

What Works: How Meals on Wheels of Cheyenne Meets Its Community's Needs Through Medically Tailored Meals and More

An Interview with [Meals on Wheels of Cheyenne](#)

Nationwide, local senior nutrition programs are finding creative ways to support the needs of older adults. Our “What Works” articles highlight these efforts, enabling programs to learn from one another and discover new ideas to bring back to their own communities.

In this profile, we look at Meals on Wheels of Cheyenne, which has been offering medically tailored meals in its Wyoming community for over a decade. Stephanie Freeman, Executive Director of the nonprofit, talks about why the program began offering medically tailored meals and how it is expanding its reach through partnerships to help meet the nutritional needs of people in Cheyenne and Laramie County.

Please give us an overview of Meals on Wheels of Cheyenne.

We’re a special Meals on Wheels because we serve anyone in the community. Client age ranges from 3 to 100, with the majority (75%) being 60 or older. We are funded in part by Title III-C of the Older Americans Act, but we also have other funding sources that help us support this broad range of community members. When I started, our mission was to serve those who were homebound and frail. But people don’t want to be perceived that way, and our board changed the mission to include *anyone* who needs a hot, nutritious meal. We serve about 500 meals a day, and about 50% are medically tailored meals.

BY THE NUMBERS

7 full-time, **3** part-time staff

200 volunteers

Est. **500** meals served per day

50% are medically tailored

Covering nearly **2,700** sq. miles

How do you define a “medically tailored” meal?

For us, medically tailored meals are meals prepared to meet the nutritional needs of a client with a chronic health condition. All our meals are low in sodium, but our medically tailored meals take it a step further for clients with diabetes, heart conditions, kidney issues, gluten or lactose intolerance, celiac disease, or other illnesses. We are also able to make texture modifications for clients who need soft, ground, or chopped options.

How are meals prepared to meet the needs of your community?

Our kitchen manager and registered dietitian plan meals together. All meals are made in-house from scratch, so we can control the ingredients. Everyone receives the same meal, but the registered dietitian modifies meals based on an individual’s medical condition. One comment we heard from clients is, “Don’t skimp on desserts!” and we don’t. Our kitchen manager and assistant

manager both went to culinary school. The assistant kitchen manager makes all the desserts, including desserts for those who have diabetes, like cookies and cakes, so they are not limited to just sugar-free gelatin. Sometimes we have to convince people that they received the correct dessert, and it's okay to eat it.

What prompted you to start offering medically tailored meals?

We've offered medically tailored meals for over 15 years because we saw a growing need. Many of those we serve have diabetes. All the meals were already low in sodium, so it wasn't a big stretch to start offering diabetic meals. The program soon expanded to include individuals with cardiac and renal issues — and the list kept growing. We really listen to clients, and when we see a need, we respond. For example, the most recent additional option is "no spicy." While that may not seem like an obvious fit in the category of medically tailored meals, there's a growing demand among older clients because of medications they might be on or medical procedures they've had.

What trends are you seeing in requests and referrals for medically tailored meals?

We've seen increased demand for meals in general, and increased demand for medically tailored meals with it. Recently, we've seen a drastic increase in referrals from doctors and the hospital. Many of those referrals are for medically tailored meals, including for [people diagnosed with malnutrition](#). Whenever we see a diagnosis of malnutrition on a client's form, we automatically provide supplemental nutritional drinks with their meals to give them an extra nutritional boost, and they are offered meals higher in protein. The dietitian also reaches out to see if she can provide any information to help them with meals not provided by Meals on Wheels.

Talk about your relationships in the community.

We are a trusted voice in the community. We've worked hard to develop and strengthen our community connections. Doctors know they can connect their patients with us, including individuals diagnosed with malnutrition. Our registered dietitian works closely with doctors to recommend a diet tailored to a person's medical condition, and we have doctors sign off on those diets. We also worked with the local hospital to start a Healthy Healing program so anyone discharged from the hospital can receive a week of free meals to help them get back on their feet.

What feedback have you received from clients?

From annual surveys and conversations, clients consistently tell us how much they value the meals. Many say the program helps them remain healthy, live at home longer, avoid hospital visits, and enjoy a better quality of life. They highlight the importance of personal connections with staff and volunteers. Recently, we've also heard from many caregivers who appreciate the program because it gives them a needed break from cooking. We're here for them, too.

Besides outreach to the medical community, how do you promote your program?

The perception used to be that we serve cafeteria food, and we wanted to change that. We started taking pictures of the food to show the community what we're serving. We also host local civic and business groups and serve them the same meal we serve clients. They see for themselves how good the food is and tell others. We also use social media to promote what we do. We highlight our monthly meal sponsors and bring those businesses in to volunteer. We've put a lot of effort into making the community aware of who we are and what we do. We're a hidden gem. People don't know we're here until they need us.



What advice do you have for programs that want to offer medically tailored meals?

Start simple. You don't need an entirely new menu — small changes can make a big difference. For us, the biggest need was supporting clients with diabetes, so we began with straightforward adjustments that also kept things manageable for staff. For example, our dietitian reviews the carbohydrate content of every meal we provide, and if it exceeds 75g, we adjust the desserts, bread items, or portions accordingly. So, on a day when we serve croissants, diabetic clients might receive a whole wheat roll instead. With a small staff, keeping things simple ensures we meet client needs without overwhelming our team.



Learn more from the [Nutrition and Aging Resource Center](#), funded by the [Administration for Community Living](#) to build the capacity of senior nutrition programs funded by the Older Americans Act. January 2026.