

**Comments by New York City Public Advocate Betsy Gotbaum on
The Department for the Aging Concept Paper for
Senior Congregate Activities Request for Proposals
(March 13, 2008)**

The Department for the Aging (DFTA) believes that senior congregate activities must be redesigned in response to the underutilization of certain senior centers. DFTA's priority is to attract younger and more active seniors. As a result, in the new Request for Proposals (RFP) it will issue for congregate services providers, core services—those services that have traditionally been central to the mission of senior centers, such as congregate meals and transportation—will no longer be an essential requirement for obtaining a contract.

I commend DFTA for seeking to improve senior centers to better serve a growing population of seniors. DFTA's concept paper for the senior congregate activities RFP, however, raises many questions and points of concern. The following comments address three primary aspects of the concept paper: the regionalization of senior centers; the de-emphasis of core services; and the new performance measures for senior center programs.

Regionalization of Senior Centers

DFTA is considering reorganizing senior centers into a system of regions. The implication of regionalization is consolidation—in other words, the closing of some centers. To establish the need for regionalization, as well as a host of other proposed changes, DFTA claims 44 percent of its 329 senior centers are underutilized: operating at “less than 90 percent of meal capacity.”

In DFTA's view, these centers are underutilized, but it is equally possible that the utilization targets set by DFTA need to be adjusted. For example, a center that has served 160 meals per day for three years but has a target of 180 meals may not be underutilized but rather simply have the wrong target. Eighteen percent of all centers have a meal utilization rate of 80-to-89 percent, according to DFTA, and may be in need of this type of reevaluation.

At present, DFTA does not count seniors who come to centers for activities but do not eat a meal when measuring utilization. DFTA has acknowledged the need to count these seniors in the future, and yet it is still using current utilization rates as the primary justification for its comprehensive redesign and the closings that may result.

Considering that all demographic projections anticipate a growing senior population in New York City, it is crucial that DFTA approach the closing of senior centers with the utmost caution, sensitivity, and transparency. If DFTA is concerned about achieving peak meal utilization at all its centers, it should work with centers to increase utilization before considering a new system that could result in closings.

DFTA must also seriously consider whether the standardization of services that is likely to accompany regionalization will make it more difficult to meet the varying needs of the city's increasingly diverse senior population.

De-emphasis of Core Services

Programs to promote healthy aging are a valuable component of senior services, and many senior centers already offer successful programs. However, the new RFP emphasizes health and wellness programs—as well as cost containment—at the expense of core services such as meals, transportation, social services, and ESL services. Because DFTA is stressing cost containment and making core services optional, providers will likely feel pressure to forgo the provision of core services their clients need in order to succeed in the competitive bidding process. Core services are already in jeopardy due to the three-percent (\$5.5 million) cut to DFTA contract agency budgets in the Mayor's preliminary budget

DFTA is encouraging providers to target younger clients in their proposals. However, according to DFTA's annual report, the percentage increase in New York City seniors age 80 to 84 between 2000 and 2005 was nearly four points higher than the increase in young seniors (age 60 to 64). The city's new focus on younger seniors should not come at the expense of those in their 80s and 90s, who are at the greatest risk of health and social problems.

New Performance Measures for Senior Center Programs

Many senior centers currently offer exercise groups, cooking classes, and health care referral services. DFTA now intends to require providers to set performance targets and regularly assess seniors who participate in existing or new programs designed to promote a healthy lifestyle (e.g. regular exercise and smoking cessation) and increase early detection practices (e.g. screening for cancers or depression). However, providers will not receive any additional funding to execute this complex system of collecting outcomes data.

The performance measures proposed by DFTA would not only constitute an unfunded mandate; they could also act as a deterrent to the participation of seniors in senior center programs. Providers indicate that seniors sometimes choose not to participate in programs such as exercise classes and health screenings if they involve frequent interviews and evaluations.

Conclusion and Recommendations

While DFTA must redesign senior services to meet the needs of an aging population, the changes it proposes make cost containment the primary goal and thus put smaller senior centers and centers that are not affiliated with a larger organization, as well as the seniors who rely on them, at risk. For instance, by emphasizing providers' ability to conduct their own fundraising efforts, the new RFP would place smaller senior centers and those in low-income neighborhoods at a competitive disadvantage.

Given the seriousness of the concerns voiced by senior advocates and service providers in the community, including some of those who were invited to DFTA work group meetings, DFTA should:

- Postpone the release of the congregate activities RFP for six months. The postponement period would give DFTA an opportunity to reevaluate meal utilization and healthy aging programs at senior centers.
- Reevaluate major redesign of senior centers in light of the three-percent cut to DFTA programs in the Mayor's preliminary budget.
- Separate and stagger the release of the senior congregate activities RFP and the home-delivered meals RFP so that DFTA and providers can focus their efforts on one RFP at a time.
- Issue a limited RFP for a small number of senior centers to pilot the new, untested senior congregate activities model before issuing an RFP for all 329 senior centers at once.
- Work with chronically underutilized senior centers to increase meal utilization.
- Reconsider regionalization and closure of senior centers in light of seniors' limited geographic mobility and anticipated increases in demand.
- Continue to prioritize core services, such as meals and transportation, for the existing client population.
- Evaluate successful healthy aging programs at well-attended senior centers and revise the new RFP using them as models.
- Provide funding for performance-based evaluation of senior center programs.
- Issue a revised concept paper before the release of the RFP, including all changes made in response to comments offered by advocates and providers.

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