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GOVERNMENT WHEELS PROGRAM

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HEARING
BEFORE THE
SELECT COMMITTEE ON
NUTRITION AND HUMAN NEEDS
OF THE
UNITED STATES SENATE
NINETY-FOURTH CONGRESS

SECOND SESSION

JUNE 17, 1976



Printed for the use of the Select Committee on Nutrition and Human Needs

U.S. GOVERNMENT PRINTING OFFICE

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THE NEED FOR A NATIONAL MEALS-ON-
WHEELS PROGRAM

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HEARING

BEFORE THE

SELECT COMMITTEE ON

NUTRITION AND HUMAN NEEDS

OF THE

SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS

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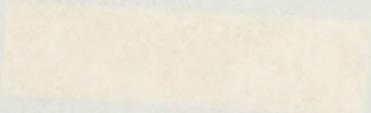


Printed for the use of the Select Committee on Nutrition and Human Needs

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1970

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THE NEED FOR A NATIONAL MEALS-ON-WHEELS PROGRAM

THURSDAY, JUNE 17, 1976

U.S. SENATE,
SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS,
Washington, D.C.

The select committee met at 10 a.m., pursuant to notice, in room 1318 of the Dirksen Senate Office Building, Hon. George McGovern (chairman of the committee) presiding.

Present: Senators McGovern, Percy, Dole, and Bellmon.

STATEMENT OF HON. GEORGE MCGOVERN, A U.S. SENATOR FROM THE STATE OF SOUTH DAKOTA

Senator MCGOVERN. Will the committee please come to order. I am pleased to be opening this hearing before the Select Committee on Nutrition and Human Needs to explore the need for a national meals-on-wheels program.

My own interest in this matter was quickened a couple of years ago when we held a hearing in my home State of South Dakota on the problems of nutrition and the elderly. At that time the committee heard a number of witnesses tell of the successes of the title VII program under the Older Americans Act. But they pointed out to us that while that program had been successful in reaching those people who were able to congregate at a senior citizens center or other feeding place, it was not the answer to the 3 or 4 million elderly people who are homebound and for various reasons unable to leave their homes.

While persons of all ages share a common need for adequate nutrition, achieving a balanced diet is difficult for older people, and especially those who are bound to their homes.

As old age approaches, various physical changes require a reduction in the calorie intake, while making it even more important that proper levels of protein, vitamins, and minerals be sustained.

For the homebound, this is an almost impossible task. These persons cannot leave their homes to shop; they find it difficult to prepare food; they lack the kind of incentive that companionship could provide. Quite simply, in their isolation and loneliness, good health is less of a compelling pursuit than it is for those of us who are more mobile.

The result has been a disturbingly high level of anemia, mental depression, subclinical pellagra, and protein deficiency, as well as higher rates of illness and longer, less complete convalescence.

In response to these unique nutritional problems of the aged, the Congress in 1972 established a nutrition program for the elderly, the title VII program of the Older Americans Act. Last year under that authority approximately 240,000 hot meals were served and various supportive services provided each weekday in a congregate setting.

It's the same priority that we hope to extend to the 3 or 4 million people who are homebound and unable to participate in the program.

It's obvious that there's not enough funding or authority under title VII to reach these 3 or 4 million people that are homebound. But it is clear that from a dollar and cents standpoint, if we could find some way of providing adequate nutrition to these older people who are homebound, it would have a very favorable cost benefit ratio. It's much cheaper for people, if they're able to do it, to stay in their own homes than it is to cover that cost in a nursing home. It's been estimated that we're putting about \$9 billion a year into nursing-home expenditures. If we could find a feasible way to provide adequate meals for people in their own homes, that figure could be substantially reduced.

That's simply one of the pragmatic reasons for moving ahead on a proposal of this kind. In a few months, the staff of this committee will conclude a year-long analysis which we would believe will demonstrate, among other things, that for an investment of \$80 million, we can provide from 125,000 to 175,000 home-delivered meals each day and that it would reduce nursing home expenditures in the range of from \$200 to \$400 million.

So that even from a dollar and cents standpoint, a very strong argument can be made that this program would pay for itself several times over in savings in nursing-home expenditures, to say nothing of the humanitarian and health benefits that it would generate.

I am introducing legislation today, cosponsored by Senator Percy, the ranking minority member of this committee, by Senator Kennedy, and others, that would authorize a modest program, a national meals-on-wheels program to meet this very serious problem.

We have a number of witnesses today that are prepared to testify on this problem. The first witness is Mr. William Hutton, executive director of the National Council of Senior Citizens.

Senator Percy, do you have an opening statement that you would like to make?

**STATEMENT OF HON. CHARLES H. PERCY, A U.S. SENATOR FROM
THE STATE OF ILLINOIS**

Senator PERCY. Thank you very much, Mr. Chairman.

I am pleased to have an opportunity to be here today with Senator McGovern to focus on the need to deliver meals to the homebound elderly.

From the very outset, I have been very deeply involved with providing hot, nutritious meals to our elderly citizens. As an original sponsor of the title VII congregate meal program under the Older Americans Act, I recognized that many elderly suffer from inadequate nutrition due to a variety of reasons. The emphasis has, thus,

been to provide nutritious meals for the elderly in a social setting, on the premise that malnutrition and undernutrition of older Americans must be considered in the context of interrelated economic, social, and psychological elements.

Many thousands of senior citizens are now eating at least one hot nourishing meal a week where before they may have been subsisting sometimes on just tea or bread. Many are now aware of other social services to which the program has exposed them, where before they did not know of them. And, many are now making new friends at the community dining sites where before they may have been living alone, isolated in apartments.

Unquestionably the nutrition program for the elderly enjoys widespread support. My office contacted a number of community organizations in and around the Chicago area which provide nutrition services for the elderly. Overwhelmingly, favorable support for the title VII program was expressed.

But what happens to those isolated shut-ins who have no way of getting any food on a regular basis? They become malnourished. Their health deteriorates. Their emotional and spiritual well-being is weakened. Disease sets in. Some die.

This depressing existence for the isolated elderly individual must be prevented. In the city of Chicago, with roughly 10,000 homebound people, only 5.2 percent are receiving home-delivered meals. And nationwide, of the estimated 3 to 4 million elderly who are homebound, less than 60,000 receive meals. There is an immediate and crying need for a widescale homebound nutrition program for the elderly.

Today, some of my colleagues and I are introducing legislation aimed at providing meals to the homebound elderly. Those citizens who are completely unable to get out of their homes because of disability, illness, or isolation would receive meals provided by volunteers on a regular basis. In addition, those homebound will be made aware of other supportive services in the community. This national meals-on-wheels program will provide good nutrition and play a positive role in the prevention of disease and disability, especially in reducing medical and nursing home costs for the aged. Compared to the amount of Federal funds needed to provide institutional care for the elderly, this expenditure is miniscule.

We have demonstrated that there is a need for the program, that it fulfills a service, and that it is worth our investment. Let's not ignore our most dependent citizens, the homebound elderly.

At this time, I would like to bring to everyone's attention a timely article entitled "People are Starving in Chicago." The article, written by Loretta Schwartz, of "Chicago" magazine, portrays a vivid justification on the need for a national nutrition program for the homebound elderly.¹

Mr. Chairman, a few years ago, I remember there was some cynicism on the Senate floor when the title VII program, then an experimental project, was being considered. Wanting to know exactly how the program worked, I went out with Dr. Arthur Fleming from

¹ See p. 4.

the Administration on Aging to visit numerous congregate meal centers. I also traveled throughout the State of Illinois, just recently in McHenry County, visiting a number of meal centers to get a first-hand view of the project's operations.

In particular, I remember visiting a Chicago meals-on-wheels project. I contacted the program's worker, a conscientious objector, who was doing this volunteer service rather than going to fight a war that he didn't believe in. Since I didn't believe in the war, either, we were compatible right from the start.

I went on his truck, delivered those meals with him, introduced myself to everyone, and took exactly the same route that he would have taken. It was a memorable and gratifying experience and I have urged everyone of my colleagues who is skeptical about this program to do the same. I intend to continue to support such a worthwhile program, making certain that it will not be abused. Although I have seen little abuse in this program, I will continue to have it audited.

I recommend again that my colleagues read the article "People are Starving in Chicago," and perhaps they might also participate in a meals-on-wheels program for a first-hand experience.

Senator McGOVERN. Without objection, the article will be made a part of the hearing record.

Senator PERCY. You cannot have an investigative reporter who has had that experience and related circumstances, with names, and dates, and so forth, without having a feeling that there is a tremendous need here. And this is the richest Nation on earth, and if we can somehow deliver meals, hot meals, three times a day to soldiers serving in Vietnam, as we did for so many years, we ought to be able to find people in this country, wherever they are, that need this kind of assistance, and particularly in a program which has thousands of volunteers who have agreed to provide this service, in an area where people can serve.

Thank you, Mr. Chairman. I'm delighted to have Senator Dole here.

Senator McGOVERN. Thank you, Senator Percy.

[The above-referred-to article follows:]

[From the Chicago magazine, June 1976]

PEOPLE ARE STARVING IN CHICAGO

(By Loretta Schwartz)

Rosendo Alcala would probably have died if he hadn't fallen down some stairs from his third-floor apartment in a desperate effort to get food. Before that no one seemed to know he was living there alone, in an old building on Malden Street in Uptown. The building manager found Alcala sprawled on the landing, only slightly injured; she contacted the Senior Center of Metropolitan Chicago, a privately funded organization that feeds fifty homebound people. The Senior Center began delivering meals to him five days a week. Today those meals keep him alive.

It was supper time on a Thursday when I arrived to visit Alcala. I climbed the three flights of stairs and knocked. When the door opened I stepped back, almost overwhelmed by the smell of human waste and old garbage. Then, in the light from the hallway, I saw a small, very thin old man whose flesh hung loosely as he stood in the doorway, starked naked and trembling. Confused, he peered up at me, his small, almond shaped eyes dark and questioning.

"I have come to talk to you about food," I said. "I understand you haven't had enough to eat."

"Yes, lady," he said almost pleadingly, "come in."

I stepped inside, leaving the door to the hall open because it was dark in the room. Then Alcalá turned on the light.

Suddenly they seemed to appear from everywhere, hundreds of roaches of all sizes crawling in every direction, across the once white and gold linoleum floor that was now almost black, in and out of the shredded stuffing of the overturned red couch, across the old metal bed and toward the purple blanket that was really only a rag now, and onto the pillow, brown and caked with grease.

Alcalá sat down and covered himself with the blanket. Roaches crawled across my feet. He was watching me, waiting.

"Do you have any food in the house?" I asked, forcing myself to go on with the interview.

"No ma'am, I don't," he answered quietly, staring off into space.

I walked into the tiny kitchen and opened the refrigerator. All I found was one moldy bone and some black liquid that looked like it had hardened along the bottom shelf.

"Is the food you are getting enough?"

"Oh, I don't know," he answered.

"What about the weekends?" I asked, knowing that no food was brought to him on Saturday or Sunday. "Do you eat anything from Friday to Monday?"

"No lady, I don't. Sometimes I get very hungry," he responded, shaking his head. "But what can I do? I just have to take it."

At 80, Rosendo Alcalá's legs are too weak to allow him to climb the stairs and walk to a store. But even if they weren't, he would probably be too afraid of being robbed to venture out alone. These days even at home he feels unsafe.

"A lady came around two months ago," he told me, "and asked if she could clean my apartment. I said yes, but she didn't clean it; instead she stole my money." Now even his small monthly Social Security check is carefully hidden.

Suddenly he reached under the mattress and took out an unopened envelope. He said, in a way that made me understand he trusted me, "I have money again."

"Mr. Alcalá," I said, realizing that we were friends now, "don't these roaches bother you?"

"Yes they do, they crawl on the cover when I sleep. They wake me up, and in the bed something bites me."

"Did they ever spray the place to get rid of some of these bugs?"

"No," he said, sadly shaking his head. "I wish they do."

Then he told me about life years earlier in Mexico, of his two sisters and one brother back in Torrón, who are dead now. "I fought the Mexican Revolution in 1910," he added proudly, his eyes shining with pleasure, his few yellow teeth exposed with the smile. "But now," he said, his head dropping sadly, "I don't have anything or anybody. You know," he continued as if he had been brought back many years, "I do like to have friends very much. They are good to me and I am good to them, but where can I get one? I am afraid outside and yet I am alone and I am lonely. Without a friend I am nobody."

When I told him it was time for me to go, he kissed my hand and held on to my arm for a long time. Then, at his request, I turned out the light and closed the door. I left him still sitting on his bed, naked under his ragged blanket, staring off into the darkness, tapping his fingers on his knee and trembling quietly.

As I walked down the stairs I remembered another visit several days before in the Mayor's Office for Senior Citizens.

"We have the ability to check the needs of a community with our computerized client tracking system. We can gain access to any individual's record of service," Deputy Director Andree Oliver told me. "Not only have we been here longer; we have developed the best system. No one in the country has anything comparable to it. Our Planning Council on Aging is unique in America. It is made up of consumers, program advisors, and a research advisory group. In addition, we have become the recipient of the Social Services

National Nutrition Project, the largest grant ever given. Four and a half million dollars for Chicago to experiment, to study, to understand, to establish a model program."

OF THE SHUT-INS, ONLY 5.2 PERCENT ARE RECEIVING HOME-DELIVERED MEALS

Paul Hemphill, the nutrition program director of the Mayor's Office for Senior Citizens, a forceful, dedicated man, was less enthusiastic. "We have stayed away from the word *hunger* or *feeding programs*," he told me. "Yet for some we know the need is desperate. We call our program the Golden Diners Club. Cards are listed and the prices people pay are coded on the cards. We can serve about 5,000 meals a day, but there are 518,000 people who should be able to get this meal. Five hundred meals a day are delivered to the homebound. We have long waiting lists and we don't promote the program because there is no more funding. There is dire need for service on a temporary basis. Two percent of the total (aged) population is homebound, and our own study came up with a figure of 10,000 homebound people over 60 living in the City of Chicago."

Those are big numbers, and not quite as shocking as they seem at first glance. The Golden Diners Club program is not means-based. That is, all elderly persons are eligible to participate regardless of income. Fourteen percent of those surveyed—extrapolate that to 72,000 persons—reported a need for group dining facilities. For many elderly, the need that leads them to the Club's lunches is companionship, not food. Still, the figures indicate that the city is able to serve only 6.9 percent of those expressing need. Of the shut-ins, only 5.2 percent are receiving home-delivered meals. It's apparent that many have no way of getting any food on a regular basis.

The Little Brothers of the Poor, a storefront operation on Belmont Avenue, is one of a number of independent, grass-roots organizations operating with some subsidy from the Mayor's Office for Senior Citizens, and desperately trying to meet the needs of some of those people.

"Martha Hertle is very much alone." Jane Pietrowski, a Little Brothers staff member dressed in jeans and a red flannel shirt, was speaking as we drove through the North Side in an old white Chevy. "She pays a neighbor to lift her in and out of her wheelchair. Her apartment is very small, and if her wheelchair gets stuck, that's it. One time she spilled hot coffee on her legs. They were badly burned. She said, 'Well, they hurt, but it's okay.'"

We knocked on the door of a small white frame house and then opened it. Inside, a tiny, white-haired woman with soft pale skin sat twisted, huddled in her wheelchair. Her wasted body, paralyzed by strokes, sloped to one side. Her hands hung listlessly but her blue eyes shone with pleasure when she saw us.

It was a little hard to talk to Mrs. Hertle, because she doesn't hear much. But once she understood she responded thoughtfully. Her fragile, lilting voice had just a trace of a Russian accent. "My husband was a doctor, a general practitioner, for 28 years. We married late because he had to finish his studies." I pointed to a picture of a smiling young man and a woman with pearls around her neck, arm in arm. She said, "Yes, that was us, but now . . .", and her words trailed off.

I looked past a few pieces of old velvet furniture left from better days to the kitchen, and realized that even if there were food in the cupboards, Mrs. Hertle would not be able to get it.

"I was a dress designer once," she said, as if she were reading my thoughts, "but now I can't even hold anything."

If a neighbor doesn't come to put her to bed, she spends the night in her chair, and when there is no one to lift her to the toilet there is the humiliation of accidents. Her body is covered with bedsores. "I have tried for so many years to get someone to help me," she whispered. "Now I know I must just stay here."

"What about food?"

"I eat this wonderful lunch," she answered, pointing to the noodles with beef, the salad, bread and butter, and pudding. But when asked about the weekends, her eyes dropped to the ground as if she were in pain and she didn't say anything else.

A few blocks away on Barry Street, we pulled up in front of a light green, poorly kept house with a broken pane in the front door and paint peeling

from the upper window frames. Pietrowski knocked on one of the small cellar windows. "Mabel lives in the basement," she explained.

We walked around to the back, through a filthy white door, down four concrete steps into a storage room filled with empty Coke bottles and old clothes which belonged to the family upstairs. Then Mabel appeared in the doorway, leaning heavily on her cane, dressed in a filthy, ragged, bright blue dress with a torn white and blue apron. Her long gray hair was pulled back into a ponytail and tied with a strip of cloth. Once, long ago, she had been an accomplished pianist.

Mabel was born in Winnetka on May 25, 1893, in a big brick house on the corner of Linden and Ash. Her parents had come from Switzerland. Her father was a mathematician, her mother a Sunday school teacher who loved music. At the age of 6 Mabel was playing Beethoven, and as an adult she traveled around the world and taught piano for 50 years.

Now she led us through the low cellar door. The bed, dresser, table, and chairs didn't disguise the fact that this was a small, unfinished basement room. There was no bathtub and no shower, just a toilet. Then Mabel said, "It's been more than a year since I had a bath. See that white pan?" she added, pointing to a small porcelain pot. "It's a dishpan, but I don't use it for dishes."

There was a fairly new-looking washing machine in the room, but Mabel told me that it belonged to the family upstairs, who came into her room to wash their clothes three or four times each week. Mabel was forbidden to use it.

"Do you have any food other than this meal?" I asked.

"This is practically all I eat, I buy bread and occasionally, if I can afford it, a piece of fruit. Sometimes on Saturday I have a little left over from Friday's lunch." Then Mabel said without embarrassment, "Listen, do you know what it means when you haven't got a lot of money? After I pay my rent I have a few dollars left from my Social Security check. It has to last the whole month, so on Saturday night and Sunday I eat bread, if I have it. If I don't, I just wait till Monday."

Back in the Little Brothers office, the middle aged woman with short dark hair and horn-rimmed glasses stood waiting, holding an empty shopping bag.

"I am a widow with two boys," she explained. "We live on Social Security. My check won't come for another eight days. We have no food at all and no money. Can you give me some food please, just for today?"

"This goes on all the time," explained Lilo Salmon, the dedicated co-director of Little Brothers, shaking her head sadly. "It's poverty, it's plain, ugly poverty. Most of them don't starve to death. The government gives them too much to die, but not enough to live. These people have only one part of life. If you ask them about meat or apple pie, they shake their heads and say, 'Oh, no no, not for me, it's too expensive.' They can't buy themselves a pair of shoes or a placemat. It's not enough to hand out bread and keep them alive. Flowers and champagne and beautiful things belong to life. Their condition is permanent. They will die like that and then the state will dig a little hole and bury them in Potters Field."

"I received a call yesterday from a lady who sells groceries in the National food store. She asked me to try to find a man named John. She said he always came looking for food. She knew the block but not the house. I went looking. I asked up and down the street. At first nobody seemed to know the old man who lived in the basement. Finally, someone directed me. All the windows were plastic, filthy, dirty, and half torn down. I had food in my hands. I stood at the broken-down door and I thought 'Oh, my God, nobody can live in this place.' Then a neighbor came to the window. 'You're too late,' she shouted; 'they carried him out dead on Monday.'"

"I went to the police, they showed me the report. It said John Ness, no next of kin, pauper's grave."

No one knows how many John Nesses there are in Chicago. They just die in their rooms after malnutrition has weakened the body, allowing disease to set in. Nor are there statistics showing how many times such people have sought help.

But we do know that when the group lunch program, now operated at 70 sites around the city, was expanded four years ago under Title VII of the Older Americans Act, 33,000 old people registered; we know, too, that only 5,000 persons per day can be accommodated.

Ron Weismehl, executive director of the Council for Jewish Elderly, explained the situation at B'nai Zion in Rogers Park. "We started out turning away a lot of people, but they would only be turned away a certain number of times before they stopped coming. We never advertised the lunches, but 800 people registered at our site the first week it opened. We are only able to serve 100. Our idea was that when we ran out of food, we would open up the canned cheese and the cottage cheese and we would feed them somehow. But then we learned we were violating the regulations of the Title VII program. The Mayor's office called up and said, 'You can't do it. It's a bureaucratic structure and you have the responsibility for quality control.' Actually, we understood that, but what we are looking for at B'nai Zion is some kind of flexibility in the Title VII program."

B'nai Zion is a Conservative synagogue housed in an old brick building at the corner of Greenview and Pratt in Rogers Park. Years ago, the area was a settling ground for first- and second-generation Jews. Most of the original settlers who remain are old now. The streets, too, have changed; low rents and nearby Loyola University have brought with them a new youth culture; as the old synagogues and kosher meat markets close, they are replaced by record shops and ice cream parlors.

Still, each day they walk to B'nai Zion, the men in long black coats, the women with kerchiefs and plastic shopping bags, through the pale yellow hallway into the big room with its dark tile floors and large gold menorah, and they sit at tables arranged in long rows and covered with white cloths. The food is not fancy, but it is strictly kosher. On a typical day, there are cubes of meat, a piece of potato, and a little salad for each person.

"Sometimes you don't get enough," explained one old man in a brown suit and checked shirt with an American flag pin in his lapel. "You have to eat as much as you can because you can't take any home. It's a rule set up by the Mayor's office."

"Sometimes," whispered the woman sitting beside him, "people will take milk or an orange when no one is looking, if they don't have any food at home."

(Paul Hemphill in the Mayor's Office for Senior Citizens explains that because some foods deteriorate quickly and some people might not eat it until two or three days later, there is the possibility of botulism poisoning—and of lawsuits against the city. That is a main reason for the prohibition on taking food from the premises, he says.)

A very thin little woman, dressed in yellow, with short straight white hair and an aluminum walker beside her, was sitting off to herself at the end of the table. Her hands trembled as she put a piece of the meat into her mouth. She did not chew it, simply kept it there for a minute, then took it out of her mouth and placed it in a small paper cup. Repeating the process again and again she added the piece of potato, and then, thinking herself unnoticed, slipped the cup and the contents as well as the plastic knife and fork into a small orange shopping bag with artificial flowers neatly attached to the handle.

When the director came to clear her plate, the lady smiled quietly and nodded. Then she rose on her toothpick legs and began to struggle up the five steps that led from the dining room. She had devised a method, skillfully, deviously, to get by the Mayor's rule. A method to stay alive.

"Most of us here are alone," she explained later. "In that respect I am like the others, but I had cataracts on both my eyes and I don't see well enough to cook, so I need the lunches. Sometimes I walk all the way here and they tell me the place is full. I have been an orphan all my life," she continued. "I grew up in nine institutions; I never married. I was never really trained for much. Then someone took me into the printing trade, and I worked. Now, no one will hire me. I live on Social Security. It's about \$160 a month and my rent is \$140, so you see where that leaves me. Once in a while, if I have a little money, I stop at the liquor store near K-Mart under the el. They sell cheese when the date is passed and it's at least a third cheaper. Whenever I can, I buy cheese."

"Inflation has risen faster than Social Security benefits, but still there is the myth that there are no Jewish poor," says Kenneth Klein, the eloquent young executive director of the Ark, a Jewish grass-roots emergency organization.

"Social Security and public aid make human beings into statistics. The philosophy is, 'I look at your record and I don't have to see your face.' Jewish Orthodox law says something very different. It says, you give someone who is in need exactly what he is missing. You do what you must to get close to people. If a man needs bread, you give him bread. If he needs dough to bake his own bread, you give him dough. If he needs work, you give him work. You have to face people and ask 'What's hurting you?' The government says, 'You are coming to me as an old man or a failure.' It responds to the person as an entity with a form. They have them on a computer, but they don't know them. 'God forbid a person should get an unbalanced meal,' says the government. 'Better he should get nothing.' "

The Title VII program provides those old people who are luckily enough to receive hot lunch with one-third of the minimum daily adult nutritional requirement, five days each week.

But it's not only the old living on inadequate fixed incomes who suffer from malnutrition. Douglas Cater, chairman of the Inter Faith Church Committee on Hunger, executive co-ordinator of the Public Welfare Coalition, and part-time pastor of the Lincoln Park Presbyterian Church, says that people of all ages in every part of this city are running out of food.

"The emergency food pantries affiliated with our organization are designed for people who have completely run out of food," Cater says. "There were 10,000 people last month, but there is no way of telling how many more need help and aren't getting it. The combination of increased unemployment, the rising cost of living, and the lessening of social services that the state is supposed to provide to needy people has created the worst hunger situation I have seen in my fifteen years of contact with the welfare system.

"I myself was a caseworker in 1961. I quit in 1970 because my efforts to help the poor were constantly frustrated, but things are much worse now than they were then. It used to be that the welfare offices would distribute food to those without it on an emergency basis. Now they have almost completely stopped. The federal government is putting so much pressure on the state to cut down the ineligibility rate. The state is afraid because the government threatens to withhold matching funds if they discover that a large number of ineligible people are receiving help, so they try not to issue anything on a presumptive basis. That means it is practically impossible to get any emergency help from the government.

"Now private agencies are having to bear the burden, but it is really the state's responsibility. That's the reason for small, independently funded emergency food pantries."

The Lakeview Food Pantry is located in the Jane Addams Center at 3212 Broadway. The small, brightly painted room is staffed by unpaid volunteers. Food and money come from churches, community organizations, schools, and stores that sometimes contribute unsalable items, like dented cans or old bread. A few individuals send monthly checks.

Inside, a young Mexican who spoke no English sat with his child, a boy of about 7. Next to him a woman without stockings stood wrapped in a heavy winter coat. An old unshaven man chatted with a former psychologist who had had a mental breakdown four years before and still couldn't find work. One at a time they held out their empty paper bags and had them filled with a two-day supply of food.

A slender Mexican girl with waist-length black hair entered the pantry. "Excuse me, but I need some food for my baby," she said.

"Do you have any food for yourself?" I asked.

"No," the girl answered, "but I hate to take it; for me the baby is more important."

Then she explained that she was 16 and in the ninth grade. The baby's father was 15.

Neither has been able to find work and they have both been told they must wait until they are 18 before they can apply for public aid. "My baby is starving," she said, "and I am afraid. I don't want her to die."

Sen George McGovern's Select Committee on Nutrition and Related Needs has established beyond any doubt that many American babies *do* die or suffer irreparable brain damage due to a lack of food or improper nutrition. In the

period before birth, when the fetus is growing rapidly, the brain is most sensitive to the effects of undernourishment. An undernourished fetus will result in an infant with fewer brain cells. Sometimes supplementation with carbohydrates or iron during the first six months of life can correct the damage, but without the necessary nutrition, children will not develop or sustain normal brain functions.

For these reasons the government established a program to provide women, infants, and children under six—those who are considered nutritionally at risk—with the milk, meat, fruit, and vegetables essential for normal growth. In October, 1975, Congress overrode President Ford's veto of the Child Nutrition Bill. This new law increased funding for the program from \$100 million to \$250 million a year, and mandated key reforms. It required that the Department of Agriculture expand the women, infants, and children program (WIC) to the neediest areas and fund all authorized sponsors.

But a report issued by the Children's Foundation in Washington, D.C. states: "The USDA appears to be tampering with some of the provisions of the new legislation. At the three regional meetings held in January, USDA staff outlined policy decisions which could contradict the law and will in effect restrict any significant growth of WIC during the next three years . . . While Congress has appropriated \$250 million for WIC this fiscal year, USDA appears intent on reducing the figure."

"By cutting back the WIC program and legally holding those funds, we are condemning people to a life of malnutrition and we are going to pay for it because their kids are going to get sick and die," says Dr. Al Klinger, an energetic and eloquent physician who has devoted his practice to caring for the poor. "The premature baby has thirty times the mortality rate in the first month and those who survive have the greatest amount of brain damage, mental retardation, hyperactivity, and learning disabilities. One hundred fifty of every thousand infants in poverty areas will die of dehydration, pneumonia, lead poisoning, or nutritional deficiencies. From birth to 6 years, eight times as many kids will die in the inner-city, and 75 percent of the infants who are called 'well' have iron deficiency when they come to the welfare clinics."

Klinger, an internist trained in the 'fifties, was told that there was no hunger or malnutrition in the United States, and, he says, "I believed it. I had no reason not to, until I worked in the ghetto and saw all kinds of kids stunted, mentally and physically, from malnutrition. I had all the credentials of a full professor before I found out that all my training was for nothing. The disease, in many cases, was the product of poor nutrition and poor education. You cannot survive on public aid, not without raising a cripple. The reason why we don't begin to compete with the Scandinavian countries is that we kill our people, we cut from under them the ability to survive and grow in strength. Sweden has an infant mortality rate of ten per thousand.

"Chicago is one of the wealthiest cities in the world. The state is first in soybeans, second in corn; it is the breadbasket of the world, yet countless thousands of households in this city have too little food."

Insufficient food affects every aspect of an individual's life. When children come to school hungry they cannot learn. Often by mid-day their heads are drooping. They are apathetic or hyper-irritable. Their endurance, patience, understanding, and creative productivity are reduced. The Council on Foods and Nutrition of the American Medical Association is of the opinion that no more than 20 percent of the households in the U.S. eat a proper breakfast.

That is why free breakfasts were made mandatory by the School Lunch and Child Nutrition Act. Every public school in Chicago is required by law to offer that breakfast to all children. Those who can afford it pay twenty cents. The reduced price is ten cents and all poverty-level children are supposed to receive the food free.

But 475,000 children in the city of Chicago are not getting that meal.

Even the 55,000 children who *are* eating the breakfast are only getting it after Uptown Neighborhood Legal Services filed a lawsuit when a mother who had children in different schools came in saying some of her children did not get breakfast and others did.

"We researched the statutes," says Legal Services lawyer Joel Stein, "and discovered what was happening. We sued the Secretary of Agriculture, the state Superintendent of Education, the Superintendent of the Chicago Board

of Education, and the Director of Lunchrooms on the grounds that their lack of implementation of the breakfast program was a violation of the Child Nutrition Act and the regulations that the USDA promulgated in regard to the Child Nutrition Act. We maintained that children's Constitutional rights to due process and equal protection were being violated. The litigation took years, but finally District Court Judge Alfred Kirkland agreed, ruling that you have to give each eligible child the opportunity to have breakfast.

"Technically, we have been successful. Legally, we won. But people are still not eating breakfast."

The reason kids are not getting the food they need is unclear. Judy Gottsegen, educational program director of the American Friends Service Committee, says she encountered a lack of organization and cooperation at the administrative level. "Cane Jones, the head of the lunchrooms, refused to answer my calls and questions. His office could not tell me what a meal cost. There are no set breakfasts. Some are serving Sugar Pops, others oatmeal."

I called Jones at least half a dozen times for his comments but couldn't get through to him, and he failed to return my phone calls.

In many schools that do serve breakfast, the outreach effort has been minimal and, according to records kept by the American Friends Service Committee, there are still a hundred schools that are not serving either breakfast or lunch. Some of the children may not need the food, but others go to school hungry and remain hungry all day.

Despite all the good intentions, every government program designed to combat hunger seems to have failed. The food stamp program was set up by the Department of Agriculture. The stamps are sold to low-income families who can cash them in for more dollars' worth of food than the stamps cost. The amount a family pays for food stamps increases as its income rises. Unfortunately, many families are not able to set aside enough cash to pay for the stamps, and while it is technically possible to get an adequate diet with the food stamps, it is often impossible for the poor and poorly educated to make the calculations required. Many who are eligible do not know about food stamps; for others, getting them is often difficult and unpleasant.

At 10:30 on a Tuesday morning, I walked into the Humboldt Park food stamp office at 2753 North Avenue. The huge room was packed with people sitting on rows of attached plastic chairs. Each person took a number and then waited—often all day. I walked past the puffy-faced guard and sat down in the back of the room next to a tired-looking redhead with two children.

She talked eagerly, seeming almost desperate for someone who would listen to her problems. "For six months I haven't been able to get food stamps or money from the Department of Public Aid," she said. "Somehow I got on the wrong mailing list. Nobody knows why I have been cut off. Nobody knows how to get me back on. They tell me they're working on it. Meanwhile I am about to have my electricity and gas cut off. I have no money or food. I have a notice that I must move, but I have no place to go. The food stamp office has been promising me emergency stamps, but so far I haven't been able to get them, either."

Our conversation was stopped by a heavy-set woman dressed in a black pants suit. She identified herself as Arlene Fieldstell, Administrator of Intake. "It has been our operating rule that no one is allowed to talk to people in the waiting room," she said, her voice trembling with rage. I was led away, almost pulled from the room to an upstairs office.

There, in a carpeted room with an acoustical tile ceiling and padded swivel chairs, I was told to wait until Fieldstell could find her supervisor, James Patterson. When I asked why the woman downstairs was left for six months without food or money, I was told, "There are thirty variables and they must be checked before a person can get any stamps. In order to be fair across the board we make sure that no client gets any special consideration. And," she continued, "we cannot assume people want to talk to you. We cannot play God."

"Why not ask the people?" I asked. "Isn't this a violation of their Constitutional right to free speech?"

"It may be," she said nervously. "But it's our rule."

When I left, entire families were sitting on the stairs that led from the administrator's office, because the waiting room was full. Many of those people would return home in the evening, still without food.

"The law says that if they come and have no money, they should be given free stamps for a month's supply of food, but in fact it doesn't happen," explained Dorothy Gartland, a nun at the Chicago Metropolitan Food Stamp Coalition and Hotline, a private agency at 22 East Van Buren. Nuns and priests from five religious orders have come together at the Coalition seeking a way to relate their work to the most pressing social needs.

"It's not only to see if people are fed, it's also our awareness and concern with justice. We know how badly people are treated in our public aid offices, and we're pre-screening them so they know what their rights are. We receive three hundred calls a day from people who need food stamps and do not have them. Yet we know that even with the food stamps they do not get enough to eat."

Inside the small hotline room there were six phones, and they kept ringing. Chuck Dahm, a priest, was answering them.

"I had one woman on the line here whose mortgage payments were larger than her Social Security," Dahm said. "A lot of the people who contact us can't afford the stamps. Right now households are putting out about 24 percent of their net income to get food stamps. Ford's people are trying to raise it to 30 percent and if you aren't able to tie up that much of your money on food stamps, you just eat less."

"I buy chicken backs and I make them stretch," says Betty Williams, 75, who lives on \$94.70 a month. "Food stamps are too high for me. It's a struggle; sometimes I have nothing to eat."

She sat in a neat little room, her immaculate white dress torn at the shoulder. Her dark brown skin stretched like leather over bone. "I am out of money now. My check isn't due to come for six days. The milk will run out tomorrow, but I still have two chicken backs. They are the cheapest thing you can buy. Of course, they ain't nothing but skin and bone," she added sadly.

When asked if she'd ever had food stamps, she said, "After I pay my bills and hospital insurance and church fees, I just don't have enough left to buy stamps. So if I run out of food, I just have to starve until the check comes."

Hunger doesn't stop at the city limits. Out past the slums on the South Side, past the steel mills and some farms, is the town of Chicago Heights, an old Italian community now heavily industrial but filled also with migrant workers in the summer.

"Many of the people who live out here are going hungry these days," says Dennis Condon, director of Respond Now, a privately funded storefront crisis intervention center. "We are a catchall for everything. Legal aid, housing problems. We provide clothing and furniture. But our core program is food. Our food is either bought or given through direct gifts. Most of our money comes from churches. We get no federal funding, and that means that our door can always be open. The people we serve come from all over. They are black, white, and Spanish. We are seeing more and more whites now because of the job layoffs."

"These are people who are not used to being poor. They are the ones that break down and cry. We don't give them a number, we don't ask for proof of poverty. We ask who they are and what they need."

"Respond Now gives us all our clothing," said Anna B. Wade, mother of eight. "Most of our furniture came from them. When a big gas bill comes and I have no money for food, they feed us. Without Respond Now, I think we would never have survived."

"The problems here are as bad as they are in Chicago. Once I went to the food stamp office with no food," Ms. Wade continued. "They said 'It's just not your time to come in. You will have to come back next Tuesday at 2.' I asked, 'What am I supposed to eat until then?' They said that wasn't their responsibility."

Some of the poverty-stricken are trying to make food a community responsibility. On the South Side, several ghetto dwellers have joined forces with small farmers in a unique self-help co-op. They have set up 25 sites in inner-city areas. Volunteers tally the need and a call goes out to the farmers. The

program began six years ago, with fruits and vegetables that were being sold off the backs of the farmers' trucks. It now includes meat. The food is set up in boxes on counters once a week in space that is volunteered. Co-op members are able to buy food using food stamps and paying less than supermarket prices. Don Charles, the warm, deeply concerned program director, speaks proudly from his administrative office at 11013 South Indiana. "People who could not afford pork are now eating steak. It allows those on the margin to survive. The people give their time helping themselves and each other. This is a program which contributes to one's sense of dignity rather than detracting from it."

Unfortunately, few of Chicago's poor are participating in this program. Instead, they are surviving from day to day often dangerously near starvation and death.

Victoria Figures lives in a boarded-up, predominantly black, graffiti-covered section of the South Side. Once the house on Peoria Street was fancy. But now the rusted screen half falls from its hinges and the windows are covered with plywood. A broken birdbath lies in the mud of the front yard under a tree that is dying. Victoria Figures stood waiting in an alleyway, holding her infant granddaughter in her arms. The baby's 19-year-old mother was deaf, dumb, and unmarried. She couldn't hear the child when it cried and she did not feed it. Ms. Figures, mother of eleven grown children, took the baby so it would not starve. Now she, the infant, and her 14-year-old son live on \$268 a month. The rent is \$153. Carefully dressed in a pink pants suit, Ms. Figures led me into the small rear apartment where mold lined the ceiling and the peeling walls had not been painted in many years.

"There is no heat" she said, as we sat down on a black plastic couch under a picture of Martin Luther King and a calendar with a painting of Christ. "The landlord refuses to fix it."

Ms. Figures, who has high blood pressure, has been told by her doctor that she needs a special diet, but says, "I go hungry most of the time because I can't afford the food I need and the wrong food causes my pressure to go up. The doctor feels I may have a stroke if I don't eat properly. If I die there will be no one to take care of this child, but I just can't meet the expenses for food. Apples, oranges, and spinach; even without those things I run out of food every month. Now the baby needs food at sixteen cents a jar. I don't want to put this baby in a foster home. It would hurt me so bad." Suddenly a rat ran past us. "That's nothing," she said. "At night I can see these rats running all over the house. Them and the mice come regularly now. I just hope they don't bite the baby." I bent down and touched the tiny child's hand. She curled her delicate fingers around mine. Then, unaware of any problems, she cooed with pleasure.

Such innocence and trust are not always the exclusive province of children. Right now in Chicago there are 15,000 to 20,000 native American Indians who have migrated to this city, having been told, and believing, that here they would find a better life.

In the early 'fifties only about 500 Indians were living in Chicago. Then in 1953, when the Bureau of Indian Affairs initiated a policy of moving Indians from the reservations for job training in the cities, Chicago became the first relocation city. For a while Indians lived scattered over various sections of the city, but slowly they began to gravitate toward Uptown in an effort to be near each other and re-establish some sort of community.

These days many congregate at the American Indian Center at 1630 West Wilson. Someone has drawn a crown on the door and written the word *king* on it and, on the filthy glass windowpane, the words *Indian Power* are scrawled—but Indians in Chicago have no power.

"Eighty percent of the breadwinners are out of work," says Etta Glen, a tall, slender American Indian social worker who was raised on a reservation. "Nutrition is so poor that children are growing up deformed. The other day one of the workers discovered a child of 2 so badly nourished that she could not sit up or walk.

"They come in the winter from a hundred tribes over the United States, untrained, unskilled, with an average sixth- or seventh-grade educational level. They always hope to find manual labor, but they have no skills.

"Once they leave the reservation, the Bureau of Indian Affairs is no longer responsible for them, so they come to us out of work and out of food. But we ourselves have little food and no federal funding. There is no way that we can feed 20,000 Indians."

Just then an old Indian woman walked into Etta Glen's office and sat down. Her hair was in braids and her eyes were fixed on a picture of a teepee and the sun painted on the office wall. She was very poor and had little food. Her husband had just died. No one knew the cause of death, but the woman wanted him to be buried on the reservation. Etta Glen was making calls, trying desperately to collect the money to take his body home. A call came through from the Lutheran Council. "They are sorry," Glen said to the woman when she hung up, "but they have no money." The old woman's mouth moved noiselessly. Her feet began to tap the floor. "Maybe we could put the body in a station wagon and you could pay for the gas," Glen was saying. The woman didn't answer. Her eyes were on the teepee and there were tears in them now.

"There is no money for Indians," Glen told me sadly. Indian employment funds will be cut in June, and we are about to lose our Head Start program. The Board of Education's school bus insurance is too high so we have been told we can't use the bus. Without it we can't get the minimum number of children that are required each day at school. The Ford Foundation tells us there are no funds, not for Indians. We have no school breakfast programs, no hot lunches for senior citizens, and no home-delivered meals."

One program in Uptown is funded by HEW. It is designed to be a crisis intervention center for alcoholic Indians, but because there are so many more starving Indians than alcoholic ones, and because it is so hard to turn people away, the crisis center actually looks more like a soup kitchen.

A sign with the word *Bu-sho-ne-gee*, which means "Welcome, friend" in Chippewa, hangs on the blue wall. Three long tables fill the converted store. Behind the counter there is an open kitchen where soup is kept warm in a large pot. Most of the people who eat at *Bu-sho-ne-gee* are getting all of their food there.

"The funding is for alcoholics, so we don't let the kids stay too long," explained Gerald Littman, a psychiatric social worker who runs the place, "but the fact is that no one else has provided food for these kids or their mothers."

The St. Augustine Center, a social agency designed for Indians, has tried to maintain a pantry for emergency food distribution. Now Father Gerald Stafford, the priest who runs that program, explained that on June 30 even this pantry will be terminated because "there are simply no funds to keep it going."

Peggy DesJarlait is an American Indian from Bismark, North Dakota. She lives with her daughter and four previously abandoned Indian children on a Department of Public Aid grant of \$218 a month.

Usually they survive on soup, white rice, and fried bread made of flour, baking powder, and salt.

Inside the DesJarlait house on North Kenmore there was a sense of lethargy and despair. The welfare check was a month late. Dirty laundry was piled in a corner because there was not enough money for the laundromat. A \$209 gas bill, covering several months, lay on the broken living room table. The welfare caseworker had failed to return her calls.

"This has been going on for a long time," she explained. "Now the baby is anemic and we have no money for iron."

I looked at the three boys and two girls sitting on the couch, silently eating popcorn. "What do you do when you run out of food?" I asked.

Peggy laughed, embarrassed. "Serve popcorn," she answered.

"I had pizza for dinner tonight," I said, "and I couldn't finish it. Most of it is out in the car." I spoke quickly, afraid that they might be offended.

"Pizza!" the children shouted in unison, and it sounded like a cry of joy.

"Pizza!" the mother echoed.

"Come on," I said and we ran out in the rain to the car.

Senator McGOVERN. Senator Dole, would you like to make an opening statement?

STATEMENT OF HON. ROBERT DOLE, A U.S. SENATOR FROM THE
STATE OF KANSAS

Senator DOLE. Mr. Chairman, I will ask that my entire statement be made a part of the record. I'm a member of this committee and other committees dealing in this area, and I certainly have an interest. I didn't have the opportunity to hear the chairman's statement and all of Senator Percy's statement, but I know of their deep interest, and in an effort to avoid repetition, I'll not go into some of the matter they probably mentioned.

But we do spend an enormous amount of money on older Americans. About \$104 billion a year, nearly one-fourth the Federal budget, goes into social security, medicare, medicaid, food stamps, and related programs for senior citizens, and this is a staggering amount of money. But, as Senator Percy pointed out, and I'm certain the chairman has noted, it hasn't been totally effective. There are still people—not just in Chicago—but in the rural areas as well in need of assistance. I'm not certain starvation is the right word, but certainly malnutrition is prevalent in many areas.

I'm not convinced what might be the best plan. But I lean toward a program administered at the State and local level of government. In my opinion, the most effective program is the local volunteer-operated meals-on-wheels program. I indicate this not just because I'm a member of the Budget Committee and like the price tag, but also it brings sort of a personal touch to the shut-ins.

I've been told that the social contact this program provides for the elderly is as beneficial to their health, sometimes, as the meal they receive.

So regardless of which program is best, there are too many senior citizens, elderly Americans, who suffer from malnutrition. They live defective existences. They're walled in their homes by old age, poor health, and decreased mobility.

I hope the hearings today can help us figure out some effective way of dealing with the program.

Far too often in Federal programs, too much of the money appropriated is spent in the administration of the program. We found during the food stamp hearings just how much waste there can be in administration. I don't want to fault the bureaucracy; it's just the way the system is. I don't suggest that they're dishonest people, but I suggest that when you have a massive program, it's very difficult to administer. Millions of dollars can be wasted without any attempt on anyone's part.

So hopefully their review can streamline the administration and get it in the hands of local and State governments and volunteers and cut down the overhead and use that money to help those in need.

[The prepared statement of Senator Dole follows:]

STATEMENT OF HON. ROBERT DOLE, A U.S. SENATOR FROM THE STATE OF KANSAS

I am pleased we are holding today's hearing on title VII of the Older Americans Act, and I appreciate having the chance to hear how its programs are working. I have consistently supported this legislation, and have a sincere interest in knowing whether the nutritional needs of the elderly are or are not being met.

Too often, when a situation is assessed, it is the most visible segment of the study which receives the most attention. Previously, when nutritional needs of our society were studied, the needs of the very young and the very old were slighted—exactly the two groups that are most in need of proper nutrition, and most susceptible to the damage caused by poor nutrition.

In 1975, 22.3 million persons in our society were 65 or older. In the next 25 years, this number is expected to increase to 30.6 million, and, whether or not we care to acknowledge it, many of us here today will be included in this group.

The elderly have special problems which come with the advent of old age. The Government has recognized some of these problems and has developed extensive programs to help the elderly adjust to major changes in their lifestyles, particularly as employment and health are affected.

Actually, the Government spends an enormous amount of money on older Americans. Over \$104 billion yearly, or $\frac{1}{4}$ of the Federal budget, goes into social security, medicare, medicaid, food stamps, and related programs for senior citizens. This expenditure is staggering because of its enormity, but it is shocking when one realizes that large numbers of our elderly are still hungry, and often malnourished, despite the money being spent.

It is time to stop dishing out money on just any food program. It is time to work seriously determining which nutrition programs work best. It might be a congregate feeding location to keep the elderly socially active; or a hot meal delivered to the home; or perhaps a weekly delivery of pre-packaged, easy-to-prepare meals similar to those used in space travel. But there is an undisputed need for more effective food service to the elderly.

Statistics reveal that an older person is a vulnerable candidate for malnutrition. To begin with, 16½% of the elderly are classified as poor. Money is not always available for meats, fruits, vegetables, and milk products. Inexpensive cereal goods are purchased in their place.

Additionally, the elderly have a difficult time getting out and shopping for groceries. One-third of the elderly live in small towns and rural areas where grocery stores are not handy, and public transportation undeveloped. Many elderly persons have mobility limitations, are confined to their homes or beds, and couldn't shop if the grocery store was but one block away.

Other problems exist— $\frac{1}{4}$ of the elderly live alone. Many are not motivated to plan and prepare meals, or think cooking futile for just one person. Some are bored to the point of inaction, or lack knowledge on proper nutrition, or are losing their manual dexterity and eyesight. Usually, one of these conditions merely contributes to, or reinforces, the others.

I'm not convinced that the best nutrition plan for the elderly is one administered by the Federal Government. Rather, I lean towards programs administered from the State and local levels of government. In my opinion, the most effective program is the local, volunteer-operated, meal-on-wheels program.

I say this not just because I'm a member of the budget committee and like its price tag, but because it brings a personal touch to the shut-ins. I've been told that the social contact this program provides for the elderly is as beneficial to their health as the meal they receive.

The elderly claim they can differentiate between the concerned attitude of the volunteers delivering meals, and the complacent attitudes of paid workers. I want to support legislation which will maintain the volunteer concept of home delivered meals, for it provides nutritious meals to the needy, is economically feasible, and provides kind, personal attention to the homebound.

Regardless of which nutrition assistance program is the best answer, too many elderly suffer malnutrition, and lead pathetic existences. They are walled in their homes by old age, poor health, and decreased mobility. It is my hope that we can put together a workable nutrition plan, tailored to the special needs of our senior citizens. I pledge my support towards this end.

Senator PERCY. Mr. Chairman, I understand that the Capitol Hill Methodist Church will be delivering a meal to each of us today. I have carefully checked the law, and no gift over \$50 can be given to a member of Congress. Unless inflation has hit us awfully hard,

these meals should fall within that budget. And, by all means, if Senator Bellmon and Senator Dole, would like to receive a homebound meal, I'm sure that it could be delivered to you at your offices.

Senator McGOVERN. You don't mind a Methodist meal, do you, Henry?

[Laughter.]

Senator DOLE. Henry's already invited me to lunch with the Indian Prime Minister.

Senator BELLMON. No, Minister of Health.

We appreciate the invitation. Maybe we can have a raincheck.

Senator PERCY. Thank you, Mr. Chairman.

Senator McGOVERN. Senator Humphrey is unable to be here, but has a statement that he would like to submit for the record.

[The prepared statement of Senator Humphrey follows:]

STATEMENT OF HON. HUBERT H. HUMPHREY, A U.S. SENATOR FROM THE STATE OF MINNESOTA

I am pleased that hearings are being held on the nutritional problems of the elderly and that Senator McGovern has proposed legislation providing for a national Meals-On-Wheels Program. I welcome the opportunity to comment on this.

Throughout my legislative career, I have been concerned with the quality of the lives of our elderly citizens and supported many legislative efforts responding to their needs. Every citizen requires a nutritious and balanced diet as a prerequisite for a healthy and productive life, but the elderly are especially vulnerable when denied such a diet. Additionally, many of our older citizens must literally survive by stretching out a fixed income, by overcoming health problems, and by coping with mental depression and loneliness.

The current Administration has done little to help Americans overcome these problems. Instead, it has adopted policies leading to excessive inflation, higher food prices, and more expensive health care.

We must make every effort to assure that our federal health and food assistance programs are as beneficial as possible in bettering the lives of all our citizens, including the elderly.

One such effort is the title VII program of the Older Americans Act, which provides the elderly a hot meal—supplying one third of the daily requirements—and various supportive services each weekday in a congregate setting. The implementation of title VII has successfully provided many Americans with not only better food, but the opportunity for friendship. Because of this, the health and emotional status of many of our citizens has been significantly bettered.

The Title VII Program served about 240,000 meals per weekday in 1975. The Senate Select Committee on Nutrition and Human Needs recently conducted a survey of Title VII project directors, which revealed that only 13 percent of such meals were being delivered to the homebound elderly. More than 15 percent of the projects had no program for the homebound at all. Nationwide, there are at least three million homebound who could benefit from such a program. This estimate includes those people over 60 who are not institutionalized but who have chronic mobility limitations such that they are confined to the bed and/or house, or require another person, or special aid, to get around.

Currently, 14.3 percent of Title VII project budgets are being spent on local Meals-On-Wheels programs. The committee survey indicated that the average project area has a very large homebound population whose needs cannot be met by the current Title VII program. Where Meals-On-Wheels programs do exist, they are begun at the initiative of the community and staffed mostly by volunteers. While these have been successful, adequate need has been demonstrated for a separately funded national program, which would

also require that national standards regarding nutritional levels and eligibility would be met.

In addition to assisting the poorest and least able of the elderly, such a program would serve as a means of coordinating this and other community social services and informing each recipient of other available services.

There are, currently, two federal programs which offer some potential for meeting these needs: Food Stamps and Title XX of the Social Security Act. Neither, however, has been successful.

The Food Stamp program is designed to meet the general nutritional needs of America's needy. But the needs of the homebound elderly, because of various characteristics unique to their circumstances, cannot be met by such a broad-based effort.

Title XX provides a large amount of money for general social services. It was originally hoped that Meals-On-Wheels programs could benefit from this support. Unfortunately, home-delivered meals have consistently been denied priority in the allocation of Title XX funds and the ill-advised means test has discouraged many of those who might have been reached.

Obviously, these programs were not designed to specifically brighten the lives of the needy but homebound elderly. Only 1 percent of those eligible—30,000—are benefiting from the Title VII Program. Without a program for these citizens, our society is encouraging the elderly to seek refuge in institutions such as nursing homes. In this way, we are often forcing people to give up their homes, their involvement in the community, and pay high prices for an institution to sustain their lives.

Recent studies have indicated that anywhere from 10 to 40 percent of the institutionalized elderly do not really require this type of care. Instead, various types of community social services, such as the Title VII and proposed Meals-On-Wheels Program, would provide a more effective and cheaper remedy.

In the past year alone, government costs for nursing homes have increased by one third, totaling \$5.2 billion. The committee staff has estimated that a Meals-On-Wheels Program could provide the necessary services at one tenth the cost. Additionally, if the proposed legislation were enacted and the \$80 million appropriated and spent to serve 125,000-175,000 Meals-On-Wheels per day, nursing home expenditures would be reduced by approximately \$300 million during the first year.

The proposed Meals-On-Wheels Program, which I am pleased to join in sponsoring, would specifically provide separate authority for home-delivered meals to the homebound elderly. Program participants would be required to provide at least one third of the Recommended Dietary Allowances (RDA) for five or more days per week. Weekend meals could be supplied by providing a supplemental snack, cold meal, or special adult formula. These meals would be required to provide at least 25 percent of the RDAs.

The program would additionally establish an information and referral system for the homebound to ensure that they receive adequate services from appropriate agencies or available services. Where possible, volunteers or already existing Meals-On-Wheels projects would be utilized under this program.

An additional section of this bill calls for a demonstration program to study the feasibility of the NASA Meals System for the Elderly. This meal system delivers or mails to the homebound packages of complete, shelf-stable meals on a weekly basis. All that is required to prepare these meals is a hot plate for boiling water. This pilot project is primarily intended to reach those elderly who are outside of the currently available delivery system. Authorizations requested for the national Meals-On-Wheels Program are \$80 million for fiscal year 1977 and \$100 million for fiscal year 1978.

I sincerely hope that Congress acts quickly to establish a national Meals-On-Wheels Program, which would not only better the lives of our homebound elderly but also make the most efficient use of our federal assistance dollars.

Senator McGOVERN. Mr. Hutton, we're anxious to hear your counsel to the committee as the executive director of the National Council of Senior Citizens.

STATEMENT OF WILLIAM HUTTON, EXECUTIVE DIRECTOR,
NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. HUTTON. Thank you, Mr. Chairman, and members of the committee.

My name is William R. Hutton, executive director of the National Council of Senior Citizens. I'm accompanied by Mr. Eric Shulman, who is a member of the research department of the National Council of Senior Citizens. I come before you today to present the views of the membership of some 3,000 older people's clubs located in all 50 States. Our clubs have as their primary goal a better life for all Americans. We emphasize at all times that our goal is not to serve as a special vested interest group, but rather to seek a better life for the elderly in harmony with the national interest.

In this Nation, we now have over 30 million citizens 60 years of age and older. It's estimated that in 1974, some 4 $\frac{1}{4}$ million individuals 60 and above fell below the poverty index as established by the Social Security Administration. Many of the rest are barely above that level, and these are people who are forced by a lack of resources into lives of loneliness, despair, and frequent hunger.

The major Federal program that addresses itself to providing meals for these unfortunate people is title VII of the Older Americans Act, the nutrition program. Unfortunately, because of its limited scope, title VII serves only about 200,000 of the millions who need and deserve its benefits.

For the estimated 2 $\frac{1}{2}$ million elderly who are too frail or crippled and unable to leave their homes, the title VII congregate meals program is of no use whatsoever.

In recognition of these homebound senior citizens, the nutrition program includes what's now called the meals-on-wheels program. It, too, has such a limited scope, in that less than 30,000 homebound elderly can receive meals-on-wheels. Therefore, only about 1 percent of the eligible population can benefit from this service. Clearly, the current meals-on-wheels program has hardly scratched the surface in its attempts to help the needy.

There are between 2 and 3 million noninstitutionalized aged persons who are bedfast, homebound, or have difficulty in getting outdoors without help.

Senator McGOVERN. Mr. Hutton, in that connection, the committee staff has been using a figure of 3 to 4 million. I'm wondering how you arrive at the figure 2 $\frac{1}{2}$ million.

I'm not disputing it, but there does seem to be a discrepancy here of maybe as many as 1 $\frac{1}{2}$ million people.

Mr. HUTTON. Yes, Mr. Chairman, I'm glad you brought it up. We're being very conservative. We're accused sometimes of trying to exaggerate our figures, but the figures I quote you were from the National Center for Health Statistics mobility limitations study. Now that refers to people who, of course, just are not able to move. But I suspect that there may be at least 1 million more people, if you consider other factors, the mental factors, for example. There are many people not limited by mobility, but maybe by mental

standards can't get out by themselves. So that it is true that our figure is a low one.

Senator MCGOVERN. So you wouldn't necessarily challenge the committee staff figure of the range of 3 to 4 million that are considered homebound?

Mr. HURTON. I suspect that it's absolutely true. I would suspect there are at least 1 million more than we put in our mobility group.

Tragically, going into a nursing home represents to many aged people the end of their lives. They view the institution as a place just to prolong the inevitable, a waiting room before the end.

Tragically, we spent millions of dollars, in fact billions of dollars on hospitalization and nursing home services for the elderly and next to nothing on meal services. In many cases these meal services may be the only service required to keep an old person in his home and a part of the community. This disturbing fact should remind us that, despite our efforts, much remains to be done.

Old people who are dependent on their own resources often do not get the kind of meals that they need to maintain their nutritional health, for a variety of reasons. Those who live alone may have little interest in preparing a good meal that cannot be shared with a companion. This is true both for older women who have spent much of their lives cooking for a family, as well as for older men reluctant to take on the responsibility of planning and preparing their own food, something they may never have had to do in the past. Money for food is an ever-present problem, as is the transportation to and from the grocery store.

Many homebound elderly can cope with many of the demands of everybody living except shopping and meal preparation. They cannot afford to, nor do they want to, move into institutions providing such service, nor in many cases is this an efficient use of such resources. A home-delivered meal service contributes to an old person's comfort, health, and dignity by enabling him to remain, or her to remain at home and in their familiar surroundings.

Furthermore, it is a cruel paradox that forces many homebound elderly to scrimp and save on food in order to assure enough money to pay for rent, utilities, and medical expenses. Even so, Dr. Robert Butler, the Director of the National Institute on Aging, has said that malnutrition—all too common among the elderly—is not the result of poverty alone. Loneliness plays its part, and lonely people may become less interested in preparing food. Doctors often find themselves admitting such persons to a hospital, diagnosing their cases as senility. But senility may often be directly attributed to malnutrition, and have nothing whatever to do with an individual's age.

The need for home-delivered meals for the nonambulatory elderly is overwhelming. Yet the government has made only a token commitment to these people. The programs that are now funded have as a subsidiary role the care and preparation of meals for the homebound and indigent of our population. These include the title VII meals-on-wheels program, the food stamp program, and Title XX of the Social Security Act.

At its inception, Title VII, the nutrition program, was designed for—and I quote the Act itself—the, quote, many elderly persons who do not eat adequately because; one, they cannot afford to do so; two, they lack the skills to select and prepare nourishing and well-balanced meals; three they have limited mobility which may impair their capacity to shop and cook for themselves; and, fourth, they have feelings of rejection and loneliness which obliterate the incentive necessary to prepare a meal for one's self alone.

As a program designed primarily to meet the needs of the ambulatory elderly, it's clearly been a success. Last year, the title VII program served approximately 240,000 meals per weekday, with the Federal Government paying up to 90 percent of the necessary expenses of the program.

Nevertheless, we are acutely aware of the 2½ million, and, as I say, possibly another million—3½, that cannot reap benefits from the congregate meal service. The meals-on-wheels program, designed for their benefit, has been quite successful despite the severe budget limitations. The average portion of a title VII project's budget spent on meals-on-wheels was 14.3 percent. This figure only includes those programs operating a home-delivered meal service, and doesn't reflect the fact that over 15 percent of the Nation's nutrition projects do not have meals-on-wheels programs at all.

Furthermore, the average number of needy homebound persons in such project area, 891, significantly exceeds the project average for congregate meals served, which is 521. Under the statutory limitations of the title VII program, feeding the estimated needy homebound would require a project expansion rate of 1,700 percent.

It's abundantly clear that expanding meals-on-wheels in its present form is both an unworkable concept and an impractical idea. The few local meals-on-wheels projects run through title VII exist only because communities have opted to introduce them. While we commend these communities for their action, we recognize the need for much greater expansion than localities are now prepared to undertake.

Moreover, eligibility requirements and meal services vary greatly from community to community. It is now time for a national meals-on-wheels program, a program that will guarantee funding for home-delivered meals, insure that the meals are nutritional, and apply uniform standards and eligibility requirements to every program in the Nation.

The obvious lack of a national desire to help the homebound elderly is further evidenced by looking at the food stamp program. Food stamps, a program currently under severe attack, both in the executive and the congressional departments of our Government, has succeeded in diet supplementation for many millions of poor and elderly people in this country. Even so, the program has been of little benefit to our nonambulatory populace.

Despite the provision in the Food Stamp Act for meals-on-wheels service to the homebound elderly, it's been shown that the present program precludes substantial participation by food stamp eligibles due to the purchase requirement.

A second obvious problem with food stamps for the homebound, and one the council has been working to change, is the provision that recipients must pick up these stamps, in addition to the barrier of having to make a substantial cash outlay. This prevents many non-ambulatory citizens from having easy access to participation in the program.

For both these reasons, we cannot depend upon the food stamp program to provide any significant assistance to the 3½ million homebound old persons that are both too poor to meet the purchase requirement, and unable to go out and pick up the stamps.

Title XX of the Social Security Act is a program designed to provide social and supportive services to our low-income population. It is vital to understand, however, the very limited function title XX serves in feeding the poor. The Administration on Aging estimates that the title XX nutrition service, which includes both congregate and home-delivered meals, receives only about 1 percent of total funds allocated under title XX. We would be hesitant, indeed, to depend upon this title to substantially alleviate the problems of our homebound and underfed elderly citizens.

We should also point out that because of the means test under title XX, many older people, despite their need for services, are unwilling to publicize their poverty because they are a proud and dignified and independent group of people.

Moreover, it's been effectively argued that administering the means test is more expensive than dropping the eligibility requirement and allowing the many borderline elderly into the program.

We believe that a system of group eligibility, whereby participants by virtue of their age and participation would be granted eligibility, could better serve the people the program has been intended for.

Thus far, we have spent a great deal of time detailing the problems of the homebound senior citizens and the failure of our country to adequately serve them. I would now like to turn to a solution.

Senator McGovern has proposed a piece of legislation which in our view is designed to greatly improve the current meals-on-wheels program. We want to thank you, Senator, and those, Senator Percy and Senator Kennedy, who have already joined you in this bill.

Senator McGOVERN. I am very hopeful other members of the committee will join with us, Mr. Hutton.

Mr. HUTTON. I hope so, too, sir.

Senator McGOVERN. We really ought to call that the McGovern-Percy bill because it's a bipartisan effort. It's all right with me if you call it the Percy-McGovern.

Mr. HUTTON. Thank you, Mr. Chairman. I'd be delighted to call it the McGovern-Percy bill.

Senator PERCY. It depends on whether you're speaking in South Dakota or Illinois.

[Laughter.]

Mr. HUTTON. I believe last week in Chicago, we referred to it as the Percy-McGovern Bill, sir.

Senator McGOVERN. That's fine with me.

Mr. HUTTON. The National Council of Senior Citizens firmly believes that this proposal will fulfill the need for more home-

delivered meals to a sector of our population that really can't wait any longer. Entitled the "National Meals-on-Wheels Act of 1976," the bill calls for an \$80 million expenditure for fiscal 1977 and a \$100 million expenditure for fiscal 1978 on a meal program catering exclusively to the 3.4 million nonambulatory elderly in our country. We greatly applaud this action, as I said, as well as the whole committee's concern for this largely ignored and barely visible population.

In essence, as we understand it, the bill would provide, through the use of volunteers, as well as trained personnel, one home-delivered meal for 5 or more days a week. The meal must meet one-third of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Academy of Sciences. Furthermore, this program assures that at least one-fourth of the recommended dietary allowance will be met on days in which no home-delivered meal is served.

Senator PERCY. Mr. Hutton, could you expand on how you interpret the one-fourth recommended dietary allowance? Would that be delivered on Friday?

Mr. HUTTON. It could be delivered on Friday. It could be delivered on the day before, or perhaps on a weekend.

Senator PERCY. So that there would be a Saturday and Sunday supplement?

Mr. HUTTON. Correct.

Senator PERCY. Surveys taken in Chicago have shown that some homebound elderly have very little to eat on Saturday and Sunday. Some just have to tide themselves over with bread or something similar. Would they have something to tide them over?

Mr. HUTTON. Absolutely crucial, sir.

Senator BELLMON. Before you go on, what is the cost of a meal delivered to the home of an older person, one meal?

Mr. HUTTON. Well, it varies. You can get a good home meal delivered to an old person for about 50 cents.

Senator BELLMON. Fifty cents? That includes the cost of transportation—

Mr. HUTTON. Well, I don't know what the national figure is. I can determine that and get back to you. I haven't—have you got a figure on that?

Mr. SHULMAN. No.

Mr. HUTTON. We can get the figure for you. The last I looked at it, I know in many of the projects we have across the country, the approximate cost of the delivery of that meal is 50 cents.

Senator BELLMON. So that figures up to be about \$15 a month?

Mr. HUTTON. At five days, yes.

We believe that an appropriation of \$80 million in fiscal 1977 will be a great step forward in committing our Government toward a program of guaranteeing adequate dietary services to the homebound elderly. We think that this bill would significantly fill this giant void left by the programs of the past and the bill, we feel, just simply must go forward. It can be seen as a viable means of decreasing the incidence of premature and unnecessary institutionalization of the frail elderly.

Clearly, any service designed to assist an old person in his residence, or her residence, whether it be a chore service, home-health, or meal service, is essential to reducing the overall costs to the Government of unnecessary institutionalization. We feel that the improvement of meal service, as embodied in the bill, would decrease the flow of elderly persons to institutions as much as 25 percent.

The fact is, in part, borne out by a study by the Administration on Aging of home-delivered meal programs, in which it concluded that home-delivered meals, in many cases—and I quote—were the only factor keeping many aged persons from commitment to some form of institution.

Mr. Chairman, that was a study of home-delivered meal programs in the United States, 14-S nutrition series. I'd be very happy to have that—put it into the record.¹

It says—and I quote out of the book itself—almost all—that's 92 percent—of the participants in the program in this study were expected to be involved in the home-delivered meals programs for an indefinite period. This means that among the participants many suffered typical aging infirmities which are not expected to improve.

The impression of the research staff—that's of the Administration on Aging—was that the home-delivered meals in many cases were the only factor keeping many aged from commitment to some form of institution.

Senator DOLE. I may have missed it. What are the eligibility requirements? Age and—are there means tests or—

Mr. HUTTON. Well, we're asking, in the testimony, that there be group eligibility. A means test in itself would be more costly than the program could afford.

Senator DOLE. What about age? Is there a certain age level?

Mr. HUTTON. For the elderly?

Senator DOLE. Yes.

Mr. HUTTON. Well, we believe that older people—according to the Department of Older Retired Workers which existed under the Eisenhower administration, and there hasn't been a Department of Older Retired Workers in the Department of Labor since that time—but at that time, they considered an older person began at the age of 55, that he was contemplating retirement at that time, and beginning to get older at 55. Now, of course, we're considering here, and I am talking about, over sixties as representing some 30 million or more in this country, and I believe that the older people that we're talking about in this 3 million are people who are over 60, over the age of 60.

Senator DOLE. Over 60 and with little, if any, income; is that it?

Mr. HUTTON. Below the poverty level. Below the poverty level as set by the Social Security Administration. Most of these people are living below the poverty level.

Senator DOLE. Would you also include those disabled at any age?

Mr. HUTTON. Would we—

Senator DOLE. What about disabled Americans?

¹ See p. 35.

Mr. HUTTON. Yes, absolutely. Absolutely. They have the same needs, in fact worse, than the other people under Social Security. That's why we fought so hard to include them under the medicare program. Surely, those who are disabled have a great need for it.

Senator DOLE. They may not be over 60, but they may have the need?

Mr. HUTTON. They may not be able to get around, they may be immobile, and many can't work for themselves, they can't support themselves.

Another very important aspect of the bill is its provision of planned, systematic, outreach efforts. I think this is very important because many of the homebound elderly lose touch with much of what's happening in the outside world, and I think this is a very real part of this program. The person who is delivering the meal could and should serve the function of assessing the needs of the person whom he's feeding, and I could give you lots of direct examples from my talks with senior aides of our programs which we have in 54 cities and rural areas across the country of their experiences going out on meals-on-wheels programs and seeing poor older people in many ways.

They must be trained to recognize and assess the appropriate services required, and, in addition, they must have the in-depth knowledge of what services are offered by the community.

I will conclude this testimony, Mr. Chairman, by once again offering our commendation to the members, all the members of the committee, and I hope that you will support this much-needed legislation. I know of two areas where we're having great success with the elderly so far and that is the title VII nutrition program—it's feeding older people; it's going well—and the title IX program providing employment for poor older people is also doing well. But we're ignoring those millions who are homebound and something must be done.

Thank you, Mr. Chairman.

Senator MCGOVERN. Thank you very much, Mr. Hutton. There is one statistic that you cited that I think is a very impressive figure, and I want to make sure I understand you.

You say that as many as 25 percent of the people now going into nursing homes would not go there if we had adequate meal-delivery service to them?

Mr. HUTTON. I do, Mr. Chairman. It is an impressive figure, and it shows this cost. It might cost us \$80 million to \$100 million, but the savings would be much greater. It would be a three-to-one basis, not just a two-to-one as you suggested in your opening remarks.

Senator MCGOVERN. Well, we have estimates that expenditures for nursing homes last year amounted to \$9 billion. It's my understanding we've got just a curbstone estimate of about 1 million people in nursing homes. Does that fit your understanding?

Mr. HUTTON. That's right, about 1 million old people in nursing homes.

Senator MCGOVERN. And the implication of what you're saying is that of that 1 million, there might be as many as 250,000 who could stay in their own homes if there was a daily meal-delivery service?

Mr. HUTTON. It's more than the meal-service area. It's the meal-service with somebody coming to deliver it who is going to recognize that perhaps they need medicine or perhaps they need something else.

Senator McGOVERN. I understand.

Mr. HUTTON. I have a case where the deliverer of a meal couldn't get an answer and he knocked at the door, there was no response, so he figured that something had happened. He broke in the bathroom window and found the old lady unconscious in the bathtub. By breaking in and getting that old lady to the hospital in time, he was able to save her life. That is perhaps a more dramatic example, but that's the kind of thing which somebody visiting their home—they rarely get a visitor—could do. Someone bringing in a hot meal once a day, what a wonderful thing that would be.

Senator McGOVERN. It seems to me the more you look at the rising level of medical expenditures in this country, the enormous costs of hospital care and nursing care, the medical costs that face us, we're going to have to think more and more in terms of preventive steps that we can take. Not only is it in the interest of the health of the American people, but even from a dollar and cents standpoint it is important. I'm very glad Senator Bellmon is here this morning because he's the ranking minority member on our Budget Committee. They've done a very good job, I think, in looking at the whole range of Government programs in a bipartisan way. But I'm convinced, just on the basis of the preliminary studies we've already made in this field, that this program is a very sound investment for this country. I take it that's one of the central thrusts of your statement that we're expending enormous amounts of money to take care of people in nursing homes who could be very well taken care of in their own homes if we could provide this nutritional component along with the human contact that would come on a daily basis in the delivery of these meals.

Mr. HUTTON. Yes, and Dr. Arthur Fleming has been pushing voluntary programs of this kind to try to keep people out of institutions, and he has been doing very well under the circumstances. But I venture to suggest, sir, that that kind of program, with a voluntary implementation, is not going to succeed half as well as the provision of a hot meal to older people. They won't go into nursing homes if they can eat at home, if they can provide for themselves at home in this way.

And that's where the money's going to be saved and the people are much better off for it.

Senator McGOVERN. We asked our staff almost a year ago to start studying this problem, and they're about to complete that year-long study. One of the things it's going to point out is that for an investment of \$80 million in home-delivered meals, we might save upwards of \$400 million in nursing home expenditures and other health expenditures.

Does that figure surprise you in any way?

Mr. HUTTON. It doesn't surprise me. I wouldn't doubt it at all, sir.

Senator BELLMON. Mr. Chairman, may I ask something?

Senator McGOVERN. Yes.

Senator BELLMON. I don't see where the \$80 million figure comes from. If it costs \$15 a month to provide these meals, and that would seem to me to be a very conservative estimate, that means \$180 a year, and to take care of 4 million people, that figures out to be \$720 million.

Senator McGOVERN. You're not, Senator Bellmon; you're certainly not going to reach all 4 million people at the beginning and not even eventually. I don't think anyone proposes that we're going to begin to reach the total 4 million.

Senator BELLMON. Well, the statement was just made that—he mentioned the figure of \$80 million. That's at the beginning.

Senator McGOVERN. Yes.

Senator BELLMON. Ultimately the cost is going to be 10 times that.

Senator McGOVERN. I don't know what the ultimate cost would be, but at least this would be a way to get the program under way.

Would you care to comment on that?

Senator BELLMON. Let me ask something further. The staff's figure of saving \$450 million. Is that assuming that the whole 4 million people are involved or does that—

Senator DOLE. Just 80 million.

Senator BELLMON. How many people would be involved?

Senator McGOVERN. It's based on an assumption that in the first year, Senator Bellmon, you'd deliver somewhere between 125,000 and 175,000 meals per day. Now, admittedly, that's a modest part of the total.

I think, to keep the record from being confused, when Mr. Hutton talks about a 50-cent figure here, you're talking really about the delivery cost, not the total investment.

Mr. HUTTON. I wasn't really considering all the factors. I think the average, all in all, would probably be closer to somewhere between \$1.25 to \$1.50, but I just had to guess on all the factors.

Senator McGOVERN. Even if one were to assume that the total cost, that is the cost of the meal, plus the delivery, would run in the range of \$2 a day, when you consider that it costs about \$20 a day to keep a person in a nursing home, it's obviously a great savings.

Mr. HUTTON. I'm sure the members of the Budget Committee will, of course, offset in their prognostications, this immense savings which you're going to have in keeping people out of institutions, which may be—you said \$20 a day. Mr. Chairman, they're going up at the incredible rate of over 12 percent per year, and in some institutions—you know, a few years ago, I remember that it was 2 or 3 years ago that in the intensive care ward of the Boston, Massachusetts, General Hospital, it went up to \$459 a day.

Now the nursing homes are chasing after that in many cases. I remember when I first came to Washington 25 years ago, a nursing home at \$200 to \$250 a month was fairly common. You couldn't find a nursing home at anything like that today. In fact, to get a decent nursing home, you've got to look at more than \$1,000 a month.

And what worker can afford to put his parents into a nursing home of that kind if that's where they had to go?

Senator McGOVERN. Senator Percy?

Senator PERCY. I believe it's very important, indeed, that both Senator Dole and Senator Bellmon are here this morning.

One example I had of the cost effectiveness of the program is an experience I mentioned earlier in the hearing when I delivered meals with a conscientious objector. In particular, I remember a woman who lived in a small, one room converted apartment hotel, on Lawrence Avenue in the uptown section of Chicago. She was eligible to go to a nursing home, where she would have been provided, at Government cost, full services. There were numerous nursing homes nearby her apartment, but she was clinging to the one little room that she had lived in for many years. She was a retired school teacher and had broken her hip a number of years before. That one little room was her real home.

It happened that the young man who called on her spent the entire day delivering these meals. He would arrange his delivery schedule so that she would be his last stop because she just wanted to talk to someone.

The young man said to me, "Name any baseball star that you can think of and see what Mrs. McLaughlin knows about it. She just sits there all day listening to the radio and watching television."

I said, "Kyky Kyler, Chicago Cubs." She then, named the years he played, batting averages, right straight down.

This woman would look forward to this fellow just coming there and talking baseball with her. He was companionship. He was the highlight of her day.

At this very low cost, she was able to sustain herself and save the Federal Government every month approximately \$400 to \$450.

So this is a cost-effective program.

I would like to ask to what extent can the service volunteer be used? In your own estimation how much would volunteers be used in delivering these meals and how much would you have to pay the people?

Mr. HUTTON. All right. Just a guess, Mr. Chairman, I'd say you've got to have some permanent hardcore staff people because you can't allow any program of this kind to depend solely on volunteers, because, you know, sometimes the weather and all kinds of things make volunteers hard to get.

Senator PERCY. Yes. Are you able to look forward to getting volunteers for 10 percent of the program or 20 percent or—

Mr. HUTTON. I'd go as high as 25 percent.

Senator PERCY. Twenty-five percent?

Mr. HUTTON. At this time, yes.

Senator PERCY. Certainly we could use other resources in the Government.

Mr. HUTTON. Well, there's the senior aides program—

Senator PERCY. The community action program, and so forth. You certainly could use all sorts of resources to recruit volunteers. There are many people who I think want to help. They have the time and the means to get involved and be useful. Besides, they'll feel 10 feet tall at the end of the day.

Mr. HUTTON. I think we'd have a chance of more volunteers for this kind of program than many other programs of Government.

Senator PERCY. Not only will the use of volunteers hold the cost down, it will also be a humanitarian deed.

Mr. HUTTON. Yes.

Senator PERCY. I remember when I started with my colleagues years ago to get rid of price supports and the \$4 billion paid to farmers, including Illinois farmers not to grow crops and to let the marketplace set the price and supply. In effect we would save \$4 billion a year. I said at that time what we ought to be doing is take that money that we saved and put it to work feeding malnourished Americans. This is a good investment. Isn't that in a sense what we're trying to do here? We've got something to work with, we're not spending much and there is a need.

Mr. HUTTON. I agree with you, Senator, and the fact is that I'm just delighted that this committee is focusing its attention on this problem at this time.

Those older people are really, in desperate trouble out there and they have been neglected by the Congress and I'm just so happy that you decided to take a step forward here and they're going to really enjoy this. They need it so badly, and we can't cope as it is, the bulky organizations can't do it. I think you really need national impetus to make it a success.

Senator PERCY. Just two more quick questions and I'd like to yield to my colleagues.

In your testimony, you mention other Federal programs, which either directly or indirectly provide funds for home-delivered meals, such as title XX, the Social Security Act, and the food stamp program.

Do you think that the bill which is being introduced today is the best source for providing home-delivered meals, or should we amend title XX or the food stamp program?

Mr. HUTTON. I think this is probably the best way to do it. I think you're going to concentrate just on this particular group of people. I think that's the most specialized way to do it.

Senator PERCY. Lastly, a question to you, and my two distinguished colleagues. For years, I worked on the Budget Reform Act. Senator Ervin and I looked upon that as one of the most important pieces of legislation put through the Congress. It applied businesslike procedures to the business end of Government. Now I religiously follow the guidance of the Budget Committee.

In the Budget Act, there is a requirement that all legislation authorizing new money for the following year be reported out of committee by May 15th. And I certainly don't want to say, "This applies to all programs except those I'm interested in." The rules must apply to everyone.

However in the act, there is a provision for the Budget Committee to be able to waive the budget resolution constraints on justifiable proposals. So this is the first alternative. We could ask the Budget Committee for a waiver.

My first question would be, in your judgment, do you think that it is warranted in this case?

The second alternative would be to set the effective date of the legislation for fiscal year 1978, instead of fiscal year 1977. No money would then be spent until 1978.

My second question to you, is this a more practical approach? And, how soon can this legislation be implemented?

The third alternative is to just simply introduce the legislation for discussion at this session, assume no action will be taken at this session because of the budget constraints, and then reintroduce the legislation in the new session, so that chances of passage will be improved.

Mr. Hutton, what would be your advice and counsel to us? Perhaps Senator Bellmon and Senator Dole would like to comment, also, since this gets into an area where I'm going to have to look to them for counsel and advice.

Mr. HUTTON. Senator Percy, obviously this is not my field, except for the humanitarian aspect of it. I do understand that the Budget Committee has to set the date. Obviously, they can't just go on forever with new bills coming up.

But this has been a grossly neglected area of our Government, and somebody knew it, really knew it; it has been brought to their attention. Older people are dying out there and attention must be paid. You can't tell me that legislators who want their legislation to meet a need are going to stick by a date like May 14 when suddenly it's revealed that millions of people are hungry and need help. I don't think that the Budget Committee can turn this down, in all self-respect.

Senator PERCY. I look upon this area as being even more urgent than the problem I see with elderly housing. We have empty dormitories all over the country that we built for the young people. However, we have 6 year waiting lists in Chicago for housing for the elderly. How would you feel as an 82-year-old couple who had to move out of your house and then you're told "Oh, that's all right. Wait 6 years and we'll find you a place." Now isn't that a very comforting thought.

Now we say, "You're hungry today, but don't worry. We're going to take care of that next year when we pass that bill. Just hang on until then."

This is a problem. And I now turn, without wanting to prejudice their judgment one bit—to my distinguished humanitarian colleagues.

[Laughter.]

What would be your advice? Would you like to give us an instant analysis on the problem.

I do want to say that I have a great reverence to the new budget process. It is an overriding concern to me; but there are reasons for exception. Obviously, this legislation fits in with the other exceptions.

Senator MCGOVERN. Senator Dole.

Senator DOLE. No, I'll let Senator Bellmon, the ranking member on the Budget Committee, speak to that.

[Laughter.]

I think there might be some money in the function we could make use, but there is just one requirement, and I can understand how some—it's not set in concrete, or you wouldn't have the opportunity to waive it. So I think there is that possibility.

But you did raise another point in your testimony of some interest that didn't occur to me in your consideration of the food stamp plan, that there are those who felt we should eliminate the purchase requirement in a general way in the food stamp program. We were told that had cost, the highest estimate was over \$2 billion. That scared some people and was not included in the final bill.

But you indicated, or at least hinted, that maybe we could just eliminate the purchase requirement as far as homebound senior citizens are concerned. That wouldn't cost as much and it might solve some of the problems, maybe in tandem with this legislation, if you waive the requirement and then you mail the stamps, solving the problem.

Mr. HUTTON. It doesn't solve the problem of going to the grocery store and then coming back. They're still home-bound. But it nevertheless would be a help in some cases.

Senator DOLE. I think it would be a help. I know there are cases where these people are totally isolated with no friends, but I think there are not many Americans who'd just turn their back on anyone who's over 60, and you might find someone who would volunteer to go to the grocery store.

I think one legitimate question that we should answer—is this just another program without any immediate overlapping, or are we really going to save money? What's the administrative cost? How much of it is really going to go to the beneficiaries of the program? Because, as Senator Bellmon indicated earlier, oftentimes we just pass legislation and stack it up with no real view of the overall cost. I pointed out that we now—about \$105 million goes into programs for senior citizens or the elderly. How much do they receive directly? That is a great sum of money. It may not be enough, but there are limits.

Mr. HUTTON. Senator Dole, I heard your first remark about that, too. I do resent the implication that the social security trust funds which are paid to older people is Government money. That money is just being managed temporarily by the Government. It comes from the workers and the employers and it goes back to the older people who once worked. It's not really Government money. They're just holding it in trust. It's the people's money.

Senator DOLE. I don't know if they're holding it or not. I understand they don't have any left.

Mr. HUTTON. Well, that isn't true, either, Senator. The fund is very, very sound. In fact, it's probably sounder than the dollar.

[Laughter.]

Senator DOLE. That doesn't say a great deal. That's the part that worries me. There's a great deal of controversy over this area being discussed in the Budget Committee, too.

But in appropriated funds, it's shored up.

In any event, I think we are overlooking one group who are just as disadvantaged in many ways, and those would be those totally disabled Americans, regardless of age, depending, of course, on their financial circumstances. They are homebound, too, for different reasons.

Mr. HUTTON. Yes, sir.

Senator DOLE. And the staff has indicated they might take a look at what type of costs if you add disabled Americans to this program, if the cost is excessive—I don't say excessive, but it's great; we might work it on a pilot basis. You wouldn't have any objection to that?

Mr. HUTTON. No, I wouldn't, sir. I believe in bringing in the disabled.

Senator DOLE. That would include the blind, disabled, and there may be some other categories that I haven't thought of. But if we're talking about needy people who are in need and they're home-bound, we can't ignore the disabled.

Senator MCGOVERN. I think that's an excellent point. Thank you for bringing it up, Senator Dole, and the bill will certainly be amended to cover the disabled without reference to age.

Senator DOLE. Right.

Senator MCGOVERN. Senator Bellmon?

Senator BELLMON. Thank you, Mr. Chairman.

I have been reading the legislation as best I can, Mr. Hutton, but I can't find the answer to this question.

Do the recipients of these meals pay anything for the meals at all?

Mr. HUTTON. No.

Senator BELLMON. They're free?

The recipients getting social security and food stamps, they pay nothing for the meal? They make no contribution to it?

Mr. HUTTON. In most cases, they will, of course, pay for food stamps.

Senator BELLMON. No, I say does a person surrender some food stamps to pay for the meal?

Mr. HUTTON. That would be fine. It would be fine to use the food stamps to pay for the meal.

Senator BELLMON. You would be willing to accept that?

Mr. HUTTON. I would be willing to accept that.

Senator MCGOVERN. They also, Mr. Hutton, just to elaborate on Senator Bellmon's question, under the title VII program, the person makes a contribution of their own which they judge they can afford. In other words, you can deal with the pride factor by permitting a person that's in circumstances to do so, to pay for the entire cost or to pay what part of it that he or she feels they can reasonably handle, but it is pretty much on a flexible voluntary basis, and I think it's worked out pretty well under the title VII program.

Mr. HUTTON. Same system.

Senator MCGOVERN. There are very few people in comfortable circumstances economically that are going to expect to get these meals free.

Senator BELLMON. The contribution would be entirely voluntary? There would be no requirement?

Mr. HUTTON. That's the way it is now with title VII.

Senator MCGOVERN. They can also use their food stamp benefits to apply to the meals-on-wheels cost.

Senator BELLMON. Is that also voluntary?

Senator MCGOVERN. No, that's in the law that a person who has food stamps has the option of using them either at the grocery store to buy groceries or to use them to pay for the meals-on-wheels program.

Senator BELLMON. Is there any way of calculating the savings we've heard talked about? Is there any scientific way of knowing just how much savings would be resulting from this program if it were established?

Mr. HUTTON. I don't know that I have the capability, but I'm sure there is a scientific way of calculating the savings.

Senator BELLMON. You were making some estimates?

Mr. HUTTON. I was giving some estimates. I am sure that—as I say, we're virtually certain that it will result in a 25 percent differential in the number of people going into nursing homes. Now that's a fantastic saving right there.

Senator BELLMON. It would be.

But those 25 percent would probably eventually, in many cases, go into nursing homes? It might keep them out for a period of time?

Mr. HUTTON. Well, they may. But for a much shorter period.

Senator DOLE. But you would have another group following on. So it would be a steady—

Mr. HUTTON. Well, as you know, I—

Senator BELLMON. I was curious where you got your—

Mr. HUTTON. It's very interesting that in—I come from England. I was born there many years ago. I have lived in this country, and I'm a proud American now, for 26 years, but my hometown is Sunderland in the north of England where the meals-on-wheels program first started anywhere in the world.

Senator BELLMON. Do you feel the pound is sounder than the dollar? [Laughter.]

Mr. HUTTON. I know that would be like red rag to a bull, sir, but nevertheless, the fact is that there are very few nursing homes in my hometown, very few in Britain. And most of the people live on in their own homes. In my hometown of Sunderland in northern England, I think a great deal of the credit for that is for their wonderful meals-on-wheels system. And the mayor of that town and the people in that town, who I saw just a few years ago, are very, very proud of what has been done to keep people out of institutions.

Senator BELLMON. Well, I might say I'm very much impressed with the meals-on-wheels program that I've seen in operation in my own State. They need a great deal more of this food for the people that are participating. Yet at the same time, when you talk about such a massive program, I think you have to be careful you don't have the same kind of abuses that have cropped up in the food stamp program.

Mr. HUTTON. Yes.

Senator BELLMON. I might also take just a moment to respond to Senator McGovern and Senator Percy's comments about the budget constraints. I don't personally feel like that there's any reason not to go ahead with this as far as the Budget Committee is concerned. Certainly there is room for a waiver, and, frankly, I'd be happy to propose a waiver if we can be sure of writing the program we have planned.

But at the same time, I would think it might be wise to not try to go full board the first year.

Mr. HUTTON. Yes.

Senator BELLMON. You might try a pilot project and not try to go so fast that it would get totally out of hand.

One thing that appeals to me about this more than anything else is the involvement of volunteers. There is tremendous opportunity here.

Senator MCGOVERN. Senator Bellmon, you raised a question about why we were holding it to \$80 million in the first year. That really follows the experience we have had with the school lunch program, with the WIC program, special program for women, infants, and children, and also the school breakfast program. Even though somewhat more generous authority was provided, the fact was that only about 10 percent of the people who were eligible to participate came into the program in the first year. It takes years for these things to build up, for the word to get around, and I think we would be proceeding quite cautiously and prudently if we began with a figure somewhere around \$80 million. As you correctly point out, that's only going to cover about 10 percent of the people who we eventually want to reach, but it's probably about all we'd reach anyway in the first year, given the history of these programs.

Senator BELLMON. Well, in recomputing the figure, using your \$2 per meal estimate, the cost comes to \$3 billion, not \$1 million, so we would reach probably 3 or 4 percent.

Senator PERCY. Perhaps Mr. Hutton would comment on what he thinks would be a prudent, and conservative figure. What do you believe should be put in? We can change this bill.

Mr. HUTTON. I supported the proposal in the bill, and in many respects I do believe that you want to plan the program and system properly. You want to see where it's going and how it's going. I think that's probably as much as we could swallow the first year to get the thing done efficiently.

Senator PERCY. Well, would you want to cut it down a little bit? Perhaps \$60 million?

Mr. HUTTON. No, I'd say that \$80 million would be fine the first year.

Senator PERCY. I think we all appreciate the comments made by Senator Bellmon.

Mr. HUTTON. I would support that.

Senator PERCY. His judgment on this is crucial and from my standpoint we will proceed along those lines.

Senator MCGOVERN. Well, thank you very much, Mr. Hutton, for your testimony, and we appreciate your presence.

Mr. HUTTON. Thank you, Mr. Chairman, and members of the committee. Thank you.

[The following information from Mr. Hutton was subsequently received for the record.]

FURTHER SUGGESTIONS FOR COMMITTEE CONSIDERATION

The National Council of Senior Citizens is firmly committed to the Title VII Meals-on-Wheels program, as an essential component of any truly comprehensive system of services for our elderly. Unfortunately, at present, no such comprehensive system of social and medical services exist. Instead, a broad spectrum of single services are scattered among various state and federal programs and agencies.

One question that merits the Committee's consideration is this: Where will the new Meals-on-Wheels Act best fit into a broad picture of care for the aged? In order to answer this question, some thought must be given to what we feel our health priorities should be. If, for instance, we regard Meals-on-Wheels as an alternative to institutional care, then perhaps the program could accomplish more, i.e. affect more people, in the context of a comprehensive, medically oriented, home-health care program, which is already established in part under Medicare.

As a separate nutrition policy, the program could be seen as a necessary and humanitarian way to fill the gap between total independent living on the part of our senior citizens, who find nutritional needs their only hardship in maintaining their independence, and the total dependent living pattern they would be forced into in an institution. The program could also be seen as a temporary stop-gap measure to provide aid in the absence of a more viable comprehensive home-health care program. In these contexts, the bill naturally falls into the Title VII program, where these issues have been addressed.

As mentioned above, however, some consideration should be given at this time to the comprehensive system of social and medical services for the elderly that exist, or should we say does not exist. Should we let this important program simply add to the broad spectrum of single services that are scattered among various state and federal agencies, or should we attempt to effectively integrate it into the system in a way that begins to put the pieces of the puzzle together. By calling the bill an alternative to institutionalization, are we proposing such a comprehensive home-health care system that would equal the intermediate care normally received in institutions?

The Meals-on-Wheels program could be used as part of a long-term solution to the problem of the homebound frail elderly. As such, it belongs under Medicaid-Medicare legislation, where a total program of home health care could alleviate so many of the problems associated with nursing homes. In this context, all of the needs of the homebound elderly, including nutrition, could be considered by the same program, thus providing a comprehensive package of care for the homebound individual, instead of the present "band-aid" approach, which addresses some of the individual's problems but does not consider others.

A final, but perhaps the most essential issue we would like to raise, is a proper definition of "homebound elderly." Title VII presently does not define the term, and the McGovern bill, as it now stands, does not either. Crucial questions arise concerning the definition of "homebound" which should be resolved by Congress, not the federal and state regulatory agencies. For instance, does "homebound" include only those who are physically incapable of providing for their own nutritional needs, or does it also include those who, for psychological and social reasons, cannot provide for themselves? Who shall determine such eligibility? If we are asking that both physical and psychological factors be considered for eligibility, then perhaps we are saying that medical personnel, from doctors to visiting nurses, who can access the physical needs of a client, and social workers or caseworkers who can access the psychological and social problems of their clients, should be given the responsibility for prescribing the service. This issue should be addressed in the legislation.

[The following material was referred to on p. 24.]

A STUDY OF HOME-DELIVERED MEALS PROGRAMS¹

[14-S Nutrition Series]

INTRODUCTION

Following a brief description of the Study Methodology, there will be presented information relating to all home-delivered meals programs (HDM's) located during the early phases of the study. Following this will be a discussion of information collected from a number of the HDM sites, during

¹ This investigation was supported by contract #SRS-70-75, Administration on Aging, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C. 20201.

individual intensive study, including site visits. Finally, data will be presented relating to a representative sample of participants in these "selected" sites.

THE STUDY: (METHODOLOGY)

A first step in the Study was to locate all communities in the United States, and to send letters to all Departments of Health and/or Welfare, all seats of government, all groups or agencies serving the aged, all visiting nurse associations, etc., in each of *these* communities. Thus, over 30,000 individual letters were sent, each asking the recipient to return the letter (in the envelope provided) indicating whether or not he (or she) was aware of any HDM program. In cases where no response was made, follow-up letters were sent. In this fashion, it was possible to locate 349 different HDM programs which existed as of May, 1971. This was a greater number than had been known to exist previously.

Among these programs, 215 served at least 15 meals per week, which was taken as the shut-off point in determining whether or not a program could, in fact, be regarded as such. A questionnaire then was sent to each of the 349 programs, asking the respondent to supply information relating to the nature and size of program, of program staff, etc. Follow-up procedures, including telephone calls, where necessary, saw to it that 100 percent response to these questionnaires was obtained. Based upon this information, a National Directory of HDM programs was prepared, and is available through the Administration on Aging.²

These 215 programs were separated into four equal numbered groups, according to community population size; each of these "quarters" then was divided into two groups (at the median) in terms of the numbers of individuals served in the HDM program. Thus, for example, one of the eight resulting groups consisted of "smaller" programs located in the largest quarter of communities. Then, using a random sampling technique which ensured that the probability of a site being selected represented the size of the community, i.e., the larger the community *within* each of the eight groups, the greater the chance of selection, a total of 32 different HDM sites were selected: four from each of the eight groups. Each of these sites was visited by a staff member of the Center for Community Research. During these visits, information was obtained from program staffs, and from program participants, using highly-structured interview schedules designed for the purpose. Sixteen participants were selected for interviews in each of the 32 HDM programs.

DESCRIPTION OF THE 215 HOME-DELIVERED MEALS PROGRAMS

As noted above, 215 meals programs were identified as a first step in the study. It turned out that most of these programs were located in the Northeastern portion of the United States. Most, moreover, were located within large communities. In general, the larger the city, the greater the median number of individuals served during a typical week. For example, a median of 54 persons per week were served in the larger communities, while in smaller communities the median was 17 per week.

Most of the participants in these 215 programs were in the age range 65 to 84 years. However, 144 programs reported that 10% of their participants were 85 years of age or older and, conversely, 143 reported that approximately one-third of their participants were under 65 (approximately 5% were under 55). It was interesting to note that age was the *only* restriction placed upon eligibility, by any of the programs. That is, 48 of the programs restricted participation to those who were 55 years of age and older. No one program reported any limitations on membership in terms of organizational membership status, religion, ethnic group, or sex.

Eight of the programs served hot breakfasts; 158 served hot lunches, and 63 provided hot dinners to meals participants. A number of programs provided cold meals (14 breakfasts, 33 lunch, and 48 dinner). Often, delivery of the cold meal accompanied delivery of the hot meal. For example, a cold dinner might be delivered along with the hot lunch; as might be expected, the in-depth study discussed later suggests that often the cold meals amount to little more than cooked snacks.

² Home Delivered Meals: A National Directory, U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Administration on Aging, May 1971.

One-hundred forty-seven of the 215 meals programs reported serving meals 5 days per week: 37 of the programs serve meals every day, 7 days per week, 11 reported serving meals 6 days per week, with the remaining programs serving meals, 1, 2, or 3 days per week. From this it seems that most programs are either a Monday through Friday operation, often leaving enough food on Friday to last through the weekend, or a seven day per week program.

Turning now to the question of charges to participants, breakfast is essentially the least expensive meal, most programs reporting a charge of less than 75¢. However, there did seem to be some increase in price related directly to the size of the community in which the program was located.

In terms of charges for lunch, there is a wide range from "no charge" up to \$1.75. While there was some slight tendency for programs in larger cities to charge more for lunch, this "tendency" was not sufficiently marked to warrant serious consideration. Most of the programs charged 75¢ to \$1.00 for lunch, which, again is the most frequently provided meal. While the charge for dinner approximate those reported for lunch, the range is greater, that is, from "no charge" to over \$2.00. In contrast to the charge associated with breakfast and lunch, there seem to be no particular pattern associated with the size of the community in which the program was located.

Approximately one-third of the programs indicated that special diets were available. By and large, the greatest proportion of the programs reported special diets according to "special prescriptions," low salt or low carbohydrate, and "flexible or multiple." Upon reflection, based upon the experience of the "in-depth" study of 32 programs, it would seem that the "prescription" and the "flexible or multiple" designations derive primarily from the source of referral to the program. That is, it was found in the examination of the 32 programs, that often a source of referral was medical doctors, who sent participants with a prescribed diet, as a basis for meals provision. It is somewhat surprising, however, to make note of the relatively small proportion of programs reporting "low salt or low carbohydrate" diets: only 18 of the 215 reported such programs; certainly more attention should be paid to the maintenance of special diets.

An additional question raised regarding the nature of home-delivered meals programs is that of whether or not ancillary services were provided, most particularly, whether there was a socialization or "companionship" component of the program which was provided on a regular basis. It was found that only 60 of the programs provided such service. Moreover, 35 of these 60 reported only "brief contact, during meal delivery." Based upon the "in-depth" study, it is fairly safe to assume that such contact consisted of no more than a "how are you, is there anything I can do for you?" exchange. In general, it seems that the majority of home-delivered meals programs are essentially just that. They simply do not make any provision for companionship which, according to all reports, is so needed. Again based upon the "in-depth" study, most program directors recognized the need for such companionship. However, few, if any, of the programs were in a position to provide such companionship. Not only does such a service require that some staff, either paid or volunteer, be available for "companionship," it means that the number of meals served per route, would have to be drastically curtailed, assuming that companionship would be provided at the time of meal delivery. That is, if a person were to deliver meals "with companionship," probably all that he could deliver would be one or two meals, as contrasted with the eight or ten meals which generally can be provided "without companionship." What such a program element calls for, is the recruitment and maintenance of a team of "friendly visitor volunteers" who could take over the companionship aspect of the meals program.

In terms of the actual preparation of meals, program staff were responsible for the preparation of meals in approximately half of the 215 programs reporting. Several most frequently reported, in terms of meal preparation, was hospital kitchen, or preparation by "professional staff," for example, a local service organization, etc. However, the majority of programs reported staff or hospital preparation (99 programs and 69 programs respectively).

There is no systematic differences found in the charge per meal accompanying different sources of preparation. This particular finding supports information reported in the 32 Title IV group meal program, i.e., there are no systematic differences to be found between the charge of on-site preparation and off-site preparation of meals. It is also interesting to note, particularly in

the light of the universal availability of schools as possible loci for meals programs, that in only three instances were the meals prepared in school cafeterias. This would appear to underline difficulties inherent in developing a meals program for the aged in conjunction with such facilities.

Extensive use was made of volunteers in most of the programs. Thus, it was of particular interest to note that fewer than one in 10 of all volunteers received reimbursement, even for out-of-pocket costs. That is, in most programs volunteers perform their functions without any reimbursement for such costs as gasoline, parking, vehicular wear and tear, etc. This underscores the potential utility of using volunteers in the meals programs, often without any direct charge to the program.

In terms of the staffing pattern, there were no systematic differences in the numbers of staff, according to community population size, except in that the large cities were more apt to have a full-time, salaried director than were the smaller localities. In general, less than one-quarter of all programs report having full-time salaried personnel; those who do report such personnel generally only have one such person on staff. Almost all programs report use of either part-time or full-time aged volunteers. It would seem that the use of volunteer staff, both aged and non-aged, most probably can be regarded as a program strength, in terms of feasibility of program continuity at least.

The foregoing information represents the "highlights" of information collected from the 215 home-delivered meal programs. As will have been noted, this information does not describe programs in great detail, as this phase of the study was to serve primarily as a means for the creation of a national directory, and for developing a sample of programs for greater, "in-depth" study. However, the data are particularly interesting as they do reflect the status of virtually all home-delivered meals programs maintained in the continental United States; their validity is supported by the similarity to the "in-depth" material reported in the following section.

STUDY OF 32 SELECTED HOME-DELIVERED MEALS PROGRAMS

Funding

Directors of each of the programs were asked to discuss major sources of program financial support. Thirteen of the 32 programs were receiving some form of public assistance. Ten of these 13 were receiving federal support, primarily from the Administration on Aging (Title III) or the Office of Economic Opportunity. The remaining three public grants were received from non AoA connected state sources. In addition, three of the program receiving federal support obtained partial funding from local governments. Thus, almost half of the 32 programs which, being selected on a random basis, can be regarded as representative of *all* such programs were receiving some form of public support. Twenty nine of the 32 programs received private financial support, most usually from one, or a combination of, three major sources: individual donors, service organizations, and religious organizations.

Administrators were asked to provide estimates as to the proportion of program support obtained from each of a number of sources. The programs varied widely in this regard. Four of the programs reported that the participants paid for less than 20% of the program costs, while 6 reported that participants paid for 100% of the program costs. It is important to note that, in half of the programs, the participants themselves paid for more than 80% of the costs. The median figure for proportion of participant contribution to program support is approximately 50%.

In further examining the data, it is interesting to note that individually the categories "individual donors," "service organizations," "religious organizations," and "foundations" all contribute less than one-half of the program costs, while the federal agencies, in many cases, paid for more than half of the program costs. While it is possible that, in the aggregate, the non-federal sources of support may amount to total program support, the very fact that one source is reported as totally supporting a program in one instance, suggests that much more community organization is required, that is, attracting and coordinating efforts with many groups, in those programs where total federal funding is not made available.

Relationship with other agencies

Directors were asked whether or not they collaborated with other agencies and, if so, in what manner. Many of the programs did coordinate with other

agencies in the community. Most typically the outcome of this coordination was the provision of volunteers, kitchen facilities, and sources of referral. In few instances, medical and social services were also made available, through such collaboration. The most frequently-mentioned organizations with which the programs collaborated were local departments of welfare or of social services, hospitals, physicians, churches and service and volunteer organizations, for example, the Elks, the "Y", etc. As might be expected, collaboration with other agencies was far more frequently encountered in the larger urban areas. This was particularly true of collaboration with such typically urban agencies as the local government welfare or social service department.

Program costs

Program directors were asked to assess the cost per day of meals, and the cost of any additional services provided. The great majority of programs (25 of 32) reported no cost for additional services, reflecting the fact that these programs provide no additional services. The median per meal cost ranged greatly, from less than 25¢ to \$1.70. The median cost was approximately 80¢ per meal.

Among the 32 programs, 15 provided one meal per day, 12 provided two meals per day, three programs served three meals per day, one program served only one meal per week. Further analyses of the data showed that meals in those programs which served three meals per day were less expensive, on a per meal cost basis. Apparently, the most expensive meals programs on a per meal cost basis were those which served only one meal per day.

As would be expected, the costs associated with providing meals were higher in urban areas than in rural areas and smaller communities. This was both because food was cheaper in the smaller communities, and also because in some of the programs volunteers donated produce from their gardens, and pickings from the surrounding fields.

Program longevity

Most of these programs represented are "new". That is 22 of the 32 programs had begun operation within the three years immediately preceding the study; more than one-third were only "one year or less" "old" at the time of the interviews. On the other hand, a total of six programs had been in existence for over seven years—a tribute to the potential longevity of such programs. These data would suggest that, on the whole, the home-delivered meals programs are a fairly recent phenomenon. Data further suggests that such programs are being initiated with greater frequency at present than was true of the past. Parenthetically, it is interesting to note that programs in the larger urban areas tend to have been in existence for a longer period of time than have been programs in the more rural areas. This seems fairly logical, probably reflecting the existence of various public service agencies in the larger communities, which have been responsible for providing care to various "at-risk" populations.

Eligibility screening

Given the many individuals who could profit from participation in the meals programs, in the context of relatively few such programs which, in turn, are usually of limited size, the question of eligibility for participation becomes crucial. Therefore, directors were asked to indicate who made the decision as to whether or not a person was eligible for program inclusion. In two-thirds of the programs the directors, or other senior staff members, determined individual applicant eligibility. In the remaining programs, eligibility was decided by a nurse, a physician, by social service personnel, by a dietitian, or by the participant himself. Based upon observations of the Center for Community Research staff interviewers, it seemed that the question of eligibility was decided in a highly subjective manner. In the great majority of programs visited, the potential participants requested the home-delivered meals service, and service then was initiated. The majority of directors reported that those referred were all in need of the service, and thus there was no criterion or need for criterion, of eligibility. Hence it can be said that, in the majority of programs visited, there was virtually no eligibility requirements, other than the participants' self-perception of need. (Income level was a criterion of eligibility in a few of the federally-funded programs.)

Directors were asked to report on the types of screening received by participants, prior to and during the program. As noted previously, few of

the programs provided any formal ancillary services. Reflective of this, the majority of programs did not provide screening services for participants, either prior to entry, or during program participation. Eleven programs reported that, before entrance into the program a doctor checked each participant's needs. This is a somewhat misleading statistic, in that it connotes a formal screening function as part of the meals program. In most cases, doctors referred patients to the meals programs and thus, by definition, the participants so referred had received a medical screening. In nine of the programs, the director or staff visited the participant prior to the initiation of service. However, in most cases this was merely a friendly visit, which served to introduce the participant to the program. The visits in no way constituted a formal intake procedure. In other words, these data are reflective of the overall impression that, in all but those few programs which conformed to income eligibility requirements (most notably among those programs supported by the Office of Economic Opportunity), directors are convinced that only the "needy" were referred or referred themselves, to programs and thus no screening for eligibility was necessary. As one director put it: "All of the people in our program need this service, so we give it to them. No one signs up for home-delivered meals just because it's a good way to avoid food preparation." Moreover, programs which do not receive federal funds had neither money nor personnel to provide health or social screening of any kind.

Meal preparation and delivery

Turning now to the question of meal preparation and delivery, it is noteworthy that in only four of the programs studied in depth was it necessary to pay for the kitchen facilities used. Among the remaining 28 programs, kitchen facilities were generally supplied by a local community service organization or neighborhood service center. Another commonly-reported source of kitchen facilities was the local hospital which, in some instances, assumed total responsibility for meal preparation. Other kitchen suppliers mentioned with some degree of regularity were; churches, nursing homes, schools, and the Red Cross. This information suggests most strongly that those planning to create a home-delivered meals program need not, in many cases, become concerned with the costs of buying, and building, a complete food preparation plant. Instead, attention should be paid to creating collaborative relationships with other organizations which, themselves, have the facilities necessary for preparation of the meals.

In terms of the equipment used for the storage and transportation of foods, the following information is available. Thirty programs served cold foods. At eleven of these programs, plastic containers and bags were used; ten programs placed food in styrofoam containers with covers, three programs placed food in aluminum pans with covers, three wrapped the food in paper covers and bags, and three used a combination of methods.

In terms of *hot* foods, 17 of the programs placed the food in heavy foil aluminum containers and covered them. Seven placed the food in styrofoam containers with covers, two used metal containers with covers, three used paper plates with aluminum foil covers, and two used pottery plates with covers.

The above information related to the individual packaging of meals. In addition to this, the individually-packaged meals are, in turn, packaged for transportation. In this regard, 22 of the programs placed the cold food in paper bags or boxes, and the hot food in large styrofoam or metal containers. Two programs used heavy plastic tote bags, and eight were very "informal" and used a cardboard box, or whatever happened to be available.

Most of the programs relied on their containers to do the job of keeping food at the desired temperature. However a few programs relied on special procedures. For example, one program used hot water bottles put in the transport containers to keep the food warm in winter, and three programs used warming ovens to the point of delivery. It must be noted, however, that very few of the programs actually checked temperature.

Volunteers were the major source of meal transportation, in the majority of programs visited. In fact, they provided 100% of the transportation in 19 of the programs, and the majority of transportation service in four additional programs. However, it must be noted that there were exceptions to the general use of volunteers: in one program, the director stated that he would not use

volunteers "because they are too unreliable . . . (and) too much trouble." However, in the majority of programs, transportation was provided by volunteers, and program directors appeared to be uniformly impressed with the reliability of their volunteers.

In 11 of the programs, sedans were used to transport food; the number of sedans used, per program, ranged from one to six. Thirteen of the programs used station wagons. In both instances, this was somewhat of a "chance" phenomenon, as the cars used were those belonging to volunteers or, less typically, to staff members. Panel trucks were used by 15 of the programs, and mini-buses by 17 of the programs. In many types of social and welfare programs, the costs of transportation have been prohibitive. It is encouraging to note that, as with the use of volunteers, the availability of private automobile transportation can be relied upon, in many instances.

The approach used in training meals delivery personnel appeared to be quite informal. Sixteen of the programs reported a "brief training session with the director, or with a veteran deliverer," eight reported "on-the-job training with a veteran deliverer," five reported "no training, just a few brief instructions." Three programs reported training with an outside specialist. Most directors and drivers interviewed felt that the job is relatively simple, and that it can be explained in one brief session by the director, particularly when augmented by one on-the-job training session with the "veteran" deliverers.

CCR staff talked to volunteers in all of these programs and in a number of instances accompanied them on their routes. Most of the volunteers were retired people, or housewives in the community. As a group they were very serious about the work they did, feeling that they were providing a critical service. For this reason, they do not take their jobs lightly. It must be noted that in those programs which used volunteers extensively, a considerable portion of the directors' efforts were directed toward recruitment of, and maintaining relationships with, volunteer staff. Most volunteers worked for two days a week, meaning that the larger programs, must have a great number of such personnel.

In terms of the number of personnel involved in actual delivery, nine programs used one person, 21 programs used two people per vehicle, and one program used five persons per vehicle—one to sit in the parked automobile, while two "teams" of two individuals each delivered meals to program participants living near each other. In 21 of the programs, the routes were less than 10 miles, while in 5 programs the routes were 20 to 40 miles long, each. Twenty-seven of the routes were described as urban and suburban, while only four were reported as truly rural, and one described as being both urban and rural, mixed. In the vast majority of urban routes, the vehicles were equipped with home-delivered meals sign, which allowed the local police to over-look parking violations. In those programs where there was only one person per vehicle, this was an important consideration.

Volunteers and training

To summarize, the major findings and impressions gained from the in-depth study of 32 programs are:

1. The majority of programs do not receive public funding. Instead, they rely on voluntary community support and sources of private funding, particularly amounts paid by individual participants.
2. The majority of programs provided only the home-delivered meals. They have neither money nor staff sufficient to provide other services, such as health screening or care, homemaker services, or counseling.
3. Payment by participants accounts for about 50% of costs. The median per meal cost for each participant is approximately 80¢. Some programs provide two, and others three, meals per day.
4. The majority of programs rely on volunteers to package and deliver food. Most programs rely heavily on the use of volunteers, with considerable success.
5. The majority of programs collaborate with other agencies, as a means to obtaining funds, kitchen facilities, referrals and volunteers.
6. Hospitals, nursing homes, departments of welfare, government social service departments, churches, and service organizations often have proved to be extremely helpful in terms of referral, provision of facilities, and participation in volunteer recruitment.

7. In the majority of programs, the job description of the director involves: recruitment of program participants, community organization, recruitment and maintenance of volunteers. Very few directors spend their time at face-to-face relationships with meals participants. Hence, the job is essentially of an administrative nature, in which knowledge of community organizational techniques is essential.

INFORMATION OBTAINED DURING THE IN-DEPTH STUDY OF 494 HOME-DELIVERED MEALS PROGRAM PARTICIPANTS

Sex

Approximately two-thirds of all participants were female. This distribution is to be expected when it is recognized that almost all of the participants were over 65 years of age. The greater longevity of females in the general population is reflected in the fact that almost 60% of the nation's over-65 population is female. This disparity increases as the population mean age increases; almost half of the participants were over 75 years of age and nearly one-fourth were over 85. Thus, the sex discrepancy in the group of home-delivered meals program recipients is very nearly the same as is to be found in the population at large, once the factor is taken into account.

While the sex ratio of the meal program participants very nearly approximated the sex ratio in the overall aged population, it is still interesting to note that only 35% of the total study sample were men. There is some impressionistic evidence which suggests that men find it more difficult to ask for such help, and that they are more likely to "make do" with inadequate, scantily-prepared meals. This suggests that programs should address themselves to more active and supportive outreach efforts, in the recruitment of male participants.

Age

The greatest number of participants were in the age range of 75-84 years. The second and third largest age groups represented were, respectively, 65-74 years of age (27%) and 85+ (21%). The remaining participants were either in the 56-64 age group (8%) or under 55 years of age (4%). There was a tendency in rural communities and in small towns to serve an older age group than did the programs in larger communities. This is probably reflective of the overall greater life expectancy in non-urban areas.

Ethnic background

Eighty-six percent of the participants represented in this phase of the Study were white, 9% black, and 4% classified as Spanish-Americans. This distribution is almost exactly the same as that of the total U.S. population, as presented in the 1970 Statistical Abstracts¹ (page 24), with only a slightly higher percentage falling in the "other" category, in this case, "Spanish-American." Varying criteria for assigning racial/ethnic designations could account for this slight difference. Inasmuch as the income level of blacks is known to be below that of whites, it might have been expected that blacks would be more heavily represented in such programs. However, as will be seen throughout this presentation, poverty was not a critical criterion for eligibility in these programs. That is, while most of the participants' income were below the OEO poverty line, an appreciable number had higher incomes, this did not preclude their participation.

Living arrangements

Two-fifths of the entire sample lived in rented dwellings. Among these, the greatest percentage lived in rented apartments in an apartment house, while most of the remainder lived in rented apartments in private homes. Particularly in the smaller communities, participants owned their own dwelling units; slightly over two-thirds of the participants studied in the smaller communities owned their own homes, while approximately one-third residing in large cities owned their own dwelling units. Drawing this information together, the most striking general finding is that one-half of all the participants lived in privately-owned homes, and that an additional one-third lived in rented apartments in apartment houses. The high proportion of respondents living in

¹ Statistical Abstract of the United States: 88th Annual Edition, U.S. Department of Commerce, 1967.

privately-owned homes is just one indicator of an observation already made: that the participants in the home-delivered meals programs are not necessarily representative of the most impoverished groups in the United States.

Marital status

In terms of social impoverishment, 74% of the respondents live alone. However, this proportion differs as a function of community size: in the smaller community, only about 60% lived alone, while in the large communities three-quarters of the studied participants resided alone.

Two-thirds of all the participants studied were widowed, 17% married, 15% single, while divorce and separation together accounted for only 2% of the population.

The U.S. national data on marital status for ages 65 and above is as follows: single 7.2%, married 15.9%, widowed, 39.9%, divorce 2.0% (American Statistical Abstracts, 1970, page 32). This again is a meaningful group against which to compare our sample, since well over three-quarters of the sample population is 65 or above. There are far fewer married individuals, and many more widowers in the sample than in the general U.S. aged population. This difference can be accounted for in large part by the usually large (66%) number of females in the sample group. In fact, the figures for our sample group most nearly parallel the national figures for females only, aged 75+. To a large degree, the married and widowed categories co-vary. With a large elderly female population, such as in our sample, a high incidence of widowhood and a low incidence of married status can be expected.

The general picture that emerges is that which might be predicted on the basis of logical expectations. Those individuals who are married have help-mates who can aid in the preparation of food, and whose male presence acts as a spur to the preparation of food. A solitary individual, whether widowed, divorced, or single, has no such assistance or incentive. Thus, one would expect to find these groups represented in our sample to a far higher degree than depart from the normal population distribution, are precisely in the expected direction.

Income

Approximately one-half of those studied reported annual incomes of under \$2,000. Conversely, only an approximate 10% of the participants reported incomes of \$5,000 or over. However, it was impossible to determine the income of 14% of the population, as a number of programs did not ask for this information, nor did they want field interviewers to ask it directly of the participants.

Poverty is not the sole, or even a limiting, criterion for admission to the home-delivered meals programs. Sickness or other incapacity seems to be the over-riding criterion for entry. Thus, there are in fact a fairly large number of individuals who were recipients of the program, who have incomes that would, technically at least, remove them from the "poverty" classification. Note, for example, that 14% of the recipients had incomes in excess of \$4,000 which, for a single individual, is above the established poverty level.

Meals program participation

There was no one predominating reason which explains why the participants needed home-delivered meals program participation. Rather, the reasons are distributed over a number of factors, including general infirmities of old age (19%), ambulatory problems (14%), and being crippled or bedridden (12%). Other factors included recovering from surgery or major illness (11%), poor dietary habits (8%), heart problems (7%), arthritis (7%), senility (5%), blindness (5%), mental illness or need for companionship (6%), and diabetes (5%).

It is important to note that, among the aged program participants, it is an impression of the research staff that a significant majority have a wide range of old age-linked infirmities. For research purposes, only the predominant difficulty was categorized. But this should not obscure the fact that most participants had more than one difficulty, for example, an aged participant with both ambulatory problems and heart difficulties. Thus, the information presented above tend to provide an "illusion of health", which is far from actual fact.

Almost all (92%) of the participants were expected to be involved in the home-delivered meals program for an indefinite period. This means that

among the participants, many suffered typical aged infirmities, which are not expected to improve. The impression of the research staff was that the home-delivered meals, in many cases, were the only factor keeping many aged from commitment to some form of institution.

Participants in all groups appeared to divide into two categories: those who probably will need home-delivered meals for an indefinite period of time, and those who needed the programs for only a matter of weeks, or perhaps a few months. In the majority of instances, this time estimate of continued need for service was provided by the program's staff, most typically the Director. In only 18% of the cases was this estimate based upon any medical analysis. The decision as to whether, and how long a specific participant should remain in the program is made by the director in about 45% of the cases, by participants themselves in 37% of the cases, and by medical doctors in only 12% of the cases. It is the impression of the research staff that in most cases the decision is a joint one, between the director and the participant. When the participant requests continued services, the director most usually acquiesces to the expressed need for service.

On the basis of appraisal by HDM program staff and by research center staff of the status of individual participants, it was estimated that, if the home-delivered meals program were to end, approximately 35% of the participants probably would have to go into a nursing home. Twenty-three percent would most likely be able to live with their families, while only about 18%, it was felt, would be able to care for themselves, at any level. No decision was possible on the remaining 24% of the studied participants.

A judgment also was made by HDM and research staffs, as to whether the home-delivered meals program participants could participate in a group meals program. It was felt that approximately 40% of the participants could participate in group meal programs in a social setting; poor health being cited most frequently as the reason for current inability to participate. However, group participation would require both a facility for group eating, and some form of transportation to the program. The latter, in particular, was most often lacking.

Availability of other services

Fifty-three percent of all meals program participants were receiving medical services from their private doctors. Four percent received medical aid through a hospital or nursing service, and 6% through a clinic. Only 7% of the studied participants were not receiving medical aid, despite apparent need for such attention. However, it was again the impression of the research staff that a much greater number actually do require more thorough medical services than they currently are receiving. Parenthetically, relatively fewer of the "large city" participants had private doctors; however, in these areas the aged are serviced through other health agencies, for example, clinics, and nursing services.

Insofar as the provision of counseling services is concerned, it should be noted first of all that no data are available in this category for three-quarters of the participants. The very fact that the meals programs staff could not provide this information regarding the majority of their participants suggests that no such services are available. While there is a fairly strong interest in seeing that such services are provided, particularly in smaller population areas, almost none of the participants surveyed were provided with such services. Essentially the same statement can be made with regard to financial assistance: while there was general recognition that such assistance was needed, it simply was not provided.

To summarize the major findings and impressions of this phase of the Study:

1. The populations sampled approximate the total population of the United States in the appropriate age groups. The majority of the studied participants were over 65 years of age, and many were over 75. The demographic data for participants is similar to that from census data descriptive of the entire U.S. aged population, in terms of sex ratios, minority groups status, etc. The only difference was marital status: more participants are "not married" than would be true in the population at large, even once correction had been made for age.

2. There were few differences found among studied participants according to the size of the community in which they were located. Those residing in rural communities received, as might be expected, fewer health and social services than did their large-city peers. In addition, participants in non-urban areas tended to be older, and to be less likely to live alone than the case in large urban areas.

3. Economic criteria indicate that many of the participations (judged on the basis of income, number of rooms in dwelling, presence of modern conveniences) are not really in the "destitute poor" category. However many participants need the meals program because of incapacity due to age, permanent ill health, or temporary incapacitation. In many cases, the participants bear some of the cost of the program, through direct payment.

4. Finally, because of the dual (economic and/or physical incapacity) nature of problems so often found among this group, most participants view their participation as necessary for an indefinite period. Approximately one-half the participants stated that they would have to enter a nursing home, if the program were to be terminated. An alternate plan of communal meals, with transportation furnished to the participants, would be feasible for less than one-half of the participants of the present programs, most generally on the basis of physical incapacity.

U.S. SENATE,

Washington, D.C., June 18, 1976.

HON. GEORGE MCGOVERN,
U.S. Senate,
2313 Russell Senate Office Building,
Washington, D.C.

DEAR GEORGE: Immediately following the hearings on June 17, concerning the proposed National Meals on Wheels Act of 1976, the mail yielded the attached letter from a citizen of Ada, Oklahoma reporting experience with elderly feeding programs in that town. She was responding to a telephone inquiry for her comments initiated by a member of my staff.

I thought you might want to include her remarks as a part of the record.

Sincerely,

HENRY BELLMON.

LETTER TO RICHARD WOODS, LEGISLATIVE ASSISTANT TO SENATOR HENRY BELLMON SUBMITTED BY MARGUERITE HAWKINSON, ADA, OKLAHOMA, ON JUNE 14, 1976.

DEAR MR. WOODS: The Ada Task Force, in seeking to improve the quality of life for elderly people in the city, carried on for three years a Meals on Wheels program funded by donations and a one dollar fee for a meal if the recipient could afford it.

We had hopes of getting funds from SODA to provide meals every day for all over 60. Ours went only to shut-ins. It became a matter of hope deferred; SODA's promises did not materialize, food prices rose, and we had to discontinue the service.

In reply to your request for my observations concerning Title VII, the Elderly Nutrition Program, I am going to be quite frank: (1) We made a survey of the city of Ada and found that there is great need here and, I am sure, elsewhere, but \$100 million will be a futile gesture unless the processes of administration are tightened and the funds used principally for the people who need the service. Overstaffed regional offices, useless and extravagant duplication of documents, overpaid workers, complicated and often unnecessary surveys, etc., etc., etc., should be eliminated. We have found unhappily, that there is evasion, misrepresentation, and a jealous guarding of information needed to set up a program when application for funds is made. As for (2), (3), (4), (5), (6), this looks very good on paper. Again, a program is only as good as its administration, and if this proposal is well carried out with concern for human need and not for

political expediency it might do a great deal of good. I hope these comments have been helpful; I'm sorry that my typewriter is out of order—forgive, please.

Sincerely,

MARGUERITE HAWKINSON,
113 West 22nd,
Ada, Oklahoma 74820.

Senator McGOVERN. Our next witness is Ms. Marjorie Collins, associate director of the National Council on Aging.

Let me just say to you, Ms. Collins, and to the other witnesses, we have gotten ourselves into a time bind.

Obviously we can't repeat the interrogation with each witness that we did with Mr. Hutton. But, since he was the leadoff witness there were a number of questions that we had to get in front of the committee.

I think what we will try to do, unless there are some very urgent questions we need to get answers on today, if it is agreeable with you and the other witnesses, we will give you an opportunity to summarize your statements, and then perhaps we will have to defer our questions and submit them to you in writing. We can give you 10 days to respond with any of the answers. Otherwise I don't know how we are going to cover all of the witnesses that we have brought into the city today to testify.

Senator Dole?

Senator DOLE. Mr. Chairman, I am a member of the Finance Committee. We have a tax bill on the floor, and I need to go to the floor.

But, I think we can make that change with references to the disabled. I will be very pleased to cosponsor this legislation.

Senator McGOVERN. Thank you very much. We will see that that amendment is made, Senator Dole.

All right, Ms. Collins, if you will proceed.

STATEMENT OF MARJORIE COLLINS, ASSOCIATE DIRECTOR, NATIONAL COUNCIL ON THE AGING

Ms. COLLINS. Mr. Chairman and distinguished members of the Senate Select Committee on Nutrition and Human Needs, I am Majorie Collins, associate director of the National Council on the Aging.

In response to your request to summarize, I would like to give just a little bit of a statement about what the National Council on the Aging has done in this field, and then comment on some of the kinds of things we think are important, if that is agreeable with you.

Senator McGOVERN. That is fine.

Ms. COLLINS. The National Council on the Aging, NCOA, is a private, voluntary, nonprofit organization with 26 years of experience in serving the practitioners who serve the 22 million older people. It is the only national agency concerned solely with policies, research, programs and services for the aging.

NCOA provides leadership, consultation, training, and technical assistance, training materials, publications and referral services to public and private agencies in the field of aging at national, State and local levels.

We very much welcome the opportunity to state our views on the need for a national home delivered meals program for the country's elderly who are in need of such a service to maintain their independence. We applaud the continuing effective work of this committee in highlighting the nutritional needs of all Americans and in recommending responsive congressional action to alleviate those needs.

I will skip over some information we have about the history of the development of home delivered meals. But I would like to make reference to the fact that in the early 1960's the National Council on Aging conducted the first national study of home-delivered meals programs under a grant from the U.S. Public Health Service, and that is entitled "Home-Delivered Meals for the Ill, Handicapped and Elderly."

In looking at this again, it is unfortunate, Mr. Chairman, that even a decade later, many of the nutritional problems highlighted in that study still plague countless older persons. It is to our credit that most of the guidelines recommended in that report for home-delivered meals programs are still valid today.

Unfortunately, despite the progress that has been made since that time, the task before us is still of a considerable magnitude.

As part of NCOA's work in the late 1960's with the Office of Economic Opportunity, we developed a model community action program to provide low-cost meals to the elderly entitled, "Operation Loaves and Fishes." This became the prototype for the title VII nutrition program.

We provided technical assistance to community action agencies through the senior opportunities and services program.

Today, Mr. Chairman, we continue our work in this field through the work of NCOA's National Institute of Senior Center and National Voluntary Organization for the Independent Living of Older People.

The findings from our recent research study on the state of the senior center shows that about one-third of some 5,000 senior centers are providing home-delivered meals to elderly residents in the community. This study also shows that the current title VII and home-delivered meals programs reach only a very small percentage of the older people in need of these services.

NCOA's work with the National Voluntary Organization through its operation independence project funded by the Administration on Aging is designed to encourage local communities to develop and strengthen in-home and supportive services to the vulnerable aging.

We are finally coming to fully realize that in order for older persons to have the option to continue to live in their own homes or other places of residence for as long as they wish, a variety of communitywide services are necessary to maintain social well-being. Home-delivered meals is one of the crucial components to such a program.

We have been working with national voluntary organizations at the national and local level, and that convinces us of the need for Federal support for a national meals-on-wheels program which will provide additional programs and act as a catalyst for further action by the voluntary sector.

I will skip over the testimony that has to do with statistics on needs, but would like to refer to some of our experiences of home-delivered meals in connection with title XX.

We had hoped that title XX of the Social Security Act would be a new source of funds for meals-on-wheels programs for the aging. To date, this hope has not been realized.

Title XX provides a limited amount of service dollars over which groups in need of service are forced to compete at the local and State levels. And as we all know, older persons have not fared very well under that program.

Thus, while 35 States report the inclusion of meals-on-wheels programs in their title XX plans, almost half do not provide the service statewide, and the percentage of title XX money being expended is less than 1 percent in most of these States.

The number of persons estimated to be served by these title XX meals-on-wheels programs is small and includes all age groups in this service. At the same time these title XX programs have been developed in too many cases outside the comprehensive planning program which is mandated by The Older Americans Act, making coordination with the title VII program virtually impossible.

The thing that we would like to stress is that there are certain kinds of principles or assumptions on which we think the program should be based.

The first one is that nonprofit home-delivered meals for the elderly should be a key component in the comprehensive service system being developed throughout the country. Any new home-delivered meals programs must be an integral part of the Area Agency on Aging planning process.

The new program must be coordinated with the title VII nutrition program so that elderly persons may move from one program to the other as the need arises.

A purpose of the title VII program, of course, is to get people out of their homes and to participate with others in a group setting. But experience has shown that often very withdrawn or ill people need to have first, home-delivered meals, before they really are physically fit or have the confidence to move out into a congregant meal setting.

Home-delivered meals programs should be promoted first on the basis of the value as a service to individuals who would benefit from it. The dignity and comfort of living in one's own home are important personal assets and need to continue to be a national priority objective.

It has been well established that home-delivered meals service is less expensive than institutional care or a prolonged hospital stay and, therefore should be—

Senator McGOVERN. In that connection, Ms. Collins, considering the range of all the various alternative services, how important are the home-delivered meals as compared to the others in keeping people out of institutions?

Would you put that at the top of the list?

Ms. COLLINS. Well, I think I would put it near the top.

I think that often some health-related or personal care services are perhaps the most important. But then meals becomes a part of that.

I think one of the questions is, who is going in, and is the person going in able to help with this very fundamental thing—the preparation of meals.

But I think conversely, the kinds of situations that give rise to people needing home-delivered meals are also the kinds of situations that give rise to the other needs of services. And therefore, needs to be considered within that context.

The feasibility of nonprofit home-delivered meals programs has been well demonstrated over a period of some 20 years in this country and programs can be well structured and operated and soundly financed through volunteers and/or public funds.

The need throughout the country for a non-profit service of portable meals for the elderly continues to be of a considerable magnitude. And we can expect it to grow with the rapidly increasing elderly population, coupled with the very real trend that older persons tend to live more alone than was previously true.

Any national program must encourage the establishment and enforcement of standards of service delivery and nutrition to assure high quality meals programs.

Comprehensive supportive services—information and referral, home care, chore services, et cetera—must be mandated as an integral part of the program. Just serving a hot meal is not enough; without such supportive services, the program will have little lasting value and in fact there has been evidence that it could be dangerous if the other needs are not taken care of.

The NCOA Senior Community Service project clearly demonstrates that older persons are often the most effective providers of service to other older persons.

A national meals-on-wheels program should require that the elderly are involved in the planning and the delivery of this service both as volunteers and as paid staff.

Senator MCGOVERN. Thank you very much, Ms. Collins.

As I indicated to you earlier, I would like to submit some questions in writing to you, and you will have 10 days or so to get them answered.

Senator Percy?

Senator PERCY. There was just one question, Ms. Collins.

In your testimony you stated numerous voluntary organizations are presently delivering meals to the elderly homebound.

By your own estimation, how have these private voluntary programs for delivery of meals worked?

And do you have any alteration of the estimate previously made that maybe 25 percent could be delivered by volunteers?

In your own estimation what do you think we should aim for? Do you think the program is capable of expansion?

Ms. COLLINS. Well first of all, let me say that the programs that have been administered by voluntary programs have been very successful, and they have been, in many instances, enormously

imaginative in the ways which they have delivered programs, for example, to the people in isolated rural areas.

It would be hard for me to estimate the percent of volunteers. I have thought about this because I think it makes a difference as to their locales.

I did some work on this in New York City, for example, and getting volunteers to go to certain parts of the city is a very difficult thing to do. And that means you have to have more paid staff.

Whereas in smaller towns and rural areas, there are rarely paid staff people except as managers of programs.

So with those kinds of differentials that come into play—

Senator PERCY. Overall, do you have any feelings as to what percentage we should aim for to have meals delivered by volunteers?

Ms. COLLINS. Well, I think it is higher than 25 percent.

Senator PERCY. You think it is higher?

Ms. COLLINS. I think it is higher.

Senator PERCY. For the record, could you and the National Council on Aging, give a little consideration to that question and then give us a figure.

I have two other questions which will be sent in for the record.

Thank you very kindly. We very much appreciate your being with us.

Senator McGOVERN. Thank you, Senator Percy.

[The prepared statement of Ms. Collins follows:]

STATEMENT OF MS. MARJORIE COLLINS, ASSOCIATE DIRECTOR, NATIONAL COUNCIL ON THE AGING

Mr. Chairman and distinguished members of the Senate Select Committee on Nutrition and Human Needs.

I am Marjorie Collins, Associate Director of the National Council on the Aging.

The National Council on the Aging (NCOA) is a private, voluntary, nonprofit organization with 26 years of experience in serving the practitioners who serve the 22 million older people in America. It is the only national agency concerned solely with policies, research, programs, and services for the aging. NCOA provides leadership, consultation, training and technical assistance, training materials, publications and referral services to public and private agencies in the field of aging at national, state and local levels.

I welcome this opportunity to present NCOA's views on the need for a national home delivered program for the country's elderly who are in need of such a service to maintain their independence. We applaud the continuing effective work of this Committee in highlighting the nutritional needs of all Americans and in recommending responsive Congressional action to alleviate those needs.

We are especially pleased that you have chosen to open discussion on the need for a national home delivered meals program for the elderly. The concept originated in Great Britain in 1905 with the idea of sending a hot meal to homes of "invalids". The program became known as "Invalid Kitchens of London." During World War II, the Women's Voluntary Service began in England a country-wide movement of sending a hot meal to the home for "invalids" who could not properly cook for themselves. Someone dubbed the program "Meals on Wheels" and the name spread and became accepted in England and other countries. Traditionally these programs have been a joint effort by volunteers and local authorities. The first known program in the United States was started in North Philadelphia, Pennsylvania, in 1953 under the auspices of The Lighthouse, a neighborhood settlement house.

If I can, Mr. Chairman, I would like to take a few minutes to summarize NCOA's work in this area, because I think it provides a general picture of how the home-delivered meals concept was developed and supported in this country.

Throughout its history and into the present day NCOA has been involved in encouraging the provision of home-delivered meals. We have provided many forms of technical assistance to groups interested in establishing such programs in their communities.

In the early 60's NCOA conducted the first national study of home-delivered meals programs under a grant from the U.S. Public Service entitled "Home-Delivered Meals for the Ill, Handicapped and Elderly." It is unfortunate, Mr. Chairman, that more than a decade later many of the nutritional problems highlighted in that study still plague countless older people. It is to our credit that most of the guidelines recommended in that report for home-delivered meals programs are still valid today. Unfortunately, despite the progress that has been made since that time, the task before us is still of a considerable magnitude.

As part of NCOA's work in the late 1960's with the Office of Economic Opportunity, we developed a Model Community Action Program to provide nutritious low-cost meals to the elderly entitled Operation Loaves and Fishes, which became the prototype for the Title VII Nutrition Program. We provided technical assistance to Community Action Agencies throughout the country for such nutrition programs, many of which are still being funded by its Senior Opportunities and Services (SOS) Program.

Today, Mr. Chairman, we continue our work in this field through the work of NCOA's National Institute of Senior Centers and National Voluntary Organization for the Independent Living of Older People (NVOILA). The findings from our recent research study on the state of the Senior Center movement demonstrate that almost one-third are providing Meals on Wheels to elderly residents of the communities. The study also demonstrates, however, that the current Title VII and home-delivered meals programs reach only a miniscule percentage of those older persons in need of such a service.

NCOA's work with the National Voluntary Organization through its Operation Independence Project funded by the Administration on Aging is designed to encourage local communities and groups to develop and strengthen in-home and supportive services to the vulnerable elderly. We are finally coming to fully realize, Mr. Chairman, that in order for older persons to have the option to continue to live in their own homes or other places of residence for as long as they wish, a variety of community-wide services are necessary to maintain social well-being, to enhance mental and physical health and to supplement self-care whenever necessary. Home-delivered meals is a crucial component to those community services which enable older persons to maintain their independence and avoid unnecessary and costly institutionalization. Working with voluntary organizations at the national and local level convinces us of the need for federal support for a national Meals on Wheels Program to provide additional programs and to act as a catalyst for further action by the voluntary sector.

While many voluntary organizations provide such services, there is a need for such a program in nearly every community in the country. While those programs would vary in size and services offered depending on local needs, every community has elderly residents who go hungry or suffer from malnutrition.

I know, Mr. Chairman, that this Committee is well aware of the statistics and data showing the need for further additional nutritional programs for the elderly. Countless witnesses have provided expert testimony in this area and your Committee has published numerous reports highlighting those needs. Yet despite the advances of recent years these problems persist and in some ways have become more severe.

The lack of adequate income to buy the food necessary for a well balanced meal continues to plague countless older persons. For many elderly living on fixed incomes, the only flexible portion of their budgets is food. Recent inflation has forced the elderly to pay more and eat even less. The percentage

of total income the aged spend on food is still higher than for any other age group.

The nutritional information level of older persons continues to be a problem. Re-education programs are hindered by a relatively high rate of illiteracy among this population and an even higher rate of functional illiteracy.

The health status of the elderly influences their intake of food and, in turn, is adversely affected by the resultant malnutrition. Various physical and mental conditions—not severe enough to require institutionalization—prevent older persons from shopping, cooking and preparing adequate meals, causing a spiral of malnutrition and further illnesses.

Social and psychological factors also inhibit proper nourishment among many older persons. Loneliness, anxiety and other emotions often affect the amounts and kinds of food older people eat. It is all too easy to lose interest in cooking and eating when living alone as many older people do. This is particularly true of men who have never before prepared their own meals or for widows who were accustomed to preparing food in quantity and eating with their families.

Environmental factors—where an older person lives and with whom—can be a factor in undernourishment. Unfortunately, many of these problems have become more severe in recent years. Unsafe neighborhoods increasingly make older persons prisoners in their own homes. Lack of transportation, especially in rural areas, makes it difficult to shop where supplies are cheapest and varied.

Currently operating programs only begin to meet the nutritional needs of older persons. Title VII of the Older Americans Act allows for a limited amount of monies to be allocated for Meals on Wheels programs. Its emphasis, however, has been and should continue to be on congregate meals. The greatest potential of this program is to bring out into the community people who have had Meals on Wheels for a while as they begin to be better fed and thus more willing and able to be integrated into the community. At present the program is not capable of providing this continuum of nutritional services because of the lack of adequate Meals on Wheels programs throughout the country. Any further divergence of current Title VII monies to Meals on Wheels programs would only be self-defeating, because there already exist waiting lists of older persons anxious to participate in the Title VII congregate meals program.

We had hoped that Title XX of the Social Security Act would be a new source of funds for Meals on Wheels programs for the elderly. To date our hopes have not been realized. Title XX provides a limited amount of service dollars over which groups in need of service are forced to compete at the local and state levels. Traditionally, the elderly have never fared very well under such a program. Thus, while 35 States report the inclusion of Meals on Wheels programs in their State Title XX plans, almost half do not provide the service state-wide and the percentage of Title XX monies being expended is less than one percent in most of these States. The number of persons estimated to be served by these Title XX Meals on Wheels programs is small and includes all age groups in need of service. At the same time these Title XX programs have been developed in too many cases outside the comprehensive planning program which is mandated by The Older Americans Act, making coordination with the Title VII program almost impossible.

Mr. Chairman, NCOA supports the establishment of a national home-delivered meals program for the elderly. I wish to conclude with a series of recommended principles and assumptions on which we believe such a program should be based:

Nonprofit home-delivered meals for the elderly should be a key component in the comprehensive service system being developed throughout the country. Any new home-delivered meals programs must be an integral part of the Area Agency on Aging planning process. The new program must be coordinated with the Title VII nutrition program so that elderly persons may easily move from one program to the other as the need arises.

Home-delivered meals programs should be promoted first on the basis of their value as a service to individuals who would benefit from it. The dignity and comfort of living in one's home are important personal assets, which must continue to be a national priority objective.

It has been well established that home-delivered meals service is less expensive than institutional care or a prolonged hospital stay and, therefore, should be promoted as a means of more effectively utilizing public funds.

The feasibility of nonprofit home-delivered meals programs has been well demonstrated—programs can be well structured and operated and soundly financed through voluntary and/or public funds.

The need throughout the country for a nonprofit service of portable meals for the elderly continues to be of a considerable magnitude. That need is expected to grow with the rapidly increasing elderly population coupled with the trend for the aged to live alone or with elderly relatives.

Any national program must encourage the establishment and enforcement of standards of service delivery and nutrition to assure high quality meals programs.

Comprehensive supportive services—information and referral, home care, chore services, etc.—must be mandated as an integral part of the program. Just serving a meal is not enough; without such supportive services, the program will have little lasting value.

NCOA's Senior Community Service project clearly demonstrates that older persons are often the most effective providers of service to other older persons. A national Meals on Wheels Program should require that the elderly are involved in the planning and the delivery of this service both as volunteers and as paid staff.

[The following questions were submitted by Senator Percy to Ms. Collins and her answers thereto.]

QUESTION 1. The Committee has estimated that roughly three to four million home-bound elderly do not receive sufficient nutrition services. If there are numerous voluntary organizations delivering meals, then, why is there such a large number of homebound elderly not receiving meals?

ANSWER. Due to the lack of earmarked funding at present, the resources available to support home-delivered meals for older persons are minimal. In most instances, the agencies and organizations sponsoring these programs are delivering a range of community support services. Their funds are limited and the service needs of older people far exceed their organizations' capacity to respond adequately. The fact that there are numerous community organizations with a home-delivered meals component, despite very limited funding, dramatically attests to the importance of such a program for the homebound elderly.

The Title VII congregate meals program has increased significantly the number of needy older persons receiving nutritious hot meals. We all agree, however, that despite the earmarked program, the need still far exceeds the currently available resources. Funding levels should be increased in order to increase the proportion of older Americans in need of this service who are not receiving it. By the same token, we support the amendment to expand the home-delivered meals program within Title VII and provide increased funding so that a significantly greater proportion of homebound elderly will receive this much needed service.

QUESTION 2. In your testimony, you mention that Title XX of the Social Security Act provides funds for home-delivered meals. Do you think that the bill we are introducing is the best approach to providing home-delivered meals? Or should we amend Title XX of the Social Security Act?

ANSWER. As mentioned above, the National Council on the Aging supports the Committee's efforts to amend Title VII of the Older Americans Act so that a national program of home-delivered meals can be financed and implemented. Our position is that categorical programs are necessary in order to assure that older persons receive the focus they deserve. The non-categorical approach of Title XX of the Social Security Act can be used to supplement the categorically earmarked resources of the Older Americans Act in order to reduce the gap between need and service. However, thus far older persons have not fared well in the state and local level competitive arena of Title XX. NCOA is working hard to assist state and local aging advocates to impact on Title XX and to increase the

resources available for aging services. (Parenthetically, we also support an increase in the Title XX ceiling, set originally in 1972. Inflationary factors since then have significantly eroded the service dollar, thus reducing the amount of services that can be funded.) We will continue to support efforts to assure that needy older persons receive their fair share of Title XX funds, while at the same time continue to support the categorical approach exemplified by the Older Americans Act.

Senator McGOVERN. We now have a panel, Mr. David Alves and Ms. Bernita Grogan. Would they please come to the witness stand.

Mr. Alves is the director of the regional elderly nutrition program of Greater New Bedford, Mass.

Ms. Grogan is the director of the Cape Island Home Care, Inc., in Hyannis, Mass.

You may proceed in any way you see fit.

STATEMENT OF DAVID ALVES, DIRECTOR, REGIONAL ELDERLY NUTRITION PROGRAM, GREATER NEW BEDFORD, MASS.

Mr. ALVES. Thank you gentlemen. I have submitted full testimony. However, I would like to take a couple of moments this morning to briefly summarize some of the key points, or the highlights of that testimony.

Whereas today there are a number of congregate meal programs for the elderly, and though early and dramatic experience of our title VII nutrition program for the elderly has proven to be a success, we all realize that nutrition is a staggering problem and its neglect has contributed to the poor health of many of our elderly.

As can be expected, the group with the poorest nutrient intake are those homebound with no meals being provided. The homebound older American is a segment of our population I feel has too long been disregarded.

As a title VII program administrator, I have been able to recognize the value of our congregate meal program, having seen what such programs have done to improve the overall dietary, social and physical conditions of the elderly.

The average participant attending our centers does little or no cooking at home, we realize. Those who live in rooms with no kitchen facilities have to rely completely on our program or a restaurant for their meals. Even many of those rooms with hotplates cannot be used due to poor wiring.

I have, however, been personally disturbed with the limitations as established through current title VII legislation on the percentage of homebound meals that can be provided.

As you know, it is impossible to measure precisely the number of people who actually need meals-on-wheels. In social service programs we can always actually count those who get help, but not those who need it.

However, we do know that many of these homebound eat to live, and not live to eat. Few extra food items are often found, other than delivered meals by agency outreach workers.

The homebound meals program not only strives to meet the nutritional needs of older people, but we have also tried to meet the social and emotional needs as well. In many cases, home-delivered

meals can mean an end to isolation because the meal is delivered by a person. This, in many cases is the only person that a shutin may see, or have daily contact with.

In reviewing our recipient file, we have determined there are two basic categories of persons who require the home-delivered meals. There are those that are permanently incapacitated and those that are temporarily restricted to their homes due to illness or convalescence after hospitalization.

It has been noted that many of the former would prefer to stay in their own home if they could, rather than a hospital or nursing home.

In many cases this can be provided, or can be accomplished with just one hot meal a day.

We must also realize that the benefit of treatment over weeks and months in hospitals and nursing homes can be lost in less than 1 week, if, after discharge, the maintenance of nutritional needs is not met.

Meals-on-wheels are, in some instances, being considered by many in the field of aging as a preventive health-care program in itself.

The provisions of a home-delivered meal may mean the difference between institutionalization, or remaining within the dignity and comfort of their own homes for many elderly.

As another source of referral, a request for home-delivered meals may also come from a congregate participant, though he would usually enjoy his meal at the site, he often finds himself confined to his home due to illness.

Though significant findings show the meals-on-wheels program is intended to aid the ill, convalescent, the shut-in, the poor and the disabled, the prime title VII program's effectiveness is being diluted by the restrictions and quotas as established in the original legislation.

I am happy to see that the current legislation doesn't carry those restrictions on a percentage basis.

The need for establishing the meals-on-wheels acceptance criteria has been due to the legislation as it was written.

I am, however, encouraged to see that the legislation as presented by Senator McGovern, takes into consideration the reality of the needs of the community, and I look forward to its pending implementation.

As has been noted, this can be a valuable and effective service for the aged and chronically ill, helping them to continue living independently within their own homes.

As part of our commitment to the improvement of the health and nutritional status of the aging, I know I speak for nutrition program administrators when I express my support of your bill to provide nutritional and adequate needs at a low cost to elderly in their own homes.

As we all recognize, nutrition competes for the attention of funds within the funding system. Congress must go beyond its intuitive thinking and demonstrate their concern to provide the comprehensive services required to meet the demands of our Nation's homebound.

With our increasing elderly population, many of whom will need the help, the decision seems clear. We can choose to either spend more and more on institutionalizing seniors, or provide the services that will keep them in their homes where they declare they want to be.

We realize that meals-on-wheels is not an end but a means by which our Nation's elderly can remain within the dignity and comfort of their home.

I only regret that the committee took so much time with Mr. Hutton and though he is a noted advocate for the elderly, he had a limited knowledge of the title VII program.

In specific, I and many of the administrators here feel he made some statements—which could have a negative effect on the title VII bill. I make specific note as to the number of volunteers that are involved, to the contribution system and the cost of the meals-on-wheels program as it is currently established.

Senator MCGOVERN. What, specifically, do you have in mind in this regard, to his statement on volunteers?

Mr. ALVES. I think that estimate was quite low.

In our program the majority of our program is run by volunteers. We are putting out anywhere between 650 and 750 meals a day with a staff participation of about 125 to 150 people covering 10 centers.

Of that only about 12 of those, are paid staff. The remainder are seniors that are involved working at the center, setting up and providing home-delivered meals.

I know that in the Rhode Island program, as Mr. Brown can testify, they are providing 300 meals a day, and 95 percent of the delivery is done by volunteers.

So, they are an important part of the title VII program now, and I think will prove to be even more important factor in the legislation as it is being presented.

Senator MCGOVERN. I am very glad to hear you make that point because we have had the same experience in South Dakota where a majority of the people are volunteers. We have had a number of church groups say this is a big boom to them in that it increases their outreach, and it is the kind of thing that people get a great deal of satisfaction in doing.

So that I suspect, especially in the smaller towns, in the rural areas, you come much closer to a 50 or 90 percent volunteer ratio than the figure of 25 percent that was used.

I think it is very important that that point is made.

[The prepared statement of Mr. Alves follows:]

STATEMENT OF DAVID ALVES, DIRECTOR, REGIONAL ELDERLY NUTRITION PROGRAM
GREATER NEW BEDFORD, MASS.

Since the turn of the century, our life expectancy in the United States has increased by approximately 20 years. We have, thus, in our generation, seen our life span extended.

This extension of the aging process has caused many of us in the field to focus our attention on the socio-nutritional aspects of aging. Though sometimes called the "Golden Years", this extension of our life span has brought with it social and psychological problems of major concern to the elderly and to society as a whole.

The United States Department of Health, Education and Welfare reports that, as of 1970 census, 20,049,592 Older Americans out of 203,165,699 Americans, or approximately 10 percent, one in every 10 Americans was over 65 years of age. This, when reviewed in relationship to the fact that in 1900, the census counted 3.1 million Older Americans in 76 million (4.1 percent or one in every 25 Americans) shows the strides we have made to extend our life expectancy. Thus, though today our population under 65 years of age is two and one-half times as large as 1900, our population over 65 is six times as large.

These statistics are presented only as a means from which to evaluate the problems of our elderly when placed in a prospective of a local community. Though a percental of ten percent elderly seems high, the City of New Bedford and its surrounding communities, the area which my program services, is faced with a 20 percent ratio of elderly, or one in every 5 of our population is over 65 years of age. Though not uncommon for urban areas, it is of major significance to our program in that Massachusetts is considered to have one of the highest cost of living nationally.

Whereas today, there are a number of congregate meal programs for the elderly, and though early and dramatic experiences of our own Title VII Nutrition Program for the Elderly has proven to be a success, we all realize nutrition is a staggering problem and its neglect has contributed to the poor health of many of our elderly.

As can be expected, the group with the poorest nutrient intake are those homebound with no meals being provided. The homebound Older American is a segment of our population I feel has too long been disregarded.

As a Title VII Program Administrator, I have been able to recognize the value of our congregate meal program, having seen what such programs have done to improve the overall dietary, social and physical conditions of our elderly. The average participant attending our centers does little or no cooking at home. Those who live in rooms with no kitchen facilities have to rely completely on our program or a restaurant for their meals, even hot plates can't be used in some older buildings because of poor wiring. Most eat at least one meal if not their only meal at our centers.

I have been, however, personally disturbed with the limitations as established through current Title VII Legislation on the percentage of Meals-on-Wheels to homebound elderly which can be provided.

It is impossible to be precise about the number of people who actually need Meals-on-Wheels. In social service programs, we can always actually count those who get help, but not those who need it.

However, we do know that many of these homebound eat to live, not live to eat. Few extra food items beyond the delivered meals are ever noticed by agency outreach workers.

Unable to participate in activities and services available to the ambulatory within the community, these elderly shut-ins often are seen as names on waiting lists for nursing homes or in some instances, children often place parents in nursing homes to alleviate their own burdens of checking in on the parents or having to prepare meals for the parents. Some are sent to State Institutions regardless of the mental capacity as a means of satisfying our community obligations. This is done with the attitude they have to go somewhere. Though studies have shown many would prefer to stay in their homes, this has become their fate.

The percentage of older persons in Nursing Homes in Massachusetts is about five percent. It has been noted as a fair estimate that one-fourth of those in institutions do not need to be there for medical reasons.

Though more services and more individual attention is needed to provide for older persons in the home, the goal of the Meals-on-Wheels Program is to help older persons maintain their personal autonomy in their home.

Homebound meals programs should not only strive to meet the nutritional needs of older people, but the social and emotional needs as well. In many cases, home-delivered meals can mean an end to isolation because the meal is delivered by a person, be he a volunteer or staff, this sometimes is the only person the shut-in may have daily contact with.

The typical Meals-on-Wheels recipient for the most part is lacking the strength, ability or motivation to prepare nutritious meals or obtain adequate

food services. The lack of nutritious food, in addition to a lack of mobility, creates for many a feeling of isolation, loneliness and unhappiness and has a definite deteriorative effect on the recipient's state of physical, psychological and social well being.

Some significant findings of the home-delivered program are: (1) home-delivered meals are in many cases the primary meal, (2) meals have improved the morale of the recipient, (3) food intake was improved after starting Meals-on-Wheels, (4) the Meals-on-Wheels was used by many who did not use community services before.

In reviewing our recipient file, we have determined there are two basic categories of persons who require home-delivered meals. There are those permanently incapacitated and those temporarily confined to home because of illness or convalescence following hospitalization. It has been noted many of the former would prefer to stay in their own home rather than enter an institution if at least one hot meal could be provided.

The benefit of treatment over weeks or months can be lost in less than one week after discharge if needed help is not provided to ensure the maintenance of nutritional needs. Meals-on-Wheels are, in some instances, being considered by many in the field of aging as a preventive health care program in itself.

For the temporarily confined, this service provides the needed nourishment needed for a quick recovery, yet for others, it may mean an earlier discharge from an institution. With this in mind, our program maintains a close contact with local hospitals and nursing homes, thus when patients are ready for discharge, we are notified and if needed, a hot meal is provided.

The provisions of a home-delivered meal to such a person may mean the difference between institutionalization or remaining within the dignity and comfort of their own home.

As another source of referral, a request for home-delivered meals may also come from a congregate participant, though he would usually enjoy his meal at the site, finds himself confined to his home due to illness.

New Bedford is an old historic City dating back to the days of whaling vessels and textile mills. A City of which the major real estate is made up of three and six tenement houses and has become an urban habitat. Rich in ethnic heritage, it has become a refuge for an exceptional number of low-income, limited English speaking elderly.

As with many Cities, due to increasing income, mobility and the desire to improve one's social status, most younger people have deserted the inner City area to live in the suburbs. However, the opposite is true of our older population. Due to lack of income and lack of mobility due to age and physical handicaps, most of our older people live in the Central City. This is not always of choice, but many times by necessity. Due to their limited incomes, these are the only rents they can afford and these apartments or rooms are, for the most part, usually within walking distance to shopping areas and services.

Our program is a public agency with the City of New Bedford serving as the Grantee for the eight community region. The program was established in January 1974, with funds provided through Title VII of the Older Americans Act, to provide nutritional and social services to our area's elderly. The program has, in its brief existence, to date served approximately 226,904 congregate meals to the elderly, of which 22,257 were home delivered.

Though significant findings show that the Meals-on-Wheels Program is intended to aid the ill, convalescent, shut-in, the poor and the disabled, the program's effectiveness is being diluted because of restrictions and quotas as established in the original legislation. The City of New Bedford's Meals-on-Wheels Program has, during its short existence, had a total of 413 referrals for Meals-on-Wheels to date. Of these referrals, we have been able to provide homebound Meals-on-Wheels to only 236 aging. Many others were just below our strict criteria and were unable to be serviced.

The need for establishing a Meals-on-Wheels acceptance criteria was due to the fact that, though we are consistently receiving requests for Meals-on-Wheels from community and social service agencies, Title VII, as written, restricts delivery of Meals-on-Wheels to that of a level of 10 percent of the congregate meal service.

Also, in dealing with the clientele that we do, our meal service levels are subject to seasonal adjustments brought about by weather conditions. Thus, adherence to this 10 percent quota has a fluctuating effect on our Meals-on-Wheels deliveries. This is especially true in the winter season. The effect of this ten percent restriction is that in the summer months, when we are serving an average of 750 participants daily, we are allowed, under current legislation, an average of 75 meals for our home delivery needs, and in the winter months, when our congregate participation drops to 600 meals, our average Meals-on-Wheels is reduced to approximately 60. Thus, in the months of December, January and February, when the weather is at its worst and a great number of our seniors are restricted to their apartments due to limited mobility and our need for Meals-on-Wheels is at its greatest, the number of meals technically available is at its lowest level.

This current disregard for an adequate Meals-on-Wheels Program under existing legislation has an even more restrictive effect on communities such as ours with an elderly population above the national average. In a community which exceed the ten percent national average, and must consider local geographic nature and weather conditions, it is impossible to base requirements for Meals-on-Wheels on any single determinating formula.

I have always felt that Title VII programs should have been given flexibility in allowing for a percentage of Meals-on-Wheels in relationship to the individual community's needs. This could have been implemented either through a state agency authorized waiver procedure, or authorized under the original legislation.

I am, however, encouraged to see the proposed legislation not only takes into consideration the needs of our homebound elderly, but does so with a reality of the needs of the community, and I look forward to its pending implementation.

As has been noted, this can be a valuable and effective service for the aged and chronically ill, helping these people to continue living independently in their own homes.

As part of our comment to the improvement of the health and nutritional status of the aging, I know I speak for nutrition program administrators when I express my support of Senator McGovern's bill to provide for nutritionally adequate, low cost meals for the aging in their homes.

As we all recognize, nutrition competes for attention and funds within the funding system. Congress must go beyond intuitive thinking and demonstrate their concern to provide the comprehensive services required to meet the demands of our nation's homebound.

With our increasing elderly population, many of whom will need help, the decision seems clear. We can choose to either spend more and more on institutionalizing seniors, or provide the services that will keep them in their homes where they declare they want to be.

Meals-on-Wheels are not an end but a means by which our nation's elderly can remain within the dignity and comfort of their home.

Senator MCGOVERN. Ms. Grogan?

STATEMENT OF MS. BERNITA L. GROGAN, DIRECTOR, CAPE ISLAND HOME CARE, INC., HYANNIS, MASS.

Ms. GROGAN. As an advocate for the elderly, I welcome this opportunity to speak on behalf of the 28,000 elders on Cape Cod, Nantucket and Martha's Vineyard, 500 of whom are already identified as candidates for meals-on-wheels programs.

Our title VII program serves 280 elders per day, approximately 1,000 in a 12-month period. At our five congregate meals sites, elders are turned away every day. Many elders are limited to only 2 or 3 days a week when they actually should come 5.

Elders are on waiting lists waiting to be called to fill in last-minute cancellations.

The title VII demands for more congregate meals means that there is no expansion in the current title VII program for meals-on-wheels.

We became aware of the demand for the meals-on-wheels as visiting nurse agencies repeatedly requested home-delivered meals for their patients returning from the hospital. We had to—we exceeded our 10 percent recommended limit for home-delivered meals every month, and still do, even though we did establish a policy of delivering meals to only short-term homebound elders, not chronically homebound elders.

On the Cape there is no overlap in the meals-on-wheels program. Meals-on-wheels go to the chronically homebound, who will not be out of their home.

Title VII meals go to congregate participants who will be coming back to the program, homebound on a short-term basis.

We do have a title VII home-delivered program on Nantucket for 20 chronically homebound elders. The hospital provides the food at raw-food costs of \$1.59. If an elder were hospitalized, this meal would cost \$4.50 with overhead.

The home-delivered meals have been so crucial that doctors will release the patients from the hospitals on the condition they can be enrolled in meals-on-wheels programs.

A recent example is an elderly whose in-hospital bills were paid by the Federal Government under the medicaid program at \$4.50 per meal. Out of the hospital, the Federal Government under meals-on-wheels pays for his meal at the home-delivered cost of \$1.59. This is an obvious saving. The home-delivered meal will help keep the elder out of the hospital.

The costs of the Nantucket program are kept low by a network of volunteers, many of whom are themselves elderly. However, with the high cost of gasoline, only the wealthy can be volunteers. 100 percent of all the meals-on-wheels programs on Cape Cod are delivered by volunteers. However, these are people who can afford the gasoline. The mileage reimbursement recommendation in the bill proposed is very good. It allows the lower-income people to serve and enjoy this rewarding job.

On the Cape there are many groups anxious to start meals-on-wheels programs, but they don't know how. The guidelines that are available are from large urban project prepared programs and these are inappropriate for small, isolated rural programs serving only 20 meals apiece.

Our Title VII staff put together a manual to help small groups get started. And, Senator Dole, I suggest the criteria in our manual: (1) the people are 60 years or older, or the spouse of a 60-year elder; (2) that they are disabled or unable to prepare their own food; (3) that they have no one to prepare or shop for them—a disabled young person frequently has a guardian who will care for them. They don't need meals-on-wheels. (4) A person needs to be able to feed himself; (5) they are well enough to understand the guidelines of the program; (6) they can pay a minimum fee or donation, however it is planned; (7) they are a resident of the town served; (8) they have adequate cooking facilities. If they do need a modified diet, doctor's permission is necessary.

Senator MCGOVERN. Have those guidelines worked out reasonably well, Ms. Grogan?

Ms. GROGAN. Yes, they have. However, it is up to each meals-on-wheels programs on the Cape, three of whom we have helped initiate, and two of which are continuations. There is a sixth being developed now. The guidelines are really up to the individual programs to accept. Some programs do not accept these. The national meals-on-wheels funding would insist everyone serve the population as intended.

Senator MCGOVERN. I think one of the great needs of the bill we are introducing today is that it stops this competition for limited dollars between the people who are participating in the congregate programs as against those who are homebound.

If we can get this legislation approved, we will have the authority to deal with both those groups.

Ms. GROGAN. The food service for the meals-on-wheels programs on the Cape, which have been initiated by the Councils on Aging, get their food from various places. One gets it from a school with menus frequently unsatisfying to the elderly; another gets it from a restaurant, and frequently has to take fried foods which is ill-advised for elderly diets; another has omitted milk completely because it is too expensive for the program.

Our title VII program offers an option to have bag suppers for the weekends and evenings, including a sandwich, milk and fruit.

Our raw food costs that we offer to these meals-on-wheels programs ordering meals from us is 81 cents. There is no way that 50 cents can pay for a meal. On a national average 81 cents is high because on the Cape, everything else is high, but that is what our raw food costs is.

The meals-on-wheels programs need to insure that the nutritionally adequate, satisfying food is given to the elders, not whatever is handy.

Funding for each of our programs comes from bake sales, quilt auctions, and occasionally some grant money.

Title XX money in Massachusetts is not available for meals-on-wheels.

The food stamps are not available to low-income elders in Massachusetts. We are still one of the States that deny food stamps to SSI recipients.

A national program would enable the subsidies for the elders who are unable to pay the current full cost of the meal. Whatever funds are coming to our meals-on-wheels program go for the operating expenses, and the elderly still have to pay a high charge for them.

On the Cape the concern of the local meals-on-wheels programs generally is for the food service, which means that the concern for the supportive and social health-related services are secondary. Food without followup is not an adequate health service. Our supportive services, at least for title VII, should be included in any meals-on-wheels program.

One of the services that would be on a referral basis is the homemaker service. The main job of a homemaker is to prepare meals. These meals are prepared at \$4.50 an hour.

If a meal was delivered, it would cost about \$1.60 for all expenses with complete volunteer delivery service. If the meals were delivered instead of prepared by a homemaker it would be a savings.

Further nutrition services are needed by the elderly. The Federal budget cannot afford to provide high cost service when a lower cost service is adequate.

I recommend this Committee's bill to establish a national meals-on-wheels program with funding be appropriated as soon as possible. A lot of the initial work has already been done, the pilot projects have been going for years. Upgrading will be possible with a national program.

We are ready to be funded right now!

Senator McGOVERN. Thank you very much, Ms. Grogan, Mr. Alves.

Both Senator Percy and I are going to submit written questions. We would appreciate your response.

Thank you for your testimony.

[The prepared statement of Ms. Grogan follows:]

STATEMENT OF Ms. BERNITA L. GROGAN, DIRECTOR, CAPE ISLAND HOME CARE, INC.,
HYANNIS, MASS.

As an advocate for the elderly, I welcome this opportunity to speak on behalf of the 28,000 elders on Cape Cod, Nantucket and Martha's Vineyard.

Elderly are increasingly drawn to Cape Cod with our mild winters and pleasant rural setting. In 1970 the year-round population over 60 was 25% and during the next five years, increased by 27%. The newcomers soon learn what our residents know—that health services are sparse, public transportation virtually non-existent, costs of food and housing high, part-time jobs which could extend a fixed income are filled. In out of four allegedly "wealthiest" towns, 24% of the year-round elderly live on poverty-level incomes. The county with the lowest median income in the state is Dukes County on Martha's Vineyard. Ranking third in the nation in incidence of alcohol problems is Barnstable County. Clearly, the widely advertised, glamorous vacation life on Cape Cod does not apply to everyone, especially not the elderly.

As a result of the Older Americans Act, services for the elderly began to appear. Massachusetts established Home Care agencies to provide services to the elderly to enable them to live with dignity and independently in their own homes as long as possible. Our area agency on aging coordinates programs and services working closely with councils on aging, senior centers, RSVP, and all elderly interest groups.

The Cape and Islands Title VII nutrition program serves 280 elders per day, a small percentage of those eligible. However, this is the maximum our budget allows. Only 1000 different elders are served in a 12-month period. At our five congregate meal locations participants are turned away each day because reservations are full. Many elderly wanting to come five days a week are limited to only two or three days a week to allow as many elders as possible to participate in the program. Elders on waiting lists hope to be called to fill in last minute cancellations. Expansion of such sites is a lower priority for new Title VII funds which rightly go to completely unserved areas. Title VII staff became aware of the demand for home-delivered meals as visiting nurse agencies repeatedly requested home-delivered meal service for their clients. Each month our project exceeded the recommended 10% limit for meals on wheels. Policy had to be established and maintained to keep the congregate meal focus. Now most meals delivered to homes from the congregate meal locations go to congregate participants who are ill on a short-term basis and will return soon.

Our Title VII program on Nantucket serves only home-delivered meals. These meals go to 20 chronically homebound elders each weekday. The program is a model for a small project in an isolated, rural location. Inte-

grating the Title VII meal with the COA supportive services results in comprehensive team coverage of the elderly needs. Food service comes from the Nantucket Cottage Hospital and offers modified diets. Run by civic-minded, service-oriented staff, the hospital provides the food at the raw food cost of \$1.59 per meal. If an elder received the same meal as a patient in the hospital, the food service cost of that one meal would be \$4.50. Medical charges would be additional. The home-delivered meals have become so crucial that frequently Nantucket doctors will release a patient on condition he can be enrolled in the meals program. A recent example is an elder whose costly in-hospital bills were paid by Medicaid. Now out of the hospital, this elder receives meals on wheels and supportive health services at greatly reduced costs, costs borne by the Title VII program. Our services will keep this elder out of the hospital at home as long as possible.

Costs of the Nantucket meal program are kept low by a network of older volunteers. Each day one car goes on the 7-mile, in-town route while a second car takes the 14-mile beach route. With the high cost of gasoline, only the wealthy can be drivers. But with mileage reimbursement, the ranks of the volunteers would increase allowing those on lower incomes to be part of the team. Many volunteers report that their volunteer work has erased their own feelings of worthlessness and isolation. The gratitude of the homebound elder receiving the meal leaves no doubt that delivering meals is a rewarding, satisfying job.

On the Cape groups anxious to operate meals on wheels programs were at a loss as to how to begin. Excellent guidelines were available from large, urban, project-prepared programs. But these guidelines were not appropriate for the small Cape towns planning to serve from 10 to 20 meals per day. Our Title VII staff prepared a manual to guide councils on aging in developing meals programs. Following closely to Title VII plans, the manual presents information on: justifying the need for a meals on wheels program; developing a knowledgeable steering committee with representatives of health and social service agencies; establishing criteria for accepting meals on wheels applicants; coordinating volunteer crews and food delivery procedures; selecting, evaluating and monitoring a food service system; and analyzing the financial picture.

The Title VII staff with this manual in hand has been instrumental in initiating three COA meals on wheels programs (with a fourth on the way) and has been consultant to two others. These programs serve 75 elders. About 250 others are current candidates for meals on wheels service.

Food service for each of these programs varies. Provincetown during the school year receives meals at low cost from the public school and during vacations receives meals at high cost from local restaurants. Orleans and Brewster receive food from a nursing home. Three programs order from the Title VII caterer, taking advantage of the low meal cost, menu development, and commodity use. Meals on wheels programs need to meet nutritional standards to be sure the elderly are receiving what they need.

Funding for each program also varies. The Massachusetts Department of Education reimburses the Provincetown school for partial costs of senior meals, but during the summer high restaurant charges create an annual burden. The towns of Harwich and Chatham voted financial support in recent town meetings. The Hyannis COA received a small grant specifically for meals on wheels from the Massachusetts Department of Elder Affairs. The Town of Bourne pays a part-time coordinator but food funds come from anything from bake sales to handmade quilt auctions. The Falmouth planning committee is investigating civic and private contributions to lessen charges to meal recipients.

Constant concern for funding means less attention to the necessary accompanying supportive services. Food without follow-up is not an adequate health service. The Title VII supportive services, at least, should be added to each meals on wheels program.

Additional services, such as Title XX homemaker service, would be on a referral basis. Currently on Cape Cod there are about 200 elders receiving homemaker services subsidized wholly or in part by our agency with Title XX funds. About 150 of these elders could receive less homemaker care if they received meals on wheels. Consider the costs. The homemaker agency receives \$4.50 per hour for a 4-hour minimum. A 5-day charge would be \$90.00.

Compare that cost to a 3-day homemaker for \$54.00 plus 7 meals a week at \$1.60 out-of-pocket costs for a total weekly charge of \$65.20. A "savings" of \$24.80 each week for 150 Cape Codders points to a significant national total. These "extra" Title XX funds would allow many elders, now denied service, to receive aid. This aid, in turn, puts off more expensive long-term institutional care.

Further nutrition services are needed by the elderly. The federal budget cannot afford to provide high cost service when a lower cost service is adequate. I strongly recommend this committee's bill to establish a national meals on wheels program.

[The following information was subsequently received for the record.]

ELDER SERVICES OF CAPE COD AND THE ISLANDS, INC.,
Hyannis, Mass., July 26, 1967.

HON. GEORGE MCGOVERN,
*Senate Office Building,
Washington, D.C.*

DEAR SENATOR MCGOVERN: Several issues and questions arose during the June hearing of the Select Committee on Nutrition and Human Needs about the proposed national meals-on-wheels program.

A. To complete the hearing record, the following statements are submitted as requested by the letter on June 18, 1976.

1. The provision of home-delivered meals is the #1 priority for services to home-bound elders. Food is a requirement of life. Life can continue in some manner without transportation, chore workers and home cleaners, but food is an absolute necessity whether paid for in home-delivery or in home maker preparations. Homemakers are decidedly more expensive than home-delivered meals.

2. The health benefits to the elderly are healthier bodies and happier minds. Special diets are common among the elderly and attention to the details of that diet as prescribed by the doctor are essential to combat the injuries and illnesses that beset old age. When a happy volunteer makes a cheerful contact with the food delivery, sense of being part of the life of the community also is enhanced. A greater well being is felt and the body responds and generates the will to be strong. As our 92 year old, 4 foot 8 inch, Title VII participant told us, "When I started this program I had nothin' but bones, now I got muscle!"

3. In the Title VII program, only elders who are homebound for a short time receive home-delivered meals. We expect them to rejoin the congregate program. Almost none would be institutionalized but their convalescence would be greatly lengthened. In the local meals-on-wheels programs however, probably close to 90% would need some more expensive care which would either be through homemaker services or Title XX (if they qualify by income) or institutionalization in convalescent homes. Many on limited incomes, but above the means tests for third party help, would be hesitant about spending their money on preventative care in hopes that the care would be unnecessary; these elderly would revert back to the numbers of abandoned, isolated elderly.

B. The following statements are submitted in response to questions from the committee as a result of the hearing testimony.

1. I think that a national meals-on-wheels program will NOT undermine the intent of the Title VII congregate program. No participants will be rejected from the congregate setting. The home-bound elders will simply be included in the food service system. Administration of Title VII programs could, with only minor additions, add the responsibility of meals-on-wheels. A duplicate administration from separate programs would be wasteful.

2. On Cape Cod about 500 elders would benefit from a national meals-on-wheels program. However, it is doubtful that all 500 would be included in the original bill of \$80 million. Some of these elders now have homemaker-prepared meals and some homemakers would have to continue. Some of these 500 receive meals from local meals-on-wheels programs. A national program would help these programs in servicing low-income elders and in procuring a more satisfying food service. Elders not yet identified on Martha's Vineyard for either home-delivered meals or Title VII would probably number about 50. Visiting Nurses Association are excellent in referring names of elderly who could benefit from home-delivered meals.

3. The \$80 million requested by the original meals-on-wheels funding should include an increase in funding for the next years. The Title VII program, serving

such a small portion of those elders in the target groups, started with a smaller amount and the increase in funding built on the experience of the original planning periods. Though the \$80 million will not cover the needs of the elders, I feel it is an adequate request for the first year of operation. Many of the home-delivery recipients are already identified through the existing Title VII programs and the local meals-on-wheels program. A thorough outreach effort will identify many more elders heretofore unknown.

4. The elderly presently receiving meals in a social setting would prefer to continue to receive congregate meals. Only a few would try to take advantage of a new home-delivery system. The socialization is appreciated as much as the food. It would be up to the outreach workers and the social workers associated with Title VII to insure that elders join others whenever possible. Medical permissions are already in use by a number of projects so that elders must join congregate programs unless medically exempt. However, on Cape Cod only 3 or 4 elders out of thousands request home-delivery to avoid the congregate program. Comfortable, door-to-door transportation is essential for congregate participation at rural sites.

C. The following are also submitted to stress some points at the hearing.

1. Federal funds should be available as soon as possible. The proposal that a year be spent on pilot projects to show the need and value of a national meals-on-wheels program is reasonable. However, questions to be answered by pilot projects have already been answered, by excellent locally supported projects currently operating, such as reported on at the hearing on June 17th by Joseph Brown of Rhode Island and Judith Olsen of Maryland. Local funding has made unnecessary the expenditure of federal funds for pilot projects.

2. In all Cape meals-on-wheels projects, 100% of the meals are delivered by volunteers. Mileage reimbursement should be made available for volunteers to allow low-income citizens to volunteer for this rewarding work.

3. Title VII participants appreciate the opportunity to donate 50¢ avoiding the welfare issue of accepting a handout. Meals-on-wheels recipients should have the opportunity to donate for meals.

4. Because of state options in Title XX, elders in Massachusetts do not have meals-on-wheels service from Title XX. Because of state options, SSI elders in Massachusetts do not receive food stamps. The federal meals-on-wheels program would eliminate the narrowed nutritional help available in some states.

5. If disabled recipients under 60 are to be accepted in the Title VII meals-on-wheels program, they should also meet the other necessary criteria which disabled recipients over 60 must meet, such as having no regular method of shopping or preparing food available in the household.

6. Besides the $\frac{1}{3}$ daily nutritional offering of Title VII, the meals-on-wheels program should be a seven day service with other daily supplements available.

Please call on me if further information is necessary to support the meals-on-wheels bill.

Sincerely,

BERNITA L. GROGAN,

Title VII Nutrition Project Director.

Senator McGOVERN. Our next panel includes Mr. Joseph Brown, president of the National Association of Home-Delivered and Congregate Meals Programs, Inc., and Ms. Jody Olsen, president, Board of Directors, Meals-on-Wheels of Central Maryland.

You folks may proceed in any way you see fit.

STATEMENT OF JOSEPH N. BROWN, PRESIDENT, NATIONAL ASSOCIATION OF HOME-DELIVERED AND CONGREGATE MEALS PROGRAMS, INC., PROVIDENCE, R.I.

Mr. Brown. Thank you.

I am delighted for the opportunity to be here this morning primarily from the point of view of representing the volunteer meals-on-wheels programs throughout the country, and also as executive director for the Rhode Island meals-on-wheels.

According to the latest figures, there are presently 1,100 different meals-on-wheels programs and these are continuing to grow throughout the country. There are also between 800 and 900 title VII programs.

We are all familiar with the real function and purpose of meals-on-wheels. Through these nonprofit voluntary organizations, thousands and thousands of elderly people are now getting home delivered meals who otherwise would be unable to obtain proper food.

I will skip over the history of meals on wheels because of the lack of time. We started our program in Rhode Island with two routes with \$100 donations from each of five downtown churches.

We have since grown so that at the present time we have 44 routes taking hot meals to about 600 different people daily. These meals are delivered by over 400 volunteers. Last year we delivered a total of 123,566 meals in Rhode Island to 1,183 different clients.

We purchase our meals from many different sources, because we have found that we can purchase excellent meals not only from hospitals, but from nursing homes, commercial restaurants, colleges, vocational high schools, retirement homes, and even from a bank—they have cooperated in their employee-cafeteria. We also have meals coming from an Indian Long House in South County, where they are also preparing title VII meals.

We deliver in almost every area of the State—cities, suburbs and large rural areas. One of our rural routes covers over 50 miles to deliver meals to 12 isolated homebound elderly persons.

The cost of the meal is on a sliding scale basis from 50 cents to \$1.50 per meal. The majority pay a dollar. A few do not pay anything. But we have found that most elderly people have a lot of pride and dignity and want to pay their own way. Because of this we have emphasized from the beginning that it is not a charity program. It is a service that is available to any elderly person who needs it.

Our motto is, "we care" and our volunteers have certainly demonstrated that they do. Even in severe winter storms, only a few of the routes have ever had to be canceled for lack of volunteers. Our volunteers are like the old-time postmen, "neither snow, nor rain, nor heat * * * stays these couriers from the swift completion of their appointed rounds."

I really cannot say enough about the volunteers. They are the heart and soul of the meals-on-wheels program. Many of them do far more than deliver meals. They go back another time and help individual clients by shopping, doing errands, taking them to doctors and clinics, etc. They also act as an information and referral agency, as does our office staff.

To the elderly person, meals-on-wheels is more than just a hot meal. For many of them the daily social contact is of as much value, if not more so, than the hot meal. The volunteer may be the only person they see all day long, and while the visits are brief, the volunteer brings in a lot of warmth and friendliness with the meal. This visit is really the highlight of the day for many of these lonely people.

When you see them sitting at the window just waiting for the volunteer, you realize just how much it means to them.

We have seen amazing improvements take place in the outlook of homebound people who have started receiving meals-on-wheels. For example, the visiting nurses asked us to put on two very elderly sisters. When we first went to their home it was in great disorder, and the ladies were unkempt, wearing bathrobes and with hair uncombed.

Within a few weeks, they started to get dressed, comb their hair, straighten up the house, because someone was coming to see them. In other words, they now had a purpose in living—something to look forward to.

This benefit was, of course, in addition to that of getting the hot, nutritious meals they needed.

The nutritional value of the meals has also brought dramatic changes in many individuals. One example is the elderly woman who kept telling us, "I was supposed to be dead by now, but instead I'm getting better, thanks to meals-on-wheels."

Another is a lady in such poor condition that after receiving meals for just 2 weeks, her doctor was amazed at her progress. He asked her, "What have you been doing?"

She answered, "Just Meals-on-Wheels," to which he replied, "Well, God bless Meals-on-Wheels."

I would like to read from several letters of appreciation out of the many, many we have received, in the last several years.

The first letter:

Dear Mr. Brown, A lovely young lady, Mrs. Judy Parker, one of your Wednesday girls, telephoned this evening to extend sympathy for the loss of my mother.

Incidentally, this is a case where a volunteer went in and found the mother dead.

She had delivered many Meals-on-Wheels to my mother in the course of the year, and spent a little extra "we care" time with her—so valuable for any shutin. But above all, she made it possible for at least one person to remain in her own home, which nourishes that spark of independence.

Last Wednesday, when Mrs. Parker discovered that the Tuesday meal had not been eaten, and there was no response to her knock on the door, she was concerned enough to notify the landlord and call the appropriate authorities. Within minutes, I was summoned to the scene.

Because of one lady under the special program which you direct, I felt compelled to say a heartfelt thank you.

Your network of services and loyal volunteers deserve all the stars in the firmament.

The community should know more about your outstanding program. A small price to pay for such humane services.

Many, many, thanks to each of you at Meals on Wheels. May you grow and prosper.

Sincerely

ANNE SMITH.

The second letter was brief, but I really think it hits a key point.

Dear Mr. Brown, "Mom"—Evelyn Steel of 41 Senior City, W. Warwick, died September 3. She came to live with us this summer.

We wish to thank the Meals-on-Wheels for being. Without the meals Mom could not have kept her independence for so long—she was 86 years old. She was so pleased with the food and the service. She was so happy to

make it on her own for such a time. Thank everyone connected with the program. We appreciate all those who drove for the delivery of those meals. May God bless all of you. Keep up the good work.

Very sincerely,

DON AND DOROTHY STEEL.

Another very important aspect of the meals-on-wheels program is that it provides a daily check on people living alone, some of whom are very frail and who see no one for long periods of time. Many times volunteers have found an elderly person who has fallen and was unable to get up, or was unconscious or in great need, and in a number of cases they have saved their lives by getting help for them in time.

We have a very close working relationship with all the other social agencies in Providence and in Rhode Island. Clients are referred to us by many different agencies and individuals including district nurses, doctors, hospital social services, SRS, the Association for the Blind, title VII outreach workers, relatives and friends as well as self-referrals.

The most important point I want to get across to you today is that these meals-on-wheels programs enable thousands and thousands of elderly citizens to remain in their own homes, which is their greatest desire, rather than having to go to a nursing home.

There is almost universal agreement among professionals that most elderly people are far better off in their own homes under nearly any circumstances, than in an institution of any kind. A study made of persons entering institutions showed that of those aged 65 and over:

50 percent suffered emotional and physiological shock, and 24 percent died within the first six months of institutionalization.

Another very important point to consider here is the substantial savings to the State and Federal governments of money that would otherwise be spent on nursing home care, a point which has been strongly brought out earlier.

While the present meals-on-wheels and title VII programs cover large areas of the country, there are still many, many areas where no program like this is available to the homebound elderly person. This is one of the major concerns to which I feel this committee needs to address itself.

While the present programs should be given additional money to meet their current needs, let us not forget that there are still vast areas of the country where there are no nutrition programs at all. There is just as great a need for the service in those areas. In our program in Rhode Island, while we are serving nearly 600 people daily, the demand is so great that there is still a long waiting list. I think if I give you some examples from this list, it will demonstrate the great need for this service in every city and town.

"82 year old woman, nearly blind, suffering with arthritis. Goes up and down stairs on hands and knees."

"80 year old man who is ill. Has been living mainly on water and peanut butter sandwiches."

"82 year old woman living in very poor hotel room; just out of hospital. No cooking facilities; unable to go out."

"87 year old man; weakness considered to be caused by malnutrition. Very important that he get proper food."

With the right leadership and foresight, hundreds of new programs could be started with a very small outlay of money. The operation can be kept simple, and many, many more needy elderly people can be served at little cost. For example, our total cost last year was only \$1.89 per meal. This low cost was possible only through the use of volunteers.

The greatest asset of the private meals-on-wheels programs is the thousands of volunteers who gladly give of their time, abilities, automobiles and gas. Because of this, the volunteer programs can deliver two to three times as many meals for the same amount of money as the title VII programs are able to do. This is not discounting the value of the title VII programs. They are doing an excellent job, but I would certainly recommend that they continue with and further expand their home-delivered meals programs to help meet the great need.

What I would like to emphasize is that wherever there are existing meals-on-wheels programs, or volunteers want to start a private meals-on-wheels program, they should be given first priority for Federal funds.

The success of the programs under the proposed legislation will depend on a real cooperative effort between the private, nonprofit meals-on-wheels programs and the area agencies on aging and title VII directors; but I know that this can be achieved.

An excellent example of this is the wonderful cooperation we have had in Rhode Island between the State Division on Aging and Rhode Island meals-on-wheels. We have worked closely together for over 7 years.

This relationship started when we applied for and received title III funds through their office. This money allowed us to expand our program much faster than we could otherwise have done. After title III funding ended, we received wide community financial support from church organizations, service clubs, businesses, local and State governments, private foundations and individuals.

At the present time we are receiving no direct Federal funds.

Because of the success of our program the State Division on Aging asked Rhode Island meals-on-wheels to be the grantee agency for title VII for the city of Providence. We have continually enlarged this program so that the elderly in all areas of the city are presently being served congregate meals.

At one of our meal sites we have the only 7-day-a-week program in New England. The weekend meals have been of particular value to the older men living in rooming houses who have no place to go on weekends, as most of the less expensive restaurants in downtown Providence are closed on Saturday and Sunday.

Most of our title VII funds are going into food, as we have been able to secure local meal sites where we have not had to pay any staff, facility or utility charges. It may be difficult to find these sites, but it can be done, thus allowing more money to be spent for meals.

At the present time we have seven sites serving group meals, plus home-delivered meals 5 or 7 days a week. We are providing about 2,000 meals a week under this program.

We have responded to the need for congregate meals in all areas of the city and at the present time there is no waiting lists at any site except at the Jewish Community Center, where we are limited in the number of kosher meals that can be provided each day.

Our title VII program has an excellent advisory committee made up of all senior citizens. They have been very active in many phases of the program.

The present title VII nutrition program has helped to meet the social and nutritional needs of great numbers of our elderly citizens. There are, however, still many shut-in elderly persons who need home-delivered meals. The proposed legislation will fill this great gap in the nutritional needs of our elderly people.

In conclusion, I strongly endorse the proposed legislation as it will help to meet what is probably the greatest need of the elderly in the United States today.

Thank you.

Senator McGOVERN. Thank you very much, Mr. Brown. That was an excellent statement, and we know that you are running a superb program in Rhode Island. We do appreciate your appearance here today.

[The prepared statement of Mr. Brown follows:]

STATEMENT OF JOSEPH N. BROWN, PRESIDENT, NATIONAL ASSOCIATION OF HOME-DELIVERED AND CONGREGATE MEALS PROGRAMS, INC., PROVIDENCE, R.I.

Gentlemen, it is indeed a pleasure and an honor to have this opportunity to present my testimony before the Senate Committee on Nutrition.

I am Joseph Brown, President of the National Association of Home Delivered and Congregate Meal Programs, and Executive Director of Rhode Island Meals on Wheels.

At the present time there are about eleven hundred private, non-profit Meals on Wheels programs and between eight and nine hundred Title VII congregate meal programs in the United States.

What is Meals on Wheels? Basically, it is a program in which volunteer drivers and helpers deliver hot noon-time meals to the homes of the homebound and handicapped elderly people.

The concept of Meals on Wheels originated in London during the second World War. As a result of the extensive bombing of the city, many elderly people were unable to get proper food or to prepare it. Then several volunteer organizations established a home delivery, or "Meals on Wheels" program. It proved so successful that it was continued after the war and spread throughout England and the commonwealth nations, and then throughout major cities of Europe and other parts of the world.

Meals on Wheels started here in the United States in Philadelphia in 1954 and has since spread throughout many areas of the country until I believe there are nearly two thousand different home delivered meal programs in the United States at the present time.

Some programs provide just the hot noon-time meal, while others include a cold supper meal as well. Our Meals on Wheels program in Rhode Island provides a meal each day consisting of hot soup, crackers, salad, meat, potatoes, vegetable, bread and butter, dessert and milk. So you can see that they do get a good, nutritious meal. We have had the services of Miss Sybil Kaplan, a nutritionist from the Co-operative Extension Service of the University of Rhode Island, as a consultant from the beginning of our program. She has helped us in many areas so that I feel that with her help and advice we are delivering the highest quality and quantity of food—the equal of any in the country. However, we have discovered that many of our clients use this noon-time meal for two meals a day, and for a few of them it is actually divided up for three meals. Most of our routes run five days a week although we do have two that deliver seven days a week year round.

Our program started about seven and one half years ago with a hundred dollar donation from each of five downtown Providence churches, with two routes and seventeen clients. It has now grown to be one of the largest in the country.

At the present time we are operating 44 routes, taking hot meals to about 600 different people daily. These meals are delivered by about 400 volunteers each week. Last year we delivered a total of 123,566 meals in Rhode Island to 1,183 different clients.

We purchase our meals from many different food services—hospitals, nursing homes, commercial restaurants, a college, a vocational high school, a retirement home, a bank, and even an Indian Long House where they are also preparing Title VII meals.

We deliver in almost every area of the state—cities, suburbs and large rural areas. One of our rural routes covers over fifty miles to deliver meals to twelve isolated, homebound elderly persons.

The cost of the meals is on a sliding scale basis from fifty cents to a dollar and a half per meal. The majority pay a dollar. A few do not pay anything, but we have found that most elderly people have a lot of pride and dignity and want to pay their own way. Because of this we have emphasized from the beginning that it is not a charity program. It is a service that is available to any elderly person who needs it.

Our motto is "We Care" and our volunteers have certainly demonstrated that they do. Even in severe winter storms only a few of the routes have ever had to be cancelled for lack of volunteers. Our volunteers are like the old-time postmen: "neither snow, nor rain, nor heat . . . stays these couriers from the swift completion of their appointed rounds."

Each week the volunteers receive new "route sheets", planned and typed by our office secretary, giving clear directions for getting to each client and including whatever explicit instructions that are needed, such as "back door, second floor," "watch out for dog," "deaf—knock hard and walk in," etc.

I really cannot say enough about the volunteers. They are the heart and soul of the Meals on Wheels program. Many of them do far more than deliver meals. They go back another time and help individual clients by shopping, doing errands, taking them to doctors and clinics, etc. They also act as an information and referral agency, as does our office staff.

To the elderly person, Meals on Wheels is more than just a hot meal. For many of them the daily social contact is of as much value, if not more so, than the hot meal. The volunteer may be the only person they see all day long and while the visits are brief, the volunteer brings in a lot of warmth and friendliness with the meal. This visit is really the highlight of the day for many of these lonely people. When you see them sitting at the window just waiting for the volunteer, you realize how much it means to them.

We have seen amazing improvements take place in the outlook of homebound people who have started receiving Meals on Wheels. One example—the visiting nurses asked us to put on two very elderly sisters. When we first went to their home it was in great disorder, and the ladies were unkempt, wearing bathrobes and with their hair uncombed. Within a few days they started to get dressed, comb their hair, straighten up the house, etc., because someone was coming to see them! In other words, they now had a purpose in living—something to look forward to. This benefit was of course in addition to that of getting the hot nutritious meals they needed.

The nutritional value of the meals has also brought dramatic changes in many individuals. One example is the elderly woman who kept telling us, "I was supposed to be dead by now, but instead I'm getting better, thanks to Meals on Wheels." Another is a lady in such poor condition that after receiving meals for just two weeks her doctor was amazed at her progress. He asked her, "What have you been doing?" She answered, "Just Meals on Wheels," to which he replied, "Well, God bless Meals on Wheels."

Another very important aspect of the Meals on Wheels program is that it provides a daily check on people living alone, some of whom are very frail and who see no one for long periods of time. Many times volunteers have found an elderly person who has fallen and was unable to get up, or was unconscious, or in great need, and in a number of cases they have saved their lives by getting help for them in time.

We have a very close working relationship with all the other social agencies in Providence and in Rhode Island. Clients are referred to us by many

different agencies and individuals including district nurses, doctors, hospital social services, SRS, The Association for the Blind, Title VII outreach workers, relatives and friends as well as self referrals. The urgency of these requests is perhaps the most convincing evidence of the very great need for this service.

The most important point that I want to get across to you today is that these Meals on Wheels programs enable thousands and thousands of elderly citizens to remain in their own homes, which is their greatest desire, rather than having to go to a nursing home. There is almost universal agreement among professionals that most elderly people are far better off in their own homes under nearly any circumstances than in an institution of any kind. A study made of persons entering institutions showed that of those aged 65 and over, "50% suffered emotional and physiological shock, and 24% died within the first six months of institutionalization."¹ Another very important point to consider here is the substantial savings to the state and federal governments of money that would otherwise be spent on nursing home care.

While the present Meals on Wheels and Title VII programs cover large areas of the country, there are still many, many areas where no program like this is available to the homebound elderly person. This is one of the major concerns to which I feel this committee needs to address itself. While the present programs should be given additional money to meet their current needs, let us not forget that there are still vast areas of the country where there are no nutrition programs at all. There is just as great a need for the service in these areas. In our program in Rhode Island, while we are serving about 600 meals a day, the demand is so great that we still have a long waiting list. There has been a waiting list almost from the beginning even though we have continually added routes. We hope to keep on adding routes as fast as we can get volunteers until there is no one on the waiting list. I think if I give you some examples from this list it will demonstrate the great need for this program in every city and town. [Exhibit 1]

With the right leadership and foresight, hundreds of new programs could be started with a very small outlay of money. The operation can be kept simple, and many, many more needy elderly people could be served at little cost. For example, our total cost last year was only \$1.89 per meal. This low cost was possible only through the use of volunteers.

The greatest asset of the private Meals on Wheels programs is the thousands of volunteers who gladly give of their time, abilities, automobiles and gas. Because of this, the volunteer programs can deliver two to three times as many meals for the same amount of money as the Title VII programs are able to do. This is not discounting the value of the Title VII programs. They are doing an excellent job, but I would certainly recommend that they continue with and further expand their home delivered meals programs to help meet the great need. Also, each project director should be allowed to respond to the local need for home delivered meals up to the amount of 33 $\frac{1}{3}$ % of their total meals. Many of them have not been allowed home delivered meals or have been restricted to 10%. What I would like to emphasize is that wherever there are existing Meals on Wheels programs or where volunteers want to start a private Meals on Wheels program they should be given first priority for federal funds.

The success of this program will depend upon a real co-operative effort between the private, non-profit Meals on Wheels programs, the Area Agencies on Aging, and Title VII directors; but I know this can be achieved. An excellent example of this is the wonderful cooperation we have had in Rhode Island between the State Division on Aging and Rhode Island Meals on Wheels. We have worked closely together for over seven years. This relationship started when we applied for and received Title III funds through their office. This money allowed us to expand our program much faster than we could otherwise have done. After Title III funding ended, we received wide community financial support from church organizations, service clubs, businesses, local and state governments, private foundations and individuals. At the present time we are receiving no direct federal funds.

¹ State Communities Aid Association. Consultation, Communities and Health: A Demonstration of a Statewide information and consultation Service. (New York, New York 1961) Page 57.

Our Meals on Wheels organization has agreements with all of the project areas in Rhode Island except one, to provide home delivered meals for them. This has worked out very well for the Title VII directors and for Meals on Wheels; and the most important thing is that all the clients have been better served as a result.

Because of the success of our program the state asked Rhode Island Meals on Wheels to be the grantee agency for Title VII for the city of Providence. We have continually enlarged this program so that the elderly in all areas of the city are presently being served congregate meals. At one of our meal sites we have the only seven day a week program in New England. The weekend meals have been of particular value to the older men living in rooming houses who have no place to go on weekends as most of the less expensive restaurants in down-town Providence are closed on Saturday and Sunday.

Most of our Title VII funds are going into food, as we have been able to secure local meal sites where we have not had to pay any staff, facility or utility charges. It may be difficult to find these sites, but it can be done, thus allowing more money to be spent for meals.

At the present time we have seven sites serving group meals, plus home delivered meals, five or seven days a week. We are providing about 2,000 meals a week under this program. We have responded to the need for congregate meals in all areas of the city and at the present time there is no waiting list at any site except at the Jewish Community Center, where we are limited in the number of Kosher meals that can be provided each day.

Our Title VII program has an excellent advisory committee made up of all senior citizens. They have been very active in many phases of the program. We serve certain dishes according to the ethnic background of the majority of the participants at each site wherever possible.

The present Title VII nutrition program has helped to meet the social and nutritional needs of great numbers of our elderly citizens. The proposed legislation will fill the greatest gap in the nutritional needs of our elderly people.

In conclusion, I strongly endorse the proposed legislation as it will help to meet what is probably the greatest need of the elderly in the United States today.

EXAMPLES OF WAITING LIST

- 83-year old woman in Providence, nearly blind. Very frail. Difficult to cook for herself.
- 82-year old woman in Providence, nearly blind, suffering with arthritis. Goes up and down stairs on hands and knees.
- 73-year old woman with a blood disorder. Medication causes dizziness. No incentive to cook.
- 86-year old woman, can't cook for herself anymore. Lives with sister in 80's but they don't get along so doesn't get the help she needs.
- Couple in 70's. Woman depressed, unable to cook because of hardening of arteries to the brain. Husband has heart condition, tries to help but just can't cook properly.
- 82-year old woman recovering from broken hip. Handicapped by failing eyesight and general weakness.
- 75-year old man suffering with pulmonary emphysema. Doctor suggested MOW as he is no longer able to go out for meals.
- 80-year old man who is ill. Has been living mainly on water and peanut butter sandwiches.
- 89-year old woman just out of hospital for coronary deficiency.
- 82-year old woman living in very poor hotel room, just out of hospital. No cooking facilities, unable to go out.
- 82-year old woman. Very frail, but caring for invalid sister. Had been sending out for meals but can no longer afford it.
- 87-year old man, weakness in legs, considered to be caused by malnutrition. Very important that he get proper food.
- 86-year old widow in Cranston. Nearly blind, living alone. Fell and fractured her right arm. No relatives.
- 80-year old man. Had been found on floor after lying there for a day or two, then nine weeks in the hospital with viral pneumonia. Now home alone, does not cook properly for himself.

[The following questions were submitted by Senator McGovern to Mr. Brown, and his answers thereto.]

QUESTION 1. I understand that your program in Rhode Island has developed an excellent information and referral system. Can you briefly explain how it works?

ANSWER 1. Our volunteers often take care of minor needs of our clients, such as going shopping for them, paying bills, little things that need to be done in the house, etc. Major needs are referred to our central office and our staff takes care of it from there. We have a close working relationship with all of the major social agencies—visiting nurses, homemakers, home health aides, nutrition aides, senior citizen transportation. We also work with the state and federal agencies, such as the State Division on Aging, Welfare, Food Stamps, S.S.I., Mental Health Agency, Title VII outreach workers, etc.

We have also developed an information directory card in large letters with special colors so that the elderly client can easily read it. This has all the key telephone numbers they would probably ever need in an emergency. These cards are available to any elderly person in Providence.

As a result of the above, we can usually get help for almost anyone who needs special services or information.

QUESTION 2. You say your average cost per meal last year was \$1.89 due to your reliance on volunteers. Can you give us an idea how much more it would cost to use paid staff under Title VII?

ANSWER 2. I would predict it would cost at least twice as much and in some areas three or four times as much. This is based on information I have received from Title VII home delivered meal programs. One of the largest programs is paying \$5.75 per meal delivered, and another one said it was costing them about \$7.50 for each home delivered meal as compared to our \$1.89 per meal.

This is why the use of volunteer non-profit meals on wheels programs was strongly emphasized in my testimony.

QUESTION 3. Can you estimate how many persons you serve would be unable to remain in their own homes without a home-delivered meal?

ANSWER 3. We would estimate that approximately 25% of our 613 clients would need nursing home care if they were not being served by Meals on Wheels. Projected cost; 150 people @ \$25.00 per day in a nursing home is \$3,750.00 per day times 365 days is \$1,368,750.00 yearly. Cost of Meals on Wheels to these 150 clients, \$103,477.00; Potential Savings, \$1,265,273.00.

QUESTION 4. What kind of pre-participation screening do you use to insure that persons receiving home-delivered meals are in fact homebound?

ANSWER 4. The majority of our clients are referred to us by other agencies who know the clients well. We accept their professional judgments and they are usually sound. From those who are self-referrals or referred by friends or relatives we gather detailed information as to their present condition and why they need this service. In this we can usually pretty well determine the need over the phone. We do have to stress to a few people that this is not a convenience program but only for those who have a real need. Also we have very capable volunteers who will call us if they find any client who looks as though they do not need the meals. In seven years of operation in this program I have not found anyone whom we were serving regularly who was abusing the program. We have found that people very seldom request home delivered meals unless there is a real need for them.

Senator McGovern. Ms. Olsen?

**STATEMENT OF MS. JODY OLSEN, PRESIDENT, BOARD OF DIRECTORS,
MEALS-ON-WHEELS OF CENTRAL MARYLAND, BALTIMORE, MD.**

Ms. OLSEN. Yes. I would like to first endorse what Mr. Brown said and add a few statistics that might be helpful as one looks at how the meals-on-wheels operation works.

I believe that Meals-on-Wheels of Central Maryland is the largest single meals-on-wheels program in the country. It recently com-

pleted 15 years of service to the elderly and homebound. It operates out of 17 kitchens in the urban, suburban and rural areas in and around Baltimore City.

The 2,600 volunteers serving 2 meals a day, 5 days a week from these kitchens are supported by a central office that coordinates client referrals, meal delivery routes, menu planning, some bulk buying, volunteer recruitment, fund raising and program expansion.

For the year ending this June, Meals-on-Wheels of Central Maryland will have served over 334,300 meals to 3,424 different clients on 80 different meal routes. This represents a 43 percent increase in the number of different clients served over the last year. I think this is a tremendous testament to the increased need and acceptance of this program.

During the year, 4,100 referrals were made to other agencies, an increase of 87 percent over last year. This shows that one, there is a need for meals-on-wheels to link into other services, and two, that those needing meals-on-wheels also need the resources of other service agencies and programs.

The second most common reason for clients leaving our meals-on-wheels program was that of self-care. 31 percent of our clients left because of their ability to continue with their own care. We are very impressed with this statistic, as we believe that not only does meals-on-wheels keep people out of institutions unnecessarily, but it in fact helps rehabilitate the people receiving the meals, so that in many cases they can then continue on their own, which might include going back into the title VII program.

Considering the age of many of the clients and the additional services needed by many, the number that we move to self-care emphasizes the rehabilitative effects of the home-delivered meal program.

Until this year, meals-on-wheels has been primarily a self-supporting organization. Fees have been charged clients on a sliding scale, anywhere from 75 cents a meal to \$1.50, based on the clients' income and ability to pay. These fees cover kitchen operation and a percentage of central office operation.

Contributions from the United Fund, Associated Catholic Charities, Associated Jewish Charities, and private donations have also helped cover central office costs.

Recently, grants under title III of the Older Americans Act, and title XX have helped cover program costs.

However, about 18 months ago, we noted a rather dramatic shift in the financial resources of those requesting service. At the beginning of this time period, those paying the least amount, which is 75 cents a meal, averaged about 30 percent of our client group. This has changed to where at present 50 percent of our client group is only able to pay approximately 75 cents a meal.

In short, more and more low-income elderly are applying for the program. On the one hand it is important that the program respond to the expressed need by the low-income elderly. But on the other hand this shift is creating a program deficit, since on the average it actually costs the program \$1.23 per meal, and \$1.23 takes into consideration the fact that the meals are primarily packaged and delivered by volunteers.

We want to be able to serve everyone who is eligible for the program, but we are finding it increasingly difficult to do so financially.

I think the need for the program has been well covered this morning and I don't want to go into material that has already been covered. But I would like to add one thing.

As we determine expansions for our own program, we have to look at needs and where the program can best work.

Based primarily on our own program experience, we, in Central Maryland, estimate that for every 4,000 people 65 and older in a service area, there will be 40 to 60 people needing and wanting a meals-on-wheels program. Despite the size of the Baltimore program, it has not come close to meeting its own needs formula.

Our relationship in meals-on-wheels to congregate programs: When the title VII program began, there was some feeling that providing home-delivered meals would undermine efforts to encourage congregate activities. As the results of the title VII questionnaire indicate, most title VII directors now do not see this as a problem, paving the way for general support for both types of meal service.

In fact, only 9 out of 125 title VII directors responding to the question felt that there would be some conflict. Title VII congregate and the home-delivered meals can not only provide parallel programs in the community, but should exist together in order that elderly participants have a choice based on their individual needs.

There appears to be no conflict between the purpose of the congregate and the home-delivered meal program.

The important fact, however, is in preserving the quality of both the congregate and the homebound meal programs.

This is particularly important when looking at the proposed meals-on-wheels legislation that you have today, that could provide funds to greatly expand the home-delivered meal services.

The nonprofit home-delivered meal programs offer a good community base, and they offer a good volunteer support system.

I might mention that of the volunteers that are working in our meals-on-wheels program, 70 percent of them are 60 and above. The program is not only good for the people who are receiving the meals, but it is excellent for those who are delivering the meals. And we feel that this should be encouraged and should be sustained.

There are a couple of problems between title VII and meals-on-wheels. One, the clients are not being referred from title VII to the homebound meals-on-wheels program. This has been minor, but it has been noticed in a few cases.

However, the proposed legislation for home-delivered meal programs must make the effort at alleviating any problems in this area by stating clearly that the integrity of both organizations should be preserved, and that is why there is the strong language in the bill, which we strongly endorse.

This way the title VII program would incorporate the services of the home-delivered meal program, thus preserving the existing structure, if it is seen as being adequate to the task.

Through purchase of service volunteers will still have some part in program decisionmaking, an essential ingredient to their continued interest and participation in the program.

I want to emphasize this point, that volunteers, in order to stay involved, and wanting to contribute to the meals-on-wheels program, must feel that they have some component in the decisionmaking of that program.

In conclusion, we endorse the proposed legislation and its stated funding levels. Home-delivered meal programs are necessary, but until now, a neglected service for the older people. The proposed legislation can help change the situation.

Thank you.

Senator McGOVERN. Thank you very much, Ms. Olsen.

Again we would like to do the same thing, we were planning to do with the people from Massachusetts. We will submit questions to both you and Mr. Brown and you can give us answers within the next 10 days or so.

We would appreciate it.

[The prepared statement of Ms. Olsen follows:]

STATEMENT OF MS. JODY OLSEN, PRESIDENT, BOARD OF DIRECTORS, MEALS-ON-WHEELS OF CENTRAL MARYLAND, BALTIMORE, MD.

I am Jody Olsen, President of Meals on Wheels of Central Maryland and Director, Center on Aging, University of Maryland. It is a pleasure to be invited to testify in behalf of the home delivered meal program and the service it offers the homebound throughout the county. In my testimony, I would like to describe the Central Maryland program, second, to discuss the need for the general expansion of home delivered meal programs, and third, to discuss the relationship of home delivered meal programs to Title VII.

MEALS ON WHEELS OF CENTRAL MARYLAND

Meals on Wheels of Central Maryland, which recently completed 15 years of service to the elderly and homebound, operates out of 17 kitchens in the urban, suburban, and rural areas in and around Baltimore City. The 2600 volunteers serving two meals a day, five days a week from these kitchens are supported by a Central Office that coordinates client referrals, meal delivery routes, menu planning, some bulk buying, volunteer recruitment, fund raising, and program expansion. The central office also insures that each kitchen meets all local health regulations, that the meals provide two thirds of the daily nutritional requirements, and that clients with additional problems or service needs are referred to appropriate resources. For the year ending this June (75-76), Meals on Wheels will have served over 334,300 meals to 3424 different clients on 80 different meal routes. This represents a 43% increase in the number of different clients served over last year, attributed to the increased need and acceptance of the program. During the year, 4100 referrals were made to other agencies, an increase of 87 percent over last year. This statistic reflects first, the fact that many of the people serviced by a home delivered meal program have multiple needs, and second, that it is important for each home delivered meal program to be linked into other service agencies in the community.

Of the clients being serviced by Meals on Wheels of Central Maryland, approximately 92 percent are sixty years of age or older, and of that figure, 83 percent are over 65. Despite the fact that the program is for all homebound adults, the greatest need is among the elderly population.

Again, looking at the Central Maryland statistics, it appears that the average length for the service is one to four weeks (40%). The range was from less than one week (16%) to more than a year (8%).

The most common reason for leaving the service was institutionalization of the client (34%), however, an opposite reason, that of self care, ranked a close second (31%). Only 2 percent of the clients died. It is hoped that the program does prevent unnecessary institutionalization. Many older people would have to enter an institution at a time other than when absolutely necessary if the home delivered meal program did not exist. The large percentage of clients being able to re-establish self care is an encouraging com-

ponent of the program. Some people feel that a home delivered meal program creates dependency, but the number of people able to return to self care indicates the opposite. Considering the age of many of the clients and the additional services needed by many, the number that can move to self care emphasizes the rehabilitative effects of a home delivered meal program for some people. Reflecting another benefit of the home delivered meal program, many family members have called our central office saying that the delivery of the meals has made it possible for them, as family members, to continue other services. The regular meals provide the constant from which they can provide emotional and practical support. This is particularly true when children live some distance and thus cannot visit the parents as frequently as would otherwise be necessary.

Until this year, Meals on Wheels of Central Maryland has been primarily a self supporting organization. Fees have been charged clients on a sliding scale (\$0.75 a meal to \$1.50 a meal) based on the clients' income and expenses, fees that have covered kitchen operation and a percentage of central office operation. Contributions from the United Fund, Associated Catholic Charities, Associated Jewish Charities, and private donations have also helped cover central office costs. Recently, grants under Title III of the Older Americans Act and Title XX of the Social Security Act have provided assistance to both kitchens and central office. However, beginning about 18 months ago, the program has noted a rather dramatic shift in the financial resources of those requesting service. At the beginning of this time period, those paying the least amount (\$0.75 a meal) averaged about 30% of the total client group. This has changed to where at present almost 50% of the clients are paying this amount. In short, more and more low income elderly are applying for the program. On the one hand, it is important that the program respond to this expressed need by low income elderly, but on the other, this shift is creating a program deficit, since, on the average, it actually costs the program \$1.23 per meal. The program wants to serve everyone eligible for service, but is finding the financial task of doing so increasingly difficult.

NEED FOR THE PROGRAM

Looking at the 15 years of growth by Meals on Wheels of Central Maryland, it is clear that the need for the program is there. National demographic data show that in 1900, 4% of the population was 65 or older where today over 10% of the population is in this age group. "Between 1960 and 1974, the population ages 65 through 74 increased 23 percent but population aged 75 plus increased 49 percent." It is by far the fastest growing age group in the country, and is the age group that can most benefit by the home delivered meal program. In addition, there is a discernible federal policy shift towards providing services that help older people maintain themselves in the community longer than was earlier possible. Such a trend is desirable both because it preserves the integrity of the individual and is, in the long run, less costly. However, if this trend continues, a variety of community support services must be expanded, one of the most important of which is the meals on wheels program. In many situations, only if there is a meals on wheels program available to an individual, are other resources useable since nutritional meals are so important to basic living. Thus, not only is the number of older people increasing rapidly, but the number wanting community support services is increasing also. The 43 percent increase in client service this last year in our program is an specific example of the growing need. It is difficult, however, to say exactly what the need really is. This is not a program that can sustain a long waiting list, since if meals are not available, the potential client must make other arrangements quickly. Therefore, where adequate meals on wheels services are not available, other, and possibly, less satisfactory arrangements are made and these people are not counted as potential home delivered meal users. Only as meals on wheels services become available, can a community realistically consider it as an option. Based primarily on program expansion experience, we in Central Maryland, estimate that for every 4,000 people 65 and older (based on census track information) there will be 40-60 people needing and wanting a meals on wheels program. Despite the size of the Baltimore program, it has not come close to meeting its own need formula.

Probably, however, the general statement of need can best be summed up by quoting the Senate Select Committee on Nutrition's own report under the

section explaining the answer to the question "How many needy homebound persons in your area would you estimate do not receive any (meals on wheels) assistance?" The response indicated that "The low number of respondents to this question is due primarily to the difficulty directors have in making this sort of estimate . . . Nevertheless, the imprecise estimates give an impression of a vast need which cannot be met under current (Title VII) restrictions. The average number of needy homebound persons within each project area (891) significantly exceeds the project average number of congregate meals served (521). Under the current 10 to 15 percent philosophy feeding the estimated needy homebound would require a Title VII program expansion in the area of 1,700 percent. Attempting to meet the need of the homebound under the present design of Title VII is obviously impractical and highly unlikely."

RELATIONSHIP OF MEALS ON WHEELS TO CONGREGATE PROGRAMS

The Title VII program was established in 1972 with the purpose of providing one hot meal five days a week to older Americans. The bulk of the meals were to be provided in some type of a congregate setting where those attending could also socialize. Approximately 10 to 15 percent of the meals served were to go to the homebound. Thus, it is a recently begun and federally subsidized and run program. In contrast, there are hundreds of Meals on Wheels programs throughout the country, some going back twenty to twenty-five years. These programs are primarily self-supporting, community based and supported, and staffed by volunteers.

When the Title VII program began, there was some feeling that providing home delivered meals would undermine efforts to encourage congregate activities. As the results of the Title VII questionnaire indicate, most Title VII directors now do not see this as a problem, paving the way for general support for both types of meal service. In fact, only 9 out of 125 responding to the question felt that there would be some conflict. The question response said in part that "there is, a large group of individuals, those who are confined to their homes, for whom the goal of resocializing has no meaning. These individuals cannot benefit from socialization nor from the nutrition which is offered in the congregate setting." One project director carried the issue a step further when she said "Our program is somewhat unrealistic regarding homebound meals. The program fails to take into consideration that our participants age. Our program began two years ago. Many of our participants were 75-85 years of age. We began with about 10 percent homebound meals. As our participants age, more and more of them will become homebound. A great and greater percentage of homebound meals will be needed to keep these people in their homes. Today, our project serves 13 percent homebound meals." As this example shows, the Title VII congregate program and the homebound meal program can not only provide parallel services in the same community, but should exist together in order that elderly participants have a choice based on their individual needs at a given time. There appears to be no conflict in purpose between a congregate and a home delivered meal program. The important factor, however, is in preserving the quality of both the congregate and homebound meal programs. This is particularly important when looking at the proposed Meals on Wheels Program legislation that could provide funds to greatly expand home delivered meal services.

Currently, locally run home delivered meal programs embody some highly desirable elements. Included among these are the use of volunteers and the local base support. The use of volunteers keeps the cost of the program down, a factor particularly important because of the cost of packing and delivering meals to the home is greater than serving the meal at a congregate site. It also provides meaningful activity to many people, particularly the elderly. In Maryland, approximately 70% of our volunteers are at least 60 years old. Second, the local base of support through the church or other organization that is sponsoring the program and through the volunteers involved in the program delivery insure community interest and client participation. As the proposed legislation encourages, there should be a preservation of the voluntary home delivered meal programs when they already exist. The combination of the public program, namely Title VII, and the voluntary program, namely meals on wheels, can bring together the best of both programs. Meals on Wheels can bring to Title VII an added sense of local endorsement and sup-

port and volunteer input, while the Title VII program can bring to Meals on Wheels financial security and administrative support. Unfortunately, in some communities, the two programs have inadvertently set up situations where they find themselves in competition with each other. A few Title VII programs are not referring those clients who need home delivered meals to a Meals on Wheels program, but are instead either taking the meals to the clients themselves or not offering any home delivered meal alternative. For example, Meals on Wheels of Central Maryland has been working with the Title VII programs in Baltimore City and each of the surrounding counties during the past three years. Time was spent with each director sharing information about both programs and discussing appropriate links. As a result, there is a full referral process from the congregate program to the home delivered meal program and vice versa in each county, but not in Baltimore City. For the City, we are still trying to effect the coordination.

Although a problem, because of the small number of home delivered meals financed through the current Title VII program, the issue of competition and duplication has rarely been addressed. However, the proposed legislation for home delivered meal programs must make efforts at alleviating the problem by stating clearly that the integrity of both organizations be preserved. That is why the language of the bill reads "recipients of grants or contracts shall give preference, where feasible, in the provision of home delivered meals under such section 706 (B) to the use of organizations, such as Meals on Wheels, groups, which have demonstrated an ability to operate successfully such services." In fact, we would like to recommend that the use of the organizations be through a "purchase of service" contract. This way, the Title VII program would buy the services of the home delivered meal program, thus preserving the existing structure if it is seen as being adequate to the task. Through purchase of service volunteers will still have some part in program decision making, an essential ingredient to their continued interest and participation in the program.

In conclusion, we endorse the proposed legislation and its stated funding levels. Home delivered meal programs are a necessary, but until now, neglected service for older people. The proposed legislation can help change the situation.

[The following questions were submitted by Senator McGovern to Ms. Olsen, and her answers thereto.]

QUESTION 1. What other agencies do you make referrals to and what action do they generally take?

ANSWER. We make referrals to Department of Social Services (adult care, particularly homemaker services) Bureau of Special Home Services, recreation centers, private doctors and clinics, and religious representatives. Action is good with all organizations except the Department of Social Services. There, the follow through is slow or not existent. Also, many are said to be ineligible. It is usually only with this agency that follow up is needed to determine whether or not there was follow through.

QUESTION 2. Your program has been using Title XX funds, what has been your experience with these funds?

ANSWER. Our experience has been difficult in two areas:

1. Eligibility requirements. The eligibility requirements are demeaning to those who are potentially eligible. Most older people have worked all their lives, paid taxes, and contributed to the general welfare of the community. They are on fixed/limited incomes and are adjusting to increased difficulties in physical and mental mobility. To have to go through the verification and reverification of income and other eligibility requirements is an insult to their dignity and basic human worth. We have had many potentially eligible clients refuse to continue with the service rather than submit to the process of determining eligibility. These are clients that we are certain are eligible for the service under Title XX. In addition, there are many clients who, despite patient and lengthy explanations do not understand the eligibility process. They become confused, angry, frustrated and rejecting. We feel very strongly that for people 60 and older, there should *not* be strict individual eligibility requirements. The loss of dignity and the increased need for staff are far more destructive and wasteful than the miniscule deception that might occur.

2. The two components of the state assigned to administer the program are not clear as to the requirements of the program. The directives are many times unclear and/or contradictory. This makes it much more difficult for a small agency to administer something as complicated as a Title XX program.

QUESTION 3. You mentioned that a greater percentage of those receiving Meals-on-Wheels are lower income persons than before and that this is creating budgetary difficulties for your program. What kind of action will you be forced to take if this situation continues?

ANSWER. As long as we can continue Title XX and can get contributions for client assistance, we can continue to serve the low income clients at the present level of 50% of the case load. However, if the percent increases, or if either the amount of Title XX or private contributions decreases, we will have to refuse service to some potential low income clients. At this time, this has never happened in our program, and we hope that it will never need to happen.

QUESTION 4. Your statement indicates that 30% of the participants in your program were unable to return to self-care. Generally, what type of circumstances had they been in prior to that, what factors made them dependent?

ANSWER. There are two general reasons why meals on wheels is begun and why 30% of those going on the service do not return to self care. First, clients are referred by doctors and family members at a time when they can no longer care for the client. The client might have been losing self care capabilities for several months or years and finally a point is reached where self care cannot continue without meals on wheels. For many of these clients, the ability for self care will not return as they are experiencing the gradual changes that come with age. Meals on wheels is a service that allows for them to continue to live despite self care limitations. Second, clients are referred by doctors, hospitals, or family after an acute illness. For some, there is recovery, but for others, the acute illness triggers a physical change that prohibits a return to former self care activities.

Mr. BROWN. I would like one more comment, Senator McGovern, if I may.

I would like to see reinserted in your proposed legislation the paragraph that was in your first draft. In other words, I feel that the first draft emphasized properly that wherever possible the volunteer, nonprofit meals-on-wheels organizations would be given a priority. It is not spelled out so clearly in the second draft.

I recommend this for your consideration so that the present meals-on-wheels organizations throughout the country will have an opportunity to expand their services to the homebound. As a result many more meals could be served for less money.

Senator McGOVERN. Thank you very much.

We certainly will take that under serious consideration.

Our final witness is Dr. Jurgen Schmandt, professor at the Lyndon B. Johnson School of Public Affairs at the University of Texas, and he will be accompanied by representatives of the National Aeronautics Space Administration.

STATEMENT OF DR. JURGEN SCHMANDT, PROFESSOR, LBJ SCHOOL OF PUBLIC AFFAIRS, UNIVERSITY OF TEXAS AT AUSTIN, AUSTIN, TEX.

Dr. SCHMANDT. Mr. Chairman, it's lunch time for you; it's not yet for us, so we are better off. But we are also better off because we have gotten into the habit of traveling with our meals.

So perhaps as my first exhibit I will show you a sample of the NASA meals for the elderly.

You might want to look at these while I'm describing what this is about.

What I gave to Senator McGovern is a simple box which is intended for home delivery to old people. This is different from the programs we heard about earlier today because what is in the box is cold, but can easily be prepared at home. So the technology involved is somewhat different. Under our program we wanted to test this concept in a variety of situations. Our meal is a supplement; it is not a substitute for anything that was discussed this morning, nor is it intended as a substitute for those people who can join meals in group settings. There is no question, either in the minds of NASA or in the minds of the people associated with the program from the school of public affairs, that wherever possible, the social contact in group settings is preferable.

I will not read my testimony. You have it for the record. I should mention, however, that your staff and some representatives of NASA, agreed to put on a special question and answer session this afternoon where we can go into some of the technical aspects and also show you a NASA-produced 20-minute documentary. This will happen—and I was asked to announce this—at 2:30 in room 404 of the Immigration Building.

Now I'm going to report very briefly about our project—a social demonstration, which is much smaller than any of the ongoing programs that we heard about this morning. All in all, over the course of approximately a year and a half of planning, development, and testing time, we had no more than approximately 200 elderly persons participating who as a group, consumed 10,000 experimental meals.

When I say experimental meals, I want you to be very careful here not to misunderstand it. I am talking about normal food. I am not talking about a food pill; I'm not talking about something that might have made sense, and, indeed, was needed under conditions of weightlessness in space. After all, NASA is in this project here. But I'm talking about normal food, presented in a somewhat different way.

What are the different ways? They're very simple. They are not technically exotic or far out.

The first innovation which we used is to have individual packages brought down to the size of what a person normally eats at one meal. You have the same concept in the supermarket for baby food. We tried to do it for older people.

Secondly, we packaged together into one box the different components of a full meal. So you have together a soup, a drink, a main dish, two side dishes.

Thirdly we thought it might also simplify the task of reaching elderly people who are not being reached by current programs, to put together a number of these boxes, say seven for a weekly supply. There's no magic number here, it could be 10, could be five, or whatever.

So these are all the technological components. They are really not extraordinary. Let me add that the two food processing technologies used are also widely known and widely used. They are old-fashioned cans and dehydrated foods.

What does the elderly person have to do when receiving a meal of this type? He or she has to open the can, heat it, and eat it from their own dishes. In the case of freeze dried food, heat some water, add it to the food, stir, wait a few minutes, and sit down and eat.

One advantage of this kind of approach is that you do not need refrigeration or freezing in the chain from the producer of the food to the wholesaler, to the eventual consumer.

The only similar concept of a prepackaged complete meal is what we find in supermarkets under the label of TV dinner or something similar. But those need to be frozen from beginning to end. This one does not have this requirement.

I will not go into the details and different steps of the experiment which we conducted. The afternoon session, which I mentioned, plus the written testimony submitted, will give you those details.

But I would like to tell you briefly about the different ways we tested the meals and about the results which we came up with, some of them still somewhat preliminary. The results were obtained, thanks to the help of 200 volunteers, all of them over 60, the oldest of them 102 years old, about half of them in the range from 71 to 80. What did these people tell us after they had consumed these meals over a period of time—the period of time was, for most of them, 63 days at the rate of one meal a day; some of them 105 days.

We used volunteers for most of our deliveries. We used them, however, on a once-a-week schedule, which, depending on the availability of volunteers, might help in certain situations.

We also tested what we called less formal delivery, such as sending a seven-day package through the U.S. Mail Service.

Not—and I stress this again—because we do not see the advantage of social contact, but because there are many people not receiving any service, any nutritional programs, and suffering from malnutrition and all that goes with it that you heard about earlier, where the question is: should we wait until the social delivery service which should be comprehensive is in place, or should we try to do something at the immediate point in time?

Pragmatically, in the interest of old people, in particular in rural areas—and we have many of them in our State, but this is not the only State; Senator McGovern knows about them very well—should we not be able to do at least a minimum if the decent maximum cannot be done?

We also had very much in mind whether this system, as a supplement to existing services, could be of help to keep people for somewhat longer in their homes? In this particular situation, we tried the meal system for a number of people who are now on what is called alternate care programs, where they got a range of services, such as visits from visiting nurses and doctors, home care help, assistance in shopping and preparing of meals. So we had a small group of our sample participating in alternate care.

We also used the meals as a supplement for weekend use for people who are currently participating in group meals. They are well enough to attend group meals, go there five times a week, but have no service for Saturday and Sunday. So when they came on Friday to have their last meal in the congregate setting, they would

pick up two of these boxes. And we wanted to see how this would fit as a weekend supplement for them.

The results, very briefly: One, we found that people in general commented to us that they found the food convenient, easy to prepare, liked the delivery, and found it tasty and even filling. I will have to say more on the last point.

We did not find, as we expected to some extent, extensive evidence of getting tired of it after a while of eating this type of prepared food. I should mention we had a cycle of 21 different meals in this experiment, so we have tried to take out some insurance against boredom.

We found—and this is quite significant—that the poorer economically the people who participated in the experiment, or the worst off they were physically, the more we got the message back, “Yes, we would like such a service regularly.” On the other hand, some of the others who were more able to leave their homes and to care for themselves, would say, “Gee, this is great occasionally, but not all the time.”

So we see great flexibility inherent in this concept that might be exploited ranging from full-time service over a period of time, to occasional service during disease times, or say the wife of an old man dies and he's not used to or fully motivated to do the cooking for himself.

There are all kinds of possible alternatives that can be thought of.

Third, we often hear that the elderly like snacking, that they like smaller meals rather than just two big meals a day or something like that. Many of our participants did this and found it was very easy to keep something in their box for later during the day.

Next point: We found that many of them didn't feel constrained at all, when they got these seven boxes, that they had to eat what is in one box. They often opened them all at one time and made up their own meals. No problem with that whatsoever.

The home delivery by volunteers was obviously preferred. But those who received the meal by the U.S. Mail Service or by van-type driver drop-off at the door, felt this was quite acceptable if that was the only way they could get the service.

Most of our participants felt they would be unable to go to some central point, say the post office or a gas station, where they would pick up the 7-day delivery. After all, it's 11 pounds. That's too much for them to carry. Our 7-day pack, by the way, fits into the rural size U.S. mailbox.

Sixty percent of those on weekend supplements, participating in ongoing group meals, said they found the meal, once prepared, very similar to what they ate during the week. Forty percent said this was even better than what they eat normally.

Alternate care: People in this group were the most frail and the closest to possibly being put into nursing homes. We did not find that the homemaker who already provided a conventional meal could shift the task of preparing the meal to the elderly person.

We did find that the homemaker said, “I had so much more time to do other things: cleaning, talking to the person.” That made some difference.

We asked all participants the question, and we know it's very difficult to ask that sort of question: "Would you be willing to pay for the food?" Eighty percent said they would, but they would only to the extent they now pay for an individual meal they consume, which is in the neighborhood of 80 cents to a dollar. Since this was an experiment and we wanted a service from the participants in terms of giving us information, we gave out these meals for free. It is not necessarily the way to proceed in the future, by no means. This could be handled in a very different way. But this was an experiment.

Senator PERCY. Would you mind—

Dr. SCHMANDT. Yes, sir.

Senator PERCY. I have to leave shortly, but I would like to say, Mr. Chairman, that this is one of the most fascinating experiments that I have heard about. I am sure that you will be willing to cooperate with us in any way you can. This work is very important.

I remember several years ago when I embarked with my family on a personal trip to some remote and unexplored areas in India and Assam, I had 13 family members accompany me, and we traveled many times by donkey. Taking into account the range in ages, I took space food, which I procured and carried along with us in dehydrated form because of its portability and condensation. You probably remember the chicken sandwich or something similar that you put it on the tip of your tongue and it swells up. These were not always the most tasty meals. One member of the family couldn't adjust to the different diets and needed something to get his stomach back on a regular routine. These meals were absolutely invaluable. By being put on regular food for a day or 2 it enabled us to continue without delay.

We found it just extraordinarily edible and everyone seemed to enjoy the meal. I never knew that this project was being done on an extended basis. This is the first I've heard of it, and I just simply want to commend you for it. The ingenuity and imagination to do this is admirable. We certainly will want to follow through on this endeavor.

The one question I had is in your testimony, you state that the average price per meal is \$3.90. With an increase in demand, and perhaps as you suggest a private-public co-partnership, what would you estimate the cost per meal to be? Obviously \$3.90 is a high figure. What might that cost be brought down to?

Dr. SCHMANDT. I recently talked to the Army Laboratories in Natick, Mass., where extensive work along the same line is underway, but geared toward military needs. Based on their experience and our work we project a \$1.50 meal cost, not including delivery.

Now our cheapest, so to speak, meal under the project amounted to \$2.33, the cheapest being the freeze dried items, because the specially produced small cans—in the small production run, we're talking about 10, 11 thousand meals produced—were extremely expensive, and the labeling was more expensive than it would be normally because it had to be done separately.

NASA assembled the boxes in their own facilities, using over-skilled staff and paying too much, obviously. So there are develop-

ment costs in here, and my rough estimate would be that it can be brought down to approximately \$1.50.

Senator PERCY. Well, that's getting down in the range of the meals that have been sent over by the Capitol Hill Methodist Church. These two meals ordered from a private food corporation cost \$2.40. I think with the increase of volume, you could certainly bring that cost down.

I thank you very much, indeed, for being here.

Dr. SCHMANDT. Thank you, Senator.

Senator PERCY. You may continue right along with your testimony.

Dr. SCHMANDT. I would just say a few words before I conclude. One, we had—and I'll tell you immediately why—we had a small medical assessment as part of our experiment, the major reason being we wanted to be absolutely sure that nobody would eat the food who could not do so. In other words, to identify those people who needed especially medically indicated diet.

We also wanted to see how people, in terms of their nutrition and health, react to this food. Now there's a limitation, obviously, because, for one, we gave only one meal a day, one-third of daily nutritional requirements, and, secondly, the length of time (63 or 105 days) is short, so that many of our medical contacts told us this was not really long enough to establish definite trends up or down.

Today I can only give you a preliminary report here. Some of the data have not yet been analyzed. But Dr. McGanity from the medical branch of the University of Texas at Galveston, who was in charge of this work, authorized me to say that so far he has not discovered any hazard associated with the consumption of these meals. Even though the time was shorter than was thought necessary to establish changes, he does find some improvement in significant factors concerning nutritional conditions.

His final report should be available, I hope within a month's time, and will be made available to your committee, Senator, as soon as we receive it.

We talked, in your absence, Senator, briefly about the costs in response to a question Senator Percy asked me. We know that what we spent up to this point is high compared to the programs that are currently under way and which are authorized and funded under Federal legislation, but we're talking about a development program, and so development costs are part of this.

We came, as I point out in the written testimony, to an average cost per meal of \$3.90, with a low cost for one individual meal being \$2.33, for the box, plus the 7-day box around it, minus delivery to the individual.

The major cost items inflating the cost there had to do with the small-sized can which had to be specially produced, had to do with special costs for labeling, which would not occur in normal situations because it would be done at the time the food is packaged, and had to do with high assembly costs because it was done by technicians and engineers and not as the Army does it, I'm told, by just calling in people from the street and putting them on the assembly line.

We are confident from what we have heard from some people knowledgeable about the food industry, that the cost per meal can be brought down, if larger production runs are considered, to about \$1.50 per meal.

Our delivery costs were in the range of 20 to 40 cents a meal, with the lower range represented by the U.S. Mail Service, and the higher range, the cost of volunteer delivery. We had to build up a new delivery system in many areas and not use one already existing. So again, I think these costs are higher than they would be.

Lastly, what might happen next? One prediction, and it's by no means all that unrealistic, is nothing. I see no indication at this point that the food industry, while interested, is going to pick up the concept on its own. Why? I don't quite understand it. These items are now widely commercialized in Japan, in Europe, to some extent in Canada, I was told. What hang-up they may have in putting items together in one box and commercially trying to sell them, I don't know.

If something is to happen, I would at this stage make the following suggestions, and I make them, having read your draft legislation, Senator, and thinking that they might be of relevance to you and your colleagues' deliberation as you decide on this new and important legislation: I think many questions still need to be answered to which we have no answers, given the shortness of our experiment and given the small size of our sample.

One question: What would be the approximate mix in any given community, city, rural area between congregate, hot home delivered and NASA-type meals?

To give you an example. Would the concept have some validity even if you had congregate meals in the city, when there is a snow-storm? Could this be a standby possibility for our elderly citizens?

Disease. Temporary disablement. What kind of mix? That would be one focus for a larger demonstration and experiment.

Secondly, we can't really tell you how big the demand would be from those people who are not reached by any current program and will not be reached under current concepts, even if your legislation passes. There are so many out there in rural areas where it is unlikely for many years to come—that's my pessimistic assessment—that organized, well-organized programs using volunteers, having central headquarters nearby, will not be in existence. We should find out and find some way, and even be it the impersonal way, to provide those people with at least minimum help.

Third, there is a third way of processing food. I talked about cans and freeze-dried food. This third technology is presently under a hold by the Food and Drug Administration; it has been widely experimented with by the Army, again the laboratories in Natick, Mass., and is commercially widely available in Europe; this is called thermo-stabilized flex pouches; it's the tastiest; it's the best once it gets released. There's some question as to whether there might be a safety hazard under the heat and pressure how this gets processed, that something from the outer film might get into the food. If that

is not the case, and we are told that tests so far are very positive and encouraging, it will be very good to try to test this.

Another focus for a longer demonstration will be just to make it longer and see how peoples' habits change over a longer time than we were able to do it; this would make possible for some of them a longer term medical assessment.

And, finally, there are possibilities here which we haven't even touched on, to use a concept of this type for people to whom it's very difficult to provide conventional meals say when they need a medically prescribed diet.

You could easily produce food in this form for people who need a salt-free diet, all kinds of diets, diabetes, what have you.

This brings me to my last two comments—I'd also like to encourage some experimentation, to see if food delivered to the elderly could not be at least partly provided under existing legislation that is not used for the purpose. I have in mind food stamps, which as we all know, provides a very large part of the Federal budget now, and I have in mind title XX, Social Services.

This brings me back, Senator, if I may, to a question which was raised very early when Senator Percy talked about the constraints now put on your legislation by the new procedures concerning the budget.

If it should prove to be impossible to have new funds appropriated for 1977, I would ask that you perhaps investigate the possibility of getting something started by using existing funds and see in particular, in terms of the food stamp legislation, how a system which would be less cumbersome for the elderly, where they have to travel and get the food stamps and then go back and then buy the food, could be brought into existence.

Perhaps under medicaid, in case a diet is medically prescribed, it might be possible instead of paying for the nursing home bill at \$1,000 a month, to buy for, say, \$50 a month a medically-acceptable diet.

My last point—I don't think this system, in the long run, will have any future unless industry itself commits some of its resources and funds to trying it out. I would propose that maybe for your 1978 appropriation, should it have to wait that long, some quite intensive-planning effort might get under way prior to 1978 under which a joint government industry project would be initiated, with industry test marketing foods of this nature for themselves at their risk, but with the government guaranteeing a certain market for the first time around for purposes like the one we talked about today, but there are others. Just think of disaster relief as one.

I conclude here and I thank you for your attention and I wish you luck with your effort to help the elderly.

[The prepared statement of Dr. Schmandt follows:]

STATEMENT OF DR. JURGEN SCHMANDT, PROFESSOR, LBJ SCHOOL OF PUBLIC AFFAIRS, UNIVERSITY OF TEXAS AT AUSTIN, AUSTIN, TEX.

Mr. Chairman, I would like to share with you the results—some as yet preliminary—of a social demonstration project for the elderly which has just been completed and was undertaken jointly by NASA, United Action for-

the Elderly (UAE, an Austin-based non-profit organization), the University of Texas Medical Branch at Galveston, and the LBJ School of Public Affairs. Funding was provided by NASA (for program direction and development expenditures), the Texas Department of Public Welfare (for field organization and program evaluation), and the Ford Foundation (for medical assessment).

The principal participants in the program were over 200 elderly persons—all volunteers who tested various food items during the design stage of the program and later, as a group, consumed some 10,000 NASA-provided meals and told us what they thought about them. In addition to being old, almost all participants were poor, most lived alone and were handicapped, to varying degrees, by the ailments of old age, lack of social contact, and immobility. These characteristics of the program participants indicate why we undertook the program. Let me spell out the reasons in some detail.

RATIONALE FOR THE DEMONSTRATION

Nationwide, about 3.5 million individuals aged 65 and above live alone and suffer some degree of handicap, sickness, or immobility. Over the years, we as a nation have concluded that old people—and in particular those among them who are also poor, sick, or impaired in one way or another—need and deserve help. Accordingly, the Congress enacted the Older Americans Act, Medicaid, Supplemental Security Income and other programs which are not exclusively reserved for the elderly, but are of importance to them, such as Food Stamps and Title XX Social Services.

The cash benefits and services available under these programs have improved the living conditions of the elderly. However, important problems remain. I shall mention two. The first one has to do with availability of nutritional services. Many old people, though eligible for such services as meals served in congregate settings or delivered to their homes, are never reached because they live far away from existing programs or are too frail to take advantage of them. This is specially the case for the rural elderly. But even in urban areas congregate meal programs do not cover the entire city and home-delivered service is even spottier.

A second problem is, at least to some extent, the unintended byproduct of increased public attention to the needs of the elderly. Aided by the provisions of Medicaid legislation we have increasingly tried to resolve problems of old people by sending them to nursing homes. While some do need this kind of care, others do not, and would prefer to continue living in their homes in familiar environments where they may more easily keep their personal independence, dignity, and happiness.

Adequate nutrition is important for all of us, but it takes on special dimensions for the elderly. Unfortunately, malnutrition is common among people over 60 or 65 years of age. This is due to a variety of reasons: some elderly cannot afford to eat an adequate and balanced diet; some lack the skills to select and prepare nourishing meals; others have limited mobility which restricts the capacity to shop and cook for themselves; many are lonely and just don't feel like preparing and eating meals on a regular basis. Often, these factors reinforce each other: as lonely individuals fall into poor eating habits, they feel increasingly listless and apathetic and their feelings of isolation are intensified.

How can this vicious cycle be broken which ties together old age with deteriorating health, social isolation, and malnutrition? No single approach or program can provide the answer. A significant part of the problem is not amenable to government action at all, since it is due to changed attitudes about the aged and their place in society on the part of the entire population. But more comprehensive policies and programs aimed at meeting the different needs of old people can make a difference. We asked ourselves whether such a strategy could be advanced by making available nutritious, tasty, easily delivered, and easily prepared meals? Could meals meeting these requirements make it possible to reach those elderly individuals who are presently de-facto ineligible for existing nutrition programs because of their geographic location or impaired mobility, and thus help in delaying or even preventing the need for institutionalization? It was this question that we set out to test under the project which I am reporting on. We wanted to see

whether a new kind of nutrition program could be "invented" for the rural elderly never or rarely reached by current programs, for the urban elderly too frail to join congregate meals programs and without access to home-delivered meals, and for all those elderly who might be able to stay in their homes if helped to overcome their disabilities or at least cope with them without further deterioration? This was the overall question we tried to find an answer to. Immediately other questions followed: what were the design specifications for such a meal system? What food processing technologies were best suited to the task? What delivery system, new or existing, needed to be developed? How would people react to the meals? What would be the impact on their health, on the ways they use their time during the course of a day, on the kind and intensity of contacts with other people they meet? And—always a crucial question—what would it all cost, not just in an experimental situation, but assuming that the meals would be produced in large numbers? Before giving you the answers we found, let me tell you about the planning, implementation, and evaluation of the entire project.

DESIGN SPECIFICATIONS

The program got underway in late 1974 when the Texas Governor's Committee on Aging asked NASA whether its experience with food and with the food industry could provide new answers to meeting the nutritional needs of the elderly. After some soul searching NASA replied that their experience might indeed be useful—not by providing old people with far-out food substitutes or unfamiliar "space-food," but by processing, packaging, and delivering normal food in novel ways. This is important to keep in mind: we are not dealing with unfamiliar, "synthetic" food or with exotic ways of processing and consuming food. From a technological point of view the innovations used in developing the meals system were simple and few. Well-established food processing techniques were used, such as canning and dehydration, but each serving unit was reduced in size to what is normally consumed by a single individual for one meal—a concept long accepted and widely commercialized for prepackaged baby food. The second innovation was to combine individual food items into a full meal unit consisting, for example, of soup, entree, two side dishes, dessert, and beverage. Finally, for ease of delivery, a number of individual meal boxes were put together in a larger box—a seven-day box containing one meal for each day of the week.

The following design specifications were identified for the meals: (1) Each meal had to meet dietary standards for a balanced meal and had to provide one third of daily nutritional requirements for individuals aged 51 and above as established by the National Research Council-National Academy of Sciences. (2) Meals had to be shelf-stable over extended periods of time (one to two years) and not require refrigeration or freezing during delivery and storage. (3) The meals had to be easy to transport in multiple units. (4) The meals had to be easy to prepare. (5) Above all, individual food items and complete meals had to be tasty as well as aesthetically pleasing.

There were also "design specification" for the user population participating in the experiment: (1) Recipients of the food had to have the means to heat water to the boiling point and have simple kitchen utensils available to them.

(2) They had to have sufficient mobility, manual dexterity, and understanding to deal with unpacking, opening, and preparing meals—all of which were to require only simple skills. (3) They could not be bedridden. (4) They had to be able to consume a normal diet. Obviously, some of these requirements were established only for purposes of this demonstration and could easily be changed for other applications of the meals system. For example, a home helper can prepare meals for bedridden recipients or special diets can be developed to meet special health conditions or ethnic food preferences.

As a first step in testing and refining the design specifications for the food items and to receive guidance in food selection and composition of meals a food preference and attitude survey was administered. This was followed by a series of technical and user taste tests. These activities were performed by TRIMS (the research branch of the Texas Department of Mental Health-Mental Retardation). Important information was obtained concerning diet preferences and practices, as well as preparation capabilities of the expected user population. Attitudes towards packaged meals were also tested.

PRELIMINARY FIELD DEMONSTRATION

In the fall of 1975, a group of 41 elderly volunteers participated in a two-week demonstration. At this stage we wanted to obtain reactions to the technical aspects of the meals system, such as taste of various food items, composition of meals, delivery of the seven-day packages, ease of preparation. A preliminary production run of 1,000 meals was used, providing 7 different meals.

All participants lived in small towns or rural areas. Most were 60 to 72 years old, but some were over 81. Women represented two thirds of the group, while Anglo, Black, and Mexican-American participation was fairly evenly divided. 16 received Social Security payments, and 11 were on Supplemental Security income.

Of the 41 participants, 35 completed the two-week experiment. Four withdrew for medical reasons—requiring special diets or falling sick.

Most participants evaluated each meal they ate. They were also interviewed at the end of the demonstration. Overall response to the food, packaging, delivery, and preparation was favorable, thus giving us green light for proceeding toward the next step: a longer term field demonstration. But a number of problems were identified and helped in making changes in the meals system: some food items were dropped, since they received lower than average acceptance ratings. The composition of several meals was altered. Occasionally, tabs of pop top cans broke upon opening. Therefore, detailed opening instructions were to be given during the field demonstration and the option of opening cans with conventional can openers was given for all steel cans. The plastic serving tray was eliminated, since it was rarely used for preparing or consuming meals. This allowed for reduction in cost as well as redesign of individual boxes and the seven-day pack, lowering the weight of the multiple-unit box from 15 to 11 pounds. The new box had the added advantage of easily fitting into a U.S. mail service rural-type mail box. Instructions on individual meal items were printed in larger letters and color coding was introduced to identify items which were to be consumed hot or cold. Finally, it was decided to require medical certification that participants could consume a normal diet. Medical certification would protect individuals who might need a medically indicated diet. A medical examination before and after the field demonstration might also yield objective data about changes in the nutritional condition of participants. However, we were told by our medical experts not to expect too much along this line, since a demonstration period of nine or even fifteen weeks, with provision of one meal a day, might be too short for assessment of meaningful changes.

MAJOR FIELD DEMONSTRATION

Using the results of the two-week preliminary demonstration the meal system was redesigned during late fall and 10,000 meals were produced by NASA's industrial contractors and assembled at the Houston Space Center. A 21-day meal cycle was developed.

Participants were selected from a mix of urban, rural, and small town environments—all in Texas and none more than five hours driving distance from Austin. In each site personnel from either a local Community Action Agency, Senior Citizen Program, or Department of Public Welfare Office helped, offering staff as field workers and site coordinators. The field workers, assisted by UAE staff and LBJ School students, performed outreach, established volunteer networks, interviewed potential participants, and conducted demonstration of the meals system. Later the field workers were responsible for delivery of meals and maintaining contact with the participants.

All participants were medically evaluated. This process took two forms. At a minimum, individuals were asked to obtain a certificate from their personal physician attesting that they could consume a regular diet and had no health condition which restricted their diet. In addition, participants in most sites were offered free medical-nutritional examinations performed by a team of doctors, nurses, and dieticians, headed by Dr. William McGarity. The medical screening was to establish tolerance of a regular diet and to obtain baseline information from which a medical and nutritional assessment of the program could be made.

All in all, 168 individuals participated in the field demonstration. One third of the group was between 60 and 70 years old, almost half between 71 and 80, and the rest 81 or older. The oldest participant was 102. Women dominated by far (72 per cent). Slightly over half of the group was Anglo (54 per cent), with Blacks representing one third (35 per cent), and Mexican-Americans 11 per cent. Only five participants had incomes higher than allowed under Texas Title XX Social Services eligibility guidelines. 48 per cent received SSA and 16 per cent SSI payments (with some receiving income from both sources). 31 per cent received Food Stamps.

To test reactions to a variety of circumstances under which the meal system can be used participants were divided into four groups: (1) A majority (128 individuals) was selected from rural areas or small towns where they had little access to social services beyond occasional transportation aid for shopping or social functions. People in this group participated for nine weeks and received 3 full cycles of 21 meals—one meal per day. (2) 25 members of this group continued in the program for an additional 6 weeks—thus receiving a total of 5 meal cycles. (3) A third group consisted of 40 current participants in ongoing meals programs, either congregate or home-delivered. These individuals received two meals a week as a weekend supplement since hot meals programs do not operate then. (4) The last group consisted of 26 people currently enrolled in home health or alternate care programs. These individuals were more homebound than any of the other participants and were receiving various health and social services, such as visits by a nurse health aide, and homemakers or chore helpers. None of these persons had received home delivered hot meals prior to the demonstration, but many had meals prepared for them by homemakers. These individuals are closest perhaps to being sent to nursing homes. Alternate care programs are being developed to see which range of services is needed for keeping them in their homes. NASA meals were to be tested in this situation to assess the extent to which meal preparation could be shifted from providers to the elderly, or the tasks of meal preparation and food shopping could be lightened for the providers.

Two kinds of meal delivery were tested—personal and impersonal. All initial deliveries were made by a volunteer who explained and demonstrated meal preparation techniques to the participants. From then on, volunteer contacts for the first group were maintained by weekly visits, combined with delivery of the next week's supply. Impersonal delivery took the form of drop-offs at the door or delivery through the U.S. mail. Impersonal delivery was tested for two reasons: to see whether people's reactions to the meals was influenced by the degree of contact with social service workers or volunteers and to ascertain whether the system could be used, if necessary, without intensive involvement of volunteers who are often in short supply. For weekend participants meals were available Fridays at the congregate meal site, or in the case of home-delivered meals, were provided together with the Friday hot meal delivery.

The evaluation of the field demonstration took three forms: for a number of weeks each participant was asked to send in meal evaluation cards which had been supplied at the time of meal delivery. A drop-out questionnaire was administered to all those who did not complete the program. For all others a post demonstration interview was conducted upon completion of the program. In addition, student site coordinators maintained contact with site personnel in the field, and received up-to-date information on participants' reaction during the different stages of the program.

Seventeen participants, or ten per cent of the sample, left the program before its completion. Four elderly persons complained that the food did not agree with them, while two participants felt the food tasted unpleasant although it did not cause them any health difficulties. Three persons were hospitalized during the demonstration for non-food related health problems, and two participants died. The remaining five drop-outs left the program for personal reasons, not specifically health or food related.

PROGRAM RESULTS

Participants' response to the meals program was positive. In general, the elderly found the meals convenient, easy to prepare, tasty, and filling. Some participants commented that they missed eating fresh fruits and vegetables,

and others had favorite food items that they wished had been included in the menus, such as greens, spinach, and black eyed peas. Significantly, we found little evidence of people getting tired with the meals or the preparation. This holds true even for those individuals who participated in the extended 15 weeks demonstration. To gauge whether participants became bored with the prepackaged NASA meals, they were asked whether they would like to continue the program if they had the chance. It was felt that if participants found the meals tiresome after eating them for 63 days (or 105), little interest would be expressed in continuing. This was found not to be the case. Seventy-five per cent of the sample said they would like to continue, although not all wanted to eat the meals on a daily basis. When asked what they liked the most, over half cited the food itself while 22 per cent said they liked the method of food preparation. Others liked the delivery system, and the lack of expense associated with the demonstration project.

Puddings and drinks were the favorite items receiving the highest ratings. Boned turkey, chicken à la King, and mixed vegetables were also well received. Nearly half of the participants reported adding some spices or seasoning to the food, salt and pepper being mentioned most frequently. (The meals provided were not salt free, but deliberately on the bland side.) Eighty per cent said the food, once prepared, was similar to the food they usually ate. Nearly half of the participants preferred canned over freeze-dried items, but only 8 per cent said they did not like the freeze-dried food. The preference of most participants for canned items seems to be due to greater familiarity with canned food since the great majority ate canned foods as part of their usual diet.

Participants reported little difficulty in opening the seven-day meal boxes or individual meal boxes, or in preparing the meals. Twelve per cent reported some difficulties, most having to do with pulling the tabs of cans or having the tabs break. Since many elderly suffer from arthritis, and have impaired dexterity or strength in their hands, it will be important to develop even easier opening procedures. It should be noted, however, that all items provided, pouches as well as cans, seem to be as easy or easier to open than many commercially available food packages.

More than 90 per cent of the participants found the instructions on the individual food items clear and easy to understand, and only 5 per cent reported any difficulty in measuring hot or cold water to reconstitute the freeze-dried items. Over 70 per cent cooled some parts of the meal (drinks, fruits, and puddings) prior to eating them.

Over half of the participants found that each meal provided them with enough to eat, and 46 per cent felt each meal gave them more than enough to eat. Nearly two thirds reported having leftovers, most persons using them later in the day as part of another meal or as a snack. Since eating habits of old people seem to favor snacking or a larger number of small meals during the course of the day, it is noteworthy that the NASA meals system can be used in this way.

Over 90 per cent felt it was convenient to have a complete meal in one package. At the same time, more than half of the participants mixed food items from different packages to make up their own meals, by picking and choosing favorite items, and sometimes combining them to make new dishes. Thus, participants did not feel constrained by the meal boxes, and used the flexibility inherent in the system for meal planning and adjustment to personal preferences.

More than 40 per cent indicated that their eating habits had changed while on the program. Of this number, most reported that they were eating both a greater amount, and a greater variety of foods than they had before.

The great majority of participants indicated a preference for home delivery of meals. When asked about picking up the meals from a central location, over 50 per cent said they could not do it. Volunteer delivery (with the attendant social contact) was preferred. But 15 participants receiving meals through the mail found this delivery method quite acceptable. Therefore, an impersonal delivery system is a practical alternative, if the packages can be delivered to the homes of the participants. Delivery to a post office, or to a mail box not immediately adjacent to the home would be problematic since the weight of the seven-day package (approx. 11 pounds) makes carrying it even a short distance difficult for many elderly persons.

The response of participants who received the meals as a weekend supplement was also quite favorable. All but one participant of this group said they

liked receiving the meals for weekend use. When asked to compare the NASA meals with the meals they received in their current hot meals program, 14 per cent felt the NASA meals were better, while over 60 per cent indicated they were of similar quality. Most participants also indicated that the NASA meals were of similar or better quality than the meals they normally prepared for themselves on weekends.

Most participants who were receiving alternate care services or home health services responded favorably to the NASA meals. The homemakers or service providers who came into the home to assist participants with household tasks found the meals convenient, and many reported a savings in food shopping and food preparation time. In most instances, however, participation in the food program did not allow the homemaker or provider to shift the task of preparing meals to the client.

Perhaps most indicative of the level of overall favorable response to the program is the finding that over 80 per cent of all elderly participants reported they would like to purchase the meals in the grocery store if their cost were about the same as the cost of the groceries they usually bought. Food Stamps recipients also indicated they would be willing to use their stamps to purchase the meals. The majority of participants indicated they would buy between 1 and 4 meals per week. Additionally, some participants reported that should they become ill, or less able to perform shopping and food preparation tasks, they would purchase up to 7 meals per week.

Those elderly with very limited financial resources tended to respond most favorably to the program. For many of them, receiving the food gratis represented a savings in cash outlay and permitted them to eat a greater variety and an increased amount of food than they normally ate. Participants with greater financial resources were more inclined to look forward to resuming their previous eating patterns at the program's end. Most did indicate, however, that they would like to use NASA type meals on an occasional basis.

This last point shows that the meals system can be adapted to various and changing needs. Many participants, even though not wanting daily meals of the type provided as their regular food, realized their usefulness in case of deteriorating health and mobility, when they would be less able to shop and cook for themselves. Often it was stated that in case of sickness the meals would be most desirable on a daily basis. Several men said that should their wives become ill, they would like the meals on a daily basis since they were so easy to prepare.

In general, those who would like the meals on a daily basis tend to be more homebound, less healthy, have fewer financial resources, and do not have access to alternative meal programs in their area. The more healthy and mobile participants, and those who were participating in other meals programs wanted the meals on a somewhat less frequent basis.

Final results of the medical assessment are not yet available. However, preliminary results establish two tentative findings: (1) The meals system does not constitute any important nutritional health hazard. (2) Some nutritional indicators have improved over the time of the demonstration period. We shall provide your Committee with Dr. McGanity's report once it is received.

To put some of our findings into perspective let me give you some comments about the living conditions of the individuals who participated in the demonstration project.

SOCIAL CONTACT AND MOBILITY

Two thirds of our participants lived alone, and half of these individuals reported only occasional contact with friends and relatives—often no more than one visit per month, sometimes even less. Regular contact with social service providers (weekly or every two weeks) was reported by 60 per cent of the sample, while the remainder had no regular contact. The service most frequently received was transportation aid by senior citizen vans or buses (one third of the sample). Other services received included homemaker and chore help, but this was the case only for individuals receiving home health or alternate care.

With the exception of this latter group most participants were not homebound. Almost three quarters reported they left home to run errands, pay bills, visit the doctor, purchase food stamps, visit with friends, and the like. Most were dependent, however, upon others for transportation assistance for all activities which required them to go beyond walking distance from their

home. Only 37 per cent of the group owned and drove their own cars. Almost two thirds reported they shopped for groceries, or had shopping done for them, on a weekly basis. Seventy-five per cent stated that the store they shopped at most frequently was less than a mile from their house. Distance to the store was greatest in rural areas, but rural participants shopped just as frequently as did those in urban and small town sites. When asked how they got their groceries home from the store, 14 per cent said that they walked, 26 per cent rode with friends or relatives, and 11 per cent used public transportation (available only in two of our sites) or senior citizen vans.

HOUSEHOLD MANAGEMENT

Apart from the alternative care and home health participants, most meal recipients stated that they had no difficulty getting around in their homes and in performing routine cooking and cleaning chores. Arthritis, poor vision, emphysema, and heart conditions did lead to some difficulties in approximately 20 per cent of the regular 63-day and weekend participants. Most stated, however, that they had adapted their routines to take into account their medical problems and thus managed pretty well for themselves. A common complaint of the elderly was that they did not have as much energy as they used to but that they knew it was because they were "getting old."

When asked, "What kinds of services would you like to receive that would make living in your own home easier?", only 44 per cent of the participants listed one or more services. The reason for this low response rate appears to be two-fold. First, some of the elderly participants prided themselves on their self-sufficiency and independence and felt they were getting along fine by themselves. Secondly, some elderly knew that they were getting all the services offered in their areas, and that it would do little good to speculate about any others. For those 44 per cent who did answer the question, most felt chore helpers for heavy yard work and cleaning, and homemakers for cooking and personal aid would make their lives easier.

EATING PATTERNS

Before participating in the NASA meals program, almost three quarters of the elderly sample ate a hot meal daily. 10 per cent had three to four hot meals a week, while 12 per cent had a hot meal only once to twice a week. 4 per cent of the participants stated they never prepared a hot meal for themselves.

The majority of participants usually cooked for themselves. Only 20 per cent stated they normally had someone else prepare meals for them. Of this number, most were home health or alternate care participants who had homemakers or service providers to cook their meals. In addition, there were some fairly infirm participants in the regular 63-day program (e.g., blind, badly arthritic) who had friends or relatives come to cook meals for them.

For most participants, the major meal of the day was eaten at mid-day, and often consisted of soup or stew (which lasted several days), vegetables, bread, and a beverage. Few ate meat regularly because of its high price. Breakfast for most participants consisted of toast or cereal, coffee, and occasionally eggs. The evening meal was usually light—fruit, bread or cereal, and a beverage. Participants said they frequently prepared a snack or a sandwich for themselves in lieu of fixing a full meal. Others, though reluctant to admit it, ate even less than this. Some even skipped meals when feeling ill or overly tired.

The limited budgets of the elderly participants restricted the kinds and amounts of food they could regularly buy. Some had access to fresh garden produce which augmented their purchasing power. Most said they would have liked to include meat in their diet more often but could not afford to do so.

Over a third of the elderly in the sample was currently using food stamps. Others had previously used stamps but felt that the return for their money was not enough to balance the trouble and inconvenience of purchasing them. For example, one elderly woman stated that she had paid \$38 for \$45 worth of stamps. The transportation arrangements necessary to get to the post office to purchase the stamps created more trouble for her than she felt was worth it. Another elderly woman told the interviewer that she could not afford to purchase food stamps during the winter because the cost of utilities was so high, it left her without enough cash to purchase stamps.

COST OF THE MEALS SYSTEM

This brings up the important question of cost. When I first sampled a NASA meal developed for feeding the astronauts in space I was told that the cost of a single meal, taking into account all development-related one-time costs, was comparable to the price one would pay for a first class dinner in a high priced restaurant. We benefited, in our project from this previous investment of tax payers' money. The average cost of meals in the demonstration amounted to \$3.90. This includes the price of food, processing, packaging, labels, assembly, and meal boxes. This price is still high due to the experimental nature of the program and would be lower under large scale production conditions. It should be noted, for example, that the single most cost-intensive item in the \$3.90 meal price is due to the cost of small-sized individual cans which are not widely available commercially. Some of our meals, using freeze-dried pouches, were significantly less expensive. Our lowest-priced meal cost \$2.33. Other factors inflating the cost were the special price we had to pay for labeling since labels could not be made a part of the food production runs due to scheduling constraints. Also, assembly cost could have been lower had it not been undertaken by skilled NASA personnel.

Delivery costs for the meals from NASA to the recipient amounted to \$1.20 for each seven day package sent through the U.S. mail service, and from \$0.87 to \$1.55 per seven day package in the case of volunteer home deliveries. Volunteers were reimbursed for mileage and the cost difference is explained by varying distances from field offices to recipients in various sites. The above cost figures do not include general administrative expenses incurred by United Action for the Elderly or cooperating field organizations. Most of these costs were absorbed by the participating social service agencies. Given the experimental nature of the project, it would be difficult and misleading to estimate these costs. Finally, the cost of program evaluation is also not included in the delivery costs.

As stated before, under the special conditions of the demonstration project all meals were made available to participants at no cost to them. For future uses this might well be done differently, with participants contributing all or part of the cost, perhaps using the cost guidelines for meals provided under the Older Americans Act for establishing participants' shares. Two factors need to be pointed out in this respect: (1) We are confident that meal prices can be further reduced as the size of production runs is increased. Discussions with the Army Laboratories in Natick, Mass., where packaged meals for the use of the Armed Forces are being developed, reinforce this statement. (2) A full cost analysis of the meals system needs to take into account such factors as the increasing difficulty encountered in many parts of the country in finding volunteers for preparing meals and delivering them to individual homes. Costs will also have to be related to the high cost of nursing home care, if indeed people can stay in their homes due to better service received—a factor which we could not assess due to the short duration of the demonstration.

LOOKING AHEAD

The project you have heard about was a first step. Only a little over 200 elderly and 10,000 meals were involved. We found some answers, but many questions need to be tested on a larger scale, requiring funds and manpower surpassing our means. Let me list some questions which need to be asked:

1. What is the best mix, among congregate, conventional home-delivered and NASA-type meals systems for different states, communities, or counties? The new system is not and should not be seen as a substitute for other nutrition programs. We fully agree with those who, when hearing about our project, emphasize the need for social contact to go hand in hand with eating. Those elderly who can attend congregate meal programs should do so—what about days when they are sick, or when there is ice on the road or a blasting winterstorm outside? And if volunteers cannot deliver hot meals to people's homes every day of the week could the NASA meal system become part of the home delivered program for, say, every second day?

2. A comprehensive effort should be made in some areas of the country to see how large the response to the meal system would be from elderly not reached by current nutrition programs and to assess what kind of delivery system needs to be put in place—volunteers or social workers where possible,

but the mail or United Parcel or a van driver wherever this is the only way to reach people.

3. During the follow-up phase to our work it might also become possible to test a third food processing technology, the retort flex pouch—which combines ease of preparation with good taste (often superior to conventional methods), and light weight. This technology is widely used in Japan and to some extent in Europe. It is being proposed for Army use. We had originally planned to include retort flex pouches in our project, but tests conducted by the FDA on the safety of this technology have apparently not yet been completed. According to information received from the FDA, results received so far are positive.

4. A larger experiment might provide NASA-type meals for longer periods of time than was possible for us. According to our findings it might be desirable to provide individuals with a supply of meals which they would use as fast or as slowly as they prefer to—ranging perhaps from two meals a day for some, to one or two meals a week for others.

5. A longer-term demonstration would also permit a more conclusive medical assessment of nutritional impact over time.

6. Experiments can be undertaken to test special medical diets, such as salt free meals or meals for diabetics.

7. A number of states could be asked to make the meals available to Food Stamp recipients or to use them, along with other nutrition programs, as part of Title XX Social Services.

8. Government agencies in a number of states as well as non-profit groups have contacted NASA and asked to buy a certain number of meals. At present, we have no way to meet these requests. Under an enlarged program it might be possible to pool requests of this nature and test the extent of public sector demand.

There are three final considerations which might be helpful to you in deciding about future uses of the meals system:

(1) Whatever gets done will depend heavily on whether or not private industry sees a market potential for the meals system. There is no immediate explanation available for the fact that industry on its own has not yet developed the concept of self contained meal units (with the exception of TV-type dinners which need freezing for conservation). Many of the food items used in our demonstration are available commercially, but only in large quantities and rarely in meal units. A joint government-industry project would therefore be desirable. Industry could test market one-, two-, or three-person meals, through normal commercial channels, reaching, for example, the singles market or developing alternatives for home-consumed fried chicken, while government would assess public sector demand and, at least initially, guarantee a certain market as industry enters the field.

(2) While our demonstration was addressed exclusively to the needs of the elderly, there are other public sector uses which need to be explored, ranging from disaster relief to institutional consumption, for example, in prisons or hospitals. Even the Energy Research and Demonstration Agency might be interested in the new meals concept, since energy requirements are low given the absence of need for freezing or refrigeration along the chain from producer to wholesaler to individual consumer.

(3) In conclusion, we suggest that a careful planning effort be initiated, evaluating our results and assessing different possible uses of the meals system. I am sure, Mr. Chairman, that NASA—even though I cannot formally speak for them—as well as the other organizations and individuals involved in our project will be happy to help in this effort in any way they can.

[The following questions were submitted by Senator McGovern to Dr. Schmandt, and his answers thereto.]

QUESTION 1. For the forty percent who reported that their eating habits improved during the demonstration, how much of this improvement remained after the delivery ceased?

ANSWER. Unfortunately, we have no way of knowing, but all indications are that most participants sooner or later reverted to their former poor eating habits. Let me explain why we make this assumption.

Obviously, we were concerned with the dilemma faced by demonstrations of this kind where an individual is offered a service for a limited period of time,

then withdrawn from the service without consideration for the person's continuing need for the service. Our ability to deal with the problem was limited to informing participants about existing programs and establishing contacts with social service agencies in their areas. Some participants, therefore, may have joined ongoing meals programs or applied for food stamps. However, since most of our participants came from service poor areas, the number is probably small. Many participants told us that they knew about the food stamp program but would not apply or had discontinued participation in the program. The principal reason given was the need for several trips—application, buying stamps, shopping—which they could not easily make arrangements for. This is a serious problem for the mobility-impaired elderly. This is why I suggested in my statement looking into new ways of facilitating participation of the elderly in the food stamp program and, possibly, making NASA-meals available for food stamp recipients.

Some of our participants were able to save some money, or stockpile some of the NASA food for later use. This allowed them to maintain their new level of consumption for a while. However, only a few weeks' of improved eating can have resulted.

As part of the proposed national demonstration it will be important to plan for a follow-up program in order to prevent people participating from suddenly being cut off from service contacts.

QUESTION 2. Within the range of services necessary to allow the elderly to remain in their own homes, how critical is the specific provision of home-delivered meals?

ANSWER. (a) People on *alternate care* already are in deteriorated condition. Provision of nutritious and tasty meals is absolutely essential in order to prevent further deterioration. How and in what form meals are to be provided depends on individual situations. For severely impaired elderly who cannot prepare their own meals, having a provider cook may be the only answer. Should health conditions improve over time, home help for various tasks will still be required, but the simple preparation tasks involved in the NASA-type meals might be turned over to the recipient. Our demonstration was not of sufficient length to actually document this possibility. Again, the proposed national demonstration would provide the opportunity to put this question to a test.

(b) For individuals *not yet on alternate care*, adequate nutrition can be looked upon as a critical part of preventive care. Some participants in our demonstration reported how much better and more energetic they felt after having eaten a regular balanced diet. We believe that this kind of improvement their own meals, but wanted the NASA-type meals as a stand-by in case of temporary illness. This suggests the need for a flexible type of service which can be initiated without delay in response to a phone call and continued for a limited period of time.

To sum up: Home-delivered meals are critical for many elderly. Depending on individual circumstances a variety of options should be available, ranging from home-cooking by a provider, preparation of NASA-type meals by the recipient, hot home-delivered meals, service for limited periods of time, etc. The NASA meals system provides the flexibility to supplement other service forms.

QUESTION 3. How many recipients received the meals by mail? What percentage found that method acceptable?

ANSWER. Fifteen participants received meals by mail with a seven-day supply sent in one box. All of them found the mail delivery acceptable, since meals arrived on time and were delivered by the postman to the door or a mailbox in front of the house. If mail delivery required a trip to the post office, the weight of the package (11 pounds) and transportation difficulties would make the system unacceptable to many elderly. Should mail delivery be used on a larger scale in the future, provision must be made for easy information feedback from recipient to service provider. Thus instances of late or damaged deliveries would be dealt with without interruption in service. We encountered one case of damage in transit.

QUESTION 4. You indicate that 60% of the sample reported regular contact with social service providers. Is this figure a typical one in Texas or is it a function of the way in which the sample is chosen?

ANSWER. The 60% figure is definitely a function of the way the sample was chosen, and is not typical for Texas. Since finding participants for the demonstration was done by local service agencies, there was a tendency to select people with whom they had service contact. It must also be kept in mind that two subgroups in our sample (included in the 60% figure) were chosen because of their previous service contacts (alternate care and weekend supplement groups). Among the other participants, the only service provided for the great majority prior to joining the demonstration was provision of transportation. Except for this service most participants from the rural and small town residents had no other regular service contact.

Senator McGOVERN. Thank you very much, Professor Schmandt. We appreciate your testimony. I think you know the legislation we are introducing this afternoon does provide for further experimentation with this program in three States and I'm very anxious to see how it works out. I think it is an imaginative and interesting concept, and one that we'll certainly want to explore further.

I want to commend both NASA and also the Lyndon B. Johnson School of Public Affairs for their joint participation in the development of this program.

Dr. SCHMANDT. Thank you, Senator.

Senator McGOVERN. We appreciate your suggestions this morning.

The committee will stand in adjournment.

[Whereupon, at 12:50 p.m., the committee adjourned, subject to call of the Chair.]

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