

City of Cambridge

Agenda # 13 supplemental appropriation
of \$126,400.00 to the Human
Resource Development. MASSACHUSETTS

In City Council June 16, 1975 19

	YEA	NAY	ABSENT	PRESENT
Mrs. Ackermann	✓			
Mr. Clinton	✓			
Mr. Danehy	✓			
Mr. Duehay	✓			
Mrs. Graham	✓			
Mr. Russell			✓	
Mr. Vellucci	✓			
Mr. Wylie	✓			
Mayor Sullivan	✓			
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INTRODUCED BY CITY MANAGER JAMES L. SULLIVAN

AN ORDER CONCERNING APPROPRIATIONS FOR THE FISCAL YEAR BEGINNING JULY 1, 1975

ORDERED: That, in addition to sums previously appropriated by the City Council on May 5, 1975, the following sums are hereby appropriated in the General Fund of the City of Cambridge:

FUNCTION	DEPARTMENT OR PROGRAM	SALARIES & WAGES	TRAINING & TRAVEL	OTHER ORDINARY MAINTENANCE	EXTRAORDINARY EXPENDITURES	APPROPRIATIONS
HUMAN RESOURCE DEVELOPMENT	elderly services	3,020		123,380		126,400

BE IT FURTHER ORDERED: That the above appropriations in the General Fund are to be financed by estimated revenues drawn from the following sources:

FINANCING PLAN	REVENUE
miscellaneous revenues	26,400
property taxes	100,000

BE IT FURTHER ORDERED: That the sums previously appropriated in the General Fund of the City of Cambridge in the total of \$ 28 075 under the title, "Council on Aging", on May 5, 1975 be retitled as "elderly services" and these sums be added to this additional appropriation hereby adopted to make a consolidated appropriation for elderly services for the 1975-76 fiscal year as follows:

FUNCTION	DEPARTMENT OR PROGRAM	SALARIES & WAGES	TRAINING & TRAVEL	OTHER ORDINARY MAINTENANCE	EXTRAORDINARY EXPENDITURES	APPROPRIATIONS
HUMAN RESOURCE DEVELOPMENT	elderly services	27,095	400	126,980	154,475	

In City Council June 16, 1975
 Adopted by yea and nay Vote
 Yeas 5 Nays 0 Absent 1
Paul E. Leahy
 City Clerk
 CITY CLERK

TO: James L. Sullivan, City Manager
 FROM: EAT (Elderly Action Taskforce) Committee
 SUBJECT: Hot Meal Program for Elderly

Present Year	Expenditures	F-Y 75-76	Budget Year 2	Budget Year 3	Budget Year 4	Budget Year 5
	Administrative Support	22,520				
	Meals on Site	135,537				
	Meals Home Delivered	<u>44,043</u>				
		202,100				

Financing Plan

In Kind Contribution	56,200
Service Charges	26,400
CETA Funds	19,500
Property Taxes	<u>100,000</u>
	202,100

Commentary

Goals: In Cambridge, improper nutrition was seen as the largest single problem affecting the health of elderly citizens, according to the Director of the Visiting Nursing Association at a 1972 MIT Conference on elderly needs. Current daily hot meals programs reach fewer than 170 of the over 13,000 elder citizens of Cambridge. A recent study of Boston elderly revealed that 67% of them had abnormalities directly attributed to improper nutrition (B.U. School of Medicine; unpublished report).

The National Research Council of the National Academy of Science in 1974 established minimum daily nutritional requirements of the elderly as follows: Males: Calories (2400), Protein (56 grams), Vitamin A, 500 i.u.; Vitamin E, 15 i.u.; Vitamin C, 45 mg; Falasin, 400 mg; Niacin, 16 mg; Riboflaven, 16 mg; Thiamin, 1.2 mg; Vitamin B-6, 2 mg; Vitamin K, 12.3 mg; Calcium, 800 mg; Phosphorous; 800 mg; Iodine, 110 mg; Iron, 10 mg; Magnesium, 300 mg; Zinc, 15 mg; Females: Calories (1800), Protein (56 grams), Vitamin A, 400 i.u.; Vitamin B, 12 i.u.; Vitamin C, 45 mg; Falacin, 400 mg; Niacin, 12 mg; Riboflaven 1.1 mg; Thiamin, 1 mg; Vitamin B-6, 2 mg;

Vitamin K, 5.12 mg; Calcium, 800 mg; Phosphorous, 800 mg; Iodine, 80 mg; Iron, 10 mg; Magnesium, 300 mg; Zinc, 15 mg.

The goal of the Elderly Action Taskforce (EAT) is to provide up to 350 additional meals per day, 5 days per week, which will supply one-third to one-half the minimum daily nutritional requirements to Cambridge elderly and combat malnutrition among them. In 1971 the City of Cambridge commissioned an intensive study of the needs of the elderly and this study was contracted to the Cambridge Community Services, Inc. This study was completed and a report, authored by Ms. Mary Doebele was submitted to the City Manager. The conclusions published in the Doebele Report indicates the following reasons for malnutrition among the elderly:

- a) Financial Limitations: an inference drawn from 1970 census data indicated that one-third of the 13,000 elderly living in Cambridge were having financial difficulty obtaining adequate food (1,500 singles and/or couples were classified below the poverty level). Since 1970, increased food, rent, health care and transportation expenses have further exacerbated these conditions.
- b) Physical Limitations: one-tenth (1300) Cambridge elderly have difficulty obtaining food most of the time and at least one-third (4,000) experience occasional hardships, due to: long periods of inclement weather, decreased numbers of neighborhood stores, distance from supermarkets, lack of delivery services, poor public transportation facilities, safety on the streets, meager cooking and refrigeration facilities, personal impairments.
- c) Psychological Limitations: approximately 50% (6,500) of Cambridge elderly live alone; of these, two-thirds are over 70 years of age. A number of studies have confirmed physiological deficiencies among those who live alone such as a notable difference in hemoglobin count (anemia). Persons living together, who have a higher hemoglobin count can obtain better nutrition because there is someone to shop, cook and eat with.
- d) Educational Limitations: It is almost impossible to quantify the percent of older people who have an adequate sense of what constitutes good nutrition for themselves. Elderly nutritional needs are highly personalized, requiring individualized evaluation and prescription by qualified medical personnel.
- e) Geographic Limitations: residential patterns of Cambridge elderly present a complicated demographic distribution (Elderly Persons in Cambridge: An Analysis of Available Data - 1972). Neighborhood isolation is a prominent feature, fostered in part by inadequate transportation facilities. It is a goal of EAT to operate several meal sites, strategically placed so to counteract this situation, in easily accessible locales and serving specifically targeted populations.

Performance Data	Meals Per Day (5 days)	Unit Cost
Present Year		
Fiscal Year 75-76	350	\$2.22
Budget Year 2		
Budget Year 3		
Budget Year 4		
Budget Year 5		

Financing Plan: as indicated in the expenditure summary, \$202,100 will be needed to supply 350 meals per day, 5 days per week, or 91,000 meals annually at dispersed sites. This includes an allocation of \$100,000 from the tax base, a clientele charge of 50¢ per meal (this not being mandatory, we established a median of 35¢ per meal) and an in kind contribution of \$56,200 based on a projection from the present site contribution of existing meal programs. This program will require an appropriation in the General Fund of \$126,400 plus two people funded by the CETA program in the amount of \$19,500.

Target Population: a survey was conducted in March, 1975 among 13,000 elderly citizens of Cambridge to gather current data on elderly nutrition needs and translate the data as a meaningful resource for planning.

The survey had several objectives:

- 1) to show the distribution through eleven neighborhoods of the need for meals and to determine which areas have the greatest need.
- 2) to ascertain to what extent the issue of transportation is problematic.
- 3) to determine the places elderly prefer as meal sites.
- 4) to determine the proportion of elderly desiring home delivered meals.
- 5) to determine how many elderly would be interested in shopping at a food co-op.

The main findings of this survey are summarized accordingly:

- 1) Approximately 12% of the total population sampled responded.
- 2) 75% of those who responded supported a hot lunch program and furthermore, felt city funds should be used to fund a hot meals program.
- 3) Another significant factor is that 50% of the respondents indicated they would attend a hot meals program.
- 4) 311 persons expressed a need for home delivered meals.
- 5) Neighborhoods 1, 5, 6, 9, and 11 expressed the highest need for the program.
- 6) 50% of the respondents would be interested in shopping at a low cost food store, such as a food co-op, if transportation were available.

Performance Criteria: As specified in the "goals" section of this proposal we would attempt to meet 1/3 to 1/2 of the minimum daily nutritional requirements of 350 additional Cambridge elderly by the service of 350 nutritionally correct meals per day. In ensuing years the program might be expanded by several means: possibly greater participant input (either a dollar contribution or some form of in-kind service; federal or state funds; funds from the private sector; and a reduction in unit cost which naturally accrues from increased volume.

A basic need which will be met with an adjunct to this program is an educative process to promote good nutrition. The need for this is clearly indicated in the Goals section, particularly in parts c and d. The program will develop a strong educational effort to deal with these problems. If we succeed even minimally in this effort we would be able to reduce the portion of this program supported from the tax base.

The degree to which we are able to involve the elderly in helping other elderly will also be a measure of our success.

Impact and Benefits: In addition to the obvious benefits of improved physical and mental health, there are other benefits, some readily documented, and others, while apparent, less easy to document. A report just released from the U.S. Senate Select Committee on Nutrition and Human Needs stated that improper nutrition is costing Americans \$30 billion dollars a year in doctors bills and health care costs.

The nutritional benefits which counter the problems listed in the goals section of this proposal are quite obvious. One readily documented benefit is based on two years experience by the Somerville/Cambridge Home Care Corp. There, the provision of home delivered meals has proven

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to be a very valuable service to the elderly clients, as well as extremely cost beneficial. This is as follows:

In their Service Plan I, 4 hours of service x 5 days a week x \$4.25 per hour = weekly cost of \$85, with an annual cost of \$4,420.

An alternative to this, which we shall call Service Plan II, would have a homemaker spend 4 hours per day, 2 days per week, preparing meals, cleaning house and doing shopping. On the other 3 days a home-delivered meal would be provided.

The cost of the homemaker service at 4 hours per day x 2 days per week x \$4.25 per hour = \$34 weekly, with an annual cost of \$1,768.

Three meals weekly x \$2 per meal = \$6 or an annual cost of \$312. Plan II thus effects an annual savings of \$2,340.

Using this figure applied to some 20 cases presently using the Home Care service, a substantial annual savings of \$46,800 (20 x \$2,340) is gained.

A conservative estimate of the need of Cambridge elderly for a combination of both home-delivered meals and homemaker service is 100. Based on this figure, the annual cost savings would be \$234,000.

While it is impossible to project an overall figure, a recent survey entitled: (A Preliminary Analysis of a Survey of Massachusetts Hospital Patients Who Were Ready For Discharge And Awaiting Placement In Other Facilities On March 20, 1974 by Robert T. Beattie) has shown that a large number of people are forced to remain in Hospitals because alternative living and service arrangements are not able to be made in the community. Based on the average mean waiting time of 21 days per elderly patient waiting discharge the following individual case conclusion can be drawn: Cost of Homemaker/Home delivered meals program \$8 per day x 21 days = \$168 vs. cost of Hospital care costs of \$100 per day x 21 days = \$2100. In just one case this would effect a savings of \$1,932. Any projection of this in a multiple indicates an astronomical saving to society.

Good nutrition, which in many instances would prevent any hospitalization, would mean even greater savings!

Alternatives: other methods to achieve proper nutrition for the elderly that have been, or are being explored, by the EAT Committee are cash or food supplements, education in the preparation of proper meals, dietary supplements, in-house training of physically impaired elderly, restaurant meals, a discount program, transportation to a food co-op, and congregate meals using existing school lunch programs.

The weakness of some of these alternatives are readily apparent. For example, the use of the school lunch program does not provide nutritionally

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correct meals for the elderly as those meals are designed for growing children and the meals are not available on holidays and during vacation periods. The use of surplus foods proved unworkable. The type and quality of foods supplied were inadequate; for example, the salt content of the meat products was found to be too high for the elderly diet.

Title VII funds currently finance two hot meals programs in Cambridge feeding fewer than 170 meals per day. These programs merely "scratch the surface" of the need, as indicated by the survey results already described.

The EAT Committee's research to date has determined that the combination of home delivered meals and meal sites program combined with the educative process is at present the most effective way of achieving the goals of this program.



CITY OF CAMBRIDGE

CAMBRIDGE, MASSACHUSETTS 02139
Tel. 876-6800

EXECUTIVE DEPARTMENT
JAMES L. SULLIVAN
City Manager

June 16, 1975

To the Honorable, the City Council:

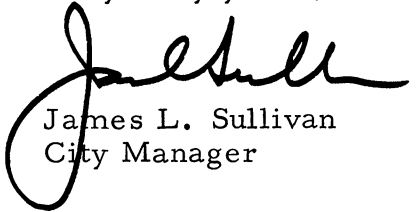
I am forwarding herewith for your approval a supplemental appropriating order to Human Resource Development: elderly services in the amount of \$126,400.00.

The financing plan is to be \$100,000.00 from property taxes and \$26,400.00 from miscellaneous revenues.

The purpose is for the implementation of the EAT program in accordance with the unanimous vote of the City Council.

Also enclosed is a copy of the proposed budget and plan.

Very truly yours,



James L. Sullivan
City Manager

JLS/mbf
Enc.

Agenda # 13 267

Supplemental appropriation of \$126,400.00
to the Human Resource Development.

In City Council,

June 16, 1975

6/16/75

Order

Adopted

P-0-1

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Order Adopted
later in Meeting