

History of Meals on Wheels Programs

Today's Elderly Nutrition Programs in the United States trace their roots back to Great Britain during World War II (1939.)

During the Blitz, when German planes bombarded English soil, many people in Britain lost their homes and, subsequently, their ability to cook meals for themselves. The Women's Volunteer Service for Civil Defense responded to this emergency by preparing and delivering meals to their disadvantaged neighbors. These women also brought refreshments in canteens to servicemen during World War II. The canteens came to be known as "Meals on Wheels." Thus, the first organized nutrition program was born.

Following the war, the United States embarked on its own experimental meal program.

What began as a single small program serving seven seniors has grown into hundreds of local home-delivered and congregate meal programs that serve millions of elderly, disabled, or at-risk persons across the country.

The first American home-delivered meal program began in Philadelphia, Pennsylvania, in January of 1954.

At the request of the Philadelphia Health & Welfare Council, and funded by a grant from the Henrietta Tower Wurtz Foundation, Margaret Toy, a social worker in Philadelphia's Lighthouse Community Center, pioneered a program to provide nourishment that met the dietary needs of homebound seniors and other "shut-ins" in the area who otherwise would have to go hungry. As is the case today, many participants were people who did not require hospitalization, but who simply needed a helping hand in order to maintain their independence. Most of the volunteers were high school students, who were dubbed "Platter Angels." The "Platter Angels" would prepare, package, and deliver food to the elderly and disabled through their community.

The daily delivery consisted of one nutritionally balanced hot meal to eat at lunch time and a dinner, consisting of a cold sandwich and milk along with varying side dishes.

In an effort both to cover costs and to maintain the elders' sense of dignity, the program charged a fee ranging from 40 to 80 cents per day based on the individual's ability to pay. The delivery was so efficient that seniors often would jokingly complain to volunteers if the meal arrived only a few minutes off schedule. Had there been no Lighthouse program, many of the seniors would have had to remain in the hospital simply to ensure they received the nutrition needed to regain their strength.

The task of identifying those who were truly in need of home delivered meals was more difficult than preparing and delivering the meals themselves.

As stated, the program was set up to help a very specific element of the community; it fed those who, without the service, would otherwise go hungry. The Philadelphia Lighthouse turned to the Visiting Nurse Society (VNS), the Philadelphia Department of Public Assistance, or hospital social services to refer potential clients who were eligible for services. These agencies were able to locate prospective participants, since the lists of names of recently released hospital patients were readily accessible to them. Another successful method of identifying eligible members was through concerned neighbors who provided the names of needy seniors in their communities.

Columbus, Ohio, was the second city in the U.S. to establish a community based meals program.

Building on the model set forth in Philadelphia, a federation of women's clubs throughout the town to inform them of possible participants for the meal service. Then a group of "inspectors" from the associated women's clubs visited the persons on the list. The inspectors evaluated whether or not the seniors had the ability to pay for the meals and charged on a sliding scale, from \$.80 to \$2.00 a day. In Columbus, all the meals were prepared by local restaurants and delivered by taxi cabs during the week. On weekends high school students filled the posts.

The city of Rochester, New York, began its home-delivered meal program in 1958.

It was originally a pilot project initiated by the New York Department of Health and administered by the Visiting Nurse Service. The Visiting Nurse Service charged participants fees ranging from 50 cents to \$1.85 per meal for dues and the Bureau of Chronic Diseases and Geriatrics of the New York Department of Health paid for the remaining costs. Eventually, cities nationwide followed with similar programs.