The National Council on the Aging, Inc.

FAMILY FRIENDS

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Family Friends is a national program, originally funded by The Robert Wood Johnson Foundation and sponsored by the National Council on the Aging. The program brings older people into the homes of children with disabilities or chronic illnesses. *Family Friends* are caregivers, sharing their own wealth of experience with families who welcome them as surrogate grandparents.

All across the nation, 1,500 mature, caring men and women are volunteering to help families in crisis by becoming *Family Friends*. This intergenerational program succeeds by helping every person it touches.

Every person involved at each level of this trigenerational program gives and receives friendship -- at a time in life when each one needs it to survive.

In 1990, *Family Friends* began to help another at-risk group, the rural poor. *Rural Family Friends* works with entire families in distress. Projects were developed in cooperation with the Save The Children Federation, where volunteers help young single mothers by working with them in the basics of everyday living, helping them learn more about community services, while developing warm relationships with family and older people in their neighborhood.

Also in 1990, NCOA introduced *Family Friends* into homeless shelters for families and children. Senior volunteers have been matched with parents and children. These *Family Friends* lend a helping hand and loving care in a number of ways -- helping the children with their studies, which often paves the way for them to stay in school, giving parents some time off to look for housing and employment, and possibly intervening with landlords who are too often reluctant to rent to a homeless family.

Another recent NCOA initiative is the *Family Friends HIV+ Babies* and *Families* Project at Children's Hospital in Newark, New Jersey and in Richmond, Virginia in which *Family Friends'* volunteers provide much needed support and assistance to ill and disabled HIV+ children and their families.

The National Council on the Aging, Inc.

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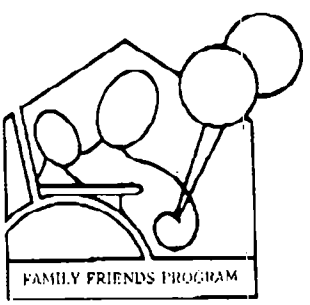
FAMILY FRIENDS
(continued)

JobStart is an even more recent NCOA initiative. It is designed to help prepare adolescents with disabilities for the work environment and for future independent living. JobStart has already been integrated into *Family Friends* training both in Hartford, Connecticut and Salt Lake City, Utah. It is now being expanded in rural Iowa with the Easter Seal Society.

For more information please call: Miriam Charnow, Director, Family Friends Resource Center at (202)479-6675; Susan Lutz at (202)479-6692; Julie Englund at (202)479-6671; Elsie Anderson at (202) 479-6672.

The National Council on the Aging, Inc. established in 1950, is the national organization for professionals and volunteers who work to improve the quality of life for older Americans. Intergenerational programming has been a major focus at NCOA. It enhances the understanding of how Americans--of all ages--can work together to help bring some relief to families facing formidable responsibilities. NCOA also serves as a national resource for information, training, technical assistance, advocacy, and research on every aspect of aging.

Family Friends is also supported, in part by award #90-AM 0523 from the Administration on Aging, Department of Health and Human Services, Washington, DC. 20201.



FACSIMILE (FAX) MESSAGE

Date: 10 June 1996

PLEASE DELIVER THE FOLLOWING PAGES TO:

Name Molly Brostrum

Agency White House

Phone No.

Fax No. 202/456-7028

SUBJECT: Volunteers in Medicine

FROM: Laura Lester

Phone No. 301/405-0252

Comments: Please call if you have any additional questions.

This transmission totals 2 **pages including this cover sheet.**

Sending fax number: (301)314-9167
Center on Aging
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College Park MD 20742-2611

The Volunteers in Medicine Clinic (VIM) located in Hilton Head Island, South Carolina, was established in 1993. VIM is unique in that it provides health care for the medically underserved primarily through the assistance of retired volunteer health care providers. The VIM clinic was established by utilizing retired health care professionals to provide medical services at no cost to individuals and families who otherwise would have limited access to health care. Despite Hilton Head Island's reputation as retirement community for the wealthy, a closer examination revealed that 6,000 to 8,000 individuals living or working on the Island were medically underserved.

Currently, there are over 300 medical professional and lay volunteers donating their services to the clinic. VIM operates five days a week seeing patients in sixteen medical specialties. Since the clinic opened in June of 1993, approximately 5,400 patients have been seen for over 16,000 patient visits. Now ending its third year of operation, the clinic continues to expand its services, seeing an average of forty patients a day. By bringing together members of the island's divergent socioeconomic groups, VIM has helped create a sense of community that includes all members of society.

The development of the Volunteers in Medicine Clinic involved collaboration with many community participants. Local churches such as the First Presbyterian Church and the African Calvary Baptist Church provided funding, as well as a forum to inform the public of the clinic and encourage the medically underserved to visit the facility. Local organizations, businesses, neighborhood groups, and individuals provided funding and equipment for the clinic.

VIM's mission statement summarizes the clinic's intent:

> "May we have eyes to see those who are rendered invisible and excluded
> Open arms and hearts to reach out and include them,
> Healing hands to touch their lives with love,
> And in the process heal ourselves."

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Faith IN ACTION

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NEWS RELEASE
HOLD UNTIL JULY 13, 1993

$23 MILLION TO EXPAND INTERFAITH PROGRAM AIDING PEOPLE WITH DISABILITIES

NEW YORK, NY, July 13, 1993—In what is believed to be the largest program of its kind ever undertaken by a private philanthropy, the Robert Wood Johnson Foundation is making available up to $23 million to launch more than 900 interfaith volunteer caregivers projects nationwide. The program, *Faith in Action*, was announced by Steven A. Schroeder, M.D., Foundation President, at a news conference today.

Faith in Action will support interfaith coalitions—groups comprised of religious congregations of all faiths—to establish projects providing home-based volunteer services, care and companionship to individuals with chronic health conditions living in the community.

Over the next four years, *Faith in Action* intends to establish more than 900 new interfaith volunteer caregivers projects with start-up grant awards of $25,000 each. Each interfaith coalition will be expected to obtain matching support from local sources, such as participating congregations and a variety of civic and corporate sponsors, Foundation officials said.

Faith in Action is modeled after the Robert Wood Johnson Foundation's Interfaith Volunteer Caregivers Program which established and supported 25 pilot projects in 17 states between 1984 and 1987. Of the 25 original projects, 24 are still in operation today. In 1987 the Foundation started the National Federation of Interfaith Volunteers Caregivers to assist in the creation of new coalitions and to provide continuing support and assistance to established ones. During that time some 375 additional projects were formed.

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These projects have been extremely successful in attracting and holding volunteers. The average interfaith volunteer caregivers project has 300 volunteers who serve 700 people with disabilities.

"No matter what course the nation takes in health care reform, there is an urgent need to address the informal system of care that acts as a lifeline to the millions of Americans with chronic health problems," said Dr. Schroeder. "By building on our previous experience in this area, we hope to enable thousands of Americans with chronic health conditions to maintain their independence and dignity."

Faith in Action is being directed for the Foundation by Kenneth G. Johnson, M.D., at Kingston Hospital's Health Services Research Center in Kingston, New York. Dr. Johnson, who also directed the initial Interfaith Volunteer Caregivers Program, pointed to several reasons for the program's high rate of success in establishing ongoing, self-sustaining projects. First, the development of coalitions consisting of a number of faith congregations provides a firm base of both financial and community support. Second, individual projects must establish an effective and committed advisory board and hire a full-time, paid director, which provides focus and continuity to the project. Finally, Dr. Johnson cited the importance of training programs that teach volunteers how to apply life skills they already have to assist their neighbors in need.

"But the real secret," Johnson concluded, "is that we are offering people an opportunity to accomplish something they very much want to do. Helping others is an integral part of all religions. Through volunteer caregiving, we provide people with a chance to literally put their faith into action." Dr. Johnson added that *Faith in Action* is intended to create a groundswell for the interfaith volunteer caregivers movement, with a vision toward establishing an interfaith volunteer caregivers project in virtually every community in the nation.

Today's news conference also featured taped remarks from Professor Barbara Jordan, Chair of the *Faith in Action* program's National Advisory Committee. "With this program we are given the opportunity to make a substantial, beneficial, lasting and much needed difference in the pattern of long-term care in the United States," Professor Jordan explained.

(more)

Purpose

A new $23 million initiative of The Robert Wood Johnson Foundation will provide start-up grants of $25,000 each and technical assistance to more than 900 community coalitions established by faith congregations (including churches, temples, synagogues, and other groups with religious missions) to develop interfaith caregiving ministries for people of all ages with chronic health conditions. This program — entitled Faith In Action: Replication of the Interfaith Volunteer Caregivers Program — builds upon the demonstrated success of previous Foundation-supported activities, which already have helped to establish more than 300 Interfaith Volunteer Caregiver (IVC) projects around the country since 1984.

These IVC projects have shown that religious organizations of all faiths can form effective coalitions to provide home-based volunteer services, care, and companionship to individuals with chronic health conditions living in their communities. These projects also have shown that such coalitions can grow and become financially self-sustaining over time with support from a variety of sources, including local funders who recognize the value of contributing to a low-cost, accessible, and effective project.

This new four-year program seeks to expand the national network of Interfaith Volunteer Caregiver coalitions by an additional 900. Many people who have been involved with this program believe such coalitions eventually will take root in every community in the country, helping to address the unmet needs for informal care of Americans with chronic health conditions.

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Background

In 1983, The Robert Wood Johnson Foundation launched its first program to assist local interfaith coalitions in establishing caregiving projects to help frail or disabled people — who otherwise might need nursing home care — to remain in their homes by providing home-based care and support through a network of trained volunteers. Twenty-five Interfaith Volunteer Caregiver coalitions scattered across the country received Foundation grants to develop and test the model. The Foundation also helped establish the National Federation of Interfaith Volunteer Caregivers, Inc., which assists in the formation and growth of IVC coalitions across the country. To date, more than 300 IVC projects have been created with funding from a variety of sources.

These projects help people in their struggle to maintain their independence despite chronic health conditions. In doing so, they respond to a number of formidable challenges facing families and communities today:

- Most people with chronic health conditions (including people with disabilities and the frail elderly) do live in the community; only about five percent live in nursing homes.
- A significant proportion of people with chronic health conditions live without adequate social and financial support but are ineligible to receive publicly supported home care.
- Informal caregiving provided by family, friends, and volunteers is a vital dimension of care for people with chronic health conditions. Yet, Americans live in a mobile society, and family members typically are scattered across the country. Also, today, more women work, leaving many neighborhoods virtually empty during the day and daughters unavailable to provide care. Providing care day-in, day-out can be physically and personally grinding for family caregivers. They often are unaware of community services that may assist them or unwilling to use such services.
- Negotiating our complex system of health and health-related services is daunting and difficult to manage without assistance.
- People may be reluctant to invite an unknown repair technician or service agency representative into their home. They may feel more comfortable requesting such services when there is a connection with known religious groups in the community. Such a project gives would-be volunteers greater confidence, too.

An Interfaith Volunteer Caregivers project grows and matures over time. After five years of operating experience, an IVC project has, on average, a coalition of 30 faith congregations and a corps of 300 trained volunteers serving 700 people.

The program

Each project under the $23 million Faith In Action program will develop a coalition of community religious congregations that will organize and train volunteers to provide services for people with a wide range of chronic conditions. Such services include companionship and assistance with transportation, shopping, personal care, and chores, as well as referrals to other relevant community services. Respite for family caregivers is an important by-product.

Projects funded under this program will follow certain precepts. For example, they will

- serve people of all ages and faiths, with chronic health conditions of all kinds
- make linkages with other community organizations so that their services can be matched with individual needs

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- draw attention to the needs of people with chronic health conditions and encourage the development of new community services to address them
- agree that no religious proselytizing is allowed during the course of providing care to participants
- use need (not age, income, religion, setting, or other criteria) as the main eligibility requirement to receive IVC services; likewise, use willingness to serve and a commitment to helping others in concrete ways as the most important requirement for IVC volunteers. Formal ties with religious organizations in the community are not a prerequisite to being a volunteer or a care recipient.

Eligibility and selection criteria

Eligible to apply under the Faith In Action program are organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and not private foundations as described under Section 509(a)

Proposals will be evaluated on how well they meet the following selection criteria:

- breadth of the interfaith coalition applying, which should represent the community's faith congregations (Jewish, Catholic, Protestant, Baha'i, Buddhist, Islamic, Mennonite, Native American, and others). All faith congregations in the community should be invited to participate in the project.
- plan for serving a geographic area with a population of at least 20,000 and an estimate of the number of people in the area with chronic conditions who need services of the type that an IVC project can provide.
- project design that envisions reaching people of all ages and income levels (especially low-income individuals and those in greatest need) who are chronically ill, homebound, or living with disabilities. Each applicant must assure that no person will be denied participation based on age, race, religion, sexual preference, or economic status.

- description of linkages between the proposed project and public and private health care and social service programs (examples: Food Stamps, home-delivered meals, Supplemental Security Income benefits, and energy and prescription drug discount programs). An effective mechanism for making referrals to local service providers — and receiving referrals from them — is essential. IVC projects should complement existing services, not replace or compete with them.
- commitment to recruit and train an appropriate Board of Directors for the project. IVC Boards typically have 12 to 15 members, including religious leaders or designated congregational representatives, community leaders, health care and social service providers, individuals with communications and fund raising expertise, and others who can serve an important role in moving the project forward. One of the key responsibilities of this Board is to hire a full-time project director who will work with religious institutions, develop the network of relationships with existing community organizations, and manage recruitment, training, matching, and other activities to support IVC volunteers.
- documentation of a specific plan to secure in-kind and monetary donations. Given that the average cost to create and operate an IVC project during its first 18 months is $46,000 (including in-kind support for such items as office space and furniture), funds in addition to the Foundation's start-up grant must be secured during the project's first year of operation.