

Survey of Home-Delivered Meals Programs

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MEALS ON WHEELS programs provide a means of delivering meals on a regular basis to people who are unable to leave their homes or whose physical conditions or home environment would otherwise preclude the preparation of meals which meet their specific normal or therapeutic nutritional needs. Although still in the developmental stage, this individualized service is designed to help the recipient maintain or restore his health, to hasten recuperation during convalescence, and to enable him to attain the highest possible level of independence without unnecessary institutionalization.

The Public Health Service's Division of Chronic Diseases fosters the development of meals on wheels services as a part of or in conjunction with out-of-hospital programs for the chronically ill and aged. To provide baseline data to professional personnel of home care programs, the division conducted a limited study of programs known to be operating in 1962. The findings reveal useful information, not previously available, on the characteristics of existing portable-meals programs and indicate the possibility that the type of person receiving the service is in need of additional health services in the home.

Data from the survey emphasized the need for a depth study of home-delivered meals services, and this is being done by the National Council of Aging under a special grant from the Community Health Services and Facilities Act of the Public Health Service. The report will be available as a supplement to the May

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In the first limited survey, questionnaires were sent to 25 known programs. Each organization was requested to complete two sets of forms if possible. The first form described program activities and administration, and the second form was an individual report of persons served by meals on wheels in the latter half of 1962. Twenty-two programs submitted the activity form; two programs were found to be inoperative, and one program did not respond. Sixteen programs submitted individual forms for a total of 439 persons. The persons served by the 6 programs which did not submit this form represented approximately 20 percent of all the patients receiving services in the 22 programs.

Program Activities and Administration

The meals on wheels programs in existence in mid-1962 were operated almost exclusively by voluntary groups or organizations such as women's clubs, community councils, family service organizations, visiting nurse associations, cancer societies, and auxiliaries of hospital or medical societies (table 1). Nine of the 22 programs that reported began operations in 1960; only 3 began operations during 1961 or in the first 6 months of 1962. Ten programs were in operation before 1960. Nineteen were in areas east of the Mississippi River. Of the 22 programs, 18 were in a metropolitan area, with 8 in cities having more than 500,000 population. The concentration of programs in metropolitan areas, rather than in areas with a more widely scattered and sparse population, suggests that this type of service may work best in large communities where more resources are available and

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a minimum of trouble is encountered in delivering the meals.

The size of the operating programs and the number of patients served daily varied considerably. The smallest program served 4 patients and the largest served 68. Ten of the programs served between 20 and 40 persons; 4 served 40 or more persons daily. Programs using their own kitchen facilities for the preparation of meals had more recipients than other types of programs.

Personnel and food preparation. Professional personnel served as staff members or were available for consultation to 18 of the 22 programs. The professional services of a dietitian, nutritionist, or home economist were employed in 16 programs. The services of a public health nurse were used in 9 programs, and the services of a social worker also were available in 9 of the 22 programs. No attempt was made to learn in what areas the professional staff gave consultation except in the preparation and service of food.

Food preparation, including modified diets, was supervised by a dietitian in 10 programs, by a nutritionist in 2, and by a home economist in 1. Responsibility for food supervision in the other nine programs was assumed by the social worker, caterer, cook, or food-service supervisor. In 11 programs, meals were prepared in the agency kitchen; in 3 programs the meals were prepared commercially. Other facilities were used in eight programs: three used kitchens in a home for the aged or in a nursing home, three used hospital kitchens, one used a school kitchen, and one used a YWCA kitchen.

Most programs followed a standard pattern in the number and frequency of meals served. Of the 22 programs answering the activity form, only 7 provided breakfast. One provided snacks. Most programs served the midday and evening meals 5 days a week, Monday through Friday. Fifteen of the 22 programs provided 1 or more types of modified diets. Diabetic diets were available in 10 programs, and sodium-restricted diets in 11. Eight programs provided other modified diets such as bland, low-fat, or low-residue meals.

Meals were transported to patients in volunteer vehicles in 14 of the 22 programs. Agency vehicles were used in three programs, and taxis

or commercial vehicles in one. Three programs used both volunteer and agency vehicles. One program used volunteer vehicles and taxis or commercial vehicles.

Fee charging. Two methods of charging for the meals served to patients were reported. Thirteen programs based their fees on ability of the recipient to pay. Some programs provided the meal service at no charge when the patient was unable to pay. Nine programs charged a fixed fee. Many programs stipulated that the charge to the patient would not exceed the actual cost of the meal. The fees ranged from a minimum of 20 cents a day per person for two meals to a maximum of \$1.85 a day for two meals. This survey was not designed to determine the actual or total cost of the meals on wheels service to the operating agency.

Eligibility for service. In attempting to learn what criteria had been used for eligibility of clients to the services, the questionnaire designated four categories: age, living alone, being homebound, and being indigent. Fifteen of the 22 organizations indicated that age limits were

Table 1. Meals on wheels programs, by year services began and State and city

Year	Program
1954	The Lighthouse, Philadelphia, Pa.
1957	The Columbus Program, Columbus, Ohio
1957	The Dallas Program, Dallas, Tex.
1958	Erie Neighborhood House, Chicago, Ill.
1958	The East Orange Program, East Orange, N.J.
1958	Katherine Engel Center for Older People, New York, N.Y.
1958	Visiting Nurse Association, Rochester, N.Y.
1959	Detroit Industrial School Association, Detroit, Mich.
1959	James Geddes Homes, Syracuse, N.Y.
1959	Soroptimist Club of Dayton, Dayton, Ohio
1959	Mansfield Memorial Homes, Mansfield, Ohio
1960	Women's Auxiliary Medical Society, San Francisco, Calif.
1960	Women's Club, Community Services, Greenwich, Conn.
1960	Senior Service Center, Hartford, Conn.
1960	Pekin Memorial Hospital, Pekin, Ill.
1960	National Council of Jewish Women, Baltimore, Md.
1960	Kalamazoo Community Service, Kalamazoo, Mich.
1960	Edward W. Sparrow Hospital, Lansing, Mich.
1960	Jewish Family Service Bureau, Syracuse, N.Y.
1960	East End Neighborhood House, Cleveland, Ohio
1961	Ottumwa Hospital, Ottumwa, Iowa
1962	Visiting Nurse Association, Indianapolis, Ind.
1962	Peoria Home Care Plan, Peoria, Ill.

not an admission requirement. Four programs did not accept patients under 45 years. One would not accept those under 60 years. Two programs did not respond to the question. Neither indigence nor living-alone status was a criterion for services for most of the 22 programs. However, 9 of the 22 programs required that the clients be homebound in order to receive the service.

In addition to information on the auspices, administration, and operation of the home-delivered meals programs, collecting baseline data about the clients served was the second purpose of the survey. The more detailed information about clients is based on facts from 16 programs representing approximately 80 percent of those receiving services.

Individual Patient Reports

Source of referral. About 50 percent of the patients personally requested services from the programs or were referred by a family member, friend, or neighbor. In some instances the patient may have contacted the program after advice or referral by a private or public agency, but the initiative for service, nevertheless, was

taken 163 times by the patient or family and 41 times by friends or neighbors. The public health nurse, social worker, and private physician referred another 40 percent of the patients. The remainder (10 percent) were referred by welfare and social agencies, hospitals, and others.

Patient characteristics. The more detailed information available from the individual patient record showed that portable-meals programs provided service primarily to the aged (fig. 1). Nine of 10 patients receiving service during November 1962 were over 65 years, and 4 of 10 were over 80 years. The median age of clients in the 16 programs was 78 years. The lowest median age in any program was 71 years, and the highest, 81 years.

The ratio of women to men was two to one for all programs combined. While this ratio varied from program to program, only one had a significantly greater number of male patients.

Living arrangements. Although the majority of the 22 programs did not require that clients live alone as a criterion for admission to the service, 7 of 10 persons receiving services were living alone. Of these, there were twice as

Figure 1. Number of patients receiving meals on wheels service, by age

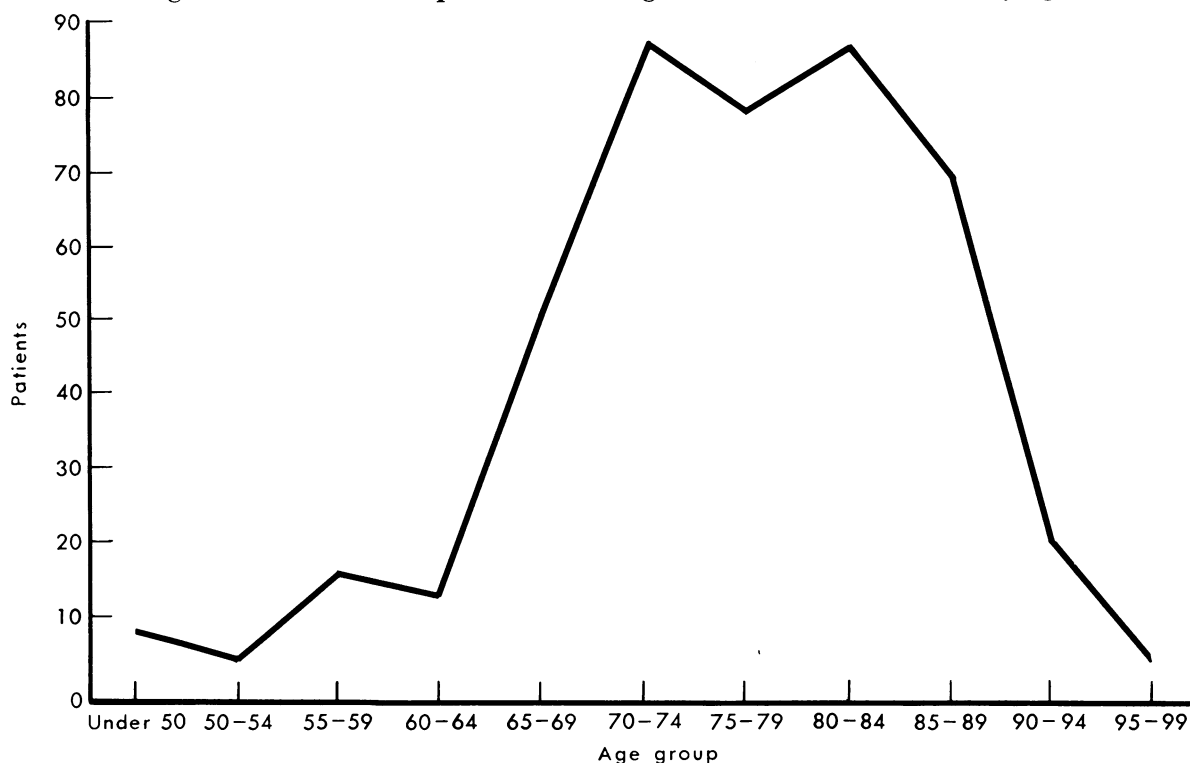
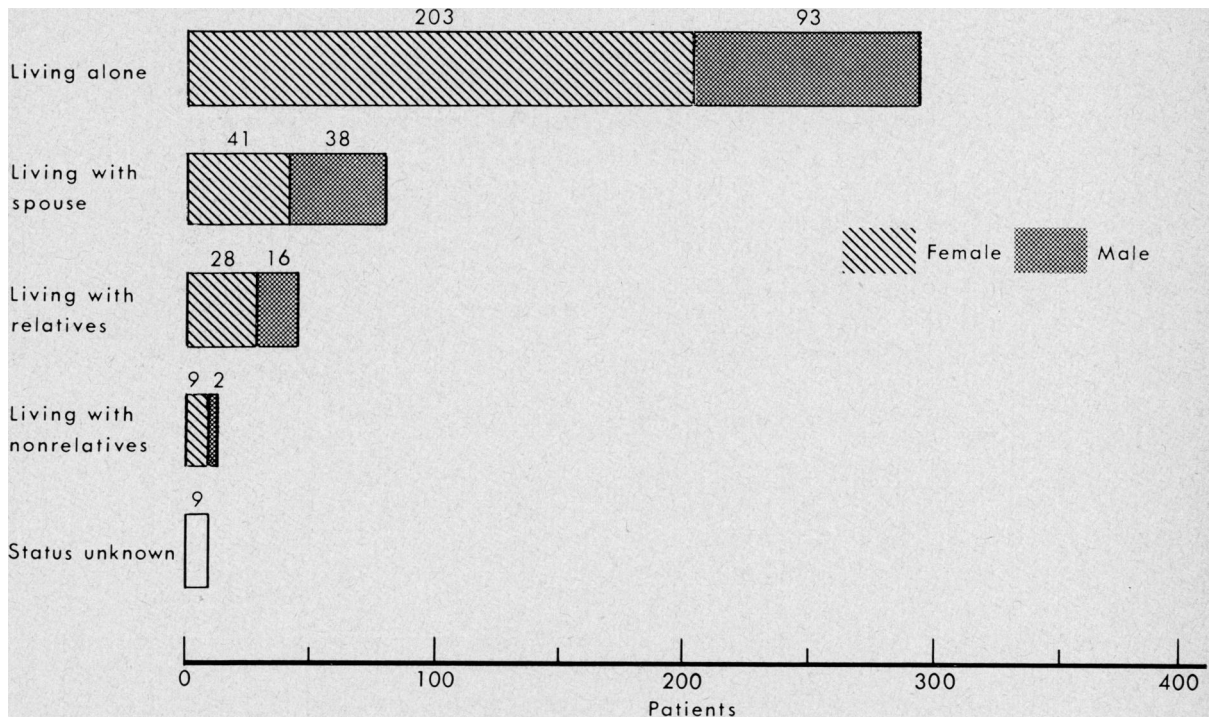


Figure 2. Distribution of 439 patients receiving meals on wheels service, by type of household and sex



many women as men (fig. 2). Of the 134 recipients living with someone, approximately 60 percent lived with their spouses. These findings were not unusual considering the age of the population being served. Approximately 45 households (90 patients) needed portable-meals service for more than 1 member of the household.

Type of residence. The type of residence and cooking facilities of the recipients were studied to learn whether the preconceived notion was valid that these persons had poor home conditions. Inadequate living arrangements or cooking facilities were not the major reasons for providing portable meals. As can be seen in the following tabulation on type of residence and cooking facilities available to the 439 patients, 8 of 10 were living in their own residence or shared an apartment or house, and 339 patients had their own kitchen.

Type of residence	Number of patients
Own or share apartment or house.....	363
Furnished or hotel room.....	72
Other	3
Not stated.....	1

Cooking facilities available	Number of patients
Own kitchen.....	339
Makeshift cooking facilities.....	50
Kitchen privileges.....	15
None.....	19
Not stated.....	16

Physical and mental status. The individual records on physical and mental status of the 439 patients showed that 32 percent leave home alone and 22 percent leave home with help. Only 41 percent are homebound (table 2). These facts compare favorably to the criteria for admission to the program. The majority of the patients were fully ambulatory, able to feed themselves, and sound of mind. Care should be exercised in interpreting these data since the information provided does not allow for a detailed assessment of the physical and social status of each patient. For example, portable-meals service for the 139 patients who were able to leave home alone may have been needed because of bad weather, great distance to a public eating place, or inadequate income.

Sources of support. Economic status was not a criterion for recipient eligibility for meals on wheels services. However, programs were asked to report on the source of financial support of each patient. It was found from the 16 programs which reported that the recipients had primarily three sources of support: Social Security, savings or investments, and Old Age Assistance or other welfare payments. The following tabulation lists all the sources reported.

<i>Source of support</i>	<i>Number of patients</i>
Social Security.....	133
Savings or investments.....	123
Old Age Assistance or other welfare.....	120
Relatives.....	52
Other pension.....	45
Employment.....	3
Not stated.....	85

Many recipients reported more than one source of support, but information was not collected on the percentage of the recipient's budget that came from any of these sources.

Summary

A preliminary study by the Division of Chronic Diseases, Public Health Service, of operating home-delivered meals programs emphasizes the fact that the services are available to small numbers of people in scattered communities. Sixteen of the 22 services that reported on their program activities submitted individual records for 439 persons.

The survey indicates that a typical meals on wheels program is a community service most often located in a metropolitan area in the eastern part of the United States. Service probably was initiated shortly before or sometime in 1960. The average number of patients served is approximately 20 to 40 persons per day, with the midday and evening meals being delivered 5 days a week, Monday through Fri-

Table 2. Physical and mental status of 439 patients in 16 home-delivered meals programs

Status	Number of patients	Percent
Mobility:		
Homebound.....	180	41
Leaves home alone.....	139	32
Leaves home with attendant.....	97	22
Not stated.....	23	5
Ambulation:		
Fully ambulatory.....	280	64
Walks with cane, crutch, or walker.....	106	24
Needs wheelchair.....	23	5
Bedfast.....	13	3
Not stated.....	17	4
Feeding ability:		
Feeds self.....	427	97.3
Needs aid.....	8	1.8
Must be fed.....	1	.2
Not stated.....	3	.7
Mental condition:		
Sound mind.....	274	63
Sometimes confused.....	133	30
Definitely senile.....	22	5
Not stated.....	10	2

day. The program has the professional services of a dietitian, nutritionist, or home economist; the meals are prepared in the agency kitchen; and modified diets are provided. Volunteer vehicles transport the meals to the recipient's home, and a fee for the service is charged according to the person's ability to pay.

The type of person most often found to be receiving meals on wheels service is a woman in her seventies who lives alone but is not necessarily homebound. She is ambulatory, can feed herself, and is sound of mind. She either owns or shares an apartment or house and has her own kitchen facilities. Social Security, savings or investments, or Old Age Assistance or a combination of these is her source of support. It is quite probable that she or a friend or neighbor initiated the referral for the service.