Asian American Task Force on Aging

Responses to

NYC Department for the Aging
Senior Congregate Activities Concept Paper
Home Delivered-Meals Concept Paper

The Asian American Federation (the Federation) convenes an Asian American Task Force on Aging (the Task Force) as an on-going network of service providers in the field of aging. Its sustaining goal is to develop an Aging Service Agenda for the rapidly expanding Asian American community, and to advocate, through a provider network, more adequate services for Asian American elderly.

One of the first action items the Task Force has identified is the review and response to concept papers recently released by DFTA on Senior Congregate Activities and Home-Delivered Meals.

The Task Force would like to recognize and commend DFTA’s effort to modernize its contracted senior center and meals on wheels services. While the Task Force supports the general concept of the proposed changes, there are significant concerns to the implementation aspects of the concept papers.

Critical Comments to Senior Congregate Activities & Home-Delivered Meals Concept Papers

1. Proposed concepts of service change must be accompanied by specific implementation plans, with timeline as well as resource and budgetary allocations clearly identified to ensure reasonable feasibility of the concepts

2. Instrument(s) to measure program performance must be shared and feedback solicited to again, ensure feasibility, as well as relevance and validity of the measuring criteria

3. Asian elderly community must receive its "fair share" of resource allocation to properly address their service needs with culturally and linguistically competent program services. "Fair share" funding allocation must be in direct proportion to the percentage of Asian seniors amidst general elderly population in New York City, and must address the Asian community’s population growth, poverty rate, and language proficiency

4. An instrument should be developed by DFTA, with input from ethnic communities, to measure cultural and linguistic competence of potential service providers. Such instrument should be used as one of the evaluative criteria in the RFP process toward contract awards
5. Potential service providers to ethnic elderly population should demonstrate cultural competence not only on line staff level, but also in decision making positions that have direct effect on program development and evaluation aspects of the proposed services.

6. Asian American service providers, with its deep roots in the community, trust from its clientele, close monitoring of the changing needs of the community, and thorough cultural understanding, remain the best providers of support to their own ethnic communities. Efforts must be made, either through DFTA in-house assets or third-party contracts, to provide technical assistance to help these providers to enhance their organizational capacity so they are in position to successfully bid for the modified DFTA service contract.

7. DFTA must commit to maintaining a high level of transparency in its funding allocation criteria, contract award selection process, as well as incentive formula.

Specific Comments on Senior Congregate Activities

a. While DFTA reports that 44% of its 329 senior centers are underutilized, nearly all of the Asian American senior centers have documented an over-utilization. This also includes non-DFTA funded senior centers operating on limited budget and resources. The Asian American Task Force on Aging urges DFTA to consider re-distributing under-utilized resources to over-utilized, underfunded centers, as well as to support currently unfunded senior centers.

b. Between the 1990 and 2000 Census, Asian American elderly population in New York City showed an increase of 91%, in contrast to a 2% decrease in total number of elderly New Yorkers. While Asian American population grew 42% in the borough of Manhattan, 82.5% in Queens, and 86.7% in Brooklyn, during the same 10 year span, not one new Asian American senior center in any of these boroughs was added to serve the increased service demand from the community. The Task Force urges DFTA to respond to the emerging needs of the Asian population in these boroughs, especially in Brooklyn, where there is currently not a single DFTA funded Asian American senior center.

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c. DFTA must recognize the fact that ethnic based senior centers offer a familiar and comforting environment where Asian American seniors feel comfortable to participate in activities beyond nutritional programs, and are more likely to seek social and health services.

d. The DFTA concept paper calls for collaborative partnership, especially to enhance the delivery of the healthy aging concept. However, there is no indication that proper resources are allocated to finance such partnership activities. There is also no indication that the Department of Health & Mental Hygiene, as a strategic partner to DFTA is investing financial resources to implement such collaboration. The Task Force strongly believes that a sound strategic plan must be accompanied by a viable financial model to ensure responsible implementation of the plan. The Task Force requests that expense formulae be attached to each DFTA proposed initiative as well as existing service to demonstrate financial feasibility of the concept paper. While the Task Force welcomes the healthy aging concept, it strongly believes that unfunded mandates will only serve to undercut these new concepts before they are even implemented, and at the same time, to jeopardize the quality of existing services. The Task Force therefore urges DFTA to release financial information and funding formula as addendum to the concept paper, with an extended deadline for the public to review and comment on both the concept paper and its financial plan.

e. The Task Force believes that incentive payment must be additional money outside of the current total allocation of $94.1 million and should be reflected in funds above the contract amount, rather than within the approved budget, to reflect the true nature of “incentive”.

Specific Comments on Home Delivered Meals

a. The Task Force is highly concerned with the proposed expansion of Home Delivered Meals region sizes, as a result of DFTA’s proposed concept to contract from 97 providers to between 10 to 20 providers. The Task Force believes that:

   I. Overlapping service areas can be resolved by re-districting rather than consolidating service areas
   II. Disparity of numbers of meals among service areas can also be addressed through redistribution of meal quantity while maintaining smaller region sizes
   III. Case management agencies should have more than one option when making referrals to home delivered meal providers. Choices for referral will help to keep meal providers on a competitive edge, offer broader culturally, religiously, and dietary appropriate overall menu choices to clients, as well as provides for a safety net for emergency backup.
b. Expanded region size will also mean more uniformly run programs, and less attention to ethnic and religious needs. Cultural and language competence will be diluted through centralization of program operation, and program delivery will be less capable of responding to the diverse needs of the various neighborhoods and communities. For example, social contacts through meal delivery will not be achieved if staff cannot speak the appropriate language when the route consists of a more diversified demographics as a result of expansion of the region.

c. The Task Force urges DFTA to develop sub-contract arrangements carefully and to ensure that sub-contractors, if used, are retained to provide a full-range of services needed by a particular ethnic group. For example, sub-contractors used by the lead providers should not only be commissioned to prepare ethnic meals, but also be responsible for delivery of the meals so that culturally and linguistically appropriate social contacts can be achieved.

d. In restructuring service regions, DFTA is strongly urged to consider accommodating ethnic based regions to ensure cultural and language competence, as well as a greater understanding of community needs.

f. As in Senior Congregate Activities, incentive payment must be reflected in funds above the contract amount/per unit rate, rather than within the approved budget, to reflect the true nature of “incentive”.

The Asian American Task Force on Aging

The Asian American Task Force on Aging is a growing network aiming at developing a comprehensive aging service agenda for the Asian American community. The response to the DFTA position paper, one of the Task Force’s projects, is supported by the following groups:

- Asian American Federation
- Asian American Geriatric Mental Health Alliance
- Brooklyn Chinese-American Association (BCA)
- Charles B. Wang Community Health Center
- Coalition for Asian American Children & Families (CACF)
- Filipino American Human Services Inc. (FAHSI)
- Greater Chinatown Community Association (GCCA)
- Hamilton-Madison House
- Henry Street Settlement
- Homecrest Community Services, Inc.
- Indochina Sino-American Community Center (ISACC)
- Japanese American Association of New York, Inc.
• Japanese American Social Services, Inc. (JASSI)
• Korean Community Services of Metropolitan New York Inc. (KCS)
• National Indo-American Association for Senior Citizens (NIAASC)
• New York University – Center for the Study of Asian American Health
• New York University – Vietnamese Health Initiative
• YWCA of Queens

The Task Force welcomes DFTA’s further response to these comments, and invites Commissioner Edwin Mendez-Santiago to meet and dialogue with representatives of the Task Force.

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