

*Medical
Dietetics -
food*

Return To
TED BATES LIBRARY

'Meals-on-wheels' avert hospitalization

Carry-out foods are nothing new, but now there is a very special service that delivers more than a pizza or a hamburger.

"Meals-on-wheels" programs are springing up all around the country, financed by hospitals, by townships, churches, and private groups. In the future, it is expected that some federal monies will be available to support such programs.

The concept of home-delivered meals grew out of a need to prevent repeated hospitalizations for mainly dietary reasons. A typical program is operated at Scioto Memorial Hospital in Portsmouth, Ohio, where assistant administrator David G. Blackburn said:

"We noticed a pattern of repeated hospitalizations, particularly among the elderly (and especially among elderly diabetics). Far too many of these hospitalizations were caused, at least in part, by improper diet.

"It costs just \$2 a day to provide two balanced, nutritious meals for an elderly person or other patient in his own home," Blackburn continued; "yet, it cost about \$70 a day to care for that same person in the hospital."

This same observation, arrived at independently, was the stimulus for other meals-on-wheels programs around the country. In each case, the details of operation were the stumbling block. Scioto Memorial's administrator, Lowell Thomp-

son, had a delivery problem which was solved with the help of the local chapter of Church Women United. To get the program going, CWU members raised more than \$2,000 to purchase a microwave oven. They provide the volunteers who make the actual home deliveries. Meals are prepared in the hospital kitchen and packed in polystyrene foam containers. A hot lunch, heated in the microwave oven, and a cold supper are delivered each day to 20 or so persons subscribing to the program.

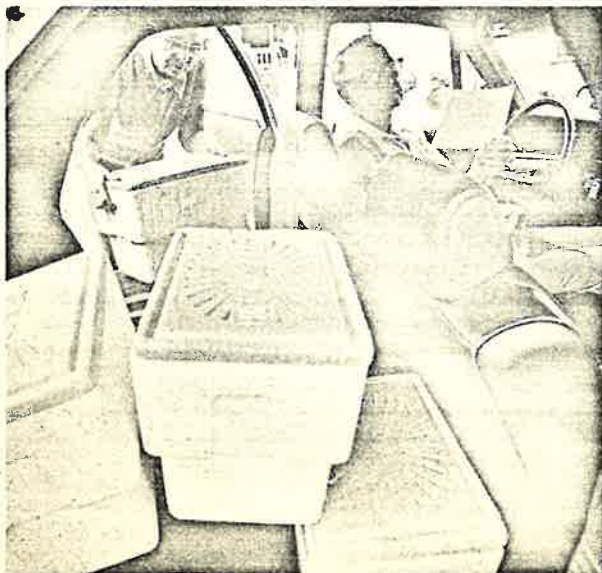
Five basic diets—diabetic, regular, soft, bland, and salt-free—are prepared.

"I try to keep an eye on the proper diet for each person," said Virginia Regele, diet supervisor of the hospital, "but I'm always willing to bend a few rules to fit personal tastes. There's no point in sending out a perfectly balanced scientific diet if it's not palatable."

Scioto Hospital provides the meals at cost, an average of 80 cents per meal. Meals-on-wheels bills the patient \$1 per meal and the 20 cents difference goes into a fund to provide the service

continued on next page

Mr. and Mrs. Roy Andrews make a delivery stop of the "Meals-on-Wheels" program in Portsmouth, Ohio (below)—this time to deliver a hot lunch to Roy Carson (right).





Lorraine Neal checks over the meals to make sure each recipient gets the right diet—one of five basic diets prepared at Scioto Memorial Hospital.

continued from previous page

for those unable to pay. (Meals-on-wheels programs do not appear to be covered by insurance benefits.)

"We provide meals to anyone who needs them, regardless of financial position," Blackburn commented. "However, poverty isn't the only reason for improper diet. It can be something as common as severe arthritis, senility, diabetes, or what we call the tea-and-toast syndrome—a lack of good nutrition."

Like its counterpart programs, the Portsmouth venture seems destined to grow and the benefits are obvious. As one suburban Chicago administrator said, "Our hospitalization rate due to dietary imbalance is down to a minimum."

The requirements for admission to a meals-on-wheels program vary from hospital to hospital. Some, but not all, of the participants are referred by their physicians. Federal (and state) financial aid would presumably lead to more standardization of the different programs.

No federal money is available presently for funding these programs. Under the proposed Fiscal 1973 HEW appropriation (vetoed by President Nixon), a new Title 7 of the Older Americans Act would have allotted \$100 million to this and other nutrition programs for the elderly. This would have been increased to \$150 million the next fiscal year.

However, the federal money would be earmarked solely for elderly patients. In Chicago, there are 14 programs for home-delivered meals and several of these aid patients would not qualify if the program were restricted to the elderly.

(Several others do serve only those persons 60 years or older.) Because of this, the administrators of some programs have indicated that they probably will not seek federal funds.

The main thrust of the proposed federal program to provide balanced diets for older persons seems to be concentrated in starting "congregate" meal programs. This would involve making meals available at some large, centrally-located area, such as a school or church.

States will be encouraged to submit proposed programs for improving nutrition for the elderly as soon as allocations go through, according to John P. Doyle, a planning specialist on aging in the Office of State and Community Programs of the Health Services and Mental Health Administration. Emphasis would be on the larger projects to serve greater numbers of elderly persons.

If a state's general plan is approved, a portion of the HEW monies would be allotted for financing. Again, the general plan calls for 90% of the funding to apply to the congregate meal service and 10% to meals-on-wheels.

The original plan was to make a start by Oct 1 of this year, according to Doyle. Because of the delay in HEW appropriations, the timetable will be set back at least several months.

Cooking classes help older Britons eat better

Keeping the elderly in a reasonably decent state of health is one of the professed goals of society, even though the efforts in this direction are apt to be fragmentary.

These efforts do not have to involve complicated equipment or technical advances. Sometimes, it requires organization more than anything else, as shown by the work of the Geriatric Nutrition Unit of Queen Elizabeth College, London University. The unit, headed by Louise Davies, a well-known British nutritionist, aims at a fairly comprehensive program "to see whether better nutrition can help to make the elderly fitter and happier, less of a burden to themselves and the social services."

Great Britain now has more than 7.5 million inhabitants over the age of 60 in a total population of 55.3 million. The services provided for them now include cooking classes set up by the Geriatric Nutrition Unit around the country.

"Cooking on your own can be difficult, expensive, lonely, too much bother," Miss Davies said in an interview, explaining the reason for the