



A MODEL FOR VOLUNTEER CAREGIVING

Intergenerational Service Learning

By OREN RENICK, JD, MPH, ThM, FACHE

Volunteer caregiving organizations often are overlooked as resources for collaborating with health care providers in offering cost-effective services and programs, particularly for the elderly and disabled. The Patient Protection and Affordable Care Act calls for — and rewards — the creation of such alliances.

Celebrating its 30th anniversary in 2014, the National Volunteer Caregiving Network, headquartered in Georgetown, Texas, is just such a potential ally. I am chairman of the network's governing board, and I also am a professor of health administration at Texas State University in San Marcos. This is the story of how we used the network's principles of community volunteer caregiving to create, establish and expand a Texas State student service program that brings generations together for the benefit of individual participants and our community.

Originally called the Faith in Action program and funded by the Robert Wood Johnson Foundation, the National Volunteer Caregiving Network promotes volunteer caregiving through advocacy and the support and development of local programs. The network provides *pro bono* services to elders and those with disabilities, and its memberships and collaborations touch hundreds of organizations nationally. The outcomes of these ser-

vices support the continuity of patient care, chronic disease management, emotional well-being and quality of life for recipients.

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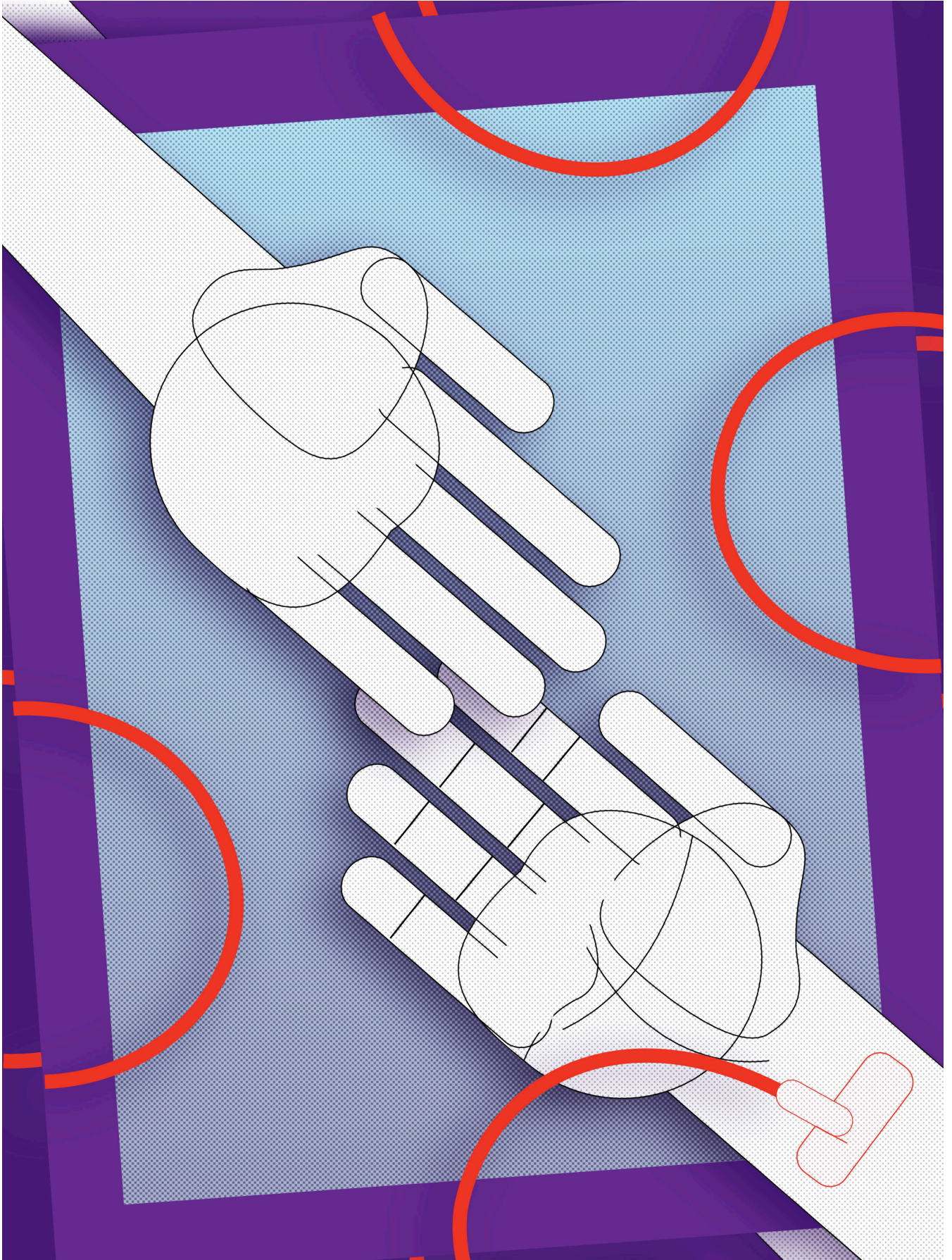
tions as an extension of traditional pastoral ministries, but National Volunteer Caregiving Network organizations also draw upon vol-

unteers from the community at large, conducting background checks, orientation, training and matching them with clients. The organizations often provide volunteer liability insurance, as well.

INTERGENERATIONAL MODEL

Years ago, a faith community in New Orleans sponsored an intergenerational weekend retreat entitled "All Generations Together." When I observed the bonding that occurred between my preschool daughter and a woman she met at the retreat, it opened my blind eyes to the potential of two persons of dramatically different ages finding common interests. I left the retreat determined to find a way to take that transformative message to my local community.

Connecting elders with youth can transform both, because each has something to give the other that strengthens each and simultaneously benefits the larger community. I concluded that faith communities are intergenera-



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tional sleeping giants and should form the foundation for any intergenerational program. I also recognized that an institution of higher education like my own, Texas State University in San Marcos, with its commitment to community service, was a natural partner. What's more, my academic discipline of health administration seemed a good fit. With ties to both entities, I pursued parallel tracks to develop a program.

As we worked on a model for our program, we assumed high school students in the community would be the likely age group to provide the services to elders, and university students would mentor the high school students. But when we presented the plan to a cadre of university students, they vetoed the model. Why? Because they wanted to do it themselves — they wanted the opportunity to partner with the elders, provide the services and build relationships with people in an older generation. What was to become Texas State University's Mutual Adoption Pact was born.

Beginning in 1992, the student chapter of the American College of Healthcare Executives at Texas State offered intergenerational programs to the local community. As faculty adviser to the group, I maintained its focus on intergenerational service. We provided support to groups like Meals on Wheels, as well as to a senior center and association, a joint nursing home and child development center project, and to centers located in outlying communities. We managed to receive a couple of external grants to help fund these efforts, including significant in-kind support from the local community hospital and its director of community benefit services.

In 1997, we submitted a grant application to the Robert Wood Johnson Foundation to fund the Mutual Adoption Pact, our university program of intergenerational service learning. MAP is about building enduring relationships between the generations. The program matches university students with elders and persons with special needs to provide practical caregiver services that help strengthen clients' independence and autonomy. Services include light housework, light yard work, companionship visits, occasional transportation for shopping or medical needs, help with correspondence, sharing social gatherings, and occasional respite care for family members.

The MAP intergenerational model incorpo-

rates service learning as the best way to merge community service with academic study. The service, which is linked to an academic course, enriches learning, promotes civic and personal responsibility and strengthens communities. Students may earn extra course credit for participating in MAP.

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The elders act as mentors to the university students, because the MAP clients and students have responsibilities to one another. Mutual benefit — we call it mutual adoption — is the outcome. We find that a new level of civic engagement is a common outcome for students who participate in intergenerational service learning.

MAP has operated continuously since 1997 and is self-sustaining through the resources of the university. Considered a benchmark program, in 2000 it was the subject of an annual seminar that features the research endeavors of a faculty member. MAP's success and the response to the seminar provided the impetus for a service learning initiative at Texas State University. I served as founding director. The initiative encourages faculty members to create service learning opportunities for students through existing or new course offerings. Using a grant review process, several faculty members are selected each year as Faculty Fellows for Service Learning. The MAP model has been adapted for use in both undergraduate and graduate courses.

SAFE AT HOME

As part of the MAP umbrella of services, Safe at Home began in 2000 as a way to address falls in the home, a leading cause of injury and death for elders and those with special needs. Also funded by a Robert Wood Johnson Foundation grant, Safe at Home sends a subset of students participating in MAP to visit clients' homes and perform a walk-through using a safety checklist. Based on what the students observe, clients receive risk

abatement repairs such as installing railings on stairs, placing grab bars and slip-resistant pads in showers, installing or replacing smoke alarms, putting night lights in dark hallways, fixing curling linoleum or fraying carpet, securing slippery rugs, changing light bulbs. The students take time to visit with the care recipient, which often leads to other helpful household repairs. They leave behind refrigerator magnets with safety tips and contact information.

Observations by student volunteers led to Safe at Home's further expansion when they saw that many care recipients lacked a safe way to enter or exit their residences. Wheelchair ramps were a pressing need; as a special project, we decided to erect one ramp free of charge each semester and to consider installing an additional ramp during the summer.

MORE COLLABORATION

The corporate office of McCoy's Building Supply is located in San Marcos. McCoy's has a long history as a successful company that also is an exemplary corporate citizen. The cornerstone at its corporate office contains these words from Colossians 3:23: "Whatever you do, do your work heartily, as for the Lord rather than for men."¹ The senior executive for marketing agreed to meet with me. During our meeting, I asked, "Would you rather erect a billboard or a wheelchair ramp?" For him it was an easy decision, and McCoy's has been a close collaborator since then, providing all the building materials for our projects. A local contractor, selected in conjunction with McCoy's, supervises construction. Students provide most of the labor, but they are not allowed to use equipment such as power saws.

IMPACT ON STUDENTS, ELDERS

Because the intergenerational service learning option is not mandatory, we can compare the students who have participated in the MAP program with those who have not. Students may complete pre- and post-service surveys during the semester of their participation. The surveys attempt to measure differences in service learning tendencies in students who participated and those who did not. Students complete two survey instruments. First, the "Who am I?" survey asks students to list words or brief phrases that are self-descriptive. Second, the "Civic Attitude & Skills

Questionnaire" requests reflection on statements like "I plan to do some volunteer work."

The results are dramatic. The two groups are indistinguishable at the beginning of the semester. However, at the semester's end, the service learning group uses significantly more external descriptors (a focus on others rather than self) than the non-service learning students. Participating students demonstrate a more collaborative perspective at the end of their service learning experience. They indicate a greater commitment to civic engagement and community service in the future. They become more other-centered or "selfless" in their view of the world. In addition to the pre- and post-surveys of the students, anecdotal

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comments are revealing: "The more people we get involved with the community, the more we can learn from each other and become a better society."²

In 2010, the Office of Institutional Research at Texas State University conducted a survey of elder care recipients and found a 100 percent satisfaction rate with MAP. Of the respondents, 20 (87 percent) "strongly agreed" they were "very satisfied" with MAP, and 3 (13 percent) "agreed" they were "satisfied" with it.³

Responding to the statement, "Participation in the MAP program has improved my quality of life," 16 (70 percent) of the respondents "strongly agreed" with the statement, 6 (26 percent) "agreed" with it, and 1 (4 percent) responded as "neutral" to the statement.

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The local newspaper published an obituary in the fall of 2006 for an elder served by MAP. In lieu



of flowers, the family requested that donations be made to the MAP program. I inquired why the family had done this. I learned a MAP student had continued to see her client long after completion of her service learning course, and she was a tremendous source of support to the elder and family members.

I often hear about enduring relationships like this one, but they are difficult to track once a student has met his or her course requirement. Nevertheless, we know that intergenerational service learning creates ties that bind because MAP and volunteer community organizations are about building relationships and improving the quality of life. One elder client, reflecting on a student's weekly visits, said simply, "On every Wednesday for the rest of my life, I will think of Ashley."⁴

SAN MARCOS 5K STAMPEDE

As board chair of the National Volunteer Caregiving Network and an advocate for health maintenance and healthy lifestyles, I once again approached McCoy's senior executive for marketing. We wanted to hold a fundraiser, a 5K race with related events to benefit the NVCN. Would McCoy's be the title sponsor and allow their corporate headquarters to be the starting and ending venue for the race?

We reached an agreement. We lined up an array of health care providers as additional sponsors, including Seton Medical Center Hays, a ministry of Ascension Health, and the San Marcos 5K Stampede is now two years old. For the 2015 Stampede, 23 sponsors and organizational friends supported the effort, including two student professional organizations at Texas State. Financially, the event has been a major support for NVCN and qualifies as a community-campus partnership for health, as well as a new version of intergenerational service learning.

CONCLUSION

Population health and patient-centered care are part of the same whole. Improving the overall health of a group at the macro level cannot escape the micro level of addressing the health needs of the individuals who make up the group. Knowing

the acuity levels of those individuals enables identification of where interventions are required to make the greatest impact on population health.

Volunteer caregiving organizations are an often overlooked but fruitful resource for helping health care providers determine who in a com-

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munity needs the most care. Especially for the elderly and disabled, volunteer caregivers can help ascertain if an individual needs help managing a chronic disease or getting the proper nutrition, for example, that would improve an individual's health and reduce costs of care.

One such alliance, Texas State's intergenerational service learning program in San Marcos, merges volunteer community service with academic study in a successful model that can be replicated. It is time for similarly innovative combinations to be included in the recipe for effective population health and patient-centered care.

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NOTES

1. Colossians 3:23, *New American Standard New Testament* (Philadelphia: National Bible Press, 1972), 276.
2. Oren Renick, Randall Osborne and Megan Hamid, *The Ties that Bind* (Springfield, Missouri: TMA Press, 2006): 188-89, 191.
3. Susan Thompson, "Mutual Adoption Pact Customer Satisfaction Survey," Texas State University, December 2010.
4. Renick, 192.

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