

Two stories from just this week:

- 1) The volunteer driver arrived at the house with the participant's meals, but no one answered the door. After calling out the person's name, checking for any unlocked doors in the home, and peering through any windows he followed protocol as outlined in the Volunteer Handbook and alerted the meal program director. She phoned the State Police to do a Welfare Check. When the police arrived they found the participant unconscious on the floor of her home. She was rushed to the nearest medical facility where she fully recovered from a heart attack and was able to return to live in her own home.

- 2) Last Thursday a MOW volunteer driver was asked by a participant when she delivered the meals if she thought she needed to seek medical care as she had fallen the night before. The MOW driver had a look at the participant's ankle and said that she definitely thought the ankle ought to be examined by her doctor...the volunteer reported to our Council Coordinator that the ankle was very bruised and swollen. This afternoon we received a phone call from the MOW participant's partner that she had just gotten out of surgery and that the ankle was broken in 3 places.

Why am I sharing these scenarios with you tonight? I want you all to know that Meals on Wheels is so much more than just meals. Not only do these meals provide nourishment, but are a lifeline too. The average hard cost nationwide to prepare each home-delivered meal is close to \$7, and we cannot reimburse for even ½ of that cost. Those meals operate on a largely volunteer basis. So when we say \$7 it is really about food cost.

We take pride in people aging in place....and having a choice to live where people want to live.....as we have said before. We are lucky to see an increase in the reimbursement for meals or the services that support community based programs. The reality is that with a growing aging population we need to think ahead and support the community services that allow and encourage people to be well cared for in their communities. Nursing homes get an automatic increase while those who have masterfully helped more than 50 percent of those needing that level of care to remain in the communities get nowhere near that type of increase to allow for growth, expansion and development.

In the next 10 years we are forcast to be the oldest state....we can not turn a blind eye to this need.

Meg Burmeister, MSW

Executive Director