



**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
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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

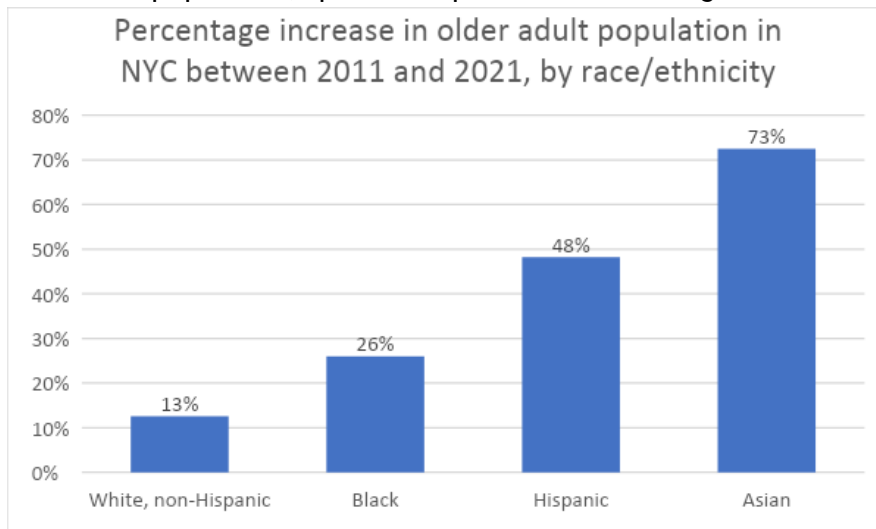
The Census recently released data on older adults in New York City as part of the 2021 American Community Survey, and the findings show there is a steadily growing older adult population in NYC, the City's older adult population has become more racially diverse over the past decade, there is an increase 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.