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## Gas Price's Unlikely Victims

### High Cost Crimps Travel Tied to Volunteer Programs, Support Services for Shut-Ins

By CLARE ANSBERRY

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Among the hardest hit by the high price of gasoline is a seemingly unlikely group: People who don't drive.

There's 75-year-old Truzell Fagin of Orlando, Fla., who is recovering from radiation and chemotherapy. Without a car and wheelchair-bound, she applied for Meals on Wheels and was put on a waiting list, along with more than 200 others. The local agency says it is getting too expensive to deliver meals to all who need them. It is one of the 2,000 Meals on Wheels programs nationwide with a waiting list, many of which have said the high price of gasoline is a factor.



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For the disabled who are allotted limited transportation funds, the impact is felt differently. With the high price of gas, frequent trips to doctors eat up their allocations. Nonessential travel, which might be 10-mile trips to bulk-food markets where they can stretch their limited budgets, is curtailed.

As millions of people grumble about the high price of gasoline and begin to curtail summer-vacation plans, an indirect and arguably higher toll is being exacted on a largely invisible population.

Essentially homebound, many disabled people rely on others to drive them to a doctor's office or bring them food. They might be frail, partially paralyzed or have multiple sclerosis. Some were recently released from a hospital or are in the last stages of cancer. Although they can be of any age, older adults are more affected because they often live alone and may not have anyone else to drive them.

They look to home-health-care aides to come and bathe them and nurses to arrive to change bandages.

Such support services, which help millions of physically and financially needy people remain at home, are widely considered the wise and more desirable alternative to costly institutions, such as nursing homes or hospitals. They remain so, but the unforeseen explosive and sustained rise in the cost of delivering those services, coupled with insufficient federal, state and local funding and growing demand, threatens their ability to continue.

"The whole trend is toward keeping people out of nursing homes and hospitals and emergency rooms," says Vicki Hoak, executive director of the Pennsylvania Homecare Association, which represents 700 agencies providing home-health, hospice and nonmedical personal care. "But this type of health-care delivery is dramatically impacted by gasoline prices."

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Residents in rural areas are often hit hardest. Doctors, dentists and grocery stores may be miles away and there is often little, if any, public transportation. Agencies such as Easter Seals provide rides for those with disabilities, but with high gasoline costs, such services are often limited largely to medical appointments. "Necessities are being met but there is limited recreational and social activity," says Pandora Shaw-Dupras, director of adult and community services for Easter Seals' central and southeast Ohio region.

Many of these support services have kept their costs low by relying on volunteers who once shouldered costs they can no longer bear.

Many, like Merle Lenz, of Weslaco, Texas, are retired and on a fixed income. For the past 10 years, Mr. Lenz has been a volunteer for the American Cancer Society's Texas Road to Recovery program, which transports cancer patients to and from radiation and chemotherapy treatments.

He recently quit. "Time isn't an issue," says the 79-year-old Mr. Lenz, who spent seven hours waiting for one cancer patient to get treatment. "But I can't afford it any longer." Mr. Lenz's full-size van only gets 15 miles to the gallon, and the reimbursement rate from the local Road to Recovery program is 14 cents a mile.

Dozens of homebound people in rural Minnesota were to receive letters telling them their local Meals on Wheels program is closing on June 30. Some are on ventilators; others are quadriplegics. Those with dementia or Alzheimer's disease sometimes forget to eat unless someone brings them their food. A private service has agreed to take over service to those who can afford to pay for home-delivered meals.

"I have no idea what will happen to the people who can't afford to pay anything," says Maggie Novak, head of the North Anoka Meals on Wheels program.

Other agencies are putting people on waiting lists, ranking them according to need. Those at risk of malnutrition or hospitalization are at the top, and those who have family nearby rank lower.

"Everyone needs the service, but now they have to make a value judgment of who needs it more," says Robert Blancato, executive director of the National Association of Nutrition and Aging Services Programs, which represents agencies that provide meals at their locations and through home delivery.

### Help for Homebound

Here are some organizations that reach out to those who can't drive and are affected by the rising price of gas.

Organization	What is the effect?
<b>Meals on Wheels</b> North Anoka, Minn.	Delivered hot meals daily to between 75 to 100 people in a 700-square-mile territory. Letters are going out saying service will end June 30.
<b>Road to Recovery</b> Edinburg, Texas	American Cancer Society program that coordinates rides to and from radiation and chemotherapy treatment and doctors' appointments. Losing volunteer drivers who can't afford to transport patients on low reimbursement rates of 15 cents a mile. Trying to recruit new volunteers through newspaper ads.
<b>Easter Seals Society</b> Central and Southeast Ohio	Provides various services, including transportation, to disabled residents. Had to boost mileage reimbursement to 40 cents from 36 cents and limit social outings.
<b>Sun Home Health Services</b> Northumberland, Pa.	Provides personal and health care to people in their homes. Personal-care aides, often on the lower end of pay, are leaving because they can't afford long drives. Others are picking up slack.

In Rock Hill, S.C., Herb Gewirtzman, a 76-year-old who is paralyzed on his right side, is one of 300 people on the waiting list for home-delivered meals. In Camden County, N.J., the Hunters, Shirley, 69, and Emory, 75, are on a waiting list with 200 others. Mrs. Hunter's tremors leave her unable to measure ingredients or hold pots and her husband has rheumatoid arthritis. She can prepare Malt-O-Meal cereal in the morning and canned soup or a frozen dinner in the

evening. "I know we're not eating right," she says.

Other meal-delivery programs are cutting the number of deliveries to once a week, rather than five, and using frozen meals. That has allowed some struggling programs to survive, but has eliminated the daily contact some say is almost as important as nutrition. Indeed, although a good meal is critical in keeping people healthy, the value of the meals extends beyond nutrition.

Those who are homebound may not regularly see anyone but the person who drops off the meal. One woman in northern Kentucky fell in her bathroom at 11 p.m. and was there until 1 p.m. the next afternoon, when Jerry Riches delivered her meal. Another time, a blind woman told the Senior Services of Northern Kentucky driver that it seemed cold in her house. He looked at the thermostat; she had turned it the wrong way.

Seniors First, which provides home-delivered meals in Orlando, budgeted \$28,000 for 2008 fuel costs; as of May 1, it had already spent \$32,961.

"We're running \$1,200 a month over and above our budget. We'll have to trim from somewhere. We won't trim meals but we'll have more on a waiting list," says Lorraine Shumaker, Seniors First's director of civic engagement. She's trying to find volunteers, so she doesn't have to use paid staff to deliver meals or drive people to and from appointments. Her oldest volunteer, 94-year-old Marge Carter, can no longer carry meals up steps but brings a friend along to do so.

Not all of these services can be done with volunteers; some require trained providers for home health care. Those professionals often have to drive hundreds of miles a week to reach clients, and gasoline prices make it tough for organizations to retain them. Pay in the home-health-care field is generally low to begin with, sometimes between \$8 and \$10 an hour for personal-care providers. But reimbursement rates haven't come close to keeping up with the price at the pump, says Steve Richard, CEO of Sun Home Health Services, a nonprofit organization based in Northumberland, Pa.

"If they can get a job at a McDonald's or nursing home with less travel, economically it makes more sense for them," Mr. Richard says.

**Write to** Clare Ansberry at [clare.ansberry@wsj.com](mailto:clare.ansberry@wsj.com)<sup>1</sup>

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