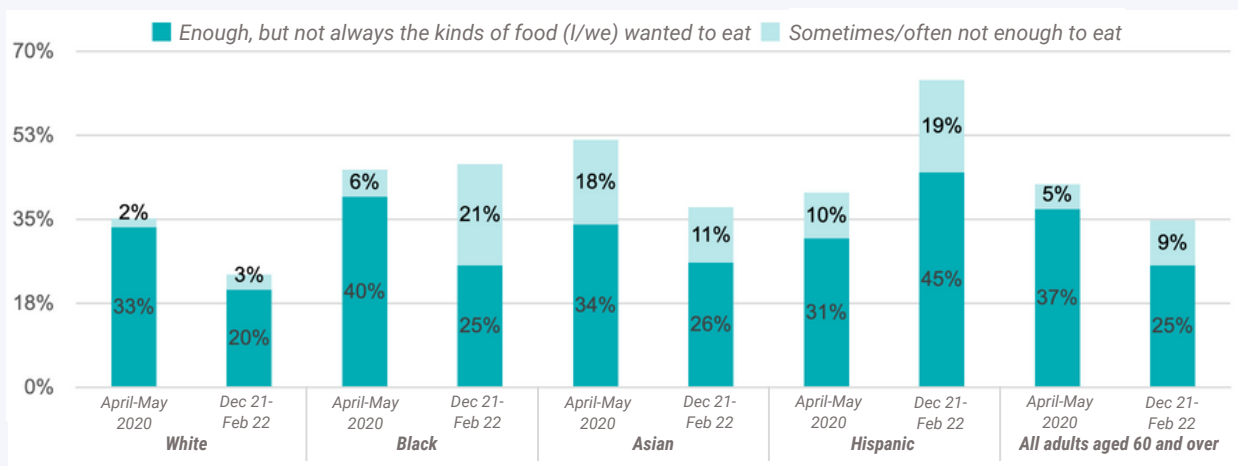
Food insecurity persists among New York City’s older adult population, especially older adults of color.

The pandemic exacerbated the problem of food insecurity as older adults became fearful of leaving their homes due to heightened risk of contracting COVID-19. When the city’s older adult centers closed at the beginning of the pandemic and older adults no longer had the option of receiving meals in a congregate setting, settlement houses saw demand for the HDM program skyrocket by 20 to 30 percent by late March 2020.⁶ During April-May 2020, data from the Census Bureau’s Household Pulse survey showed that 42 percent of older adults in the New York City metro area reported that their household did not have enough of the food they wanted to eat or did not have enough to eat in the last seven days, with more than half of Asian older adults (52 percent) and 45 percent of Black older adults reporting inadequate food access.

Two years since the pandemic began, food insecurity persists, and in some cases intensifies, among older adults, particularly older adults of color. As of December 2021-February 2022, 21 percent of Black adults aged 60 and older said that their household did not have enough to eat within the past week, a share that is three times higher than during spring 2020, and 19 percent of older Hispanic adults reported experiencing this level of food insecurity, up from 10 percent during spring 2020.

Q: In the last 7 days, which of these statements best describes the food eaten in your household?

Share of adults aged 60 and over living in NYC metro area with food insecurity

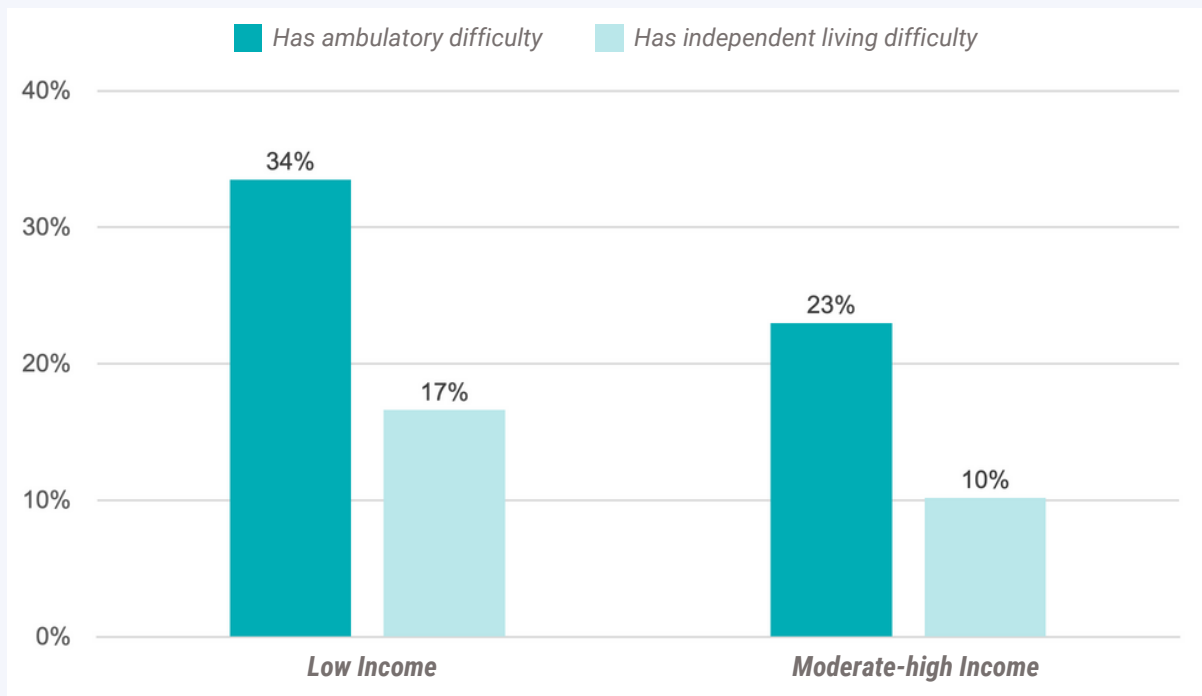


Source: U.S. Census Bureau, Household Pulse Survey data; Analysis based on pooled samples of 2 months of data.

Low-income older adults are more likely than those with higher incomes to experience physical limitations and difficulty with independent living.

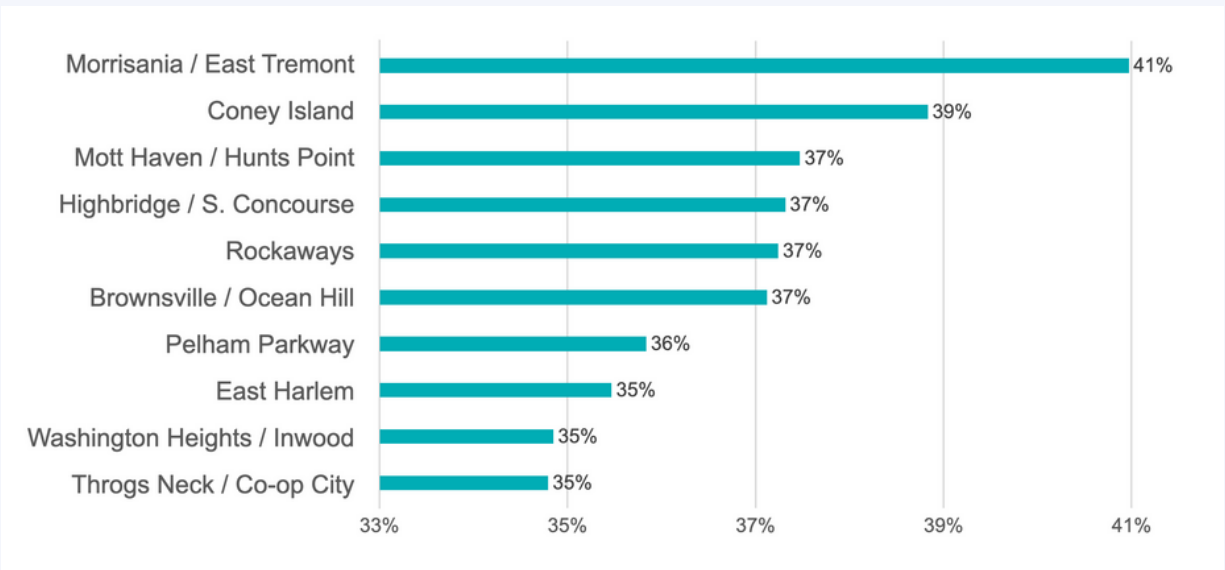
Citywide, more than a third (35 percent) of older adults are low income (at or below 200 percent of the federal poverty level).⁷ Low-income older adults are more likely than those with higher incomes to experience mobility limitations and other independent living issues that make it difficult for them to shop or prepare food on their own. More than a third of low-income New Yorkers aged 60 and over have an ambulatory condition that limits physical activities (such as walking, climbing stairs, lifting or carrying), double the share of moderate to higher income New Yorkers with these physical limitations.⁸ Nearly a quarter of low-income New Yorkers aged 60 and over reported having a physical, mental, or emotional condition lasting six months or more that makes it difficult or impossible to live independently and perform basic activities outside the home alone, more than double the share of those with higher incomes who have these limitations. Furthermore, a 2018 Mathematica report found that compared to older adults who received meals at congregate centers, home-delivered meals participants were more likely to rate their health as fair or poor; and have five or more medical conditions.⁹

Share of New York City residents aged 60 and over with disability, by income category



Source: US Census Bureau, 2019 American Community Survey data

Top 10 NYC Neighborhoods with highest shares of New York City residents aged 60 and over with an ambulatory or independent living difficulty.



Source: US Census Bureau, Five-year 2019 American Community Survey data

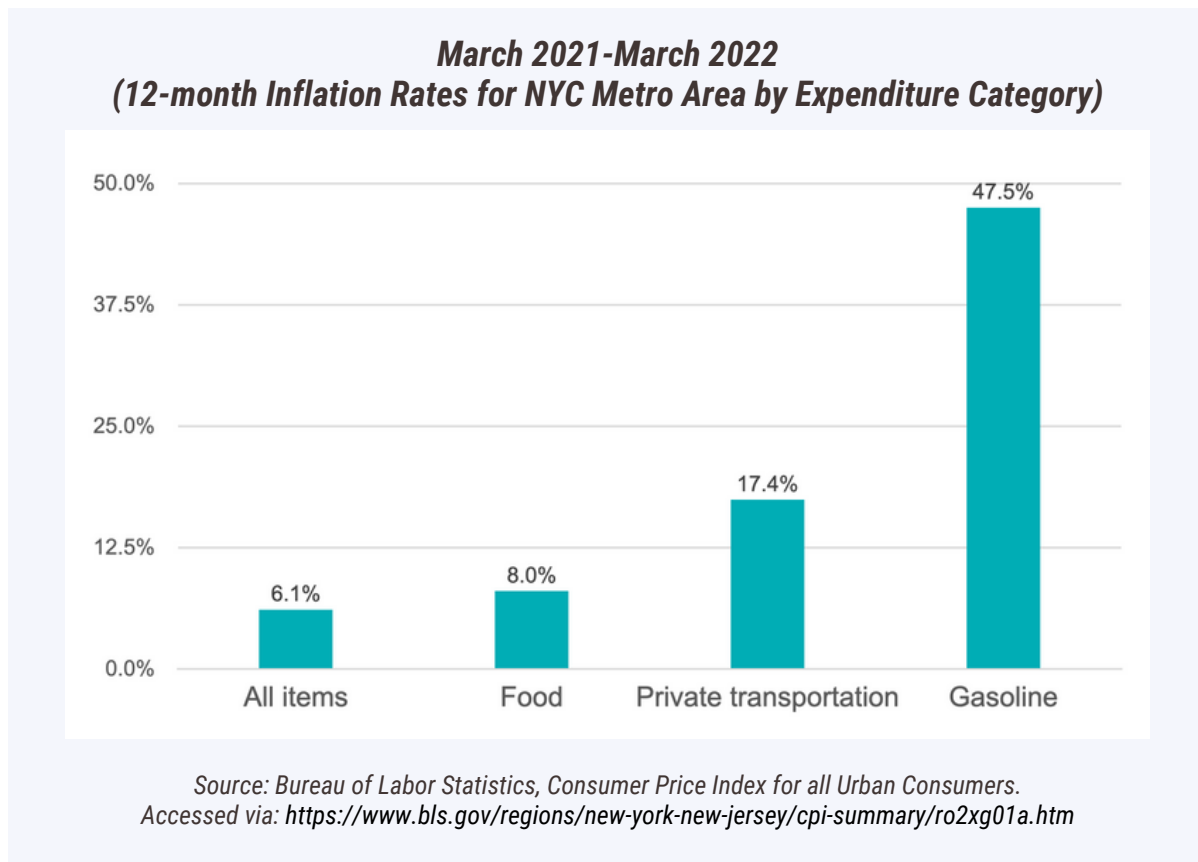
Older adults with ambulatory or independent living difficulties are more likely to live in low-income neighborhoods in the Bronx, Brooklyn, and northern Manhattan.

Chronic underfunding of DFTA’s home delivered meals programs is exacerbated by rising inflation.

Although older adults make up 21 percent of New York City’s population, DFTA’s budget comprises less than 1 percent of the City’s total budget.¹⁰ Older Adult Centers and meals are DFTA’s largest area of spending. Currently, four UNH members are lead contractors for DFTA’s HDM program, representing 18 percent of all HDM lead contractors. An additional five members are subcontractors for the program.

DFTA’s HDM program remains massively underfunded, with settlement house contractors and subcontractors for the HDM program individually reporting losing hundreds of thousands of dollars each year on their home delivered meals contracts.¹¹ For years, the City’s reimbursement rate for meals has remained at 20 percent below the national average cost of a home delivered meal in urban areas, which was \$11.78 in 2015.¹² An independent analysis by UNH and LiveOn New York in 2019, with assistance from SeaChange Capital Partners, found that \$11.78 was then close to the true cost of an HDM in NYC, compared to the current rate of \$9.58.

Record-high inflation is exacerbating chronic underfunding issues for the home-delivered meals program. As shown in the figure below, food costs in the New York City metro area have increased by 8 percent in the past year, but the cost of gasoline has skyrocketed by nearly half over the same period.



HDM providers have been hit hard by rising raw food and transportation costs due to inflation and supply chain shortages. Settlement house HDM providers estimated that in the past year, raw food costs have risen by 7 percent to as high as 50 percent. To bring down raw food costs, a settlement house HDM provider that prepares predominantly ethnic meals noted that it used more cost-effective seasonal substitutions for ingredients.

Encouragingly, the FY 2023 Preliminary Budget includes additional funding to support increased contract reimbursement rates for the HDM program, with \$2.3 million added for FY22 and \$9.4 million added for FY23 and beyond – to bring rates up to \$11.78 per meal.¹³ Yet there are many additional funding needs for the HDM system due to a legacy of persistent City underfunding. In 2021, DFTA required providers to offer more meal choices to meet the food preferences of an increasingly diverse older adult population.¹⁴ However, DFTA did not raise provider rates to account for this new requirement, with providers using the rate increase primarily for salaries and inflation.

Compared to other parts of the city, settlement house HDM providers serve more racially diverse neighborhoods that are likely to prefer increased meal variety; these neighborhoods include Flushing/Whitestone in Queens and the Lower East Side in Manhattan, where Asians make up the largest share of the older adult population in these communities (45-46 percent), as well as neighborhoods like Mott Haven/Hunts Points in the Bronx, where Hispanic residents represent 75 percent of the older adult population.¹⁵

Providers have noted that there are other increased costs that must be budgeted for, including technology costs and meal bags for deliverers, as well as higher vehicle liability insurance rates and replacement catalytic converters for home delivered meal vehicles that had these parts stolen in recent months. Retention and recruitment are extremely difficult due to low contract rates that necessitate low salaries – and especially as providers have been slow to see the increased rates announced in the FY 2023 Preliminary Budget. 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.”

Navigating the end of the Recovery Meals emergency food assistance program

In addition to the HDM program, settlement house programs referred and signed people up for deliveries from the City’s emergency GetFood NYC program, which was launched by the City in April 2020 to address rising food insecurity driven by pandemic-related job loss. The GetFood NYC program served as an emergency replacement for people who previously received congregate meals served daily at older adult centers and met emerging needs from many other older New Yorkers who were newly confined to their homes due to the pandemic. Unlike the HDM program, GetFood did not include a wellness check component.

The City eventually transitioned the GetFood contracts for older adult meals away from the Department of Sanitation and over to the Department for the Aging, rebranding the program as the 60+ Recovery Meals beginning in fall 2021. Three nonprofits were awarded these contracts, including one settlement house. Today, approximately 10,000 to 11,000 older adults continue to receive these meals through the Recovery Meals program. But the expiration of \$50 million in federal funding through the 2021 American Rescue Plan Act means that the Recovery Meals program will end on June 30, 2022. With the end of Recovery Meals, many of these older adults will need to identify alternative food supports and meal services that are the best fit for them, whether it is receiving meals from the HDM program, attending an older adult center for in-person or grab-and-go meals, using a food pantry, and/or signing up for SNAP. Settlement house HDM providers have expressed concerns about inadequate funding to handle the anticipated influx of older adults who will transition from Recovery Meals to the HDM program.

RECOMMENDATIONS

[1] DFTA must work with providers to create a neighborhood-based plan for the end of its 60+ Recovery Meals and improve capacity for meal services.

Of the estimated 10,000-11,000 older adults currently receiving meals through Recovery Meals, DFTA has said that about 3,000 are possible candidates for home delivered meals.¹⁶ However, the Census data highlighted above shows that food security persists among the city's older adults, and many of the remaining 7,000 to 8,000 older adults are probably still in need of meal services when the Recovery Meals program ends on June 30, 2022. We urge DFTA to analyze where existing Recovery Meals participants live so that the agency can identify and refer them to receive case management and HDM providers by neighborhood and see if providers serving these neighborhoods require more capacity, or if these participants can take advantage of other available assistance such as food pantries. The City must provide sufficient funding and time to allow HDM providers and older adult centers to expand their capacity and absorb the older adults previously enrolled in Recovery Meals so that no older adult who needs a meal going forward is denied one. It will be crucial for the City to listen to and learn from HDM providers and from case management agencies about what issues they are seeing with clients, what their programs need, and to work collaboratively to identify solutions so that no older adult goes hungry. The transition from Recovery Meals will also require hiring new staff, which will take time given current hiring challenges, and the City will have to take this timing into account as it transitions programs. The City should assess whether the transition from Recovery Meals to the HDM program and other food assistance options is feasible on this timeline, or whether HDM providers should be granted contract extensions for a few months to ensure a smooth transition.

[2] City must invest \$42.7 million into the transition of Recovery Meals participants.

Mayor Adams' FY23 Executive Budget allocated \$14.9 million in FY 2023 to support the transition of eligible Recovery Meals recipients to the HDM program after June 30th,¹⁷ including \$6 million to support the Case Management program and \$8.8 million for HDM, covering about 3,000 individuals. But the \$14.9 million falls short of the City Council's higher request of \$30 million in funding for the Recovery Meals transition to ensure every older adult who needs a meal next year has one, as well as a request for \$12.7 million to address the continued growth in demand for the HDM program and for weekend and holiday home delivered meals.

[3] DFTA must Address Case Management Program Backlogs and Streamline Assessments for HDM Program Before End of Recovery Meals

Currently, a separate Case Management Agency¹⁸ must assess an older adult to determine their eligibility for the HDM program. Not every older adult on Recovery Meals will be eligible for a home delivered meal (i.e., they may only have been “homebound” due to the pandemic). The Case Management system is already overburdened and backlogged with a waiting list estimated at more than 1,000 clients,¹⁹ so suddenly adding thousands of older adults systemwide on a tight timeline will be a significant challenge. The Case Management assessment process will take time given that thousands of older adults will need to be screened. One settlement house HDM provider noted that while it currently does not have a waitlist for HDM assessments, it anticipates the need to create a waitlist for assessments after Recovery Meals ends on June 30 and clients transition to HDM. As mentioned earlier, this underscores the need for DFTA to undertake a more comprehensive neighborhood-level assessment of existing Recovery Meals clients so that there is better targeting of resources for case management for the HDM program.

DFTA could also consider creating a separate, streamlined HDM assessment process for older adults receiving Recovery Meals that bypasses the Case Management Agency or utilizes a simplified methodology. The assessment process should also be able to determine whether capacity increases are needed for older adult center meals, food pantries, or other programs. An alternative streamlined system would need to be developed now and implemented soon. These critical steps would enable providers to plan ahead for their capacity increases before the end of Recovery Meals and allow the City to better determine the size of the investment it will need to make in FY 2023.

[4] City should Invest in Popular Options like Grab-and-Go Meals.

Since some older adults currently receiving Recovery Meals may be ineligible for HDM, DFTA hopes that Recovery Meals participants will transition to congregate meals at older adult centers. However, it is important to note that these Recovery Meals participants may not have visited an older adult center for meals before the pandemic, and congregate meals should not be viewed as the only solution for addressing food insecurity among this group. In fact, grab-and-go meals remain popular among many older adults served by settlement houses, suggesting that many older adults are still hesitant to return to eating in congregate settings due to the uptick in COVID-19 cases. The average daily participation rate at older adult centers is currently 15,800, which is only 60 percent of pre-pandemic numbers and well below DFTA’s target of 26,324.²⁰ One settlement house meal provider noted of the 125 to 150 meal participants that it serves daily, 70 percent get grab-and-go meals. While the City has suggested grab-and-go meals will soon end, these meals must continue to be a viable option for the foreseeable future.

[5] DFTA should Amend HDM contracts to include cost escalators and higher rates for specialized meals

To reflect higher gas and raw food costs due to inflation, DFTA should amend its contracts with providers to include appropriate cost escalators each year. Providers that spend more on specialized cultural and therapeutic meals should be paid higher rates as appropriate. As noted earlier, providers have identified that other increased costs that must be budgeted for, including technology costs for meal deliverers and higher vehicle liability insurance rates.

[6] City should Invest in Infrastructure and Capital Needs

The City should fund significant infrastructure needs such as kitchen equipment, storage space, building repairs, new vans, and van repairs. Funding for many of these needs is currently slow to be approved by the City. In an informal survey of HDM providers, LiveOn NY found an estimated 65 replacement or new vans are needed to support the home-delivered meal program.²¹ Last year, DFTA indicated in budget hearings they were requesting several new vans from the City, but recently noted during the March 11th, 2022 hearing that these were no longer active requests due to the Mayor's Program to Eliminate the Gap. This is an unacceptable response and the City must accelerate these capital requests, and provide funding for other capital needs.

[7] City should Fund a 5.4 percent Cost-of-Living Adjustment and Raises for Human Service Workers

Furthermore, raises and cost of living adjustments (COLA) in contracts for the human service workforce are critical to staff retention and lowering vacancy rates. Unfortunately, the Mayor's Executive budget left out cost-of-living adjustments (COLA) for this sector of the workforce. We urge the Mayor to prioritize this sector with a 5.4 percent COLA at \$86 million. UNH supports the JustPay campaign's three-pronged ask for investments for the human services workforce that includes automatic COLAs for all human services contracts to help wages keep pace with inflation; a living wage floor for human services workers of no less than \$21 per hour; and the creation and funding of a comprehensive wage and benefit schedule that is compatible to similarly-qualified City and State government employees.

[8] City should Scale up HDM Capacity to Provide Multiple Meals Per Day

Recovery Meals offers multiple meals per day while HDM only offers 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.

Since the start of the pandemic, settlement houses have been on the frontlines to ensure that older adults, the age group most vulnerable to COVID-19, have not gone hungry. As New York City continues to focus on an inclusive economic recovery in the aftermath of the pandemic, the Adams administration should work in collaboration with settlement houses and other community-based organizations to address persistent food insecurity among older adults, particularly among older adults of color. During the pandemic, older adults discovered they could receive high-quality food delivered straight to their doors along with case management support and regular wellness checks, all without risking exposure to COVID-19. As COVID-19 persists and the city’s older adult population continues to grow over the coming decades, investment in the HDM program is critical—the HDM program will not only help protect the health of the city’s older adults but it will also strengthen food security for a population that is increasingly choosing to age in place in their homes.²² ■

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- 1 UNH analysis of 2019 American Community Survey data, via IPUMS
 - 2 DFTA 2021 Annual Plan Summary https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/APS_2021_Final_Draft_11_2021.pdf
 - 3 UNH analysis of December 2020 Current Population Survey Food Security Supplement, via IPUMS
 - 4 UNH Analysis of 2019 American Community Survey data, via IPUMS
 - 5 <https://www1.nyc.gov/assets/operations/downloads/pdf/pmmr2022/dfta.pdf>
 - 6 Testimony from Tara Klein, Senior Policy Analyst at UNH:
<https://uploads.prod01.oregon.platform-os.com/instances/542/assets/documents/Assembly%20Food%20Testimony%20UNH%209.9.20.pdf?updated=1599673157>
 - 7 UNH analysis of 2019 American Community Survey data, via IPUMS. Low-income residents referring to those with household incomes up to 200 percent of federal poverty standards. Moderate and higher-income residents are those with household income above 200 percent of the federal poverty level.
 - 8 Non-institutionalized population
 - 9 https://acl.gov/sites/default/files/programs/2018-10/NSPEvaluation_healthcareutilization.pdf
 - 10 <https://council.nyc.gov/budget/wp-content/uploads/sites/54/2021/03/125-DFTA.pdf>
 - 11 Testimony from Tara Klein, Senior Policy Analyst at UNH:
<https://uploads.prod01.oregon.platform-os.com/instances/542/assets/documents/Assembly%20Food%20Testimony%20UNH%209.9.20.pdf?updated=1599673157>
 - 12 Ziegler, Jessica et al. Mathematica. “Older Americans Act Nutrition Programs Evaluation: Meal Cost.” Analysis https://acl.gov/sites/default/files/programs/2017-05/NSP-Meal-Cost-Analysis_v2_September_25_2015.pdf
 - 13 These funding amounts remain unchanged in the FY 2023 Executive Budget.

- 14 DFTA administered 2017 survey of HDM recipients that found one in five older adults identified the lack of meal variety and choice as their least favorite aspect of the program. See: <https://www1.nyc.gov/assets/dfta/downloads/pdf/community/HDMConceptPaper.pdf>
- 15 UNH analysis of 5 year 2015-2019 American Community Survey data from US Census Bureau, accessed via IPUMS
- 16 Ibid.
- 17 City of New York Executive Budget Fiscal Year 2023, "Message of the Mayor." <https://www1.nyc.gov/assets/omb/downloads/pdf/mm4-22.pdf>
- 18 In some cases, the same CBO may have both contracts for the home delivered meals program and case management, but these are separate contracts with different staff running each program. Most are separate organizations.
- 19 LiveOn NY Testimony: <https://www.liveon-ny.org/news/2022/3/11/testimony-to-new-york-city-council-on-recovery-meals-and-home-delivered-meals>
- 20 Newsletter from City Council Speaker Adrienne Adams: https://iqconnect.lmhostediq.com/iqextranet/view_newsletter.aspx?id=173196&c=NYCCSPK
- 21 LiveOn NY Testimony: <https://www.liveon-ny.org/news/2022/3/11/testimony-to-new-york-city-council-on-recovery-meals-and-home-delivered-meals>
- 22 Corona, Kim. NYN Media. "The push to help New Yorkers age in place." <https://nynmedia.com/content/push-help-new-yorkers-age-place>. October 12, 2021.

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United Neighborhood Houses (UNH) is a policy and social change organization representing 45 neighborhood settlement houses, including 40 in New York City, that reach over 765,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers.

