

NY Times, Published July 5, 2008

As Gas Prices Soar, Elderly Face Cuts in Aid



Sally Ryan for The New York Times

Katie Clark drives 100 miles a day to care for Evelyn and Bill Harman in Union, Mich.

By [JOHN LELAND](#)
Published: July 5, 2008

SOUTH HAVEN, Mich. — Early last month, Jeanne Fair, 62, got her first hot meals delivered to her home in this lake town in the sparsely populated southwestern part of the state. Then after two deliveries the meals stopped because gas prices had made the delivery too expensive.

[Enlarge This Image](#)



Sally Ryan for The New York Times

Sandra Prediger, who has a home health aide twice a week, has health problems that require her to drive to distant hospitals from her home in South Haven, Mich. Costly gas may force cutbacks.

“They called and said I was outside of the delivery area,” said Mrs. Fair, who is homebound and has not been able to use her left arm since a stroke in 1997.

Faced with soaring gasoline prices, agencies around the country that provide services to the elderly say they are having to cut back on programs like Meals on Wheels, transportation assistance and home care, especially in rural areas that depend on volunteers who provide their own gas. In a recent survey by the National Association of Area Agencies on Aging, more than half said they had already cut back on programs because of gas costs, and 90 percent said they expected to make cuts in the 2009 fiscal year.

“I’ve never seen the increase in need at this level,” said Robert McFalls, chief executive of the Area Agency on Aging in Palm Beach, Fla., whose office has a waiting list of 1,500 people. Volunteers who deliver meals or drive the elderly to medical appointments have cut back their miles, Mr. McFalls said.

Public agencies of all kinds are struggling with the new math of higher gas prices, lower property and sales tax revenues and increases in the minimum wage. Some communities have cut school bus routes, police patrols, traveling libraries and lawn maintenance. The St. Paul Police Department is encouraging officers to use horses and bikes. A number of state agencies, including those in Utah, are going to four-day workweeks to save energy costs and reduce commuting expenses for their employees.

But older poor people and those who are homebound are doubly squeezed by rising gas and [food prices](#), because they rely not just on social service agencies, but also on volunteers.

In the survey of agencies, more than 70 percent said it was more difficult to recruit and keep volunteers.

Mrs. Fair, who has limited mobility because of [diabetes](#), lives on \$642 per month in Social Security widow's benefits, and relies on care from her son, who often works odd hours, especially during blueberry season. "He says, 'You belong in a nursing home; I can't take care of you,'" Mrs. Fair said.

The delivered meals allowed her to eat at regular hours, which helped her control her [blood sugar levels](#), she said. Last year she lost her balance during a change in blood sugar and spent a month in a nursing home.

With no meal delivery in her area, Mrs. Fair said her home aide, who comes three times a week, must pick up frozen meals from a center in the next town.

"If my aide can't get the meals, maybe I can get my pastor to pick them up," Mrs. Fair said. "I can't travel even to the drop-off center."

Val J. Halamandaris, president of the National Association for Home Care and Hospice, said that rising fuel prices had become a significant burden for the 7,000 agencies represented by his group, with some forced to close and others compelled to shrink their service areas or reduce face-to-face visits with patients.

A recent survey by the group concluded that home health and [hospice](#) workers drove 4.8 billion miles in 2006 to serve 12 million clients. "If we lose these agencies in rural areas, we'll never get them back," Mr. Halamandaris said.

The agencies, which have suffered from [Medicare](#) cuts in recent years, are lobbying Congress to account for fuel inflation in reimbursement rates and

to reinstate special increases for providers in rural areas, a program that expired in 2006.

In Union, Mich., a town among flat corn and soybean farms near the Indiana border, Bill Harman, 77, relies on a home aide to take care of his wife, Evelyn, who is 85 and has [Alzheimer's disease](#). Mr. Harman has had to use a wheelchair since 2000 because of hip problems.

But the aide, Katie Clark, 26, may have to give up the job. She lives 25 miles away and drives 700 miles a week to provide twice-daily visits, helping Mrs. Harman dress in the morning and get to bed at night, feeding her, doing chores around the house. "And putting up with a grumpy old man," she said jokingly to Mr. Harman. Her weekly income of \$250 is being eaten up by gas expenses, which come to \$100 a week.

"Some weeks I have to borrow money to get here," said Ms. Clark, a single mother of two, adding, "They're just like family to me."

Agencies say they are facing a shortage of home aides, because the jobs have low pay and often require long drives for a few hours of work. "They can't make any money," said Laurence Schmidt, administrator for the Oswego County Office for the Aging, in rural northwest New York. "So they'll get jobs in [nursing homes](#), where they can drive to one place and work a full shift. That is a statewide problem."

Mr. Harman said that he thought a previous aide might have abused his wife, but that Mrs. Harman was comfortable with Ms. Clark. On a recent afternoon, Mrs. Harman called Ms. Clark "honey"; Ms. Clark, walking Mrs. Harman to the bathroom, kissed her nose. Mrs. Harman said she was going home. Ms. Clark said, "You are home, silly."

For her work, Ms. Clark receives \$9 an hour. If she leaves, Mr. Harman said, he could not care for his wife.

He said that when they married, she raised his five children as if they were her own. When Mrs. Harman started to develop Alzheimer's 8 or 10 years

ago, he said, “I promised her, ‘Don’t worry, I’ll take care of you as long as I can.’ ”

Without an aide, he said, he would have to put his wife in a nursing home, and probably need to live in one himself.

For many isolated older people, home delivery of meals provides not just [nutrition](#) but also regular contact with the outside world, said Elaine Eubank, president of CareLink, a nonprofit agency that serves elderly people in six counties in Arkansas, delivering 480,181 meals to 18,000 people last year. Because of gas prices, Ms. Eubank said, one center in Monroe County had closed its kitchen, and others were delivering frozen meals two days a week.

Mary Margaret Cox, executive director of Meals on Wheels in Greeley, Colo., which serves meals to 300 people a day, said that her agency was trying to avoid shifting to frozen meals, but that it was getting hard to recruit students and teachers who volunteer during the summer.

“Most don’t have anyone else checking up on them daily,” Mrs. Cox said of her clients. “If we do more frozen meals, they’ll lose that daily contact.”

Many agencies said their revenues — which come from state, federal and private sources — were not keeping up with their increased expenses. “We’ve had one increase from [Medicaid](#) in 11 years,” Ms. Eubank said. “But home care and Meals on Wheels keep people at home for a fraction of the cost of a nursing home. The state pays for care once they’re in a nursing home. So our cuts may cost more than they save.”

Sandra Prediger, 70, who still drives a car, said higher gas prices hit her every time she needed to go to the doctor. From her senior apartment in South Haven, she was barely able to pay her bills before gas prices rose.

“I try to help some of the ladies around here, driving them to doctors or to the store,” Miss Prediger said, but a round trip to her doctor or the beauty shop now costs \$26 in gas. She has had to ask her friends to pay half. “I hate to ask,” she said, “because they have less than me.”

Her Social Security check arrives on the third of the month. For the few days before, her local gas station lets her write a postdated check to fill up.

On July 2, Miss Prediger had no money and owed money to the gas station. “In a few minutes,” she said, “my friend Shirley will probably call and say, ‘Can you take me to Wal-Mart to get needles for my diabetes?’ What else can I do?”

Barbara Blumka, 67, of Buchanan, Mich., said she would continue delivering 15 or 16 meals a week though she could not afford it. She is driving a Dodge Caravan, a “gas guzzler,” she said.

“I see these people’s faces,” said Ms. Blumka, who gets her meals at a senior center. “They’re so appreciative. I think of all the people who took care of my mother in the nursing home. This is my way of giving thanks.”

Christine Vanlandingham, development officer for the three-county Area Agency on Aging, said that in three to six months, the agency would have to start cutting meal deliveries to clients who get them now.

But Ms. Blumka will continue to help the homebound. Her nieces and nephews were buying her an adult tricycle for other travels. “It’s neon blue,” she said. “I’ll ride it to the senior center.”