



LAUREA
UNIVERSITY OF APPLIED SCIENCES

Prime Mover

The current situation and the development objectives of the Kerava food service

Kemppainen, Eliisa

2010 Leppävaara

Laurea University of Applied Sciences
Laurea Leppävaara

**THE CURRENT SITUATION AND THE DEVELOPMENT OBJECTIVES
OF THE KERAVA FOOD SERVICE**

Kemppainen, Eliisa
Business Management
Bachelor's Thesis
April, 2011

Kemppainen, Eliisa

The current situation and the development objectives of the Kerava food service

Year	2011	Pages	68
------	------	-------	----

The population of Finland is aging rapidly which causes a significant increase in the demand for social and health care services by the municipality. A major challenge is to find a solution for the increasing costs and at the same time improve the service in a way that is more user-friendly to the elderly. The improvement of the municipal elderly services and the co-operation of the public and private sector are crucial.

The research studies show that service providers that can develop innovative services have an opportunity to enter the big market. Also educational changes in the home care system and considering different food service options would result more satisfied customers.

Customer satisfaction has been forgotten in the most services for the elderly provided by the municipality. The problem is that the elderly are not demanding enough. If government recommendations become law in the near future the care of the elderly will be secure.

Key words: elderly, food service, public sector, private sector, marketing

Kemppainen, Eliisa

The current situation and the development objectives of the Kerava food service

Year	2011	Pages	68
------	------	-------	----

Väestö suomessa vanhenee kovaa vauhtia mikä aiheuttaa kysynnän lisääntymistä kuntien tuottamille sosiaali- ja terveyshuolto palveluille. Suuria haasteita tuo ratkaisujen löytyminen kasvaville kustannuksille ja samaan aikaan vanhuksien palveluiden kehittäminen enemmän käyttäjäystävälliseksi. Olemme ajautuneet tilanteeseen jossa kuntien tuottamien vanhustenpalveluiden kehittäminen ja yhteistyö yksityissektorin kanssa ovat välttämättömiä.

Tutkimukset osoittavat, että innovatiivisten palveluiden tuottajilla on todella hyvät mahdollisuudet saavuttaa suuret markkinat. Ala tarvitsee myös innovatiivisten kehitysten lisäksi muutoksia kotihoitajien koulutukseen ja erilaisia vaihtoehtoja ruokapalvelun toteuttamiseen saavuttaakseen enemmän tyytyväisiä asiakkaita.

Asiakkaiden tyytyväisyys on unohdettu monissa kunnissa tuotettavissa palveluissa vanhuksille. Suurin ongelma on vanhuksien osaamattomuus vaatia tasokkaampia palveluita. Vanhuksienpalvelut tarvitsevat laatua turvaavan lain, jotta kaikki vanhukset saisivat tarvitsemaansa nopeaa ja tasokasta palvelua.

Table of Contents

1	INTRODUCTION	6
1.1	Choice of the research context	6
1.2	Scope of the study	7
1.3	Purpose of the study	8
1.4	Structure of the study	8
1.5	Limitations	8
2	THEORETICAL BACKGROUND	9
2.1	General theory context	9
2.2	Motivation	9
2.3	Logistics.....	10
2.4	Literature and previous studies	11
2.5	Segmentation and target marketing	12
2.6	Perceptions of the elderly in Finland	16
2.7	Political objectives and political strategies for the elderly	17
2.8	The care of the elderly must be supported by legislation	18
2.9	Payments of the services.....	20
2.10	New helping equipments for elderly living alone.....	21
2.11	Elderly care system model is better in Sweden than in Finland.....	23
2.12	The nutrition demand of elderly	23
2.13	Centralized and decentralized delivery service systems	29
2.14	The challenges of hot and cold meal deliveries	30
2.15	Factors of choosing the delivery system and planning the menu	31
2.16	Menuomat and Ateriaali.....	32
3	QUALITATIVE RESEARCH METHOD	34
3.1	Purpose of the research	34
3.2	Qualitative research	34
3.3	Data collection	35
3.4	The choice of the research method	35
4	EMPIRICAL STUDY	36
4.1	Services for elderly persons by Kerava municipality.....	36
4.2	The Nutrition center in Kerava.....	37
4.3	Alternative meal options.....	38
4.4	How does the elderly find information about the different food services	38
4.5	How to place the order and cancellation.....	40
4.6	Eläkeläiset Ry	40
4.7	Interviews: How to improve the food service for the elderly in Kerava.....	41

4.8	Observations during the interviews	49
5	CONCLUSION	51
5.1	Findings	51
5.2	The next generation	53
5.3	Information/Marketing	54
5.4	Customer satisfaction	54
5.5	Menu.....	55
5.6	Cold food	55
5.7	Using a different delivery system.....	57
5.8	Outsourcing	58
5.9	Prevention.....	59
	List of References	60
	List of Figures	64
	List of Tables	64
	Appendix 1: Questionnaire	65

1 INTRODUCTION

1.1 Choice of the research context

The population in Finland and in the developed countries is aging rapidly. The aging of the population is fastest in Finland compared to the rest of Europe. The retirement of the baby boomer generation will generate significant problems for the national economy and the public economy. Elderly persons are heavy users of the social and healthcare services which are mostly financed by the taxpayers (Luoma, Rätty, Moisio, Parkkinen, Vaarama & Mäkinen 2003, 5).

Nowadays people are living longer partly due to improvement in medical science and technology which generates positive and negative challenges for the society (Izagirre 2004). The Finnish primary healthcare system encourages healthy elderly persons to stay at home as long as possible (Statistics Finland 2010). At the moment the current healthcare organization is dealing with several limitations. The problems are the lack of resources of municipal social and health care staff in developed countries to provide continuous help to the elderly to manage with everyday duties at home. This is primarily due to the healthcare system being under financial stress (Dai, Bancej, Bienek, Walsh, Steward & Wielgoz 2009, 193).

The challenging situation creates new business opportunities for private companies to offer and develop more services for elderly persons. The traditional elderly person and pensioner have changed their way of life and elderly people today can be classified into different groups' by hobbies, health condition and financial situation. These new groups have totally different expectations about services and life than the elderly had before. To avoid problems it is necessary to produce in addition to existing elderly services more services by other sections and business areas than municipal healthcare services (Sonkin, Petäkoski-Hult, Rönkä & Södergård 1999, 12).

Many municipalities are investigating the whole food service activity process in Finland, concentrating on the home delivery food service. These days the quality of the service is becoming more important and is a motive to investigate the service properly. Many municipalities are planning to improve the service due to renovation needed kitchens, equipments and cost efficiency (Liisa Kähkönen, 2008).

According to Mänttari the report from Valvira the National Supervisory Authority for Welfare and Health has not been noticed. The explanation could be the surprising findings that the social services providers in the private sector are offering mostly better quality services than the municipalities at present. The elderly service levels were measured by nine different

indicators. Indicators were associated with the number of personnel in proportion to the elderly in their charge the educational level of the personnel, timing of eating, care, service and medicine planning, the ability to offer a private room for the elderly and the patient data.

In all the nine different indicators the private sector, where the services are offered by private companies and organizations exceeded the municipals level of elderly care services. The differences between some indicators were significant. The private sector should be more respected and should be given the same baseline as the municipality services. At present the service providers in the private sector are more monitored as the municipals. This has led to quality questions on the public sector and the private sector's prices have been risen dramatically (Tuomas Mänttari 2010).

1.2 Scope of the study

The scope of the study is to view the elderly persons as a paying customer and establish their needs and demands. The theoretical study is presented from the perspective of marketing to narrow the gap between the service providers and the elderly person. The elderly should also have a better opportunity to choose the service provider independently between the municipal and private sector. Business theories should be in use as tools to improve food services in the case of elderly. The objective is to examine the old elderly care model and try to modify the service in a point of the elderly wants and needs. The reason for this study is to generate comparative information to help provide improved services for the elderly persons.

The objective is to discover what kind of food service the pensioners require in the future and whether they are satisfied with the service given at present. An important aspect of the study is marketing, in terms of how it is dealt with at the moment in Kerava and how the elderly would actually like to receive the information about the food services and other services provided by the municipality. The main reason for this study is concern for the services provided to the elderly; more specifically the thesis examines the arrangements for providing food services to the elderly.

The survey is conducted by interviewing a group of pensioners, through questionnaires. The study concentrates on the municipal service provider because it is used more by the elderly for economical reasons. The development objectives in the last section are based on interviews and the theoretical background.

1.3 Purpose of the study

The purpose of this study is to improve the food service for elderly in Kerava. Especially to study about the elderly feelings and thoughts about the existing services and what kind of services they would like to be introduced to. The idea of the study came from the Active project by Hannu Pirnes and its objectives to produce more information concerning the elderly care system in Finland and Japan. The objectives of this study are to analyze the positive and negative features of the food service in Kerava and to generate recommendations for their improvement in the end of this study.

The elderly care service sector can be divided into the public and private sector. The public elderly care service is funded by the state and the provider in this study is the Kerava municipal. Private service companies offer elderly care services also in Kerava they operate like a business and are profit oriented.

1.4 Structure of the study

The thesis is divided into four sections. The first section presents the choice of the topic, the framework, purpose of the study and the reason for the thesis. The next section introduces services for the elderly and the elderly food service and explains the theories of the point of business in which the main concept is marketing. Elderly care generally is introduced in the theory part of the thesis. The section also introduces the private food service companies which are used in Kerava area. The third section consists of the findings and results from the interview and survey prepared in figures and tables. The section starts by providing the facts about the food service in Kerava. It continues by presenting the findings about the elderly opinions of the service and they needs. The final section of the thesis provides the conclusions, suggestions about different alternatives and critical findings about the study.

1.5 Limitations

The theory part examines the common situation of the elderly and the quality of the food service due to the limited literature of the elderly food service and related studies. The first plan was to interview existing customers about the service. Unfortunately permission was not given even after it was suggested that relatives could also be contacted and given the opportunity to be present during the interviews. Permission to interview and follow a day with the delivery taxi driver was also not granted by the head of the Kerava food service. Other limitations concern the amount paid by the municipality for the taxis for the delivery services.

2 THEORETICAL BACKGROUND

2.1 General theory context

The theoretical framework is based on information gathered about municipal home care services and the food services for elderly and about the situation regarding why the elderly require these services. The food service is introduced in more detail to find out the requirements for improvement. This study concentrates besides on the marketing aspects to show the importance of reaching the whole market. It introduces how the different food services both municipal and private should market their services to the elderly. The theoretical part also consists of factors how to make satisfied customers and the meaning of quality food and services.

2.2 Motivation

Maslow introduced motivation in a different way than it was known before. He developed a hierarchy of needs as shown in Figure 1. A person is motivated by his or her longing to satisfy specific needs. The theory is based on the idea of a person trying to satisfy the most important need first. When the need is satisfied the motivation no longer exists. Maslow argues that only an unsatisfied need motivates behavior. The hierarchy is arranged by showing the most important need at the bottom and the least important need at the top.

An important factor which leads to quality service is motivated personnel. According to Payne-Palacio and Theis motivation is a sum of energizing forces internal and external to an individual that results in behavior. If a person does not want to do something it is impossible to motivate the person to do it. Managers have challenge to create motivation by producing an environment where the employee becomes self-motivated (Payne-Palacio & Theis 2009, 473).

Money does not satisfy directly. The satisfaction of lower level needs such as money, job security and pleasant facilities could help the employees to become less motivated if they feel these factors are not correct. But it does not make the employees to make feel more motivated (Payne-Palacio & Theis 2009, 473-474).

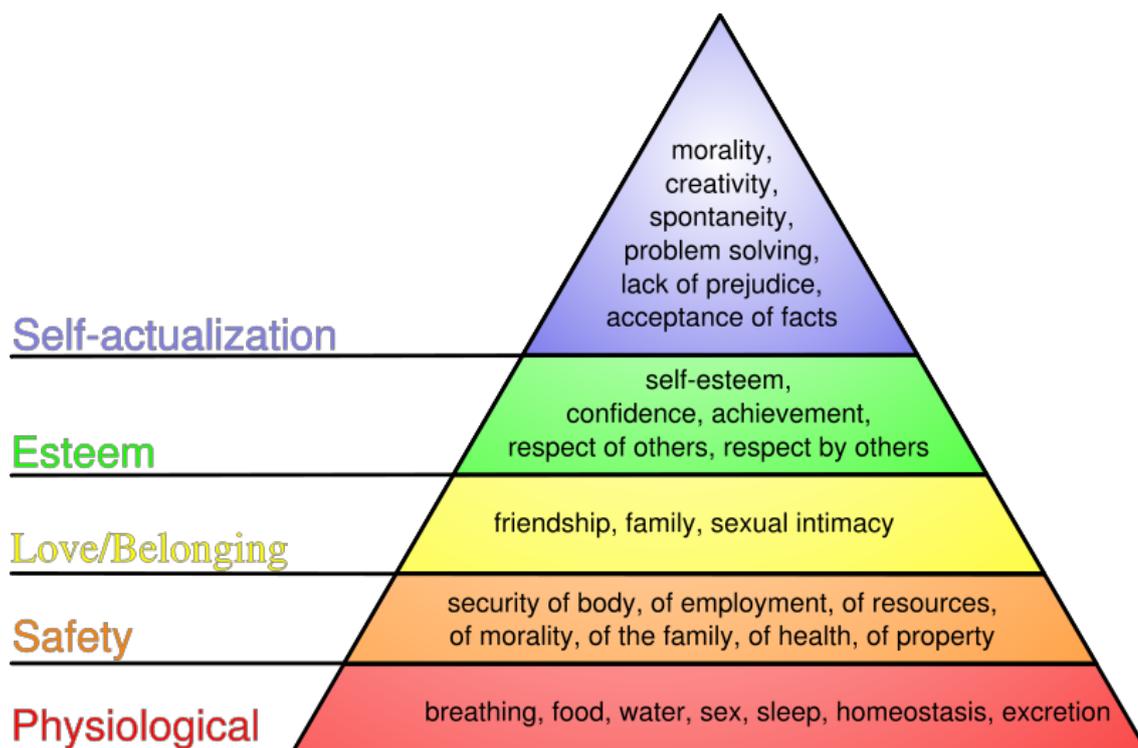


Figure 1: Hierarchy of needs (Abraham Maslow 1943)

2.3 Logistics

The word logistics comes from the creek word *logistikos*. To begin with it referred to practical arithmetic and later it came to mean corollary and thinking skills. These days it describes any kind of material, information and currency control. At present it has become a very significant single factor, if it works successfully it has the biggest impact on competition against other service focused company competitors (Hokkanen, Karhunen, Luukkainen 2002, 11-12).

The success of the logistics is mostly evident in terms of economics view. The reason is that logistics consists of all the operations which are not related to producing the product or service, selling and administration. These factors bring the customers more benefits and could even deliver the product home quicker. At the same time it reduces the company costs (Hokkanen et al. 2002, 70).

In many cases the company can not produce the logistics or the distribution of its product or service. In these cases outsourcing is one option. Outsourcing means buying services from a producer which is focused in a certain field needed instead of dealing with it themselves (Jalanka, Salmenkari, Winqvist 2003, 8).

2.4 Literature and previous studies

There are not many elderly care service studies written from the perspective of business. In 2001 Laurea University of Applied Sciences established the Active project which concentrates on developing better and cost-effective elderly care services by using Finnish and Japanese knowledge and innovative findings in both countries. There is a major difference between the Japanese elderly care system and the Finnish system. In Japan the elderly person has the right to choose the service provider openly without restriction. Instead in Finland if the elderly is not happy with the service provided by the municipality, the only other options are to be without services or buy them expensively from the private supplier (Pirnes, Möller, Rajala, Hagino 2007).

In the Active project the innovated findings are that it is impossible to exclude the elderly care sector from the business and marketing areas because of its major and rapidly growing financial value. The challenge is to develop the traditional service marketing and service development form to meet the specific need of elderly care markets according to Pirnes, Möller, Rajala, Hagino in their article New Service innovations in Elderly Care in Japan and Finland (Pirnes, Möller, Rajala, Hagino 2007).

The next section introduces several business theories the service provider should take into consideration when planning or improving the service. Some of the theories are used in the private service providers but the municipality hardly ever uses business theories when planning the service due to a lack of business educational background. The best result requires a mixture of business, social and health care knowledge.

Marketing definition and customer equity

Marketing is defined as satisfying customer needs. Marketing consists of both social and management processes. Social and management process can be explained as individuals and groups gaining what they want and need by producing and exchanging products and value with others. Finding out and understanding customers' needs, wants and demands is the key to successful marketing. However, a common mistake is selling a product rather than providing a solution to a need. The difficulty occurs when a competitor develops a better or cheaper product which solves the customer's problem. The customer with the same need would be by the new product (Armstrong & Kotler 2004, 5).

Finding customers is often not too difficult, but to manage to keep them for life is a huge challenge. The focus needs to be in the future to build up a relationship which lasts forever. This long term relationship is regularly called customer equity. Customer equity is created by the total combination of customer lifetime values of all of the company's customers. A firm's performance is measured more often in terms of customer equity instead of current sales or market share. Sales and market shares reflects the past and current situation where as customer equity implies the future (Armstrong & Kotler 2004, 21).

2.5 Segmentation and target marketing

By segmenting, companies separate large markets into smaller segments that can be targeted more effectively with products and services that satisfy the unique needs of the customer. Buyers are all different, and they vary in their wants, resources, locations and buying habits. There is not only one approach how to segment a market. To find the best segmentation performance a marketer has to find out the best combination of variable segments (see Table 1) (Armstrong & Kotler 2004).

<u>Geographic</u> : Is divided into different geographical units such as nations, regions, state, counties, cities or neighborhoods.
<u>Demographic</u> : Demonstrate the market by groups based on age, gender, family size, income, occupation, education, religion, race and nationality.
<u>Psychographic</u> : Buyers are divided into groups by social class, lifestyle or personality characteristics.
<u>Behavioral</u> : Is believed to be the starting point of segmentation. Divides customers into groups based on their knowledge, attitudes, uses or responses to a product.

Table 1: Market segments

After a careful segment analysis the next step is to choose how many and which ones to target. Target marketing consists of three tasks; market segmentation, target marketing and market position. Target marketing has an initial role in deciding marketing objectives and decisions. Target marketing takes place when a company is communicating with a specific group of consumers and focusing its marketing activities on target customers.

To make it easier for a marketer to respond rapidly to the changes it is important that the segment fulfills certain requirements. The segment must be measurable which means that the

marketer knows how many there are. The segment needs to be accessible so there is a possibility to communicate with the segment as a group. It also needs to be big enough to receive the best benefits. One requirement is congruent which presents the close agreements between members. Stability between segment and membership must be unchangeable (Blythe 2008).

Market positioning demonstrates competitive positioning for the product and forms a detailed marketing mix for each group. Target marketing can also be carried out on different levels. The process can be made by targeting broadly, narrowly or between. Broad marketing strategy uses undifferentiated mass marketing where the focus is on what needs the consumers have in common. Niche marketing and micromarketing are used in the narrow marketing to concentrate on local person or individuals (Armstrong & Kotler 2004).

Food service marketing tools

According to Jaana Manninen, marketing directly to customers is the best option when marketing food services. Customers are interested in any kind of benefits, discounts price, campaigns as well as new products or services. The best marketing result will be accomplished when different communication channels are used at the same time (see Table 2 below) (Manninen 1998, 63).

Through personal contact
Homepage/e-mail
Notice board
Forms
Central Radio
Weekly handouts
Telephone
Local radio
Local newspapers
Television

Table 2: Communication channels

Services

Most of us consume services as a part of our everyday life. In western countries consumers spend more on services than on tangible goods. In addition services can be described as processes which take place over time. Services have normally many components. When the

food service experience for elderly is broken down into process components it starts from the making the order and ends when the dirty dishes are collected next day. Services with lots elements make the planning and performing an enormous challenge for the service managers (Baron, Harris, Hilton, 2009, 6).

According to Grönroos customers are not buying goods or service rather they are buying the benefits of the products and services. The value of the product or of the service develops when a private or business customer benefits from the solution or the item they bought. He uses as an example a tasty meal at a restaurant where the customer does not gain any of the wanted benefit because of slow service.

Customer relationships and perceptions

Services naturally create relationships between the customer and the provider. Taking good care of the customer relationship helps to build customers for a longer period. It is essential in companies who provide services to concentrate and understand the importance of building the customer relationship especially when wanting to beat the competition. Most relationships occur after the customer has the feeling that the customer and the service provider are congenial. This often means commitment from both parties. The service provider should understand their customers and indicate to them regularly. Loyalty is required from both not just from the customer (Grönroos 2001, 66).

It is very important to keep in mind that customer perceptions of a service differ even if the customers obtain precisely the same services. Personal and situational factors control the service perceptions. It has been studied that various cognitive, emotional and physiological reactions affect service experience. This means that people are all different, in terms of how they feel, think and respond. Some of the elderly might believe that because the taxi driver brings the food he also cooks the food. It can lead to a perception which causes the to elderly stop using the service. Another elderly customer knows that the driver just delivers and is very satisfied with the service (Armstrong & Kotler 2004, 193).

SWOT analysis and marketing mix

Establishing the company's current position is by the management crucial to be able to decide where to go in the future. SWOT analysis is the simplest method to evaluate the business by finding strengths, weaknesses, opportunities and threats, which can be found by looking closer the company's external and internal environments. The external environmental

analysis consists of opportunities and threats which have influences from the macro-environmental factors (government legislation, demographical, technological and social-cultural) and micro-environmental factors (customers, distributors and suppliers) (Blythe 2008, 22).

In the internal environmental analysis the company has to assess its internal strength and weaknesses in marketing, financial and organizational potentials. It is not necessary to correct all of the weaknesses instead a company should concentrate on how to reach the opportunities the best (Blythe 2008, 23). The SWOT analysis for the Kerava food service is introduced in detail in part 4 Conclusion.

The marketing mix is a set of controllable marketing tools that are commonly used to reach the targeted market. According to Blythe, Mr. McCarthy describes these marketing tools as the four Ps of marketing: product, price, place and promotion. Below in Figure 2 demonstrates the marketing variables under each P of the marketing mix. It is important that these 4 elements are always presented together to achieve the best consumer satisfaction. Marketing mix concept is also useful as a method while thinking about how to improve marketing tactics (Blythe 2008, 9-10).



Figure 2: Marketing Mix

2.6 Perceptions of the elderly in Finland

The municipal social and healthcare services traditionally have responsibilities to offer services for elderly persons. The practice needs development to ensure that elderly people would receive all the services needed while the aging population brings new expectation and requirements. Unfortunately, the situation is alarming and the municipality does not have enough resources to deal with the fast growing elderly population. The municipal elderly care services require help from society to establish new services and develop existing services (Sonkin et al.1999, 11).

The term Elderly is usually associated with age, pensioners or activity. Often the elderly refers to people who have reached the common retirement age or older. In Finland it is at present between 63 and 68. Associating the elderly in this way is old fashioned. Nowadays when talking about it elderly is more often meant elderly who are over 75 years old. According to research in that age aging is causing permanent decline in activity and requirement of external help begins. On the other hand, the municipalities are to encourage the elderly to live alone at home as long as possible. Table 3 shows the ideal living arrangement for over 75 years' old elderly in the future (Vaarama 1995, 21).

In this study the elderly is used when referring to people over the aged 65 years because the common retirement age is in Finland 65 at present. At that time people leave the working life behind and start using services intended for the elderly.

The perception of the elderly in the service operation has a significant role. It has an impact on how the elderly will be confronted. In practice, opinion varies with regard to the treatment of the elderly from respecting, patronizing and to even dominating. Perception depends on whether old age is seen as disadvantaged or a stage of life that has left lots of resources. When the perception is negative the elderly too often receive controlling, underestimation and doing behalf of them attitude too much by the care team. It is typical that the elderly are seen as a social problem and a burden (Vaarama 1995, 29).

There are political objectives and recommendations in place to give the service providers a guide line. Unfortunately the perception has not changed and some of the elderly are still not satisfied with the services given. To make sure that the elderly will receive the right help and services there has been lots of discussion about introducing a law. This would also optimistically help to change the negative perceptions to more positive and the elderly would finally receive respect.

Year 2012	%	Person
Population in Finland	100	5 396 209
Over 75 years old	10	547 964
Lives home alone using some services	91-92	501 387
Uses regularly home care service	13-14	67 687
Lives in a assisted building	5-6	30 138
Old people's home or health centre	3	16 439

Table 3: Ideal living arrangements for elderly over 75 years old in year 2012 (Tilastokeskus 2009)

2.7 Political objectives and political strategies for the elderly

Since the first big recession in the middle of the nineties economic efficiency has become crucial challenge in public service operations. Cutting costs and adapting costs to income is the reason for the lacking resources. Due to lack of resources the municipality has been forced to make decisions without enough research results. The popularity of open care services has been justified in terms of costs not only in Finland but also in other European countries (Vaarama 1995, 21).

The quality recommendation for elderly care and other services is as that many elderly as possible could live individually in their own home. Living at home should be supported with rapidly available professional social and health services. The service should be accurate and respectful of the elderly. To perform the objectives every municipality should have an up-to-date elderly political strategy which secures the elderly health and welfare. This strategy should be official confirmed by the municipal political leader and the strategy should be included in the service structure developing program (Voutilainen 2007, 18).

The elderly political strategy work is based on a thorough analysis of the present, especially to recognize the strengths and weaknesses and to identify the changes in the operational environment to ensure the quality of the elderly services. The process is a big support on leading and making the decisions but it is a long and demanding process. The information is

gathered and assessed from the point of individual and community. The information should be beneficial when developing the existing service system and planning the future (see Figure 3).

Knowledge of the elderly activity levels and standard of living combined it to the population structure and its changes and adding it to the living environment assists the municipality to develop services that correspondent to demand.

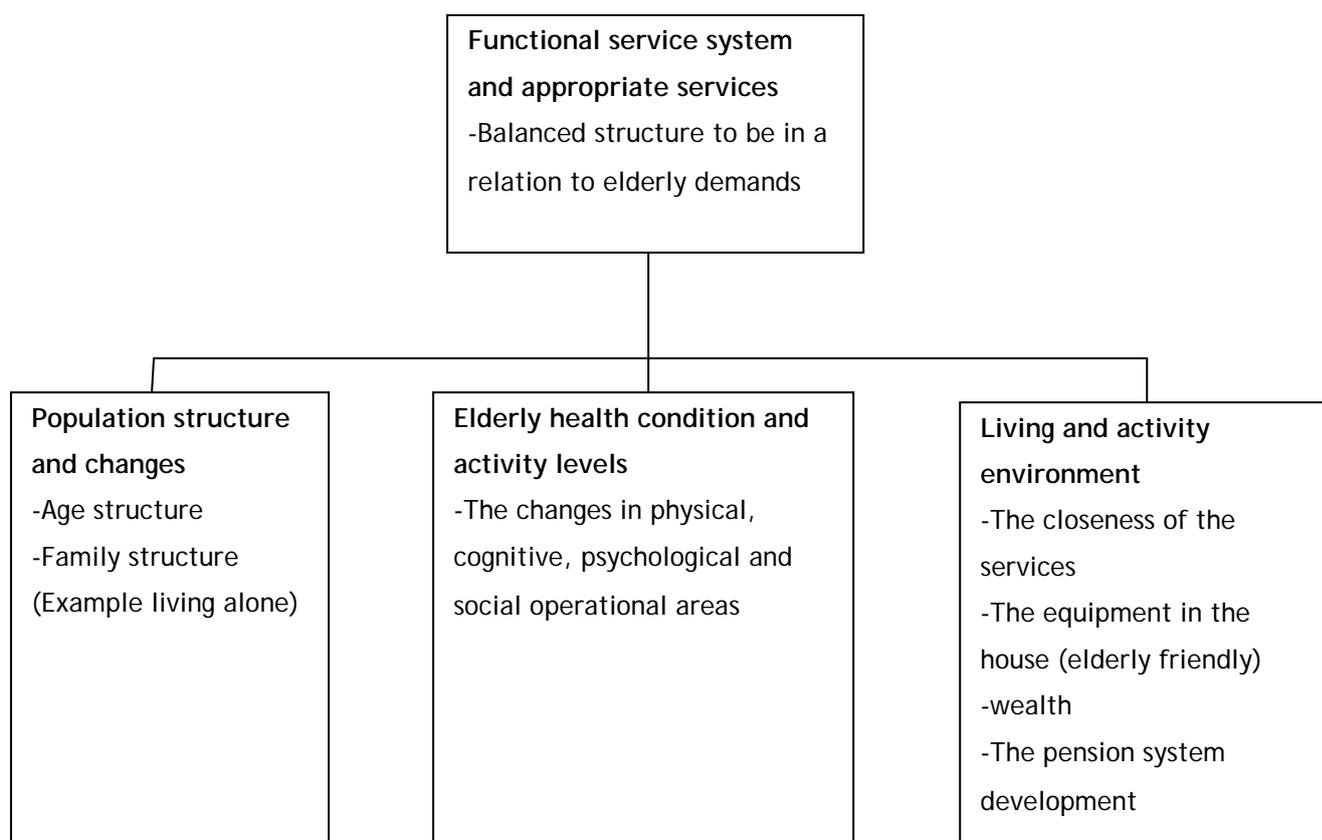


Figure 3 : Factors impacting the development of the service system

2.8 The care of the elderly must be supported by legislation

Recently there has been a lot of discussion in the media about the terrible situation of elderly care in Finland. To ensure that all the elderly receive impartial service in every municipalities daily does not happen in an effortless manner and does not get fixed only with money. To ensure the quality of the elderly care services requires adequate resource. In other words it demands findings, qualified personnel and professional leadership. Not forgetting to improve the structure of the services in a more elderly friendly and tighten monitoring nation wide

which ensures the elderly care service standard in whole Finland (Sosiaali ja terveystministeriö 2009).

There are big differences in the elderly care service provided by separate municipalities. In some of the municipalities the recommendation made in 2008 about the elderly care service quality is followed reasonable well but in some municipalities the weaknesses are apparent. The reason that the recommendations have not improved the situations of the elderly is because they are not followed and consequently the government has plans to introduce of an elderly care services law (Sosiaali ja terveystministeriö 2009).

The new law would change the recommendations of a legislative level and combine different regulations regarding the elderly care services to facilitate the monitoring by the public authority. The main purpose of the law is to improve the condition of the elderly and to strength the power of decision making by the elderly (Sosiaali ja terveystministeriö 2009).

The same law was already introduced in 1974. The preparation for the new elderly service law started over 30 years ago. The same proposals were discussed at that time also. The issues were that the elderly could choose the form of the service themselves. The importance of home care, the prevention of need of help and sufficiency of the care personnel were the main issues (Lindberg 2010).

A crucial appears is the extent which the municipalities are obliged to organize care for the elderly. If the government decides to only give recommendations the outcome would be the same and there would be no changes in the situation. According to Marjut Lindberg the best solution would be a care guarantee for the elderly of that type is already in use with the day care law for children in Finland. The problem is that the municipalities would not agree to this because then it would imply that every elderly is entitled to receive care.

The law itself will not help to resolve all the problems, other changes are also necessary. For instance common attitudes to the elderly have to be made in more elderly favorable. The municipality should also concentrate on prevention and to enhance the activity of the elderly. The situation of the elderly will not improve if the municipality does not start co-operation with the public sector, different organizations and the private sector. To find more motivated and professional personnel elderly nursing education need to be increased (Sosiaali ja terveystministeriö 2009).

Because the elderly care service does not have a long history there will be out more problems with the services where the Finnish government needs to be more involved to find the best solution for every side the service providers and the elderly. One of the biggest concerns is

who is going to pay for the services and how much. There is always a risk that in the future only the wealthy elderly would receive satisfactory services and the elderly which are not in this group would need to rely on help from relatives.

2.9 Payments of the services

According to Aulanko the interaction between the service provider and elderly is crucial to the service process. The needs for service and affordability have always influenced decisions about eligibility for the service. There might be problems if the value of service providers and the elderly are not equal. One part of the performance is the professional manner in carrying out the service and customer service. Other factors which have a great impact on the service are rules, organizing the work, resources and working conditions especially when providing services to the elderly (see Figure 4).

It has been noticed that elderly at present who really need the service seldom complain about the prices. In the nineties a project was established to find out how the elderly experience prices. The information was gathered from 13 different municipalities in Finland. Willingness of payment had a direct connection with social status and income level. As elderly who has worked previously as managers or received good wages did not see the prices too high. At that time elderly who were dependent on home care services were in the three lowest payment categories (Vaarama M 1992, 81-82).

It was generally believed in municipalities that if the ability to pay increases, the consumption habits would change and the demand level would rise in the future. Even then it was supposed that in the future the services should be more quality-oriented and the service structure should be more individualized. The out-come would be that the elderly would pay more for better services (Vaarama M 1992, 82-83).

The relatives were asked about who should pay for the home care services in the future and would it make differences that the services were improved to take care better of the demands and needs of the elderly. Most of the relatives were of the opinion that payment should belong to the government and municipalities and not to the elderly who are using the service. When asked who should take responsibility of the extra costs of the improvements, tax payers or the service users. Majority of relatives preferred that the improvement costs should be paid with the taxpayers' money (Vaarama M 1992, 82-83).

Elderly care services desperately needs improvements. One solution could be new technology which could replace some of the services given by a person. In the long run it would save a lot of resources but at the moment the research is very expensive.

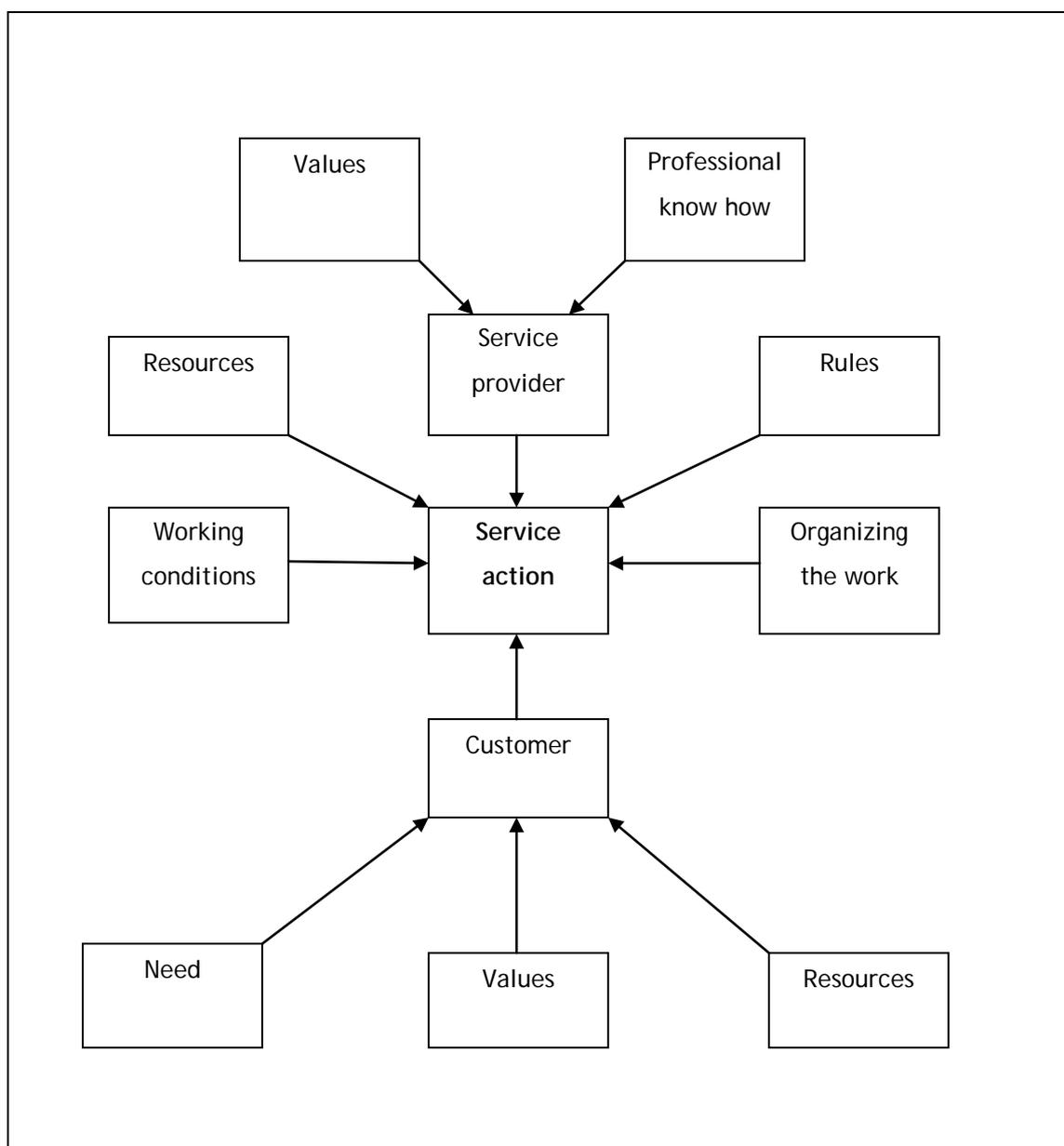


Figure 4: Service producing factors (Aulanko 1999)

2.10 New helping equipments for elderly living alone

Women over 75 years old use the provided home care services more often than men because living alone is more common among elderly women than among elderly men. One explanation could be the life expectancy age for women the age is around 82 years and for men it is a little lower about 75 years (Tilastokeskus 2006). For this reason women need more help with

every day tasks such as washing and dressing. Similarly, problems can occur with house keeping and running errands. To summarize, the number of elderly living at home and the development need for home care services has risen during the last few years (Vaarama, Luoma, Ylönen 2006, 104-120).

The EU has established the HMFM project (Hear Me Feel Me) which is developing new assisting equipment to elderly by using information technology. The latest invention is a mobile phone which in the future can assist the elderly with everyday tasks. The mobile phone could be used to replace the home care nurse because the phone can explain instructions such as how to take medicine. The application is based on the RFID intelligent stickers on the medicine package which includes information that can be listened by the mobile phone. This innovation would help especially elderly with bad eye sight (Remes 2010).

According to Minna Isomursu a professor of VTT research, age has be taken into consideration when planning product development. There is a big market for user-friendly and beneficial applications directed to the elderly. It has been examined that elderly are familiar with the mobile phones instead of computers which are harder to use, although many elderly use computers and the internet frequently without problems. The problems usually occur with the elderly who have bad eye sight, for them especially lap tops are hard to use because the screen is often smaller.

It is possible to place intelligent stickers and sensors which are used with mobile phones. These could assist the order of food or cleaning service or call help. If worrying of the number of contacts the elderly is then missing, there are alternative options available. For example if the social services online would be developed more user friendly, for example Facebook, Twitter and Skype video calls could help the elderly to keep contact with relatives and friends. (Remes 2010)

The European private and public sectors are investing one billion euro in the near future in projects which concentrate on improving the living standard of the elderly and new innovation and research. The most supported field is information technology where the object is to find systems to help the elderly live alone at home with assisting innovations. They have started developing a robot which would in the future help the elderly with cooking and picking up things. (Remes 2010)

Getting a home care helper robot into the market could take few more years. When improving the elderly care services it could be very helpful to consider the elderly care system in Sweden which has been praised as a role model country by the health policy EU commission.

2.11 Elderly care system model is better in Sweden than in Finland

The health policy EU commission regards Sweden as the role model country of elderly care. In Sweden elderly care has long tradition. The care environment was already humanized in 1970. The elderly were only placed into single rooms instead of shared rooms. At the same time a question was raised as to why an elderly person who is capable of making coffee or cooking for him/her self is actually in hospital or old people's home. In 1980 the development of wards for the elderly began and ten years later a new studio department structure was introduced (L. Magnusson 2004).

Elderly care in Sweden has always included the elderly as a part of the care process. Self-care in Sweden is explained by taking more responsibility for their own care but not neglecting the elderly. The system differs mostly in terms the mindset, the elderly are respected and encouraged to be as active as possible. In the old people's home they receive help but it is not a 24 hour service home. The theory behind this is that when the elderly feels that she or he can be helpful and is a little bit active it makes them feel livelier. The rooms in Sweden are decorated like a home which is important for mental health of the elderly.

Professor Sirkka-Liisa Kivelä criticizes elderly care in Finland being too medicine focused. The Finnish elderly are taking three times more medicines than the elderly in Sweden. The medicines are often prescribed for single illnesses and when the elderly is suffering from many illnesses the amount of medicine prescribed can be high for a daily dose. Other problems with the medicines are that they are not tested enough in terms of how the medicine reacts with each other. Using too many medicines can cause dementia and weaken the intelligence. Kivelä thinks that the problem is in the education where the use of medicine is emphasized to a large extent and where treatment without medicine has been forgotten even though there has been a lot of positive research in this area. The solution would be to concentrate on the education to get the doses right for the elderly (Meri-Lappi & Peräpohjola 2009).

While taking medicines eating habits play a massive part in making the elderly feel happy and healthy. Getting the right nutrition is a big challenge for the elderly and often needs help from professionals. Eating has a bigger impact for older people than it has for younger. It has often been referred to as an important experience and certain aspects make food taste better.

2.12 The nutrition demand of elderly

The metabolic rate declines and often also the elderly do not move around as much as when they used to be active before. For this reason their need for energy declines. On the other hand the need for nutrients as vitamins and minerals is becoming more important. Therefore food served to the elderly has to include several vitamins and protein as well as prepared from quality raw materials (Suominen 2006, 13).

To receive the right amount of energy and other necessary nutrients is important. This helps the elderly to obtain a good nutritional condition, which Suominen and Kivistö (2007, 3) clarify as maintaining and encouraging the function of organs and the body. Food is a lot more than just a source of energy. The importance of the satisfaction that food brings, and the refreshment that it gives are factors leading to a better quality life. Especially for the elderly who are living at an old people's home or at home using the food service the satisfaction of eating healthy but tasty food is essential.

The meaning of food is totally different for the elderly than for the younger. Most of the elderly have experienced the time when there was lack of food in Finland. This explains why the elderly do not willingly leave food on the plate. They also prefer food from their childhood which brings memories linked to feeling safety (Suominen et al. 2007, 5).

According to Suominen (2006, 16) eating alone does not satisfy in the same way as eating with company. It is not important who the accompany is, it can be a friend, relative, home care nurse or the delivery person. The eating experience is more comfortable and the food also tastes better.

The food service provider is dealing with a big challenge because they have to take into consideration the right portion size. Not forgetting that the food also has to appear appealing, it should be easy to eat but not look too liquidized. These factors help the elderly to enjoy the meals and make them feel better. There can be other reasons behind the loss of appetite. The elderly might be suffering from serious illnesses, someone close has died, loneliness, money problems or the person has other adversity (Dammert, Korsström & Poutanen 2007).

The history of food service

Nowadays the food service industry is described as all establishments where food is prepared outside home. It includes, for example, all kinds of restaurants, hotels and dining rooms, coffee shops and fast food outlets. A large part of the foodservices is also meals served in schools, universities, hospitals, nursing homes and other health care services (Payne-Palacio & Theis 2009, 8).

The early history of foodservice organizations goes back to the middle age. Great Britain, France, Germany and Sweden were the first countries where involvement of food was a social event shared with families, guest and relatives. The biggest impact of the development of the food service has been travel. Public eating places were built for travelers who created a need for places to stop for a rest and food (Payne-Palacio & Theis 2009, 8).

In 1890 the work safety supervision team who travelled around Finnish factories advised the employers to establish factory canteens. The biggest factories followed the advice but the bigger breakthrough was around the time when Finland got its independence 1918. After the Second World War every second factory had a canteen for its employees. A modern workplace canteen system was introduced after in the whole Finland comprehend research was carried out by the occupational health institute. The research showed that a good workplace canteen reduces accidents, employees enjoy the work more and that it has a big impact on employees' nutritional education (Packalen 1994, 8).

Nowadays the food service does not only consist of factory canteens. The food and lunches which are served at kindergartens and schools are mostly prepared by the food service providers. This could be the reason why Finnish people have become familiar with hot lunches and prefer it also when starting work. Most people are also aware of the quality of the food due to the media which constantly reminds people of the good effects of healthy eating habits.

The quality and the popularity of the food services in different age groups

While customers are getting more knowledge about quality food competition are growing between home cooked food, delivered and other private food service companies. There are two different perspectives about categories for to measuring the quality of food. The real quality factor is the ones that the customer can sense. For example the appearance of the portion, amount, the taste of the food, temperature, smell and structure of the food are all features that can be sensed.

The other category represents quality features that are imaginary; these can not be observed by sense. These are the nutritional value, health, not added preservatives and artificial colours, and how the raw materials and meals are produced. The following table (see Table 4) shows the good and bad elements that lead to quality in food service (Manninen 1998, 16)

The different fields	Good quality of food service	Bad quality of food service
Marketing research and using the business idea as a guideline	+Defining the target groups	-Using mass production
Dishes product development	+New recipes	-Trusting only old recipes
Designing the meal and menu	+Designing many meal options to choose from for the target group	-Mass production, only one meal to choose from
Suppliers and raw material	+Using only high quality and fresh raw materials	-Lower price is the most important factor
Preparation of the food	+The preparation is carried out with a professional and motivated personnel	-Mostly mass production does not motivate the personnel
Presentation of the food	+Concentrating on making the food look attractive and individualized	-Always the same presentation
Checking the quality of the food	+Using time to check structure, taste and presentation	-Not enough time left to check the quality
Marketing	+Identifying the meaning of marketing and using it to be more competitive	-Has not been recognized
Customer orientated	+Customer will be served as individuals and trying to satisfy they needs	-Using mass service

Table 4: Factors leading to good and bad quality in food service

It is very common to eat warm lunch prepared outside home in Finland. Daily average of 2 million meals prepared by large kitchens is eaten. Eating in big groups has a significant role in Finnish food culture. It starts early in kindergarten where the children are practicing eating together and good manners that are closely linked with eating. At school the learning of

eating and the eating is associated with social experience is emphasized. Later while working the lunch is associated with opportunity of a break and refreshment. For the elderly in old people's homes or the elderly who are still living at home it is mostly the main expected event during the day (Sosiaali ja terveysministeriö 2010).

For many the lunch prepared by the food service is the only hot meal during the day. For that reason the quality of the meal is very important. When eating in big groups in a public place it might sometimes help to choose a healthier option from the normal eating habits. It has been discovered that people who are using food services for lunch are eating more regularly vegetables and fish than a person who is eating somewhere else (Raulio, Mukala, Ovaskainen, Lahti-Koski, Siren and Prättälä 2004).

The history of nursing homes and other health care facilities is not long. However the increase in demand for nursing home care and care for the elderly who are still living at home has risen dramatically in the last 50 years. The reason behind this demand is the population growth especially among elderly persons. The trend has changed from urban living to busy life styles in the city where the elderly has to cope with their everyday tasks at home alone or move to a nursing home. Before the trend was to have a big family home where the children would take care of the elderly, and they usually died in the same house they were born. (Eloranta 2010)

Grönroos (1990) describes how food service quality should be approachable, flexible, reliable, and when problems occur they should be dealt with right away factors. The customers of the food service should receive the service easily and with a help of professional they should find the best option taking into consideration the customer's personal needs.

The whole process consists of many phases and the food service personnel is formed with many different industry trade persons who working together trying to serve the customer as individual a service as possible (see Figure 5). The trained personnel should interact with the customer and give them a feeling that their problems and concerns are being heard and that they are important.

The food service customers can also be divided in terms of the benefits on psychological, social and economical grounds. A psychological benefit is gained when the customer feels safe when using the service. The social benefits have always something reflect to interaction with other people and in food service it would be a contact person. Therefore the interaction between the delivery driver and the customer is unique. In many cases the driver is the only contact to the outside world in days. For that reason the driver should report the customer needs and problems to the home care service. A home care service then takes the necessary

action and forwarding the message to the right person who could be the relatives or the food service producers. The economic benefits can find when comparing the cost between living at home and old people's home (Ylikoski 2001, 185).

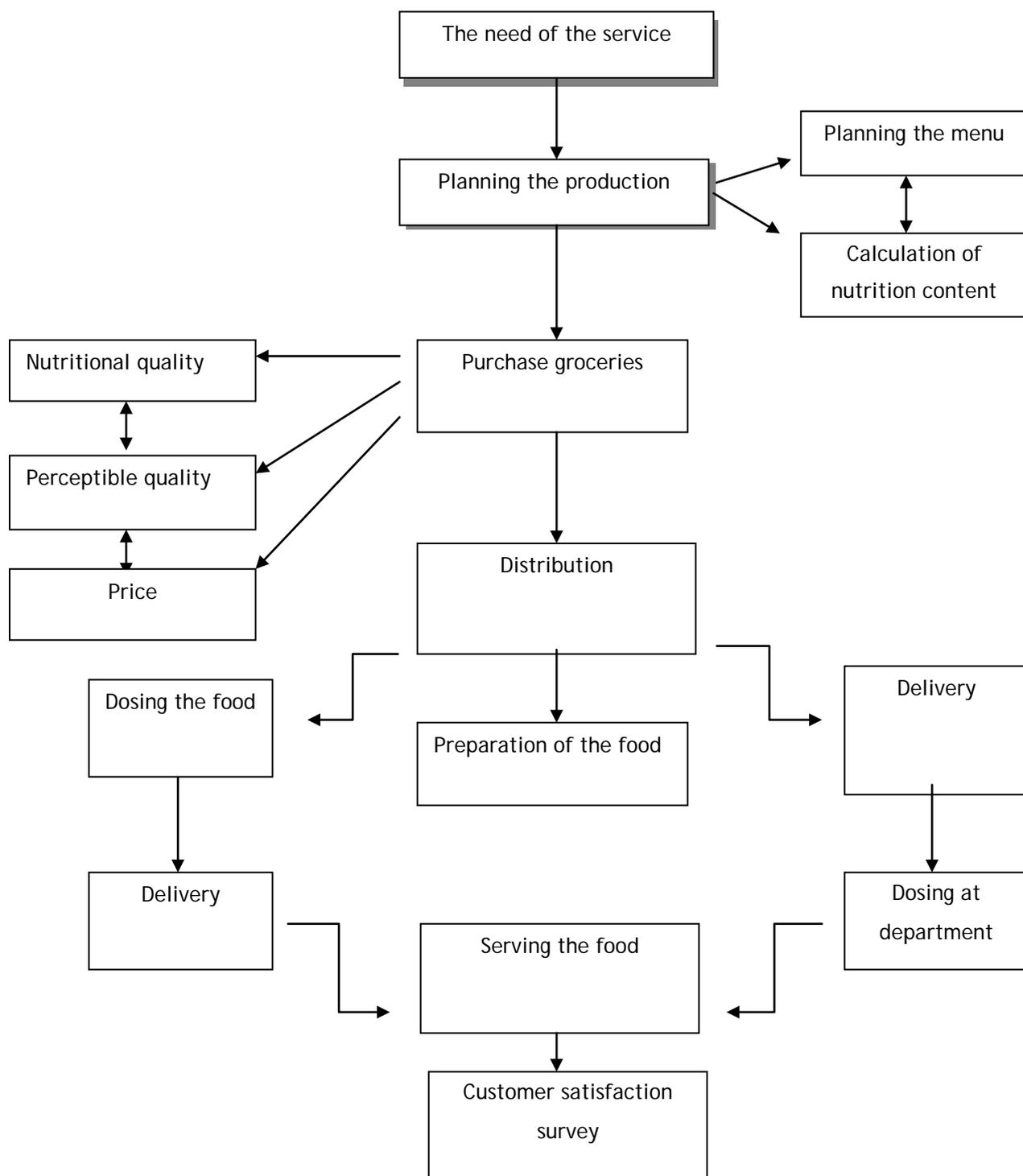


Figure 5: The food service journey

2.13 Centralized and decentralized delivery service systems

In many municipalities the food service deliveries started during the 1990. Mostly the food delivery was taken care of by the home care team. In 2000 the food service became more popular and most municipalities have outsourced the deliveries to be carried out by local taxi companies or by other food service providers (Eloranta 2010).

Most meals require immediately serving after completion of the cooking process. It is not possible to serve food straight away in many food services because of the need to transport and deliver food to customers. To ensure the food reaches the customer at the right temperatures for quality service the service provider needs to use special equipment or different methods. Different methods of delivery or services are the key to achieving the shortest possible time and distance for the food to keep hot (Payne-Palacio & Theis 2009, 297).

In the centralized method the prepared meals are portioned and placed into individual trays for transportation by the main kitchen. The completed meals are then transported to the customers. This method is normally used in fast food restaurants and elderly care facilities. Empty trays and dishes are returned to the central kitchen for washing by the transportation driver. The centralized delivery system is generally used at present because of the ease of supervision and control of food quality, right portion size, correct diet items and correct food temperature while serving the meal to customer. It also requires less specialized equipments and less labors than the decentralized delivery system. But if the number of customers is large the time required for serving is exceptionally long (Payne-Palacio & Theis 2009, 297).

In the decentralized delivery system instead of one central kitchen there are several smaller ones closer to the customers. The smaller kitchens either prepare the meals by them selves or heat the delivered food or make them ready for transportations. It is not essential that all these smaller kitchens are equipped with expensive dishwashers, the empty trays and plates can be returned to the central kitchen for washing. The problem is to transport the dishes back to the central kitchen and then return the clean dishes back before the next meal. Over a period of time this can be more expensive because of the time and energy consumption when transporting the dishes for each meal twice. (Payne-Palacio & Theis 2009, 297-298)

Using a decentralized delivery system guarantees better service to the customer because the transportation distance is shorter. It is supposed that food will have a better quality because it retains its temperature. This system is in use for example in big hospitals, schools and hotels. Before making the decision which one of the delivery methods to adopt the costs and

value have to be considered very carefully, both can be successfully for the kind of right food service (Payne-Palacio & Theis 2009, 298).

2.14 The challenges of hot and cold meal deliveries

The delivered hot food is a practical option for the elderly who feels that cooking is too demanding. Receiving the hot meal daily is effortless and the customer does not need to do anything. If the meal has stayed hot enough during the delivery the customer does not need to warm up the food again. This is only accurate if the elderly is hungry at that exact time when the delivery brings the hot meal. The problem with the hot meal occurs if the elderly divides the delivered meal into smaller proportions for next day and does not cool the meal down in a professional manner. An other problem is that the elderly does not normally know the safety risks with temperature and it is impossible them to know when the delivery arrives that is it hot enough or how long it has been kept hot (Dammert et all. 2007).

According to the grocery regulations delivered hot meals can be kept for four hours under heat preservation. This brings challenges not only to the food preparation but also to the delivery system. After the food has been kept hot for four hours it is no more edible. The temperature of the hot food has to stay the whole time over +60 degrees. The biggest problems with hot delivered food are the hygienic, microbiological and the perceptible quality declines when the temperature is not right or the food is hot too long. The biggest risk is for microbes to grow when preserving or delivering the meal in temperatures from +12 to +59 degrees. Food services measure the temperatures regularly to make sure that the service follows the safety regulations (Dammert et all. 2007).

There has been lot of discussion about the elderly who were at home alone because they lack social contacts. The cold meal option would not make the situation easier because cold meals can be delivered for a few days at the same time. This would help the economic situation but the lack of social contact could damage the elderly (Dammert et al. 2007).

Some of the elderly are in very poor shape and can not always warm up the food themselves. This would increase the visits from the home care team but on the other hand the home care personnel would have to visit the unfit elderly daily anyway. Other difficulties take place when the elderly has problems with memory and could accidently eat all the delivered meals for few days ahead. This would not support the healthy eating recommendations and could lead to other illnesses.

The challenge of keeping the hot meal over +60 degrees until the customer receives the meal is huge. It would be reasonable to start delivering cold meals and to try to organize the

heating with the customers individually. It is important to make sure that they can warm up the meal with out any problems. (Suominen 2006, 30)

Not every elderly owns a microwave or they are not willing to use it. Cold meals can also be warmed up on the cooker after the delivery container has been taken off. The home care team has a big responsibility to assess which of the elderly can manage with the heating challenges. The danger is that the elderly forgets to take off the container and causes a fire or the elderly gets burned from the hot cooker (Suominen 2006, 30).

2.15 Factors of choosing the delivery system and planning the menu

Different companies have special requirements for deliveries and services based on the type of food service and the nature of the customers. Mainly requirements depend on the size of the company and the size of facilities in use. Other factors that affect the choice of distribution system are the style of the service, proficiency level of the personnel, economic factors related to labor and equipment costs. An important factor is the quality standard of the food especially the microbial safety. All these mentioned factors have to be considered together because these factors are interacting with each other and also have influence on the others (Payne-Palacio & Theis 2009, 298).

The starting point when planning a menu is variety and the need of the elderly. In the whole planning process the production equipment and the food delivery system should always be taken into consideration. The cycle is normally 3-5 weeks. A longer menu cycle is better it allows variety in the courses. In planning, the season needs to be taken into account and holidays. Holidays are treated as special days and these days the food is prepared without following too closely the healthy recommendations. The menus should be improved by a special development group regularly and the customers' feedback as a guideline (Valtion ravitsemusneuvottelukunta 2010, 60).

Meals are planned so that the courses' and raw materials' taste, structure and the colors match together and create a tempting whole. For the elderly who have lost their appetite it is important to have at least two meals to choose from. Another option for the elderly who have a little or no appetite left would be to prepare their favorite courses. Unfortunately this is difficult and very expensive to put into practice (Valtion ravitsemusneuvottelukunta 2010, 60).

Next are introduced the menumat and ateriali food services which are commonly used in Helsinki metropolitan area. Both services have a good reputation.

2.16 Menumat and Ateriaali

After lacking in success contacting the chief executive Jukka Penttinen the information about the menu-mat is gathered from their website and from newspapers. The company launched a unique meal machine which consists of freezer, return air oven and an instructional computer which indicates both machines. The meal machine is easy to use and very consumer friendly (Pullinen 2010).

The consumer orders from a menu desired menus for the next two weeks. A contact person from the company enters the ordered frozen meals to the freezer into numbered lockers. The consumer receives a list which is clearly mentioned the meal in every locker (Pullinen 2010).

Helsinki city decided to run a test period with the help of 60 elderly during last autumn and spring 2010. The idea testing the menu-mat came after some of the elderly requested that they would like to choose the time they are eating themselves. The machine is suitable for someone who is independent quite fit and who does not have memory problems. In the Helsinki area there are at present 130 machines and the popularity is rising slowly but surely. Menu-mat's manager Jukka Penttinen pointed out that there is negotiation going on with many cities. The home care team remembered that three menu-mat machines were installed at three homes of elderly people in Kerava but because it is not their responsibility they do not have any record or information how did the test go or whether these machines still exist in Kerava (Pullinen 2010).

The positive sides of the menu-mat are that the elderly can choose the time they would like to eat and that the food is chosen by themselves. In the long run the machines can also save some money, especially for the municipality, it is calculated that the savings could be a half as cheap as with the traditional food service. There are also some negative sides. Some of the elderly need help from the home care service to open the hot foil which means that they need to time their eating with the nurse visits. The other concern is the lack of human contact, even though the delivery driver only drops the meals, it is still a daily visit and without it the elderly could start to feel 'cabin crazy' (Pullinen 2010).

Ateriaali offers different food and grocery shopping deliveries for the elderly and kindergartens in the Helsinki metropolitan areas. The food service personnel not only deliver the food to the customer but also confirm the wellbeing of the customer and helps with the medicine intake. The company offers services to municipal and private customers. In 2010 they delivered 41 000 meals monthly. The biggest difference with the municipality services are that they offer 4 different main courses daily. The meals can be ordered hot or cold and they are prepared to deliver several meals at the same time (Mainio Vire 2010).

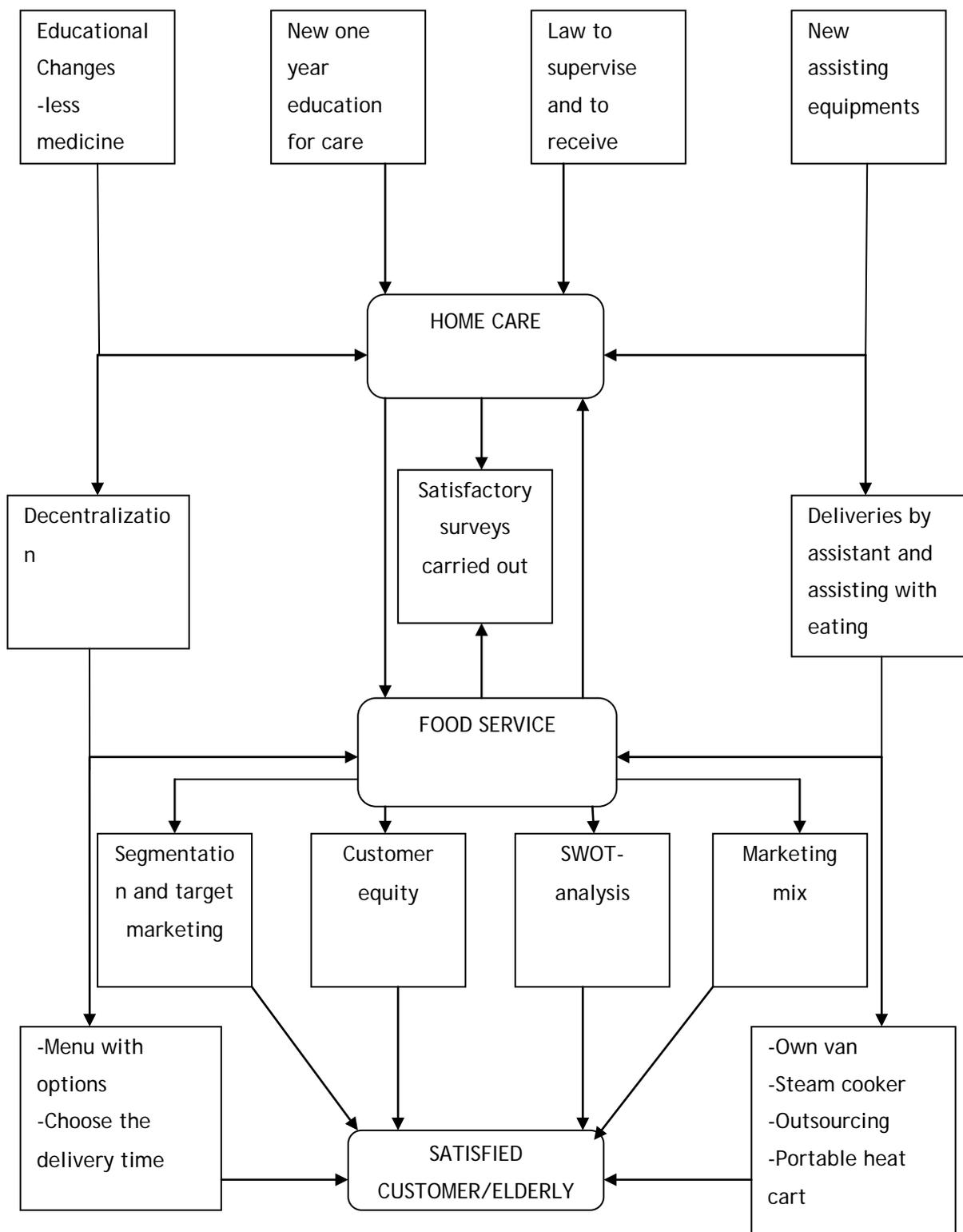


Figure 6: Optimum reference frame

3 QUALITATIVE RESEARCH METHOD

3.1 Purpose of the research

The focus of the study is to consider the elderly as a paying customer and to figure out the need for food services in the future in Kerava. Unfortunately the elderly experience that they have no rights to say their opinion about how the services are running at the moment. They have to accept whatever services they are getting without options. Many times the service providers forget that these elderly are also paying customers and should receive the best service possible. Mostly these services are run by the municipality and there hardly ever exists reasonable competitors. Food service for the elderly is a new and fast growing market to enter for private companies.

Because the research focuses how to improve the food service in the future the interviews were made with pensioners. The future factor is the reason why the interviews were made with the pensioner group and the restriction to interview the existing customers. These interviews are made to find out the problems with the marketing and the important of the opinions of the future customers.

When carrying out customer surveys or interviews about services it is good to pay attention to that the customers do not necessarily have the information about safety issues which are linked to keeping the meals hot by packing the meals in the right method and delivery. These arguments should not stop the service provider from asking the opinions of the customers. The opinions and ideas of the customers are valuable and help them to come closer to reaching more satisfied customers.

On the other hand, there is always a danger that the decision makers forget to include the important practical matters when making the decisions. The main reason is that they are thinking about how to spend less money and be more effective. Therefore the interviews with service users or potential customers offer important knowledge to bring to attention of the decision makers.

3.2 Qualitative research

This study was accomplished using qualitative methods. In qualitative research material can be collected by interviewing or observing people and using written or illustrated sources. The method explores attitudes, behavior and experiences.

In qualitative research the number of cases is normally relatively small and therefore the cases are studied deeply as possible. For this reason the objectives are chosen very carefully. However the researcher does not have to have any expectations before carrying out the study.

3.3 Data collection

The first interview was held with the elderly service manager Raija Hietikko-Hämäläinen and her home care team colleagues on 9.9.2010. The purpose of the interview was to gather as much information about their services as possible and also to introduce the purpose of the study. They also kindly advised another contact the head of the food service Liisa Eloranta.

On 14 the September 2010 an interview was held with Liisa Eloranta. She explained the main choices the elderly have when choosing the food service in Kerava but mentioned that most of them are only theoretical and not in use at the moment. In this meeting the purpose of the study was also introduced with a positive response from Liisa Eloranta. She introduced her concerns about the service in the future and offered her full support to the co-operation.

Unfortunately, later in the research limitations were introduced and not all questions were answered. The reason could be that the head of the food service was extremely busy or that they are not ready for changes. She was also worried about the privacy of the elderly.

A telephone interview was held with Tarja Hopponen on 15 December 2010. She is working at the nutrition center and is responsibility for the elderly food service. Tarja Hopponen clarified the process from the order to receiving the dirty dishes and the importance of temperature measurements.

The data was collected with the help of Maila Hölttä the chairperson of the group Eläkeläiset Ry. The interviews were held during a pensioner's event. The interview situation was controlled by using semi-structured questionnaires to gain a certain framework.

3.4 The choice of the research method

In this study a qualitative research method was used to approach the elderly even though the figures and tables are from the SPSS-program. SPSS is a computer program used for mainly

quantitative statistical analysis. The SPSS-program is used to present the tables and figures in more professional matter. The study is focusing on the feelings and perceptions of the elderly. Cooper and Schindler (2006, 196) claim that qualitative research is ideal if you want to extract feelings, emotions, motivations or perceptions.

4 EMPIRICAL STUDY

4.1 Services for elderly persons by Kerava municipality

Kerava is a medium sized town and is located 27 kilometers north from Helsinki. The neighboring cities are Vantaa, Tuusula and Sipoo. Kerava has a population of 34,200. 3600 are over 65 years old and almost 40% of these elderly are over 75 years and 20% are over 80 years old (see Table 5). Between 2000 and 2002 Kerava has created a strategy and performance plan which gives guidelines to develop elderly care services until 2020. The major strategy is that Kerava will concentrate on supporting the elderly to live at home as long as possible. The objective is that about 90% of over 75 years old are living in their own homes.

Age groups	<65 (50-64)	(65-74)	(75-84)	(85-
2000	6033	1661	853	241
2010	7722	2042	1230	365
2020	7928	4171	2025	507
2030	8324	4128	2826	829

Table 5 : Elderly in Kerava 2000 and the prediction for 2020-2030

The home care service objective is to support a customer to cope with everyday tasks as independently as possible. The need for home care services is evaluated in cooperation the customer, home care employee, if necessary with the close relatives or with social or healthcare personnel. After evaluation the customer receives a personal care and service plan. The plan is made for seven days per week if necessary. Home service includes basic care of the elderly person. They also supply monitoring for persons who need attention from nurses. Some persons receive help with taking their medicine. Duties are carried out through teamwork.

There are also other services where elderly persons can need help. Kerava municipality provides different services with private companies assisting to help the elderly to live alone. Two private companies offer a food shopping home delivery service aimed at elderly who are

too weak to go shopping but still strong enough warm up food or even cook. Kalevantori and Ahjontori deliver the shopping directly to the customer's house door. A laundry service is performed by a member of the home care team if the person does not own a washing machine or is not capable of doing the laundry. Security services are supplied by Esperia Ab. However, elderly person needs to find cleaning services from somewhere else.

4.2 The Nutrition center in Kerava

The Nutrition center prepares food from breakfasts to evening meals at different ages for Kerava's citizens. The kitchen prepares 1500 meals on weekdays and 700 on weekends daily. They try to serve healthy and at the same time delicious food. Since 2006 the kitchen has used a new quality standard of activity measurement. It measure the quality of basic standard of activity, fat and salt consumption and briefing from the customer. It is a useful tool to find out if the diner has the ability to choose a meal in a line with the nutrition recommendation. This was introduced to keep the nutrition centre competitive and to develop its quality to keep customers satisfied. The kitchen also ensures that all special diets are taken into consideration and that the diet meals will be cooked with high professional skills. There is a menu from which the elderly can choose the daily food; unfortunately there are not different options for each day to choose from. There is only one option of meal for everyday and the menu changes in six weeks cycles (Keravan ruokapalvelun keittiössä seurataan ravinnon laatua. 2006).

The Nutrition center prepares the meals that are delivered by taxis to the elderly person living alone. There are around 80 customers who get their meal delivered home daily. 60 of them also use home care services and receive a discount on the food. Around 20 persons are private customers; they do not use other home care services at the moment. The taxi drivers do not have social or healthcare education but are through a strict examination before being hired for the job (Eloranta 2010).

There are three taxis that drive different routes once a day. The taxi drivers start their rounds at 10.15 am every day. The routes are planned by the taxi drivers. The customers do not have the opportunity to choose the time for the delivery except if there is a doctor appointment the driver tries to adapt the delivery with the appointment but the timeline has to be during the round. They are trained for different situations. If the elderly person does not open the door he or she alarms the home care team straight away. In their job description there is also mention of setting up the food for the elderly person if required. For some elderly persons this can be the only contact with another person for days. The taxi drivers duties also include collecting the dirty plates. To keep the system under control the drivers and the head of the food service person held meetings regularly (Hopponen 2010).

To keep the customers satisfied the nutrition center invested in new plates. The old plates were changed to china plates to guarantee that the elderly persons receive hot food also at home. There are still some problems with keeping the delivered meal hot especially during those days when there are more deliveries than on a usual day. At the moment there is no intention to use more taxis to deliver the meals (Eloranta 2010).

4.3 Alternative meal options

There are other food service options for the elderly to choose from. Elderly persons who are still capable of walking without help can have lunch at any schools in the Kerava area after the pupils have finished their lunch. There are luncheon vouchers at a price of 5 Euros collectable from the city hall. There used to be a group of people who used this service regularly but at the moment no one is using this facility (Eloranta 2010).

At present the elderly persons have the possibility to order cold food from the nutrition center, but no one is using this opportunity. The cold meal option is readymade food which is cooled down in a correct method or prepared food ready to put into an oven. The reason for this service is to give the customer the option to choose what time the dinner will be served and make sure that the elderly eats more healthily. It is commonly known that during the days the elderly do not order the hot meal from the nutrition center they usually buy ready made meals from the supermarkets. One marketing aspect could be to emphasize the importance of healthy food and the benefits in the long run (Eloranta 2010).

4.4 How does the elderly find information about the different food services

In Kerava when an elderly person is 75 years old there is a need assessment carried out (see Figure 7). The home care service makes a home visit and assesses the elderly if she or he needs help with everyday tasks. Usually help with cooking is the first step to start using this service which means ordering the once a day hot meal from the nutrition centre (Laurila 2010).

The home care service also makes sure that during this visit they explain all the options for the food services to the elderly. There are at the present, the most commonly used, a hot meal delivered from the nutrition center, a similar service called Ateriaali which is a private company and MenuMat a frozen food vending machine. If the elderly decides to use some other food service than the one from Kerava municipality the contracts and orders have to be dealt with alone or with help from the relative (Kotihöito 2011).

Kerava municipality used to send home for every elderly age 65 or over a service guide but at the moment this is under review and there is no information when it will be ready for distribution. There is also only limited information on Kerava's home page. For this reason there is a help line for the elderly weekdays from 12.00-13.00 to answer all their concerns and advise about the existing services. There is a big gap about advertising school lunches to the elderly. No one actually knows how it is organized and how it should be proposed that

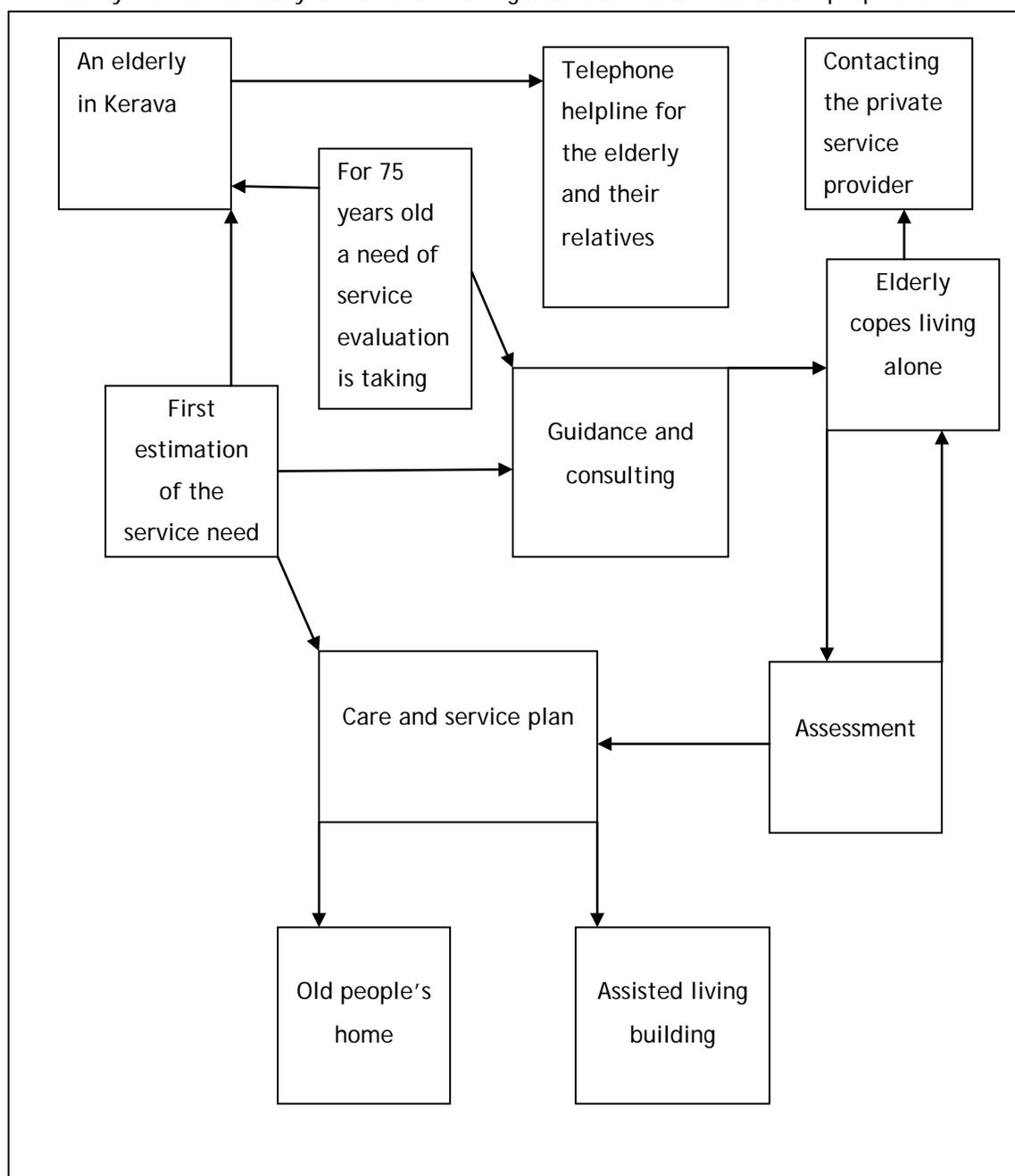


Figure 7: The health and social service assessment process for the elderly in Kerava

elderly would be interested in this kind of food service and start using it regularly (Laurila 2010).

4.5 How to place the order and cancellation

Those who are using the home care service are doing the contract and orders through the home care personnel. They also take care if some cancellation occurs. The so called private customers make the contract and orders straight to the nutrition centre. The cancellation should be done before 9am by phone. A day before cancellation is usually carried out by an e-mail from the home care service person. These cancelled meals will not be charged. (Laurila 2010)

This section of the study analyses the interviews with the pensioners from group Eläkeläiset Ry about their future need for food services in Kerava. The data was collected during September 2010. This section also introduces new opportunities for how to improve the existing system. The objective of the interview is to gain a general understanding of what kind of food services the elderly people would like to buy and how it should be marketed to them.

4.6 Eläkeläiset Ry

Corporation works for pensioners and elderly peoples' trustee. It was founded in 1961 in Kerava. It represents the elderly in elderly soviet and pensioners' organizations. They also organize events for the elderly, some of which are weekly. The most popular events are the Monday club and chorus. They also offer other activities, for example walking group, handicraft and needlework, Boccia game and river dance. (Keravan Eläkeläiset)

The interview questions were designed in line with Liisa Eloranta the head of the food service in Kerava. Mainly they concerned about which options other than hot food delivery the elderly are considering. The pensioners answered about background, profile, and general knowledge of the food service. Other topics were cost and marketing questions.

In the background and profile matter, general information about the elderly's food shopping habits and their cooking routines were gathered. It is important to know about their attitude to food and cooking when improving the service. Without this information it is impossible to meet the demand. An old principal in trading has been that the customer is always right. Unfortunately it does not apply to the elderly. Most of the time they have to compromise with the service that they are getting and feel left alone with the problem.

4.7 Interviews: How to improve the food service for the elderly in Kerava

The Interviews were accomplished at a pensioner event. It was noticeable that the elderly felt uncomfortable about answering questions about food services. They have an attitude to cook for themselves until it becomes impossible. Most of them were hoping that they would never have to rely on the food service. 18 of the participants answered the questions with the help of the interviewer and Maila Hölttä. Women were more active in taking part in the research with 12 women which is almost 68 percent. The youngest person was 65 years old and the oldest was 97 years old. More than half of the elderly were between 71-80 years old (see the Figure 8 below).

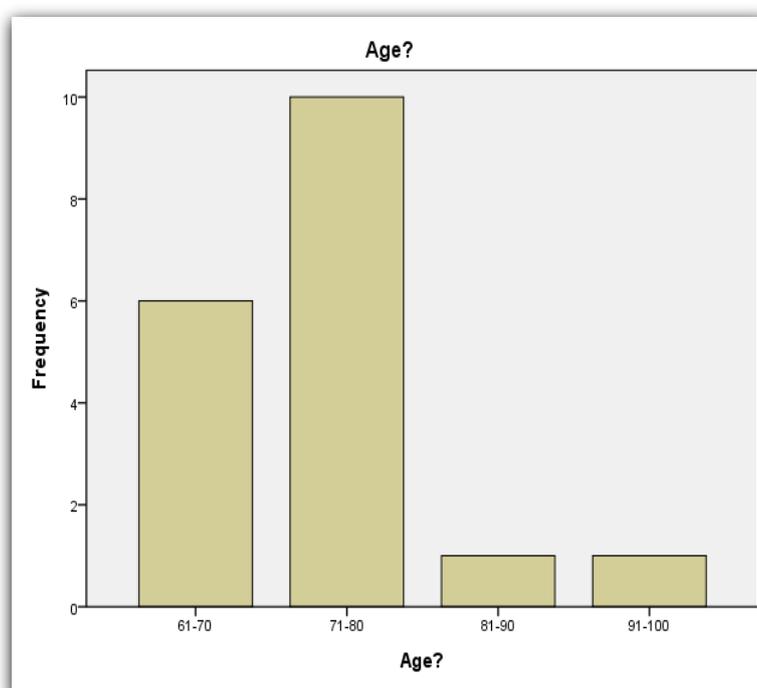


Figure 8: Ages of the respondents

The questionnaire's first questions were formed about profile questions. First they were asked how they would describe their cooking skills. Surprisingly almost 80 percent (see Table 6 below) felt that they were good cooks and only one person described himself/herself as a person that can only cook potatoes. This question raised many questions and the atmosphere changed from humble to noble. After ensuring the answers are totally depending of their own opinion the result was coming closer to the truth.

	Frequency	Valid Percent
Valid I can cook potatoes	1	5,6
I can cook easy food	3	16,7
I am a good cook	14	77,8
Total	18	100,0

Table 6: Cooking skills of participants

An important background question is whether they use a microwave. This clarifies the opportunities in the future to bring different service to the elderly for example about the cold food option delivered. Only 2 person from the total 18 answered that they do not use microwave which is 11 percent.

The fifth question was to find out how many days per week the elderly are eating home cooked meals, in a restaurant or using ready made meals from the supermarket. All of the respondents claimed to eat home made meals at least 5 times per week. The most common answer with 72 percent was 7 days per weeks eat home cooked meal. 16 replied that they do not eat at all in a restaurant and 14 answered that ready made meals from the supermarket is not an option.

Another background question asked was from where the elderly buy their groceries. Most of the respondents 84% bought their groceries from the shops located in central Kerava. Some of the elderly still drive, some cycle and the rest walk to do their grocery shopping. The rest, 16% , responded that they bought their groceries from shops located close to where they live.

Another question about their buying habits was whether they would like to get their groceries delivered home. Only 3 people would like to use this service and the remain 15 answered no. The elderly explained that they would like to choose their products themselves, especially where there is an expiry date and to choose the freshets vegetables and fruits. Nearly every one of them thinks it as an experience to go shopping where they can meet other people and interact. Especially if they are lacking contact with other people and feel lonely in their accommodation. Many pointed out that a grocery delivery service would come into considerations only if their health condition changed dramatically.

The next question was to observe how much money the elderly spend on their weekly grocery shopping. The spread was very high, where the lowest amount was 15€ and the highest was 120€. Shockingly over 60 percent spent less than 60€ per week on shopping (see Table 7

below). However the elderly explained that they know where the cheapest prices are and they have experience how to cook tasty but cheap food. The pension is small and is not enough for luxury food and luxury items many answered.

How much money do you spend for your weekly groceries shopping?

		Frequency	Valid Percent
Valid	10-30€	1	5,6
	31-60€	11	61,1
	61-90€	3	16,7
	91-120€	3	16,7
	Total	18	100,0

Table 7: The estimated weekly expenditure for groceries

The next question asked was whether they spend more money for food during weekends. This was the last profile question and the purpose was to understand how much value the elderly gives to luxury food. Only 7 answered yes and the rest 11 answered no.

The questionnaire continued with some marketing questions and awareness about the services provided by the Kerava municipality. The question was, whether they were aware that the nutrition centre delivers hot meals daily. 5 of the 18 had heard about the hot meal delivery service for the first time and the rest were aware of it.

Then they asked if they ever had eaten these meals. 16 replied that they never had the opportunity to eat these meals. They gave the impression that luckily they did not because it would mean weakness and illnesses.

Even that it was established that not many of the respondents had eaten these meals the next question was whether the food was excellent, good, did not taste good, horrible or I had not been eaten it. One responded that the food was good and the other one answered that it did not taste good. The rest answered that they had not eaten it.

The following question concerned how they would like to place the order. The reason for the question was to learn more about these respondents ability to use the internet. At some point in the future there might be a possibility to cut costs and for example make orders in real time without many people getting involved. By using the internet was the most popular answer with 7 people but also placing the order by phone was common with six respondent's answers (see the Table 8 below). One person did not answer at all because she was very confident that she would never need to place an order.

		Frequency	Valid Percent
Valid	visiting the office	4	23,5
	on the phone	6	35,3
	on the internet	7	41,2
	Total	17	100,0
Missing	System	1	
Total		18	

Table 8: Placing an order in the future

The concerning issue is whether the elderly receives quality for they money. Because the interviews with the existing customers did not succeed the question asked from the elderly was how much are you prepared to pay for the delivered meal. When ever the question is about money the spread is very high. It was clear that every each of them had a different background and a different amount of money to spend. Almost 10 elderly would be prepared to pay between 4.10-6.00€, 3 would only pay 2.00-4.00€, 4 would pay 6.10-8.00€ and one could even pay between 8.10-10.00€ (see Figure 9 below).



Figure 9: How much should the price be for the delivered meals

The next question concerned how well the municipality is dealing with the marketing and communications in Kerava. The question was from where they heard about the nutrition centers' delivered meals. Most of the elderly interviewed did not hear from the service directly from the municipality but from a friend. There were also 4 participants that had heard of the service for the first time (see Table 9 below).

From where did you hear about the nutrition centres' delivered meals?

	Frequency	Valid Percent
Valid from a friend	8	44,4
from internet	1	5,6
from a leaflet sent by municipal	2	11,1
This is the first time I hear about it	4	22,2
from somewhere else	3	16,7
Total	18	100,0

Table 9: How the information was received

The hot meal service is not the only service that the Kerava municipality offers. There is an opportunity to have lunch at all of Kerava's schools after the pupils have finished. The vouchers are collectable from the city hall with price about 5€. The elderly were asked, are they aware about the school lunches organized for the elderly. Only 4 had heard about this service before and the rest 14 replied that they did not know about this service.

Many were interested in whether anyone was using the service at the moment. Unfortunately the nutrition food service head person had explained that there is no one using this service at the moment. Most of the elderly were excited to hear about this service and said that they could seriously consider this kind of alternative for the hot meal deliver service. They drew attention to the fact that they would not go alone but in a small group. One reason for their positive attitude for this service is their positive feeling about children.

The following question was asked to discover these 4 respondents had heard about the school lunches. All of them answered from a friend. There was a small group of elderly who used to go to Savio school quite regularly to have lunch. Unfortunately, they also stopped using this service a while ago.

The next question was chosen to keep in mind the importance of customer satisfaction. At the moment the elderly can only choose if she or he is happy with the day's food and decide to place an order for the day.

The menu is prepared at least for the next 6 weeks. The lack of options and self selection of the delivery time are the biggest problems with the service and shows how much potential there is for improvements to be made. The problem with the elderly is that they are demanding. They do not know the process well enough. The attitude from the municipality is at currently to 'take it or leave it' and if they leave it they are alone and could end up with no help at all. For this reason it makes it easier for the service provider to use the elderly people's vulnerability and leave improvements to occur in the future.

The question asked was, would you like to order food from the nutrition center from a menu with a few options. 73 percent of the respondents would like to choose their hot meals from a menu with a few options. There was only five person few did not feel it was necessary (see the Table 10 below). These five answered no because they had decided that they are never going to use a nutrition centre service in the future. No matter what happens. Their decision does not consist only from the attitude against the service but losing their independency is their worst fear.

Would you like to order food from the nutrition centre from a menu with few options?

	Frequency	Valid Percent
Valid yes	13	72,2
no	5	27,8
Total	18	100,0

Table 10: Introducing a menu with few option

The following question was to give an idea about what could be carried out to improve the service. A car with a steam cooker is used in Japan to deliver food which is made in a restaurant, cooled down in a professional method and warmed up again in a steam cooker in a car just on front of the customers' front door. This has been a big success in Japan. Concerns about the elderly were raised by Mitsubishi and they also made some effort to help with the appalling situation. The food is made in their restaurants and delivered at the time the elderly has ordered the delivery.

The question was whether they would like to order hot meals which are prepared in a restaurant and warmed up in a car in a steam cooker. 12 of the respondents answered no and only 6 answered yes (see the Table 11 below). Even after explaining to the elderly the process they did not change their minds. What the service provider needs to focus on is to know the elderly eating habits and attitude to food. These elderly interviewed do not eat often in a restaurant and do not want to eat restaurant meals.

Would you like to order hot meals which are prepared in a restaurant and warmed up in a car in a steam cooker?

	Frequency	Valid Percent
Valid yes	6	33,3
no	12	66,7
Total	18	100,0

Table 11: The opinion of a car equipped with a steam cooker

The next question asked what kind of service the elderly would like to use in the future. They were asked to place the following food services in order from one to four, to which they would mostly prefer to use. One represents the most likely and four stand for the least likely (see Figure 10 below) where it shows that the hot meals is the most popular answer. Cold meals for second choice were also one of the popular answers. The figure clearly demonstrates that menumat was the least popular answer, getting most of the fourth choices chosen.

School lunches received almost the same amount of first options and last options. This demonstrates that some of the elderly are still active enough to walk to the schools for lunch. At the same time it shows that for some elderly the walk is not an option while considering the food service choice.

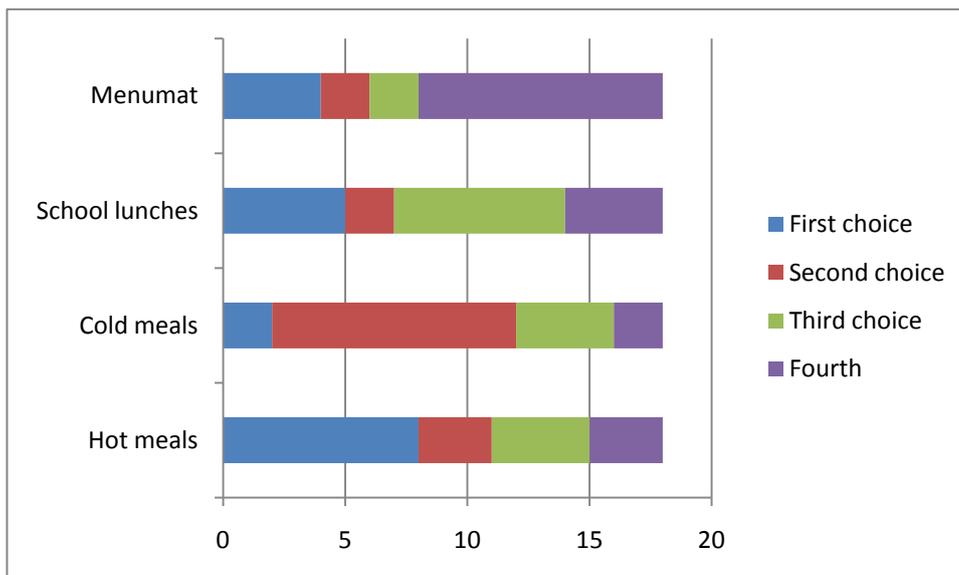


Figure 10: The most favorite food services

Then the elderly were asked to put the following criteria into the most important order from one to six when making the decision to buy. One stands for the most important criterion and six for the least important criterion. See the Figure 10 below where it shows which the most important criteria is for the elderly interviewed. The options are: importance of quality, importance of taste, importance of easiness of eating, importance of time when to eat, importance of healthy food or importance of price.

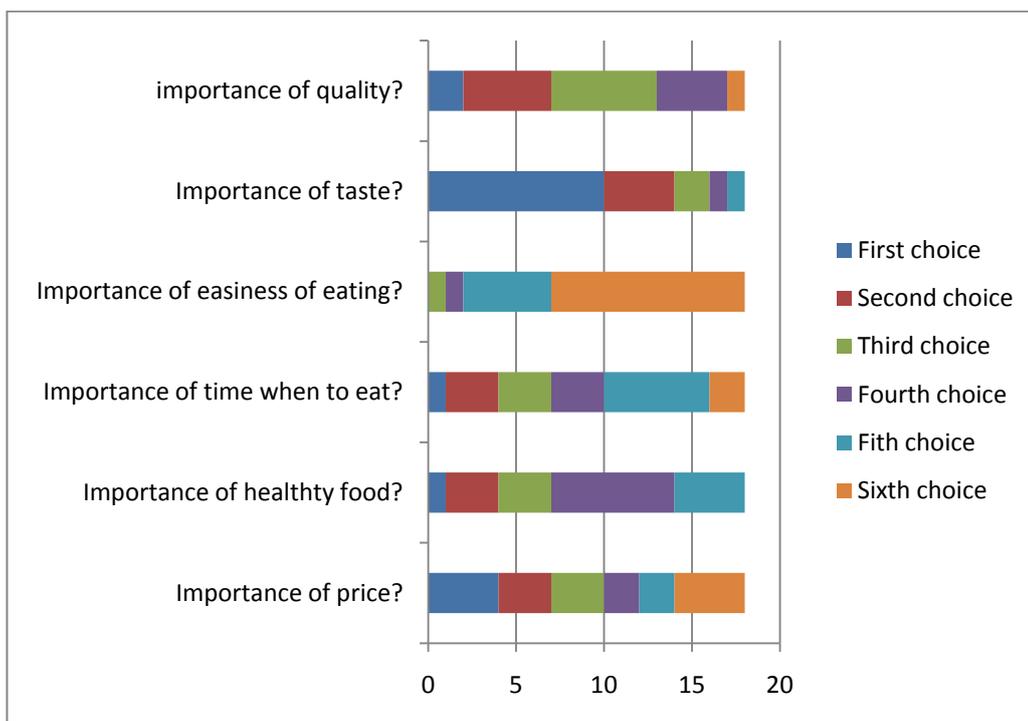


Figure 11: The importance of different criteria's when choosing food service

Another marketing question asked was, how would they like to receive information in the future about the food services offered by Kerava municipality. The most popular answer with 11 people was by leaflets distributed home (see Figure 12) 4 people wanted to receive information about the food services by leaflets distributed at events for the elderly. From the internet Kerava's homepage, adverts in local newspaper and some other channels was chosen by one respondent. The person who would like to receive information through other channel answered that they would like to hear about the food service on the radio.

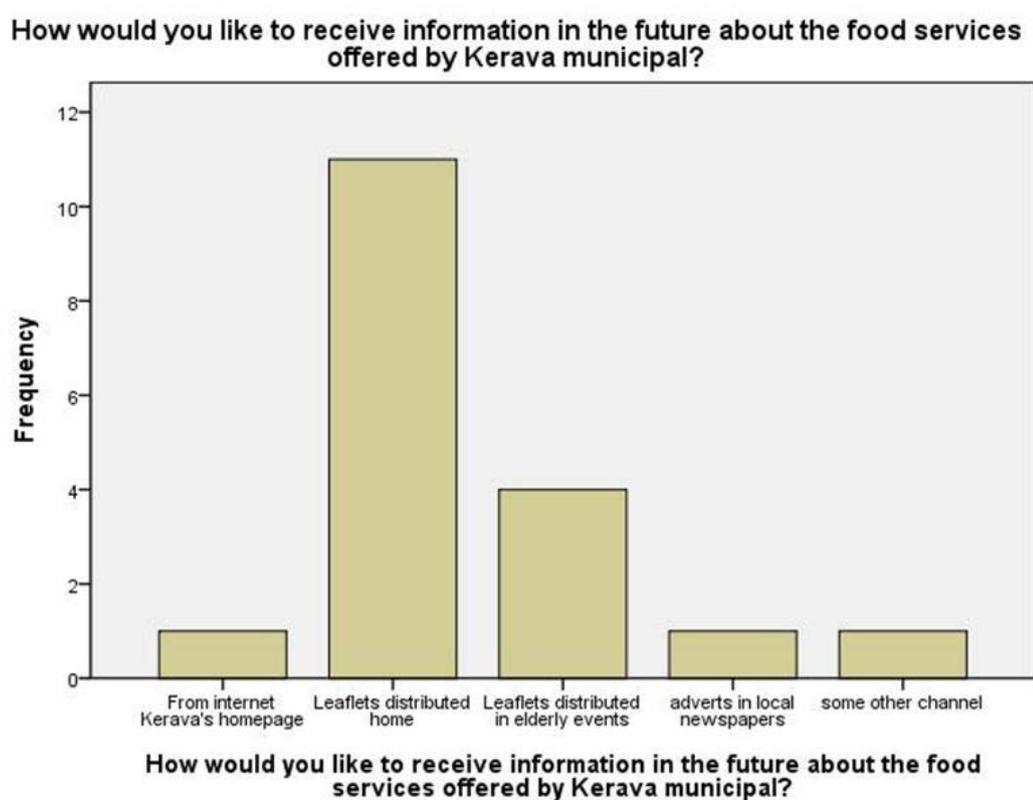


Figure 12: How should Kerava municipality advertisement their services

4.8 Observations during the interviews

Interviewing the elderly or any kind of group of people can be a challenge. The interviews and collection of the data took place after their outdoors activities. Gaining the elderly's trust and giving their much information they needed during the activities was successful and made the process much easier later when actually interviewing them. Most of the elderly were quite suspicious and showed their negative opinions openly.

First they thought that the interviews were about trying to get the elderly to eat healthier and kind of force them to change their eating habits. A person very loudly explained that she has been eating salt, fat and butter all her life and never had any problems with cholesterol. She also pointed out that she would never change her habit because then the food would not taste of anything. She also refused to take part in the interviews, explaining that she will not have anything to do with the Kerava food service.

After explaining to her several times that taking part is voluntary and that the interviews are made to find out the opinions of the elderly to find out the ways to improve the service, she also agreed to answer to the questions.

This group of elderly was not rude but they were confused and scared. Some of them walked with the help of a walker and some of them were very healthy and could still play outdoors games. Even though they were of different ages and backgrounds they seemed to enjoy and help each other to get the best result in what they were playing.

Food service for these elderly would be the last option after cooking independently is become too difficult. The meals that are delivered by the Kerava nutrition centre have a bad reputation with the elderly, they think the food as tasteless and that all the meals are produced with a blender. Changing their attitude about the food is difficult but if the municipal would send more information to the elderly it would be the first step closer to starting a new customer relationship.

Only two of the 18 elderly have eaten meals that the nutrition centre prepares. The prejudice could be changed for example if the municipality would invite the elderly to an elderly event where nutrition meals are served. These elderly made it very clear that healthy food does not mean the same to them as to the nutrition centre. They are used to use Finnish seasonal products and reasonable amount of butter and salt. They do not see the point in changing their habits now.

The nutrition centre, in their opinion is only focused satisfying a certain group of elderly, which is a group suffering dementia and other serious illnesses. There should be available normal food for elderly with normal health and diet food for the elderly who require diet food because of their illnesses. As mentioned earlier only five elderly do not think there should be a menu to choose from. They made it very clear that they do not need a menu because they are not going to order any meals in the future. The majority who would like to choose their meals from a menu said that as paying customers they would prefer at least a few options. It was sad to notice that these proud active elderly feel that they are a burden to the society and municipality and would rather mind their own business than complain.

Other issues discussed included the price. Most of them felt that the price was too high for a pensioner. Eleven of them only use less than 60 Euros for their weekly shopping. If they ordered meals from the nutrition centre every day they would spend almost 80 Euros per week and that would only cover one daily meal. They still needed to provide other meals like breakfast and dinner themselves.

The last two questions were open questions. How would you like to improve the existing food service or what kind of food service would you like to suggest to Kerava municipality. Most of the respondents pointed out that at the moment they are not using this service and do not have enough information to answer the question. One suggested a cooking nurse. Another one proposed to continue the deliveries but that food would come from another kitchen.

The last question asked was, what kind of food service would be the best service for the elderly. The most popular answer was itinerant cook. Who would cook for every elderly food taking into consideration their own taste habits. Many also suggested that good service appeared when the service is flexible and the food is variable.

5 CONCLUSION

5.1 Findings

It is important to keep in mind that one day almost everyone of us is going to be an elderly person and possibly require help in our every day tasks. The findings parts consist of a comparison between the introduced theoretical aspects and the way this is dealt with by the Kerava nutrition centre. The opinions are gathered from the elderly interviewed and from the interviews with the personnel from the nutrition centre and the home care team. A major part is the writers' thoughts and observations during these mentioned interviews and implying them together to receive the best development benefit objects to improve the services.

The business theories are also introduced again to show the link between the Kerava food service and the satisfied customer.

Customer equity

The nutrition centre has found the customer equity. In many elderly's opinions the equity is received for the wrong reasons. The long term relationships occur because the existing customers most of the time do not have another option to use another provider firstly

because they are more expensive and secondly because the home care team would not help to place the orders or help with problems.

Segmentation and target marketing

The nutrition centre uses the demographic segment to narrow down the market. The segment is measurable with 3600 elderly over 65 years old and almost 40% of these elderly are over 75 years and 20% are over 80 years old. The segment is big enough to receive the best benefits. At present the service is only intended for the elderly. They have also received calls from busy mothers at home taking care of kids and requesting to get the service. At present the nutrition centre can not expand and begin marketing to other segments because of the delivery system.

Targeting the market with services that satisfy unique needs of the customers does not take place at all. As mentioned earlier, the customers do not have the opportunity to choose what time they eat the hot meal, and choose the meal from only one option clearly does not satisfy every customer's wants. Target marketing to the existing elderly in Kerava could be performed broadly, narrowly or even between. Currently they are not using any marketing method.

Customer perceptions

Every customer has a different perception of the service because we are all different. For example, in an assisted living building, (palvelutalo) some of the elderly could have the perception that there is 24 hour service for every need if no one has not explained the services provided in the building properly to the elderly. In particular the Finnish name 'service building' can be misleading.

SWOT analysis

The term SWOT stands for the words strengths (S), weaknesses (W), opportunities (O) and threats (T). The analysis is a practical research method to find out the current situation in a given organization in this case the nutrition centre. This would help to discover concrete performance areas where strengths could be made stronger, the weaknesses reduced, benefits drawn from the opportunities and preparations made for to the threats. The SWOT analysis is easy to make and gives the opportunity to analyze the same matter in different areas (see Table 12 for the SWOT analyses made about Kerava food service).

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> ›many elderly in Kerava ›professional personnel ›good relationship with the drivers and home care personnel 	<ul style="list-style-type: none"> ›not carried out customer satisfaction surveys very often ›not focusing to marketing or giving enough information ›menu too simple ›not concentrating on the customer needs ›food not hot when serving
<ul style="list-style-type: none"> ›many elderly in Kerava ›changing customer taste ›new distribution channel 	<ul style="list-style-type: none"> ›growing competition ›awareness of the elderly ›fit elderly ›changing customer taste ›changes in government policies
<u>Opportunities</u>	<u>Threats</u>

Table 12 : Nutrition centre Swot analyses

5.2 The next generation

The approach at present is to support the elderly to live at home as long as possible simply for the reason that there are not enough places to transfer the elderly. This situation gives the service provides both home care and food service a huge challenge. During the interview with the home care team they underlined the problem which is that the most people ordering food from the nutrition centre are having trouble with memory.

The next generation of the elderly is different; they are healthier, more demanding and have different expectations about services and life. The nutrition centre should take this into consideration when improving the service and looking to the future. Some of the elderly who are just retired have worked using computer and microwaves daily. In the next section there is some objectives which could lead to a better service in the future.

5.3 Information/Marketing

The municipality does not share enough information about the food service than would be needed. If the elderly find out about the options before it is actually required they will have enough time to get familiar with the idea of losing their capacity to cook and with other everyday tasks. This would help them to accept the food service and think more positively about it.

One idea could be to organize an open day for all elderly in Kerava who are not using the service for example from the age 70 years onwards. To make this open day a success it would be advisable to organize it with the help of the group Eläkeläiset oy. The meals could be served after one of their events, for example after an outdoors activity day.

The interviews made with the elderly brought up how important information is to them. The best way to receive information in their opinion is through the letter box or by handing out leaflets in some elderly event. There are many elderly at Kerava who are not aware what kind of service the nutrition centre is providing at present.

A well functioning information system between the customer, home care team and the food service provider helps to offer better a service. At present the home care team is uses either the phone or internet to deal with the orders and cancellations to the nutrition centre. The system could be updated to avoid confusion. The elderly of the future could also use internet because the cancellation can be done in real time.

5.4 Customer satisfaction

Customer satisfaction surveys are a very important component when improving the service and making it more customer' oriented. The main questions could be about taste, menu and time of the delivery. These questions could be given to the private customers who are only using the food service and are not depending of the help of the home care team.

Completing the customer satisfaction surveys could be difficult for the elderly and for this reason receiving the right information about the service requires information from different sources. In Kerava the taxi drivers could collect the feedback from the elderly and pass it on to the person who collects the dirty dishes from them. Also the home care team could collect the given feedback about the food service from the elderly and e-mail it to the nutrition centre. Collecting and filing all the information together is a challenge but the benefit will show in the innovation needed to serve more satisfied customers. Communication between all the sectors who are dealing with the process is essential (see Figure 13).

Development objectives for the food service

The scope of this study was to come up with development objectives for Kerala food service from the perspective of the elderly. During this study there were few issues. The ending of the conclusion part is explaining the advice learned from the elderly.

5.5 Menu

The nutrition centre is serving food to paying customers. Therefore it would be necessary to improve the menu and give the customers at least two options to choose from. While improving the service process the customer necessities should be taken into consideration and used as a starting point to reach the best result. The customer as an individual should receive the best meal package possible. For that reason the customer should have the opportunity to influence and for example choose the meal from two different options.

5.6 Cold food

The nutrition centre is also able to deliver cold food to the elderly. At present it is not very popular due to the lack of marketing also this choice of the service. The new generation of elderly is used to individually microwave or warm up food by other techniques. Other alternative would be to deliver the meals for the weekend cold on Friday example with the hot meal delivery. This should bring the customer discounts when invoicing. Not only could the customer decide what time he or she eats but also the customer would benefit financially.

This alternative service should be marketed to the customers in the right way to the right potential customers and ensure that the home care team is aware of the cold food service also. The purpose is not to change the customer's meals completely to cold from hot. The customer would have the opportunity to order both kinds of meals during the week. This would also give the opportunity to concentrate on those people who may need a bit more help with eating. If more customers ordered the cold meals for a few days, the 3 drivers would not be over booked and the delivery would arrive to the end customer hot.

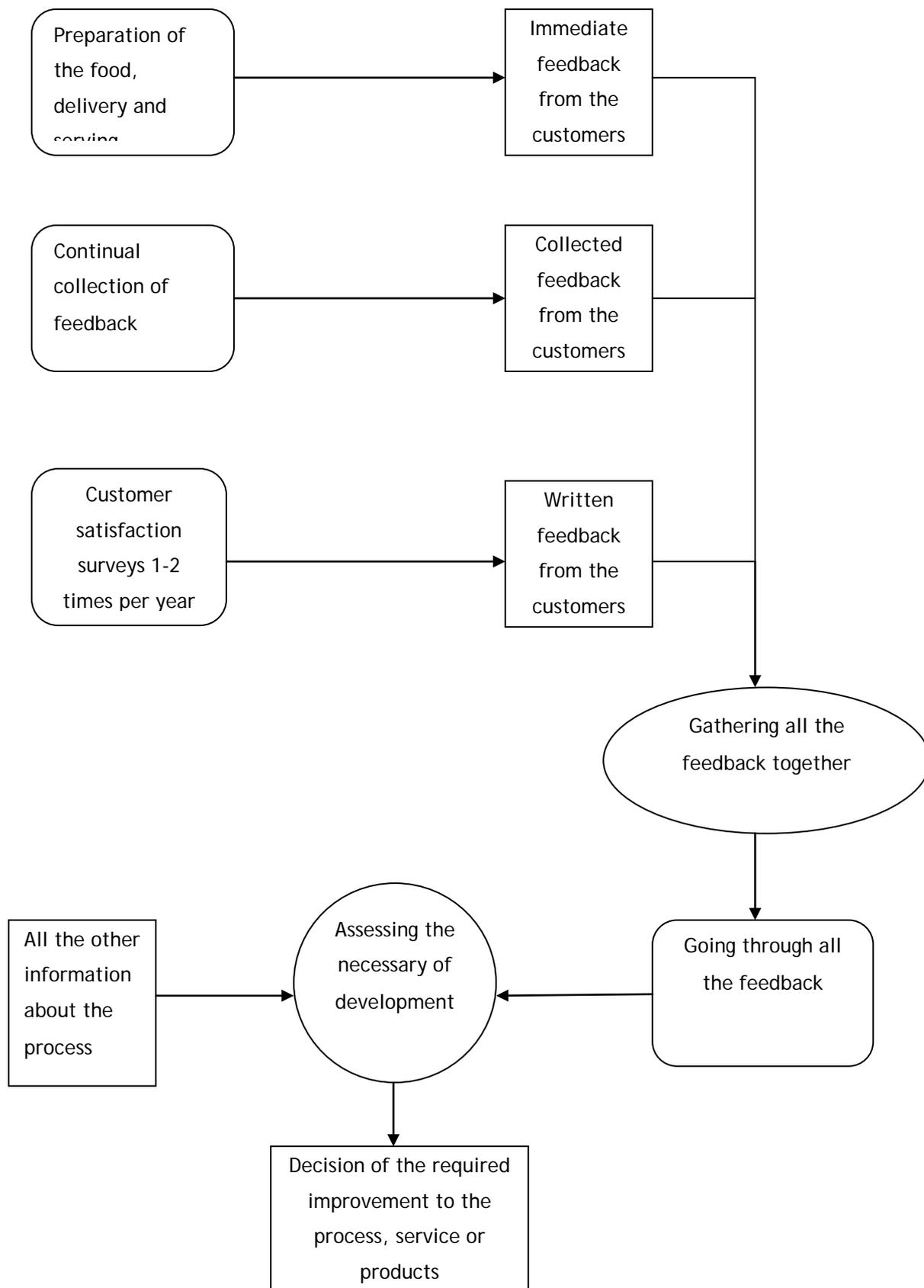


Figure 13 : Collecting customer feedback

5.7 Using a different delivery system

At present 3 taxi drivers deliver the hot meals daily to the customers. During the interviews it was mentioned that the delivery is not achieving all the set targets. For example during those days when there are more customers than usual the number of the drivers stays the same and the food does not reach the customer hot enough.

One option could be to invest in an own delivery van. The prices are around 10 000 to 15 000 € for a van registered in 2000. It be could equipped with a steam cooker which reduces the risks of delivering food that does not fulfill the temperature recommendations. Another option would be to buy a special portable heat cart which is insulated for temperature maintenance (see Figure 14).

A long term unemployed person could be employed as the driver. The job could be part time or the person could also deliver current matters inside the Kerava area between different offices. Or the job could be like a handyman job, where the employee first task is to deliver the food for elderly but also carry out little repairs on the municipality buildings.



Figure 14: Portable heat cart

Kerava already uses decentralized system with the school lunches. Five schools and the nutrition centre are preparing meals for their pupils and also deliver the main courses to

smaller schools in the Kerava area. The idea would be to use some of the 3 main schools to also prepare and deliver the meals to elderly. The nutritional level should not differ dramatically because it is also carefully calculated for the children because for many of them it is their only hot daily meal. Kerava could still use the 3 taxi drivers but the delivery journeys shortened and the cost reduced. The schools should be chosen by the number of elderly living in the same area.

Help from the home care team

It is not very realistic that if for all the home care personnel are required to have a university of applied sciences degree and at least 3 and the half year studies behind them. The social sector which includes the elderly urgently needs helper who could carry out less demanding tasks such as helping the customers with eating, hygienic and with every day tasks. This would also be a solution to the workload for the home care nurses and help with the financial situation. To guarantee the quality of the service there have been plans to create a one year educational line for care assistants.

One idea would be to employ these care assistances also in Kerava. These care assistances would already help the elderly with eating and therefore they could also deliver the meals for them. This could offer the elderly better value for their money. These days when the school lunch meal differs from the nutrition centre the elderly could have two options to choose from. This system needs perfect communications tools between the home care team, nutrition centre and the main schools who are preparing food.

5.8 Outsourcing

One serious option is outsourcing. The nutrition centre has already outsourced the delivery. The whole food service could be outsourced to a private company which carries out the food preparation and the delivery. There are few food service companies that have both kind of customers private and through municipality in Kerava area. For the planned service it is crucial to ask for bids from every considerable service provider to receive the best quality for the tax payer's money. This a good option to improve the cost efficiency and quality of the Kerava municipality's own service (see the Figure 15 below) how to choose the service provider.

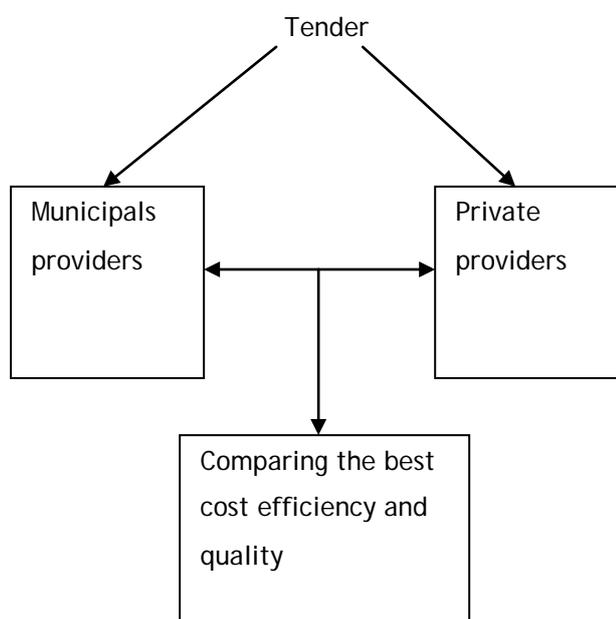


Figure 15: Choosing the service provider

5.9 Prevention

In some cases the timing could be too late to start with healthy nutrition with the elderly. An other issue could also be that the elderly receive one delivered healthy meal from the nutrition centre but the other meals that the elderly eats during the day can be very unhealthy, especially the ready cooked convenience meals from the supermarkets which include lots of preservatives, artificial colors, hidden fat and more salt than recommended.

Children receive a good education about healthy eating in schools and the school lunches are contracted in the guideline of the food circle. Later when they start their careers and adopt the busy life styles many forget the healthy eating and snacks and takeaways replace home cooked dinners. Obesity has become a big problem in industrialized countries. Therefore more prevention work about obesity and healthy eating could be undertaken by the municipality. The adult educational centre (kansalaisopisto) could begin by organizing courses on how to cook quick tasty healthy meals. Or the municipality could send dieticians to workplaces to lecture about healthy food and the danger of following the wrong diet.

Vammala: Vammalan Kirjapaino Oy.

Suominen, M. & Kivistö, S. 2007. Ravitseminen osana ikääntyneen hyvää hoitoa. Vanhustyön keskusliitto. Vammala: Vammalan Kirjapaino Oy

Vaarama Marja 1992. Vanhusten palvelujen tavoitteet ja todellisuus. Helsinki: Valtion painatuskeskus

Vaarama Marja 1995. Vanhusten hoivapalvelujen tuloksellisuus hyvinvoinnin tuotanto näkökulmasta. Jyväskylä: Gummerus Oy

Vaarama, Luoma, Ylönen 2006. Ikääntyneiden toimintakyky, palvelut ja koettu elämänlaatu. Helsinki: Gummerus Oy

Voutilainen Päivi 2007. Laatu laatusuosituksella. Raportteja. Helsinki: Valopaino Oy

Ylikoski, T. 2001. Unohtuiko asiakas? Keuruu: Otava

Electronic Sources:

Keravan Eläkeläiset. 2011. <<http://www.kerava.info/Jarjesto.asp?ID=282> (Accessed 10 Dec 2010)

Keravan ruokapalvelun keittiössä seurataan ravinnon laatua. 2006.

<<http://www.kerava.fi/tiedote/10632> (Accessed 10 Jan 2011)

Kotihoidonkriteerit. 2009

<http://www.kerava.fi/ep/tiedostot/KOTIHOIDON_KRITEERIT_2009.pdf (Accessed 12 Dec 2010)

Kotihoito.2011. <http://www.kerava.fi/soster_kotihoito.asp (Accessed 10 Dec 2010)

Mainio Vire Ateriapalvelu. 2011. <<http://www.mainiovire.fi/ateriapalvelu> (Accessed 01 Feb 2011)

Pietiläinen, M. 2006. Tasa-arvoinen suomineito.

<http://www.stat.fi/artikkelit/2006/art_2006-07-06_001.html (Accessed 15 Jan 2011)

Remes, M. 2011. Tietekniikka auttaa vanhusta asumaan kotona.

<<http://www.europalehti.fi/2010/09/tietotekniikka-auttaa-vanhusta-asumaan-kotona/> (Accessed 5 Feb 2011)

Articles:

Lindberg Marjut 2010. Vahustenhoitolakia on tehty yli 30 vuotta. Helsingin Sanomat. October 15.

Mänttari, T. 2010. Vanhuspalvelujen laatua voidaan parantaa. Helsingin Sanomat. October 8. C9

Pirnes, Möller, Rajala, Hagino 2007. New service development in elderly care

Pullinen, J. 2010. Kone tarjoilee hernekeiton. Helsingin Sanomat. September 19. A16

L. Magnusson 2004. A literature review study of Information and Communication Technology as support of frail older people living at home and their family carers. In: Technology and Disability, 2004, 223-235, IOS Press

Other sources:

Valtion ravitsemusneuvottelukunta 2010. Ravitsemushoito. Helsinki: Edita Prima Oy

Sosiaali ja terveys ministeriö 2010. Joukkoruokailun kehittäminen Suomessa. Joukkoruokailun seuranta ja kehittämistyöryhmän toimenpide suositus. Helsinki: Yliopistopaino

Interviews:

Interview with the head of elderly services Raija Hietikko-Hämäläinen in Kerava. 9.9.2010.

Interview with the head of food service Liisa Eloranta in Kerava. 14.9.2010.

Interview with the eläkeläiset ry and Maila Hölttä.

Telephone interview with Tarja Hopponen head of nutrition centre. 15.12.2010

List of Figures

Figure 1: Hierarchy of needs (Abraham Maslow 1943)	10
Figure 2: Marketing Mix	15
Figure 3 : Factors impacting the development of the service system	18
Figure 4: Service producing factors (Aulanko 1999)	21
Figure 5: The food service journey.....	28
Figure 6: Optimum reference frame	33
Figure 7: The health and social service assessment process for the elderly in Kerava39	
Figure 8: Ages of the respondents	41
Figure 9: How much should the price be for the delivered meals	44
Figure 10: The most favorite food services	48
Figure 11: The importance of different criteria's when choosing food service	48
Figure 12: How should Kerava municipality advertisement their services.....	49
Figure 13 : Collecting customer feedback	56
Figure 14: Portable heat cart	57
Figure 15: Choosing the service provider	59

List of Tables

Table 1: Market segments	12
Table 2: Communication channels	13
Table 3: Ideal living arrangements for elderly over 75 years old in year 2012.....	17
Table 4: Factors leading to good and bad quality in food service	26
Table 5 : Elderly in Kerava 2000 and the prediction for 2020-2030.....	36
Table 6: Cooking skills of participants.....	42
Table 7: The estimated weekly expenditure for groceries.....	43
Table 8: Placing an order in the future	44
Table 9: How the information was received.....	45
Table 10: Introducing a menu with few option.....	46
Table 11: The opinion of a car equipped with a steam cooker	47
Table 12 : Nutrition centre Swot analyses	53

Appendix 1: Questionnaire

Keravalaiisten eläkeläisten näkemys Keravan kaupungin ruokapalveluista vanhuksille

Kyselyn tarkoituksena on selvittää eläkeläisten tietämys, mitä eri ruokailu-/ateriavaihtoehtoja Keravan kaupunki tarjoaa vanhuksille ja kuinka näitä palveluita tulisi mainostaa vanhuksille, jotta kaupungin tarjonta kohtaisi vanhusten tarpeet. Kysely tehdään eläkeläisille, jotta palvelua voitaisiin parantaa tulevaisuudessa.

Kyselyyn vastataan nimettömänä ja vastaukset käsitellään luottamuksellisesti. Vastaukset kerätään opinnäytetyötä varten.

Ikä:

Rengastakaa valitsemanne vaihtoehto.

Sukupuoli: Nainen / Mies

Miten kuvailisitte keittotaitoanne?

- en osaa keittää ollenkaan
- osaan keittää perunat
- osaan keittää helppoja ruokia
- olen mielestäni hyvä kokki

Käytättekö mikroaaltouunia?

Kyllä/Ei

Miten monena päivänä viikossa syötte kotiruokaa?

Miten monena päivänä viikossa syötte ulkona, esim. ravintolassa?.....

Miten monena päivänä viikossa syötte kaupanvalmisaterioita?.....

Miten ja mistä ostatte elintarvikkeet?.....

Paljonko arvioitte käyttävänne viikossa rahaa ruokaan?.....

Käytättekö viikonloppuna enemmän rahaa ruokaan?

Kyllä/Ei

Oletteko tietoinen, että ravintokeskus toimittaa päivittäin aterioita kotiin vanhuksille?
Kyllä/Ei

Oletteko syönyt ravintokeskuksen (terveyskeskuksen keskuskeittiön) valmistamaa ruokaa?
Kyllä/Ei

Oliko ruoka

- erinomaista
- hyvää
- ei maistunut hyvälle
- kamalaa
- en ole maistanut?

Jos päättäisitte tilata päivittäisen ruoan ravintokeskukselta, miten haluaisitte tehdä tilauksen?

- käymällä toimistossa
- kirjeellä
- puhelimessa
- internetissä

Paljonko mielestänne ateria toimitettuna tulisi maksaa?.....

Mistä kuulitte ravintokeskuksen ateriatoimituksista?

- tuttavalta
- internetistä
- esitteestä terveyskeskuksessa
- kaupungin lähettämästä esitteestä
- kuulen palvelusta ensi kertaa
- jostain muualta, mistä?.....

Haluaisitteko kaupan toimittavan elintarvikkeita kotiinne?
Kyllä/Ei

Oletteko tietoinen vanhuksille tarjottavasta lounasruokailusta kouluilla kouluruokailun päätyttyä noin 5 euron hintaan? (ruokaliput voi ostaa kaupungintalolta)
Kyllä/Ei

Mistä kuulitte mahdollisuudesta ruokailu kouluilla?

- tuttavalta
- internetistä
- kaupungin tiedotteesta
- kuulen palvelusta ensi kertaa
- jostain muualta, mistä?.....

Jos olisi mahdollista, haluaisitteko tilata ruokapalvelun ruoan ruokalistasta, jossa olisi muutama vaihtoehto?

Kyllä/Ei

Jos mahdollista, tilaisitteko ruoan, joka on valmistettu ravintolassa ja lämmitettäisiin höyrykeittimellä autossa juuri teitä varten?

Kyllä/Ei

Mitkä näistä palveluista kiinnostaisi teitä eniten tulevaisuudessa? Laittakaa palvelut numerojärjestykseen 1-4. - "1" vastaa palvelua, jota mieluiten käyttäisitte ja "4" vähiten.

- A) Ravintokeskus, lämmin ateria toimitettuna koteihin
- B) Ravintokeskus, kylmiä aterioita toimitettuna koteihin muutaman päivän välein (itse hoidettava lämmitys)
- C) Lounasruokailu kouluilla
- D) Menuumat-automaatti, joka sisältää kahden viikon ateriat pakastimessa ja lämmittää ruoat valmiiksi kiertoilmauunissa

Laittakaa tärkeysjärjestykseen seuraavat kriteerit 1-6 aterioiden ostopäätöstä tehdessä.

Tärkein vastaa 1:tä ja vähiten tärkeä 6:ta.

- A) Hinta
- B) Aterian terveys (esim. Sydänliiton ohjeiden mukaan valmistettu)
- C) Laatu (esim. valmistettu parhaista raaka-aineista, luomu)
- D) Mahdollisuus valita itse aika jolloin syö (toimitetuissa lämpimissä ruoissa usein ongelmana)
- E) Aterioimisen helppous
- F) Maku

Miten haluaisitte tulevaisuudessa tietoa Keravan kaupungin tarjoamista ateriapalveluista?

- internetistä Keravan kotisivuilta
- esitteistä, joita jaetaan kotiin
- esitteistä, joita jaetaan eläkeläisten tapahtumissa
- mainoksissa ilmaisjakelulehdissä
- en pidä tiedottamista tarpeellisena
- jotain muuta kautta,
- mistä?.....

Olisiko teillä ehdotuksia ateriapalveluiden parantamiseksi tai ehdottaa uutta ateriapalvelumallia Keravalle.

.....
.....
.....
.....
.....
.....

Minkälainen olisi kaikkein paras ruokapalvelu vanhuksille?.....

.....
.....
.....
.....
.....
.....

Kiitos ajastanne ja vastauksistanne!