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UNH Response to DFTA's Older Adult Centers *(formerly Senior Centers)* Concept Paper

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Introduction

United Neighborhood Houses (UNH) knows the value of New York City's senior centers as transformative spaces for older New Yorkers. Not only do today's senior centers offer critical supports and service delivery to meet people's everyday needs, they also offer enrichment opportunities and a way for people to contribute to their broader community. They are our line of first defense in combatting social isolation. They are spaces of community, of learning, of supports, of health and well-being, and spaces where people can build a life of meaning and purpose. They are connectors, bringing people to community and to each other. The value of these spaces has been even clearer in light of the COVID-19 pandemic, as centers served as emergency resource hubs and developed innovative ways to foster connection even without a physical gathering space.

At the same time, there is an enormous opportunity to improve and expand the senior center system through the Department for the Aging (DFTA)'s upcoming Request for Proposals (RFP). The procurement could respond to the very tangible challenges that senior centers have collectively faced over the last several years, such as inflexible contracts, poor funding structures, insufficient staffing, and unclear roles in citywide emergency preparedness and relief. The future RFP is an opportunity to think bigger and beyond the vision of what a senior center has been. UNH is glad DFTA recognizes this opportunity and has engaged the provider network in building a Concept Paper for Older Adult Centers (formerly senior centers) that seeks to address some of these on-the-ground concerns.

After careful review, UNH has many serious questions and concerns about DFTA's Older Adult Centers Concept Paper, particularly around funding levels, programmatic design issues, and the long-term impact of COVID-19. For instance, the Concept Paper does not mention the overall number of contracts or what a typical budget should be for a center, despite previous model budgeting exercises conducted by the City and the fact that these details are often included in other City concept papers. It also fails to address needed expenses including cost escalators, capital needs, and new technology needs, and does not articulate whether the senior center network might expand to serve the growing number of older adults in New York City. Further, while new programmatic models include some exciting and creative concepts, such as developing more specialized centers, the lack of detail makes these models difficult to envision and build in a COVID world.

Critically, the COVID-19 pandemic has put a wrench into normal senior center operations, and as we enter a slow recovery phase (and at this moment, brace for a potential second wave of the virus) there is widespread uncertainty around the future of service delivery and participation levels. The pandemic has shown that senior center service delivery can change quickly and in unpredictable ways. For example, congregate meal service very rapidly switched from in-person meals to grab and go to home delivery and has not yet returned to normal. To date, DFTA has not yet communicated any future transition plans with the full provider network. This makes it very difficult to predict how service models will continue to change. There is further uncertainty around the future number of older adults regularly attending senior centers and what their interests and needs might be, especially given the tens of thousands of previously unconnected older adults who signed up to receive GetFood NYC meals delivered during the pandemic. The Concept Paper acknowledges some of this uncertainty, stating: "Given the unpredictability associated with the progression of the COVID-19 virus, these or other changes in food provision could still be in effect at the point of implementation of new contracts," (p.2).

Similarly, the broader financial impact of COVID-19 is still evolving, with community-based organizations rethinking how they will be able to best serve their communities in the years ahead with new budgetary restrictions. This programmatic and financial uncertainty renders it very challenging for programs to make accurate assumptions about what services will look like in the future through a multi-year procurement.

Given the current uncertainty around the future of in-person senior center programming, and the fact that this procurement envisions the system for the next three years with an option to extend for three additional years, **we strongly believe that this is not the time to proceed with a procurement to redesign the system.**

Further, DFTA currently intends to re-procure a number of programs, including NORCs, elder abuse, and home care, and new home delivered meals contracts are scheduled to be awarded soon. Rather than a piecemeal approach to these individual programs, we would have hoped that DFTA, having conducted a community needs analysis, could share a broader vision of older adult services that weave together these service components holistically. For example, DFTA should share its thinking how home delivered meals, NORCs, social adult day, and other essential programs fit into a coordinated community-based vision of supportive services for older adults and consider how senior centers play a key role in that delivery system. We urge DFTA, and our City's leaders at large, to clarify their overall vision and funding commitment to serve and engage older adults throughout NYC in a post-COVID world and how senior centers fit into that plan before moving forward with this procurement.

With concerns around funding, programmatic design, and COVID-19 recovery having a tremendous impact on senior centers, and knowing that the RFP must be delayed, UNH's concept paper response highlights unanswered questions, concerns, and recommendations for improvement. We urge a thoughtful consideration of these issues in advance of releasing an RFP, and that DFTA use this time of uncertainty to focus on safely returning in-person programming to senior centers, advocate for greater senior center funding for this portfolio, share its community needs analysis, reflect on trends that will shape senior centers for the next six or more years, and more fully develop the ideas laid out in this Concept Paper.

UNH Network

Across our network of 40 settlement houses throughout New York City, UNH represents 46 senior centers that serve 53,000 older adults, including 41 which are in the NYC Department for the Aging (DFTA) portfolio of 249 senior centers. Three of those 41 are currently designated as Innovative Senior Centers, out of 16 in the DFTA network. Settlement houses serve older adults in their neighborhoods in many other ways, such as benefits assistance, food pantries, homecare services, and mental and physical health supports, along with operating other DFTA contracts such as NORCs, Home Delivered Meals, and Case Management. Many settlement houses also operate self-directed volunteer teams of older adults that work on civic engagement projects in their communities, via the work of UNH's Institute for Empowered Aging. Our feedback below represents the collective views of these settlement houses, gathered in response to the Concept Paper as well as long-term conversations and visioning sessions over the last several years.

Funding Needs and Concerns

Two major commitments in new City funds in recent years, the $20 million "model budget" in FY 2018 and the $15 million in "model food budget" funding in FY 2020, began the process of right-sizing senior center contracts and eliminating inequities across the system. However, there are several outstanding concerns about senior center funding that must be addressed before moving forward with any procurement:

Budget Cuts. As the City dealt with an economy ravaged by COVID-19, the de Blasio Administration did not follow through on its funding commitments for DFTA in the FY 2021 budget. $5 million in baselined model food funds that were budgeted to begin in FY 2021 were delayed until FY 2022. $10 million in original model budget funds that were promised in FY 2018 to be allocated by FY 2021 never materialized and were not budgeted for future years. These broken promises are devastating to senior centers, many which had already made hiring and salary decisions based on these promised funds. Without additional funding, many centers will be required to continue the chronically low salaries of its predominantly women and people-of-color workforce. It is unconscionable to perpetuate low salaries for workers who have dedicated their lives to supporting older adults in their community. Again, Black and brown workers continue to bear the brunt of these low wage scales. DFTA must stand up for its workforce. Notably, many senior centers were excluded from receiving the original model budget funds, and DFTA must rectify this inequality moving forward. The City made further one-time cuts to senior centers that were justified as COVID-related savings from reduced operations, including $4 million in FY 2021 and $8 million in FY 2020.

Finally, the FY 2021 budget made major reductions to the City's Indirect Cost Rate Initiative, including forcing retroactive cuts in FY 2020. Senior centers greatly rely on this funding to sustain their operations and cover costs that support their programs.

It is unclear whether the proposed $170 million budget per year, as listed in the Concept Paper, includes full funding for the new indirect rates. Also, we assume that City tax levy funds that support non-baselined annual "one-shot" funds and funds that are allocated by the City Council to support significant programming at senior centers are not included in this budget. Clarity is needed to ensure centers are funded fully and appropriately.

Number of Contracts, Utilization, and Growth. The Concept Paper does not address the number of centers it hopes to procure. It also fails to specify whether senior center sites will be chosen in advance and allow providers to bid on those sites, or whether providers will be able to propose any location to be a site. DFTA must clarify the overall number of contracts and their process for identifying program locations.

It is important to note that, according to Local Law 140, data from FY 2019 cited by the City Council in its March 2020 DFTA budget report, "senior center utilization is at 100 percent for 220 of the 249 centers (88 percent of all centers). Although centers range in utilization, it is clear that most centers are near, at, or above capacity. From a budgeting perspective, this suggests that there is little available capacity in the existing senior center system," (p.29). The DFTA Commissioner noted during a September 21, 2020 City Council hearing that DFTA's community needs analysis conducted earlier this year found a need for an additional 17 or 18 senior centers across the five boroughs. (Notably, this community needs analysis has not been shared with the public; DFTA must make this available so providers can better understand their assumptions about neighborhood services.) Today, there are over 50,000 older adults who have received GetFood NYC older adult meal deliveries who previously did not attend a senior center, and these older adults will likely want to continue being connected to senior center services. These figures also do not factor in the existing Council-funded senior centers, such as the specialized immigrant senior centers. The Concept Paper also discusses DFTA's desire for centers to attract new people and reach more older adults, a worthy goal but one that would require system growth and more resources. It is impossible to meet this large demand and potential for growth without increased funding. DFTA must address this mismatch by either limiting this growth or advocating for more funding.

Programmatic Improvements. The Concept Paper includes several programmatic enhancements to make senior centers more holistic and efficient, such as encouraging more community-facing events and enhancing virtual programming. However, programmatic improvements generally mean additional costs, and the Concept Paper does not indicate what a center's budget would be to offer these enhancements.

One example is the proposed new requirement for a full-time database manager at each center: while this would certainly improve operations, adding a full-time staff member comes with a new salary requirement. Without increasing overall funding, this requirement means that programs will be forced to make reductions elsewhere such as reducing staff or activities. Senior centers are already strained to hire skilled, competent, multi-lingual staff at DFTA's salary levels. Further, many centers need to invest in a social worker, nurse, or mental health professional to support their older adults before hiring a database manager. Instead of requiring centers to dedicate resources to a full-time database manager, DFTA should focus on improving some of its own technological systems to make database management easier and more affordable for senior centers. For example, centers are unable to fully access data reports from STARS, do not have enough licenses for all of their staff, and report that check-in scanners frequently break. Broadly, additional staffing requirements should not be part of the RFP unless these positions are fully and adequately funded.

Cost Escalators. Contracts must account for cost escalators over the lifespan of contracts. DFTA must build in these cost escalators to reflect the increasing costs (labor, food, etc.) of running a quality program while anticipating new costs that may arise such as technology enhancement needs or COVID-related needs like personal protective equipment. The City must commit to including annual, automatic cost escalators, including COLAs, throughout the entire contract timeframe.

Capital and Technology Needs. In order to carry out the programmatic vision laid out in this RFP, the City must make funding available to support capital repair and renovation projects. For example, funds are needed and could be used to expand or upgrade kitchens, improve ventilation systems, support basic building repair needs, and ensure full compliance with the Americans With Disabilities Act. There are major repair needs in many centers located in NYCHA buildings, and those sites need targeted interagency coordination. These costs should be covered through distinct capital investments, available outside of the regular programmatic funding pot. DFTA must also invest in the technology systems needed to carry out the vision for long-term virtual programming, such as improving internal technology systems, providing tablets to older adults (as DFTA has been proposing), and supporting both providers and older adults with dedicated IT support through a helpline or centralized IT contract. The City needs to ensure that providers have the right tools to run effective and modern programs.

Maintenance Funding for Senior Centers in NYCHA. Many senior centers are located in NYCHA developments. For older adults with mobility issues living in NYCHA developments, the on-site programming is especially valuable. However, due to NYCHA's tremendous capital repair backlog, providers report that increased day-to-day maintenance is required to keep centers safe for community members. Peeling paint risks exposure to lead and must be immediately remediated, leaks create constant need for new ceiling and floor tiles, and plumbing challenges require constant attention. Though NYCHA, as the landlord, is technically responsible for addressing these issues, the reality is that due to backlogs, they are slow to respond to any non-emergency repair requests. With NYCHA taking as many as three months to address basic repairs, providers have begun to take this work into their own hands in order to not interrupt service delivery for older adults. For the immediate and near-term future, senior centers must have access to funding for maintenance projects that would allow them to immediately address physical challenges caused by the failing infrastructure in these locations.

At the same time, capital funding is required to address the underlying issues leading to these ongoing maintenance costs. DFTA should work with NYCHA and the City to make capital repairs to centers across NYCHA's portfolio. It must also complete a long-planned inter-agency memorandum of understanding laying out the responsibilities of various City agencies involved in programming in NYCHA (NYCHA, DFTA, DYCD, DOE, etc.). We also recommend DFTA add a staff member who is dedicated to supporting aging services in NYCHA developments, as previously existed, to help troubleshoot these repair needs and other interagency issues that may arise.

Voluntary Meal Contributions. The federal Older Americans Act requires senior centers to collect voluntary contributions from older adults for meal service. Currently, the voluntary contributions that a provider receives are subtracted from the program's bottom line, effectively penalizing centers that are able to collect these donations. Rather, these voluntary donations should be treated as additive funds used to enhance programming at a center's discretion, perhaps with the input of a center's older adults themselves. This policy change was proposed in DFTA's recent home delivered meals procurement and should be replicated for senior centers. Notably, senior center meal contributions have not come in during COVID-19 as meal service moved to delivery under the GetFood NYC program.

New York is Aging. It is well-documented that New York City's population continues to age rapidly. With 1.7 million older adults comprising 20% of New York City's population, DFTA's 2019 Annual Plan Summary notes that "by 2040, New York's 60+ population is projected to increase to 1.86 million, a 48.5% increase from 2000." DFTA must continually reevaluate their resource levels as the number of older adults increase. With a static budget, DFTA is merely moving resources around – cutting programs from one group of older adults for another. This is not good policy and does not offer our City's older adults continued support and services.

New Models

Elimination of Innovative Senior Centers. As DFTA moves toward more flexible program models, UNH supports DFTA's elimination of the "Innovative Senior Centers" (ISCs) concept and branding. In practice there is little distinction between ISCs and Neighborhood Senior Centers (NSCs), other than funding levels which allow ISCs to invest in additional programs and supports including extended hours and multiple meals per day. Both NSCs and ISCs are conducting innovative and creative programming that meet the needs of their distinct neighborhoods. It is important that DFTA fund all centers at a level that supports local needs, allows for proper staffing, and fosters innovative planning. At the same time, in trying to achieve a balanced funding approach (which is a critical systemwide goal), we do not support a large reduction in funding and services to current ISCs. Due to their increased funding levels, many of these centers now serve a large number of older adults with ample programmatic choice, and DFTA should take care not to disrupt service levels for older adults who are used to attending these centers.

New Models and Specialization. UNH appreciates DFTA thinking creatively and proposing new ways for senior centers to specialize and best serve their neighborhoods. The eight new models each have positive concepts embedded into them. We are particularly enthusiastic about the option for flexible and non-traditional hours, the café model versus cafeteria-style meals, and the wellness center concept. We know and agree with DFTA's assessment that people go to centers for more than just a meal (and many do not go to centers to eat at all), and appreciate this recognition as a baseline in building out these new models and for thinking about how senior centers are funded. Notable and important concepts that must also be included in these models include a focus on case management and social work, and future models of meal distribution based on changes during COVID-19. Additionally, we strongly support funding to have access to a physical and/or mental healthcare professional at each site, and to improve health care partnerships and community linkages at all centers, especially given current needs during COVID-19.

Across UNH's network, we unanimously heard that current senior centers encompass pieces of a variety of these models, and would have a great deal of difficulty choosing just one to focus on. Some indicated they could likely combine concepts from two or three of the proposed models, and others indicated they would want to draw from each model in order to build the strongest program that meets local needs. In particular, the older adult centers without walls model is one that every center should try to utilize in order to engage with the broader community. We urge DFTA to clarify this thinking and allow flexibility for hybrid models, and approach the new models as more of a guide than a requirement.

Close Proximity Resource Sharing. With the introduction of these new specialized models, DFTA should explore the concept of "close proximity resource sharing." Currently, several senior centers are operated by the same organization and in close physical proximity to one another, particularly in certain dense and low-income neighborhoods. Staff at these organizations note that older adults will frequently travel to different centers based on social preferences, or even based on what meal is being served for lunch on a given day.

Instead of maintaining this siloed approach, DFTA should allow centers in this situation to create a campus model and share resources and programming between centers, perhaps by pooling funding and unit of service requirements into one master contract with the same number of distinct centers. This would allow these centers to share programs, staff, and other responsibilities, ensure local services are not duplicated just for the sake of meeting individual contractual requirements, and support a neighborhood-wide approach to model specialization. For example, perhaps not every center would have to offer meal services in order to meet Older American Act requirements, while one could specialize in meals utilizing the café model. Without meal service, other centers would have the space to focus more in-depth on another model like the continuum of care model with new services such as fitness or wellness classes that did not exist in the neighborhood previously. The outcome of this policy shift would be additional choice and services available to older adults in these neighborhoods, which the Concept Paper supports, noting that "diversifying the mix of centers will create more options for older adults to choose from, which should, in turn, increase the overall ability of the network to attract even more New Yorkers across the age range of older adults," (p.1). In exploring this option, DFTA should consider parameters such as walkability or transportation between centers and cross-center promotional strategies.

Units of Service

Annual Flexibility in Unit of Service Allocation. We are glad DFTA supports the idea for providers to revisit their unit of service allocation each year of the contract to meet changing local needs. This provision would have been tremendously helpful during this current pandemic. We recommend more frequent reallocation in the first year of the contract, perhaps every 4 or 6 months. COVID-19 has caused enormous instability in types and levels of service, and as we recover this will certainly continue for some time. For example, programs may remove close-contact activities until it becomes safe to allow them again, and older adults may return to these activities at varying rates as they feel safe. Contracts need to allow for this uncertainty.

Eliminating Minimum Units of Service. We greatly appreciate DFTA's proposal to eliminate minimum unit of service requirements, and we support this effort. Such a change would grant senior centers more flexibility to focus on individuality, innovation, and creativity.

Qualitative Measurements. DFTA's proposal to consider qualitative measures in contracts instead of traditional quantitative units of service is a visionary and transformative proposal. There are numerous ways to measure outcomes and success without simply counting meals served or number of people attending a program each day, all while maintaining accountability.

One way to envision these measurements is to evaluate frequency, longevity, and intensity of participation. Frequency could look at how often an individual participates in some kind of activity or social gathering in a given week or month. This is easily captured through sign-in forms and DFTA's scanners (notably, many centers have expressed that these scanners tend to break easily). Longevity could be measured by looking at the date on an older adult's first intake form compared to today's date. Many centers note they have older adults who are so satisfied that they have been coming for 15 or more years. Intensity could look at the level of engagement in programming, seeing how many activities a given older adult participates in each time they walk in the door. This would distinguish between a person who comes into a building to sit at a table and socialize with their friends (a valid component of a senior center) and one who eats a meal, joins a yoga class, and meets with a social worker to get benefits assistance. DFTA would need to assist senior centers in mechanisms to collect this data, but together this data could help centers deeply evaluate their programs and ensure they are accountable to some standard of success.

Additionally, some centers currently conduct user satisfaction surveys among older adults who participate in their services in order to try to improve them. This could be a standard practice, perhaps annually or quarterly, with anonymity built in to ensure honest answers.

Innovative Programming and Promising Practices

UNH's Institute For Empowered Aging: Mobilizing older people for the benefit of the broader community. An increasing body of evidence shows that tapping the skills, knowledge, experience, and interests of older people (building upon their strengths and assets, as opposed to their needs and deficits) to lead community betterment efforts that address issues and challenges of local concern, not only benefits the larger community, but more importantly is a highly effective strategy for combatting social isolation and loneliness and the resulting negative health benefits as people age. Specifically, research shows that:

- Persistent isolation and loneliness reduce average longevity more than twice as much as heavy drinking, more than three times as much as obesity, is as dangerous as smoking 15 cigarettes a day, and contributes to cognitive decline.
- Conversely, older people who are engaged in their communities, with positive attitudes about aging and the possibilities later life offers, were 44% more likely to recover from disabilities associated with aging, had better brain functioning, improved memory, were less likely to be impacted by dementia, and increased their longevity by 7.5 years.

A highly effective intervention that senior centers can use to achieve these positive health outcomes is one that mobilizes older people to work in teams that address issues important to that team and does so in partnership with others in the local community. Examples of potential issues include: developing and running a new food pantry; launching an age-friendly improvement district; developing and implementing afterschool or adult literacy programming; addressing poor mail delivery in public housing; or increasing access to or use of healthy food. This approach vests later life with meaning and purpose and creates the conditions that enable older people to remain integrated within and valued by the broader community, reducing social isolation, loneliness and the associated negative health consequences.

DFTA's senior center RFP should encourage and allow applicants to propose programming in their application that mobilizes the skills and talents of older people working in self-directed teams that are tasked to address issues that benefit and strengthen local communities. This program approach could be used as a health promotion strategy or as an education/recreation/socialization activity, and as such would meet contractual units of service requirements. Further, it could be tied to some of DFTA's new proposed models, such as the next chapter model. For more information on this model, see UNH's Institute for Empowered Aging.

Intergenerational Programming. We are glad DFTA is interested in fostering more intergenerational programming. At settlement houses across UNH's network, and in partnership with UNH's Institute for Empowered Aging and program staff, older people have developed and implemented intergenerational programs including early childhood literacy activities, afterschool programming for middle school students, environmental awareness and action programming for grade school children, cultural awareness programming for grade school and high school students, career and college planning guidance for high school juniors and seniors, and civic education and activities for middle school students.

We have seen positive benefits for those settlement houses that are able to implement intergenerational programming. Program staff note numerous benefits of this work, including increased empathy among youth toward others – and especially toward those who are different, reduction of negative views toward older people among youth and staff, and a reduction of negative views that older people have toward younger people. Involved older adults have reported an improved sense of health and wellbeing, as well as improved mood and sense of belonging.

Settlement houses in UNH's network often express a desire to do more of this work to partner older adults with youth and children in their various programs. However, they face some challenges. On a basic level, older adults tend to be more active at their senior centers during the hours when children are in school, with many wanting to go home after lunch and an activity by around 3pm. It is difficult to build meaningful programs with schools due to stringent curriculum requirements as well as safety and liability issues of allowing uncredentialed adults into the school building. Partnering with afterschool or other youth programs can be easier, though they still face similar challenges. There is also often a question about how to count this work in contract requirements for senior center or youth programs. To allow senior centers to take advantage of the benefits of intergenerational programming, DFTA must work with providers to address these contracting and logistical challenges.

Volunteerism. The Concept Paper's focus on volunteerism is wise. Many senior centers currently use older adult volunteers and see the benefits of stronger community engagement and a sense of ownership and belonging. DFTA must take care that volunteerism is truly embraced for its value, not primarily as a way to fill budget gaps and export regular senior center work to unpaid volunteers. Rather, DFTA must take care to ensure volunteers are helping based on their interests and that they enhance the center's work, and should make technical assistance available to senior centers on the best ways to identify and engage volunteers. Further, DFTA's proposal to include a paid volunteer coordinator at each center represents another unfunded mandate. Depending on the scale of volunteerism at a given center, this position could be very time consuming or minimal. Centers should be able to choose whether a volunteer coordinator position makes sense for them. If DFTA is to require volunteer coordinators, it must build adequate funding into budgets for the position.

Community-Facing Events. DFTA's Concept Paper is smart to encourage senior centers to foster community partnerships and linkages, through its "centers without walls" model and other areas. DFTA should take this concept further and allow centers to think innovatively about how they conduct this engagement across all centers. For example, a regular senior center activity like an acting class could be held at a local theater to take advantage of existing neighborhood resources. While this creativity does not necessarily need to fall to DFTA to create, the Department does need to look carefully at its procurement policies that are currently disincentivizing this type of innovative thinking.

For instance, before COVID-19, senior centers would often organize activities at locations outside of their buildings, finding creative ways to interact with the broader community and New York City. Common excursions would include trips to museums, shows, zoos, botanical gardens, libraries, parks, and swimming and gym facilities. These activities appeal particularly to younger seniors, though seniors of all ages enjoy these excursions organized by their local centers. Trips outside the center are a key attraction for senior center participants, providing opportunities for socialization, health improvement, learning, and recreation. These trips are often expensive to coordinate, but can only be counted as a 'trip' unit of service under the 'other services' contract category. Despite their multi-faceted benefits, they are not eligible to be counted under the 'health promotions' or 'education, recreation, socialization' categories. As a result, DFTA funding rarely covers the cost of these excursions, leaving centers to pay out of pocket. This policy effectively disincentivizes engaging with the broader community, despite the numerous benefits of community interaction for the wellbeing of older adults. Senior centers understand the importance of these trips and want to continue to offer them. However, the lack of funding means that excursions tend to remain an ad-hoc part of programming and cannot become a standard part of the operating framework for centers.

If DFTA is serious about encouraging community partnerships, it should allow flexibility in counting community-facing events in various unit of service categories, formalize the process for allowing trips, and reimburse for this programming accordingly.

To further implement the concepts of stronger community linkages laid out in the Concept Paper, DFTA should serve as a partner in developing opportunities with various government agencies and organizations. For example, DFTA could work with other City agencies to develop an internal database of libraries, universities, arts institutions, and other public or private institutions that are amenable to partnering with a senior center, and DFTA could help centers connect with those organizations.

Health and Wellness at Each Center. UNH recommends adding funding to ensure access to a physical and/or mental healthcare professional at each site, and to improve health care partnerships and community linkages at all centers, especially given current needs during COVID-19. This can partially build upon the current Geriatric Mental Health programs that are housed under DFTA and DOHMH. Much like school nurses (or NORCs), our goal should be for each center to have access to a nurse, mental health specialist, or other public health management component.

Outreach Plans. Conceptually we are encouraged at the idea of creating outreach plans to reach out to the community if utilization falls below 10% of contracted levels, with DFTA technical support. It is important to note that most centers are at or above utilization, as noted in the City Council report cited earlier. For these centers, creating a formal outreach plan may not be necessary. If this requirement does move forward, DFTA will have to ensure there is true support in building these outreach plans and account for any additional staff time or OTPS costs incurred in implementing the plans.

Virtual Programming and Technology

Despite the COVID-19 continued uncertainty, we appreciate that this Concept Paper recognizes that virtual programming is going well and there is a mutual desire to make it a permanent option for senior centers. As this is a new programming area for DFTA and senior centers, there are many outstanding questions and concerns that DFTA must address. First, we must ensure that virtual activities do not replace in-person activities in the long-term; people still need physical gathering spaces and activities. As we eventually transition back to in-person activities at senior centers, DFTA must allow centers to transition virtual programming to in-person programming if that is what older adults prefer. Finally, given that centers are quickly learning how to develop and adapt virtual programming, is an important time to reflect and assess how virtual programming has been going and clarify lessons learned that all centers could benefit from in the future.

Technology access and proficiency are ongoing challenges for older adults. DFTA must play a large role in facilitating this access and learning, including providing funding and training as needed. For instance, many older adults need technology training, IT support, WiFi access, and laptops or tablets in order to participate in virtual programming. Senior centers must also have high-speed internet and well-functioning devices to run programs. Further, for centers where most participants do not speak English, there are additional technological needs as most technology services are English-only. Again, these issues necessitate additional funding.

Further, as virtual programming remains the norm, DFTA should consider consolidating some of its virtual programming between local centers or even citywide. While older adults in a given neighborhood will always want to maintain their social ties with one another, there may be certain times when it makes sense to open activities up to a broader network. This will require careful thinking around counting units of service and appropriate budget lines, but ultimately will allow older adults to take advantage of more options.

Diversity, Language, and Equity

We enthusiastically appreciate that this Concept Paper addresses the diversity of New York City's older adults who have unique cultures and needs. In particularly, we are pleased to see the focus on immigrants and disenfranchised groups.

Language Access. The Concept Paper notes that "NYC Aging will also be requiring contractors to have a telephonic interpretation service contract with a language interpretation services provider of their choice to assist clients in accessing services if they have Limited English Proficiency (LEP)," (p.8). This service is currently required, and senior center providers report mixed results. For centers that have a concentration of specific languages spoken, they often have staff on hand who are able to serve participants in their own language or translate as needed. For them, the telephonic language service is rarely if ever needed. For other centers, including those with many different languages spoken by a few people, they indicate the service is useful to translate between staff and participants. Some centers report paying a monthly fee for the service, while others mention a pay-per-minute pricing scheme, though most report the costs are not prohibitively high. For centers that rarely or never use the service, DFTA should reevaluate their requirements and pricing schemes so there are not excess or duplicative costs to senior centers. For example, perhaps DFTA could pool contracts between several centers that rarely use the service in order to create efficiencies. DFTA should also partner with the Mayor's Office of Immigrant Affairs (MOIA) in determining how best to enhance language access, considering alternate models and best practices from other City agencies. Regardless, if this is a requirement DFTA must ensure there are budgeted funds to pay for the service.

Senior centers generally prefer to hire multi-lingual staff who can directly serve older adults in their native language. Centers have previously reported hiring challenges, as the talent pool tends to be small and it is difficult to provide competitive salaries given contract values. As DFTA advocates to increase funding to the senior center system, it should aim to specifically increase funding to make it easier to attract and hire multi-lingual staff as needed.

Private Partnerships and Fundraising. The Concept Paper notes that DFTA "may include a question in the RFP about how proposers intend to leverage volunteers, grants, private donors, contributions, etc., as well as in-kind partnerships with academia and healthcare providers to make the experience for center participants that much better" (p.8). UNH generally agrees that it is wise to leverage resources that do not cost the City more money, and that this creativity should be a systemwide goal. However, there could be a major unintended consequence of requiring these partnerships or favoring centers that can access these resources, as neighborhoods do not have equal access to resources. While we want to be careful not to over-generalize, centers located in low-income neighborhoods may not have the same type of access to private investment and partnerships as those in wealthier neighborhoods. For instance, DFTA's example of the terrific meal voucher program at a local diner is located in one of the wealthiest neighborhoods in New York City. Similarly, neighborhoods with a high density of centers could find themselves in a position of having to compete with one another for limited local private partnerships. This is also a consideration in thinking about DFTA's proposed entrepreneurial center model. It is important that we do not unintentionally disadvantage certain centers in the procurement in this regard. If this is truly a DFTA priority, the agency should not require this provision in the procurement, but rather work with those centers that are selected to help with technical assistance in forming those partnerships.

Emergency Preparedness and Relief

We are glad the Concept Paper focuses on planning ahead and ensuring centers are a part of the City's emergency response for catastrophic events, in addition to serving as cooling centers.

Reimbursement. Some additional clarification is needed on what costs will reimbursed for emergencies, such as staff time, meals, snacks, bottled water, personal protective equipment, infrastructure and building improvements, enhanced communication systems, and more. These are all costs that providers have incurred during past emergencies and there has been little clarity or consistency in what is reimbursable. Funds should be available annually for these essential needs if senior centers are to be part of the City's emergency response.

Guidelines and Templates. Though they know their communities well, individual senior centers are not experts in disease management, climate catastrophes, or other citywide emergencies. For example, senior center staff are not well-versed in the best ventilation systems to circulate air to avoid spreading a virus. DFTA should work with its partners at the Department of Health, Emergency Management, and other agencies to provide timely guidance to centers on how to manage the COVID-19 pandemic and any future emergency. Further, instead of simply requiring centers to develop emergency plans, DFTA should facilitate these plans by developing templates or sample plans that senior centers can adapt to their local needs. This is also necessary in thinking about cooling centers, which respond to a more common type of emergency.

Active Shooter Protocols. The concept paper mentions that senior centers must build protocols for certain specific hazards. Centers currently have many of these plans in place, but the requirement for active shooter protocols is new. While unfortunately we live in a time when these plans may be necessary, there are some concerns about how these are rolled out. Older adults are not able to run quickly if that is required, and it may be difficult for them to drop to the ground. Further, among students, there is a body of thought that active shooter drills can be traumatic, and we should try our best to ensure older adults do not similarly face trauma from any drills. We urge collaboration with other City agencies, such as the Mayor's Office to Prevent Gun Violence, to support centers in developing their active shooter plans with special attention to older adults. Much like the guidelines and templates DFTA should provide for other emergencies, as noted above, the Department must build centralized active shooter protocols that senior centers can adapt to their needs.

Older Adult Centers

We are glad DFTA is aware of the perceived stigma of the term "senior center," and how that may be alienating people from choosing to attend a center. UNH supports the rebranding initiative and has also been thinking about this for some time. There may be a better option than "older adult centers," which may still hold some stigma. We often think about Beacons and Cornerstones, vague words that refer to distinct neighborhood-based services (multi-generational community centers based in public schools and NYCHA developments, respectively). We favor a new name that does not include aging, older adult, senior, etc. Some ideas we have collected from our members and others include:

- Neighborhood Centers
- Community Centers/Hubs
- Community Living Centers (drawn from the federal Administration on Community Living)
- Silver Centers
- Summits
- Foundations
- Reservoirs
- Social Centers
- Enrichment Centers
- Acronym such as LEARN – Longevity through Education, Art, Recreation, & Nutrition (this is used at a settlement house currently)
- Wellness Centers
- Centers for Living Well
- Centers for Creative Living
- Centers for Active Living
- Centers for Balanced Living
- Life Experience(d) Centers
- Wisdom Centers

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UNH is a policy and social change organization representing 44 neighborhood settlement houses that reach 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 leads advocacy and partners with our members on a broad range of issues including civic and community engagement, neighborhood affordability, healthy aging, early childhood education, adult literacy, and youth development.