Executive Summary

The State Department on Aging (SDA) and the Department of Social Services are the two lead state agencies tasked with addressing Elderly Nutrition. In accordance with Public Act No. 15-40, the State Department on Aging and the Department of Social Services convened quarterly nutrition meetings with representatives from Area Agencies on Aging; access agencies; the Legislative Commission on Aging, nutrition providers; food security programs; nutrition sites and consumers.

In 2015, the U.S. Government Accountability Office released its report GAO-15-601R http://www.gao.gov/products/GAO-15-601R and reported that ninety percent of low-income adults do not receive meals services like those funded by Title III-C programs and eighty three percent of low income adults who don’t receive meals are food insecure. The GAO report used the USDA’s measure of food insecurity. For the report purposes, individuals were considered food insecure if they reported three or more food-insecure conditions, such as worrying that food would run out before getting money to buy more, skipping meals because there was not enough money for food, or not eating for a whole day because there was not enough money for food. Connecticut’s food insecurity is near the national average. http://www.ers.usda.gov/ImageGen.ashx?image=/media/136966/map_ers.png&width=450

On behalf of Connecticut’s older adults, this summary report provides information on the various Elderly Nutrition Programs supported through state and federal funds. With the projected rise in the population of older adults in Connecticut, nutrition services need to adapt in order to accommodate the anticipated demand for these services.
Stakeholders

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Summary Report

This report will provide an overview of the various Elderly Nutrition Programs here in Connecticut. The report will outline the services provided, the populations served and the challenges faced.

**Title III-C Older Americans Act Program**

The State Department on Aging (SDA), as the designated State Unit on Aging (SUA), administers the federally funded Elderly Nutrition Program in accordance with the Older Americans Act (OAA). The Older Americans Act has three funding streams for nutrition: Title III-C1 funds congregate café (community café) meals; Title III-C2 funds home delivered meals; and Nutrition Services Incentive Program (NSIP) provides incentive funding for meals to states based upon the number of meals served in the previous year. Together with the Title III-C funding, state funds support meals, other nutrition services and provide the required match. For the purposes of this report, SDA’s Elderly Nutrition Program is referred to as the Title III-C program.

The SDA distributes the Title III-C federal funds to Connecticut’s five Area Agencies on Aging using an intrastate funding formula. State funds distributed to the five Area Agencies on Aging use a funding formula as well. In turn, the Area Agencies on Aging contract with local Elderly Nutrition Providers to provide meals and the other nutrition services. Local funds, including funds from municipalities, private philanthropic foundations, fundraising and voluntary donations from program participants, families and caregivers provide additional funding used to maintain and expand the program where possible.

In some areas in the state, the program has had success with local fundraising campaigns. The Buy-a-Wheel for Meals on Wheels campaign and the Subaru of America Share the Love Campaign are two such examples.

On a limited basis, an Elderly Nutrition Provider is pursuing private funding through partnerships with local hospitals. With this funding, individuals discharged from the hospital receive home delivered meals and/or nutrition counseling/education. In addition, the home delivered provider completes a daily wellness check and refers any identified health issues to a Registered Nurse (RN) for follow up. This is a small project looking at the impact of home delivered meals, daily wellness checks and diet counseling on the rate of readmission.

Local collaborations with farm driven pilot programs and local farmers markets have been successful in providing more fresh local produce for use in both home delivered and café meals. Café participants have received produce to take home for personal use. Nutrition education seminars done at the community cafes educate the participant about the particular crop and making healthy food choices.

The Title III-C nutrition program is the only federal program that provides healthful meals to older adults. While other nutrition programs distribute food items for meals, the Elderly Nutrition Program serves ready to eat meals to older adults. Older adults receive meals tailored for chronic diseases such as but not limited to diabetes, hypertension and cardiovascular disease. The Title III-C Program also provides other nutrition services such as nutrition education and nutrition counseling. These additional services assist the individual to manage and understand the nutritional needs associated with these chronic diseases.
The Title III-C program provides opportunities for socialization for older adults; a critical component of the nutrition program as stipulated by the Older Americans Act of 1965. Whether an individual attends a congregate meal site; participates as a volunteer at a meal site; or delivers meals to homebound individuals living in the community, the older adult engages with his or her community. Daily wellness checks are a secondary benefit of the nutrition program. For many, their Meals on Wheels driver is the only visitor. In the recent More Than a Meal Pilot Research Study, Meals on Wheels America sought to compare the experience and health outcomes for older adults who received different levels of meal service. The study, sponsored by Meals on Wheels America, funded by the AARP Foundation and conducted by researchers at Brown University, determined that Meals on Wheels does deliver more than just a meal. The study indicates that daily home delivered meals improve the health and well-being of older adults, easing their worries about aging in place thus providing a sense of security and confidence. This is the link for the full study: http://www.mealsonwheelsamerica.org/theissue/research/more-than-a-meal

The Older Americans Act requires that meals comply with the most recent Dietary Guidelines for Americans, as published by the Secretary of U.S. Department of Health and Human Services and the Secretary of U.S. Department of Agriculture. Meals provide each participating older individual a minimum of 33 1/3 % of the Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day. If the project provides two meals per day, a minimum of 66 2/3% of the DRIs must be provided and 100% of allowances if the project provides three meals per day. Here is the link to the most recent version of the Dietary Guidelines:

http://health.gov/dietaryguidelines/2015/guidelines/

In FFY 2015, Connecticut’s Elderly Nutrition Program served over 2 million meals to more than 22,000 eligible older adults.

- 16,107 unduplicated older adults were served 729,393 congregate meals
- 6,471 unduplicated older adults were served 1,362,602 home-delivered meals

According to “A Profile of Older Americans: 2015”, a publication from the Administration on Aging, Administration for Community Living, U.S. Department of Health and Human Services, the older population is expected to continue to grow significantly in the future as evidenced by Figure 1 which is provided here.
In Connecticut, the population of adults age 60 and older has increased each year since 2012. In 2014, the number of older adults in Connecticut was 774,577 and this is 11.6% of the total state’s population (American FactFinder, US Census Bureau).

With relatively level funding, Connecticut’s providers have been able to provide more than 2 million meals annually since 2012. With rising food costs, and transportations costs, it is becoming increasingly harder to provide the same number of meals of the same quality to the same number of individuals each year. Connecticut has seen small decreases in the congregate meals services each year. The decrease in congregate services may be indicative of many adults who are still working at age 60 or beyond and therefore not attending a congregate café for a meal. Other adults are active in their community, performing volunteer activities, exercising at a gym or senior center or engaging in other leisure activities and this lifestyle does not accommodate attending a noontime meal program. Some adults have greater disposable income and they enjoy meals at local restaurants, which are not part of the community café network. Some consumers receive more than one home delivered meal per day where need is supported by funding. As a result, the number of home delivered meals served has increased while the number of consumers is relatively level. This change may be due in part to the aging of Connecticut’s population where some adults are increasingly frail and need home delivered services.
The chart below summarizes the state and federal funding information for Years 2013 through 2015, as received by the State Department on Aging. The chart includes the number of consumers and the number of meals served in the Elderly Nutrition Program.

<table>
<thead>
<tr>
<th>Statewide Information</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td># of People - Congregate Meals</td>
<td>17,209</td>
<td>16,467</td>
<td>16,107</td>
</tr>
<tr>
<td># of Congregate meals served</td>
<td>775,709</td>
<td>748,042</td>
<td>729,393</td>
</tr>
<tr>
<td># of People - Home Delivered meals</td>
<td>6,314</td>
<td>6,194</td>
<td>6,471</td>
</tr>
<tr>
<td># of Home Delivered Meals Served</td>
<td>1,278,797</td>
<td>1,279,961</td>
<td>1,362,602</td>
</tr>
<tr>
<td>Title III C-1 Funds (congregate)</td>
<td>$5,241,542</td>
<td>$5,241,542</td>
<td>$5,241,542</td>
</tr>
<tr>
<td>Title III C-2 Funds (home delivered)</td>
<td>$2,402,675</td>
<td>$2,508,765</td>
<td>$2,487,455</td>
</tr>
<tr>
<td>Federal NSIP funds</td>
<td>$1,341,616</td>
<td>$1,460,498</td>
<td>$1,502,950</td>
</tr>
<tr>
<td>State Nutrition funds</td>
<td>$2,495,942</td>
<td>$2,508,482</td>
<td>$2,508,482</td>
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<tr>
<td>OAA State Nutrition Match</td>
<td>$142,811</td>
<td>$143,681</td>
<td>$143,682</td>
</tr>
<tr>
<td>Social Service Block Grant funds</td>
<td>$500,000</td>
<td>$291,975.00</td>
<td>$450,000</td>
</tr>
<tr>
<td>Total Annual Funding</td>
<td>$12,124,586</td>
<td>$12,154,943</td>
<td>$12,334,111</td>
</tr>
</tbody>
</table>

The Department of Social Services administers federal funding received from the United State Department of Agriculture for the various nutrition programs that it oversees. As mentioned before, these programs provide food, not meals. The programs serve women, children, families, adults under 60 as well as adults age 60 and over. Available funding permits services to those who are eligible.

**SNAP**

The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, is the largest nutrition assistance program administered by the United States Department of Agriculture (USDA). The goal of the program is to alleviate hunger and malnutrition by increasing food purchasing power for all eligible households who apply for participation. The program provides monthly benefits to eligible low-income families for the purchase of food. The Department of Social Services administers the program.

In May 2016, Connecticut’s Department of Social Services issued approximately $53,381,855 in SNAP benefits to 228,480 Connecticut households comprised of 401,732
individuals. SNAP serves individuals and families including children, working age adults, and seniors. During federal fiscal year 2015 (FY15), October 1, 2014 through September 30, 2015, the average number of senior participants was 56,049. The average SNAP benefit for households with a senior member in FY15 was approximately $151.00.

In addition to direct nutrition benefits, there are three additional aspects of SNAP: SNAP Outreach, SNAP Employment & Training, and SNAP Nutrition Education. Each aspect provides additional support for the program. The two programs that provide additional information to older adults are below. The SNAP Employment and Training Program provides employment services to adults who are between the ages of 18 and 50 and is not the population traditionally served through the Title III-C program.

**SNAP Outreach** raises awareness of the nutrition benefits of SNAP, eligibility rules and how to apply. SNAP outreach corrects myths and misperceptions about SNAP and enables potentially eligible people to make an informed decision to participate.

**SNAP Nutrition Education** helps to improve the likelihood that persons eligible for SNAP will make healthy choices within a limited budget and choose active lifestyles consistent with the current Dietary Guidelines for Americans and MyPlate. DSS currently collaborates with six contractors to administer this program.

In addition to SNAP, the SNAP Division of DSS administers three other USDA nutrition assistance programs. One program serves seniors and the other program serves low-income individuals, which may include older adults. The third program serves children and additional information is found at [http://www.fns.usda.gov/ops/summer-electronic-benefit-transfer-children-sebtc](http://www.fns.usda.gov/ops/summer-electronic-benefit-transfer-children-sebtc)

**Commodity Supplemental Food Program (CSFP)**

The Commodity Supplemental Food Program (CSFP) works to help improve the health of low-income persons at least 60 years of age by supplementing their diets with nutritious food products provided by the U.S. Department of Agriculture (USDA).

Eligible Connecticut residents with income below 130% of the Federal Poverty Level receive a monthly food package (for a household of one, the monthly income must be below $1,287; for a household of two, the monthly income must be below $1,736). Each food package is valued at approximately $50 and includes a variety of foods, such as milk, juice, farina, oats, ready-to-eat cereal, rice, pasta, peanut butter, dry beans, canned meat, poultry, or fish, and canned fruits and vegetables.

DSS contracts with Connecticut Food Bank, Inc. and Foodshare Inc. to distribute food packages through local certifying agencies in various communities. There are currently 65 CSFP sites located throughout Connecticut. Interested seniors may contact 211 to find the site closest to where they live.

**The Emergency Food Assistance Program (TEFAP)**

The Emergency Food Assistance Program (TEFAP) helps supplement the diets of low-income needy persons, including elderly people, by providing them with emergency food and nutrition assistance. TEFAP products are received by Connecticut’s two food banks, CT Food Bank and Foodshare, and these products are distributed to food pantries, soup kitchens and
emergency shelters. Low-income persons receiving food from pantries must sign a TEFAP self-declaration form that states their income is under 235% of the federal poverty guidelines. For a household of one, the annual income limit is $27,918 and for a household of two, the annual income limit is $37,647.

**Senior Farmer’s Market Nutrition Program (SFMNP)**

The Senior Farmer’s Market Nutrition Program (SFMNP) is administered by the Department of Agriculture and serves adults 60 years of age or older. Participant’s income cannot exceed 185% of poverty level and they must be participating in another program with proper means testing to verify their eligibility. Eligibility programs may include subsidized/low income housing, renter rebate programs, or the Supplemental Nutrition Assistance Program (SNAP).

If eligible, participants receive six (6) three dollar ($3) checks/vouchers for a total of $18 per participant, per market season. The vouchers are issued to elderly housing sites and/or town social service offices by the Department of Agriculture and then the vouchers are distributed to seniors. Vouchers can be redeemed at Farmers Market Nutrition Program (FMNP) authorized markets throughout Connecticut for fruits, vegetables, fresh cut herbs, and honey.

**Connecticut Home Care Program for Elders**

The Connecticut Home Care Program for Elders (CHCPE) is a comprehensive home care program designed to enable older persons at risk of institutionalization to receive the support services needed to remain living at home. The Department of Social Services administers this program.

CHCPE provides a wide range of home health and non-medical services to persons age 65 and older who meet nursing home level of care or are at risk of institutionalization. The program serves approximately 16,000 older adults statewide. Available services include adult day health, homemaker, companion, chore, home delivered meals, emergency response systems, care management, home health, assisted living, personal care assistance, assistive technology, mental health counseling and minor home modification services. The individual must meet income and asset limits to be eligible for the program.

The program has a multi-tiered structure through which individuals can receive home care services in amounts corresponding to their financial eligibility and functional dependence. Two categories within the program are funded primarily with state funds; the third category is funded under a Medicaid waiver. An additional category was added in February 2012 under the 1915(i) state plan home and community based services option. This option serves individuals who are categorically eligible for Medicaid, in need of care that is less than nursing home level of care and whose services would otherwise have been one hundred percent state funded. Under this option, the state can claim the federal match on the participant’s home and community based services. Persons receiving services under the state funded portion of the program are required to pay a copay for the services they receive.

The following chart is a summation of CHCPE information for State Fiscal Years 2013 through 2015 (July 1, 2012 through June 30, 2015). This chart captures the cumulative number of unduplicated clients that received meals, the number of meals served and the cost of the meals served as paid by Medicaid. State funds pay 100% reimbursement for CHCPE State funded clients. Medicaid dollars pay for the 1915c and 1915i waiver clients, which are matched at 50% by the federal government.
According to information provided from CT Association of Nutrition and Aging Services Providers (CANASP), in 2015, the meal cost for single meals ranged from $5.71 to $9.56 across the state. The 2015 reimbursement rate through CHCPE was $4.84 per single meal. In 2015, the meal cost for a 2-meal pack ranged from $9.47 to $11.60 per 2-meal pack. The CHCPE reimbursement rate was $8.85 in 2015. The reimbursement rates remain unchanged at this time.

Challenges/Administrative Complexities of Elderly Nutrition Programs

The stakeholders examined the challenges faced in the Title III-C program and CHCPE program as well as the administrative complexities of the programs. The following topic areas were discussed with workgroup members. When possible, corresponding recommendations are provided to address the potential resolution.

Multiple eligibility criteria

SNAP and CHCPE 1915c and 1915i waiver programs, overseen by the Department of Social Services, are means tested programs which have income and assets limits that are used to determine if an individual qualifies for services. For CHCPE clients who are over the Medicaid asset limits, there is a state-funded component. With income and asset limits, those who are over the income or asset limit or both, are unable to receive services in most cases. For entitlement programs, the eligible households receive services for as long as they are eligible.

The Title III-C program is not a means tested program, nor is it an entitlement program. Individuals age 60 or older, their spouse (regardless of age) and some individuals with disabilities, under the age of 60, may receive a congregate café meal. Home delivered meals may be available to adults age 60 and older who are homebound or otherwise isolated and unable to go to a community café. Providing services to low-income older individuals including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas is a focus of the Title III-C program. Since federal and state funds are limited, services may be reduced and waiting lists established when demand exceeds resources. Services in the next fiscal year may remain at the same level as the preceding year.

<table>
<thead>
<tr>
<th>Statewide Information SFY 2013 - SFY 2015</th>
<th>CHCPE State funded client</th>
<th>1915c Waiver Clients</th>
<th>1915i Waiver Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Meals</td>
<td>123,732</td>
<td>479,800</td>
<td>16,623</td>
</tr>
<tr>
<td>Unduplicated Clients</td>
<td>1,129</td>
<td>3,753</td>
<td>168</td>
</tr>
<tr>
<td>Total Paid Amount</td>
<td>$555,795</td>
<td>$2,301,701</td>
<td>$79,798</td>
</tr>
<tr>
<td>Double Meals</td>
<td>349,023</td>
<td>2,421,627</td>
<td>206,646</td>
</tr>
<tr>
<td>Unduplicated Clients</td>
<td>2,625</td>
<td>12,533</td>
<td>870</td>
</tr>
<tr>
<td>Total Paid Amount</td>
<td>$2,991,428</td>
<td>$21,236,905</td>
<td>$1,812,361</td>
</tr>
</tbody>
</table>
Multiple functional status requirements

CHCPE and the Title III-C program differ in who is eligible to receive a home delivered meal. The functional status of the older adult determines eligibility for services under CHCPE and Title III-C. CHCPE provides a home delivered meal for an individual whose care plan includes meals. The Title III-C program provides a home delivered meal for an individual age 60 and older that is homebound. For Title III-C, a homebound person is an individual who is physically or socially unable to leave home; unable to prepare meals due to limited physical mobility, cognitive impairment or a lack of knowledge or skills to select and prepare nourishing well-balanced meals. Individuals who have three or more activities of daily living that prevent them from attending a congregate café may be eligible to receive home delivered meals.

Complex application process

Programs that have a lengthy application process, require the submission of documentation or have complex eligibility rules that are challenging for individuals with cognitive, financial or physical limitations can deter otherwise eligible individuals from applying for services.

The Title III-C program uses a registration form to gather information about participants. Refusal to provide information does not usually result in a denial of services. The Area Agencies on Aging make a concerted effort to obtain this information as the SDA reports this information to the federal government. The SDA submits a mandatory State Program Report annually on the services that provided throughout the federal fiscal year. The Administration for Community Living shares this information with U.S. Congress to determine yearly funding allocations. The number of services provided nationally and by each state influences the amount of funding appropriated for the program and distributed to each designated State Unit on Aging. This information is found at http://www.agid.acl.gov/DataGlance/

Impact of funding level

With relatively level funding in the Title III-C program, the increases in raw food costs, paper products, rent, salaries, and transportation expenses greatly affect the ability of Elderly Nutrition Providers to provide the necessary number of meals to meet the needs of consumers. Ideally, increased funding could mitigate some of these factors. Since federal funding levels are not usually determined at the start of the federal fiscal year, it is difficult to budget for services for the full twelve months. State funds do ease some of the burden while waiting for federal funds but unfortunately, state funds are also limited. Area Agencies on Aging do not have the level of cash reserve needed to support the delivery of services for an extended period nor do Elderly Nutrition Providers.

In the past, the Title III-C program provided services to adults while applications were pending for CHCPE. With presumptive eligibility in place for CHCPE, this had lessened the impact on the Title III-C program temporarily. For example, when CHCPE closed applications in 2015 for new participants in Level 1, those consumers again sought services through the Title III-C program.
Level II CHCPE, the state funded program, has a copay. The copay may be difficult for participants with limited income; however, the asset limit is $35,766, which is higher than the Medicaid limit for CHCPE of $1,600.00. The cost of meals increases the copay. For participants who are at the cost cap limit, participants may request meals from the Title III-C program instead. Not all adults age 60 and older qualify for Medicaid. Title III-C serves any adult age 60 and older within the available funding. For Medicaid eligible individuals, Medicaid payment is vital for these meals.

Medicaid reimbursement for meals is currently less than the actual cost of the meal. It is less than the Title III-C reimbursement. In 2015, Medicaid reimbursement increased by one percent (1%). It is difficult for providers to provide meals when reimbursement rates are less than the actual cost of the meal. Elderly Nutrition Providers hold fund raising events. Previously, the fund raising efforts supported Title III-C program expansion. Presently, fund raising efforts reduce the gap between reimbursement and actual meal costs for CHCPE. The redirection of funds to CHCPE shortages affects Title III-C program expansion and innovation.

The change in the payment process for all providers resulted in extra time required for providers to check the authorization status in the care plan portal and to verify client eligibility. Claim denials due to loss of Medicaid coverage or delays in receipt of payment affect the providers. Direct electronic submission by providers to CHCPE has eased the cost of doing this manually. The Title III-C payment process is largely a manual process. Delay of payments for meals is a financial burden for both programs. Payments cannot be made for a meal that is produced but not delivered or served to an eligible adult. Adults of advanced age, frail or suffering from one or more chronic health conditions are often unable to come to the congregate site once registered. Home delivered meal consumers, hospitalized unexpectedly, cannot cancel the meal. Meals have been produced and delivery attempted in good faith but meal providers do not receive payment through the federal Title III-C funds, state funds or Medicaid reimbursement.

Consumer Feedback

Consumer presence at the quarterly meetings was difficult to secure. Weather, distance, transportation, interest, access to phone services and comfort level were deterrents to participation. To ensure consumer input, the SDA met with consumers at congregate sites to speak directly with them. This method of contact ensured the consumer voice.

Feedback about the program included:

- The adults appreciated the meals; were thankful to the staff at the various congregate sites and enjoyed the friendships that they had made through the elderly nutrition program.
- They looked forward to lunch together.
- Many adults stated that they ate a lighter meal at night when the lunchtime meal was a larger entrée or heavier entrée (it was typically a hot meal, with a protein, starch and vegetable.)
- Most attendees had been receiving meals since the site opened. Across the sites visited, attendance with the program ranged from three to ten years.
For newer attendees, they felt welcomed at the site. Some stated having a friend to go with you the first few times definitely made it easier.

For those sites that are not open for all five days, the attendees stated they would not attend every day even if offered. They stated they were either (a) busy on the other days and wouldn’t come; (b) attended programs at other senior centers in the surrounding area and couldn’t come; or (c) liked having some alone time and wouldn’t attend.

Unequivocally, the option of choice was universal. The adult would like to have a choice for the meal of the day. The likes and dislikes varied as much as the adult themselves but having a meal option was something that they would like.

Recommendations:

1. Advocate at the federal level to:
   - Receive federal Title III-C funds (±5% Annual Funding) as close as possible to October 1st each year
   - Secure Title III-C Nutrition funding as a single appropriation to facilitate the greatest flexibility for the provision of congregate and home delivered meals
   - Secure annual funding increases to mitigate costs due to requirements for state minimum wage, the growing population of adults age 60 and older and improvements to meal quality

2. Advocate at the state level to:
   - Request increase in Medicaid reimbursement rate for meals provided under the Connecticut Home Care Program for Elders
   - Increase Medicaid reimbursement rate annually
   - Secure support from national or large grocery store for fund raising campaigns
   - Find alternative ways to permit reimbursement for home delivered meals to individuals for the initial day of hospitalization and the next day

3. Advocate at the program level to:
   - Partner with local farms for produce used to support meals
   - Provide meal choice options when possible
   - Improve collaboration between Senior Center Directors and ENP Director to offer more programs around lunch and more lunch options
   - Improve communication between Senior Center Directors and ENP Director to address changes affecting congregate cafes
   - Explore methods to purchase in bulk to lower costs
   - Establish uniform definition of homebound individual for home delivered meals