

# **Winnipeg Meals On Wheels: A Program Evaluation and Examination of Alternative Models of Operation**

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by **Christine D. McKee & Lloyd Axworthy**  
**1975**

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**The Institute of Urban Studies**





THE UNIVERSITY OF  
WINNIPEG

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**WINNIPEG MEALS ON WHEELS: A PROGRAM EVALUATION AND EXAMINATION OF  
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# **WINNIPEG MEALS ON WHEELS**

**A PROGRAM EVALUATION and  
EXAMINATION of ALTERNATIVE  
MODELS of OPERATION**

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**INSTITUTE of URBAN STUDIES**

**University of Winnipeg September 1975**

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## CHAPTER I

### INTRODUCTION

The purpose of this report is to provide an evaluation of the Winnipeg Meals on Wheels program.

The report was prepared for the Meals on Wheels Study Committee by staff of the Institute of Urban Studies. The following terms of reference were accepted by the Meals on Wheels Study Committee and the Institute of Urban Studies.

1. Is the cost of meals and administration of the present meals delivery program too high?
2. Is the present geographic coverage and the number of meals delivered considered adequate or is there an unserved potential clientele?
3. Does the present organization and administration of meals delivery allow for expansion?
4. Is the delivery system appropriate to the service?
5. How is the volunteer component of the service recruited, utilized and developed?
6. Is the quality and acceptability of meals adequate?
7. What is involved in meal planning - special diets, regular diets?
8. What resources are there in the community for the preparation of meals?
9. What financial arrangements are involved in meals delivery - clients, funders?
10. How is client eligibility for meals service established - screening, agency referrals?
11. What are the staffing arrangements for the service?



12. What are the procedures for a) referral b) screening c) delivery d) collection of fees e) meeting goals of the service?
13. What is the relationship of Meals on Wheels to Home Care and other ambulatory services?
14. What additional opportunities and alternatives are there for providing meals service?

It is further agreed that:

- 1) the research consultant meet with the Meals on Wheels Study Committee or designated sub-committee regularly to present for discussion reports on study progress.
- 2) at a time determined by the consultant, a discussion be held with the Meals on Wheels Study Committee or designated sub-committee regarding the extent and demand for meals service and a decision made as to the scope and size of the meals delivery service. The second phase of the consultant's activities will then be related to size and scope of the meals service as determined by the Meals on Wheels Study Committee.
- 3) the final report contain recommendations for alternative methods of meals delivery, but that the implementation of recommendations concerning the auspices and subsidization of the program be the sole responsibility of the Meals on Wheels Study Committee.

The translation of these terms of reference into a report that was to take a limited amount of time, and be undertaken with a limited amount of resources, restricted the scope of the investigations. There was neither the time nor capacity to initiate fully original research, other than a series of surveys that were administered to suppliers, users, volunteers and referral agencies that are associated with the Meals on Wheels program. The primary source of data was drawn from records of the agency and other studies. The task of this report was to draw such material together to assess how present performance of the agency provides a base for meeting future needs.

Nor was this study able to engage in the exercise of placing the delivery of this particular service within the full context of the social service system of the City. There are many important changes occurring in the social

welfare field which are affecting the role of those private agencies offering very specific, limited service, on the strength of a high input of volunteer help. Therefore a full assessment of the future of a Meals on Wheels program would require a much more comprehensive analysis of the system changes that might be occasioned by changes in government legislation, funding arrangements, institutional reorganization. All that can be provided to members of the Meals on Wheels Study Committee in their report is data that will give them a basis for considering future options for the agency.

The emphasis in forming this assessment will center on three criteria: a) the efficiency of the operation in light of increasing costs; 2) the nature and quality of the Meals on Wheels service offered to elderly and infirm people in the city; 3) and the ability of the organization to meet increasing needs and respond to change. In some ways the last criteria may be the most important, for what determines the continuing value of an agency is its' capacity to evolve as conditions and challenges change.

The report is divided into four sections. The first section presents a series of appraisals of the current program. There is a brief summary of the program and its administrative organization, followed by an investigation of statistical data on program costs, income, clients and meals served and cost benefit ratios. Using data compiled from interviews, the report then offers a profile of present clients and volunteers. A comparison of the Winnipeg program to those operating in Hamilton, Ottawa, Saskatoon, Edmonton and Vancouver froms a third method for analysis and completes this section.

The second section attempts to project factors relating to future performance of the program. First, there is an analysis of potential clients for the program. Seven population projections for Winnipeg provide the data to arrive at population projections for the aged in the years 1976 and 1981. The 1971 study, *Aging in Manitoba: Needs and Resources*<sup>1</sup> by the Department of Health and Social Development fine tunes the projections to yield approximations of aged populations which may conceivably participate in this program. Accessibility study data provides another qualifying criterion and the population projections are re-examined. The geographical areas of the city where the four highest densities of potential users, based on the above study are presented on a map to yield a visual representation.

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1. Manitoba Department of Health and Social Development, Division of Research, Planning and Program Development, "Aging in Manitoba: Needs and Resources," 1971.

This is followed by a brief examination of factors affecting the future capacity of Meals on Wheels to perform. There is a review of volunteer resources, and issues posed by changes in government legislation. The final section deals with conclusion and recommendations.

## CHAPTER 2

### PRESENT PERFORMANCE

#### 2-1. History and Objectives of Present Service

In 1961, the Welfare Council of Greater Winnipeg completed a study of homemaker services.<sup>1</sup> This included an examination of the homemaker services available in Greater Winnipeg and a review of similar services in other parts of North America. In addition to a home help service, the report recommended the establishment of a Meals on Wheels delivery service for the home-bound, aged and infirm persons who were unable to prepare meals for themselves. It further recommended that..."the meals delivery service be inaugurated as a pilot project within a defined area of Greater Winnipeg: that available hospital or other community facilities within the pilot area be used for the preparation of meals; and that the project be evaluated in terms of the nutritional, social and physical benefits of the programme before it is extended to other parts of the city."<sup>2</sup> An Action Committee was appointed by the Welfare Planning Council to follow up these recommendations. This Committee evolved a plan, which was subsequently adopted, for establishing a Home Help Service under the sponsorship of the Victorian Order of Nurses and the Meals Delivery Service under the sponsorship of the Home Welfare Association. The decision to use existing agencies was made because of the preference for unifying administration and costs of social services in the community, rather than increasing the number of separate agencies.

The Home Welfare Association was asked by the Community Welfare Planning Council in 1964 to consider the feasibility of the provision of a meals on wheels delivery service by their agency. After due consideration, the Board of Directors of the Home Welfare Association agreed to undertake the provision of this service and final approval was given for the inauguration of a meals delivery service in May 1964 by the Board of the Planning Council. Initial financing was obtained for a three year pilot project, from the Rotary Club of Winnipeg, the Winnipeg Foundation and the Provincial Department of Health and Welfare, and the first meals were delivered on June 30th 1965. The Community Chest, forerunner of the United Way, was not asked for funding at this time. Request for funding from this source was postponed until the program was evaluated three years later. The Winnipeg project was the first

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1. Report of Study Committee on Homemaker Services. Welfare Council of Greater Winnipeg, November 1961.
  2. Op. cit.

in Canada to begin to deliver meals on a five day a week basis. In its first year of operation, 10,308 meals were delivered. The meals were prepared by the Manitoba Rehabilitation Hospital. This organization served the program until the end of June 1970.

#### Original Objectives

The original Meals Delivery Service Program was the delivery by volunteers of a hot, nutritious noon-day meal, five days a week to the aged, infirm or handicapped who were unable to prepare meals because of disability or lack of facilities. The philosophy of the original program was based on the need to provide support to aged, infirm or handicapped persons to enable them to maintain their independence in their own homes, as long as the provision of the Meals Delivery Service (1) in no way contributed to the "shut-in" state (2) in no way made the recipient less self-dependent or less self directing (3) in no way relieved the family of responsibility which they can and should assume (4) in no way prevented the institutionalization of a recipient who is unable to live at home safely and securely, and finally, is supplementary to their present way of life.

To qualify for service by the program, it was required that clients be either homebound, with no one to shop for food; or unable to visit restaurants or shop for food on a regular basis; or be without proper cooking facilities or without the ability to acquire or use them.

#### 2-2. Previous Studies of Winnipeg Program

##### a) Nutritional Studies

Several nutritional studies have been undertaken in connection with the Winnipeg Program. A report produced in 1964 studied the dietary intake of a group of 74 home-bound aged persons.<sup>3</sup> The diets of this group were found to be low in animal protein foods, fruits and vegetables and predominating in bread and cereal products. Sixty-seven percent of the group received fewer calories than the amount recommended in the Canadian Dietary Standard as maintenance requirement for persons of their age and body size. Other findings included the following: only 15%

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3. Food Practices and Nutrient Intake of Aging Home-Bound Individuals by Dietary History and Biochemical Data, E. Feniak and B. Johnson.

received diets adequate in all nine nutrients<sup>4</sup> checked; the percentage of the group whose dietary intake fell below the recommended levels of the Canadian Dietary Standard for particular nutrients included 45% for Vitamin A, 39% for iron, 31% for ascorbic acid, 28% for calcium and 25% for thiamine. The report concluded that.. "Insufficient food intake is a serious threat to the health and independence of the elderly.

A Meals on Wheels program would be a valuable aid in raising the nutritional status of these elderly people to an acceptable level, and undoubtedly could effect the remarkable improvement in health, strength and morale that has been noted where programs of this type have been instituted."<sup>5</sup>

A later small scale study by C.M. Moore<sup>6</sup> compared the food intake of two groups of elderly individuals. The experimental group was mainly home-bound and associated with the Meals Delivery Service. The control group was not home-bound. In the case of the experimental group, food intake before and after receipt of the Meals Delivery Service was examined. Briefly, evaluation of nutrient intake showed Vitamin A and ascorbic acid to be the nutrients most frequently consumed in less than recommended levels among both groups. Calories and protein were frequently consumed in less than recommended levels, among the home bound group. The control group had a better intake of food both in quantity and quality than the home-bound group. After ten weeks of meals delivery the food intake of the experimental group was found to have improved both in quantity and quality. However, the report pointed out that a larger scale, longitudinal study would be required for a more adequate assessment of the value of a meals delivery program on the nutritional status of home-bound elderly persons.

A study conducted by the School of Home Economics, University of Manitoba,<sup>7</sup> found that except for calories, calcium and riboflavin, the Meals on Wheels noon meal contributed the entire amount of nutrients recommended for adults. The noon meal was also found to be particularly valuable to persons on a special therapeutic diet. However a later report<sup>8</sup>

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4. Nutrients checked: Calories, protein, calcium, iron, vitamin A, thiamine, riboflavin, niacin, ascorbic acid.

5. op. cit. page 3.

6. Nutrition of two groups of Independent Elderly Individuals, Preliminary Assessment of a Meals Delivery Program, C.M. Moore, May 1966.

7. op. cit. Note 1, Chapter 2. (page 26).

8. Evaluation of Meals on Wheels Therapeutic Diet Service, Professor D. M. Baxter, Faculty of Home Economics, University of Manitoba.

which examined the dietary intake of the 31 recipients of Meals Delivery Service who were receiving therapeutic diets in June 1970 recommended that a periodic evaluation system be devised to assess the degree to which clients adhere to special diet restrictions and to review the necessity for continuation of therapeutic diet regimes. It also recommended that a nutrition counselling service be available to all Meals on Wheels clients on a regular basis.

Four important factors emerge from these studies. First, the importance of providing nutritionally controlled meals for aged, infirm and disabled persons because of a lack of knowledge facilities or motivation on their part to prepare and eat a nourishing and nutritionally balanced diet. Second, the importance of providing a nutritionally balanced normal or therapeutic diet as a preventive and supportive health measure. Third, the importance of delivered meals in the provision of the nutritional requirements of clients and the maintenance of the nutritional status of home-bound persons. Fourth, the importance of incorporating periodic evaluation and dietetic counselling into a service such as Meals on Wheels.

#### b) Evaluation of Three-Year Pilot Project

The three year pilot project begun in June 1965 was evaluated by the Community Welfare Planning Council in a Report published in June 1969. Its recommendations are set out below.

1. It is recommended that the Meals on Wheels service be continued under the auspices of the Home Welfare Association.
2. It is recommended that the Meals on Wheels service be extended to cover the whole of Metropolitan Winnipeg.
3. It is recommended that the service cover a seven-day-a-week meals delivery where necessary.
4. It is recommended that a more formal "technical committee" than the present advisory committee be formed. This committee should include practicing dietitians, representatives from the medical profession and the health and social service fields.
5. It is recommended that ways and means be actively explored to expand the service as required by either different local bases for the preparation of meals, or possibly by distribution of a frozen, prepackaged meal.
6. It is recommended that continued financial support be obtained through such sources as the municipalities of Metropolitan Winnipeg,

the United Way of Greater Winnipeg, The Winnipeg Foundation, and the Department of Health and Social Services.

7. It is recommended that consideration be given to the possibility of extended human contact to people receiving this service, and that in general a greater effort be made on a wide basis to alleviate loneliness in the city.

To what extent were these recommendations implemented? After the pilot period, the Meals on Wheels Service continued to be operated under the auspices of the Home Welfare Association, the service was extended to a seven day a week service where necessary and the financial support for the program continued to be drawn from the sources recommended. However, although the service has expanded geographically since 1970, it is still a limited service, not available in the whole of Metropolitan Winnipeg; the recommended 'technical committee' has not materialized, the service has not been decentralized or diversified and the amount of human contact provided to people receiving this service, by the program itself, is, although valuable, fairly minimal.

c) Recent Program Evaluation

In 1974, a Program Review and information gathering report was produced by a United Way Research Associate for the use of the United Way and the Home Welfare Association. It provided a description of programme elements and functioning, a profile of clientele and briefly discussed the feasibility of providing different models of service. Its findings did point out financial and other difficulties that the program was experiencing and suggested that more thought should be given to examining alternative models of operation for the Meals on Wheels Delivery Service. It essentially paved the way for the present report.



## 2 - 3 OPERATION AND ADMINISTRATION OF PRESENT PROGRAM

### a) Present Meal Delivery Systems

The Meals on Wheels Program is a service to deliver a hot, nutritious noon day meal to shut-ins, convalescents and the aged and infirm. Meals are purchased from the Health Sciences Centre, which provides on average 150 meals a day and from Tache Nursing Centre, which provides up to 30 meals a day. It is a seven day a week service. Meals are despatched from these two hospital sources each morning and collected and delivered by volunteers who use their own cars for this purpose. No payment of any kind is made to the volunteers. During 1974, a total of 57,228 meals were delivered, 35,267 being normal hot meals, 18,883 being special diet meals and 3,078 being bag suppers.

The Meals from the Health Sciences Centre are prepared in the Children's Hospital kitchen in the Rehabilitation Hospital and despatched from the Outpatients Entrance of The Rehabilitation Hospital. About half the meals prepared in this kitchen are for Meals on Wheels. Other meals are prepared for the Children's Hospital and the Rehabilitation Hospital Cafeteria. Each client has a card which is filed in a card index. Records are kept by the hospital dietician. On each card is recorded the type of diet, (special diets are colour coded) special likes and dislikes, whether weekend meals are delivered and route number. Incoming information from clients, collected by volunteers and the Home Welfare Association staff, is fed into the card index system. When a new client is referred, his diet is discussed with the Home Welfare Association, he is allocated to a particular route and a card made up for him. Each morning, the hospital dietician receives a call from the Home Welfare Association explaining route changes and special problems. Food menus follow a six week cycle to avoid repetition. Tin foil trays on which the hot meals are served are stored in a large oven warmer. Meals are despatched in metal ovens with 8 shelves, and insulated bags. There are one or two ovens for each route. These are kept warm until the volunteer collects the meals for his route. The meals are despatched from the lobby of the Outpatients Department of the Rehabilitation Centre. Ovens come up from the kitchen in the same rotation each day and volunteers are given an appropriate time for collection. The meals are despatched to volunteers by one of the welfare workers, who checks the oven, route cards and allocates the meals to volunteers. (A time study and description of present despatching and delivery systems from the Health Sciences Centre are set out below.)

Time Study of Present Preparation, Despatching and Delivery Systems  
From the Health Sciences Centre.

- 8:00 a.m. - 10:30 a.m. - preparation and cooking of food.
- 9:30 a.m. - 10:00 a.m. - technician lines up menus and bags.
- 10:00 a.m. - 11:00 a.m. - dishing up and packaging of meals in kitchen.
- 11:00 a.m. - 11:30 a.m. - transferral of ovens from kitchen to despatching area by kitchen technician.
- 11:00 a.m. - 11:45 a.m. - despatching of ovens from Outpatients lobby of Rehabilitation Centre to volunteers.  
 Help given by Welfare worker to volunteers with loading.
- 11:05 a.m. - 12:45 p.m. - delivery of meals to clients by volunteers.
- 11:45 a.m. - 1:00 p.m. - return of ovens and insulated bags to Rehabilitation Centre lobby by volunteers.

- The returned ovens are collected from the lobby by kitchen staff and taken downstairs for use the next day.

- Each afternoon, the cold meals (bag suppers) are pre-prepared for the next day and sandwiches are stored on trolleys in a large, walk-in refrigerator. One member of staff is responsible for assembling the cold meals. Puddings, fruit, juice etc. are assembled on the morning of the day of despatch. Special desserts have to be collected from the General Hospital on the day of despatch.

Records and Operating Procedures

A case history file is maintained on each client containing details of name, address, age, source and reason for referral, type of diet etc. Initial and subsequent information about clients are entered in this file. A master control of meals delivered and a file of referrals is kept in addition to other statistics.

The program operates fourteen routes from the Health Sciences Centre and three from Tache Nursing Centre. Detailed routes and detailed delivery instructions are prepared by the welfare workers for volunteers. Route changes have to be incorporated for each day on the route sheets if new clients enter or old clients leave the program, and the hospital has to be informed of changes. This is a particularly time consuming task. Information from the daily volunteer report sheets for each route indicating time at which each meal is delivered and any special problems must also be processed daily.

Although many volunteers who drive the routes and deliver meals offer their time on a regular basis such as weekly or bi-weekly on a particular day, each morning any gaps in the driving rota must be filled. Telephoning volunteers for this purpose is done by any member of staff who is available.

Each of the two Welfare workers despatches meals from the two hospital sources, often drive a route themselves and receive back the despatching ovens at the hospitals when returned. Screening interviews are normally undertaken in the afternoon. At weekends, a part-time despatcher is used to despatch meals at the Health Sciences Center.

The cyclical nature of the work does create pressures on the staff at certain times of the day and certain times of the month, but on the whole, the program seems to operate smoothly and the organization is extremely efficient at providing a regular and reliable noon time service to clients.

Diagram 1. Administrative Structure Governing Meals on Wheels Program as of April 1st., 1975.

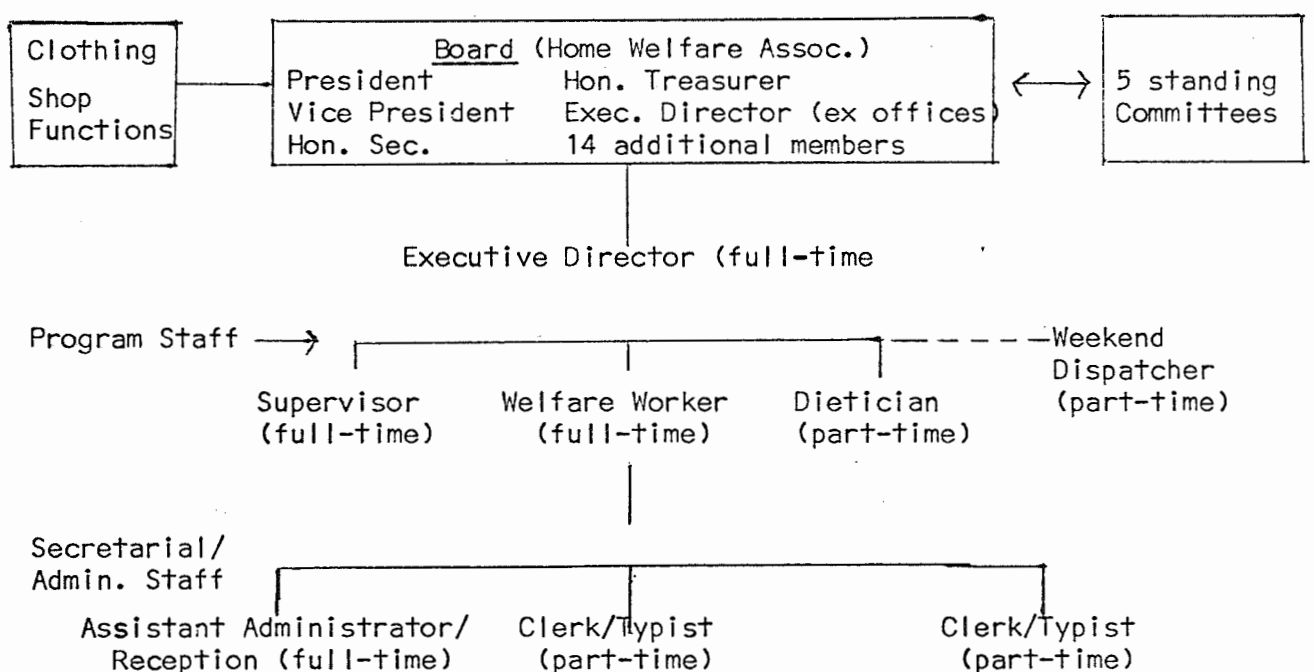


Diagram 1 shows the administrative structure of the program as of April 15, 1975. Thumbnail sketches of the present functions of staff can be found in Appendix III. Since this date some changes have taken place in Board membership although the offices and overall membership have remained the same. Also, two paid staff members, the part-time dietician and the assistant administrative person have been laid off because of shortage of funds to pay them.

Based on observations of the program, and discussions with staff, the following overall assessment can be made of the present operation.

1. Despite despatching difficulties at the Health Sciences Centre, it is extremely efficient in providing a regular, reliable, noon-time service to clients.
2. Central co-ordination and administration allows tight control over the quality and regularity of service.
3. Present program staff work hard and are extremely well motivated. They are also successful in generating considerable commitment and enthusiasm from volunteers who participate in the program.
4. The mainly centralized model of operation provides an easily identifiable focus for referrals, complaints etc.
5. Routing and other instructions are carefully worked out by staff for volunteers. This minimizes delivery problems.
6. Despite recently acquiring Tache Nursing Centre as a second source of supply, the present highly centralized main source of supply at the Health Sciences Centre inhibits expansion of the program as the Health Sciences Centre has a limit (of 150 on average) of the number of meals it can provide.
7. On days when more than 150 meals are required from the Health Sciences Centre, kitchen staff are put under great pressure.
8. Present despatching arrangements from the outer lobby of the outpatient entrance of the Rehabilitation Hospital are nothing short chaotic on busy days, especially in the winter. Waiting volunteer cars cause parking congestion outside and continual opening and closing of the lobby doors causes drafts and inconvenience for patients and hospital staff. It is only because of the great efficiency and patience of the despatching welfare worker and volunteers that the service has continued to function so smoothly. If the hospital would allow the program to use the underground car park close to the kitchen exit, many of the despatching problems associated with

the Health Sciences Centre could be alleviated.

9. The Board might be able to take a more dynamic leadership role in providing impetus for the development of the program, if it included representative members from related agencies.
10. A great deal of the time of full time professional staff, i.e. the two welfare workers, is at present spent doing clerical and despatching duties. If more part-time or volunteer help could be used for despatching, this would release some of the time of professional staff for administrative, management, training and development work, if changes in the organization of the program were made.

2 - 4

b) Comparison with Other Programs

Outside Winnipeg in Manitoba, eight programs operating from hospitals in the province are known to the Manitoba Health Services Commission.<sup>9</sup> All these programs operate on a small scale, using hospitals or nursing homes as the supplier of meals to deliver to, on average, about a dozen home-bound persons; up to five days a week; in small towns and rural areas. Dietetic assistance is provided by hospital or central Health Services Commission staff. Another small scale program operates in Virden<sup>10</sup> from January to April. It is sponsored by the Virden Kinette Club. The meal is prepared in the private homes of those providing the service. Clients, referred by agencies such as V.O.N., local health or welfare representatives or by doctors, friends etc. are accepted without further investigation and pay only for the raw food costs of the meal. The program is administered and the meal cooked and delivered by volunteers, once a week. The meal is served in the evening.

Valid comparisons cannot easily be made between these kind of small scale Meals on Wheels Programs described above, operating elsewhere in the province and a service as extensive and complex as the program operating in Winnipeg. It should also be pointed out that any Meals on Wheels Program is designed in relation to the needs of the community it serves. This also makes direct comparisons difficult. A report<sup>11</sup> conducted by the Research and Statistics Directorate, Department of National Health and Welfare and published in 1971 documented information on 62 Meals on Wheels Programs operating throughout Canada in 1970.

Table 18 is a summary of the information collected from a telephone survey to five other cities in Canada having Meals on Wheels programs.

Whereas these programs operate in different cities, with different systems, it should be expected that differences arise. However it is not the intent of this report to account for differences in comparable data between Winnipeg and the other cities. The nature of this type of evaluation is illustrative only.

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9. List of these programs can be found in Appendix I.

10. Vide, Report of Meals on Wheels Survey. Research and Statistics Directorate, Dept. of National Health and Welfare, Ottawa, 1971.

11. Op. Cit. (vid. note 10).

TABLE 1A: MEALS ON WHEELS TELEPHONE SURVEYJuly 14-15, 1975

	Ottawa	Hamilton	Saskatoon	Edmonton	Vancouver	Winnipeg
Food Sources:						
Hospital	x	x	x	x		x
Institution	x			x		x
Private	x			x	x	
Total Outlets	15	1	1	4	6	2
Cost per meal to agencies		85¢	\$1.32	\$1.00	\$1.35	\$1.25/ \$1.50
Cost per meal to client			\$1.10/ \$2.00	\$1.20	\$1.50 (subsidized)	\$2.25*
Number of meals delivered each day	125- 135	140	50- 50	180- 190	300- 500	180
Delivery Staff	x					x
Volunteers used for delivery	x	x	x	x	x	x
Administration:						
full time staff	1	1	2	1	1	3
part time staff	2				3	3
Number of volunteers	300	138	6 each day	200	700	301
Present Program:						
hot food	x	x	x	x	x	x
cold food					x	x
Lunch time delivery	x	x		x	x	x

\* Only 30% of clients in 1974 paid \$2.25 per meal. The remaining 70% received differing levels of subsidy from referring agencies, or paid for their meal on a sliding scale determined by the Home Welfare Association. However, 68.8% of clients paid for themselves at the full rate or at an appropriate level according to their means.

Ottawa and Edmonton are two examples of cities maximising three different food supply sources. Vancouver relies on private agencies, Hamilton and Saskatoon rely on single hospital outlets for food supply. Currently Winnipeg utilizes two resources for its meals.

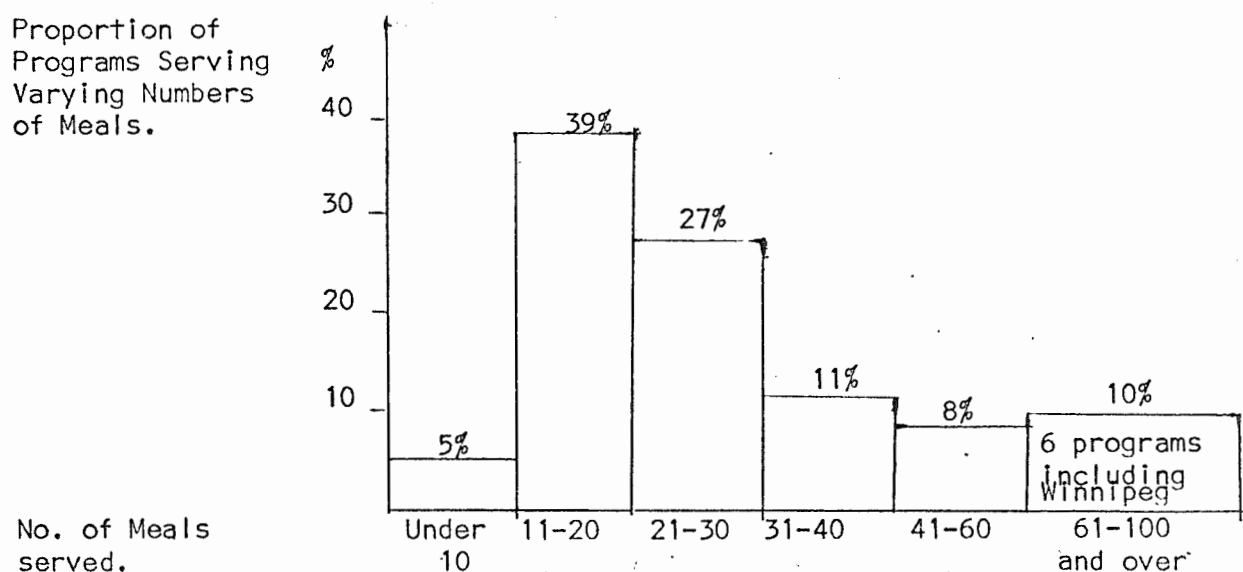
In Winnipeg the costs of the Meals to the program differs from \$1.25/meal from the Tache Nursing Home to \$1.50 from the Health Sciences Centre. This price is higher than the other cities. The cost of the meal to the client is also higher in Winnipeg than in the other cities for which data is provided. No data is available to compare food preparation costs.

Delivery of meals is basically a volunteered service. There is no mileage allowance made in Winnipeg to volunteers. In Vancouver mileage allowance is provided for the pick up of meals and delivery of them to the decentralized district distribution centres. In Edmonton a daily delivery fee is charged for the hiring of a taxi to deliver meals along a concentrated downtown route.

In April, 1975, there were 183 clients being served in Winnipeg. The range of clients being served in other cities was from 50 to 60 in Saskatoon to 500 in Vancouver. In all the cities the meals were delivered by volunteers except in Ottawa where some staff participate in the delivery aspect on a regular basis.

The Winnipeg Program was shown to be one of the most sophisticated models operating in Canada in terms of number of clients served, uninterrupted daily service and flexibility of diets offered to clients. Diagram 2 shows the proportion of programs operating in Canada in 1970 serving varying numbers of meals. They are grouped by number (average or maximum) of recipients who can be served per serving day. Winnipeg was one of six programs serving the largest number of meals each serving day.

Diagram 2. Programs Operating in Canada in 1970, Grouped by Number of Recipients Who Can Be Served Per Serving Day (n=62)





A number of interesting points emerged from reviewing programs operating in Canada.

1. In almost all cases, private cars driven by volunteers were the main form of transport for Meals on Wheels Programs and were used to deliver meals. In about 10% of programs, a hired Van or special vehicle loaned free of charge either supplemented or replaced the private car/volunteer delivery system.
2. In almost all cases, no mileage or maintenance allowances were paid for the use of private cars to deliver meals.
3. Fifty per cent of the programs do not do their own investigation of clients who are referred and either rely on the judgement of other agencies, social workers, V.O.N. and public nurses etc. to determine the level of need; or, consider application by a client as sufficient indication of need. There are problems created by not investigating client referrals: for example, where the demand for the service is greater than the number of meals that can be provided, it is difficult to determine priority areas; also where criteria for referral have not been agreed between the Program and referring agencies and individuals; and where the referral is not fully supported by the potential client.
4. When examined in isolation, the Winnipeg program does appear rather labour intensive in terms of the ratio of number of paid man hours to number of meals served. However, the number of paid man hours used in the Winnipeg program does not compare unfavourably with the number of paid man hours used in several other larger programs.
5. One program which does seem to have developed a particularly effective model of operation in terms of cost and delivery systems is the Vancouver model. The program in Vancouver is highly decentralized and organized on a neighbourhood concept. There are 13 Meals on Wheels Neighbourhood Units each with its own group of volunteers. Each unit has a chairman, a day captain per day, driver/server teams and a screener who does initial visits and follow-up. At any one time there are about 600 clients on the program. Special therapeutic diets and Chinese and Kosher meals can be supplied. The program uses up to six suppliers, Pacific Western Airlines being the major caterer. There is a small staff, two and one half, including a co-ordinator, a food supervisor who works with caterers and special diets and clerical staff. The total cost per meal in 1973 including administration was \$1.40. The Vancouver program is a good example of how efficient and flexible a decentralized system, using diversified sources of supply can be.

## 2-5. Operating Costs and Benefits

There is a growing recognition in the social services that calculations of cost effectiveness in programming is a necessary component of their policy-making. Traditionally, budget analysis was generally treated separately from estimates of effectiveness in delivery of services. However, with the increasing squeeze on budgets, and the concurrent skepticism over the value of many social programs, the necessity of "case costing" is most apparent. By this method, certain indications such as number of clients served, length of service, administrative and food unit costs per client, can be used to determine the performance of the agency. Obviously there are many limitations to this method. The most noteworthy one in this case, is the gaps in information required to make proper comparisons. In fact, this particular evaluation just reinforces the obvious need to develop a central system of information, monitoring and cost accounting procedures using computer technology for use by the many private agencies working in Winnipeg.<sup>12</sup>

Nonetheless, the following analysis of budget requirements provide information whereby the relationship between goals of the agency and its performance can be measured.

### a) Budget

Table 1 and 2 provide a statistical comparison for the years 1970-1974.

Table 1. Sources of Income, Meals on Wheels

	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>
Sale of Meals	34,766	48,327	57,480	75,914	\$98,726
United Way of Winnipeg	5,240	7,000	6,139	6,917	6,304
The Winnipeg Foundation	5,000	6,000	6,000	6,000	6,000
Province of Manitoba	5,000	5,000	5,000	5,000	5,000
Other (e.g. interest on accounts)	---	315	288	255	308
<u>Total Income</u>	<u>50,006</u>	<u>66,642</u>	<u>74,907</u>	<u>94,086</u>	<u>116,338</u>

12. See Jerome Becker, "Measuring Cost Effectiveness in Human Service Programs", Canadian Welfare, Jan. - Feb. 1975, Vol. 51, No. 1.

Table 2. Expenditure, Meals on Wheels

	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>
Food Costs	25,199	35,335	37,907	49,488	\$70,794
Salaries & Staff Benefits	20,358	22,091	24,820	28,014	38,889
Equipment	554	600	1,873	923	140
Other (included rent, telephone, postage, automobile allowances to workers.)	3,653	4,658	10,520	15,062	16,472
<hr/> Total Expenditure <hr/>	<hr/> 49,764 <hr/>	<hr/> 62,684 <hr/>	<hr/> 75,120 <hr/>	<hr/> 93,487 <hr/>	<hr/> 126,295 <hr/>
Surplus (Deficit)	242	3,958	(212)	(599)	(9,957)

From this table it is seen that increases in total income has been 133%, whereas the increases in total expenditures has been 154%.

Two important facts emerge from these statistics. First, is that food costs have been increasing at a high and steady rate. Second is that the income from funding agencies has not increased proportionately, therefore the income from food sales has continually been used to cover administrative deficits.

The salary increases appear moderate by comparison to overall wage increases. However, the costs for other administrative items experienced a noticeable jump in 1972-74, attributed to the rising cost of new accommodation and increases in automobile expenses to staff.

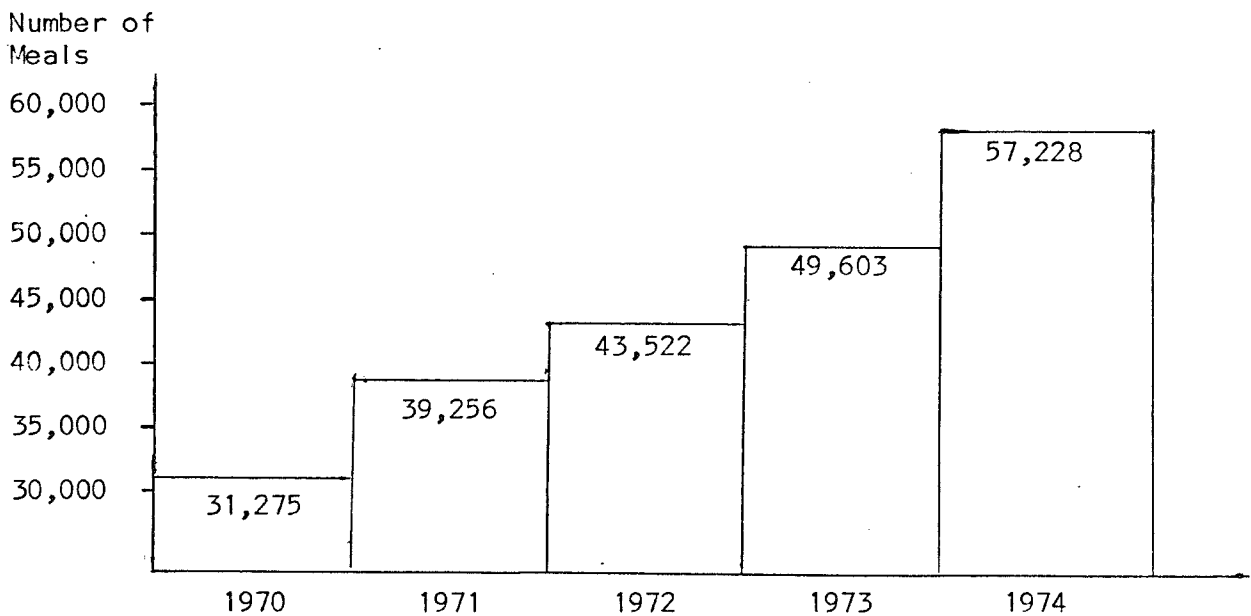
Food cost is an externally controlled item. Administrative costs and salary expenses are theoretically within the budgeting capacity of the program's organization. If it's possible to control or restrict sharp increases in administration budget categories, the savings could be used to offset the increasing cost of food. As it seems unlikely that major cut backs can be gained due to demands for expansion, then additional grant income to the program will have to offset these administrative costs.

#### b) Service

One issue that faces the program is what has been its out put, relative to cost.

One measurement is a simple presentation of the number of meals the program has been delivering over the years, as depicted in Table 3.

Table 3. Number of Meals Delivered 1970-1974.



The program has expanded over the five year period 1970 - 1974 by 83% or an average growth of 16.5% annually. That is, the number of meals delivered to the users of the program has increased by 83% over the five year period yielding an average increase in the number of meals to clients of 16.5%. To what degree, however, is the program actually meeting needs in terms of expanding the number of clients served?

Breaking the budgetary figure into specific components, gives a more precise picture of the different indices of service in the program.

Table 4. Yearly, and Total Increase of Clients 1969-1973 (actual & percent)

	<u>Total No. of Clients</u>	<u>Yearly Increase</u>	<u>Yearly Percent Increase</u>
1969	349	4	1.1
1970	353	4	1.1
1971	421	68	19.3
1972	452	31	7.4
1973	463	11	2.4
1969-1973		114	32.6

In the five year period, 1969-1973 the total number of clients served by the program increased by 32.6%. Not all the clients remain on the program for the duration of the year but are obligated to a minimum period of 10 days. It has not been possible to consider environmental factors, e.g. Winnipeg's harsh winter climate, as variables determining the frequency of the number of the clients monthly or seasonally. It is not known if there are generally more clients at some times of the year as opposed to others. Further to this, it is not ascertained how many of the clients in 1969 were clients in 1970 to 1973.

The increases in the number of clients have not been constant, jumping from 4 to 68 in one year and dropping to 31 representing percentage increases of 1%, 19% and 7% respectively. It is logical to assume that if the program was able to respond to these irregularities in clients over the years, then it suggests a degree of 'slack' in the administrative capacity of the program.

Table 5. Yearly and Total Increase In Number of Meals 1969-1973  
(actual and percent)

	<u>Total Number of Meals</u>	<u>Yearly Increase</u>	<u>Yearly Percent Increase</u>
1969	26194		
1970	31275	5081	19.4
1971	39256	7981	25.5
1972	43523	4267	10.9
1973	49603	6080	14.0
1969-1973		23409	89.4

Table 5 shows that in the same five years 1969-1973, the number of meals served to clients on the program increased nearly 90%. In fact, the yearly increase in number of meals by percent out paced yearly increases in number of clients, as seen by comparison to data in Table 5. A more meaningful comparison of meals per client is presented in Table 6.

Table 6. Yearly Number of Meals to Number of Clients 1969-1973.

<u>Year</u>		<u>Meals per Client</u>
1969	<u>26194</u> 349	75.1
1970	<u>31275</u> 353	88.6
1971	<u>39256</u> 421	93.2
1972	<u>43523</u> 452	96.3
1973	<u>49603</u> 463	107.1

Table 6 is constructed by dividing the total number of meals per year by the total number of clients and represents an average number of meals consumed by a client. In 1969 a client averaged 75 meals. In 1973 a client averaged 107 meals. This relationship suggests that clients were, on the average, remaining on the program longer. In simple demand supply relationship, this meant that the nature of the Meals on Wheels Program was changing from a social service based on short term transition periods to longer term, perhaps permanent dependency service to its clients.

Table 7. Yearly and Total Increase Food and Packaging Costs

	<u>1969-1973 (actual and percent)</u>		
	<u>Total Cost</u>	<u>Yearly Increase</u>	<u>% Increase</u>
1969	\$18,606		
1970	25,199	6,593	35.4
1971	35,335	10,136	40.2
1972	37,907	2,572	7.3
1973	49,488	<u>11,581</u>	<u>30.6</u>
1969-1973		30,882	166.0%

Table 7 represents the increases on cost of food and packaging for the five year period. These costs were increasing by a factor of nearly 166% over the five years. This increase can be represented in an average cost per meal increase of from 71¢ to \$1.00 in the five years. In terms of the food costs compared to the number of clients served, the per client cost doubled from \$53.00 in 1969 to over \$106.00. The trend of increase has not been consistent although in three separate years the increase has been consistently over 30% (see 1970, 1971 and 1973), per year! Since the program until recently has had its meals supplied from one outside source it has been totally dependent on their cost formula. The lack of alternative sources, which might provide some competitive bedding on food supplies, has resulted in this critical cost area of the program being beyond control. It makes it imperative to test out other food sources.

Table 8 presents the increases in total expenses from salary, office and building, and administration costs over the five years 1969-1973. Food and packaging costs are not included. The five year increase has been 190%. These increases have more than kept pace with the increase in food and packaging costs. This indicates that no efficiency in cost

Table 8. Yearly and Total Expenses and Increases 1969-1973  
(actual and percent)

	<u>Total Expenses</u>	<u>Yearly Increase</u>	<u>% Increase</u>
1969	15,180		
1970	24,566	9,386	61.8
1971	27,350	2,784	11.3
1972	37,213	9,863	36.1
1973	<u>43,993</u>	<u>6,780</u>	<u>18.2</u>
1969-1973		28,813	189.8 %

are gained by economies of scale, that is in expanding the number of meals served, or clients served.

It was previously found that clients were remaining on the program longer and questions were raised as to the program's flexibility to serve an increasing number of clients for longer periods. Because the total expenditure costs per client also increase with the program trend of increasing number of clients, the ability of the program to serve more people at a reduced cost per client rests on the ability of the program to check its expenditures. Certain fixed costs may be reduced such as accommodation, but it cannot be expected that in inflation periods, salaries can be held below the going rate. The other area which shows large increases, the travel allowance to staff can also be expected to increase.

Table 9. Yearly and Total Increase of Total Sales of Meals 1969-1973  
(actual and percent)

	<u>Total Sales</u>	<u>Yearly Increase</u>	<u>% Increase</u>
1969	25,294		
1970	34,767	9,473	37.5
1971	46,328	11,561	33.3
1972	57,488	11,160	24.1
1973	<u>80,168</u>	<u>22,680</u>	<u>39.2</u>
1969-1973		54,874	217.0 %

Table 9 presents data of total income from the sale of meals 1969-1973. In the five year period the income from meals has increased by 217%. The income from sales of meals has consistently shown a profit against the respective yearly increases in food and packaging costs. Disregarding

inflationary devaluation of the dollar in 1969 the profit of meal sales compared to food and packaging costs was \$6,688. With'r the five year period the statistics reveal an increasing profit and by 1973 this income to food costs difference had increased by a factor of almost 5 times the 1969 amount to over \$32,000.

These surpluses are naturally applied against administrative costs. As food costs rise, however, it may not be possible to continually use income from food sales to cover these costs, as the necessity of trying to keep the cost to clients as low as possible will require that food be distributed as close to cost as possible. Again the case is clear that additional grant monies should be made available, at least to cover administrative components of the service. Considering that the funding agencies have maintained almost a static posture over the past five years, the case for increased grants to cover increased costs should be quite clear.

In considering budget figures, those obtained for the 1974 year provide basic substantiation of previous trends, with one major difference - the large increase of clients over previous years. The number of clients increased in 1974 by 190 over 1973, representing a 40% jump in one year. The number of meals increased by 15% to over 57,000, leading to a fall in the meal per client ratio of 87 per client as opposed to 107 in 1973. The average purchase cost per meal rose to 1.24

and the income from the sale of meals surpassed food and packaging costs by \$27,932. The deficit in operation was also the highest, being close to \$10,000.

The important result in the 1974 figures, however, is the marked increase in clients served. It demonstrates a point made earlier that the administrative arm has a fair degree of stretch to handle additional clients. It is true that the number of meals served to clients fell off. But this simply shows there is a trade-off between longer term and shorter term users.

If there is a desire to expand the range of service, the present administrative structure and the staff complement that existed before the cutback appears capable of handling a larger volume, without very large addition of cost. Where extra cost might occur is in establishing some form of outreach, information program designed to bring the service to more people. This



question will be further discussed in subsequent sections of the report.

Going over the material presented in a budget analysis, certain findings are clear. There has been a noticeable increase in administrative cost of the service, without commensurate addition of grant monies. Thus, the additional cost is covered in the fee charged per meal. There is a serious omission of responsibility in this area, that can only be rectified by having a grant formula worked out with each funding agency that takes account of an annual increase of costs, based on present inflationary trends. Secondly, there is a serious need to develop means of planning for the orderly expansion of the program in order to insure that administrative capacity is used to its fullest. This will require a more definite system of planning and a re-examination of the goals of the service. Also there are areas where priorities of service should be established. The question of ratio between long term and short term users must also be handled more effectively, possibly by adopting differential pricing policies, and there might be some savings by assessing the present accommodation of the agency. Although food is an externally controlled cost, ways should be sought of producing some savings by 'shopping around' exploring alternative sources of supply and discussing fair meal pricing policies with hospital representatives. Material presented later shows that a number of potential alternative sources of supply exist in the local community.

To handle such cost-effectiveness techniques however is beyond the capacity of one small agency. To undertake the collection of data, the monitoring of the program and the analysis involved is not within the ken of Meals on Wheels, without adding substantially to administrative costs. This puts the Meals on Wheels agency in the same position as many other smaller agencies, and it might be prudent for them to make the case to the United Way, or the Provincial Government both of which have resources that a centre for information gathering, retrieval and analysis be developed to serve agencies and aid them in gaining maximum service to clients for dollars spent.

## CHAPTER 3

### CLIENT, VOLUNTEER, AND REFERRAL AGENCIES

To acquire data on the different groups of people that compose the operational network of the Meals on Wheels program, a series of surveys were administered. The results of these surveys form the basis of this part of the report

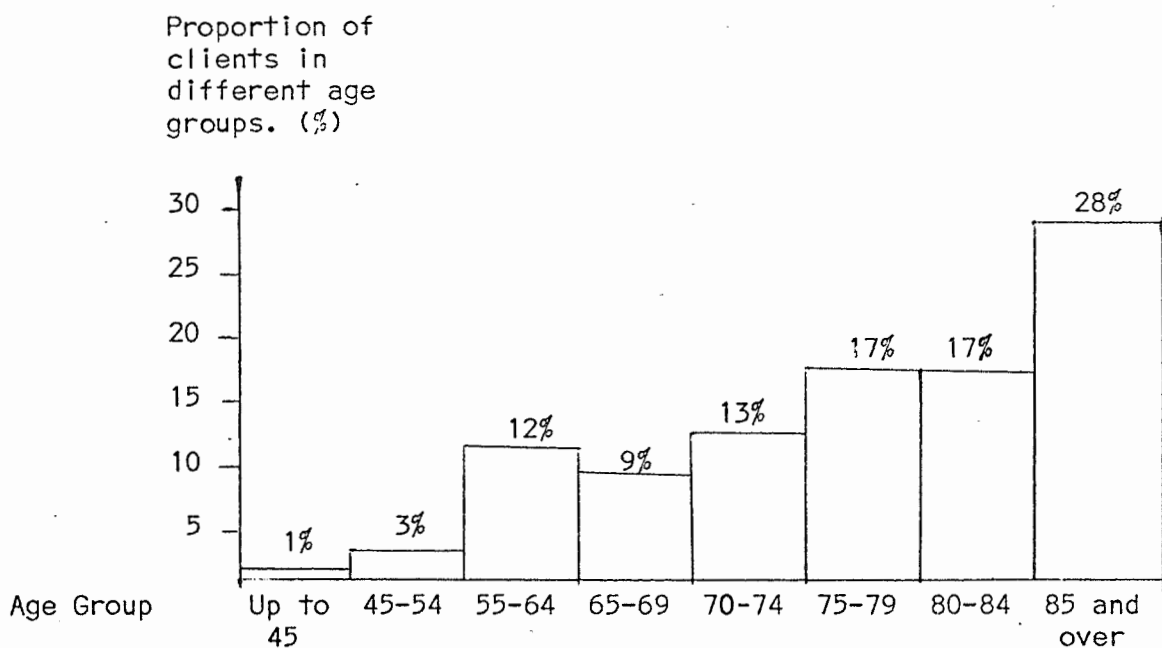
#### 3 - 1 Clients

The following information was collected from the group of 183 clients who received meals from the program on Wednesday, April 23rd., 1975. Usable information was received from 156 clients, or 80% of the survey population.<sup>13</sup> Supplementary information was collected from the Home Welfare Association files and data.

Based on information responses from 147 clients, the following diagram illustrates an age profile of the clients.

Diagram 3. Proportion of Clients in Different Age Groups

(Percentages rounded to nearest whole number n=147)



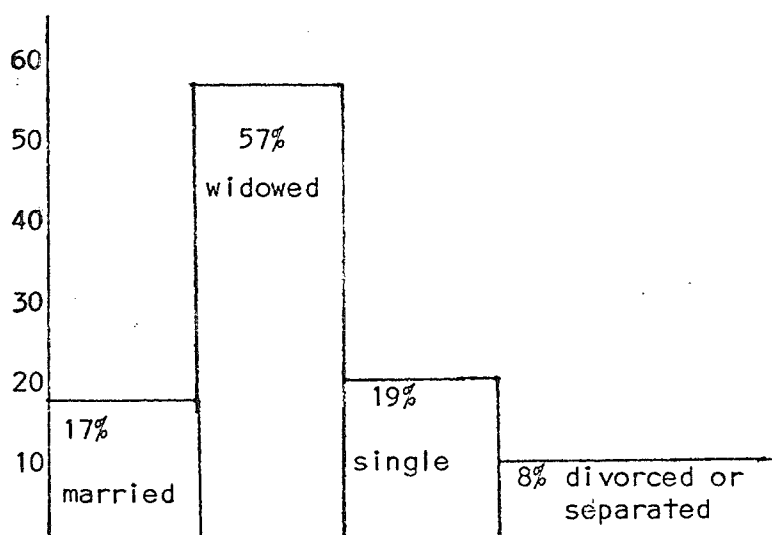
13. Vide. Appendix 1. Research Method.

Assuming the sample of respondents is representative it is evidenced that more than 80% of the clients are aged 65 and over and 26% of the clients are aged 85 and over. Whereas the program was originally aimed at providing a service to a variety of potential users, the prime users of the program appears to be the elderly.

Females tend to be more frequent users than males. Of the sample population of users it was determined that females composed 63% of the clients.

A very significant proportion of clients live alone. As the following table illustrates, nearly 85% of the clients questioned are alone, 19% being single, 57% widowed and 8% divorced or separated.

Table 10 Marital Status of Meals on Wheels Clients



The occupational background of clients was similar to the national average shown by Census material for 1971\* except that the client group showed a more than proportionate number of people belonging to the labouring and unskilled occupational group and a rather less than proportionate number belonging to the clerical and crafts and production groups. The following table presents the occupational background profile of clients.

\* Vide, Perspective Canada, Table 6-8 "Employed by Occupational Group and sex" page 125, Ministry of Industry, Trade and Commerce.

Table 11: Occupational Background of Clients (n=130)

TYPE OF OCCUPATION	PROPORTION OF CLIENTS %
1. Housewife	23.8
2. Service, Transport, Communications	21.5
3. Managerial, Professional or Technical	15.4
4. Clerical	10.8
5. Crafts and Production	10.8
6. Labouring and Unskilled Work	9.2
7. Non-employable (because of disablement etc.)	3.8
8. Farming or Agricultural Industry	3.8
9. Logging, Hunting or Fishing	0.8
	100.0

Accommodation

The most common form of housing amongst the client group was the single family detached dwelling. Almost 30% of the clients lived in this form of housing.<sup>14</sup> Table 12 shows the proportion of clients living in different types of accommodation.

Table 12: Proportion of Clients Living in Different Types of Accommodation (n=143)

TYPE OF ACCOMMODATION	PROPORTION OF CLIENTS %
1. Single family detached	29.4
2. Duplex	3.5
3. Rooms or hotel	7.7
4. Walk up apartment	12.6
5. High-rise apartment	8.4
6. Medium-rise apartment	9.8
7. Senior citizens housing	23.8
8. Friends or relatives	4.2
9. Other	0.7
	100.0

---

14. The proportion for Winnipeg as a whole according to the 1971 Census was 63%.

### Duration of Program

Table 7 provided an indication that clients were remaining on the program longer. Surveying a client population of 155 users it was found that 60% of those clients had been users of the program for more than 6 months. Over 20% had been users for 2 years or more. This appears to confirm the findings of the budget analysis and highlights again the problem that shorter term users require the same amount of administrative input and expenditures as longer term users, but contribute less to the program in their purchase of meals which presently is a major source of revenue covering administrative costs.

Until a further refinement of data is undertaken, the implications of the client profile are that 60% of them remain on the program for 6 months or more and are long term users; the remainder, 40%, utilize the service for periods from a minimum of 10 days up to 6 months and are short term users.

It does reinforce the previously stated need for an effective monitoring system to maintain a constant view of utilization of the program. Under such a system a change in the balance between long and short term users, and what such a change would signify in budgetary terms, could be detected, and perhaps corrected. It may also require that the board of the agency in connection with referral agencies examine the issue of length of service and determine a more specific policy trying to establish a workable formula for determining the balance between different users and what difference it may have in the pricing of the service.

### Cooking Facilities

The data indicated that the majority of clients have cooking facilities, approximately 94% having a stove or hot plate and 84% having a refrigerator.

### Referrals

There are several reasons for referral to the Meals on Wheels program. Some clients are post-operative referrals from hospitals, some are referred because of chronic illness or long-term disability and some are referred because of malnutrition or because of inability or unwillingness to shop or cook. Often the reason for referral is a combination of the above factors. Table 13 illustrates reasons for referral.

Table 13. Reasons for Referral (n=177)

REASONS FOR REFERRAL	PROPORTION OF CLIENTS (%)
1. Unable to prepare meals.	19.2%
2. Heart disease.	16.9
3. Other health reasons.	16.9
4. Not eating properly.	12.4
5. Arthritis.	9.2
6. Immobility.	9.2
7. Hearing, vision problems.	8.4
8. Post-operative.	3.9
9. Other.	3.9
	100.0%

There were 809 referrals to the program in 1974. 509 or 62.9% of all referrals were started on the program. The following Table provides the data of the course and number of referrals.

Table 14

<u>Source of Referrals</u>	<u>1974 Total</u>	<u>Starts</u>	<u>% Starting from Referral Sources</u>	<u>Non- Starts</u>
Home Care Programs	219	158	72.1	61
Other Hospital Depts.	6	-	%	6
V.O.N.	101	55	54.5	46
Physicians	8	5	63.0	3
Other agencies/ persons	131	61	46.6	70
Self	118	70	59.3	48
Relative	188	136	72.3	52
Friend	<u>38</u>	<u>24</u>	<u>63.2</u>	<u>14</u>
TOTAL REFERRALS	809	509	62.9	300

Some referrals are rejected at the time of referral because Home Welfare Association criteria for inclusion on the program are not satisfied. However the majority of referrals are followed up by an interview with the potential client. Two to three days normally elapse between the client being referred and coming to the program. A minimum of ten days on the program is required for each new client. The reasons for clients not being accepted on to the program were as follows.

Table 15

<u>Reasons for Non-Starts</u>	<u>1974</u>	<u>% of Total</u>
Clients made other arrangements	88	29.3
Clients able to manage	151	50.3
Clients' idea of Programme no suitable	20	6.7
Clients feels programme too costly	13	4.3
Other reasons	<u>28</u>	<u>9.3</u>
TOTAL	300	99.9%

It was hoped that this report would provide more detailed information about the clients who did not wish to be put on to the program or who terminated delivery of meals because they were able to manage and for other reasons. However, because it proved very difficult for the agency to provide the necessary names of clients within the time available for the study, this analysis was not done. This would have qualified the information shown in the table above and provide valuable insights into the reasons why the program is unsuitable for significant numbers of potential clients.

#### Income and Fees

It has been shown that a significant proportion (80% averaged 65 and over) of Meals on Wheels clients are elderly. Despite federal programs to maintain income in old age such as Old Age Security payments and the Guaranteed Income Supplement, there is evidence that the elderly are suffering from an income gap in relation to other groups in the population. The Old Age Security is not intended to provide for total maintenance, but rather to provide a basic pension as a floor on which Canadians could build a retirement income. The seriousness of this limitation may be judged by the fact that in August, 1970 476,110 pensioners, or 28% of the total had no other source of income. An additional 347,970 or 20.5% <sup>who</sup> received part of the G.I.S. had an outside income of less than \$62.00 per month. Old Age Security is not keeping pace with the general rise in the cost of living <sup>and</sup> many pensioners do not have a source of income besides their pensions. The issue of rising food costs to clients must present a significant limitation on the potential of the program and similarly acts as a deterrent on attracting the participation of a growing aged population, particularly those not being subsidised by referring agencies.

Potential clients considered to be serviced by the program must have the following qualifications:

- 1) be either homebound, with no one to shop for food; or,
- 2) be unable to visit restaurants or shop for food on a regular basis; or
- 3) be without proper cooking facilities or without the ability to use them.

In addition, those clients who are paying for themselves are assessed on a sliding scale according to monthly income and monthly expenses. The criteria used for assessment of fees is as follows:

The fee to be paid is assessed on the difference between the recipient's current monthly income and his current monthly expenses --- thus related to individual need. Current monthly expenses are categorized as follows:

Expenditures:

- a) for shelter, utilities, and rent at actual cost;
- b) for clothing, household and personal expenses at social allowance rate;
- c) for other items at such costs as approved by the Director of the service, i.e. medical, hospital, insurance premiums, drugs, and general medical costs.

Disposable income of about \$30 a month depending on the number of meals to be received from the program, is allowed before assessment of the fee is made on a sliding scale.

Referrals from Provincial Government Departments such as the Department of Health and Social Development or Care Services and referrals from Hospital Home Care Departments and other stationary agencies are sometimes wholly or partly paid for by government or city sources.

Table 16. Payment of Fees

								<u>1974</u>
Percentage of Clients:		who paid for themselves						68.8%
		paid for by agency						25.7%
		paid for by self and agency						5.5%
<u>Rate</u>	\$2.25	2.00	1.75	1.50	1.25	1.00	Flat monthly rate	
<u>% of clients who paid</u>	30%	21%	4%	28.8%	9.9%	5.6%	0.7%	

Average Client Fee and Subsidization

	<u>1972</u>	<u>1973</u>	<u>1974</u>
Average client fee paid	\$1.32	\$1.53	\$1.73
Subsidization received	.41	.35	.30

Accounts are payable each month. About one third of clients pay by mail. The welfare workers collect other fees from clients and bill agencies at the end of each month.

1974 saw a greater percentage (68.8%) of clients contributing to the sale of meals. The five year average from 1969 to 1973 was 65%. The important fact here is that the average fee being paid by a client is increasing - the agencies subsidizations are decreasing. This is a matter that should be discussed with referral agencies.



### Quality of Service

Opinions expressed by clients about the present service were on the whole very positive. When asked about meal size, almost 90%, of the responding group, said the hot meal portions were 'about right'. Approximately 8% said they were too small and 2% said they were too large. Only 4% said there was not sufficient variety of food in the hot meals, 27% were usually satisfied with the variety of meals and 69% were unreservedly satisfied. More than 90% of clients said they always (51.6%) or usually (39.9%) enjoyed their hot meal. Less than half, (45%) would like a weekly menu incorporated into the service.

Fifty-six percent thought the hot meal was good value for money, 30% thought it fairly good value, 3% thought it was not very good value and 11% did not wish to comment. The cost of the meal was mentioned as a problem by only 8% of the total group.

For the minority of clients who receive bag suppers, their perception of and opinions about the variety and palatability of these meals were similar to the findings in connection with the hot meals.

Although there were some problems in connection with personal preferences (for example a distaste for pasta and certain kinds of meat and vegetables, and substitutions) on the whole, the positive opinion expressed about the quality of food delivered suggest fairly high standards and efficient mechanisms for feeding in information about personal likes and dislikes etc. to the hospital dieticians.

Forty-four percent of clients said their meals were always delivered at a regular time and 41% usually received their meal at a regular time. Five percent seemed to receive somewhat irregular service and 10% failed to answer the question about regularity of service. More than three-quarters of clients said they found their volunteers helpful and the writer received a significant number of messages of unqualified praise both on the returned questionnaires and by telephone about their friendly, thoughtful, sensitive and sympathetic manner with clients. Some volunteers seem to provide other help in addition to delivering the meal. Delivering letters, additional shopping, bringing gifts such as cookies were some of the services mentioned. Only 7% of clients found their volunteers unhelpful and 17% chose not to answer this particular question.

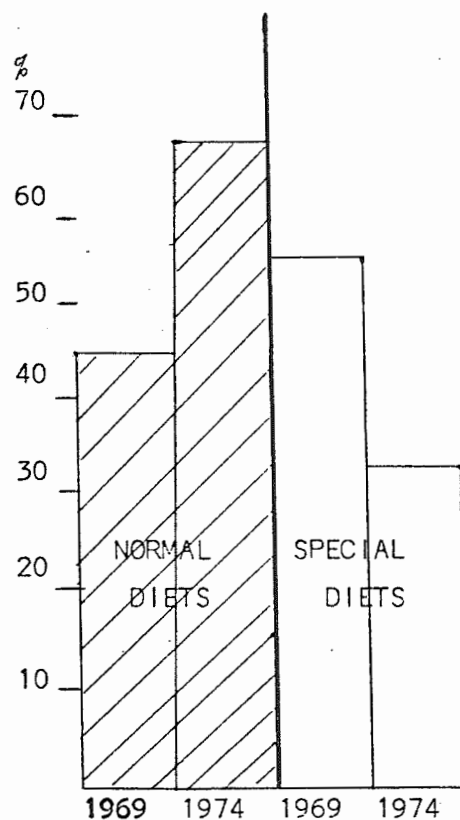
### Type of Diet

Sixty seven percent of the client group we examined were receiving normal meals. This indicates a shift away from the situation in 1969 when the pilot project was examined. Only 45% of meals delivered were normal meals and 55% were special diets. Of the special diets offered by the program, low salt, diabetic, bland and mechanical soft diets were the most frequently served. The shift towards a majority of normal meals should make it easier for the program to diversify its sources of supply and move away from hospital and nursing home sources for normal meals if this becomes necessary.

The following table illustrates the meals being served by the Meals on Wheels program by type of diet.

Table 17

Meals Classified by type of diet Expressed as Percent  
1969 - 1974



### Attitude to Suggested Service Options

One of the objects of this study was to examine the demand for and feasibility of certain service options such as delivery of chilled meals, shopping services and congregate meals amongst the present client group. It was hypothesized that Meals Delivery Service was likely to be only one possible solution to the food related problems facing clients. It was thought that delivery of chilled or frozen meals could be a useful supplement or alternative to meals delivery and that the congregate meal concept might have the added appeal and advantage of providing socialization for clients as well as a nutritious meal. Responses from clients in connection with service options however, reflected a strong preference for delivered meals rather than any other alternatives. There may be a number of reasons for this: First, with the structured questionnaire technique used to collect information from clients, it is difficult to explain fully the possibilities and advantages of alternatives. Second, some clients may have felt threatened in case changes were made to the present program if they expressed too much enthusiasm about alternatives.

Third, a significant proportion of clients are either too old (28% are over 85) or too physically incapacitated to welcome service options. In the twelve pilot interviews that were undertaken with clients, some reasons for resistance to service options were expressed. For example, in connection with congregate meals, Mr. A, a stroke victim in his early sixties who, before his illness, had followed a senior management career but who has been paralyzed for the last ten years, explained that although he has learned to cope with his disability, he still feels self-conscious when eating with other people because his condition causes him to dribble. He prefers the privacy and comfort of being able to eat his delivered meal in his own home. He is too disabled to manage to prepare anything more than very simple meals. Mrs. B, an extremely active 88 year old but with seriously failing sight, did not like the idea of congregate meals because she felt she was too old to want to make new friends. She explained that she had very much enjoyed eating out with her few remaining friends until two or three years ago, but one by one her friends had died and she did not welcome the idea of eating with people she did not know. It may be that with sensitive counselling and encouragement, clients such as the two mentioned above, would benefit from congregate meals. However, each case would need to be carefully assessed.

In connection with the delivery of chilled meals and shopping services, although these options would be useful in reducing pressure on the meals delivery service and encouraging a certain measure of independence amongst some clients, a significant number of the present client group are too sick or too incapacitated to cope with even the simple tasks that storing and heating a chilled meal would involve.

Table 18 shows the answers to clients to the question. 'Would you be likely to use any of the following service options if they were available?' (It was explained that these would not take the place of Meals on Wheels, but might be available in addition to the present service.)

Table 18: Use of Service Options (n=137)

Service Option	Proportion likely to use service option (%)	Proportion <u>not</u> likely to use service option (%)
1. Periodic delivery of chilled or frozen meals.	19.0	81.0
2. Shopping services: to enable clients to sometimes cook for themselves.	27.2	72.8
3. Congregate meals (it was explained that transport would be provided if this were offered as a service option).	13.1	86.9

#### Experimental Programs

It is worth noting, however, that very few experimentations have been tried by the Meals on Wheels agency to test out alternatives. Considering the budgetary pressures on the organization, it might have been prudent to begin examining alternatives on a pilot scale and to set up test programs.

This applies not only to alternative forms of food service, but also in terms of additional service for the elderly and infirm such as shopping service,<sup>\*</sup> congregate meal programs, friendly visiting services and home maintenance and repairs. Over the past years, as a result of federal community employment projects such as OFY and LIP, and through Welfare Demonstration funding, it might have been possible to establish pilot projects offering alternative forms of service to the elderly and infirm. Indeed, such services have been introduced with some success by groups not attached to Meals on Wheels. As a result the availability of these services has been transitory and a useful service lost.

At the same time, Meals on Wheels has not taken advantage of the possibilities such funding programs have offered to try different mixes of service.

In the previous examination of cost and benefits it was mentioned that there is an increasingly heavy ratio of administrative costs related to the

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\*A very limited shopping service was offered by the Agency for a short time but although successful was never developed on a larger scale.

delivery of a single service. One way of changing that ratio is to supply multiple services for the same or slightly additional administrative overhead, thereby offering more "product for the dollar".

A further reason for trying new programs is the fact that Meals on Wheels may well be limited by the problem of securing sufficient volunteers. One way of coping with this would be to test out forms of "community workers for the elderly", people who can be trained to act in a capacity between full time professionals and volunteers providing a range of service to clients. Such people may in fact be the elderly themselves. The feasibility of such schemes, however, needs testing.

Therefore, to assess both the value of different service options, using a different mode of delivery - perhaps a combined system of utilizing volunteers and community workers work, small scale trial programs should be tried. Indeed, the ability to undertake such innovations is a major test of the organizations capacity to respond to new and changed conditions.

### 3 - 2: The Volunteers

The latest Annual Report of The Home Welfare Association<sup>17</sup> refers to the volunteers who serve the Meals on Wheels Program as its "unsung heroes". The entire Meals on Wheels Program is built around these volunteers, who give their time to participate. Volunteers use their own cars to collect and deliver meals to clients and return equipment. A team of two volunteers, a driver and a helper, service each of the seventeen routes each day. Regular volunteer participants agree to drive on particular days each week, fortnight or month. It is estimated that in 1974, 19,496 volunteer hours were expended in delivering meals. They receive no remuneration or expenses for their services. Their indirect subsidization of, and contribution to, the program is enormous. In view of these factors, "unsung heroes" does not seem an inappropriate description of the volunteers who serve the Meals on Wheels Program.

The information set out below was collected by mailed questionnaire from a one-in-four sample of the 301 volunteers at present serving the program. Eighty-two volunteers were contacted. Fifty-four volunteers returned usable questionnaires (66% of the survey population) in time to be included in the computer analysis of replies. Five others arrived too late to be included; two had left the program; and twenty-one did not respond.

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17. Vide, Home Welfare Association Annual Report, 1973-74.

Table 19: Length of Time Serving Program (n=54).

Length of Time Serving Program	Proportion of Volunteers (%)
1. Up to 1 Year	13.0
2. 1 - 2 years	14.8
3. 2 - 3 years	14.8
4. more than three years	57.4

Commitment to the Program

The majority of volunteers have been associated with the program for more than three years (See Table 19), and are committed to work once a week (53.8%) or bi-monthly (13.5%). Only a small minority (5.8%) are committed to work more than once a week. Volunteers become involved with the program in a number of ways. The most common way of becoming involved (mentioned by 42.6%) was through a friend, relative or other volunteer already serving the program. Church groups (mentioned by 29.6%) were another important source of referral. Other sources of referral included the media and the Volunteer Bureau, mentioned by approximately 8% of volunteers.

Only 23% of volunteers would be able to give more time to the program than they are offering at present. One reason for this may be that a significant proportion of volunteers (54%) are involved in other forms of voluntary work, church work being mentioned most frequently. More than 80% of volunteers had participated in other kinds of voluntary work before joining Meals on Wheels. The previous interests of volunteers included friendly visiting, church work, financial organizing or canvassing for charities, community club, nursery, and driving or transport work. One third had been involved in more than one kind of voluntary work.

Sex, Marital Status, Age

Eighty-two percent of volunteers are female; seventy-two percent are married; twelve percent are widowed; and sixteen percent are single.

Almost eighty percent had children, but only twelve percent had children under, or of, school age and forty percent had older children living at home.

More than ninety percent of volunteers are aged 45 and over, and thirty-one percent are over 65. (See Table 20.)

Table 20: Age Structure of Volunteers (n=51)

Age Group	Proportion of Volunteers (%)
1. 25-34	2.0
2. 35-44	3.9
3. 45-54	15.7
4. 55-64	47.1
5. 65-69	15.7
6. 70 and over	15.7

When present or previous occupational backgrounds of volunteers and their spouses were examined it was found that a significant proportion (54%) of volunteers or spouses of volunteers had professional, managerial or technical occupational backgrounds.

#### Perception of Present Program

Most volunteers (83%) keep the same route each time they drive or help on the program. Volunteers and clients get to know each other well and for many clients, seeing the volunteer not only means getting a meal, but represents a bright spot in the client's day and is an anticipated and important source of contact. Although the length of the visit can only be brief, the volunteer is always under pressure to deliver her meals while they are still reasonably warm, the majority of volunteers seem to feel that the contact clients receive from the volunteer is an important part of the delivery process. (The value of this was specifically mentioned by 68%.) The importance of daily contact to keep an eye on homebound people who might need help was also frequently emphasized.

When asked about what benefit they derive from the service, volunteers stressed the feeling of deep personal satisfaction which comes from participating in the program. "Giving help to people really in need"; "meeting people who are so cheerful and grateful despite real problems";

"being able to help people directly"; "alleviating loneliness and despair"; and, "having a frequent object lesson in humility", were all frequently mentioned as reasons why volunteers find participating in the program such a satisfying experience.

Almost half the responding volunteers (48%) said they did not experience frustrating difficulties in collecting and delivering the meals. Of those who did experience particular difficulties, 13% mentioned waiting for meals outside the Rehabilitation Hospital, 4% mentioned difficulties finding the address of clients, 6% would like more support in emergency situations when a client is found to be ill, 6% found returning the containers to the hospital a problem and 4% complained that meal delivery bags were sometimes not dispatched in order of delivery.

Although only approximately a third of responding volunteers suggested ways in which the program might be changed or improved, as volunteers are so close to the "grass roots" of the service, their opinions are particularly interesting. In order of importance, the suggestions made included decentralization, need to organize delivery so that the volunteer can spend longer with the client, need to shorten some routes, need for an emergency number to call, and the need to provide more variety in the meal.

Most volunteers did not feel the need for more training, orientation or support from program staff. However, almost half the volunteers felt that the program should get more support from the community in terms of financial backing, volunteer recruitment and general interest. A minority, (11%) would like more feedback from staff about the program, for example more frequent editions of the newsletter.

#### Attitude and Possible Commitment to Service Options

The majority of volunteers seemed to think that periodic delivery of chilled meals and provision of shopping services would be a good idea for the present client group. However, 62% of volunteers responding and 39% of the total group thought that congregate meals would not be an appropriate option for the clients they serve. More than three quarters of volunteers responding and 50% of the total group thought the delivery of hot meals from decentralized sources would be a good idea, and would be interested in helping with delivery of hot meals from decentralized sources. However, only 13% of the total group would



be willing to help with transportation to congregate meals, 24% would be willing to help with shopping services and 37% with delivery of chilled meals.

#### Summary

Volunteers participating in the Meals on Wheels Program tend to be drawn from the older age groups of the population, from households with professional, managerial or higher technical backgrounds and from individuals with a keen interest in different kinds of voluntary work. It is interesting to note that 31% of volunteers working on the program are senior citizens themselves.

Most volunteers seem to derive a deep sense of personal satisfaction from working on the program and few perceive serious difficulties with its organization. There were some helpful suggestions expressed, however, in connection with how the program might be modified or improved. It is likely that only a minority of volunteers presently serving the program could be called upon to help with service options if they were introduced, as the majority of volunteers are unable to commit more time to the program.

## CHAPTER 4

### PLANNING AND PROSPECTS

#### Introduction

The critical question in this evaluation is what does the future hold for a service program such as Meals on Wheels. There is a general climate of uncertainty in the privately run social service sector. In part the concern arises from increasing demands for service as the population of our city grows, and in particular the groups within the population such as the aged increase in numbers. Combined with those demands are the ever-present problem of cost - where does the money come from; and what level of service should be aimed at?

The answer, of course, is that the money to support many social services comes from government; it being the only organization with taxing power over the whole community. But, government no longer gives its grants without conditions attached, and is demanding stricter requirements of accountability. Further, there is increasing evidence that government is moving towards publicly operated systems of social **service delivery**.

This has obvious implications for private agencies, especially those such as Meals on Wheels which rely upon volunteers for their operation. Can such a program be run under government auspices? If not, what relationship should Meals on Wheels have with public home care programs?

In addition, there are other issues dealing with the style and form of delivery. If there is a move toward a district health system, should programs aimed at servicing the elderly also be decentralized to a district level? Another issue, deals with the capacity to expand the delivery force of volunteers to meet growing demands for service, or will there have to be an alteration in the delivery method, perhaps utilizing a combined force of paraprofessional community workers and volunteers?

Before such questions can be answered, however, some initial canvass of those conditions that might affect future policy choices is in order. This report cannot supply complete answers, but it can provide certain data that will set the parameters for any discussion of future prospects.

The following section sets forward statistics related to future demand and need for service. This can at the best only take the form of educated prediction, as population projection is a very inexact science, and estimating consumer demand for service is not a science but more an act of magic. In any event there are certain sets of statistics that can be presented which should provide some basis for considering future plans.

To place these projections in context however, this section will also provide short summaries on the volunteer resource potential of the agency and changes in government legislation, both key factors affecting future programming.

#### 4-1. Potential Needs

The basic issue for any social service agency is whether it is effectively meeting the needs it was originally established to serve. In the case of Meals on Wheels, the objective was to meet the nutritional needs of those individuals who for reasons of age, infirmity or handicap were home bound or who had such limited mobility that they could not secure proper nutrition through their own efforts.

It would appear then that if we knew how many people come under this definition, we could compare those numbers to those who are presently receiving service to determine how effectively the program is meeting its objectives. Unfortunately it is not nearly as simple as this. First is the problem of determining who has needs for the Meals on Wheels program. This represents a difficult if not impossible task.

David Harvey, in his book Social Justice in the City concludes that there are four ways of determining need.<sup>18</sup>

- 1) Need can be determined through market demand.
- 2) Latent demand may be assessed by an investigation of relative deprivation as it exists among a set of individuals, if it is possible to isolate such groups in the population and apply proper survey means.
- 3) Potential demand can be evaluated from factors which generate particular kinds of health or social problems - age, life cycle, social economic standing, etc.
- 4) Needs can be determined through consultation with experts drawing upon their experience. This provides subjective assessments but nevertheless can be a good indication of need.

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18. David Harvey, Social Justice and the City, John Hopkins University Press, 1973. Baltimore. pp. 102-103.

Harvey concludes that the only workable methods are 3) and 4), but even then both are difficult to employ and both contain within them the possibility of a socially unjust determination of need.

Taking this as a proper caveat on the accuracy of the information, the following assessment may provide some reasonable estimate of the potential target group.

#### 4-2. Information From Sources of Referral

In following method (4) proposed by Harvey in terms of consulting experts, information in connection with demand for and limitations of Meals on Wheels was collected from referring agencies. The main sources of referral identified from Home Welfare Association records were Hospital Home Care and Social Work Departments, Care Services, Public Health Nursing, Victorian Order of Nurses and Age and Opportunity. Of the 15 hospital home care and social work departments contacted, replies were received from 13, and replies were received from each of the other four main sources of referral.<sup>19</sup> Twelve out of nineteen (63%) of the main sources of referral mentioned the geographical limitations of Meals on Wheels as a major factor which limited their use of the service, for patients or clients. Areas such as St. Norbert, South Fort Garry, Transcona, East Kildonan, Charleswood, St. James Assiniboia were all specifically mentioned. Although a significant proportion of referring agencies did not keep detailed records of referrals or patients refusing referral, five sources reported that between 33% and 70% of patients or clients to whom they talked about the Meals on Wheels Program did not wish to be referred. However the proportion was much less (less than 10%) in at least four other cases. Some of the reasons given for not wishing to be referred included cost (mentioned by 37% of sources of referral), prefer main meal in the evening, ethnic food not available, lack of variety and or quality of food. For some people, the whole concept of Meals on Wheels is foreign to them and is associated with erosion of their independence. It is unlikely that changes in the organization of the service would persuade this group to take Meals on Wheels. However, although there was an absence of 'hard' data from the sources of referral about demand for the Meals on Wheels service, information collected from them does suggest that

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19. Vide Appendix 3 for details of individuals and agencies contacted and response rates.

first, as the geographical limits of the service are known to the main sources of referral, a significant number of patients or clients outside Meals on Wheels boundaries are never referred to the Home Welfare Association. Second, the main sources of referral do perceive need in particular areas not covered by the service. Third, a significant number of persons perceived to be in need of Meals Delivery Service do not wish to be referred. These factors suggest that there is a greater demand for the service than is apparent to the Home Welfare Association. This is a view shared by the Regional Manager of New Horizons. His organization would be interested in involving active elderly people in determining the demand for Meals on Wheels Service, and providing funds to enable them to do this. A study using New Horizon personnel would be a useful way of collecting more 'hard' information on need for and demand for the Meals on Wheels Service.

This suggests that perhaps the best way of determining demand is to undertake an active outreach program. For example, the non-profit Senior Citizens Housing Corporation (in concert with I.U.S.) using New Horizons Funds, undertook a survey and visitation program in several census areas where there was a high concentration of older people. The results of this program were to enlist an additional thirty people for the housing project and to provide invaluable data on urban housing needs of senior citizens.<sup>20</sup>

Similarly, 'Klinik' has undertaken a special outreach program in the Memorial Ward area of the city and once again found many people, especially the elderly, who needed a variety of services. It seems that one of the most effective means of determining demand is to actually reach into the potential market.

#### 4-3. Population Projections

From opinions gathered from referral agencies it is apparent that the service does not reach all those who may need the service. The reasons for this arise from a number of factors, which proper planning with respect to geographical research, costs and multiple servicing may overcome. The question remains, however, how many people might potentially use the service. In answer to this, the best that can be offered is a

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20. Vide. Don Epstein, "How Our Elderly Live - And How They Want to Live," Institute of Urban Studies - tentative publication, Fall 1975.

statistical profile of population growth in the area, the numbers within that profile of population who according to Harveys method (3) for reasons of age or handicap may have need of the service.

Three sources of population projections for Winnipeg are used which provide comparison of seven populations. The following table presents projected population of Winnipeg for the years 1971, 1976 and 1981.

Table 21. Total Winnipeg Population Projection

	<u>1971</u>	<u>1976</u>	<u>1981</u>
<u>I</u> <sup>1</sup>	547,900	590,400	636,000
<u>II</u> <sup>2</sup>	536,000	574,000	620,000
<u>III</u> <sup>3</sup>	520,000	533,000	548,000
<u>IV</u> <sup>2</sup>	552,000	617,000	698,000
<u>V</u> <sup>3</sup>	551,378	603,001	659,455
<u>VI</u> <sup>3</sup>	549,206	598,256	651,687
<u>VII</u> <sup>3</sup>	547,034	593,539	644,000

- Sources:
- 1) Department of City Planning. Design III Studio "The Winnipeg Urban Region: A Structure Plan For 1991" University of Manitoba, December 1969. p. 76.
  - 2) Goracz, A. & Lithwick I., & Stone, L.O: URBAN CANADA: Problems and Prospects Research Monograph 5. The Urban Future. Ottawa, Central Mortgage & Housing Corporation 1971. pp. 60-61.
  - 3) Metropolitan Winnipeg Population Report 1966-1991. Planning Division, Winnipeg. December 1968. p. 105.

Of all the population projections presented above, IV was chosen because it comes closest to the actual population in the provincial government study on Aging.<sup>21</sup> The Aging Study population for Metro Winnipeg was: 553,109, projection IV was 552,000.

In 1971, 421 clients were served representing .08% of the total metro population. Qualifying .08% as the factor of the population utilizing the Meals on Wheels Program, and applying that directly to the population projections outlined in category IV, in 1976 there would be an estimated 494 clients, in 1981 there would be 558 clients.

21. Manitoba Department of Health and Social Development, Division of Research Planning and Program Development, "Aging in Manitoba; Needs and Resources", 1971., Vol. 11. Metro Winnipeg.

Another way to estimate, expected population is apply the 30% growth rate experienced from 1969 to 1974. Applying a 30% growth rate from 1971-1976 then to 1976 - 1981, there would be 547 clients in 1976 and 711 in 1981.

The fact is that in 1974, the number of clients served was 600, showing a marked increase over the rate of growth that would be expected by past trends. It is impossible to determine whether the large increase in 1974 is an unusual event, or whether it represents a trend toward a higher enrollment of clients. Certainly, however the figure of 700 clients by 1981 represents a minimum figure, and the expectation will be that the number of people served could be more. For example, if we assume the base figure in 1974 is 600, and there is a 6% annual growth rate, derived from the five year average of 30%, then the estimated number of clients in 1976 would be 672, and in 1981 would be 872.

It is important to point out that these figures are only approximations, using present trends. Many factors will come into play to alter such projections. It is a fair assumption, however to expect that by 1981 the range of clients served as a minimum would be 800 to 900.

These projections are based on present trends. If there is a change in procedure expanding the scope of the program, the next question is what potential client group might be involved? As evidence from the referral agencies suggests there are many people who could use the program, but for reasons of inaccessibility, lack of information or personal reluctance caused by concern over cost, do not use the service. If some or all of these impediments to utilization of the service were removed or reduced what kind of target group might a Meals on Wheels program expect to serve?

To provide some approximate answer to that we rely upon the reference source on aging in Manitoba<sup>22</sup> which sets forward projected populations of the aged. In 1971 the age group 65 and over comprised 9.5% of Metro Winnipeg's population. It is projected that in 1976 and 1981 this age group will represent 10.33% and 11.5% respectively of the metro Winnipeg population. Based on these percentages, the following table presents the projected populations for the age group 65+.

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22. Manitoba Department of Health and Social Development, Division of Research Planning and Program Development. Aging in Manitoba: Needs and Resources, 1971. Volume II Metro Winnipeg.

23. Ibid: p. 33.

Table 22. Winnipeg's Population Projections - Age 65 and Over

<u>Projections</u>	<u>1971</u>	<u>1976</u>	<u>1981</u>
<u>I</u>	52,050.5	60,988.32	73,140
<u>II</u>	50,920	59,294.2	71,300
<u>III</u>	49,400	55,058.9	63,020
<u>IV</u>	52,440	63,736.1	80,270
<u>V</u>	52,380.91	62,290.003	75,837.325
<u>VI</u>	52,174.57	61,799.844	74,944.005
<u>VII</u>	51,968.23	61,312.578	74,060.

It has been documented that 4.0% of the population of aged 65 and over receive services from organizations, 4.1% from non-governmental health agencies, 2.8% from non-government social services, and 3.2% from other non-government services. The following table 22 presents population projection for these dependency factors. It can be seen that in each of the categories, the 1981 forecasts show means in the range of 2,000 to 3,000.

The figures setting forth a projection of the number of people 65 and over who will be requiring some form of service or assistance provide one range of potential target group. The figures can be useful in measuring the extent of service provided by Meals on Wheels. They represent a group of people who have already demonstrated need for some kind of service and such demonstrated needs might be associated with limitation on mobility, or poor nutrition or whatever indicator would be used to assess a requirement for Meals on Wheels.

It further provides clear signals where further investigation of need for Meals on Wheels service can be explored. There are obviously a number of agencies and organizations servicing the two to three thousand people in each of the above categories. If the suggestion is followed through, that an out reach program be mounted, then the population groups set forward in the Aging Study could be a primary area of investigation.

From the base line 1981 figure of some 700 to 800 first outlined, to the target group over 65 which ranges between 2,000 to 3,000 provided by the Aging study, we provide a third set of figures, outlining perhaps the largest potential group that might be considered.

An American study has estimated that 3.3 percent of the total population have some limitation on mobility as well as one chronic condition or more. To quote from the author;



Table 23: Projections of Aged People 65 Based on Categories of Dependency

	1971			1976			1981		
	Range	Mean	Median	Range	Mean	Median	Range	Mean	Median
4.0% of population 65 receiving services from organizations	1976-2197.6	2064.7667	2082.02	2202.356-2549.444	2425.5991	2452.5031	2520.8-3210.8	2929.1218	2963.4
4.1% of population 65 receive some services from non-governmental health agencies	2025.4-2150.04	2116.3858	2134.0705	2257.4149-2613.1801	2486.2394	2513.8156	2583.82-3291.07	3002.2034	3036.46
2.8% of population 65 receive some non-government social services	1383.2-1468.32	1445.3367	1457.414	1541.6492-1784.6108	1697.9197	1716.7521	1764.56-2247.56	2050.2852	2073.68
3.2% of population 65 Dependant on other Non-government services	1580.8-1678.08	1650.5277	1662.9833	1761.8848-2039.5552	1940.4795	1962.0024	2016.64-2568.64	2343.1831	2398.2081

"...in the midst of this general trend of rising accessibility to many and diverse opportunities, certain categories of residents by reason of their household or personal characteristics find themselves seriously deprived with respect to accessibility. These persons may lack friends, resources, they may have personal physical disabilities, they may lack the knowledge and the coping ability to get along in the complex metropolis, and they may lack the most versatile and essential transportation - the automobile. Even more likely, they may suffer from combinations of these disadvantages such that the various deprivations become negatively reinforcing".<sup>24</sup>

Taking the figures supplied from the American study and applying them to Winnipeg may provide a further insight into the potential range of people that a Meals on Wheels service, particularly might provide.

The next table presents metro population projection IV for 1971, 1976, and 1981 with the description of those having one or more chronic conditions and have trouble getting around; need help getting around and are confined to the house. It is assumed that given the respective percentages of a population with the above restrictions on mobility, a profile of potential clients and users of the Meals on Wheels program can be provided. It is not known exactly what percentage of these respective population groups in Winnipeg do use the Meals on Wheels program.

Table 24.. Metro Population Projection IV for 1971, 1976, and 1981.

	<u>1971</u>	<u>1976</u>	<u>1981</u>
<u>Projection IV</u>	552,000	617,000	698,000
3.3% of total population with one chronic condition some limitation on mobility	18,216	20,361	23,034
1.6% having trouble getting around	8,832	9,872	11,024
.9% needing help getting around	4,968	5,553	6,282
.7% confined to house	3,864	4,318	4,886

- Source: Don Foley - op. cit.  
Gorax, Lithwick, Stone.

24. See Donald Foley "Accessibility for Residents in Metropolitan Environment", Institute of Urban and Regional Development, University of California, 1972.

If the figures have any rough application to the Winnipeg scene then it indicates that there are large numbers of people confined to home, or who need help in getting around, that could utilize a meal service. Even aggregating the last two categories provided in the table, those confined to house and those needing help in getting around would result in an estimated 10,000 to 11,000 potential target population in the metro area by 1981 that will need forms of home care service, including meals. This figure goes beyond that predicted for the population group over 65, and therefore represents the needs of all those in society who are limited in their ability to be mobile in an urban setting.

As stated at the outset, trying to detect needs for a social service, and particularly trying to project needs can be very uncertain and unreliable. The best that can be expected, and all that can be claimed is that such figures may provide some clues or indicators of potential use of the program. In this case, stretching from the conservative figures based on present service, ranging to an estimate of those in the City who might conceivably need the service, there is a range from 800 to 900 to 10,000.

What it does demonstrate very readily is that there must be some planning for ways of accommodating growth in the program, if the program is to remain true to its objectives of serving nutritious food to those who cannot help themselves. To do this the planning group for Meals on Wheels may very well have to change the operational guidelines of the program in order to meet what appears to be unfulfilled needs in the community for this kind of service.

#### 4-4. Volunteer Constraints

The foregoing population forecasts and analysis have showed that there is potential client group existing outside of the program. Any effort to expand the program and reach a wider group will conceivably have to contend with whether or not enough volunteer support exists to deliver the meals, and whether the cost of expansion is possible. Volunteers to this particular program must have use of a car. The burdening cost of auto expenses is a factor effecting the program that must be addressed by the Meals on Wheels program administration. If it becomes a normal policy to subsidize auto allowances, continuation and expansion of the program would inevitably lead to increased costs.

Assuming that these budget requirements can be met, and assuming the program retains the same method of delivery, the ability of the

program to expand its operations then depends upon its ability to enlist additional volunteers, and make effective use of their talents.

The recruitment and use of volunteers has become a major concern for social agencies. Many problems have appeared in the volunteer systems and these have a range of solutions proposed.<sup>25</sup> It has been recommended that the one way to attract and retain volunteers is some training and development of skills, insuring that their time and effort is effectively used, encouraging them to become part of innovative efforts. This makes particularly good sense in relation to the Meals on Wheels program when such an important part of the program is the actual visit of a volunteer and the contact this brings to people who have limited access to others.

To organize such efforts will require some form of co-ordination and training program, and this will entail additional costs for staff to undertake such tasks. Even if this results in increasing the number of volunteers, thereby increasing the number of people who can be served, it will not result in any reduction of administrative cost per client as pointed out in the previous section on budgeting. The primary benefits of such a program will be to allow the program to expand to meet additional needs, and hopefully to insure better service to the clients in the way of personal contact.

As suggested before, serious consideration should be given to utilizing present community employment grant monies (LIP, New Horizons) to test out certain concepts of part time community workers attached to Meals on Wheels to supplement the Meals on Wheels program, or to explore the idea of transferring the volunteers into part time workers. There appears to be an increasing interest on the part of the Federal government to expand and perhaps develop a more permanent form of community employment program, and it would appear that this would be well suited to the purposes of a Meals on Wheels activity. Some experimenting using different methods and models, however, would have to be tried first.

The other question in respect to the use of volunteers and their availability centers on the role of government. It is not likely that volunteers will offer their time to work for a agency that is, or appears

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25. The Volunteer Bureau, "An Evaluation of the Co-ordinator of Volunteer Projects", 1972.

to be part of a government network of services. Therefore, whether one wishes to maintain a role for volunteers must be an important consideration in terms of future alignments of the Meals on Wheels service may have with government agencies. While closer co-operation with government appears inevitable, the relationship would have to be one that preserves the private, independent stature of the agency if volunteers are to be involved.

The issue of whether volunteers need be involved is one that has and will continue to engender a good deal of disagreement. The evidence from the report on the Toronto study that has just recently been released, however, suggests that in a Meals on Wheels program the volunteer is an essential element in providing what is perhaps most needed by clients of the program - a sense of contact, communication and understanding. As the author of that report states "the greatest desire of most elderly people is simply to have a friendly visitor to talk to."<sup>26</sup>

To answer this need, however, it requires some preparation of volunteers and the program must also provide the volunteers with sufficient time during delivery periods to spend with clients. This suggests two directions in future planning. One is the previously cited need for a person to work with and co-ordinate volunteers. The second, is to try to organize volunteers delivery routes within or close to community areas where the volunteers themselves may reside, or there should be an effort to recruit volunteers in areas where there is a high degree of food delivery. The reasons are obvious. Once a relationship has been established through primary contact in the food delivery it could lead to additional visits and feeling on the part of clients that there is someone close at hand.

One way of achieving this would be to have the Meals on Wheels establish liaison with community based health or social service or information centers i.e. Fort Rouge Information and Resource Center. This could result in the planning of the service with a community orientation<sup>1</sup> in mind, providing other conditions are met such as available food source.

#### 4-5. Alternative Food Sources

Another constraint effecting the performance of Meals on Wheels dictating both costs of the program and the network of delivery service is the matter of food sources. The following presents an assessment of alternative food sources and how it might have an effect on the program.

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26. See "Mainly the Elderly Need A Friend", Globe and Mail, Toronto, August 15, 1975. (Full results of this study will not be known for another 6 to 8 weeks.)

### Hospitals

When approached, several hospitals expressed a willingness to open negotiations with the Home Welfare Association to discuss supplying meals for the program when they are required. Of those hospitals who could not offer participation at present only one institution, the Municipal Hospital, was unable to consider future participation. Both Concordia and Victoria Hospitals would be willing to initially supply up to 25 meals a day if required, depending on their staff situation. St. Boniface Hospital could also possibly supply meals if required and wish to be kept informed of program development. Grace Hospital agreed in principle to participate and could offer up to 25 meals daily, but would prefer to postpone participation until after the reorganization of their dietary department is complete. Deer Lodge Hospital could not participate in the program at the moment because of shortages of staff, decentralization of dietary department, unsuitability of parking facilities and policy problems associated with the Department of Veterans Affairs Hospitals. Veterans hospitals have to have permission from the Department if they wish to take on a community role. However, the Hospital Director would be willing to discuss a community role for the hospital at a later date once the status of Deer Lodge Hospital in relation to the Province and the Department of Veterans Affairs has been resolved. A communication was also received by the Executive Director of the Home Welfare Association which indicated that Misericordia Hospital would also be willing to re-open negotiations about supplying meals to the program. Negotiations had been in progress with Misericordia last year, but broke down during last summer, partly because of staffing problems experienced by the hospital. Only three hospitals were prepared to estimate what the approximate cost of each hot meal to the program might be. The amounts mentioned were \$1.20, \$1.25 - \$1.50 and \$1.75.

Although the cost of food from hospitals which responded positively would be similar to present costs, use of these extra hospital outlets would enable the service to be extended to areas within the south, west, and north boundaries of the city, not presently being served.

### Nursing Homes

Thirty-three nursing homes were contacted in connection with supplying meals for the program or providing space for congregate meals. Of these, 24 were definitely not interested in participating in the program for a number of reasons. These included, home too small, kitchen facilities inadequate to cope with more than resident meals, insufficient staff resources, inadequate equipment or simply not interested. Of the remaining nine, 6 were unable to give a definite answer at the present time but might possibly be interested in participating in the future. The possible nursing homes were:

1. Heritage Lodge, 3555 Portage Avenue. - Might be interested when they have more information.
2. Holiday Haven, 5501 Roblin Blvd. ✓
3. Luther Home, 1081 Andrews Street. - Could provide all kinds of diets but might involve hiring of extra staff.  
Home is discussing expansion of dining room - if this materializes, may be able to offer space for congregate meals.
4. Metro Kiwanis Courts, 2300 Ness Avenue. - Could not participate at present but possibility of expansion later on.
5. Sharon Home, 146 Magnus Avenue. - Dieticians at present on 4-5 months leave of absence but although space limited, would like to discuss participation when she returns. (Use of this home might allow Kosher meals to be offered by the program.)

Three nursing homes are willing to provide delivered meals, Park Manor, 301 Redonda Street, Donwood Manor 171 Donwood Drive, and Arcadia Nursing Home, Mayfair Place. The former two may be able to provide space for congregate meals if this is required. The participation of Park Manor Nursing Home was negotiated by the Executive Director of the program and they will begin supplying meals for the Transcona area after September 1st, 1975. Donwood Manor could supply 26 to 50 delivered meals and would be prepared to discuss participation in a congregate meals program. Arcadia could supply up to 25 meals. Diet meals could also be provided by most of the possible nursing home sources of supply. Few of the nursing homes were prepared to estimate an approximate cost per meal for delivered or congregate meals. However the Luther Home is presently providing dinner for 85¢ and a snack lunch for 70¢.

### Commercial Outlets

Six commercial caterers and seven frozen food outlets were contacted. In addition, a restaurant equipment service was contacted in connection with the use of micro-wave ovens.<sup>27</sup>

Only one commercial caterer, C.N.I.B., 1031 Portage Avenue indicated that they might be able to participate in the program in the future. At present they are solely in the Canteen-Cafeteria business but might be able to offer to supply Meals on Wheels in a year or so. They could supply special diet meals and their present charge for a roast beef dinner would be approximately 90¢. Ritz Foods Ltd. and Cara Operations Ltd. were too busy at present to consider participation and are also not set up to cope with supplying a program such as Meals on Wheels. Their meals were also very expensive at \$1.85 for a roast beef dinner.

Another firm, Continental Food Service System, 209-235 Garry Street, which formerly was involved in airline catering probably would have the capacity to participate, but are not very interested. Their present quote per meal for a roast beef dinner was \$1.50. They could not at present cope with special diet meals, but can supply food in bulk. Beaver Foods Ltd. was found to be a catering management firm only.

### Frozen Food Outlets

Only one firm, Naleway Foods, South East Fife and Church was capable of handling supply for a service such as Meals on Wheels. The firm operates a custom kitchen and as such can handle any type of client if regular orders of a reasonable volume are placed. The present cost of a roast beef dinner would be around \$1.00. This is a source well worth investigating further. Weidman Food Distributors, 128 Adelaide Street, could supply 3 course Swanson Frozen Dinners at a cost of \$1.03 per meal. These must be purchased in case lots. However, this would not represent much of a saving on the present supermarket price. Ready Foods Ltd., South West Princess and Logan, are not geared for individual portions, but would be able to supply suitable food in bulk.

The Health Sciences Centre is at present experimenting with frozen food processing. It has conducted recipe tests, also examined preservation of nutritional quality and keeping properties of certain foods. However, it will be several years before a frozen food program is operational in catering services at the hospital.

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27. Vide, list of outlets contacted in Appendix II.



Although the regular delivery of chilled meals for the present client group may not be appropriate at the present time, frozen or chilled meals could be used in an emergency and may have a larger part to play in the program in the future.

One technological innovation which would enable frozen or chilled meals to be considered as a serious option is the development of a new method of micro-wave cooking. Normally, the quality and variety of fully prepared frozen meals is limited by the one temperature effect of oven heating. Whether using a conventional or micro-wave oven, all components of a meal are served at essentially the same temperature. This new method uses a device called a sleeve which controls the cooking temperature of different components of the meal. In association with this new method, food could be cooked in bulk, packaged in special containers individually, and frozen in an ordinary domestic freezer.

Meals, which could include ice cream with hot dishes could be prepared individually. Sandwiches can also be stored and prepared using this device. Ovens and equipment could be rented from a local firm, Restaurant Equipment Service Co.

One source of supply of delivered meals and provision of facilities for congregate meals peripherally explored by this study, is public schools. Education Department Staff at present organizing lunch and breakfast programs may find that the facilities they are creating could be more intensively used if programs for the elderly and homebound were organized in local communities as well. This study has shown that there is no shortage of alternative sources of supply if the program goes out and seeks them.

The likelihood that special diet meals would be required to serve a client population at large places restrictions on many possible alternative suppliers. Organization of meal types could possibly solve this issue. If, for example, all special diet meals could be prepared by hospitals the remaining standard nutritious meals could be acquired from alternative sources.

Telephone conversations with potential alternative meal suppliers, underlined the importance of duration and consistency in the number of meals required and was emphasized as the determining criterion to ensure contract negotiations. No guarantee for consistency in supplying food

is a risk to a profiteering venture, and is hence considered best to be left alone. The program is presently unable to guarantee client participation for a duration of more than 10 days. The list of clients undergoes daily alteration and modification with deletions and additions.

In sum, it seems that there could be a number of alternative sources secured. If this was done it could lead to the development of some modified form of decentralized delivery system, and might certainly contribute restraining to some degree the rise in food costs.

#### 4-6. Government Plans and Program

It is not within the terms of this study to undertake a review of existing or expected government activity in the area of social service delivery. Even if time and resources permitted such a review, it is likely that it would be out of date the moment it is written, because government action in this field is constantly changing.

What is important however, is the fact that recent government initiatives will have a very strong influence, perhaps the determining influence, on what form the Meals on Wheels program is to take. The only position the Meals on Wheels Committee can take faced with the uncertainty of government action is to indicate the kind of service they plan to offer, and to make their own recommendations as to how this might dovetail with government activity.

In recent times there have been three major initiatives by the provincial government and two on the federal level that will have a strong impact on the Meals on Wheels program.

On the Federal level, the recent budget announcement pertaining to health cost, if upheld, will compel very serious reviews of funding arrangements for health services. In particular, the issue of restricting use of hospital beds will force provincial government to develop alternative care programs for the elderly who presently occupy a substantial number of hospital beds in the province. Thus, there will have to be a very concerted effort to insure that an adequate range of social and health services are available to the age and infirm, presumably supplied in a non-institutional setting.

In a different vein, the recent federal studies on nutrition reveal serious deficiencies in the diet of many Canadians, particularly the

elderly. The conclusion of the studies is that overcoming deficiencies must be a priority and there is some indication that the Federal Government might be supporting efforts to improve these conditions.

On the provincial level, there has been a series of important initiatives. One was the establishment of the office of Continuing Care and the increasing role of co-ordination and direction it is taking in the provision of Home Care services. It can be expected that this agency will continue to strengthen its role in the network of services to the elderly and will have a strong position in determining the nature of services, their funding, and form of delivery. Up to this point it is working on the philosophy of a mixed network of public and private agencies. But, it can be assumed that if there is to be more public funding for private agencies working in this field, then a more effective system of accountability will be established. This relates directly to issues raised in the section on Budgeting about the need to develop more effective means of assessing program effectiveness, and in the section on Population Forecasts about the need to test out expanded service to potential groups.

In combination with the Continuing Care program, the province recently announced a program of extended care facilities for the Aged, attached to the Health Service Center, and the new North End Hospital. New wings will be built attached to these hospitals for extended care, complete with food and therapeutic services. The implication of this move on Meals on Wheels is obvious from the point of view of organizing its delivery program from such centers, and developing service programs from such centers.

In keeping with this apparent move towards decentralization is the recent passage of Bill 48, which provides for , and has resulted in the establishment of District Health and Social <sup>/Service</sup> Boards. It will be some time before these are implemented in the City of Winnipeg, but the legislative framework is there to begin consolidating health and social services at the community level. The legislation has received criticism for not permitting much community participation, and fears of what this means in terms of a government take over of private services will only be answered when the implementation of the program begins. It certainly provides, however, a serious imperative for private agencies of all kinds to assess how they might relate their services to a community level to correspond or match the District Health and Social Service Board concept.

These developments taken in total present some interesting and important issues for the future development of Meals on Wheels.

- 1) First, it appears that the importance of supplying good nutrition to the infirm and elderly is becoming even more recognized as an imperative in its own right, and as a critical part of providing alternative home care. This should make the case for increased funding of a program such as Meals on Wheels easier to make.
- 2) If, however, there is to be additional public support, then it can be expected that more stringent requirements will be placed on the Meals on Wheels program to demonstrate its ability to effectively serve the people who need service, to do so with efficiency in administration, and to be able to respond to changes in demand for service.
- 3) Accompanying, this will be the need to develop a set of guidelines for the Meals on Wheels setting out the form of co-ordination and co-operation with other agencies delivering service to the elderly and with the government agencies whether they be Continuing Care or District Health/Social Service Board in order to insure complimentary not overlapping activity.
- 4) There should also be a serious investigation of how the agency might develop some form of community based delivery system in keeping with the availability of sources of supply, and to test out community arrangements for planning and co-ordination that could conceivably occur as a consequence of the District Health Board.

Aside from these immediate issues, there is hovering in the background, the underlying issue of whether a program such as this be publicly or privately operated. Can the agency answer the question of whether they can deliver the service more effectively than a public agency? Does the existence of the volunteers carrying with them intangible benefits to the community and to the client warrant the existence of a separate agency providing this service?

In part the answer to that question depends on how well the agency is able to reformulate its operation to maximize the benefits it offers as a private agency and to show that it can meet changing needs, that it can provide effective service to those who have needs, and that it can operate efficiently. The best case for maintaining the concept of Meals on Wheels is to show that it can do the best job. To show that, however, will require some changes, and it is to this issue that the last section will turn.

## CHAPTER 5

### CONCLUSION AND RECOMMENDATIONS

The Meals on Wheels operation shares with many other social agencies the legacy of being established with good intentions, but little managerial philosophy. The objectives are good, and the program it provides is essential to the welfare of hundreds of people who use the service. But as the evidence as this report shows, providing a valuable service in some fashion is not enough. An agency must show how well it is providing that service, and demonstrate a constant capacity to alter its practices in an orderly fashion in response to changing conditions.

The report has shown that there are increasing problems in providing a Meals on Wheels service. Costs per client for administration are high, and there is the question of whether or not there shouldn't be a higher output of service in terms of number served, or alternative services offered for the administrative dollar. Similarly, the clients are paying an increasing proportion of the costs of the program compared to funding agencies and referral agencies. Apparently, funding agencies are not prepared to recognize that there is an annual increment in administrative costs, nor have the referral agencies assumed a proportionate share of their costs. Considering that food cost is one of the major deterrents to a potential client using the program. Then the fiscal operation of the program itself provides a deterrent to increased utilization.

There is also the question of long term and short term users of the program. While the objectives of the program require that both be served, it appears that the issue of ratios between such users, and whether there should be a pro rata fiscal formula to give credit (and thereby an incentive) to longer term users has never been clearly articulated.

It would be wrong, however, to put blame on any individuals for these faults. The fact is that most smaller private agencies neither have the resources nor expertise to establish the kind of monitoring, analysis system that would enable them to constantly receive a feed-back on their operation and maintain control of the operation. This report has argued that one of the essential requirements for social agencies is a central system of planning, information gathering and analysis, to enable them to more effectively perform their tasks.

There are actions that can and should be taken to enable the agency to better meet its responsibilities. There has been little effort at out reach programs whereby potential users could be contacted, and informed of the program. Instead, there has been a reliance on the referral agencies, and word of mouth contact. There has been little or no testing of alternative forms of delivery, or different services, even when funds for such programs might be available. There has not been a testing of alternative food sources, even though the evidence suggests that other food sources are available, and could offer competing or lower prices.

In part, the lack of initiative in such areas is understandable. To initiate alternative programs requires staff time. If the staff is fully occupied in the job of screening clients and organizing deliveries it does not have much time left over for innovative activity. The funding agencies themselves have not helped in this matter as their support of the program has not kept pace with increased costs, and therefore they impose a sharp discipline on staff to simply maintain the operation, not branch out. So, in general there has not been a climate conducive to innovation.

Yet, the evidence in the report shows that there must be changes in the program. There is strong circumstantial evidence to show that within Winnipeg there are many people who could be helped by such a program, but presently are not receiving the service. And as the population grows, and elderly group within the city becomes a proportionally larger part of the population the demand for service could become very extensive.

But, there is no-one simple panacea that will enable the Meals on Wheels Agency to transform itself and meet these changing conditions. There is no brand new system of delivery that will all of a sudden cut costs, or make an efficient service. Rather, the changes must take place on a variety of fronts. There will have to be changes in policy, in organization, in forms of delivery. Many of the changes will have to be tentative and experimental, with a testing of new programs and approaches, analyzing their effects, grafting on new formats without disrupting the service.

To achieve this, will require special additional funds; over and above those that simply cover present food and administrative costs. There will have to be support given to strengthen the volunteer program, to improve the information monitoring and policy planning procedure, working to establish relationships and co-ordination of services with other agencies and to initiate trial, or developmental programs. There must, in other words, be an investment in strengthening the organizational

capacity of the agency so that it can perform tasks going beyond the basic functions of processing clients and organizing food delivery. Additional functions of volunteer co-ordination and preparation, policy planning and development, must be supplied.

The source of additional funds must come from **grant income**.

Clearly it cannot come from charging additional overhead on the meals. It should take two forms: one, additional grant for staff to perform additional functions, in particular the aspect of volunteer co-ordination and information monitoring. And second, developmental grants for new programs and pilot projects. In this second category, there are various grant programs that can be explored which will provide support for new projects. It may be necessary, however for monies to be allotted by one of the funding agencies to secure a part-time or temporary assistance in developing and setting up trial projects - in effect a kind of "social entrepreneurship".

This development work should concentrate in the following areas:

- outreach and information programs
- community based delivery systems
- multiple service delivery
- use of community workers
- alternative food sources, and alternative way of delivery of food
- different volunteer activities.

Naturally, any trial project would or could encompass a combination of these proposals.

It is tempting to set out at this stage proposals for new delivery systems, and proclaim them to be the solution. But, it would be a wrong course of action to follow. What is required before any major changes are constructed, is a period of applied research and demonstration. Mind you such testing should not be ad hoc or random. There are very definite propositions in mind that need examining that bear upon such issues as to whether there should be:

- 1) alternative forms of food service offered
- 2) alternative forms of service offered
- 3) a decentralized, community based delivery system
- 4) a selection of food service
- 5) a different arrangement of volunteer tasks
- 6) a direct link with other agencies, or with government.

The design of small scale models would have to take these questions into account.

So, the basic recommendation of the report is that the agency now begin a program of management innovation. The problems and issues have been identified, the next step is to begin an orderly testing of alternative responses. This should be a first priority, and should be presented as such to funding agencies in order that the planning of such a program can begin with proper resources. Ways in which this might be attempted are discussed in Appendix I.

In the meantime, there are a range of other recommendations of a more specific nature that have been made throughout the report, and a listing of these also appears in the first appendix. They can be incorporated as the Committee sees fit into present operations.

To manage such a program, both in terms of the specific recommendations and the pilot projects, there should be a major planning committee composed of staff, representatives from funding agencies, volunteers and any additional professionals that may seem appropriate. They would carry the responsibility of preparing the plan of action and supervising its implementation.



APPENDIX I

LIST OF RECOMMENDATIONS

1. The evidence of this report shows that the Home Welfare Association has provided an efficient service to the client group it presently serves, but has been unresponsive to the need for management innovation and development programs. The agency must show itself to be responsive to the need for change and innovation otherwise an alternative auspices may have to be found.
  
2. A program of management innovation should be undertaken to allow the Meals on Wheels Service to respond to changing needs and conditions. Steps in the process of organizational change should include:
  - creation of a major planning committee;
  - redefinition of staff roles and machinery for the training and co-ordination of volunteers including greater use of senior citizens as volunteers;
  - redefinition of agencies goals and priorities;
  - creation of a development section;
  - initiation of experimental pilot programs;
  - creation of machinery to allow the agency to monitor and evaluate its performance.

(A more detailed analysis of how management changes might be implemented can be found in the next section of this appendix.)
  
3. There are three areas in which reforms should be made in financial policies in connection with the Meals on Wheels Service:
  - 1) Internal agency policies in connection with pricing and allocation of funds (see Recommendation #4 below);
  - 2) More realistic grants to enable the agency to offset administrative costs to maintain its present operation and improve its management capacity to undertake innovation;
  - 3) The provision of development and entrepreneurial grants.

Ways should be sought of stabilizing grant income and of finding additional sources of income (e.g. Federal funds).<sup>1</sup> Core funding might be partly based on a formula related to expansion of the service. For example, in addition to a block grant to offset administrative costs, a per capita grant for each client served and fixed contribution per meal delivered might be adopted. Funds for development projects and

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1. This suggestion is made in view of current federal interest programs. Vide. A New Perspective on Health, Ministry of National Health and Welfare, 1975. Nutrition Canada: A National Survey.

monitoring could be sought from such sources as L.I.P., New Horizons, etc.

4. In fixing future costs of meals to clients, the question of differential costs must be recognized. Differential pricing policies could be worked out to offset more costly aspects of the service, e.g. short term users and special diet users.
5. Additional sources of supply for meals should be sought so that the possibility of controlling food costs, providing more variety (such as ethnic foods) and introducing more flexibility (such as evening service) can be explored. The trend to provision of more normal meals should allow greater flexibility. However, specific dietetic services will be required to ensure adequate standards if a move is made away from hospital sources. In connection with hospital supplied meals, fair pricing policies should be discussed with hospitals and relevant Manitoba Health Organizations.
6. Less expensive and smaller central office accommodation could be sought especially as present office space is not used intensively throughout the day by all staff.
7. Experimental pilot projects should be undertaken for the following purposes:
  - a) To allow volunteers to spend a little more time with clients, some delivery routes could be shortened;
  - b) To allow the service to be extended to areas of the city not presently covered;
  - c) To test out the feasibility of alternative delivery systems;
  - d) To experiment with other forms of service such as delivery of chilled meals, and shopping services, and to explore with other agencies the possibility of offering friendly visiting and congregate meal services to Meals on Wheels clients.
8. It is essential that in the future, the Meals on Wheels service works in closer co-operation with related agencies and that it is aware of relevant policy changes in government. So that this can occur, it is recommended that:
  - a) If the service continues to be offered under its present auspices the composition of the Board of the Home Welfare Association be amended so that the Board is partly composed of representative members from related agencies.
  - b) A major planning committee or task force be set up composed of representatives of the Board and staff of the Home Welfare Association, representatives of funding agencies, referring agencies, client and volunteer representatives and any additional professionals that may seem appropriate, to oversee management changes and development.

9. An outreach program should be mounted by the Meals on Wheels Service to determine more clearly the potential demand for Meals on Wheels Service options, contact potential users and improve access to the Service. Action could include the following:
- a) Advertising and information programs (using community clubs, health clinics, doctor's offices, Fort Rouge and other resource centers, etc.) to distribute and display advertising materials.
  - b) Specific need studies of potential client populations; (a start might be made with presently occupied Senior Citizen Housing units; a New Horizons grant might be available to allow this kind of study to be undertaken;)
  - c) Support the case for a central information center. (See below.)

#### Related Recommendations

The evidence of this report has highlighted the problems faced by many small agencies and voluntary services in introducing innovation, reforming their management structure and developing machinery to evaluate the effectiveness of the services they offer. To help overcome these problems faced by smaller agencies, it is recommended that the United Way or the Provincial Government consider the development of a centre providing information gathering, retrieval and analysis. A priority task of the proposed centre should be to <sup>co-ordinate efforts to</sup> develop a central register of elderly and handicapped persons,<sup>2</sup> which could be used by all voluntary and government social agencies.

Some of the recommendations suggested above such as 4, 5, 6, 7a and 9a could be implemented in the short-term by the present Meals on Wheels Service ~~without involving a great deal of disruption to its organization.~~ However, short term, ad hoc changes in the Meals on Wheels Service cannot solve its long term problems. If it is to respond to changing needs and conditions, major management changes and innovation must occur. An analysis of how these changes might be implemented is outlined in the next section of this appendix.

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2. This could be similar to the central registers compiled by most local authority social service departments in England and Wales, following the recommendations of the Seebohm Report and the 1971 Social Service Act.

### Implementation of Management Changes

It is not the purpose of this report to produce a blueprint for action, but suggestions can be made as to how changes in management might be implemented and the kind of planning process that must be employed to bring these changes about.

It is well documented in the literature on planning and management in the social services<sup>3</sup> that management innovation in a social service organization must follow a careful planning process and provide machinery for careful monitoring and evaluation of the agency's performance. Bard et. al. suggest that the planning process for social service agencies should consist of four major categories of activities:

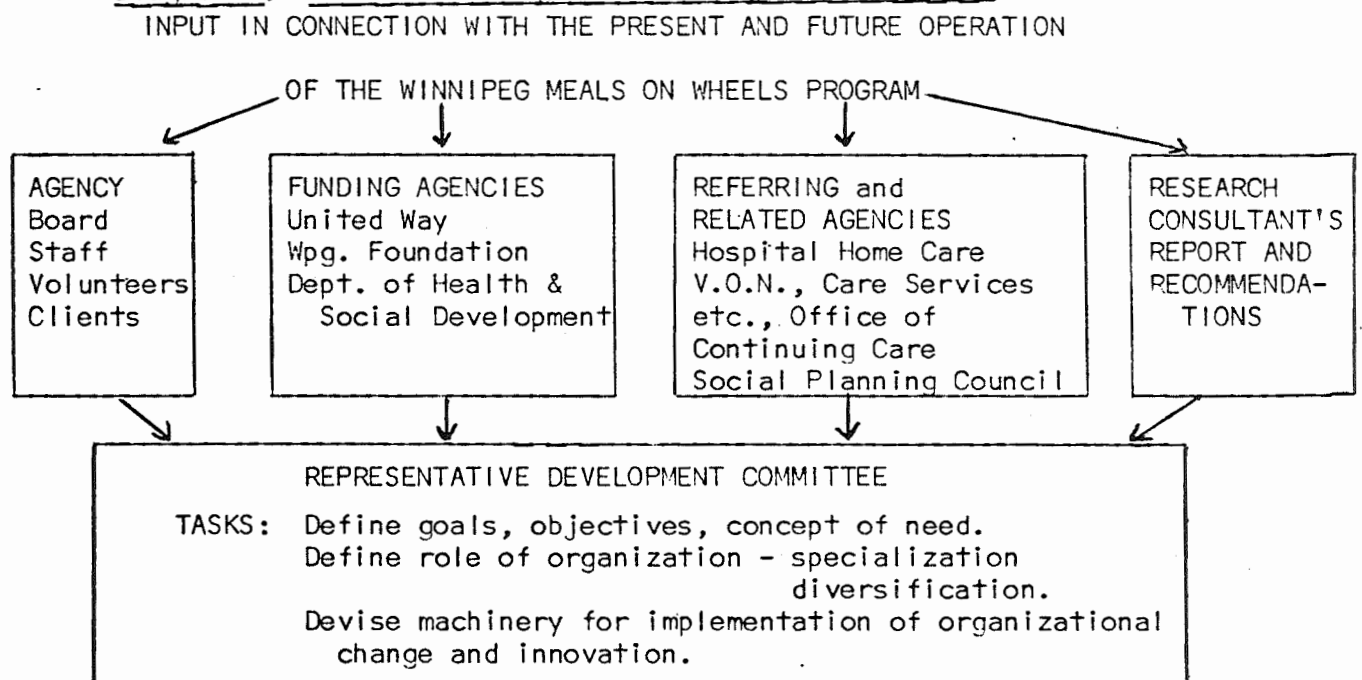
- assessment of needs;
- identification of resources
- establishment of goals and priorities; and, mobilization of resources
- development of programs and monitoring.<sup>4</sup>

In addition to using his model to group our recommendations in the discussion below, we have added a component which this report has argued is a major pre-requisite in the process of management innovation in the case of the Meals on Wheels Service: the need for supervisory administrative machinery to oversee the process of change.

#### 1. Creation of major planning committee on task force.

As a first step a major planning committee should be set up with the membership and functions described in the model below.

#### Diagram 4. Model for Management of Program Innovation.



3. e.g. Vide. Planning for Service...Foren and Brown, Chas Knight, London, 1971.  
 Planning for Change...Bard, Lauderdale and Peterson, Social Service Program Improvement Series, Library of Congress, #76170307, 1971.

4. Op.Cit.

Initially, no costs should be involved in setting up this planning committee except the cost of servicing and minuting meetings. The costs are estimated at \$30.00 per meeting. Resources would be required if the committee commissioned work to be done directly.

## 2. Assessment of needs.

In part, the commissioning of the present/<sup>report</sup> by the Meals on Wheels Study Committee has been part of this process. This report has provided strong circumstantial evidence from census data and other sources that there is a growing need for the Meals on Wheels Service, which is likely to increase during the next decade.. It suggests that the service is not at the moment reaching a substantial number of potential clients. Unfortunately, because of constraints of time and resources, this report has not been able to undertake detailed study of demand and need. However, the gathering of more detailed and exact ongoing information would be a major priority of the planning committee. Ways in which such information might be collected have already been recommended but these possibilities are set out again below for convenience.

- 1) Outreach advertising and information program to help estimate demand. (Approximate cost of preparation, printing and distribution of three page leaflet in simple black and white type would be \$180.)
- 2) Potential demand study amongst particular target populations, e.g. Senior Citizen Housing Units, possibly using New Horizons Grant. (Approximate cost of three month study involving 500 interviews with senior citizens, \$4,200. Broken down: Salary of study supervisor: \$1,500; cost of interviews: \$1,500; Secretarial services: \$350.; Administration: \$850.)
- 3) A separate study should be undertaken to determine the reasons why potential clients do not wish to be referred or leave the program. Information from sources of referral has provided some indicators, but more "hard" evidence could be gained by approaching clients directly. Unfortunately, because of time constraints, it was not possible to undertake this in the main study. (I.U.S. would be willing to undertake this small study under its original contract with the Meals on Wheels Study Committee.)

The machinery which would be involved in the assessment of need activity would be the planning committee itself, which might commission work directly and the development section of the agency proposed below.

## 3. Identification of Resources

Before problems and needs can be resolved, there must be adequate resources that can be used to develop programs. In the case of the Meals on Wheels Service, resources can be defined in terms of people, volunteers, staff, Board members, grant income; income from food sales, food sources, etc.

Activities involved here include:

- definition of grant income needs, stabilization of grant income;
- exploring all other sources of income;
- exploring other sources of food supply;
- critically examining and redefining present roles of staff and role of members of the Board;<sup>5</sup>
- examining feasibility of greater use of volunteers in staff roles.

#### 4. Establishment of Goals and Priorities, and Mobilization of Resources

At an early stage, in conjunction with the Planning Committee, the agency must define its goals and priorities. Activities involved here include:

- consideration of future role of agency, specialization or diversification?
- listing priorities in order of importance
- quantifying goals for particular functions and setting target times for implementation, e.g. 850 clients and 70,000 meals delivered by the end of 1976.
- acquisition of adequate core income and entrepreneurial grants.
- testing alternative food supplies
- deciding auspices.
- definition of staff roles and job descriptions.
- definition of roles of Board members of agency providing service.

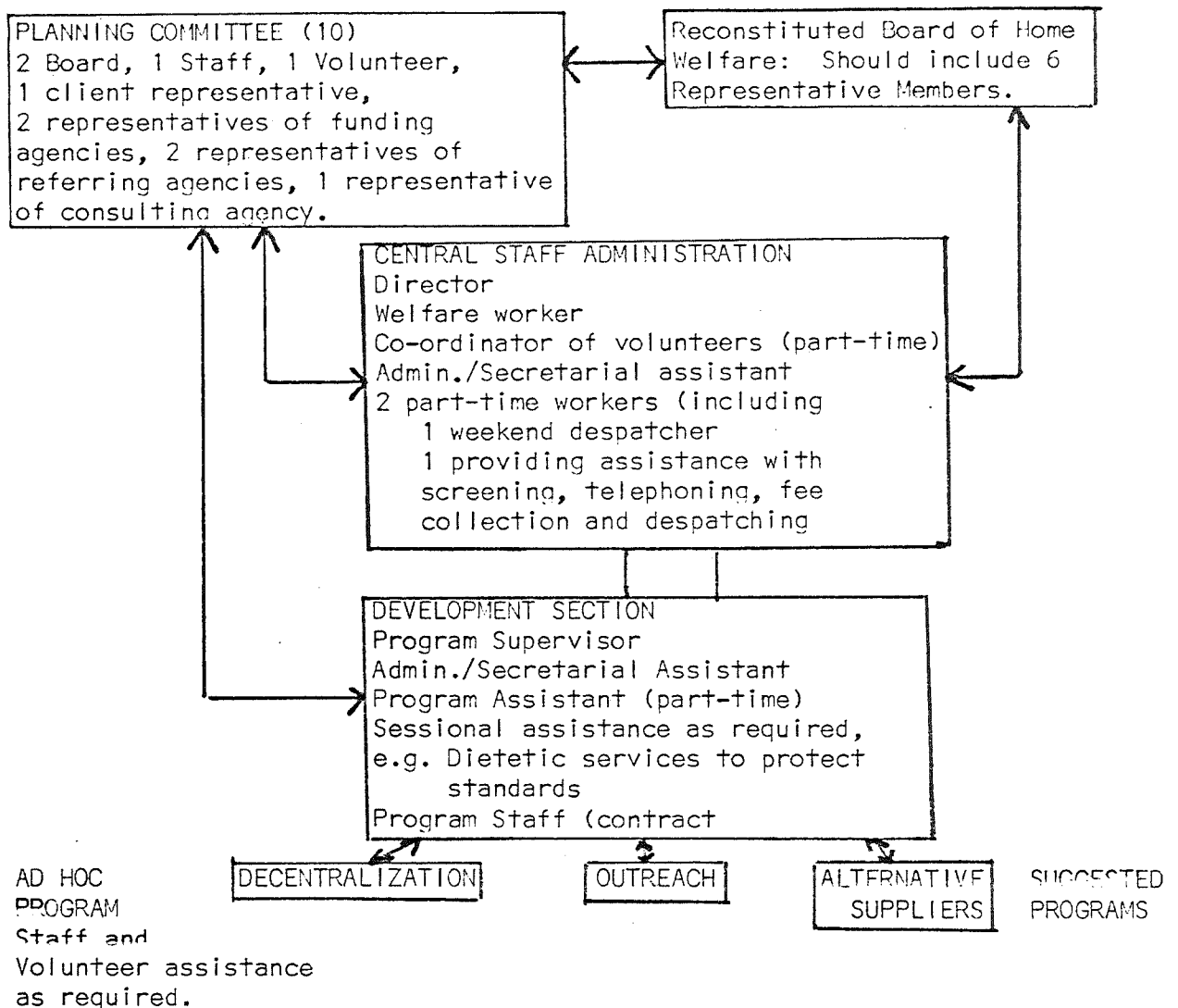
#### 5. Develop Programs

A program plan should involve the following elements - administration model, program model and monitoring model.

##### Administration Model

Major requirements here are the drawing up of an organization structure to enable the agency to respond to innovation, and a list of activities which reflects the type of functional work tasks to be performed. A suggested organizational structure chart is set out below.

Diagram 5. Suggested Future Organizational Structure of Meals on Wheels Service.\*



It may be necessary for the Board of the Home Welfare Association to delegate its functions to the Planning Committee for a limited period so that the Planning Committee can have unambiguous executive power to implement management changes and innovations.

#### STAFF ROLES

##### Director

Forward planning in conjunction with the Planning Committee and Board. Day to day direction and supervision of the agency. Publicity and community education. Awareness of related programs. Liaison with funding and related agencies. General recruitment of volunteers. Organization and interpretation of monitoring and evaluation.

Approximate cost in 1976: \$16,250.

##### Welfare Worker

Day to day supervision of meal service. Supervision of routing and records. Client screening (with part-time assistance), client follow-up and client referral. Supervision of monthly accounts and fee collection.

Approximate cost in 1976: \$ 9,000

\* This diagram has assumed the Meals on Wheels service will continue to be offered under its present auspices. However this is a matter on which the Planning Committee must decide.



Co-Ordinator of Volunteers (part-time)

Recruitment of volunteers. Training and organization of volunteers.  
Volunteer contract, liaison and ombudsman.

Approximate cost in 1976: \$ 4,500.

Administrative/Secretarial Assistants (two)

Record keeping, statistics, reception, correspondence, typing.

Approximate cost in 1976: \$12,000.

Part-Time Workers (two)

Each providing assistance with screening, telephone work, fee collection, despatching and program development.

Approximate cost in 1976: \$ 6,000.

Weekend Despatcher (one)

Weekend despatching duties.

Approximate cost in 1976: \$ 1,200.

Program Supervisor

Supervision of development section. Assistance with program funding searches. Initiation of programs. Development of programs. Recruitment and training of program staff. Monitoring and evaluation.

Approximate cost in 1976: \$10,500.

The total salary cost in 1976 of the core staff would be approximately \$54,950. It is recommended that a development budget should also be put at the disposal of the program supervisor for the first year of operation of the development section, to allow programs to get off the ground. The amount would depend on program costs and priorities decided by the agency.

The Administration Model also requires that an organization plan which reflects types of functional work tasks to be performed be drawn up.

Activities here would include:

- review and adoption of recording procedures;
- design of pro forma recording tools;
- timetabling and organization of staff meetings;
- design of operational procedures;
- design of reporting procedures.

PROGRAM MODEL

This report has stressed the need for experimentation and the development of pilot projects which can be carefully monitored. It will be necessary for the agency to decide on program priorities, define specific program goals, set targets and acquire special funding for development projects.

Set out below are several specific suggestions which the authors consider

would be worthwhile projects.

1. Decentralization Project.

- a) Monitor experience from Park Manor in Transcona.
- b) Set up local volunteer community team including local co-ordinator, screener and day captain despatchers, in South Fort Garry Area. Using Victoria Hospital as supplier, this team could serve south Fort Garry, St. Norbert and outlying farms. The experience gained should be carefully monitored.

2. Alternative Suppliers Project.

- a) Arrange two routes serving long-term, normal diet clients. Select an alternative supplier, acceptable on the grounds of price and nutritional value of the food provided, (dietetic assistance will be required here). Over a period of two weeks supply clients with food from new supplier during first week and normal supplier during second week. Examine their comparative preferences.
- b) Provide selected clients with frozen meals for several weekends. Evaluate their reactions.

3. Outreach Program.

Assist with an advertising and information program suggested in Recommendation 9. Monitor number of new clients gained over a fixed period from this kind of exercise.

Monitoring Model

The final component in developing programs which has been continually stressed, is the need for procedures and machinery to allow the agency to monitor and evaluate its performance. Procedures will differ according to the activity involved but will include:

- weekly reporting;
- evaluative staff meetings;
- surveys of service recipients;
- frequent examination of goals and targets.

A P P E N D I X   I I

1. Research Methods

## A P P E N D I X I I

## 1. Research Methods

a. Documented Evidence Used

- i) Previous studies of Winnipeg program.
- ii) Previous studies undertaken elsewhere in Canada.
- iii) Collection and collation of Home Welfare Association statistics and records.
- iv) Census material.

b. Research Tools

## i) Questionnaire to Clients.

A list of clients on Meals on Wheels delivery routes as of April 1st was used as the base survey population. From this list one route was selected for pilot interviews. Twelve of the thirteen clients on Route 2 were interviewed. On the basis of these pilot interviews, the questionnaire was slightly modified for the substantive study. On April 23rd, the April 1st lists were modified to take into account people coming onto, and leaving the program since April 1st, and the questionnaire was distributed to the teams of volunteers who collected meals from the Health Sciences Centre and Tache Nursing Centre on April 23rd. Each team was briefed and an explanatory letter was included with the group of questionnaires for each route. The questionnaires were collected by volunteers who delivered meals on April 28th. Some follow-up was required by program and research staff. One hundred and eighty-three clients were on the program on April 23rd. One hundred and fifty usable replies were received. This represents an 85% response rate.

## ii) Questionnaire to Volunteers.

A one-in-four random sample of the three hundred and one volunteers listed by the Home Welfare Association as serving the program on April 1st 1975 was compiled. Eighty-two volunteers were contacted by structured mailed questionnaire. Stamped self-addressed envelopes were included. Fifty-four usable replies were received. This represents a response rate of 66%. The questionnaires were distributed during the last week in April.

## iii) Questionnaire to Referring and Related Agencies.

All agencies listed by the Home Welfare Association as sources of referral and related agencies were contacted by structured mailed questionnaire. Forty-seven agencies were contacted in all. Where necessary, follow up was made by telephone and personal interview. Twenty-five usable responses were received. Questionnaires were distributed during the last week in April.

## iv) Questionnaire to Possible Alternative Sources of Supply.

The chief administrator of each hospital and of almost all nursing homes in the Winnipeg area were contacted by structured questionnaire. Careful telephone follow-up resulted in a response rate of almost 95%. In addition, thirteen commercial food outlets in the Winnipeg area were contacted by correspondence and telephone.

v) Interviews.

Personal interviews were conducted with all staff (except secretarial) serving the Meals on Wheels Program, representatives of the funding agencies, representatives of Manitoba Health Services Commission and the Provincial Government.

Information collected by structured questionnaires was analyzed by computer.

APPENDIX 11

2. Presentation of Research Tools

MEALS ON WHEELS STUDY COMMITTEE

in conjunction with

THE INSTITUTE OF URBAN STUDIES

April 1975

Dear User,

We are conducting a study of the MEALS ON WHEELS SERVICE, the purpose of which is to consider ways in which we can meet your needs more effectively. We are always trying to improve our service and your views, comments and assistance are essential if we are to serve you better. We should therefore be most grateful if you could answer the following questions and hand the completed questionnaire to the volunteer who brings your meal on Monday, April 28th. Your answers will be treated as completely confidential. If you have any difficulty in answering this questionnaire, please telephone me at the following number, 786-7811, extension 392, or ask your volunteer for assistance. Thanking you in anticipation for your co-operation.

Yours sincerely,

*C. D. McKee*

Christine D. McKee,  
Project Director.

<u>QUESTIONNAIRE</u>		Office use Column
Questionnaire number _____		1 2 3
Route number _____		4 5
Sex of user Male ___ Female ___		6
<u>PLEASE TICK APPROPRIATE BOX FOR EACH QUESTION.</u>		
1. How long have you been receiving Meals on Wheels Service?		7
1. Less than one month .....	<input type="checkbox"/>	8
2. 1 - 6 months .....	<input type="checkbox"/>	
3. 7 - 12 months .....	<input type="checkbox"/>	
4. 1 - 2 years .....	<input type="checkbox"/>	
5. More than 2 years .....	<input type="checkbox"/>	
2. Are you on a special diet?		9
1. Yes <input type="checkbox"/>		
2. No <input type="checkbox"/>		
3. If yes, what kind of special diet are you on? _____		10
_____		
_____		
_____		

PLEASE TICK APPROPRIATE BOX FOR EACH QUESTION	Office use Column
<p>We would like to know how satisfied you are with the meals you receive. <u>HOT MEALS</u></p>	
<p>4. At what time is your meal usually delivered? (Please specify.)</p> <p>_____</p> <p>_____</p> <p>_____</p>	11
<p>5. Are your portions usually too small, too large or about right?</p> <p>1. Too small ..... <input type="checkbox"/></p> <p>2. Too large ..... <input type="checkbox"/></p> <p>3. About right ..... <input type="checkbox"/></p>	12
<p>6. Is there sufficient variety of food in the hot meals?</p> <p>1. Yes .... <input type="checkbox"/> IF NO, WHY (please specify) _____</p> <p>2. No ..... <input type="checkbox"/> _____</p> <p>3. Usually. <input type="checkbox"/> _____</p>	13
<p>7. Would you like to have a weekly menu from which to choose your hot meal.</p> <p>1. Yes..... <input type="checkbox"/></p> <p>2. No ..... <input type="checkbox"/></p>	14
<p>8. Do you usually eat the meal at the time it is delivered or save it for later?</p> <p>1. Eat at time delivered ..... <input type="checkbox"/></p> <p>2. Save it for later ..... <input type="checkbox"/></p>	15
<p>9. On the whole do you enjoy the hot meal?</p> <p>1. Always ..... <input type="checkbox"/></p> <p>2. Usually ..... <input type="checkbox"/></p> <p>3. Sometimes ..... <input type="checkbox"/></p> <p>4. Never ..... <input type="checkbox"/></p>	16
<p>10. To what extent do you think the meal is good value? (For the money you pay.)</p> <p>1. Good value ..... <input type="checkbox"/></p> <p>2. Fairly good value ..... <input type="checkbox"/></p> <p>3. Not very good value ..... <input type="checkbox"/></p> <p>4. Don't know .... <input type="checkbox"/></p>	17
<p>11. Is the cost of the meal a problem for you?</p> <p>1. Yes .... <input type="checkbox"/></p> <p>2. No ..... <input type="checkbox"/></p>	18



PLEASE TICK APPROPRIATE BOX FOR EACH QUESTION	Office use Column
<u>BAG SUPPERS</u>	
12. Do you have a bag supper? IF YES, ANSWER QUESTIONS 13 AND 14. 1. Yes .... <input type="checkbox"/> 2. No ..... <input type="checkbox"/>	19
13. Is there sufficient variety of food in the bag suppers? 1. Yes .... <input type="checkbox"/> 3. Usually .... <input type="checkbox"/> 2. No ..... <input type="checkbox"/> If no, why? (Please specify.) _____	20
14. On the whole, do you enjoy the bag supper? 1. Always ..... <input type="checkbox"/> 2. Usually ..... <input type="checkbox"/> 3. Sometimes ..... <input type="checkbox"/> 4. Never ..... <input type="checkbox"/>	21
WE WOULD ALSO LIKE TO KNOW IF YOU ARE SATISFIED WITH THE DELIVERY SERVICE.	
15. Are the meals delivered at a regular time? 1. Always ..... <input type="checkbox"/> 2. Usually ..... <input type="checkbox"/> 3. Sometimes ..... <input type="checkbox"/> 4. Never ..... <input type="checkbox"/>	22
16. Are your volunteers helpful? 1. Yes .... <input type="checkbox"/> If yes, in what ways? (Please specify.) 2. No ..... <input type="checkbox"/> _____	23
WE ARE THINKING OF EXPANDING OUR PROGRAM TO INCLUDE OTHER SERVICES IN ADDITION TO MEALS ON WHEELS.	
17. Would you be likely to use any of the following service options if they were available? (These would not take the place of Meals on Wheels but would be available in addition to the present service.)	
a) Periodic delivery of chilled or frozen meals, which you could store and heat up yourself. 1. Yes .... <input type="checkbox"/> 2. No ..... <input type="checkbox"/>	24
b) <u>Shopping Services</u> : If you could get someone to do your shopping, could you sometimes cook for yourself? 1. Yes .... <input type="checkbox"/> 2. No ..... <input type="checkbox"/>	25

PLEASE TICK APPROPRIATE BOX FOR EACH QUESTION	Office use Column
<p>c) <u>Congregate meals</u>: If volunteers were available to provide transport, would you like to eat with others, for example at a lunch club or senior citizens centre?</p> <p>1. Yes .... <input type="checkbox"/></p> <p>2. No ..... <input type="checkbox"/></p>	26
<p>18. Do you have or share any or all of the following kitchen facilities?</p> <p>a) Hot plate only ..... 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>b) Stove ..... 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>c) Refrigerator ..... 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>d) None of the above ..... 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p>	27 28 29 30
<p>19. What is your marital status?</p> <p>1. Married ..... <input type="checkbox"/></p> <p>2. Widowed ..... <input type="checkbox"/></p> <p>3. Single ..... <input type="checkbox"/></p> <p>4. Divorced or separated ..... <input type="checkbox"/></p>	31
<p>20. Into which age group would you fall?</p> <p>1. Under 45 ..... <input type="checkbox"/></p> <p>2. 45 - 54 ..... <input type="checkbox"/></p> <p>3. 55 - 64 ..... <input type="checkbox"/></p> <p>4. 65 - 69 ..... <input type="checkbox"/></p> <p>5. 70 - 74 ..... <input type="checkbox"/></p> <p>6. 75 - 79 ..... <input type="checkbox"/></p> <p>7. 80 - 84 ..... <input type="checkbox"/></p> <p>8. 85 and over ... <input type="checkbox"/></p>	32
<p>21. What is your occupation or if retired what was your former occupation? _____</p>	33
<p>22. <u>Female respondents only</u>. If you are married or widowed, what is or was your husband's occupation? _____</p>	34
<p>23. What kind of accommodation do you live in?</p> <p>1. Single family detached .. <input type="checkbox"/></p> <p>2. Duplex ..... <input type="checkbox"/></p> <p>3. Rooms/hotel ..... <input type="checkbox"/></p> <p>4. Walk-up apartment ..... <input type="checkbox"/></p> <p>5. High-rise apartment ..... <input type="checkbox"/> (six storeys plus)</p> <p>6. Medium-rise apartment ... <input type="checkbox"/> (six storeys or less)</p> <p>7. Senior citizen housing . <input type="checkbox"/> (Please specify type of building) _____</p> <p>8. With friends or relatives ..... <input type="checkbox"/></p> <p>9. Other (please specify) . <input type="checkbox"/> _____ _____</p>	35

Questionnaire number \_\_\_\_\_

PLEASE TICK APPROPRIATE BOX FOR EACH QUESTION

Office use  
Column

24. Do you have any friends or relatives who would like or benefit from Meals on Wheels Delivery?

36

1. Yes .....

2. No .....

If yes, how many? \_\_\_\_\_

37

25. Do you have any friends or relatives who would like or benefit from any of the service options we mention on page 3 and 4?

38

1. Yes .....

2. No .....

If yes, how many? \_\_\_\_\_

39

26. Do you have any views about how the service might be changed or improved? \_\_\_\_\_

40

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. What does the service mean to you? \_\_\_\_\_

41

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time and trouble to answer this questionnaire.

Questionnaire number \_\_\_\_\_

INFORMATION TO BE EXTRACTED FROM FILES AND ATTACHED TO QUESTIONNAIRE  
AFTER IT IS RETURNED.

Questionnaire number \_\_\_\_\_

Route number \_\_\_\_\_

- |                                          |    |
|------------------------------------------|----|
| 1. Income _____                          | 42 |
| 2. Source of referral _____              | 45 |
| 3. Reason for referral _____             | 46 |
| 4. Length of time on MDS _____           | 47 |
| 5. Short term or long term user. _____   | 48 |
| 6. Type of diet. _____                   | 49 |
| 7. Who pays for meal and how much? _____ | 50 |

MEALS ON WHEELS STUDY COMMITTEE  
 in conjunction with  
THE INSTITUTE OF URBAN STUDIES  
 April 1975

Dear Volunteer,

I am writing to you in connection with a study of the Meals on Wheels Program which has been commissioned by the Meals on Wheels Study Committee and is being undertaken in conjunction with the Institute of Urban Studies. The purpose of the study is to evaluate the existing program, to examine the demand for this service and to consider ways in which the present service may be improved, extended and diversified. We are all aware of the great contribution you make to the success of this program and we would appreciate your views and comments in connection with this study. I should therefore be most grateful if you could answer the following questions and mail the completed questionnaire back to the following address in the envelope provided (before May 1st if possible).

Mrs. Christine D. McKee,  
 Institute of Urban Studies,  
 University of Winnipeg,  
 515 Portage Avenue,  
 Winnipeg, Manitoba. R3B 2E9

Your answers will be treated as completely confidential. Thanking you in anticipation for your co-operation.

Yours sincerely,

*Christine D. McKee*

Christine D. McKee,  
 Project Director.

<u>QUESTIONNAIRE</u>	Office use Column
Questionnaire number _____	1 2 3
Sex of Volunteer M <input type="checkbox"/> F <input type="checkbox"/>	4
<u>PLEASE TICK RELEVANT BOX FOR EACH QUESTION.</u>	
1. How long have you been a volunteer for Meals on Wheels? 1. Less than 1 year ..... <input type="checkbox"/> 2. 1 - 2 years ..... <input type="checkbox"/> 3. 2 - 3 years ..... <input type="checkbox"/> 4. More than 3 years ..... <input type="checkbox"/>	5
2. How did you become involved in 'Meals on Wheels'? _____ _____ _____ _____	6

Questionnaire number \_\_\_\_\_

PLEASE TICK RELEVANT BOX FOR EACH QUESTION.	Office use Column
<p>3. How often do you participate in the program?</p> <p>1. Committed to work more than once a week. .... <input type="checkbox"/></p> <p>2. Committed to work once a week. .... <input type="checkbox"/></p> <p>3. Committed to work bi-monthly. .... <input type="checkbox"/></p> <p>4. Committed to work monthly. .... <input type="checkbox"/></p> <p>5. Casual or other commitment. .... <input type="checkbox"/></p>	7
<p>4. Would you be prepared to offer more time to the 'Meals on Wheels' Program?</p> <p>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p>	8
<p>5. If yes, how often could you participate?</p> <p>Please specify. _____</p> <p>_____</p>	9
<p>6. Are you usually:</p> <p>1. the driver ..... <input type="checkbox"/></p> <p>2. the helper ..... <input type="checkbox"/></p>	10
<p>7. What are the main difficulties you find in collecting and delivering the meals? (e.g. frustration and waiting outside the hospital, difficulty in following routes etc.) Please describe.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	11 12 13 14 15
<p>8. Do you get the same route each time?</p> <p>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p>	16
<p>9. Would you like to?</p> <p>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p>	17
<p>10. Apart from obtaining a hot meal, what other benefits do you feel the recipient derives from 'Meals on Wheels'? _____</p> <p>_____</p> <p>_____</p>	18
<p>11. What benefits do you derive from participating? _____</p> <p>_____</p> <p>_____</p>	19

Questionnaire number \_\_\_\_\_

PLEASE TICK RELEVANT BOX FOR EACH QUESTION.

Office use  
Column

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <p>12. In what ways do you think the program could be changed to give you more satisfaction? Please specify. _____<br/>_____<br/>_____<br/>_____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>20</p>                      |
| <p>13. In fulfilling your role for the Meals on Wheels Program do you feel the need for:</p> <p>a) More training or orientation ..... 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>b) More support from the staff ..... 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>c) Other support (please specify) _____<br/>_____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>21<br/>22<br/>23</p>        |
| <p>14. Before participating in Meals on Wheels, had you done any other kind of voluntary work?<br/><br/>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>Please specify. _____<br/>_____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>24<br/>25</p>               |
| <p>15. Do you do any other kind(s) of voluntary work at present?<br/><br/>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>Please specify. _____<br/>_____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>26<br/>27</p>               |
| <p>16. We are considering ways of expanding and diversifying the Meals on Wheels Program. For the clients you serve, do you think it would be a good idea to diversify the program to include any or all of the following services?</p> <p>1. Periodic delivery of chilled or frozen meals. 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>2. Congregate meals (transport and meals would be provided to allow clients to eat at lunch clubs, day centres etc. 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>3. Shopping services (to allow clients to cook for themselves) 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>4. Hot meals delivered from decentralized sources? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> | <p>28<br/>29<br/>30<br/>31</p> |
| <p>17. Would you be interested in helping with any or all of the following services?</p> <p>1. Periodic delivery of chilled or frozen meals. 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>2. Transportation to congregate meals. 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>3. Shopping services 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>4. Delivery of hot meals from decentralized sources? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p>                                                                                                                                                                                                                                                                     | <p>32<br/>33<br/>34<br/>35</p> |

Questionnaire number \_\_\_\_\_

PLEASE TICK RELEVANT BOX FOR EACH QUESTION.

Office use  
Column

So that we can get a clear picture of the characteristics of people who are working as volunteers for the Meals on Wheels Program, it would be very helpful if you would answer the following questions.

18. Which age group would you fall into? 36
- |                                            |                                           |
|--------------------------------------------|-------------------------------------------|
| 1. Under 25 ..... <input type="checkbox"/> | 5. 55 - 64 ..... <input type="checkbox"/> |
| 2. 25 - 34 ..... <input type="checkbox"/>  | 6. 65 - 69 ..... <input type="checkbox"/> |
| 3. 35 - 44 ..... <input type="checkbox"/>  | 7. 70 & over ... <input type="checkbox"/> |
| 4. 45 - 54 ..... <input type="checkbox"/>  |                                           |
19. Are you: 37
- |                                           |                                                        |
|-------------------------------------------|--------------------------------------------------------|
| 1. Married ..... <input type="checkbox"/> | 3. Single ..... <input type="checkbox"/>               |
| 2. Widowed ..... <input type="checkbox"/> | 4. Separated or divorced .... <input type="checkbox"/> |
20. Do you have any children? 38
1. Yes  2. No
21. If yes, how many do you have in the following categories?  
(Circle appropriate number.)
- |                                           |                      |    |
|-------------------------------------------|----------------------|----|
| 1. Number under school age                | 1 2 3 4 or more none | 39 |
| 2. Number of school age                   | 1 2 3 4 or more none | 40 |
| 3. Number over school age, living at home | 1 2 3 4 or more none | 41 |
22. If employed, what is your present occupation? 42
- 
23. Do you work full time or part-time (less than 30 hours a week)? 43
- |              |                          |
|--------------|--------------------------|
| 1. Full time | <input type="checkbox"/> |
| 2. Part-time | <input type="checkbox"/> |
24. If you are not in paid employment what is: 44
- a) Occupation of spouse \_\_\_\_\_ 45
- b) Your recent previous occupation \_\_\_\_\_

THANK YOU FOR TAKING THE TIME AND TROUBLE TO ANSWER THIS QUESTIONNAIRE.



MEALS ON WHEELS STUDY COMMITTEE

in conjunction with

THE INSTITUTE OF URBAN STUDIES

April 1975

TO: Agency and Department Heads.

Dear Sir/Madam,

I am writing to you in connection with a study of the Home Welfare Association Meals on Wheels Program. The study has been commissioned by the Meals on Wheels Study Committee (an ad hoc committee of the Social Planning Council) and is being undertaken in association with the Institute of Urban Studies, University of Winnipeg. The study is being funded by the United Way and the Winnipeg Foundation. The purpose of the study is to evaluate the existing program, to examine the demand for this service and to consider ways in which the present service may be improved, extended and diversified. Your assistance and comments are essential to the success of this study. I should therefore be most grateful if you could answer the following questions and mail the completed questionnaire back to the Institute of Urban Studies in the envelope provided. If you require any further information in connection with this study, please contact me at the following telephone number: 786-7811 extension 392.

Thanking you in anticipation for your co-operation.

Yours faithfully,

*C. D. McKee*Christine D. McKee,  
Project Director.

<u>QUESTIONNAIRE</u>		Office use	
Questionnaire number _____		1	2 3
Type of agency _____		4	5
1. Has your agency referred persons for the Meals on Wheels Service since January 1st, 1974?			6
	1. Yes ... <input type="checkbox"/> 2. No ... <input type="checkbox"/>		
2. If yes, how many referrals since January 1st, 1974?	_____		7
(IF NO, PLEASE ANSWER QUESTIONS 7 - 21 ONLY)			

April 1975

Questionnaire Number \_\_\_\_\_

PLEASE TICK RELEVANT BOX FOR EACH QUESTION WHERE APPROPRIATE.	Office use Column
3. How many were not accepted on the program?  _____ Don't Know ..... <input type="checkbox"/>	8
4. Do you screen clients whom you refer to the Meals on Wheels Program?  1. Yes ... <input type="checkbox"/> 2. No ... <input type="checkbox"/>	9
5. If yes, what are your criteria for referral? (Please specify) _____ _____ _____ _____	10 11 12 13 14
6. In what ways is referral usually made? Please indicate in rank order of frequency, the methods your agency uses to refer clients to the Meals on Wheels Service (i.e. 1. most frequent 2. next most frequent etc.)  1) _____ by telephone 2) _____ by written referral 3) _____ advised relatives to contact Home Welfare Association Office 4) _____ gave Meals on Wheels pamphlet to relatives 5) _____ advised relatives to contact family doctor regarding service 6) _____ other (please specify) _____ _____	15 16 17 18 19 20 21
7. Have staff members of your agency found that there are factors which limit the use of the Meals on Wheels Service? If so, what are these? (Please specify) _____ _____ _____ _____	22 23 24 25
8. Of those clients with whom you discuss the Meals on Wheels Program, what proportion do not wish to be referred to the program? Please specify. _____ _____ _____	26

April 1975

Questionnaire Number \_\_\_\_\_

PLEASE TICK RELEVANT BOX FOR EACH QUESTION WHERE APPROPRIATE.	Office use Column
9. What are their main reasons? Please specify. _____ _____ _____	27
10. Do you feel there are particular geographical areas in the Winnipeg area, where there is a need for a Meals on Wheels Delivery Service, in which this need is not being met? 1. Yes ..... <input type="checkbox"/> 2. No .... <input type="checkbox"/> If yes, please specify. _____ _____ _____	28
11. Does your agency provide any of the services listed below? 1. Meals Delivery of Hot Meals      1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 29 2. Meals Delivery of Snack Meals    1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 30 3. Meals Delivery of Chilled Meals   1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 31 4. Congregate meals (i.e. for non- residents at lunch clubs or day centres)                            1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 32 5. Shopping services                    1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 33 6. Home Help Services                 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 34 7. Friendly Visiting Services         1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 35 8. Other food or home care related services                                 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 36 (Please specify) _____	
12. Does your agency plan to introduce any of the services listed above in the near future? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	37
13. If yes, please specify. _____ _____ _____ _____ _____	38 - 45
14. Do you think there is a need to <u>expand</u> the present Meals on Wheels program? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	46

April 1975

Questionnaire Number \_\_\_\_\_

PLEASE TICK RELEVANT BOX FOR EACH QUESTION WHERE APPROPRIATE.	Office use Column
15. If yes, in what ways would you like to see this expansion occur?	
1. Extension of present Meals Delivery to more clients. 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	47
2. Extension of present Meals Delivery service to a wider geographical area 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	48
3. De-centralization of present Meals delivery system 2. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	49
4. Periodic delivery of chilled or frozen meals, which could be stored and heated when required. 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	50
5. Other (please specify) _____	51
_____	
_____	
16. Under what auspices would you like to see this expansion occur?	52
1. Home Welfare Association <input type="checkbox"/>	
2. Other agency (please specify) <input type="checkbox"/>	
_____	
_____	
17. Do you think there is a need to <u>diversify</u> food related home care programs to provide a continuum of service?	53
1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
18. If yes, in what ways?	
1. Provision of congregate meals (i.e. provision of meal and transportation of homebound people to lunch clubs, senior citizens centres etc. to eat together). 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	54
2. Provision of shopping services (to enable people to cook for themselves). 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	55
3. Other (please specify) _____	56
_____	
_____	
19. Under what auspices would you like to see this diversification occur?	57
1. Home Welfare Association <input type="checkbox"/>	
2. Other agency <input type="checkbox"/>	
Please specify service and agency. _____	
_____	

April 1975

Questionnaire Number \_\_\_\_\_

PLEASE TICK RELEVANT BOX FOR EACH QUESTION WHERE APPROPRIATE.	Office Use Column
<p>20. In the following respects, to what extent do you think that food related home care services are important?                      (Please circle appropriate number in each case.                      1. Not important 2. Important 3. Very Important)</p>	
<p>a) In allowing home bound persons to return to or remain in their own homes 1 2 3</p>	58
<p>b) In shortening length of stay in hospital 1 2 3</p>	59
<p>c) In avoiding prolonged institutional care (e.g. in nursing homes, geriatric wards etc.) 1 2 3</p>	60
<p>d) Other. Please specify _____</p>	61
<p>21. Other than those ways already mentioned, do you have any views on ways in which the Meals on Wheels Program could be improved or changed? _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____</p>	

THANK YOU FOR TAKING THE TIME AND TROUBLE TO COMPLETE THIS QUESTIONNAIRE.

MEALS ON WHEELS STUDY COMMITTEE

in conjunction with

THE INSTITUTE OF URBAN STUDIES

April 1975

## SCHEDULE OF QUESTIONS

Name of organization \_\_\_\_\_

PLEASE TICK RELEVANT BOX FOR EACH QUESTION.

1. Would your hospital/nursing home consider providing hot meals for the Meals on Wheels Program if an application was made by the Home Welfare Association?

1. Yes       2. No       3. Possibly

2. If no, what are the main reasons why it is not feasible for your hospital/nursing home to consider providing meals for the Meals on Wheels Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. a) If yes or possibly, what would be the maximum number of meals that you could provide?

1. Up to 12 ...                       5. 76 - 100 .....   
 2. 13 - 25 ....                       6. Over 100 .....   
 3. 26 - 50 ....                       7. Don't Know ...   
 4. 51 - 75 ....                       8. Not applicable

- b) What would be the approximate cost of each meal?

1. \_\_\_\_\_   
 2. Don't know.....   
 3. Not applicable .....

- c) Could your kitchen(s) provide any or all of the following therapeutic diet meals?

1. low salt	1. yes.. <input type="checkbox"/>	2. no.. <input type="checkbox"/>
2. bland	1. yes.. <input type="checkbox"/>	2. no.. <input type="checkbox"/>
3. diabetic	1. yes.. <input type="checkbox"/>	2. no.. <input type="checkbox"/>
4. reducing	1. yes.. <input type="checkbox"/>	2. no.. <input type="checkbox"/>
5. low fat	1. yes.. <input type="checkbox"/>	2. no.. <input type="checkbox"/>
6. low cholesterol	1. yes.. <input type="checkbox"/>	2. no.. <input type="checkbox"/>
7. mechanical soft	1. yes.. <input type="checkbox"/>	2. no.. <input type="checkbox"/>
8. high calorie/protein	1. yes.. <input type="checkbox"/>	2. no.. <input type="checkbox"/>
9. none of the above	1. yes.. <input type="checkbox"/>	2. no.. <input type="checkbox"/>
10. normal nutritious diet	1. yes.. <input type="checkbox"/>	2. no.. <input type="checkbox"/>

## Meals on Wheels Study Committee

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PLEASE TICK RELEVANT BOX FOR EACH QUESTION

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4. (To be answered by Nursing Home Staff only.)

a) Do you have dining room accommodation and kitchen capacity that would allow you to provide congregate meals to non-residents?

1. Yes... 2. No...

b) Would you be willing to consider providing congregate meals for a few non-residents?

1. Yes.. 2. No.. 3. Possibly..

c) If yes, about how many meals could you provide? \_\_\_\_\_

(e.g. up to 10 each day, up to 10 one day a week, etc.)

APPENDIX III



A P P E N D I X III

- I Agencies and individuals contacted in connection with client referrals.
- II Institutions and individuals contacted in connection with alternative sources of supply and decentralization of meal delivery systems.
- III Commercial Outlets Contacted
- IV. Staff roles, Home Welfare Association, as of April 1st 1975.

I AGENCIES AND INDIVIDUALS CONTACTED IN CONNECTION WITH CLIENT REFERRALS

## HOSPITAL HOME CARE AND SOCIAL SERVICE DEPARTMENTS

- |     |                                                                                                                    |                       |
|-----|--------------------------------------------------------------------------------------------------------------------|-----------------------|
| 1.  | Mrs. Eyman, <u>Home Care Dept.</u> , Victoria Hospital<br>2340 Pembina Highway.                                    | 269-3570              |
| 2.  | Mrs. G. Pinchin, <u>Social Service Dept.</u> ,<br>Victoria Hospital, 2340 Pembina Highway. R3T 2E8                 | 269-3570              |
| 3.  | Mrs. M. Hwe, <u>Home Care Dept.</u> , St. Boniface<br>Hospital, 409 Tache Avenue.                                  | 943-0311              |
| 4.  | Mrs. Maria Gomor, <u>Social Service Dept.</u> ,<br>St. Boniface Hospital, 409 Tache Ave. R2H 2A6                   | 943-0311              |
| 5.  | Mrs. L. McVagh, <u>Home Care Dept.</u> , Misericordia<br>Hospital, 99 Cornish Ave., R3C 1A2                        | 774-6581              |
| 6.  | Mrs. L. Fineman, <u>Social Services Dept.</u> ,<br>Misericordia Hospital, 99 Cornish Ave., R3C 1A2                 | 774-6581              |
| 7.  | Miss. E. Svanhill, <u>Home Care Dept.</u> , General<br>Hospital, Health Sciences Centre, 700 William Ave.          | 774-6511              |
| 8.  | Ms. Ann DeFehr, <u>Home Care Dept.</u> , Municipal<br>Hospitals, Morley                                            | 452-3411              |
| 9.  | Miss Asta Eggertson <u>Social Work Dept.</u> , General<br>Centre, 700 William Ave. R3E 0Z3                         | 774-6511<br>Ext. 7287 |
| 10. | Ms. Judy Cancade      Rehabilitation Centre<br>Social Work Dept., Health Sciences Centre,<br>800 Sherbrook R3A 1M4 | 775-0181              |
| 11. | Mrs. A. Zimmerman, <u>Home Care Dept.</u> , Deer Lodge<br>Hospital, 2109 Portage Ave.                              | 837-1301              |
| 12. | Mr. D. A. McKenzie, <u>Social Services Dept.</u> ,<br>Deer Lodge Hospital, 2109 Portage Ave.                       | 837-1301              |
| 13. | Mrs. M. Taylor, <u>Home Care Dept.</u> , Grace General<br>Hospital, 300 Booth Drive.                               | 837-8311              |
| 14. | Mrs. Fern Wilson _____, Grace General Hospital,<br>300 Booth Drive. R3J 3M7                                        | 837-8311              |

- Mrs. Lynda Sie, Home Care Dept.  
15. Chief Hospital Social Worker, Concordia Hospital, 400 DeSalaberry St. 667-1560

## AGE AND OPPORTUNITY SENIOR CITIZENS CENTRES\*

16. Notre Dame S.C.C., 444 Kennedy 942-5261  
17. Stradbrook S.C.C., 400 Stradbrook Ave. 475-9150  
18. Selkirk Ave. S.C.C., Selkirk and Powers 582-2329  
19. Wolseley S.C.C., Picardy and Kenora 774-8441  
20. Dufferin Ave. S.C.C., 387 Dufferin Ave. 586-9691  
21. Mr. & Mrs. Gerry Sexton,  
Immaculate Drop-In, Immaculate Conception  
Parish Hall, 191 Austin St., R2W 3M7 942-9539  
22. Miss L. McKenzie,  
Director of Public Health Nursing  
4th Floor, Administration Building,  
Civic Centre, R3B 1B9 946-0141  
23. Mr. Jake P. Suderman, R.S.W. Lions Manor  
320 Sherbrook Street, R3B 2W6 774-3506

## LOCAL HEALTH UNITS (24-25)

24. Dr. J. A. Eadie, Kildonan/St. Paul Local  
Health Unit, 1400 Henderson Highway. R2G 1N2 334-4373  
25. Dr. T. N. H. Iley, St. James Local Health  
Unit, 598 St. Mary's Road R2M 3L5 233-1491  
26. Mrs. M. Mackling, Director, Victorian Order  
of Nurses, 311-167 Lombard Avenue, R3B 0T6 957-0650  
27. Mr. R. H. C. Hooper, Public Welfare Dept.,  
City of Winnipeg, Administration Building,  
Civic Centre, R3B 1B9 946-1100  
28. Mr. L. Forest,  
New Horizons, Dept. of Nation Health and  
Welfare, 202-4600 Main Street, R3B 1B6 985-2833  
29. Mr. A. J. Kitchen, Personal Care Home Services,  
Manitoba Health Services Commission,  
599 Empress Street, Winnipeg R3C 2T0 786-7282  
30. Miss J. Kennedy, Director, Public Health  
Nursing, Box 3, Building 3, 139 Tuxedo Ave.  
R3C 0V8 489-4541  
31. Mr. John Rodgers, Main Street Project,  
594 Main Street, R3B 1C9 942-0434  
32. Shut-In Marketeers', 299 Bushell Street,  
R3A 1K5 783-5436  
33. Mr. J. Parrot, Outreach Services Y.M.C.A.,  
249 Ellen Street, R3A 1A9 943-2465  
Ext. 06

\* Central Office also contacted vide p. A32 no. 38

34. Mrs. Anne G. Ross, R.N., R.T. 586-8086  
Mount Carmel Clinic  
120 Selkirk Avenue, R2W 2L2
35. Mr. A Silver Klinik, 567 Broadway, 786-7411  
Winnipeg. R3C 0W2
36. , St. Boniface Health 233-2464  
Unit, 233 Provencher Ave., R2H 0G4
37. Mr. A. Silver 772-7904  
Monarch Manor, 845 Sinclair,  
West Kildonan, Winnipeg
38. Mrs. Yhetta Gold, Executive Director 947-1276  
Age and Opportunity Centre,  
1102-211 Portage Avenue, R3B 2A2
39. The Director, 786-3486  
Canadian Arthritis and Rheumatism Society,  
825 Sherbrook Street, R3A 1M5
40. The Director, Canadian Cancer Society 775-4449  
930 Portage Avenue, R3G 0P7
41. Mr. E. Heddeshheimer, 774-8405  
Canadian Diabetic Association,  
P.O. Box 695, Winnipeg R3C 2K3
42. Mr. R. L. Storey: Divisional Director 774-5421  
Canadian National Institute for the Blind  
1031 Portage Avenue, R3G 0R9
43. Mr. P. Hedley, Canadian Paraplegic Association 786-4753  
44-825 Sherbrook Street, Winnipeg, R3A 1M5
44. Mr. W. A. LeBlanc, 772-2551  
Canadian Red Cross Society, Manitoba Division  
226 Osborne St. North, R3C 1V5
45. Mr. A. Waterer, Social Services Director 947-1111  
Care Services, Dept. Health and Social  
Development, 2nd Floor,  
114 Garry Street, Winnipeg, R3C 1G2
46. Mr. Roland Bazinet, Fred Douglas Lodge 586-8541  
1275 Burrows Avenue, R2X 0B8
47. Mrs. W. V. Pearce, President, 942-4707  
Good Neighbours Club, 185 King Street, R3B 1J1
48. Miss Enid Thompson and Mrs. Maria Haroon Office of Continuing Care,  
Departments of Health and Social Development.

II INSTITUTIONS AND INDIVIDUALS CONTACTED IN CONNECTION WITH ALTERNATIVE  
SOURCES OF SUPPLY AND DECENTRALIZATION OF MEALS DELIVERY SYSTEMS

HOSPITALS

1. Mr. A. Schroeder, Executive Director, 667-1560  
Concordia Hospital, 1095 Concordia
2. Dr. J.A.K. McDonald, Executive Director, 837-1301  
Deer Lodge Hospital, 2109 Portage Ave.
3. Major H.P. Thornhill, Administrator, 452-3411  
Grace Hospital, 300 Booth Drive

- |                                                                                             |          |
|---------------------------------------------------------------------------------------------|----------|
| 4. Mr. A Hodgkinson, Administrator<br>Municipal Hospitals, Morley                           | 452-3411 |
| 5. Mr. L.A. Quaglia,<br>The Executive Director, St. Boniface Hospital,<br>409 Tache Avenue. | 233-8563 |
| 6. Mr. J. H. Carter, Executive Director,<br>Victoria General, 2340 Pembina Hwy.             | 269-3570 |

(Misericordia Hospital, 99 Cornish Avenue, 774-6581  
Home Welfare Association negotiating directly with administration.)

#### NURSING HOMES

##### Winnipeg - Proprietary Homes

1. Able Care Nursing Home, 60 Roslyn Road, Winnipeg, R3L 0G6
2. Arcadia Nursing Home, 1 Mayfair Place, Winnipeg, R3L 0A4
3. Baron Nursing Home, 66 Smith Street, Winnipeg, R3C 1J3
4. Beacon Hill Lodge, 190 Fort Street, Winnipeg, R3C 1C9
5. Central Park Lodge #1, 440 Edmonton Street, Winnipeg, R3B 2M4
6. Central Park Lodge #2, 70 Poseidon Bay, Winnipeg, R3M 3E5
7. Coles Nursing Home, 495 Stradbrook Avenue, Winnipeg, R3L 0K2
8. Conquist Nursing Home, 1776 Pembina Highway, Winnipeg, R3T 2G2
9. Currans Nursing Home, 29 Roslyn Road, Winnipeg, R3L 0G1
10. Golden Door Geriatric Centre, 1679 Pembina Highway, Winnipeg R3T 2G6
11. Heritage Lodge, 3555 Portage Avenue, Winnipeg, R3K 0X2
12. Holiday Haven Nursing Home, 5501 Roblin Blvd., Winnipeg, R3R 0G8
13. Nightingale Nursing Home, 123 Mayfair Avenue, Winnipeg, R3L 0A1
14. Oakview Place, 2395 Ness Avenue, Winnipeg, R3J 1A5
15. Regina Haven Nursing Home, 160 Mayfair Avenue, Winnipeg, R3L 0A2
16. St. Augustine Nursing Home, 90 Roslyn Road, Winnipeg, R3L 0G6
17. St. Norbert Nursing Home, 50 Ste. Pierre Street, St. Norbert, R0G 2H0
18. Stradbrook Nursing Home, 499 Stradbrook Avenue, Winnipeg, R3L 0K2
19. Thorvaldson Nursing Home, 5 Mayfair Avenue, Winnipeg, R3L 0A4
20. Tuxedo Villa Nursing Home, 2060 Corydon Avenue, Winnipeg, R3P 0N3

##### Winnipeg - Non-Proprietary Homes

1. Bethania Nursing Home, 1045 Concordia Road, Winnipeg, R2K 2M6
2. C.N.I.B., 1041 Portage Avenue, Winnipeg R3G 0R8

3. Convalescent Home, 276 Hugo Street, Winnipeg, R3M 2N6
4. Donwood Manor, 171 Donwood Drive, Winnipeg, R2G 0V9
5. Golden West Centennial Lodge, 811 School Road, Winnipeg, R2Y 0S8
6. Holy Family Home, 165 Aberdeen Avenue, Winnipeg, R2W 1T9
7. Luther Home, 1081 Andrews Street, Winnipeg, R2V 2G9
8. Manitoba Oddfellows Home, 4025 Roblin Blvd., Winnipeg, R3R 0G3
9. Metro Kiwanis Courts, 2300 Ness Avenue, Winnipeg, R3J 1A2
10. Park Manor, 301 Redonda Street, Winnipeg, R2C 1L7
11. West Park Manor, 3199 Grant Avenue, Winnipeg, R3R 1X2
12. St. Joseph's Residence, 160 Salter Street, Winnipeg, R2W 4K1
13. Sharon Home, 146 Magnus Avenue, Winnipeg, R2W 2B4

### III COMMERCIAL OUTLETS CONTACTED

#### FROZEN FOODS

- |                                |                         |          |
|--------------------------------|-------------------------|----------|
| 1. A.B.C. Frozen Food Service: | 288 Keewatin            | 775-4533 |
| 2. Fascinating Foods:          | 595 Jackson Ave.        | 284-1453 |
| 3. Naleway Foods:              | S.E. Fife and Church    | 633-6533 |
| 4. Nova Food Service:          | 1198 Jefferson Ave.     | 633-3120 |
| 5. Mall Foods Ltd.:            | 612 Main Street         | 943-8557 |
| 6. Weidman Food Distributors:  | 128 Adelaide St.        | 943-7338 |
| 7. Ready Foods Ltd.:           | S.W. Princess and Logan | 956-0570 |

#### COMMERCIAL CATERERS

- |                                                          |          |
|----------------------------------------------------------|----------|
| 1. CARA Operations Ltd., Winnipeg International Airport  | 786-7431 |
| 2. Ritz Foods Ltd., 30 Paramount                         | 633-9775 |
| 3. Continental Food Service System, 209-235 Garry Street | 943-5858 |
| 4. Food Systems Management, 297 Nairn Ave.               | 668-2490 |
| 5. C.N.I.B. Caterplan Services, 1031 Portage Ave.        | 774-5421 |
| 6. Beaver Foods Ltd., 6 Lipsett Crescent                 | 775-9932 |
| 7. Restaurant Equipment Service Co. 636 Notre Dame       | 775-9853 |

## A P P E N D I X   I I I

Meals on Wheels ProgramHome Welfare Association

Staff List - "thumbnail sketch" functions as of April 1st 1975.

Executive Director - Responsible to the Board for the administration of the agency. Day to day direction and supervision of the program. Preparation of reports for the Board and community at large. Liaison with the other agencies involved in related fields. Community education.

Program Staff - Day to day supervision. Intake visits new clients for assessment, gives greater explanation of program, mutually agrees on fee, collects if necessary. Administration records new clients, builds new route cards, changes, etc., records daily records, etc., supervises preparation of monthly accounts and collection. Follow-up visits with clients. Liaison with other agencies or workers who may be working with clients. Daily checks volunteer teams. Dispatches volunteer teams from hospital as necessary, briefs volunteers, assists with training of volunteers, follow-up volunteers.

Welfare Worker - Almost same as above.

Dietitian (part-time) - In service training dietetics, counselling, community education, follow-up clients (mainly diets), supervises ordering of diets from hospital, assisted with meal patterns at Tache (no dietitian on staff).

Secretarial/Administrative Staff -

Office/Administration - administrative work, typing, statistics telephone, correspondence.

Secretary 1. - Assist above, helps set up week end program.

Secretary 2. - Assists with reports, statistics, volunteer news letter, special typing, stencils.

## B I B L I O G R A P H Y

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- "Home Delivery Meals for the Ill, Handicapped and Elderly", American Journal of Public Health, May 1965.
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