Older Adult Food Insecurity: Framing the Issue in New York
2010 Summit
Outcomes and Recommendations

Made Possible by the AARP Foundation
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EXECUTIVE SUMMARY

Of the 51 million Americans who face the threat of hunger, nearly 6 million are over age 60. This is a problem that we can solve. Building on the long track record of hunger, aging, and healthcare organizations that combat hunger and food insecurity, AARP New York and the AARP Foundation convened 100 such leaders representing government agencies and the nonprofit sector for a summit, “Older Adult Food Insecurity: Framing the Issue in New York” on October 18, 2010.

The Summit explored issues and possible solutions to challenges facing older New Yorkers needing nutritional assistance. All summit participants recognized the economic recession and the difficult decisions our elected officials must make this year. However, it resonated throughout that all nutrition programs helping those in need require adequate funding to provide appropriate assistance. During these economic hard times, a growing number of older adults turn to nutrition assistance programs. The number of seniors seeking assistance will only increase as baby boomers grow older.

Issues and solutions identified in this paper not only reflect the summit discussions, but also the perspectives of experts who work as partners with AARP on its anti-hunger initiative. The Food Stamp program, known throughout the country as Supplemental Nutrition Assistance Program (SNAP), was cited as one of the most important nutrition programs to reduce hunger. The USDA reports that every $5 in new food stamp benefits stimulates $9 in total community spending¹. Clearly, these benefits can have a significant economic ripple effect in low- and moderate-income communities.

This issue is particularly critical in New York’s African American/Black and Hispanic/Latino communities. For example, New York Congressional District 16 is 65 percent Hispanic/Latino and 33 percent African-American/Black, represented by Congressman Serrano, and ranks 1st in the nation in food hardship. New York Congressional District 10 is 62 percent African-American/Black, represented by Congressman Towns, and ranks 6th in the nation in food hardship.

Community partners voiced needed changes to the program to ensure that older New Yorkers who qualify for the program apply. Below are suggested administrative changes to SNAP:

- Change the name of Food Stamps to SNAP
- Streamline SNAP Administration

- Remove Finger Imaging Requirement for SNAP Enrollment
- Increase benefit for older adults
- Improve SNAP Agency communication with SNAP beneficiaries
- Establish Inter-Agency Partnerships to Facilitate Enrollment
- Protect and Expand Resources for Other Hunger Relief Programs

Community partners also named programs that have demonstrated successful outcomes to be considered for continued funding. These programs include:

- **Nutrition Outreach and Education Program (NOEP)** helps eligible people find and apply for nutrition assistance programs through advertising and application assistance. The program is administered by the Nutrition Consortium of NYS and funded by the Office of Temporary and Disability Assistance.

- **The Farmers’ Market Wireless Electronic Benefit Transfer (EBT)** uses handheld EBT terminals in open air farmers’ markets to enable customers to use Food Stamp/SNAP EBT cards to purchase fresh produce. Market managers are provided, free of charge, with a wireless EBT terminal; 1000 serialized, market-specific EBT wooden tokens; **EBT logs**, a vinyl banner to display at the EBT sales booth, "Tokens Accepted Here" signs for farmer booths, as well as training and technical assistance.

- **Hunger Prevention Nutrition Assistance Program (HPNAP)** increases consumers’ access to safe and nutritious food, provides nutrition and health education programs, and empowers people to increase their independence from emergency food assistance programs. HPNAP is run by the NYS Department of Health and funded with state and federal funds to improve the quality of food distributed to 2,600 Emergency Food Relief Organizations (EFRO) across the state.

- **Meals-on-Wheels and Congregate Meals** serve meals at congregate locations like senior centers and/or deliver meals directly to the homes of seniors whose mobility is limited.
Senior Poverty

An important component of hunger is poverty. Those who are food insecure lack sustainable physical or economic access to enough safe and nutritious food for a healthy and productive life. A large number of older adults are living in poverty. Nationally, four million seniors struggle to survive at or near the poverty line. In New York State, most recently released Census data reports that over 1.3 million adults age 55+ have incomes less than 200 percent of poverty, over 500,000 of them with incomes less than 100 percent of poverty.

However, these figures are based on the traditional definition used by the US Census Bureau. The US Census Supplemental Poverty Measure reflects a more realistic picture because its poverty threshold will be comprised of a current budget for food, clothing and shelter, plus a bit more for other needs. It will factor in cash income, tax credits (e.g., EITC), non-cash public assistance, and it will subtract taxes, medical bills, and work-related expenses—recommendations that resulted from the National Academy of Sciences (NAS) 1995 study of the official poverty measure. Recalculated with the new measure, poverty among older adults was 18.7 percent, almost double the official rate. The AARP Public Policy Institute recently analyzed the new measure's effect on poverty rates of older adults, young adults, and children between 2000 and 2008. The analysis disclosed that older adults were at the lowest official poverty rate—an average of 10 percent—but under the new measure, they jumped to the highest rate—an average of 17.3 percent.

Ziliak and Gunderson (2009) found that New York State ranks 28th among all states for seniors at risk for hunger. The US Department of Agriculture ranks New York 30th for

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3 U.S. Census Bureau, 2009 American Community Survey [http://factfinder.census.gov](http://factfinder.census.gov)

4 Hofland, B. (October 18, 2010). *Older adult food insecurity: Framing the issue in New York.* Summit presented by the AARP Foundation and AARP New York.

household food insecurity ranking. Additionally, two of the top five Congressional districts in the US with the highest percentage of citizens facing hunger are located in New York City. Seniors experience food insecurity in every district in New York—not just in poor neighborhoods.

Hunger is often an invisible issue in the United States. With our abundance of cheap yet low-nutrition calories, people may not look hungry. Further, the variety of emergency food services-- food pantries and soup kitchens--may give the impression that the problem is being solved by charities and the nonprofit sector. On the contrary, emergency food providers are not able to keep up with demand, nor should they be considered the ‘first line’ of defense.

Who is at most risk for being food-insecure? Demographics of the highest-risk older poor include:
- older adults age 60-64;
- living with grandchildren and providing kin care;
- living at or below the poverty level;
- undereducated (i.e., less than a high school education);
- African-American or Hispanic;
- divorced or separated and
- renters.

According to the New York City Department for the Aging, one out of four New Yorkers age 60+ living at home are considered at nutritional risk. Today, among people who use emergency food services--soup kitchens, food pantries-- 1 in 4 people are over age 65 (one-sixth of New York City residents are over 65).

Food Insecurity, Baby Boomers, and the Future

What will happen if we do nothing to relieve food insecurity in New York? Recently released Census data estimates that NYS has over 3.6 million people over age 60, or

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percent of the state’s population. The NYS Office for the Aging projects that by 2025, there will be more than 4.4 million New Yorkers age 60+.9

In 10-15 years, 1 in 6 older adults in New York will be using food pantries, but they will represent a greater number than the 1 in 6 seniors accessing emergency food today10. The Food Bank for New York City’s 2009 annual survey of working adults ages 50-64 reported an ongoing and increasing struggle to put food on the table—up by 68 percent since 2003.11

The baby boomer generation is reaching traditional retirement age as the first boomer turns 65 this year, although many boomers will be in harder straits than the generation before.12 According to FRAC , in 2010, 17.6 percent of New York residents reported that there were times in the past 12 months when they did not have enough money to buy food that they or their family needed.13 Older adults age 60-64 are at greater risk of hunger than seniors who are older and eligible for Medicare and Social Security.14

Not only is the number of seniors growing, but many are aging with inadequate savings. According to Boston College’s Center for Retirement Research the median 401(k)/IRA balance for participants approaching retirement was $78,000 in 2007.15 Recent Census estimates report that over 80 percent of NY’s households have no retirement income16. Furthermore, the situation is more insecure for low-income seniors, 60 percent of low-income households are at risk of not having sufficient income to maintain their pre-retirement standards of living at age 65.17 Social Security has been a lifeline to poor older adults, and the collapse of the housing bubble and the recession have served to make many people’s precarious living situation worse.

Good Nutrition: A Public Health and Healthcare Cost Concern

10 A. Duggan, Vice President of Research, Policy & Education for Food Bank of NYC (personal communication, Nov. 2, 2010).
12 A. Duggan (personal communication, November 2, 2010)
16 Ibid.
As the NYS Department of Health asserts, “keeping people healthy by preventing illness in the first place makes much more sense than having to treat them when sick. Community-based prevention can yield a return on investment through savings in health care and Medicaid budgets.”

Further, medical nutrition therapy has been shown to reduce hospital and physician services in those with diabetes and cardiovascular disease. “…coverage for Medical Nutrition Therapy can result in a net reduction in health services utilization and costs for at least some populations. In the case of persons aged 55 years and older, the savings in utilization of hospital and other services will actually exceed the cost of providing the MNT benefit. These results suggest that Medicare coverage of MNT has the potential to pay for itself with savings in utilization for other services.”

Nutrition is preventive medicine. Good nutrition not only keeps older adults healthy, physically active, and independent, but it also prevents high medical costs. Most chronic diseases that are the major causes of death for people over age 65—including heart disease, cancer, stroke, influenza and pneumonia, and accidents—have dietary and nutritional implications. Many chronic diseases are preventable or treatable because they are associated with lifestyle changes. Nutrition is inextricably linked to health and healthcare costs, and nutrition becomes even more important as people age. Those older adults who are seriously ill, have dementia or have lost weight are more likely to be admitted to a hospital or long term care facility and are vulnerable to post-surgical complications and other problems linked to poor nutrition.

In contrast, preventing malnutrition in older adults --including underweight and obesity--through a maintaining a healthy diet can lower the risk of falls and hip fractures to seniors. Accidents, including falls, are one of the leading causes of death. These two conditions also produce high medical costs and decreased functionality. In 2005, charges for falls of New York State residents were almost $1.5 billion for hospitalizations and over $100 million for emergency department visits.

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Current Programs Addressing Senior Hunger

Currently, there are various nutrition assistance programs that serve older adults. However, programs across the country are experiencing an increase in demand, while funding is not keeping up with the current need.

Emergency Food Programs (EFPs)22

New York State Food Bank Association reported serving over 2.3 million people and estimates 2010 figures to be close to 3 million people by distributing food through 5,000 food pantries, soup kitchens, shelters, and other emergency feeding programs23. The Food Bank for New York City and City Harvest report found that “hunger primarily impacts hardworking families and individuals who are struggling to get by on insufficient earnings or low fixed incomes” 24.

Many EFP programs rely on volunteers and donations, and as Food Bank and City Harvest found, many of these programs feel that their daily operation is threatened due to their precarious situation. Programs throughout the state have found it difficult to meet the increased demands. In New York City 84 percent of EFPs and in New York State 55 percent cited that the greatest reason for turning clients away was due to lack of food supply 25.

Meals-on-Wheels and Congregate Meals

According to the Administration on Aging (AOA), during Fiscal Year 2008 New York’s congregate sites served 11,398,149 meals to 150,503 older New Yorkers and 66,311 older New Yorkers received 13,401,150 home delivered meals26. The NYS Office for the Aging (NY SOFA) reports that “slightly more than 32 percent of participants at community dining sites were identified at high nutrition risk and 40 percent of home delivered meals participants were at high nutrition risk.”27 Both of these nutrition programs allow older adults to age in the community, by providing the recipient with nutritious food.

22 Emergency food programs include soup kitchens and food pantries.
23 Food Bank Association for New York State. http://www.foodbankassocnys.org/
25 Ibid.
26 Administration on Aging. http://www.aoa.gov/AoARoot/Program_Results/SPR/2008/Index.aspx
In New York City senior centers serve approximately 28,000 meals a day and meals-on-wheels serve 16,000 meals. Senior centers are community based programs that offer a nutritious meal, as well as nutrition education and counseling to their clients. Clients can learn how to prevent or treat diseases through proper nutrition. This one meal a day is a tremendous help, especially for those recipients who struggle with the rising cost of food. It is estimated that the Consumer Price Index for food has increased 10 percent in the US and 11 percent in the New York area\textsuperscript{28}. This increase in food costs will cause some to run out of food, reduce the size of their meals or skip meals altogether.

Meals-on-wheels programs are vital to keeping frail, homebound older New Yorkers independent and aging in place. According to NY SOFA, 35.6 percent of meals-on-wheels recipients were age 75 to 84 while 36.1 percent were 85 or older.\textsuperscript{29} Furthermore, 50.2 percent resided in rural areas of New York and 53.2 percent lived alone\textsuperscript{30}. A 2006 study conducted by City Meals-on-Wheels and Cornell Center for Translational Research on Aging (CITRA) found that 14 percent of their homebound clients relied solely on the one meal a day they received.\textsuperscript{31}

Both of these nutrition programs are experiencing difficulty providing adequate services to the increasing number of meal recipients. Federal funding and our state’s supplemental funding of these programs has not kept up with the rising costs of supplies. According, to Council of Senior Centers and Services (CSCS), “DFTA [NYC Department for the Aging] funded agencies have not received funding to meet inflationary cost increases since 2005,” yet the “Consumer Price Index for inflation has increased 16.60 percent since then.”\textsuperscript{32} As the number of seniors continues to rise, many of these programs will not be able to properly serve all their clients, especially due to the tremendous expense of food and fuel.

**Food Stamps/ Supplemental Nutrition Assistance Program (SNAP)**

While the previous programs might be the first to come to mind for many, in fact the Supplemental Nutrition Assistance Program is the most important nutrition assistance program to reduce hunger, according to the US Department of Agriculture and hunger relief organizations across the country. In New York, the program is still called “Food Stamps” and approximately 40 percent-50 percent of older adults who are potentially eligible for the program are enrolled. Nationally, SNAP was critical to the nutrition, health

\textsuperscript{29} SOFA http://www.aging.ny.gov/News/2009/NYSOFATestimony5142009.cfm
\textsuperscript{30} IBID.
\textsuperscript{31} ------ Testimony of Rachel Sherrow, Director of Programs and Community Affairs of City Meals-on-Wheels, at a hearing of the Aging Committee of the New York City Council, November 23, 2010.
and well being of 2.8 million households with one or more people over age 60 in 2009, while in New York the program helped over 415,000 people over age 60. By October 2010, OTDA stated that over 455,000 older New Yorkers (60+) received their entitled food stamp benefits.

Food Stamp benefits stimulate the local economy, keep businesses afloat during difficult times, maintain jobs in retail stores and the food industry, and support farms and agriculture. In New York City alone it is estimated that SNAP will provide more than $3.2 billion of federal funding for food purchases. The 13.6 percent increase in benefits likely brought an additional $453 million to New York City economy.33 In October 2010 alone, the Food Stamp/SNAP program brought in $441,526,830 into New York State’s food retail outlets, from large chain stores to supermarkets, independent grocers, farmers’ markets, and green carts, helping the local economy as well as 2,918,849 New Yorkers34.

**Older Adults Low Participation Rate in Food Stamps Program/SNAP**

Although many older adults are experiencing food insecurity, many that may be eligible for SNAP are not applying. The US Department for Agriculture (USDA) has conducted research to better understand why individuals who may qualify do not apply. A report released in 2004 by USDA found that “one-third [of non-participants] did not think they were eligible, 18 percent were unsure whether or not they would qualify for benefits, and a small percent had never heard of the [program]35.” This same report found that older adults had doubts on their eligibility due to their savings and monthly income36.

Furthermore, the application process for SNAP may be too cumbersome for older adults, especially due to its length and documentation requirements. The USDA also found that “households containing elderly persons were much more likely to consider themselves uninformed about the process than other households.37”

Another reason for low participation among older adults is due to the perception that benefits received through SNAP are too low, compared to the burden of applying. This

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33 ---- Testimony of Joel Berg, Executive Director of New York City Coalition Against Hunger, at a hearing of the New York City Council General Welfare Committee, November 23, 2010.
36 Ibid. (p. 25)
37 Ibid. (p. 29)
burden is even greater for older adults who are more likely to have cognitive or physical limitations.

These barriers can be addressed effectively. Research indicates that outreach and policies that expand eligibility or reduce reporting requirements all increased participation. Given the current economic situation, there are new opportunities for food stamp awareness.

Between 2007 and 2010 in New York, the Nutrition Outreach and Education Program (NOEP) helped over 75,000 new households enroll in SNAP. Currently the program is funded through OTDA to operate in only 35 of the 62 New York Counties. NOEP coordinators encourage older adults to apply to the program and assist them with the application process. USDA’s research has found that with proper outreach, participation rates among older adults increased within a few months, in some cases increasing from 20 to 35 percent.

However, even with effective outreach in New York the finger-imaging requirement is a major barrier to participation. The only places in the country where finger-imaging is a prerequisite for benefit enrollment are California, Texas, Arizona - and New York City. Many social service professionals protest this as an unreasonable and unfair requirement, and they observe that the jurisdictions requiring finger-imaging also have large immigrant populations. Research studies confirm that finger imaging deters eligible households from accessing SNAP benefits.

Yet the amount of related fraud is negligible in states without finger-imaging, compared to its cost—and the cost of lost revenue for the state that greater SNAP enrollment could bring in entitlement dollars to the local economy.

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#3 U.S. GAO (March 2004), p. 22.
RECOMMENDATIONS

Improve Older Americans’ Access to Food Stamps Program
Due to the low participation of eligible seniors in Food Stamps it is critical that barriers to applying are addressed. The following recommendations can increase the number of older New Yorkers who apply.

Change the Name of Food Stamps to SNAP
Throughout the United States the new name for Food Stamps is Supplemental Nutrition Assistance Program (SNAP). In New York, the name is still “Food Stamps” and another senior-focused program is called “SNAP.” The program is administered by the State Office for the Aging (SOFA) and funds home delivered meals, congregate meals, and case management. Before the name of Food Stamps is changed to “SNAP”, the name of the current “SNAP” program must be updated.

Recommendations:
1. Change the name of the NY SNAP program funded by SOFA
2. Adopt SNAP as the official name for Food Stamps.

Streamline SNAP administration
USDA FNS is encouraging state agencies to streamline their enrollment practices. In New York, individual SNAP county offices are able to decide whether or not to take advantage of certain federal options and waivers that can improve potential beneficiaries’ access to SNAP, such as the standard medical deduction and telephone interviews. This practice creates inequities and a lack of uniformity throughout the state, and results in eligible households not receiving federally funded SNAP benefits.

Recommendations:
1. Require all local districts to participate in all available USDA FNS waivers approved for New York State that would enhance access, eligibility, and/or benefit allotments, such as the standard medical deduction.

2. The State of New York should develop and enforce uniform policy definitions and requirements across all counties and New York City.
3. Condense application and promote electronic submission.

4. Instead of in-person interviews, require that all districts institute a policy of providing the option for a telephone interview at application and recertification for all applicants in lieu of the face-to-face interview and without the need to document hardship.

5. Recertify every two years via phone or electronically for seniors below a certain income level. Provide adequate infrastructure (staffing and training) to ensure that eligible households get benefits in a timely fashion.

Remove of Finger-imaging Requirement for SNAP Enrollment
In New York City, one fraud reduction strategy is finger-imaging of Food Stamp enrollees. However, according to the US Department of Agriculture (USDA) states that use finger imaging have higher average payment error rates than both the national average and the next four largest states that do not finger image.\(^{41}\) Eliminating finger-imaging would increase access, greatly reduce stigma and break down barriers to enrollment. Eliminating finger-imaging would also reduce administrative costs since state and county funds pay for New York’s finger-imaging system.

Recommendations:
1. Stop the use of finger imaging in the food stamp application process.

2. Educate the public about the elimination of finger imaging to increase participation rates in the Food Stamp Program.

Increase benefit for older adults
Seniors tend to receive lower benefits than younger beneficiaries for two main reasons:

A. They under-report medical expenses which are deducted from gross income to determine eligibility and the benefit level. The process for documenting out-of-pocket medical costs is so cumbersome that currently, over 75 percent of older food stamp recipients take $0 medical deductions.

B. Many older adults are eligible for only the minimum benefit which is $16/month. Research suggests that the perception of a low benefit amount contributes to under-enrollment in the senior population. The average SNAP benefit for a 60+ beneficiary is $102 per month, nationally.

Recommendations:

1. Establish a standard medical deduction for older adults, allowing those with higher than average out-of-pocket medical costs to use their real costs in the food stamp application.
2. Establish use of the IRS rate when calculating medical mileage in food stamp budgeting. Currently, counties can use their own rate, rather than the higher IRS rate, which can lead to a lower benefit amount.
3. Raise the minimum benefit for seniors.

Improve SNAP Agency Communication with SNAP Beneficiaries

SNAP is a complex program and many beneficiaries have limited English proficiency and low literacy. Clear communication between the state agency and beneficiaries is essential for effective enrollment and retention in the program.

Recommendations:

1. Simplify notices sent to households, so that they are easier for recipients to understand. We recommend the 8th grade reading level.
2. Enforce the federal mandate that all Food Stamp offices provide translation services to clients.

Establish Inter-Agency Partnerships to Facilitate Enrollment

Discussion at the anti-hunger summit focused on the need for more communication and collaboration between state agencies. Participants expressed that state agencies could target potential SNAP recipients with the proper mechanism in place.

Recommendation:

1. Require Office for Temporary Disability Assistance (OTDA) and other agencies that administer means-tested programs (i.e. LIHEAP, Medicare Savings Program) to adjust
their application forms to include an “Opt In” option that allows applicants to designate their interest in being enrolled in if they meet eligibility requirements. For instance: currently, New York State Nutrition Improvement Project (NYSNIP) automatically enrolls SSI older adult recipients who are living alone in SNAP.

Protect and Expand Resources for Other Hunger Relief Programs

All community stakeholders recognize the current economic recession and the difficult job ahead. However, to keep in mind for future funding, below is a list of notable programs that address senior hunger.

- **Increase Funding for the Nutrition Outreach and Education Program (NOEP)**
  Expand to all counties and increase in New York City. By expanding this effective program, tens of thousands of additional hard-to-reach households will be enrolled, leveraging tens of millions more federal dollars into the state’s economy. Increasing funding for NOEP also will allow services to be expanded to counties that do not currently have services, and will increase the number of providers in high-need areas of New York City, such as Harlem, areas of Brooklyn, and the Bronx.

- **Continue to expand the Farmers’ Market Wireless Electronic Benefit Transfer (EBT) Program.**
  This program provides farmers’ markets, free of charge, with the technology required to accept food stamp benefits, and assists with its implementation. The program has been very successful at supporting access to fresh, local food by low-income households that participate in SNAP.

- **Create a state-funded “Fresh Checks” program.**
  This privately-funded, pilot program provided a $5 per week matching benefit to be used at the farmers’ market to SNAP recipients. It provided an incentive for SNAP households to purchase fresh, local food, and doubled the value of the benefit. This program should be reviewed and consideration given for future state funding.

- **Increase funding for the Hunger Prevention Nutrition Assistance Program (HPNAP).**
  This year, there is an estimated 35 percent increase in demand at food pantries, soup kitchens, and shelters throughout the state. This translates to an additional 800,000 people seeking help at these programs, from approximately 2.2 million people to 3 million. Meals provided by emergency feeding programs have increased 13 percent from 2008-2009 to 2009-2010 (186.5 million meals), while requests for assistance were up by 12 percent in 2010 from 2009. Funding should be increased accordingly.
Meals-on-Wheels and Congregate meals
These programs play a vital role in keeping older adults in their home and community. These programs need adequate funding so that they can meet the increasing demand. While limited federal funding is available for these programs, New York State should strengthen its supplemental funding targeted to frail elderly.

References


Administration on Aging. http://www.aoa.gov/AoARoot/Program_Results/SPR/2008/Index.aspx


Duggan, A., Vice President of Research, Policy & Education for Food Bank of New York City (personal communication, Nov. 2, 2010).


Hofland, B. (October 18, 2010). Older adult food insecurity: Framing the issue in New York. Summit presented by the AARP Foundation and AARP New York.


U.S. Census Bureau, 2009 American Community Survey Food Stamp/SNAP Tables http://factfinder.census.gov


----- Testimony of Joel Berg, Executive Director of New York City Coalition Against Hunger, at a hearing of the New York City Council General Welfare Committee, November 23, 2010.

----- Testimony of Rachel Sherrow, Director of Programs and Community Affairs of City Meals-on-Wheels, at a hearing of the Aging Committee of the New York City Council, November 23, 2010.