

## **University of Maryland Conducts First Longitudinal Study of Prescribed Use of Psychotropic Drugs in Nursing Homes**

In 2011, RRF awarded an 18-month, \$207,472 grant to the University of Maryland, Baltimore for a longitudinal study to determine the degree to which nursing homes adhere to accepted clinical quality standards when administering psychotropic drugs to older adults. Psychotropic drugs are those intended to affect brain chemistry. Previous studies on this topic focused heavily on patients with dementia and concentrated on antipsychotic medications. However, antipsychotics are only one of four classes of psychotropic medications commonly prescribed for elders. Others include antianxiety drugs (anxiolytics), antidepressants, and sedative-hypnotic medications. The RRF-funded project represents the first national, comprehensive, longitudinal study of prescribing quality across all four classes of psychotropics.

The study found that relatively small percentages of nursing home residents received contra-indicated antipsychotics, or doses higher than appropriate for frail elders. Only 8.3 percent were administered drugs that were not indicated, and only five percent got doses higher than appropriate. Rates of inappropriate prescribing were higher for anxiolytics and antidepressants. Thirty percent received antidepressants that were not indicated, and 18 percent received too high a dosage. Fifty-nine percent of those receiving anxiolytics received them inappropriately, and 35 percent received too high a dosage. The investigator suggested that this higher rate of inappropriate prescribing was possibly due to a black box warning for antipsychotics, issued by the Centers for Medicare and Medicaid Services. This may have led physicians to switch patients to other types of psychotropics to manage their behavior. At the time of the report, the PI was still studying the relation of inappropriate prescribing to adverse outcomes such as excess use of health services, cost, falls, delirium, and death.

The study found that patients receiving inappropriate or excessively high doses of antipsychotics were not at a mortality disadvantage. Surprisingly, the study found that higher than appropriate doses of antidepressants actually were associated with lower mortality risk.

This was a very important study. It underscored the importance of not only studying whether or not patients are administered psychotropics, but also the need to examine whether the drugs are used for the appropriate purposes and in the right doses. The study could potentially influence regulations governing drug use in nursing homes.

The findings have been widely disseminated through papers and presentations at conferences such as Academy Health and the Gerontological Society of America. At least one paper has been accepted for publication, with others under review. The

grantee also received a large, multi-year grant from the National Institute on Aging to study Chronic Obstruction Pulmonary Disease treatment in older adults with depression. The grant will enable further exploration of the study's finding related to the association of higher dose treatment of depression with reduced mortality risk.

## **Civil Rights Testing Finds Housing Discrimination for Lesbian, Gay, and Bisexual Older Couples**

In 2012, RRF awarded a \$30,000 grant to the Equal Rights Center (ERC) of Washington, D.C., for a one-year study to determine the extent and scope of discrimination against lesbian, gay, and bisexual elders seeking senior housing. This was the first investigation of its kind to provide objective, quantitative data specific to older, same-sex couples seeking senior housing.

ERC used a matched-pair telephone testing process. This method is recognized as an accepted form of civil rights testing. ERC conducted 200 matched-pair telephone tests across 10 states. The first tester requested information by phone about housing for him/herself and a same-sex spouse (relocating from a jurisdiction with same-sex marriage recognition). The second tester requested housing information by phone for him/herself and an opposite-sex spouse. All testers were at least 50 years old. Testers posing as part of a same-sex senior couple were all individuals who identify as LGB, while testers posing as part of an opposite-sex senior couple were all individuals who identify as heterosexual (note that transgender was not included in testing). Half of the tests were conducted by male pairs and half by female pairs. Testers were given similar personal and financial profiles, including occupation, income, rental history, and credit history. To the extent that the testers' profiles varied (except with respect to being in a same-sex or opposite-sex couple), the LGB senior tester was given slightly more attractive attributes than the heterosexual tester such as slightly higher annual income.

ERC selected 10 states, representing geographic diversity and the full spectrum of sexual orientation, anti-discrimination protections, and marriage equality laws. The 10 states included: Arizona, Colorado, Florida, Georgia, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, and Washington. Of these states, Colorado, New Jersey, and Washington have statewide protections against housing discrimination based on sexual orientation. The remaining seven did not. At the time of testing, Washington allowed same-sex marriage. New Jersey recognized civil unions and finally allowed for same-sex marriages after a Superior Court decision occurred in the middle of testing. Colorado allowed civil unions only. The seven states that lacked anti-discrimination protections also lacked relationship recognition for same sex couples.

Within each state, ERC selected five municipalities, based on the greatest concentration of senior residents. It then identified age-restricted senior housing within these jurisdictions (defined as either %55 and over,+ or %62 and over+). Testing sites were primarily independent living facilities, with a few continuing care and assisted living facilities where a significant portion of the community lives independently.

In 96 of the 200 tests (48 percent), adverse, differential treatment occurred against a senior seeking housing for oneself and a same-sex partner. This included differences in availability, pricing, fees, and costs, incentives to rent, available amenities, and application requirements. While discrimination against same-sex couples is not universally prohibited, these types of adverse treatments are all standard forms of discriminatory activity.

The study described many forms of discrimination. A cornerstone of equal housing opportunity is the provision of the same number and range of housing options available to the extent possible, for every similarly situated prospective tenant. In 20 of 200 tests (10 percent), LGB testers were offered fewer units. In three of these, there was an outright denial of availability for the LGB tester, while housing options were made available for the heterosexual tester.

Steering occurred in four tests. Sometimes housing providers claimed different availability as a way of steering housing seekers toward or away from certain units or certain areas within an apartment community. This type of residential steering is illegal if it is based on an individual trait protected under fair housing laws, such as race.

In 20 of the 200 tests (10 percent), the LGB tester was quoted a rent price at least \$100 higher than the price quoted to the heterosexual tester. In 42 tests (21 percent), the LGB tester was subjected to additional or higher fees and deposits. In nine of 200 tests (4.5 percent), the LGB tester received significantly less information on amenities. In 22 (11 percent), the LGB tester was told of additional application requirements such as background and credit checks, proof of income, or a waitlist process.

The report provided a state-by-state snapshot of adverse treatment by housing providers. For each state, the percentage of LGB testers who experienced at least one form of adverse treatment and the percentage who experienced more than one were shown. For example, in Arizona, 80 percent of testers experienced at least one form of adverse treatment; 15 percent experienced more than one. Rates of discriminatory behavior in states without legal protections were higher than those with protections. However, even those with protections had higher rates than anticipated. This signals a lack of enforcement of protections.

The report issued a series of recommendations. It highlighted the need for legislation to prohibit housing discrimination based on sexual orientation and gender identity. This would involve amending the federal Fair Housing Act to include sexual orientation and gender identity as protected classes and adding state and local jurisdiction protections. The report also called for enforcement of existing legal protections because without accountability, housing providers will continue to discriminate with impunity.

The report identified the need to build awareness and sensitivity among senior housing providers and to encourage them to adopt anti-discrimination policies and practices. It recommended training for housing providers and education for LGB seniors about their housing rights and where to go for help if they experience

discriminatory treatment. Finally, the report indicated the need for additional testing and more data to generate the political will for policy changes.

ERC collaborated on dissemination of the report with SAGE (an RRF grantee) and the Equality Federation, the coordinator of state-based organizations advocating for LGBT rights. ERC posted the report on its website and disseminated it by email to more than 7,000 of its members and 50 key stakeholders. The report is also posted on the websites of SAGE and the National Resource Center on LGBT Aging. SAGE presented the findings at the American Society on Aging Conference.

ERC conducted extensive media outreach, particularly targeting the 10 states where testing occurred. It also targeted national media with a particular focus on LGBT and aging issues. Several media outlets covered the report, including the Washington Post, NY Times, Al Jazeera, Huffington Post, MacArthur Foundation, Housing Matters SmartBrief, and the San Francisco Bay Guardian.

ERC has been engaged in several activities as a follow-up to the report. It has identified several of the senior housing providers that exhibited discriminatory behavior for further investigation. Some facilities will be retested to verify patterns and practices. ERC is also discussing potential follow-up investigations with advocates in some of the tested states.

## **Make Medicare Work Coalition Brings \$19M in Healthcare Benefits to Low-Income Seniors**

Make Medicare Work (MMW), a unique outreach, education, and advocacy coalition, continues to be a resource for advocates, service providers, consumers, and caregivers on healthcare coverage for seniors. In 2012, RRF awarded \$115,000 to AgeOptions for continued support of the MMW Coalition. The grant was split between AgeOptions and Health & Disability Advocates, two of the Coalition's lead agencies.

Founded initially with encouragement by RRF and two other funders, the MMW Coalition builds the capacity of service providers to: help elders enroll in Medicare and state programs that provide the most appropriate and affordable health care coverage; find solutions to difficult problems; and advocate for consumer-focused systems change. MMW's focus is especially on elders who are most vulnerable, including those with the most complex health care needs and the least capacity to understand and navigate health care benefits.

During the grant period, MMW added 188 new members, representing 41 new organizations. This was nearly four times the projection and brought membership to 1,056 by the end of the grant period. Twenty percent of the new members were staff of senior buildings, and many were from new types of organizations such as employment services, disease-specific groups, and agencies that were predominantly serving children and families but found they were also counseling older adults. MMW reached more than 1,500 professionals and volunteers through trainings and community outreach presentations. MMW members who completed a survey indicated they shared

materials with an additional 7,000 professionals. MMW leaders also responded to nearly 500 technical assistance calls from providers.

MMW directly reached nearly 71,000 consumers through community outreach. MMW members provided individual assistance to almost 55,000 seniors to enroll them in health care benefits; this exceeded last year's numbers. An estimated \$19 million in health care benefits was secured for low-income seniors. This is a very conservative figure because many MMW members do not report enrollment figures.

To fulfill its education and training objectives, MMW issued three topical briefs, six bulletin newsletters, and 45 alerts on important topics related to Medicare, the Affordable Care Act, Medicaid, etc. It created a toolkit on the Illinois managed care initiatives. It trained Affordable Care Act Ambassadors, including personal counselors and navigators, and created eight tip sheets on ACA topics. All materials were translated into seven different languages (Spanish, Polish, Russian, Korean, Chinese, Hindi, and Arabic). The MMW Coalition's newly redesigned, easy-to-use website (<http://makemedicarework.org>) includes all materials and webinars for replay.

MMW leaders became active participants in HelpHub, a technical assistance center for enrollment specialists launched in 2013 by three advocacy organizations (Shriver Center, Health & Disability Advocates, and EverThrive). MMW regularly addresses issues related to Affordable Care Act enrollment options, which include Medicaid and Medicare Savings Programs. More than 1,100 enrollment specialists actively use HelpHub, and MMW has posted answers to the daily questions raised on it.

MMW also conducted several in-person trainings, including three Medicare trainings (one more than anticipated) for 118 people. An annual summit attracted 80 professionals. Feedback on training was excellent. Ninety-five percent of attendees rated sessions as very good to excellent; 98 percent indicated they found the information useful in their work; 89 percent said they are better able to assist clients as a result of training; and 85 percent said they will use MMW's materials as a reference.

A number of new educational materials were added this year. They include a Part D Plan Finder and a flow chart to help seniors and counselors determine which healthcare coverage is most appropriate. A video glossary of Medicare terms was completed in American Sign Language and added to the MMW website's section for the Deaf and Hard-of-Hearing community.

MMW was active on the advocacy front as well. Noted successes include revisions to the Medicaid redetermination letters and encouragement of the state's applications for the Balancing Incentives Program and an 1115 Medicaid Waiver (if successful, both applications will increase resources for home- and community-based services for Illinois low-income seniors). MMW leaders also shared their concern with the Centers for Medicare & Medicaid Services about the need for transparency in Illinois's Medicare/Medicaid Financial Alignment Initiative contracts. As a result, CMS agreed to release the contract for Illinois for review.

MMW engaged in case advocacy on behalf of several seniors. For example, MMW won a reversal of Medicare's decision on enrollment due to incorrect information

provided to a client by a Social Security representative. MMW also won correction of false information on Medicaid coverage by HealthSpring and other plans. MMW continues to tackle very technical and complex coverage issues that enable providers and consumers to better navigate this new healthcare environment.

### **St. Paul's Church by-the-Lake Improves Accessibility**

In 2013, RRF awarded a \$30,000 Accessible Faith grant to Saint Paul's Church by-the-Lake, an Episcopal congregation in Rogers Park. This 320-member congregation is primarily low-income and very diverse. Thirty percent of the members are age 65 or older.

St. Paul's is a very active congregation. It sponsors a food ministry and an AA group. It hosts several programs operated by Heartland Health Alliance and bi-monthly senior health fairs, conducted by the City of Chicago.

Saint Paul's facilities consist of three old buildings connected on the interior. Prior to the RRF grant, the buildings could be traversed only by stairways and the route from the worship space to the parish hall was inaccessible. There were also no accessible restrooms. The project involved renovating restrooms on the first floor of the parish hall to make them accessible and installing a platform lift to provide an accessible route from the church space to the parish hall where most activities take place.

The restroom renovation and installation of the platform lift were completed early and within the \$263,442 budget. The pastor reported that there was an increase in participation at the holidays, just when the project was completed. He attributed this to the accessibility improvements. He also noted the return of at least ten members who had stopped attending because of accessibility limitations. The final comments in his report indicated, "All have been positive and praiseworthy of the parish and leadership to have the foresight to do this now for the future health of the parish and to become more visible in the neighborhood as a place that welcomes the diversity of abilities."

### **Easter Seals Introduces Person-Centered Care to Affiliated Adult Day Centers**

In 2011, RRF awarded a two-year, \$186,012 grant to the Easter Seals National Office to pilot test a model of person-centered care with six of its affiliated adult day service centers across the country. Person-centered care is an approach that respects and values the uniqueness of the individual. It creates a psychological, social, and physical care environment that promotes personal worth, social confidence, and hope. Creating a person-centered culture within an organization often requires changes in staffing patterns and attitudes, alterations to physical space, and program adaptations to enhance engagement of older adults. Adult day service programs have not adopted person-centered care practices nearly at the level that long-term care facilities have, nor are there the quality of life standards set for this industry such as those for nursing homes.

The goal of the project was to test selected elements of a model of person-centered care, developed specifically for adult day services by Lyn Gelboy and Beth Meyer-Arnold, in six of Easter Seals affiliates. The model included changes in three domains: people, programming, and physical setting. In the people domain, the objective was to reduce the use of personal detractors and increase social interaction. In programming, it was to replace generic activities (e.g., Bingo) with participant-led classes and other personalized programs, and increase the number of concurrent small-group activities to provide more choice. In the physical setting domain, it was to increase the use of appropriate supplies and equipment and re-arrange furniture, e.g., create conversational seating.

Easter Seals contracted with CJE Senior Life and Leonard Schanfield Research Institute for the project's evaluation. CJE collected and analyzed data at three points during the year-long implementation of the model: at baseline prior to all-staff training; at six months; and at the conclusion of the year's implementation. Many evaluation methods were used, including use of participant engagement and staff observation tools, program audits, and environment audits. The evaluation team also conducted three focus groups with site staff (at baseline, interim, and post-implementation).

Easter Seals selected six affiliate centers from different parts of the country through a competitive request for proposal process. In preparation for the year-long implementation phase, Easter Seal staff and the developers of the model provided two days of in-person training for the six sites. There were also three training webinars over a three-month period prior to implementation. In response to feedback from the sites, the project's team added more webinars to serve as refreshers and trainings for new staff that joined the sites after the project began. The team also increased the number of conference calls and added more training on data collection.

The evaluation found evidence of change in participant engagement, staff interactions, activities, and physical environment that suggested the pilot sites were providing higher levels of person-centered care after six months of implementation. The most extensive changes occurred during the first six months but some continued into the last six months. There were variations in changes across sites and over time, perhaps due to differences in client characteristics and/or the types of activities being observed. For example, lower functioning populations may have been less likely to engage socially.

Overall, the evaluation suggested that adult day service participants were more likely to be socially engaged as a result of the sites' improvements. Focus group results also suggested that the person-centered care model had a positive effect on participants' social behaviors, independence, and confidence. The sites' observational data provided evidence that their staffs were more likely to engage in social interactions with clients. Focus group findings suggested the model helped staff better understand clients and change their interactions with participants.

The evaluation found that the pilot sites made a significant shift toward person-centered care programming. The number of activities and percentages of person-centered programs increased at each data collection point. All pilot sites offered more concurrent groups, thereby providing more choices for participants. Average group size

decreased at most sites. There was a strong shift away from generic activities toward person-centered care activities.

Pilot sites were able to adapt their physical spaces to be more flexible. Items were rearranged to meet the needs of clients and accommodate different activities. The evaluators used specific measures established for design principles to determine changes.

Easter Seals engaged in several dissemination activities to encourage person-centered care in other adult day services. It conducted a training conference for 25 of its affiliates to share lessons from the project and encouraged them to implement elements of the person-centered care model. It also conducted a symposium at the 2013 National Association of Adult Day Services Conference. Easter Seals is considering a number of webinars, articles, and presentations to continue sharing the project's findings with the field.

## **Jewish Family & Community Services Develops Outreach and Support Program for SW Florida Seniors**

In 2011, the Jewish Family and Community Services of Southwest Florida (JFCS), which had previously been a division of the Jewish Federation of Collier County, was established as a separate nonprofit organization. It was created because of the growing, unmet needs of Southwest Florida's frail, homebound elderly of all faiths. In 2012, RRF awarded a one-year, \$25,000 grant to JFCS to develop, implement, and coordinate a structured volunteer program for seniors in conjunction with the agency's case management services. The grant enabled JFCS to hire a part-time manager to develop the volunteer program. Volunteers were to be recruited to serve as friendly visitors and drivers/escorts for seniors to life-sustaining appointments such as doctor visits and quality-of-life appointments like visiting a loved one in the hospital. Volunteers were also to assist with the monthly congregate meal program.

By the end of the one-year grant period, JFCS had recruited, trained, and placed 62 volunteers, exceeding the projected 40. The volunteers provided services to 157 seniors, more than the projected 125. Fifty-three percent of volunteers made a donation to JFCS, exceeding the 25 percent projection.

Seventy percent of the seniors served by volunteers were low-income; 85 percent were female; and most lived alone. They were frail and were clients of the case management program. Volunteers ranged in age from 60 to 86; 75 percent were female. Nearly one-third of the volunteers serve as friendly visitors. Nineteen percent serve as friendly drivers. Half of the volunteers provide more than one service, primarily assisting in the congregate meal program or the food pantry as their second or third project.

In only two years, JFCS has become the focal point of senior social services in Collier and southern Lee County. Its CEO became chair of the Collier County Leadership Coalition on Aging and chaired the County's first formal senior needs



assessment. Under the leadership of one of its volunteers, JFCS was able to raise sufficient funds to build the first senior center in Collier County. This has brought great visibility to the organization, helped in the recruitment of volunteers, and built a much more significant and diversified donor base.

The agency's services have expanded beyond expectation. The congregate meal program, which began as a monthly event for frail elders served by case managers, is now a weekly program, staffed almost entirely by volunteers. A telephone reassurance component is slated to begin soon. Because of its progress, JFCS received a second RRF grant to expand the hours of the Volunteer Manager to accommodate the growth of the program.

### **Korean American Community Services Expands Outreach to Seniors**

In 2012, RRF awarded a third-year grant of \$33,000 to Korean American Community Services for its ROCKS Program (Resource and Opportunity Center for Korean Seniors). Two previous grants totaling \$80,000 preceded this one. The ROCKS Program recruits and trains Korean retirees to serve as volunteers and to become part of its Senior Giving Circle. All of the volunteers are bilingual in Korean and English, have a deep understanding of Korean cultural values, and want to give back to their community.

During the third year, eight retired Korean American professionals were recruited and trained to serve as ROCKS volunteers. They joined 15 ROCKS volunteers from the previous two years. The volunteers provided information and services to older Koreans living in metro Chicago. They also contributed many ideas that the agency has incorporated to improve outreach and service to isolated, vulnerable older Korean Americans. One suggestion resulted in the creation of the Silver Café, which offers social and education programs at low-income senior housing as an alternative to seniors coming to the Korean American Community Services site. The Silver Café started in one senior building and expanded to a second during the grant period. ROCK volunteers also suggested a friendly visiting program for frail elders who live at the senior housing sites but are unable to attend Silver Café programs. This service will soon be launched.

During the grant period, the ROCKS Program held 60 public benefits and health workshops, reaching 1,119 seniors. In total, ROCKS served nearly 3,000 seniors. The program also developed good relations with 17 organizations to better serve seniors. It targeted religious congregations with significant numbers of Korean American members as well as healthcare and housing providers serving this population.

ROCKS implemented many effective strategies to attract the attention of Korean media and exceeded expectations. Instead of four projected appearances on Korean TV, there were 24. Instead of 12 radio announcements, there were 732; there were 21 print stories or ads, compared to six projected. Nearly 5,000 flyers and newsletters were distributed (on target with projections).

The ROCKS Program has effectively used volunteer talent. This has resulted in a cost-effective approach to serving low-income, limited-English speaking Korean American elderly.

## **Consumer Voice Creates Online Clearinghouse for Long-Term Care Advocates**

In 2012, RRF awarded an 18-month, \$49,998 grant to the National Consumer Voice for Quality Long-Term Care (formerly NCCNHR) to create the first and only Clearinghouse for long-term care information. The Clearinghouse is an online resource for advocates such as ombudsmen and others who protect and act on behalf of the interests of long-term care consumers, both at the policy and service level. Consumer Voice created the Clearinghouse because it recognized that advocates often need information quickly and from a credible source. Please check out the Clearinghouse and register at <http://clearinghouse.theconsumervoice.org/#sthash.uky2BDY6.dpbs>

An Advisory Committee of advocates and consumers provided oversight to the development of the Clearinghouse. A stakeholder survey was administered to gather input on the types of information that would be most needed. A vetting process was developed so that the National Consumer Voice would include only appropriate resources in the Clearinghouse. The online tool posts documents and links to resources, with search functionality and places for feedback where users can submit newly found resources or request help finding materials not yet available in the database. There is a system of types and tags that organizes the resources by category and an advance search capacity. A user can search by topic such as elder abuse; by type of resource such as brief, federal, or state law, training material, etc.; and by time frame (e.g., 2010-2013). After a search is entered, the resources come up by priority, i.e., those closest to the match come up first.

The Clearinghouse enables users to sign up for news and alerts from Consumer Voice. More than 90 percent of registered users have signed up. This strategy will help increase the size and influence of the Consumer Voice network. RRF's grant also enabled Consumer Voice to digitize archived print documents that dated back to the 1970s but had not yet been scanned and uploaded onto its server. Digitization was expedited so these documents would be available for the online database.

Consumer Voice used several strategies to publicize the Clearinghouse. It shared links with other organizations such as PHI, Direct Care Alliance, National Ombudsman Resource Center, National Council on Aging, and Pioneer Network, and placed articles in these organizations' newsletters and publications. It also sent email blasts to its network and used social media. A press release by PR Newswire was picked up by several media websites such as Reuters and Health Technology Net. Consumer Voice also developed a video tutorial for the Clearinghouse.

A few months into the launch last fall, registered users and non-users were surveyed about their use or lack of use of the Clearinghouse. More than 80 percent of respondents indicated they had accessed the Clearinghouse more than once. Fifty percent indicated that the Clearinghouse reduced the time it took them to find needed materials. More than two-thirds indicated they used the Clearinghouse resources directly for their long-term care advocacy work. More than eighty percent affirmed that the Clearinghouse had become a critical tool, and more than 90 percent indicated they would recommend the resource to fellow advocates, consumers, or family members.

Consumer Voice plans to meet the cost of sustaining the Clearinghouse through donations and has created an online donation function. The organization also plans to develop an annual campaign that taps frequent users. Consumer Voice is fortunate to receive public health graduate student interns from George Washington University and plans to use this *pro bono* talent to maintain the Clearinghouse.

The use of online tools like the Clearinghouse can be quite valuable if they are easy to use and kept current. Consumer Voice has created an excellent resource, which it will continue to promote with advocates to make their work on behalf of long-term care consumers more productive.

## **NE Indiana Elders Benefit from SeniorPak Program**

In 2012, RRF awarded a \$25,000 grant to the Community Harvest Food Bank of Northeast Indiana to continue its SeniorPak Program. This grant followed two previous RRF grants of \$25,000 each. The SeniorPak Program delivers 20 pounds of free groceries twice monthly to low-income, homebound elders. For many SeniorPak recipients, the deliveries provide the only source of social interaction other than with health care professionals or their postal carrier. During the third year, the SeniorPak Program served 822 seniors.

The program made excellent progress in recruiting volunteers for the program. The number of volunteers increased from 211 to 704. As a result, all food is now packed and delivered by volunteers, relieving the staff from many of these tasks.

The program surveyed clients to get feedback on their needs. Access to fresh fruits and vegetables and meat was a high priority. As a result, Community Harvest established the Senior Farm Wagon Program, which delivers fresh produce to low-income senior housing sites. The Farm Wagon Program not only brings fresh produce directly to seniors, but it encourages many of the low-income elders, who are reluctant to ask for help, to eat in a healthier manner.

*Note: RRF staff takes much of the information for Grant Highlights directly from grantees' final reports. Staff often asks questions and holds discussions with grantees to get a more complete understanding of the results of grants and to understand challenges grantees faced.*