

Respondents did not consider these special arrangements with the deliverers as favors, but they were also hesitant to reveal and explain them. One otherwise straightforward woman explained in hushed tones how her door was left unlocked only for a brief period each day to allow for meal delivery, “The front door...the front door where they leaves food at, it’s open. That front door is open until they left, and when they left most of the time then it’s not open. Do you understand?” (#10)

There were conflicting reports about certain rules. Three respondents reported that neighbors could accept meals if they were not at home, “I’ll tell them to leave it to the next door neighbor. I ain’t gonna lose out! When I’m here and [the neighbor] gotta go somewhere he’ll knock on my door and leave his Meals on Wheels with me.” (#15) Another had a regular arrangement, cleared with her caseworker at MOW, to leave the meals three times per week with a neighbor who also received MOW. One respondent wished to leave MOW with a neighbor, and had permission to do so, but had no one available to accept the meals, “They could, they told me they would, but I don’t have no neighbors in the apartment. They’re working, so I won’t get it...You know, everybody’s got his life. And if I have to wait it’s aggravating.” (#9) Others reported that leaving meals with neighbors was prohibited. One respondent said she would like to but could not, explaining, “The regulation is you’re supposed to get it. That’s the regulation.” (#11)

## **THEMES REGARDING SATISFACTION WITH MOW**

### **Praise**

Respondents expressed thankfulness to be in the MOW program, as well as appreciation for the ways it saved them time (n=1), money (n=3), and work (n=6) when they felt too tired or sick to shop for food or prepare meals. Many described the

ways MOW alleviated the stress of having to worry about limited time, money, and energy for activities.

Maybe your knees are hurting you, you see? Maybe you just didn't feel good, or something. Maybe your heart is racing too hard. You don't want to get up and fix it. It's a pleasure to know here comes somebody with something for you to eat, because eating is kind of necessary. You know what I'm saying? It's one of the things we got to do!... You don't even have to comb your own hair! Let it stay that way! But you've got to eat... So it's a pleasure to know here's a healthy man bringing you something to eat. (#11)

It's just like you turning your faucet and nothing comes out. When you turn your faucet you got something coming out there. (#11)

The part I like the most is I'm glad they bring it. I'm glad they bring the food. Because you don't know about life... it gets so that you can't do nothing for yourself, so the Meals on Wheels will help you eat, keep you eating. At least you won't starve. That's what I like about it... Sometimes if you live by yourself like I'm livin' by myself, you don't know what's gonna happen one day to another. One day I can't get to the door to get the food. You don't know! So this way I'm glad they bring it! Because I know I would eat if I can't cook nothing for myself at least I can eat. I won't starve. So that's what I think of that... I won't starve. Whether you like the food or not you'll eat it some of it so you won't starve. (#16)

But it's not the best food, you know. It's better if you fix your own meals. But Meals on Wheels is good because sometimes you're sick and can't do nothin' and they bring it to you, which is good. (#16)

I really like my own cooking but Meals on Wheels comes in very handy... a lot of times I don't feel good, I don't feel like cookin', I don't feel like this or that. I look forward to them coming. (#18)

Well, the best part about any kind of meals is it's filling a need that you can't fill yourself, you know? No matter what it is, you know? (#19)

Respondents conveyed appreciation for the fact that MOW was delivered to their door because it helped them during times when temporary or permanent conditions limited their mobility. Respondents said they liked that they didn't have to go out in the cold during winter or risk their own safety to retrieve meals, that "You

don't have to be running in the street to get it." (#4) As discussed above, they also thought the meal deliverers were pleasant and looked forward to their arrival.

Positive comments about the taste of MOW included: "Sometimes they're very...actually they're very good, you know, tasting. They really are sometimes. You really enjoy them," (#3) "It just don't make much difference with me. I eat anything," (#8) and "That's the best thing about it. It's eatable." (#15) Although few respondents said they considered the meals delicious, some still expressed appreciation related to the quality of the meals:

You know, like everything comes like in a little, what do you call them, those aluminum tray things, forms, sort of stamped out. So it's not the Waldorf Astoria, you know, but for me it's terrific. (#3)

The investigator did not ask any questions about specific foods from MOW that respondents liked or disliked, but many respondents still mentioned that they appreciated and always ate the vegetables (n=8).

A few respondents perceived nutritional benefits from MOW, with one saying, "I've been thriving on it." (#7) Two respondents reported they drank milk every day because of MOW and another was thankful MOW contained food soft enough for her to eat. One respondent reported that he thought MOW was good for his health because when he did not have MOW he ate convenience foods like frankfurters.

### **No Complaints**

When the investigator asked directly if a particular respondent had ever called MOW to complain the reaction was strongly negative. The first interview yielded an answer that would be echoed in nearly every subsequent interview, "I never complain. I have no complaint to make!" (#1) Some respondents added their appreciation for the opportunity participate in MOW with comments like, "I can't complain because I like them a lot...So, I'm just lucky to be on it. You know, I'm not gonna complain about

it, you know, because I appreciate it.” (#3) (See Appendix F for a complete list of responses.)

The investigator’s use of the word “complaint” evoked strong emotion. The fact that respondents did not complain, or had a desire not be perceived as complaining about the service, is not the same as not having concerns about the program, and in fact there were many spontaneous grievances offered during the interviews.

### **Contacting MOW**

Although respondents said they were comfortable calling MOW to cancel meals, in general they had not called MOW to report the concerns that came up during the interview except to request healthier meals. Two respondents mentioned the possibility of leaving feedback through a MOW form: “Every week they send you a piece of stationery with, you know, it’s a form to fill out complaints. But I never complain, you know,” (#3) and “They sent a survey one time and we filled it out, but I don’t think it makes any difference.” (#2) Others expressed a similar resignation after MOW was unresponsive to their previous requests. Respondents also described a more general attitude that one has to accept what one is given in life:

You couldn’t get any satisfaction from calling. (#19)

The only thing I hate about the Meals on Wheels is the frozen meals. I don’t know what the people do, but I tried. All I can do is call. I don’t seem to be getting what I want so I have to take what I get. (#16)

Well, I’d just have to accept it [if MOW changed]. [Laughs] Just like if you’re in the army, you go where they send you, and that’s it. (#4)

I mean, you don’t look at the horse in the teeth when they give him to you, right? You know, what am I gonna do? You know what I mean? Take it or leave it! (#12)

Most negative comments about getting in touch with MOW cited a lack of responsiveness. A few made comments such as, “The particular person in charge is nicer than most of them. I don’t call that often, but she can be a little, what’s the word? Quick tongued?” (#5) One respondent reported that a neighbor complained and subsequently lost MOW service. The respondent said it did not stop her from making negative comments about MOW to the investigator:

Respondent: Like this lady in this building on the other side, she said the Meals on Wheels, they’re no good, and this and that, so they stopped bringing it to her. Then she wanted it back!

Investigator: So you think she lost Meals on Wheels because she complained about it?

Respondent: Yeah, I think so. I think so. She said it was no good, so why bring it to her?

Investigator: Right. Does that make you afraid to say bad things about it?

Respondent: No, I just said it! (#1)

### **What other Clients are Saying**

Although respondents themselves did not answer direct questions about their own concerns, half the sample did report what relatives, neighbors, deliverers and other MOW clients thought about MOW. One was a positive comment about the program and four were complaints about the taste of the food. A few respondents chastised other MOW clients who complained:

She was tellin’ me about it. Yeah, [MOW are] no good! And then she turned around and said now I want it back! I said, well if it’s no good why do you want it back for? (#1)

There’s a lot of people who don’t know how to fix it up. They should learn how to season with other things besides salt...I know a lot of people who complain but I don’t care. I have an opportunity to do with it what I like. They can complain but I don’t complain. (#11)

And I know that this fellow driving told me that some of the guys they don’t, they don’t like it that way. And I told them you tell them they’re not in the Waldorf Astoria! (#12)

A few respondents expressed concern for other MOW clients. A typical comment was, “I mean, I’m not going to starve because my daughters, or I can go to a restaurant and get something, you know. But I wonder with people that can’t do that—because I can do that. I’ve got three pensions, but I don’t know. I don’t know how they can do it.” (#9)

## Concerns

**Table 13: Complaints and Concerns about MOW**

<b>Complaint or Concern</b>	<b>Number of Respondents</b>
Taste (too bland, not properly seasoned, unpalatable)	7
Not right for health (can’t chew, high salt, high fat, high sugar, no nutrition labels)	7
Delivery time	5
Portion size (too small, would like more meals per day)	4
Meals not delivered	4
Culturally inappropriate (meat on Lent, no Southern foods, stopped delivering Latino meals)	3
Chicken served too frequently	3
Undercooked meat	2

Table 13 lists concerns shared by respondents regarding MOW. Respondents voiced very specific concerns about MOW and their health, and five people reported calling MOW to request healthier meals. They all described a similar response, “Well, I told the supervisor but she said what happened that they only cook one meal and she’s not in that department to order salt-free. So I pick and eat...what I can’t eat I have to leave.” (#13) Another respondent recalled how her concern was handled:

They said that there’ll be things that you can’t eat, and you know, just put them aside and eat what you can, and that’s what I’m doing, you know, with the meals. I find I can’t determine from the Meals on Wheels or from the nutritionist exactly what the fat content and things that are important to me...fat, cholesterol...those things are terribly important! And they say—most of them when I talk to them—they say oh, all the meals are alike regardless of what’s wrong with you. (#19)

One respondent was also concerned about the fact that they were given grapefruit juice which could interfere with his medication.

Two MOW clients, both Jewish, received kosher meals. Surprisingly, three additional respondents who were not Jewish had been unsuccessfully attempting to receive kosher meals as well. All three said they sought kosher meals for the perceived health benefits, but what they have to say also reveals ethnic and racial tension in this highly diverse community.

Investigator: So you asked for kosher meals?

Respondent: I have to because it has no salt and it's not saturated in a whole lot of frying. So they took the meals away from this side [of the Bronx] and let them remain on the other side.

Investigator: So you think that there aren't any kosher meals being delivered here...they're all being delivered on the west side?

Respondent: Oh...like they always were.

Investigator: So you got kosher meals for just a few days at some point?

Respondent: That's right.

Investigator: And then never again?

Respondent: Never.

Investigator: But you like those kosher meals better?

Respondent: Not particularly! I'm an American born here and I like my food, but if it's gonna bother me why should I worry?

Investigator: Right. So you feel like the kosher meals...?

Respondent: Especially since I'm paying for it.

Investigator: Mm hmm. Right. So you feel like those kosher meals are better for your health?

Respondent: They are. They are. (#17)

Respondent: Some people get kosher meals! Hot! I'm tryin' to get that... You know, a lot of people get—Jews get—kosher meals. Jews get kosher meals. That I know. Alright. So, I'm trying to get kosher meals because it'd be better for me...A lot of people get it but I don't seem to get it.

Investigator: Do you know other people who aren't Jewish who are getting kosher meals?

Respondent: Jews get it! I know that for a fact because a lady told me Jews get it. But I don't know anything about it but I don't know personally Black people, I don't know. But that's what I'm trying to get. (#16)

Respondent: Well, see, I asked about kosher meals and they didn't seem to have them available or something. At least not available to me, because I never got them.

Investigator: And why did you want the kosher meals?

Respondent: Well, I felt like they were different, and handled differently, you know...

Investigator: So did you want them because you thought they tasted better, or do you want them because you thought they were healthier, or did you want them for some other reason?

Respondent: Well, I thought specifically that they were healthy, and from what I was getting at Reina Senior Center [an agency providing meals] at that time, you know. I thought that they would be something that I can eat, you know, and I wouldn't have to throw most of it away. (#19)

Two respondents expressed a wish for nutrition labels. They had opposite approaches to eating snacks from MOW without the accompanying nutritional information:

The snacks! Give me some fruit! Or give me the ingredients, if I read them I'll eat them, otherwise I will not eat it! They give it to me free. I don't want it. I don't eat it. I don't eat that. So help me God, everybody's not putting that stuff in food! Hydrogenated stuff! Partly hydrogenated! It's no good! It clogs up the arteries! I'm very much against it! (#11)

But once in a while with the meals recently I've noticed they'll have a little cookie. And I'll eat that cookie, you know, because I assume that it's not, you know, full of things that you shouldn't be having...because I actually got one cookie on my tray at the hospital too, you know, so I guess they have those that isn't full of calories and other stuff. (#19)

The assumption that MOW would send healthy snack foods with the meals was voiced by another respondent who was worried about her high blood pressure, "Yeah, they send a snack with the food. Salt free. I think salt free." (#13)

Two respondents volunteered improvements to MOW. Both spoke on the same subject: individualizing the program to take health concerns into account.

Well, I feel that the program should know what their customers can eat, and don't send them things that they can't eat. They have their man that they can send a bill to you, they should have that same man to know what kind of food you can eat. (#2)

The same respondent's niece, who was present at the interview, elaborated:

That would be great if they had a way to, like I know it's a mass production kind of thing, but if they knew someone wasn't going to eat meat and they could just do fish and chicken for that person. That would be a big help because otherwise it's really a waste. And as she gets weaker she, you know, I know a lot of people that's all they have. She's lucky that she has soft buns that she can buy or the things that she wants. So she will make a piece of chicken or something like that to eat with the vegetables. But at this age she shouldn't have to, you know? (niece of #2)

Well, it's something that wouldn't be changed, I think. But if I could change Meals on Wheels I would have routine meals for people who are healthy, because we do have healthy old people, believe it or not. And for people who have specific medical problems, maybe at least better information about their food. If they're not going to change the food to, you know, to accommodate them, at least they're better informed about what they can eat, you know, and what they can't eat...I talked to everybody, and they all tell me the same. The system is: everybody gets the same thing regardless of what's the matter with you. Well, that's not right, you know? It's not adequate. And you're not helping. You're giving food to people that can't eat it. (#19)

### **Case Study: One Policy Change, Two Perspectives**

In 2004, MOW service providers in the Bronx were reduced from 17 to two. During the course of the qualitative study, a unique opportunity arose to observe the impact of this change experienced from two different viewpoints.

The first case is Carlos, a highly mobile Puerto Rican man who lived in a tidy house with a very ill spouse. He reported eating only two meals per day, breakfast and dinner, which he prepared himself. Up until June, the midday meal was the MOW delivery. He said this was delivered by a local community agency, Reina Senior Center. Reina provided hot meals with plenty of rice plus the Puerto Rican herbs and spices the respondent and his wife enjoyed. Carlos said that before July, "[MOW] used to be nice. I use to do [eat] every day." Then Reina Senior Center stopped delivering

the meals and another agency (he did not know the name) took over. Carlos and his wife usually threw out this new mid-day meal due to the fact that it was bland and had no taste; he reported eating “maybe one” meal out of seven from MOW. Carlos and his wife ate nothing in its place, effectively reducing the number of meals from three to two per day.

Respondent: Before they use to make it like Puerto Rican style, you know, with a lot of...how do you call those things you put in the food?

Investigator: Like herbs and spices?

Respondent: Yeah, stuff like that. Yeah. So, you know, it was nice.

Investigator: And is it different people that are delivering it?

Respondent: Yes.

Investigator: Is it like a different agency or...?

Respondent: Yeah, yeah, yeah. A different agency.

Investigator: Do you know who the agency was before?

Respondent: Ah...? Reina...they use to bring rice and beans. Chicken with nice make, you know. And they use to bring meat loaf and stuff like that. Steak. Much better than now.

Investigator: And do you know who the agency is that's delivering it now?

Respondent: No. I have no idea.

Respondent: No, this is different, but you see the chicken...you know, it doesn't have no taste, you know? In Puerto Rico you know, we eat that way...spices...you know, the food is spicy and it's got...you know, it's different. So that's why we don't eat every day. We put it in the garbage because she [my wife] doesn't want to eat this.

Respondent: Cook it every day and bring it in warm, you know. Change the cooking people, you know. Before it use to be nice. Yeah. It use to be beautiful. They use to bring in rice. You know, everything nice. Well cooked.

Investigator: If you could change something about the Meals on Wheels program what would you change?

Respondent: I would change it. I would change it to the old days, you know? To before. It was good before....I wouldn't change nothing if it was the way it was.

The second case is a homebound Caucasian woman, Rose, living in a clean but

extremely cluttered apartment. She also said that in June there was a change in meal providers from Reina Senior Center to Borough Center for Senior Citizens, a different agency. She confirmed that before the change the meals were made with Puerto Rican spices and often served with rice. The difference is that this respondent thought those meals were difficult to eat, and the new meals tasted better. “Well, this [agency, Borough Center for Senior Citizens] is somewhat superior to the other [Reina Senior Center]. For one thing, I’m not Spanish. And that means that I don’t always appreciate the type of things that they eat. They are into this group of Spanish foods. Sometimes you get...the whole thing is rice. You know, that’s not my diet.” (#19) She added later, “A lot of rice. You see, the Spanish love it. They don’t...a lot of the Spanish, it’s not a meal unless they’ve got rice, you know?” She expressed optimism about the change to new meals because “I thought that they would be something that I can eat, you know, and I wouldn’t have to throw most of it away.”

It is important to note in both cases that when the food was not culturally appropriate, it was thrown out.

## **THEMES REGARDING FROZEN MEALS**

### **Communication from MOW**

Questions about frozen meals were not asked explicitly, but three-quarters of the respondents still mentioned concerns they had about the policy changes taking place in the Bronx at the time of the interviews. Two respondents mentioned confusing paperwork they had received, saying, “There’s some discrepancy, you know, with that delivery thing...because they say they had no money...[in] New York they always take that excuse, you know. We’ve got no money.” (#12) This same respondent showed a letter he received from the meal providing agency explaining the delay (see Appendix G for a transcript of the letter read aloud during the interview).

### **Perspective of Respondents Receiving Hot Meals**

Three respondents expressed ambivalence about receiving biweekly delivery of frozen meals from MOW, “Because I was thinking, maybe it might be improved? [Laughs] Or it may be worse!” (#5) One respondent was open to possibility, “It really wouldn’t make a difference to be honest with you. I’m gonna eat it anyway. I don’t care who gives it to me as long as I get it.” (#15) Later, after explaining that it probably wouldn’t make a difference because his niece or nephew would just put it in the microwave for him if it arrived frozen, the same respondent added, “But I prefer hot meals.”

Two respondents were inclined to switch to biweekly delivery of frozen meals, one for increased choice of what to eat, “It’ll be all marked, you know, and you pick out what you want to eat that day,” (#8) and one for increased time flexibility, “The deliveries are not as good as they should be or they aren’t, and that’s why I prefer the frozen meals, because I’ll only be obligated to that twice a week. I want to get that monkey off my back with them because I have to go to appointments and I have to work all around that waiting, and it’s very aggravating.” (#9)

Six respondents receiving hot meals cited concerns about switching to frozen meals: frozen meals were not hot and fresh (n=4), there was insufficient freezer space to store meals (n=2), the respondent would miss daily contact with deliverer (n=2), the taste of meals would decline (n=1), and the respondent would not have sufficient ability to handle frozen meals (n=1). Here again, there was some concern for others, “...another old woman there that doesn’t have a microwave...she might not even have a freezer. She might not even have a refrigerator. And I don’t see how it would be able to work out, you know.” (#8) There was some resignation with comments like, “Frozen foods don’t taste the same, although it’s something to eat, you know, if you don’t have to cook.” (#10) There were also some very strong feelings with comments

like, “Frozen is no good, you know? It’s better [for MOW] to cook it every day, you know? Fresh. Frozen I don’t like.” (#20)

It was unexpected that respondents had feelings about the daily contact with the driver since most reported that they did not know drivers’ names or converse with them. One respondent wanted the security of knowing who the driver was through daily contact, explaining, “You don’t know what could happen with a different guy every day, you know.” (#20) Another extremely isolated respondent had concerns about reducing the contact with meal deliverers to twice a week:

Respondent: I think it’s important to everyone [to see the meal deliverer]. It should be that they see people. We’re meant to be sociable human beings, and we weren’t made to be, you know, by ourselves...the first thing you know if you don’t see people you don’t even...can’t even talk anymore! You know?

Investigator: So even though you don’t talk very much with the person who delivers the meals, you still like that you see them every day?

Respondent: Yes, yes. (#19)

### **Perspective from Respondents Receiving Frozen Meals**

Of the three respondents receiving frozen meals, one had little to say, but overall liked frozen meals because he felt he could eat what he wanted. Another said she thought the frozen meals tasted the same as hot meals, but like the old system better, “Well, the hot meals was good! Because you know what I mean, everything was nice and hot and ready to eat. But now this I gotta put in the freezer...” (#14) She also said, “Seeing people every day was good, you know what I mean?” She also liked that the old delivery people because they were local, “...they come from around here a lot of them, and they help out, you know? Those are the girls that use to work locally. And that was nice. I liked them...What can I say? It’s not me. It’s up to [MOW] to do what they want, you know?”

The last respondent had joined MOW recently and had received frozen meals the entire time he had been on the program. He had strong feelings that, “Hot meals is

better, I'm quite sure. I know it is. I know," and "Hot meals are always better for you! You know that yourself! You can't eat nothing cold." (#16) He wanted to get hot meals instead of frozen, but had been unsuccessful in switching so far. "Well, I don't like the food because it's frozen. I don't like getting hard food....The only thing I hate about the Meals on Wheels is the frozen meals. Other than that I can't get no...some people get hot meals!" Again, he expressed resignation with the delivery method and program in general, "You've got to warm it up all the time, but if you want to eat that's what you got to do," and "What you gonna do? You have to take what you get."

## **PATTERNS ACROSS THEMES**

### **General Eating Patterns and the Role of MOW**

The mandate of the MOW program is to provide an average of 33% of each respondent's Recommended Daily Allowance (RDA) by delivering one meal per day. Most MOW respondents did report eating breakfast and dinner regularly in addition to the meal provided by MOW for lunch. There were reasons for the investigator to suspect that this was not always the case, however, meaning that MOW may be a more important source of nutrition than as the program intends. Respondents made passing references to MOW using language such as "my big meal" (#7). In addition, comments made at various points in the interviews revealed that MOW often serves as their only reliable daily meal:

I wanted to have at least a good meal a day, you know, and this is the way I get it. I can get it in a restaurant and all that but how much can I do with that, my budget is just so much, you know. (#9)

Most of my food comes from Meals on Wheels. I go to my granddaughter's house and if she has too much I'll bring some home. You know, and that'll be something different. That's all. (#11)

I eat one meal per day. One good meal, that's it...I only eat one meal a day and I eat a lot of fruit like oranges, bananas, and things like that. (#16)

### **Interaction with Driver/Deliverer: Investigator's Perspective**

Although respondents overwhelmingly described exchanges with meal deliverers as brief, examples that came up during the interviews seemed to suggest that there was occasionally more to their conversations. Some alluded to this fact, although it was mixed with comments about the deliverers' restricted time:

You know, sometimes if there's some kind of occasion to talk. Something might come up, you know. But usually it's like I say, it's 'hello,' 'see you later.' (#3)

No, he's always busy...Like if he knew I was sick or something he'd ask me how I was feeling and things like that, but he's generally busy. He's on the go trying to keep on schedule. (#7)

Just regular family things and all that. He's a nice guy, a very nice guy. (#9)

Once in a while you say something, you know, you say a few words. But there's one man that's very pleasant, but they're always in a hurry, you know. (#19)

One respondent, who also said she was not familiar with the deliverers and did not converse with them, later described an incident involving her sister (with whom she shared an apartment) and a puppy that proved too difficult for the two of them to manage. They offered the dog to one of the MOW deliverers with whom the respondent had established rapport. This extremely safety-conscious respondent said, "When he [the deliverer] got off from work he stopped right in his car and picked [the puppy] up....And he was lickin' him all around his neck and, oh, he's crazy about him. He still got him! He said, 'Oh, he's so smart now!'" (#1) This last comment also suggests that the puppy's new and former owner continued to communicate about his growth and progress.

Another dimension to the relationship between respondents and deliverers was revealed in the meal delivery arrangements. Respondents did not consider these special arrangements with the deliverers as favors, but they were also hesitant to

reveal and explain them, perhaps because they are against MOW regulations and respondents' own strict rules regarding safety. It was often difficult for the investigator to gain entry to respondents' dwellings because many homes had broken latches or doorbells. In addition, some respondents were also slow to reach the door because they could not hear the knocking or had limited mobility. These special arrangements with the deliverers may have been mutually beneficial in that they allowed the meal deliverer consistent, quick access to the inside of the dwelling while allowing the client time to retrieve the meal at their own pace.

### **Food Acquisition and Preparation Capability**

Capability for acquiring and preparing food was determined in two stages. Each elder's description of how he or she acquired food outside of MOW was summarized. These descriptions fell into three logical categories: shopping for groceries alone, shopping with help, and having someone else shop for groceries.

Next, three similar categories were created for how elders handled foods outside of MOW: meals prepared by the client, pre-prepared foods, or a mixture of pre-prepared convenience foods and meals cooked by others. These two scales, Food Acquisition and Food Preparation, were then compared and concordant pairs were obtained for 17 out of 20 cases. (See Appendix H for a complete analysis for all respondents).

Table 14 shows the 17 concordant pairs and what level of capability they have with regard to food acquisition and preparation. For example, elders who could shop for groceries also reported preparing food on their own. Elders who needed help shopping for groceries in general reported eating mostly pre-prepared foods. Finally, elders who could not shop for groceries reported eating pre-prepared items or meals prepared by other people.

**Table 14: Self-Reported Food Acquisition and Preparation Capability**

<b>Level of Capability</b>	<b>Typical Activities</b>	<b>Number of Respondents</b>
<b>High</b>	Shops for groceries Prepares food	3
<b>Moderate</b>	Shops for groceries with help from family member Eats mostly pre-prepared food	4
<b>Low</b>	Family member, HHA or paid neighbor shops for groceries Food prepared by others or eats pre-prepared food	9

There were three discordant pairs that emerged, which also provide valuable insight into the food management strategies of elders.

Five respondents, one female and four male, had never learned to cook because a spouse (now deceased) had been the primary cook in the household. One had a daughter to cook for him, and one had a son-in-law who would stock her freezer.

Another had less help and expressed his dissatisfaction:

Now, when my wife was around here I didn't worry about nothin'! Everything was cool. Forty years, a beautiful life! My wife passed away with a heart problem a couple of years ago....So, I know I can't...the idea...I've met a lot of women since my wife died but they don't fit in my life, you know. I'm a very, very quiet person and I've got to have a cook—a woman who knows how to cook. These here women out there, they don't want to cook. Seriously! They don't want to cook! But I have to eat! And I ain't got no money to go out and eat all the time! (#16)

Four of these clients fell into the “Moderate” Food Acquisition and Food Preparation categories, meaning they needed help from a family member to shop for groceries and ate mostly pre-prepared foods. However, two of these elders were discordant pairs on the capability scale: Food Acquisition capability was “High” but Food Preparation capability was only “Moderate.” These elders had the desire and were able to obtain their own groceries, but they did not have the skills to prepare meals. Identifying discordant pairs of this type within a similar capability scale may be a useful way of identifying potential candidates for alternative meal systems such as

classes that teach basic cooking skills at a local senior center or a program to teach elders to cook in their own kitchens.

The third discordant pair represents a client who could not grocery shop on her own, but she regularly cooked her own meals (including oxtail stew, pasta, and hamburgers). Consequently, she was assigned a “Low” rating for Food Acquisition and a “High” rating for Food Preparation. She might be good candidate for another type of alternative meals system such as regular grocery delivery.

### **Dependency and Tension**

Respondents expressed the desire to remain independent as long as possible. In general, this included living independently and retaining control of one’s own affairs without having to rely too much on others. What this meant in practice and the degree to which one felt comfortable relying on others varied for each respondent. Nearly all respondents, however, expressed a fear of extreme loss of independence. Many described a fear of having a debilitating mental or physical condition, or having to go (or return) to a nursing home. Many respondents made comments expressing pity for friends with Alzheimer’s disease or remarking that nursing homes were filled with the “living dead,” (#6) adding their fears about being in the same situation. There was also a common theme of reluctance to move in with relatives even though many respondents said they had been repeatedly urged to do so by family members.

Thirteen respondents expressed a strong reluctance to ask for any kind of help. Many said the people on whom they relied had their own families to take care of or had other older relatives to look after. For example, one respondent relied on his niece for support, but only when absolutely necessary, “I try not to bother her or ask for her...it’s kind of rough for her, because she’s got to look after her mother and me, now, you know. She’s the only one.” (#3) One elder disliked calling on help even in

an emergency situation, “I hate to call the ambulances, because they make a big deal out of it, you see?” (#12)

Many respondents appeared frustrated to have to rely on others because it represented a loss of independence over which they had little or no control. Three comments best illustrate what many expressed:

“It takes away some of your, I don’t know, I know it takes away from me. I don’t want to be leanin’ on...you know what I’m tryin’ to say? It takes a quality of life away. I’ll put it to you that way. You got to lean on them for this, and lean on them for that...no! Leave me alone. That’s my attitude. I don’t want it, because I’m happy the way I am. Don’t take everything from me! I’ve got to have some kind of pride and dignity. So don’t take it. No, I won’t let you. (#15)

But I just hate that I...I don’t hate but what I mean is I can’t do for myself. I have to ask somebody to get something for me...It’s not easy. (#17)

But I try to be as independent as I possibly can. I’ve been independent all my life until this happened to me. It’s not easy. (#18)

These respondents were used to being independent, and expressed frustration about not being able to do what they wanted. They also expressed anger over having worked their whole lives, only to find themselves in a difficult financial situation that affected their relationship with their communities, their friends, and their families:

Like they say, ‘You’re living out of public assistance.’ I say, ‘Well, I worked 50 years up here—60 years I was working every day so that I could contribute.’...the fellow made that social security, his name was Franklin Roosevelt, he made that because he didn’t want to see all the old people like us, you know, trying to beg for money in the streets...so that when you work you see something [when] you get to my age. (#12)

When I was workin’...I didn’t think about nothing but makin’ the money workin’ all the time! That’s all I was thinkin’ about...workin’! But now that I’m retired it’s a different story! Your life’s changed completely. Completely. And the people that you knew, maybe some of them will call you and some of them won’t...while you’re working, making money you’ve got a lot of friends, so-called friends. But when you retire, see—and don’t get sick—you’ve got a problem. (#16)

I worked hard all my life, and [now] I have to pay out too many bills. And my pension goes...Nobody, not even your own people [family] most of the time they won't pay. So I just do the best I can. (#18)

Although respondents were largely reluctant to ask for help, there are positive consequences related to the willingness to be dependent on others and on programs like MOW. Living on one's own despite the many barriers discussed by respondents (unpredictable support, limited finances, and physical decline) can be facilitated by taking on certain dependencies—such as MOW—to preserve overall independence. For example, a few respondents were happy to release worries related to food preparation to others so they could focus on other activities. These activities also kept them physically and mentally engaged in social settings. One respondent with little motivation to cook reported depending on her son-in-law and MOW for the majority of her meals. She was able to use time saved from shopping and cooking to stay active in other domains such as weekly swimming lessons with a friend and weeknight BINGO sessions. Another respondent was blind and was undergoing cancer treatments, yet he reported one of the most active social lives (visiting senior centers and friends' houses, inviting guests to his house and occasionally traveling to Atlantic City). In fact, he explained how he often used his disabilities to persuade his female friends to bring him food:

Respondent: I tell them, 'I can't do without you girl!' It's as simple as that.

Investigator: But you don't bring them, you know, food in return or you don't pay them or anything like that?

Respondent: Oh, no, no, no, no, no. They strictly [say], 'Poor Archie. Poor Archie.' (#15)

Like others in the sample, this respondent did not have many resources, but he was willing to ask for what he wanted and maximize what was available to him. This was not true of all respondents. The majority of respondents voiced ambivalence about depending on other people and organizations, including the MOW program. Examples

of tension existed for respondents balancing the benefits of a service that saved them time grocery shopping and cooking with the aggravation caused by wasted time waiting for delivery. MOW provided daily social contact, but respondents had to stay at home until the meal arrived and could not leave their houses to seek social contact. Multiple sources of tension existed for those with health concerns. Respondents who could not or did not wish to prepare meals often also felt that MOW was not right for their health or culture. A source of tension existed for respondents in poor health who had been told not to eat certain foods by their physician and felt that meals they received from MOW were not right for their health.

That is not to say that all respondents described tension between enjoying the advantages of participating in MOW and handling the disadvantages. For many frail respondents, some of whom already lived with family members, the service was a necessity that helped keep them nourished and out of the hospital or other institutions.

### **Case Study: Dependence on MOW**

One of the most extreme examples encountered in this study was that of a frail, blind 97-year-old homebound respondent, Gloria, who had just returned from the hospital to find the lights could not be turned on in her apartment and the phone could no longer make outside calls. Because of this, she could not call MOW to reinstate her service. Gloria's only child had Parkinson's disease and his wife's time was devoted to working and supporting her disabled husband. The respondent had canceled and refused further HHA services because she said HHA workers had stolen from her in the past.

The respondent tried to answer the door when the investigators arrived but became agitated when she could not unlock it from the inside. Fortunately, it was a ground floor apartment with a second door at the back entrance and the investigators were able to gain entrance and calm the overwrought respondent. Her explanation for

the special arrangement she had with her MOW deliverer was understandably the most extreme, but she, like the others, did not readily reveal breaking MOW rules.

I always wake up at 5:30 [am] because now that I get the Meals on Wheels I have to make sure that I'm here. Because if I'm here and somebody taps on the door, like you did today, you don't hear it in the bedroom.

Later in the interview Gloria added details regarding a very unusual arrangement:

Respondent: And then I sit here because I've been here since 5:00 [am], you know, every day.

Investigator: You sit here on the couch?

Respondent: I have to because if I should fall asleep I wouldn't hear Alice... until I gave her the key.

In addition to giving the meal deliverer the key, Gloria allowed the deliverer to use her bathroom when necessary and related conversations they had had about what the meal was that day, if it was good, and how to best keep it warm. Gloria also said the deliverer would open the meals for her on occasion.

This was an especially important relationship for this respondent because her food situation was precarious, and without this added help she may not have eaten at all. The respondent initially described a typical day of eating as oatmeal (fixed on the stovetop), tea, fruit, and a piece of bread for breakfast followed by snacks of fresh fruit (the timing of which was predetermined due to health concerns), MOW for lunch, and homemade or canned soup for dinner. She described making soup on the weekend and eating it during the week. It appeared from the respondent's frail state and bare cupboards, however, that this could not be possible. Further investigation revealed that the respondent could not remember the last time she had actually prepared the soup. In fact, on the day of the interview she had only eaten a single piece of fruit. She

remarked that normally, “I could fix anything,” but on that particular day, “I can’t do it...I couldn’t do it today, that’s why I didn’t...I only ate the peach.” (#6)

## **CHAPTER FIVE**

### **DISCUSSION AND CONCLUSIONS**

This study examined Meals on Wheels (MOW) from the perspective of program participants in the Bronx, New York, for both hot and frozen meal recipients. The research was based on qualitative methods, including an interpretivist approach to data collection and analysis. In-depth interviews with respondents allowed for full explanations and discussions of experiences and opinions regarding food management practices and social support available to urban elders in the MOW program. In particular, it provided insight into three major areas:

1. What is the experience of being a MOW recipient like for elders in the Bronx?
2. How do elders adjust to a meal intervention program and integrate it with the rest of their lives?
3. What tensions are experienced by elders in MOW, and what possibilities for resolution emerge from the interviews?

### **MAJOR FINDINGS**

There were several major findings that emerged from the analysis of the interviews.

1. MOW clients expressed appreciation for being included in the MOW program and for the service it provides, even if they had specific suggestions for improvements.
2. By accepting help from an organization such as MOW, which has a certain amount of institutional inflexibility, respondents both gained independence and experienced constraints on their schedules, social contacts, and ability to make culturally appropriate and personally preferred food choices. These tensions may be eased by recognizing that there is no single meal plan that is

appropriate for the entire diverse group of inner city elders participating in MOW.

3. Respondents expressed a desire for healthier meals and meals specific to common health problems. MOW is vital from a nutritional standpoint, as it is the main (in some cases only) daily meal for most clients, and respondents viewed MOW as vital to maintaining their health. These respondents needed and accepted food, but gave or threw away meals when they feared the meals from MOW were harming their health. Their concerns about the nutritional quality of meals should be addressed. Culturally appropriate meals, especially for the growing population of Latino elders, may also reduce meal non-utilization.
4. In this study, capability was captured in two important dimensions: 1) Food Preparation and 2) Food Acquisition. Examining this type of capability provides valuable insight into the food management strategies of elders and may also be a promising new way to ascertain what type of meal plan is appropriate for each client. Alternative meal plans such as those that incorporate cooking education, grocery delivery, or frozen meals may be more beneficial for certain groups of elders than the current meal delivery system.
5. There do not appear to be lengthy interactions between MOW clients and meal deliverers on a daily basis. The frequency of contact, however, may play an important role in surveillance of elders' health and safety and may also build personal relationships over time.

### **COMPARING PRESENT RESULTS WITH PAST LITERATURE**

The findings from this work show striking similarities to a study conducted by Wolf et al. (2003) in upstate New York. Food insecurity for both groups of respondents included limited access to food and inability to prepare and eat the foods

that were available. An additional important finding of the current study is that even though many elders living in the Bronx could access a neighborhood grocery store, they reported that the high cost prevented them from regularly shopping for groceries beyond the basics like bread, milk, juice, and fruit.

In both samples, respondents also had anxiety about access to healthy foods. Wolfe et al. did not focus on home-delivered meal programs, but the current study clearly shows that concern about eating healthy foods extends to meals from MOW. Five respondents in the Bronx reported calling MOW to ask for healthier meals (such as kosher meals), as well as asking for nutrition information about foods from MOW. Because these requests were unsuccessful, respondents turned to a variety of remedies, including boiling meals, rinsing away salt, removing gravy, giving meals to friends and neighbors, and throwing meals away. This study also found that elders would “go without,” meaning they would not replace their usual MOW mealtime with other food.

The psychological dimensions of food insecurity explored in the previous study were also confirmed. Respondents in both samples expressed anger that a lifetime of hard work could result in a difficult financial situation. Respondents in the Bronx voiced frustration about having limited financial resources after working their whole lives and described the ways it affected their relationships with their community, friends, and family. There were also those who felt lucky to have pensions that provided enough to live on, but these respondents still expressed concern for those without such resources.

Most elders were not responsible for feeding an entire household, but they still expressed a frustration similar to what Hamelin et al. (2002) found among adult Canadians regarding limited access to food and their powerlessness to change their circumstances. There were especially strong feelings about inequity articulated by recipients who wanted kosher (also viewed as healthier) meals toward those who had

them and by one respondent on the frozen meal delivery plan toward those who regularly received hot meals. Many respondents felt trying to change MOW was futile because the program was not responsive to their requests. They were resigned to this reality, saying “What could I do about it?” and “You have to take what you get.”

Despite specific complaints, it was clear that overall the MOW program in the Bronx fulfilled another important dimension in food security explored by Hamelin et al. by meeting the respondents’ need for self-respect and social well-being.

Respondents expressed their appreciation for the ways MOW saved them time (n=1), money (n=3), and work (n=6) when respondents felt too tired or sick to shop for food or prepare meals. Although respondents identified areas they wanted improved or changed, complaints regarding embarrassment about being in the program or having meals delivered were conspicuously absent. And while the encounters were brief, respondents indicated expressed positive feelings toward deliverers who were described as pleasant and respectful.

Baltes (1996) explored the ways that dependency promotes successful aging, which was illustrated by certain MOW clients in the Bronx. Utilizing MOW services was a resourceful adaptation to the losses in function associated with aging but also created tensions for some clients who were not satisfied with the constraints imposed by an outside organization. Each respondent dealt with this tension differently, but broad patterns emerged. For example, the same number of respondents complained about the taste (n=7) and healthiness (n=7) of meals from MOW. No respondent reported throwing meals away on a regular basis due to the taste, however; most ate it anyway, or found ways to modify the meals (such as adding herbs and spices). For those with health concerns, however, the tension created between the need to receive meals and worrying about whether they contained ingredients prohibited by physicians was resolved in another manner. These respondents did report throwing meals out

several times a week without eating a replacement meal. Meal providers may want to prioritize finding a resolution to these types of situations to prevent health decline and wasted resources.

Fey-Yensan et al. (2001) found that in an urban and suburban sample in Rhode Island, an approximately equal proportion of respondents reported storing food in the refrigerator, counter, or were unclear about what they did. In contrast, all respondents in the Bronx study said they primarily used the refrigerator to store MOW. There is reason to further explore this issue due to conflicting information that the elders provided and observations made in the homes, such as meals left out on the counter during the interview. Of greater concern is one respondent's account that she left the meal on the radiator to keep it warm in the winter.

Respondents in this study reported dangerous situations with kitchen appliances, including leaving the stove on overnight and burns from a gas stovetop. This is in contrast to Parsons and Roll (2004), where MOW recipients in Montréal, Canada reported no difficulty using microwaves, ovens, or stovetops. Parsons and Roll also found that only 11% of their sample consumed meals immediately after delivery, while the current study found the rate to be about 50%. These conclusions may not be as different as they initially appear to be due to the number of respondents in each sample receiving hot and frozen meals. Parsons and Roll included 52 people who received frozen and only four people who received hot meals in their sample. In fact, three of the four people receiving hot meals consumed them upon delivery. The current study included three respondents who had frozen delivery and the three respondents who rarely ate MOW, none of whom ate the meal immediately. More importantly, the fact that the meals arrived hot could entice some respondents—even those who did not regularly eat MOW—to eat because the meal smelled good.

Fogler-Levitt et al. (1995) established that poor appetite was a relatively minor reason that specific food items from MOW were not utilized in their sample in rural and urban Ontario, Canada. Although individual food items were not examined here, respondents did talk about giving or throwing away portions of meals, as well as entire meals. Fogler-Levitt et al. did not list health concerns as a reason for non-utilization of MOW, which was the most common reason given in the current sample. Cultural preference and consideration of weekend meals as “emergency meals” were also new concerns mentioned in this study. Underlying some of these primary reasons for non-utilization of MOW may have also been a dislike of the food, which was the primary reason given for discarding meals in the earlier work.

This study did not find a network of trading MOW for other foods as Frongillo et al. (2003) described in upstate New York. Respondents reported giving away only those meals they could not eat, usually for health reasons. They did not report receiving anything in return, although most meals were given to neighbors so it is possible that this gift established rapport, which facilitated favors at a later time. At least one respondent reported giving meals that she could not eat to a neighbor in her 50s who was going through very difficult times. In this case, it is possible that the recipient reciprocated with gratitude rather than with food or favors. The elder may have derived some satisfaction from being able to help others, using whatever her limited means allowed. It is also possible that respondents did not want to waste food, and would give meals to anyone that would take them if they could not eat it themselves.

Prothro and Rosenbloom (1999) found that clients in their suburban Georgia sample who regularly ate half or less of the noon meal made more suggestions for cooking foods differently and had longer lists of favorite foods than those who ate most or all of the meal. They found respondents could effectively articulate their

preferences about foods provided through MOW. The authors speculated that if elders' suggestions are implemented, client satisfaction and program compliance might rise. This study strongly supports that finding. Elders in the Bronx sample were very specific about what foods they liked and disliked. Those respondents particularly concerned about their health rarely ate MOW because they had great concerns about the potential negative consequences of meals high in fat or salt. They also had very specific requests: at the least, they wanted information about what they were eating so they could determine whether it was right for their health. Preferably, they would like MOW to offer alternative meal plans with heart-healthy or diabetic foods for clients with common health conditions.

One study speculated that the lack of ethnic-sensitive menus for minorities may have contributed to low acceptability of MOW service among African American elders in western New York state (Choi, 1999). This principle was illustrated in the Bronx as well, where one Latino and one White respondent experienced the same phenomenon from different perspectives. Their neighborhood community agency had recently stopped delivering meals as part of a consolidation of Bronx MOW providers from 17 to two. The new agency brought a change in the type of meals from a Latin-friendly menu to all "standard" meals. One respondent, who was Puerto Rican, explained that he and his wife stopped eating the meals completely because they became bland and unpalatable. Another woman who received meals through the same agencies said she could not eat what she described as the "Spanish" meals, but found the new meals more culturally acceptable. These elders were able to articulate their concerns about MOW, which if acted upon could prevent unnecessary waste and increase nutritional status among minority elders.

In an earlier study, none of the clients in a sample of Massachusetts MOW clients mentioned a sense of vulnerability as a reason for wanting greater contact with

the driver, and instead they spoke of personal characteristics such as friendliness and kindness (Osteraas et al., 1983). This study also found that respondents spoke of deliverers as being “nice,” although they did not know their names or converse at length. In addition, although respondents denied asking deliverers for favors, they still served as a resource for vulnerable elders. One respondent, who was blind, expressed appreciation for the deliverer’s advice on what meals were best and how to keep them warm, as well as occasional help opening the meal. Another respondent could not take care of a new puppy and gave it to the meal deliverer, who returned after work to pick it up. It is not clear if this happened because the client and meal deliverer were closer than it appeared from her earlier description, or because she had no one else to turn to, but either relationship is important. Other reasons for wanting to maintain contact with the deliverer emerged as well, especially when respondents discussed frozen meal delivery. These issues were largely related to feelings of safety and daily social interaction.

Osteraas, Posner et al. (1983) found there was no predisposition to regard frozen foods as inferior to hot home-delivered meals. MOW clients in this study who currently received hot meals had many concerns about frozen meal delivery, including the fear that frozen meals were not hot and fresh (n=4), they had insufficient freezer space to store meals (n=2), they would lose daily contact with deliverer (n=2), frozen meals would have less taste (n=1), and they would be unable to handle frozen meals (n=1). In addition, many respondents did not own microwaves to warm the frozen meals safely. These concerns may have been heightened due in part to the fact that the “Senior Options” pilot program in the Bronx was highly publicized and respondents talked about receiving conflicting information (including correspondence from MOW). On the other hand, there were respondents open to the possibility of receiving

frozen meals. Two respondents who were inclined to switch said they would enjoy not having to wait for delivery and could choose what they want to eat each day.

## **CONCLUSIONS**

### **Who Receives MOW**

Even in this small sample it was evident that MOW recipients in the Bronx are a diverse group in terms of origins, life experiences, race/ethnicity and primary language spoken, living situation, and the availability of support. There are also many ways in which these elders vary in needs, preferences, and outlook.

Despite this variability, they also shared fundamental characteristics, including a strong sense of belonging to a neighborhood and community, concerns about safety, and a desire to live as full and independent a life as possible (often despite serious health conditions) without burdening any one neighbor, friend, or family member.

About one-third of the respondents in this sample left home most days, which enabled them to have some measure of control over their social contact. Local bagel shops, bakeries, and fast food restaurants provided an important source of social contact for respondents who felt comfortable walking (often assisted with a cane or walker) or using a motorized scooter for a few blocks. They were able to meet other people in their community and shop for groceries afterward, especially during warm seasons. It may be that respondents were motivated to shop for food because they looked forward to social contact at a nearby coffee or bagel shop, or they were motivated to seek social contact at a neighborhood shop when they had to leave the house to shop. In either case, socializing at local shops after grocery shopping was an important source of social contact for at least three respondents.

Most of the sample, however, could not seek out social contact and depended on visits from others to provide social support. Many reported not leaving the house

during the week until a friend or relative would take them to church or dinner on the weekend. Surprisingly, the respondents with the most issues concerning poor health and mobility actually had somewhat better support than those with fewer (but still significant) problems because they qualified for a Home Health Aide that could provide social contact a few times during the week. Respondents expressed a strong reluctance to ask for any kind of help because they wanted to remain as independent as possible and felt that those they relied on already had many other work and family responsibilities.

Many respondents provided examples of healthy, balanced meals when asked to describe a typical dinner. Such meals were usually made by family members, friends, or neighbors, and arrived on an unpredictable schedule. The list of meals respondents could prepare themselves was usually limited to a common set of items such as sandwiches, eggs, and canned food. There is evidence that the more elaborate meals were not as typical as respondents reported them to be because most respondents saw relatives only once a week. In addition, many respondents reported relying on MOW as their big meal of the day, and one client who did not receive her MOW delivery on the day of the interview did not eat anything that day. Unhealthy snack items were not mentioned very often, although there was evidence of potato chips and candy in some households. Respondents may have been keeping these for guests, they may have eaten snack items so infrequently that they forgot or felt it did not merit mentioning, or they may have felt an initial reluctance to report items they had been told they should not be eating.

At least four respondents who had the physical capacity to cook did not know how because their deceased spouse had been the primary cook in the household. Alternative programs, such as those that teach basic shopping and cooking skills, may benefit respondents in this category more than MOW.

### **How Elders Use MOW**

MOW was primarily used as the lunch meal because it was delivered between 9:30 am and 3:00 pm. Nine respondents (out of 17 receiving hot meals) said they ate the meal as soon as it arrives because it was hot. Other respondents who had low appetites or did not regularly eat the meal as soon as it arrived also reported that they would occasionally be enticed to eat by the aroma of the hot meal. Outside of MOW, respondents relied heavily on prepared foods for breakfast. For dinner, they either relied on the assistance of others or foods that could be simply prepared, such as cold sandwiches.

To reheat meals, 10 respondents used microwaves, seven used a stovetop, four used an oven, and three used a toaster oven. Respondents reported dangerous situations including leaving the oven and stovetop on overnight and burning themselves. Six respondents did not own a microwave, but said they would use it to reheat meals if they had one.

Meals from MOW were supplemented or modified for three main reasons: for taste, to make meals last longer, or for health reasons. Meals were discarded most often for health reasons.

### **The Importance of Meal Delivery and Interaction with the Deliverer**

Few respondents knew meal deliverers' names, and conversation was reported as simply a brief exchange of pleasantries. Respondents denied asking or expecting deliverers to perform favors. Despite evidence of a minimal relationship, there were several circumstances related in the course of in-depth interviews (as well as observation by the investigator) that suggest this interaction may still be an important source of social contact.

1. Examples that came up during the interview seemed to suggest that there was occasionally more to the exchange than just the brief, “Hi, how you doing?” that respondents commonly reported. In particular, respondents seemed to treat additional conversations about “how I was feeling” and “just regular family things” as insignificant, but it may be important for clients who do not see other people during the week.
2. Although interactions with the MOW deliverer were brief, simply coming to the door may lead isolated clients to interact with neighbors. This was observed by the investigator in one case where a meal delivery led to an additional verbal exchange between the client and a neighbor working outdoors.
3. Drivers and deliverers from MOW knew more about clients than could be obtained with just a daily greeting. Most deliverers see clients at least five times per week (over 250 times per year). The exchanges may not ever be lengthy, but the frequency of contact may still be important. Even with brief exchanges, over time this contact may have led to deliverers’ understanding of clients and their situations. In addition, it may play an important role in surveillance of safety and health status.
4. Clients’ lack of complaints about drivers and appreciation for their demanding schedules *despite* the fact that clients expressed dissatisfaction with inconsistent delivery times and with meals not being delivered on occasion may mean that respondents felt they had a personal relationship with drivers.
5. Respondents were extremely concerned about safety, and made sure to lock windows and doors, stay in at night, and “be on the defensive side.” Despite this, respondents reported a variety of special arrangements with meal deliverers because they had trouble answering the door even when they were

home. This ranged from leaving the door unlocked until after the meal was delivered and revealing a secret latch that opened the door to giving the meal deliverer a house key.

### **How Elders View MOW**

Respondents expressed their appreciation for the ways MOW saved them time (n=1), money (n=3), and work (n=6) when respondents felt too tired or sick to shop for food or prepare meals. The single food item most respondents mentioned eating were vegetables.

Respondents strongly denied complaining about MOW. Half the sample did report what relatives, neighbors, deliverers, and other MOW clients thought about MOW, and this may have been a way to voice their own concerns without appearing to be critical of MOW. One respondent reported that a neighbor had called to complain, after which her meal service was discontinued, suggesting that respondents may have feared repercussions from criticizing the program. Including questions about what others think about MOW into a questionnaire or interview guide may be a useful tool to obtain information about grievances without putting respondents in a difficult situation. Although clients were comfortable calling MOW to cancel meals, they generally said they had not called MOW to report complaints that came up during the interview. If they did request a change, most respondents seemed resigned to the fact that nothing would be done. Those that did report calling MOW, mostly to request healthier meals, all said that it did not make a difference to the meals they received.

Respondents did express complaints about several aspects of MOW: the taste of meals, unhealthy meals, irregular and missed delivery times, portion sizes, culturally inappropriate menus, high frequency of chicken dishes, and undercooked meat. Most respondents who complained about the taste of meals reported tolerating the taste or modifying the meals rather than throwing them out. The meals that were

not right for clients' health conditions and the culturally inappropriate meals were not eaten by the respondents, who would go without eating rather than endanger their health or change their taste preferences. These meals were sometimes given away, but more often they were thrown away. Respondents, especially those with health concerns, also had clear ideas about what would improve service.

The attitude of respondents receiving hot meals about frozen meals was mixed. Some respondents were open to the idea but had reservations. Many were apprehensive about specific aspects of receiving frozen meals: the taste, freshness, and temperature of the frozen meals; the increased storage needs and preparation; and loss of daily contact with the deliverer. A few respondents were inclined to switch so they could choose what they wanted to eat and did not have to wait for delivery every day.

The attitude of respondents receiving frozen meals about their meals also varied. One respondent had overall positive feelings because he could eat what he wanted, another thought they tasted the same but missed hot meals and seeing the former delivery people every day, and one was very unhappy with meals because he did not like the fact that the meals arrived frozen.

Relying on MOW may have benefits for elders. For some, it represents a nutritional necessity. For others, it allowed respondents to focus on other activities better suited to their interests and current abilities. For example, two respondents expressed no internal conflict about relying on others or MOW to support the type of lifestyle they enjoyed. Their outlook and attitude about life in general may have also influenced the fact that neither voiced significant concerns about the quality, taste, or healthfulness of the meals. They were willing to have—perhaps even expected—others to take care of them and they were very accepting of the results.

For most elders, participating in MOW required enduring a certain amount of tension. For example, tension existed for those who could not shop or cook for

themselves but felt that they should eating the foods recommended by their physicians, healthier than what was provided by MOW. Others looked forward to gaining time and independence by relinquishing the task of cooking to someone else yet were aggravated at having to wait at home all day to receive meal delivery.

This study is in accordance with existing literature that a one-meal-fits-all model is not always appropriate. In this diverse inner city population, some clients would benefit from diet-specific or culturally appropriate meals, or possibly more than one meal per day. Some respondents had concerns that could be addressed in advance of a change to frozen meals, making them more open to and comfortable with changes to the program. A few respondents expressed a desire to receive and would probably thrive on frozen meals. One possible way to determine which MOW clients would do best on alternative meal plans may be through measuring food preparation and food acquisition capability.

Baltes (1996) writes, “The balance in old age between security and autonomy is highly precarious and might require great investments from society in order to make it work...the elderly person, too, is asked to take an active role in the design of his or her aging by accumulating resources anticipating and realizing losses, and wisely applying the resources for maintenance and optimization of functioning” (Baltes, 1996, p. 2). In addition to accumulating resources, elders can participate in shaping the future of MOW to make the most of such an investment. The best way to begin to determine what changes need to be made to MOW is to start by asking the clients. This study shows program participants can effectively communicate their desires in the right setting. This would not only reduce costly wasting of meals, it would also improve the satisfaction, peace of mind and nutritional status of the most vulnerable respondents.

## LIMITATIONS

There are limitations to this study. Although the participants were selected randomly and represented a diverse group of current MOW clients, the total sample size was 20, limiting generalizations about other MOW clients. The very ill and very private elders (who would not like unknown visitors in their homes or were embarrassed about the state of their home) may also be under-represented. Based on a comparison of demographics with a concurrent quantitative study of 705 MOW clients in the Bronx, men are also over-represented.

Non-English speakers were excluded, and based on phone calls during recruitment this resulted in an under-representation of elderly Latinos on MOW. According to the 2000 Census, 32% (180,321 people) of Bronx residents age 60 years and older are of Latino origin. This small sample was 15% Latino, which under-represented this unique and rapidly growing segment of the elderly population. Respondents who speak little or no English probably have different experiences than what was found in this study with three Latinos (all male), all of whom felt comfortable enough to volunteer for an hour-long conversation in English. Even in the case of these English-speaking respondents it is likely that more detailed information could be gained using Spanish-speaking investigators because two of the three spoke English as a second language. One respondent spoke with a stutter as well as a heavy accent, and occasionally searched for words. The investigator resisted suggesting words so the respondent could explain fully what he meant but at times the investigator found that supplying a few words (which were sometimes corrected) eased the flow of conversation and increased rapport.

The data of this study relied on self-reports, which is appropriate when investigating perceptions of the world from the viewpoint of these particular MOW recipients. There were many inconsistencies, however, as respondents tended to have

poor memory recall, generalized from one influential event, or appeared indifferent as to not be perceived as complaining. For example, many respondents talked about being taken out to dinner by a relative for a birthday as if it had just happened, but further investigation revealed that many months or years had passed since the event. They were vague about describing other events, especially the frequency of activities like shopping or cooking.

The investigator utilized probes and follow-up questions during the interviews to fully understand respondents' explanations and increase internal validity. In addition, the same question was occasionally asked a different way, or at a different point in the interview, to clarify or validate an earlier answer. Unfortunately, many respondents were in poor health and tired easily, and it was not always possible to check every detail. Validity could have been increased with a follow-up visit or phone call with respondents, as well as member checks to provide an opportunity for participants to give feedback on preliminary results (Guba & Lincoln, 1989). Throughout the study, the investigator discussed methods, results and interpretation of findings through peer debriefing (Guba & Lincoln, 1989) with faculty members and students.

The results of this study reflect a particular time and are influenced by the historical events and experiences (like the Great Depression) and recent events (like the "Senior Options" policy change in the Bronx) of the respondents. Despite these limitations, the results from these in-depth qualitative interviews led to a greater understanding of the complex and delicate structure surrounding food management strategies of the homebound elderly utilizing MOW in the Bronx. Conclusions drawn from this study will hopefully provide insight into the appropriate use of frozen meals in New York City, and may also be useful in understanding aspects of food management for other urban elders utilizing MOW.

## **APPLICATIONS FOR PUBLIC POLICY**

Meals on Wheels was developed to improve nutrition for low-income, frail, and homebound or otherwise isolated elders. This study finds that for MOW clients in the Bronx, health concerns have a considerable impact on the way MOW are utilized. Clients fear the meals will worsen their health conditions because they do not know what is in the meals, and items like red meat and gravy clearly contradict what they have been told to eat by their physicians. When clients call MOW to ask for nutritional content and healthier alternatives, they are told everyone gets the same meal, and they must choose what they can eat out of the meal (usually only the vegetables). They are resigned to the fact that they are powerless to change the situation and as a result they turn to a variety of remedies including boiling entire meals, rinsing off salt, removing gravy and sauces, requesting kosher meals, giving meals to friends and neighbors, and throwing meals away. These elders do not have sufficient resources to provide substitute meals, and because they have low appetites they will simply go without meals, which puts them at even greater risk of malnutrition. This may also increase feelings of powerlessness, which might have unintended impacts on other areas of their lives.

At a minimum, more should be done to provide the elders with the nutritional information they are requesting. It is possible that the food is healthier than they imagined, and they may decide to eat what is delivered currently if they know the nutritional content of the food. Physicians and nutritionists in the Bronx may not be aware that many of their elderly patients are not eating MOW because they receive conflicting medical and nutritional counseling. For many frail elders, the calories and nutrients MOW provides may be more important than the harm it will do to their individual health conditions. Health practitioners should be informed when their patients participate in MOW so they can continue to provide advice on what foods to

choose for optimal health, but also whether or not to eat MOW specifically. The most satisfying response would be to involve elders and their physicians, nutritionists, meal providers, and other stakeholders in designing cost-efficient alternative meals for common health conditions. It is important to improve the nutrition of these vulnerable elders through daily meal delivery, but there is little point in providing meals they cannot or will not eat.

Respondents in this sample recognized that social contact is very important to proper functioning and well-being. Many homebound elders must rely on visits from others, which often happened only on the weekends when friends and family had sufficient time. Personal daily contact through MOW deliverers is very important for these clients, especially for isolated elders without Home Health Aides during the week. These vulnerable elders rely on a delicate network of support, and any policy change that will alter that should be approached with caution.

From the clients' perspective, there are learning opportunities created by drastic policy changes like "Senior Options" in the Bronx. Involving the clients from the beginning as valued stakeholders may have made MOW clients more open to receive frozen meals, but many doubts could still be assuaged by targeting the appropriate clients to receive frozen meals, soliciting input from all clients, and keeping an open line of communication with clients through someone they trust.

Given that those who received frozen meals reported more irregular eating patterns and some respondents with low appetites did not eat unless "enticed" by the smell of hot meals, elders at the highest nutritional risk should continue receive hot meals. Concerns about adequate social support for the entire sample are not adequately addressed in the new meal delivery system, which proposes to offer telephone support to elders receiving frozen meals. In addition, consolidation of meal providers in the Bronx from 17 local agencies to two serving the entire borough may have negative

consequences given the strong identity many respondents reported regarding their particular neighborhood in the Bronx, as well as the familiarity clients had with MOW employees in their neighborhood who no longer have jobs. Given the importance of MOW in ensuring the food security and well-being of frail elderly, the unintended consequences of a shift to frozen meals needs further investigation.

### **DIRECTIONS FOR FUTURE RESEARCH**

In-depth qualitative methods and an interpretivist approach resulted in new insight into the food management strategies of homebound elderly in an urban setting who use MOW as the basis of their dietary management.

Additional research using similar questions should be undertaken with minority (especially non-English speaking) elders utilizing MOW. This is especially important given the growing population of minority elders in New York City and the fact that these elders are at greater risk for malnutrition. Further studies in the Bronx should include (or focus exclusively on) the large Spanish-speaking population.

In addition, many extremely ill patients contacted for this study did not feel healthy enough to participate, and sounded overwhelmed at the suggestion. It is very important to understand how clients with very poor health status cope with food management, and such a study is possible with a carefully targeted and sensitively planned recruitment. Interviews would have to be modified to take clients' particular needs into account as well. Additional information from Home Health Aides or community partners might also be useful in working with this population, which is not easily reached nor well understood.

The results of this study suggest several topics for future research. In particular, the different perceptions of MOW administrative personnel, drivers and clients should all be explored. Respondents attributed lack of appetite to health problems or the normal process of aging, but it would be interesting to explore links

between low appetite and social isolation as well. There is much research and evaluation to be done in the realm of alternative meal deliveries such as frozen meals for elders who are capable of handling them and multiple meals per day for elders who depend on MOW for most of their nutritional needs. Acceptability of programs for elders with little knowledge of cooking to learn new techniques could be researched and tested in order to add alternative elderly nutrition programs to the Bronx.

Additional topics include why social support differs so much for each elder, or why two people can have such different experiences and outlooks even though they have similar health problems. More research into different dimensions of capability, as well as the influence of life course (stability and change throughout one's life in historical, social, and cultural context) would be immensely useful in understanding more about food management strategies for these elders. For example, respondents talked about many personal transitions, including how eating habits changed after the death of a spouse, which would be a very interesting area to explore further. In addition to comparing the life courses of similarly aged respondents, one could compare the life course of the current population utilizing elderly nutrition programs with that of the next large population that will soon require these services—Baby Boomers. Baby Boomers' life experiences are unique and their outlook is likely to be quite different than previous generations. Their perspective is crucial for shaping the future of MOW. In particular, it may be interesting to examine the use and acceptability of frozen foods, which became more popular during their lifetimes after the introduction of Swanson's frozen "TV dinners" in 1954.

These complex topics would be best investigated through qualitative techniques. Additional quantitative techniques such as telephone surveys, which work well with elderly populations, would be useful to investigate the prevalence of some of the practices uncovered in this study.

This study provided a unique perspective on the MOW program—that of the client receiving meals. A holistic approach in assessing MOW will allow politicians, program administrators and nutrition professionals to better understand MOW from a client's viewpoint. It is important to incorporate the ideas, suggestions and concerns of these primary stakeholders in policy planning to ensure that the goals of the program are met in a satisfactory manner. There are many directions future studies can take using the perspective of the people who experience an event as the foundation of the investigation. Efforts to better understand the nutritional status and dietary management practices of elders will shape new programs and improve existing program policy to better serve our communities.

**APPENDIX A**

**ELIGIBILITY CRITERIA FOR MOW**

## Eligibility Criteria for MOW Service in NYC

Case management agencies funded by the New York City Department for the Aging determine client eligibility. All clients are screened through a home visit and detailed questionnaire administered by trained social workers. The criteria below serve as general guidelines. Case managers may occasionally make exceptions based on their judgement [sic] of special circumstances.

Client must be:

- Age 60 or above

*-and-*

- Physically and/or mentally incapacitated
- Bedbound or incapable of leaving home without assistance
- Suffering from dementia

*-and-*

- Unable to prepare nutritious meals
- Lack of cooking facilities in home
- Unable to obtain groceries for oneself
- Unable to prepare nutritious meals

*-and-*

- Lack of informal supports
- No relative or friend who can assist in providing meals

*-and-*

- Lack of formal support from other service agencies
- Ineligible for Medicaid services (such as a home care attendant or housekeeper)
- Receiving only limited Medicaid services (less than 2 days per week)
- Unable to afford privately-paid home care assistance

Source: (Citymeals-on-Wheels: How to Get Meals, n.d.)

**APPENDIX B**

**INFORMED CONSENT FORM**

## Meals-on-Wheels Study

The purpose of this study is to understand more about your experiences with the Meals-on-Wheels Program. I will ask you to tell me about your health and food situation and your feelings about receiving meals at home. This interview should last about one hour, and data will be used to analyze the impact of the program on participants. In addition, I may call you for follow-up interviews.

I would like to tape-record the interview so that I don't have to take notes while we talk. Everything you say will be kept confidential and your name will never be used in anything we write about the study or to identify you in any way. The tapes will be kept until the completion of the study, at which time they will be destroyed.

You do not have to participate in this interview, and you may withdraw at any time. You may skip any questions that make you feel uncomfortable. There are no anticipated risk or discomforts associated with this study. Potential benefits include a chance for social interaction with a graduate student and the improvement of future home-delivered meal programs.

If you would like more information about the study, you can contact Dr. Edward A. Frongillo at Cornell University. In addition, you may contact the University Committee on Human Subjects (UCHS) with any concerns or complaints at (607) 255-2943. You may also view the UCHS website for more information (<http://www.osp.cornell.edu/Compliance/UCHS/homepageUCHS.htm>). Please sign if you are willing to participate in this interview and the follow-up phone calls. You will be provided with a copy of this form for your records. Thank you very much.

**Participant's name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please sign below if you are willing to have this interview recorded on audiotape. You may still participate in this study if you are not willing to have the interview recorded.

**I am willing to have this interview recorded on audiotape:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**APPENDIX C**

**INTERVIEW GUIDE**

## Interview Guide

- 1) How long have you been in the Meals on Wheels program?
  - a) Was yesterday a typical day of eating for you?
    - i) *If yes*, please describe what you ate yesterday, starting with waking up.
    - ii) *If no*, please describe a typical day of eating, starting with waking up.
- 2) Please go back to [meal event, e.g., breakfast]. *Repeat for all meals mentioned.*
  - a) Who prepared this meal?
  - b) What time of day was it eaten?
  - c) Was this meal eaten alone or with others?
  - d) Is this different on the weekend? How?
- 3) Let's talk about eating with others.
  - a) When do you eat with others? Who?
  - b) Where do you eat with others? Who?
- 4) Apart from Meals on Wheels, what other foods do you eat?
  - a) How do you get them?
  - b) How do you prepare them?
- 5) Let's talk about people in the Meals on Wheels program you are familiar with. Who do you know in the Meals on Wheels program? *Probe for all people mentioned, e.g., driver, nutritionist, social worker.*
- 6) Can you tell me what happens when the driver comes?
  - a) Do you need to be home when MOW arrives?
  - b) What sorts of things do you talk about with the driver?
  - c) Do you ever ask the driver to get you anything?
  - d) Do you know the name of the driver?
  - e) If the meal could be delivered without you seeing the driver each day, how different would that be for you?
- 7) What do you typically do during a normal day?
- 8) What health problems do you have?
  - a) Does anyone help you with this (health attendant, relative, friend, etc.)
  - b) How do these affect your eating?
- 9) Social Support Questions
  - a) How often do you visit with friends of family? Who?
  - b) How often do you see them?
  - c) How much support do you feel this person gives you?

**APPENDIX D**

**FOOD PREPARATION BY RESPONDENTS AND OTHERS**

	Previous Night's Dinner or a Typical Dinner	Usually Prepared By	Foods that Respondent Can Prepare	People that Cook at Respondent's Home	People that Bring Dinner	Cooking Danger	Food Preparation Capability
1	Chicken wings, beef liver and rice or potatoes, corned beef and rice or potatoes	Sister	None	Sister	Neighbor		Low
2	MOW	Niece	Snacks, chicken, cannot prepare a whole meal	Respondent (with difficulty)	Niece, neighbors, friends, church	Left stove on all night three times	Low
3	Sandwich, mashed potatoes, fried peppers and onions	Respondent	Sandwich, side dishes	Respondent			High
4	Hamburger, cheese sandwich	Respondent	Sandwich	Respondent, daughter			Medium†
5	MOW	Daughter	Sandwich, salmon cakes		Daughter (from restaurants)		Low
6	Homemade soup, canned soup	Respondent	Instant oatmeal, canned soup	Respondent (not able to prepare anything day of interview)			Low
7	Soup, salad, sandwich, fruit, applesauce	Respondent, Son-in-law		Respondent	Son-in-law cooks, stocks freezer		Medium†
8	MOW leftovers, BLT sandwich, broccoli	Respondent	Steak, vegetables from garden, sandwich	Respondent, daughter			High
9	Snack	Respondent, daughter, restaurant	Canned food, eggs, snacks	Respondent	Daughters, friend		Medium†
10	MOW leftovers, beef or oxtail stew, pasta, beans, vegetables	Respondent	Stew, pasta, beans, vegetables, salad, fish, chicken, hamburger	Respondent			High
11	MOW with herbs and spices	Respondent, daughter	Sandwich, pickles	Respondent	Daughter (will go to her house, also, and bring home leftovers)		Medium
12	MOW leftovers with Italian bread	Restaurant, daughter-in-law		Daughter-in-law, granddaughter (will go to their house, also)	Friend	Something exploded when boiling	Medium†
13	MOW leftovers w/ relatives' dinners (hamburger, roast, chicken patty, soup)	Grandchildren	Oatmeal, mashed potatoes	Grandchildren			Low
14	MOW, baked potato, corn on the cob, bread, fruit	Respondent	Vegetables, side dishes, pasta	Respondent	Sons (from restaurants)		Medium
15	Meatloaf, rice and cabbage, collard greens, steak, potatoes	Niece, nephew, neighbors	Sandwich, steak (very rare)	Niece, nephew	Neighbors and friends (will go to their houses, also)	Stovetop fire right before interview	Low
16	Fish, steak	Respondent, HHA	Fish, steak, grits, eggs, canned foods	R, HHA			Medium†
17	Chicken, meat, fruit, vegetables	HHA, neighbor	None	HHA	Neighbor	Respondent burned using stove	Low
18	Fish, spaghetti, microwave rice, frozen peas & carrots	Respondent, niece, god-son, friend's granddaughter	Fish, spaghetti, microwavable foods, instant oatmeal, frozen vegetables	Niece, god-son	Friend's granddaughter, godson chop ingredients, store in fridge	Respondent drops items while cooking	Low
19	Instant Soup	HHA boils water, Respondent mixes	Instant soup	Respondent reports that she prepares meal but does not eat soup if HHA not present			Low
20	Rice and beans, canned salmon	Respondent	Rice and beans, canned food, eggs	Respondent			High

† Respondent reported a lack of knowledge/cooking skills rather than physical limitations to food preparation

**APPENDIX E**

**MOW MODIFICATION AND NON-UTILIZATION**