

Faith in Action: A Mutual Adoption Pact

(Intergenerational Alliances: Leading the Way to Healthier Communities)

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Abstract

The youth of today are being denied an opportunity to learn through service. Service can provide youth with a sense of direction and accomplishment. These foundations lead to confidence and compassion during the often tumultuous years of young adulthood. College and high school student organizations are ideal sites to teach service-excellence to tomorrow's leaders. The Southwest Texas State University's Student Chapter of the American College of Healthcare Executives (ACHE) is such an organization.

The Mutual Adoption Pact (MAP) is an intergenerational service-mentoring program between youth and senior adults. The ultimate goal of MAP is to build enduring relationships that are mutually beneficial to those who give and receive care. Through this goal, those involved can gain a profound understanding of leadership, caring and service. Program description, development, and results are detailed for possible replication by other communities.

Introduction

The elderly in our communities frequently do not live in ideal conditions. Dr. William Thomas makes reference to three plagues that commonly affect nursing homes: loneliness, helplessness, and boredom (Thomas, 1994). These plagues are not unique to nursing homes and often occur in other residential settings throughout the community. Often times these plagues are unnoticed because most who experience them live under conditions of virtual isolation in private homes or apartments.

Social well-being is an important component of an individual's overall health. Though programs such as Meals-on-Wheels provide a certain level of sustenance, they fall short of meeting true social interaction needs because the volunteers must move quickly to ensure that all meals are delivered on time and warm. Sadly, these programs are often the only opportunity that meal recipients have for interaction with other human beings. The purpose of the Mutual Adoption Pact (MAP) program is to meet these social needs through the services of a volunteer caregiver team.

The youth in our community also live under conditions of virtual isolation - isolation from the ability to interact and communicate with the elderly. Many young people have no grandparents, or live too far away for regular visits. Because family may not be readily accessible, no one is available for a mentoring or grandparenting role. Another purpose of the MAP program is to facilitate intergenerational service-mentoring interactions among the youth and seniors.

According to the World Health Organization, "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (Rakich, et.al., 1992). Though volunteers provide assistance with activities of

daily living, MAP specifically targets the social component of health for the seniors who participate.

Statement of the Problem

The lack of response, depression, and other mental health problems affecting the elderly are often caused by the absence of a meaningful stimulus. Due to loss of strength, ability, and energy, many seniors feel that they are useless and withdraw from their previous activities and role in society. Social gerontologists refer to this disengagement as role-exit (Hooyman and Kiyak, 1999). Role-exit can be a stressful event that may result in isolation, poor self-esteem, and poor health.

There are many opportunities for seniors to socialize with seniors. In long term care and assisted living arrangements, interaction between seniors is the norm. Many communities have senior citizen centers, wellness centers, senior associations, and offer many other opportunities for seniors to interact. There are also many opportunities for youth to interact. These include sporting events, school, Girl Scout and Boy Scout troops, and numerous others.

The increased demands of the workplace combined with the dual income model of most households often results in decreased interaction between parents and children. Many families have relocated from smaller rural communities to urban areas with greater job opportunities. Interaction between grandparents and grandchildren is decreased when families relocate to pursue job opportunities.

Unfortunately there are few opportunities for youth and seniors to interact. The result is the virtual isolation of the youth and senior groups. MAP seeks to help break down common intergenerational barriers. By providing an organized foundation in the form of a service program, MAP facilitates the creation of meaningful relationships between the seniors and youth that participate. Seniors are able to engage in new roles

and find purpose by providing a mentoring or grandparenting role to the youth with whom they interact. Younger volunteers are given the opportunity to interact with and assist seniors in a surrogate grandparent fashion. Addressing the needs of both the youth and senior groups breaks down intergenerational barriers.

Breaking down these barriers helps all involved to lead more fulfilling lives. For the older adults, benefits of MAP include:

- Increased satisfaction and purpose in their lives
- Enhanced self-esteem
- Increased learning and knowledge
- Understanding and acceptance of younger generations
- Opportunities to transfer culture, knowledge, skills, and values to the next generation
- Continued involvement in the community

For the youth, benefits of MAP include:

- Increased self-esteem
- Increased knowledge and skills
- Better understanding of aging and older persons
- New, positive, meaningful relationships with older persons
- Special acceptance, nurturing, and support
- Positive role models
- Increased motivation to learn
- Improved leadership and communication skills
- Recognition of the value of community service
- Increased awareness of career options (Generations Together, 1999)

Methods

The Robert Wood Johnson Foundation (RWJF) and the Institute for Quality Improvement in Long Term Health Care (Institute) provided the initial grant funding for the MAP program. The program was designed in a teamwork approach to provide daily and weekly contact between volunteers and care recipients.

The MAP program arose from the collective efforts and interests of many individuals and organizations. Initially, the SWT Student Chapter of ACHE was searching for a meaningful community service project. With the guidance of the Student Chapter advisor, Dr. Oren Renick, officers suggested that students assist with the local Meals-on-Wheels route. The San Marcos Meals-on-Wheels program relies on local church congregations to supply volunteer meal deliverers. Each congregation assumes a one-week rotation in a six-week cycle. Volunteer meal deliverers are typically adults who are familiar with the routes. They are often retired senior adults. Large and small congregations struggled to find an adequate number of deliverers. This problem resulted in the need for existing volunteers to cover multiple routes. On these long routes, it became difficult for the volunteers to deliver the meals efficiently enough for the last meal recipient to receive a warm meal.

The ACHE Student Chapter answered this problem by supplementing the Meals-on-Wheels routes with student volunteers. Students assisted drivers by serving as meal-runners. This approach worked well because it allowed more senior volunteers to drive the routes while student volunteers ran the meals to the recipients. Meal delivery times were cut in half, and the students began to bond with many of the senior adult volunteers.

As the program matured, new problems began to surface. Many of the Meals-on-Wheels recipients lived in virtual isolation and were very lonely. As the elderly aged, they began having more difficulty with routine household tasks such as replacing light bulbs and taking out the trash. One gentleman rigged a makeshift strap so that he could drag his garbage out by attaching the strap to his forehead and leaning into the weight of the load. Recipients began asking the student volunteers to help with simple tasks or to drop by for a visit after completing the meal route. MAP emerged from these requests.

Based on Renick's counsel, it was decided to pursue a project that would serve to answer the unmet needs that had surfaced in the community. From previous work and research, Renick had an interest in building intergenerational relationships. The purpose of the program was to use community service as a framework for the formation of intergenerational relationships among the youth and senior members of the community.

MAP was unique from the beginning. Many intergenerational programs focus on older adults helping disadvantaged youth. These programs usually consist of older adults going into the schools or working with youth at after school programs (Generations United, 1999). MAP emphasizes youth working with the elderly and disabled in order to help the senior adults. The youth learn valuable skills while the senior adults are able to put some worries aside.

Project leaders voted to launch a small-scale pilot project that would serve as an example to support grant applications and reveal potential difficulties in the implementation process. The project, which was limited to four teams, was lead by three individuals: a Principal Investigator (Renick), a Project Director (Carl Dolezal), and a

Social Worker (Stacey Barber). Each two to three member team consisted of adults and students who would serve one care recipient.

Initial interest in the pilot project was generated through ACHE and by approaching several student and community organizations, including the Health Information Management Organization, the American College of Healthcare Administrators, and the Senior Association of the Greater San Marcos Area (Senior Association).

To be eligible to participate in the program, potential care recipients were required to demonstrate a need for services and an interest in interacting with the youth of the community. Candidates were identified from the Meals-on-Wheels routes, at the Senior Association, and at the Arboretum, a local long-term care facility. After assessing potential interest in the program, the project director scheduled individual meetings to talk with potential care recipients about their needs and what their role would be in the program.

Project leaders determined that in the interest of limiting liability and controlling costs, it was necessary to set parameters for services that MAP was to offer. Volunteer services would be limited to light yard work, light housekeeping, limited transportation related to medical needs, errands, assistance with written communication, companionship (social visits), and shared community events. Volunteers were not to use power equipment, perform significant lifting maneuvers, or perform transfers for care recipients in wheelchairs.

A training session was provided to volunteer caregiver teams emphasizing intergenerational interactions and service learning. The volunteers participated in various

simulations and dialogues led by Renick. At the end of the session, volunteers discussed and selected potential care recipients. Volunteers were also assigned teams, and Team Leaders were chosen to coordinate volunteer efforts.

The pilot project was designed so that care-giving teams were both intergenerational and multicultural. Volunteers represented various age groups (15-94) and several ethnicities including Caucasian, Hispanic, and African American. The majority of the volunteers came from SWT. Most of these college-aged students were away from home for the first time and wanted a grandparent figure. Some had recently lost a grandparent or had grown up too far away to know their own.

During the week following their training session, volunteers were introduced to their care recipients. The Project Director explained limitations on volunteer activity to volunteers and care recipients so that all program participants were familiar with the guidelines. After a short visitation period, team members and care recipients arranged a tentative visitation schedule.

Initially, all teams were asked to provide services as a group. This approach was advantageous because the older team members could guide the younger team members. As teams became comfortable with their care recipients and the pilot program evolved, all members rescheduled to an individual care method. This worked to the advantage of the care recipient because it resulted in more flexibility and greater overall volunteer attention. The approach also helped to accommodate the busy and unpredictable schedules of the volunteers.

When all four teams had been implemented, it became necessary to monitor them to ensure dependability and the quality of volunteer service delivery. The teams were

easily monitored by weekly telephone calls to both volunteers and care recipients. A database was designed to manage schedules, activities, and correspondence information. Once teams gained stability, telephone monitoring was decreased to once every two weeks.

During the following months, both the RWJF and the Institute approved funding for MAP. Because funding arrived in November 1997, near the end of the SWT semester, it was decided to officially implement the MAP in January, after school was back in session. During December, administrative work on refining the volunteer and care receiver surveys and improvements on the database was completed. The Willie Mae Mitchell Community Opportunity Center (Mitchell Center), located in an at-risk community in San Marcos, donated office space and equipment. A volunteer insurance program was chosen during this period.

By the time that the MAP staff was informed of the approval for funding, the pilot project had been in operation for over two months. Nine of the initial twelve volunteers remained active in the program. After the spring semester began, the program expanded its search for volunteers and care receivers. The Principal Investigator, Project Director, and Social Worker determined that the program should experience gradual growth and maintain a high degree of quality rather than a pace that would compromise the effectiveness and quality of services.

Several approaches were used to increase volunteer enrollment in the MAP program. The Project Director made public appearances and presentations to community organizations including the SWT Social Work Department, area Senior Associations, the Bluebonnet Lion's Club, and several church congregations. A contact at the San Marcos

Daily Record placed pictures of various MAP events and volunteers assisting care receivers in the newspaper along with a caption promoting the program. At San Marcos High School, a \$50 award was offered for the design of a MAP logo. The new logo was printed on T-shirts given to volunteers, in the MAP brochure, on all MAP letterhead, and on business cards.

In the months that followed, the MAP program experienced steady growth. During peak operation, 20 care recipients were receiving services in a given week from over 60 or more volunteers. Care recipients contacted the Project Director to express needs, and the Project Director communicated those needs to the care teams and individual volunteers. Use of this method helped to ensure that the requested services remained within the scope of both the program and the insurance policy. . The most common requests for service were companionship and transportation.

Several major individual projects were also completed during the program. One elderly woman lived in a house that needed light repair, including painting and weatherproofing. A local lumberyard donated the materials required for repairs, and several volunteers worked together to complete the repairs in a single afternoon. Another disabled woman needed her porch painted to prevent rotting. With the help of the Habitat For Humanity student chapter, MAP volunteers painted the porch.

Extracurricular activities and transportation problems made volunteering difficult for some of the high school students. However, these volunteers wanted to remain active in the program. The project director and principal investigator decided that a history sharing project would be an excellent way to accommodate this problem while remaining consistent with MAP's goals. In this project, students would interview seniors about

significant events that had affected the senior's lives. The students expressed much enthusiasm when approached with this idea. After students recorded the interviews on audiotape, they transcribed the interviews into stories, which were later published in a book about intergenerational programs in general, and the MAP program in particular.

The book, *The Ties That Bind*, includes twenty-two interviews and was published by TMA Press in 1998. The seniors and students who participated had great acclaim for the project. While students gained a greater understanding of the elderly generation, seniors who had been virtually isolated were able to relive their memories with caring people. To commemorate the positive impact the project had on the community, an autograph signing party was held to honor the youth and senior adults who participated. The City of San Marcos declared February 11, 1999 "History Sharing Day." All proceeds from the sale of *The Ties That Bind* helped establish a MAP scholarship program for youth volunteers and to continue program activities in the following years. A second edition of the book is scheduled for publication by September 2000.

MAP volunteers helped with several events. When the Arboretum participated in the Senior Olympics, MAP volunteers coordinated residents and aided the participants with their competitive events. High School volunteers worked on activities at Casino Night, an event for residents of MorningStar, an assisted living facility. Some care-giving teams also took their volunteers on picnics and dinner outings. During the summer of 1998, the MAP volunteers took the residents of the Arboretum and MorningStar to a San Antonio Missions baseball game and to Sea World of San Antonio.

Many volunteers forged long-term relationships with their care recipients in the MAP program. Several occasions demonstrated the strength of these relationships.

During October 1998, San Marcos experienced a severe flood. One volunteer's apartment was completely flooded. She was forced to move away. Her care recipient had the volunteer as a guest in her home until the waters subsided and the volunteer could be relocated to another apartment. Once the volunteer was relocated, the care recipient made arrangements for the volunteer to receive bedroom furniture for the new apartment. another care recipient donated her book collection to a SWT volunteer who was an education major. Several volunteers were treated to meals and cooking lessons from their care recipients. Many care recipients attended their volunteers' graduation ceremonies. Even as students graduated and relocated to pursue career opportunities, many of them remained in correspondence with their care recipients.

Analysis of Results

A MAP Project Director and student majoring in health care administration shared representative stories about two MAP clients. The clients' names have been changed to maintain confidentiality, but the students' words are essentially direct quotes as follows:

“Although I have many stories about our clients, these two stories encompass my early interactions with Ms. Miller and Ms. Oliva.”

“Ms. Miller lives with her son. She was stricken with rheumatoid arthritis and has been bedridden for many years. Her bed is set up in the living room overlooking the front yard where she can see who comes and goes. There are birdhouses hanging on trees outside her window and she spends time watching the birds feed each day. She spends most of her days alone except for the attendant who comes each morning to assist with her personal needs. In addition, a MAP volunteer visits a couple of afternoons a week.”

“Ms. Miller has taken an interest in genealogy and is putting together her family history via the computer. Although her hands are gnarled because of the severity of her arthritis, she is able to maneuver a computer mouse. When I first visited with her about how a MAP volunteer could assist her, she indicated she wanted someone to help her move her computer off and on her lap so that she could work on her family tree. She also wanted someone who might sit and watch a movie with her, read a book to her, or just have a simple conversation.”

“What touches me about my visits with Ms. Miller is her continued good attitude. She never wants to talk about her situation and never complains. She has the most

wonderful sense of acceptance that I have witnessed in someone with her debilitating condition.”

“So many times we complain about our own misfortune when it does not even hold a candle to the misfortune bestowed upon her. I am always humbled when I leave her home and I feel blessed that I have an opportunity to share in the life of such a gracious and caring woman.”

“Ms. Oliva is 95 years old. She has lived all of her life in San Marcos and the majority of her life in the home where she currently resides. Ms. Oliva is a member of the Senior Association. The Senior Association is in the process of raising funds to remodel their building. I visited her one day and I asked how her day was going. She told me that she got up that morning and as she was waiting for the coffee to make she thought, “What can I do to help the Senior Association raise money for the new building?” Keep in mind that I am talking about a woman who is living on a limited income with no extra means to earn money. She decided to make crocheted clothes hanger covers as a product to sell at one of the Senior Association fundraisers. What was so amazing to me was that Ms. Oliva, at the age of 95, was able to look around her home and come up with a way to contribute to the remodeling project. How many of us think of something to contribute to a good cause as we wait for the morning coffee to brew? There is much to gain by having a good attitude” (Williams, 2000).

What have students said about their MAP experiences? In response to the question, “What are you learning about yourself?” student volunteers have written the following:

- 1) I enjoy being with the elderly and seeing them smile when I visit.
- 2) I enjoy helping because they appreciate it so much.

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- 1) I enjoy being with the elderly and seeing them smile when I visit.
- 2) I enjoy helping because they appreciate it so much.

- 3) This program teaches me the rules of compromise.
- 4) They have great stories and are interesting.
- 5) It's hard to volunteer time, but worth it to help others.
- 6) I feel good about myself and I get to experience compassion for others.
- 7) It teaches me to communicate with those older than me.
- 8) It teaches me that I sometimes overlook the more important things in life (Williams, 2000).

In January of 1999, the Project Director, Carl Dolezal, completed the required course work for his Masters Degree in Health Care Administration and transitioned to a new job opportunity. A new Project Director, Tim Marlow, who had been volunteering as Community Relations Liaison for MAP, accepted the position and continued the activity and promotion of the MAP program.

Marlow, a health care administration graduate student, had been Project Director of PRAXIS for five months and had worked toward a memorandum of understanding and collaboration between it and MAP. PRAXIS is a college-based service program in which students receive class credit for community service hours. MAP was already one of the primary volunteer organizations of PRAXIS. PRAXIS was housed at the Campus Christian Community (CCC), an ecumenical group with offices adjacent to the SWT campus. The offices of MAP and PRAXIS were consolidated into one at the CCC and a formal partnership between the principal investigators of PRAXIS and MAP was executed. PRAXIS averages about 50 volunteers a semester, usually half of which choose to participate in MAP. The volunteers that choose MAP as their primary volunteer site usually stay with MAP and their care recipient after their PRAXIS hours have been satisfied.

The move to the SWT campus has allowed MAP access to a greater number of student volunteers. The influx of PRAXIS volunteers into MAP, combined with the

addition of an assistant Project Director, has allowed an increase in the number of care recipients each semester of the partnership. Now, MAP does not actively seek out care recipients; they are referred to MAP by home health agencies, Meals-on-Wheels, and THE South Texas Flood Relief program.

The MAP program continues to grow with its third Project Director, Jody Williams, who is an undergraduate student majoring in health care administration. The Project Directors gain skills during their tenures that better prepare them for health care careers. They interact with people of all ages, network several organizations to promote a common cause, work through bureaucratic organizations to achieve goals, and strengthen their interpersonal skills while having day-to-day responsibility for a volunteer community organization. The student volunteers make enduring friendships with people of different cultures and different generations.

Discussion

MAP Principles

The MAP vision is the continuous building of enduring relationships between the generations. When ten youth interact positively with ten senior adults, one time and for one hour, that is significant, but when one youth and one senior adult have a positive relationship for six months, a year, or longer, that is an enduring relationship. It provides the opportunity for profound life changing experiences. This is the vision of MAP.

These enduring relationships are supported by the concept of mutual benefit. In the parlance of negotiation, these relationships are based on win-win agreements where both parties give and receive in kind. However, what is the paradigm for such enduring intergenerational interdependence? What are the foundational principles that support the vision of MAP?

The foundational principles for effective intergenerational programs are five in number - an archway of enduring relationships supported by four columns named as follows:

1. column one or service excellence;
2. column two or mentorship;
3. column three or celebration; and
4. column four or continuous improvement.

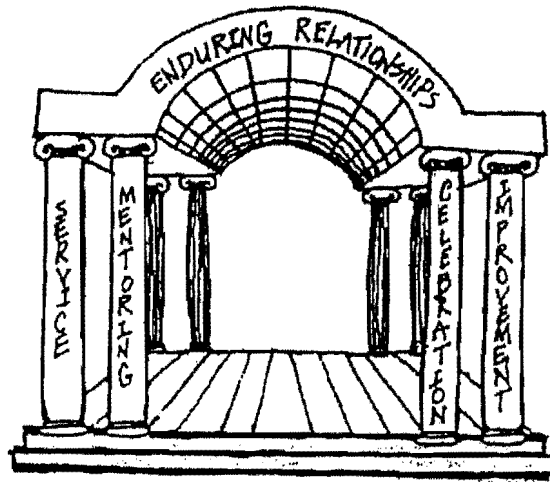


Illustration 1

Enduring Relationships

An intergenerational program must build on enduring relationships or else the program will fail to meet its ultimate mission. These programs are not about “hit and run” missions or visitations from young strangers during a holiday season. All too often such well intentioned efforts seem like staged events that intrude on the privacy of their needy subjects. Like the curmudgeon main character in the film *The Singing Detective* (Granada Films, ca.1985), the choir visitors to the hospital where he was convalescing seemed to him all too pious in their religiosity. His perception was due in part to the impersonal, staged visit to the hospital where the choir members spent no time with the patients, did not care to hear the patients’ stories, and congratulated themselves on their charitable efforts. No interchange, no empathy, no connection was made, and no sense of humanity and caring was conveyed. The Singing Detective’s uncivil tongue in railing against them was tactless, but probably spoke volumes for those who remain silent and endure such invasions of the spirit.

How do we create a setting where the seeds of enduring relationship can be sewn to flourish in full bloom? A systematic process must be established that flows from recruitment to end results, a process based on mutual benefit for both or all the parties. It is a process that answers the question, "What can I do that will help you the most?" It is a relationship where the parties give and receive. The enduring relationship is based on the profound experience of knowing that in giving of oneself and in giving away, it is usually the giver who receives more in return. It is enlightened self-interest with a heart.

Service Excellence

Too often, youth have been denied the opportunity to serve. Organizations which seek the involvement of youth often compete for their attention, and outdo one another in erect structures and programs that encourage the worship of self and the cult of youth. The tragedy is that far too many youth spend their formative years without a sense of meaning or purpose that can come through service to others.

Service excellence takes many forms based on matching need with the ability to respond to that need. It is based on a simple, but not simplistic, process that relies primarily on common sense. Service excellence starts with companionship as a basic service and build from there. This concept requires matching the parties in some logical manner for compatibility to help compatibility blossom into friendship through companionship activities.

Service excellence can blossom through making visits, exchanging stories, helping with light housework or light yard work, running errands, providing transportation, reading, assisting with all forms of written communication, delivering meals, attending social functions together, and on and on. Only one's creativity and

exercise of good judgment limit the possibilities. Service excellence should be a pragmatic opportunity that does not frustrate the parties through bureaucratic barriers.

A caveat or warning is appropriate. Since the ultimate goal is enduring relationships, a balance must be maintained between the amount of time committed to service and the servant's other priorities. Time management techniques should be encouraged to avoid "burn out" as the youth make service excellence a part of their pattern of life. They must be reminded to allow time for their own mental, physical, and spiritual needs while allowing their social development to flourish through service learning (Covey, 1989).

Mentorship

The mentoring of youth is the primary responsibility of those elders receiving services. There is wisdom to be shared and intergenerational programs provide an avenue for this interaction. The elder, even one in relative isolation, has an opportunity to provide counsel to the youth who come to them to provide services that reinforce the elder's sense of independence and self-determination.

Typically in intergenerational programs, active elders or adults of middle age will be involved as facilitators or care givers along with the youth. This group is sometimes not recognized for its crucial role, but here is a source for mentoring youth as well as providing services. This potential relationship must be recognized and utilized, particularly if the elder receiving services has needs that exceed their ability to mentor the youth(s) aligned with him or her.

Is not mentoring a specialized kind of service? It is a specific term that defines the elders' responsibility to the youth. However, it is a service in return for a service

which allows for the typically more limited mobility of the elder compared to the youth. A profound reality of intergenerational programming is that all are to serve - even the one who is the one to be served. Intergenerational programming is a way to teach youth service excellence while not allowing the elders to forget that they also serve. Often those elders receiving services become caregivers based on their ability (often mobility) to serve. Every competent person can provide some meaningful service to others. This, in fact, is a hidden objective of intergenerational programs - to merge the roles of care receiver and care givers. Proactive ways should be sought to provide care receivers with the double blessing of receiving and giving. Mentorship is their starting point and a potentially priceless form of service, but it may also serve to empower or merely remind an elder that one is never too old to learn or remember the place of service in making all the allotted years positive and productive.

Celebration

The celebration of achievements is fundamental. Periodic special ceremonies can symbolize the development of positive relationships. These are social gatherings to further bring the generations together. It may be as "simple" as going to a community event as a group, to special excursions, to a planned ceremony to recognize special accomplishments. For example, MAP has celebrated through special excursions to a theme park and a minor league baseball game. The completion of the first edition of The Ties That Bind, the book documenting and describing the history sharing project, was celebrated by a special autograph signing party for all the participants with the community invited to attend and share this watershed moment.

The watchword is celebrate, celebrate, celebrate.

Continuous Improvement

Everything done can be done better - much better. This report is intended to be a guide for others. The MAP can be replicated and it can be improved. The words provided here, when matched with the creativity of readers, will hopefully result in improved intergenerational programs.

Apply the continuous quality improvement cycle of Walter Shewhart (Walton, 1986) as you embark on your adventure with intergenerational programs. Remember the following:

1. Plan - Think about what you want to do, and begin with an end in mind. Have a mission to accomplish.
2. Do - Pilot your program. Do not do it all at once. Select one thing to do and do it well. Expand on your directed implementation. Remember that anyone can deliver an inferior product, but you will never allow your program to be less than substance. It is substance over style.
3. Check - Evaluate your pilot program. Fine-tune it. Eliminate problems on the front end and thereby prevent problems that could cripple your effort. Go slowly at first to go fast later. Build the reputation of qualitatively delivering on your promises.
4. Act - You have built your intergenerational model into a system of delivery that results in enduring relationships, service excellence, mentorship, times of

celebration, and a continuously improving model for intergenerational programs.

Stand and deliver.

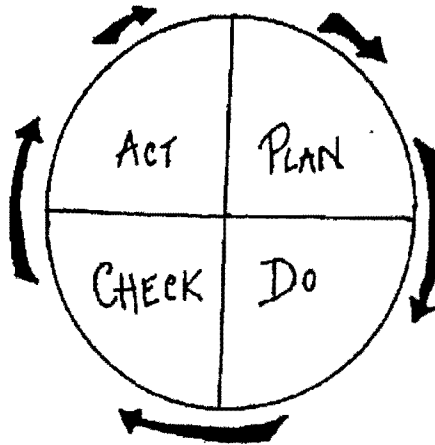


Illustration 2

Be committed so that your journey into intergenerational programs will be based on doing the right thing, doing the right thing right, and doing the right thing right on a consistent basis.

Your mission in intergenerational programs can be based on the words of Franklin D. Roosevelt:

“We cannot prepare the future for our youth, but we can prepare the youth for the future” (Renick, 1997).

Recommendations

The MAP is a collaborative and creative service excellence initiative delivering high-quality services to the elderly and disabled. It is part of a grassroots, interdisciplinary movement that facilitates intergenerational service-mentoring programs. Churches, a senior center, a community center, a university and its students, health care practitioners, and other organizations provide the services.

The MAP program began in San Marcos in 1997 with funds from the RWJF and the Institute. Some MAP services were expanded to the Wimberley area in 1999. It is recommended that the Institute continue its collaborations with the RWJF, MAP, PRAXIS, the Campus Christian Community and others in support of this Central Texas expansion. Expanding MAP to these areas will provide an opportunity to adapt a successful intergenerational service-mentoring program to more isolated and rural communities. Seniors will receive care based on need, and continuity of care arrangements. A needs assessment will determine which support services will be provided. MAP will coordinate volunteer training and match caregivers to care receivers, providing oversight, problem solving and continuity of care.

MAP will phase in implementation during the initial 12-month period of expansion. The principles of continuous quality improvement (plan-do-check-act) will be used and the model that results will be documented for use by other communities. Where there is a desire to help, we want to provide an effective system that turns good intentions into good deeds.

MAP is a way to build a sense of community and relationship between the generations. It provides that moment of opportunity to serve while being served. It provides those profound experiences that change lives. It instills the sense that giving back to the community is a way of life that begins early in the continuum of life and does not end with retirement. It is about improving the quality of life of the community through the giving of oneself to principles greater than the individual. It is about one's contribution to make the community a better place.

The plagues of boredom, loneliness, and helplessness are not imagined threats to the elderly and disabled. They are very real and must be addressed by caring people and a caring society. The MAP is a novel, simple, relatively inexpensive program, which makes use of existing resources and benefits the elderly and disabled, youth and young adults, and the community in its entirety. It can be replicated and implemented without significant resources and can be the catalyst for the development of additional intergenerational programs. It is an innovative, promising approach to bridging the gap between the generations.

Student organizations should take an active role in the ethical and leadership development of their members. Projects such as MAP better ensure that students will become well rounded, educated, and caring leaders in the future.

Service-learning through intergenerational programs resonates with many people and organizations. In its relatively brief existence dating from 1997, MAP program efforts have been recognized by presentations and awards at local, state, and national levels through the following:

- MAP program presentation at American College of Healthcare Executives' 1999 Congress on Healthcare Administration

- MAP program presentation at the 1999 Annual Conference of the Association of Schools of Allied Health Professions
- Program recognition and response in 1999 at a Regional Meeting of Interfaith Volunteer Caregiver organizations
- MAP program presentation in 2000 at the Thirty-Third Presidential Seminar at Southwest Texas State University

Perhaps the time is right to focus on service-learning to demonstrate our caring ethic and core values as a society.

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Appendix

Appendices

- A-1 Letter of Supplemental Support - The Robert Wood Johnson Foundation
- A-2 MAP Logo
- A-3 Proposed MAP Service Area - Fall 1999
- A-4 Sample Community Survey/Needs Assessment
- A-5 MAP Care Recipient Profile
- A-6 Sample Depression Scales
- A-7 MAP/PRAXIS Volunteer Application
- A-8 MAP/PRAXIS Volunteer Reflection - Example
- A-9 MAP Oral History Interview Agreement & Interviewee Information Form
- A-10 MAP Photographs of Service-Mentoring Interaction
- A-11 MAP Publicity & Public Communication

A-1



Faith In Action

NATIONAL PROGRAM OFFICE

Kenneth G. Johnson, MD
Director

Health Services
Research Center

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ADVISORY COMMITTEE

Reverend Stan Jones
Chairman

Rabbi Brad L. Bloom

Reverend Mark Davis

Most Reverend Patrick F. Flores, DD

Bishop Kenneth Hicks

Shimeji Kanazawa

Charles E. M. Kolb, JD

Reverend Richard L. Krenzke

Reverend Kenneth B. Smith, DD

October 21, 1999

Oren Renick, JD, MPH, ThM
Associate Professor &
Principal Investigator
Southwest Texas State University
601 University Drive
San Marcos, TX 78666-4616

Reference: ID #G0101/32971

Dear Dr. Renick:

It is a pleasure to inform you that your application for supplemental support of \$10,000 for your *Faith in Action* project has been approved.

The grant of \$10,000 is to be used, over a 12 month period, in accordance with the proposed budget, terms and conditions stated and agreed to in your application. The Kingston Hospital Finance Office will be in touch with you concerning payment of this grant and reporting requirements.

As you know, The Robert Wood Johnson Foundation's decision to provide supplemental funding was unexpected. Your great accomplishment in helping so many living with serious disability gained the Foundation's interest.

We hope that your selection to receive further funding will help you to continue and expand your work, and will serve as a signal of your project's merits, encouraging other funders to join in your financial support.

I am enclosing a progress report form for the first six months of the grant period. The report is due in this office during the seventh month.

All requests relating to your grant should be referred to the *Faith in Action* national program office.

We wish you success in this important and noble undertaking.

Sincerely,

Kenneth G. Johnson, MD
Faith in Action National Program Director

cc: Paul Jellinek, PhD
Joy Neath, Program Assistant

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A-2

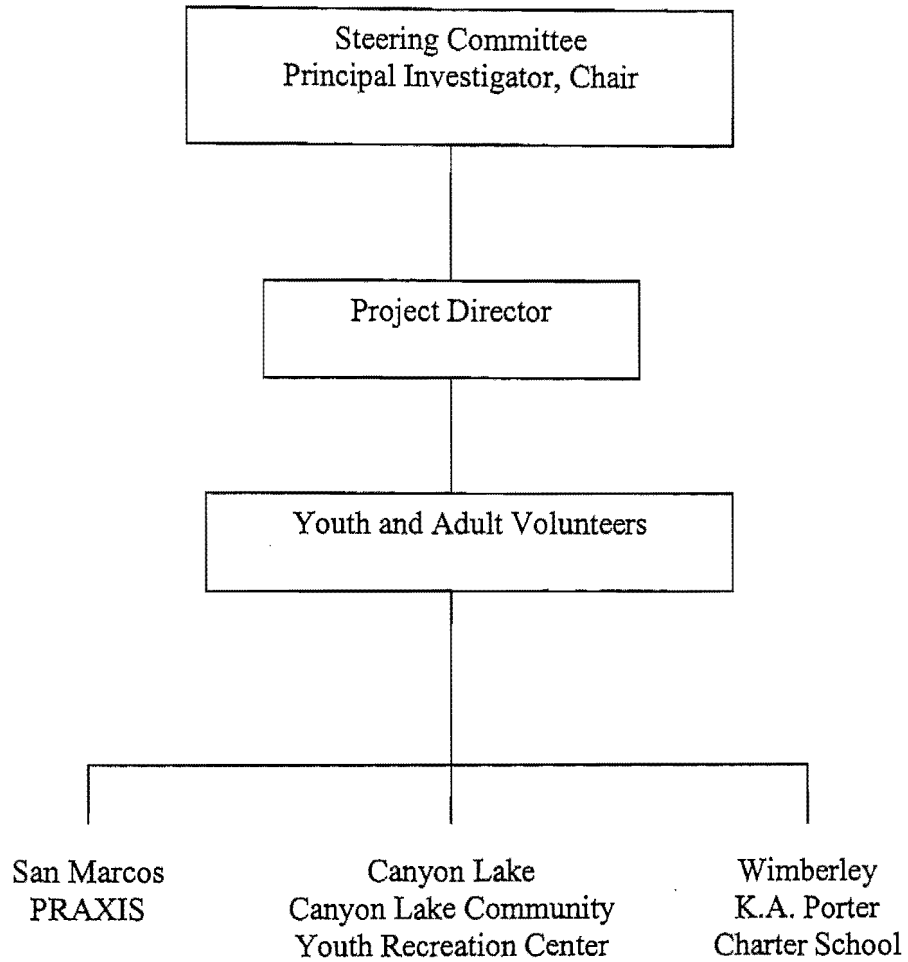


A MUTUAL ADOPTION PACT

A-3

The MUTUAL ADOPTION PACT

Organization and Service Area
October 1999



A-4

Community Survey

Any changes going on in a community create opportunities and needs. These opportunities and needs will need to be looked at by the leaders of the church/mission. Taking a Community Survey will help with this task.

We would also suggest that church leaders contact community leadership to discover future growth patterns and unmet needs in the community. Many community leaders, such as city or county officials, and school administrators are aware of changes in population patterns due to the decline in the birth rate or the community becoming a retirement center instead of younger couples with children. The city and county officials are aware of future projects that could affect the growth of a community, such as a lake being built that will attract a large new group of people to a community. A new industry planning to locate near the community would attract many new families to the community. The church can more effectively plan its future programs if the leaders are aware of these developments.

Complete as much of the Community Survey Worksheet as possible. Your associational office will also be a good source of information. Some associations have already made full community studies of all areas of need and have prepared for this for the churches to use.

The Community Survey will give the church/mission an opportunity to learn of any changes taking place in their community and seek way

After completing the steps in Section II the church/mission is ready to put Church Achievement into action.

COMMUNITY SURVEY WORKSHEET

This survey is provided to assist the church/mission to identify characteristics of a community and become aware of changes that are or will be taking place. Information can be obtained from city or county planning and zoning commission, Chamber of Commerce, U.S. census reports (available from most public libraries) public utility companies, social agencies and extension agent's office.

I. Physical Characteristics

1. What changes have taken place in the past 5-10 years?
List and Explain.

2. What are the anticipated Industrial or Agricultural changes for the next five to ten years? List and Explain.

3. Are there any major changes planned in the area's geography within the next ten years?

Yes No New water areas (rivers, lakes, etc.) _____

Yes No New highways or roads, where? _____

Yes No New business or shopping areas, where? _____

Yes No New apartments or housing areas, where? _____

Yes No New subdivisions, where? _____

How many houses? _____

Yes No Others (list) _____

II. Community Needs

1. What are the major social problems of the community? (alcoholism, drugs; family, racial, gambling, juvenile delinquency, crime.) List and Explain.

2. What are the major physical and economic problems of persons in the community? (Blind, deaf, retarded, sick, aged, illiterates, non-English speaking groups, migrant, school drop-outs, transient labor.) List and Explain.

3. What are the other major problems in the community? (Lack of concern for the public issues, low voter turnout, support of local government.) List and Explain.

III. Churches or other religious groups serving the community.

List and give membership of the other churches and religious groups that are presently serving the community.

Name	Membership
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

A-5

MAP Care Recipient Profile

Date: _____

for

Address: _____

Area of Town: _____ Phone: _____

DOB: _____ Age: _____ Gender: _____ Ethnicity: _____

Education: _____ Occupation: _____

Family Information: _____

Case History: _____

Special Needs: _____

Condition of Home: _____

Physical/Mental Health: _____

Hobbies: _____

What care receiver prefers in a volunteer: _____

Special things to know: _____

Other support: _____

Volunteer duties needed: _____

Other: _____

Period served: _____

A-6

GERIATRIC DEPRESSION SCALE

CHOOSE THE BEST ANSWER FOR HOW YOU FELT OVER THE PAST WEEK:

- | | |
|---|----------|
| 1. ARE YOU BASICALLY SATISFIED WITH YOUR LIFE? | YES / NO |
| 2. HAVE YOU DROPPED MANY OF YOUR ACTIVITIES AND INTERESTS? | YES / NO |
| 3. DO YOU FEEL THAT YOUR LIFE IS EMPTY? | YES / NO |
| 4. DO YOU OFTEN GET BORED? | YES / NO |
| 5. ARE YOU HOPEFUL ABOUT THE FUTURE? | YES/NO |
| 6. ARE YOU BOTHERED BY THOUGHTS YOU CAN'T GET OUT OF YOUR HEAD? | YES/NO |
| 7. ARE YOU IN GOOD SPIRITS MOST OF THE TIME? | YES / NO |
| 8. ARE YOU AFRAID THAT SOMETHING BAD IS GOING TO HAPPEN TO YOU? | YES / NO |
| 9. DO YOU FEEL HAPPY MOST OF THE TIME? | YES / NO |
| 10. DO YOU OFTEN FEEL HELPLESS? | YES/NO |
| 11. DO YOU OFTEN GET RESTLESS AND FIDGETY? | YES / NO |
| 12. DO YOU PREFER TO STAY AT HOME RATHER THAN GOING OUT AND DOING NEW THINGS? | YES / NO |
| 13. DO YOU FREQUENTLY WORRY ABOUT THE FUTURE? | YES/NO |
| 14. DO YOU FEEL YOU HAVE MORE PROBLEMS WITH YOUR MEMORY THAN MOST? | YES / NO |
| 15. DO YOU THINK IT IS WONDERFUL TO BE ALIVE? | YES / NO |
| 16. DO YOU OFTEN FEEL DOWNHEARTED AND BLUE? | YES/NO |
| 17. DO YOU FEEL PRETTY WORTHLESS THE WAY YOU ARE NOW? | YES / NO |
| 18. DO YOU WORRY A LOT ABOUT THE PAST? | YES/NO |
| 19. DO YOU FIND LIFE VERY EXCITING? | YES/NO |
| 20. IS IT HARD FOR YOU TO GET STARTED ON NEW PROJECTS? | YES/NO |
| 21. DO YOU FEEL FULL OF ENERGY? | YES / NO |
| 22. DO YOU FEEL THAT YOUR SITUATION IS HOPELESS? | YES / NO |
| 23. DO YOU THINK THAT MOST PEOPLE ARE BETTER OFF THAN YOU ARE? | YES / NO |
| 24. DO YOU FREQUENTLY GET UPSET OVER LITTLE THINGS? | YES/NO |
| 25. DO YOU FREQUENTLY FEEL LIKE CRYING? | YES/NO |
| 26. DO YOU HAVE TROUBLE CONCENTRATING? | YES/NO |
| 27. DO YOU ENJOY GETTING UP IN THE MORNING? | YES/NO |
| 28. DO YOU PREFER TO AVOID SOCIAL GATHERINGS? | YES/NO |
| 29. IS IT EASY FOR YOU TO MAKE DECISIONS? | YES/NO |
| 30. IS YOUR MIND AS CLEAR AS IT USED TO BE? | YES/NO |

THE ZUNG SELF-RATING DEPRESSION SCALE

		Score
1.	(-) I feel down-hearted and blue.	_____
2.	(+) Morning is when I feel the best.	_____
3.	(-) I have crying spells or feel like it.	_____
4.	(-) I have trouble sleeping at night.	_____
5.	(+) I eat as much as I used to.	_____
6.	(+) I still enjoy sex.	_____
7.	(-) I notice that I am losing weight.	_____
8.	(-) I have trouble with constipation.	_____
9.	(-) My heart beats faster than usual.	_____
10.	(-) I get tired for no reason.	_____
11.	(+) My mind is as clear as it used to be.	_____
12.	(+) I find it easy to do the things I used to.	_____
13.	(-) I am restless and can't keep still.	_____
14.	(+) I feel hopeful about the future.	_____
15.	(-) I am more irritable than usual.	_____
16.	(+) I find it easy to make decisions.	_____
17.	(+) I feel that I am useful and needed.	_____
18.	(+) My life is pretty full.	_____
19.	(-) I feel that others would be better off if I were dead.	_____
20.	(+) I still enjoy the things I used to.	_____
Total		_____

Statements are answered "a little of the time," "some of the time," "a good part of the time" or "most of the time." The responses are given a score of 1 to 4, arranged so that the higher the score, the greater the depression: the statements designated with (+) are given "1" for response "most of the time," while those with (-) are given "4" for "most of the time." The maximum score is 80.

(Adapted from Archives of General Psychiatry, 1965, 12, 65.)

A-7

PRAXIS



Volunteer Application

Last Name: _____ First Name: _____ Soc. Sec. #: _____

Local Address: _____ City: _____ Zip: _____

Birth Date: ____/____/____ Male Female Local Phone: _____ Work Phone: _____

Class and Section number: _____ Professor: _____

Religion: _____ Congregation: _____

Have you ever done volunteer work? Y, N, If yes, please explain: _____

Languages: _____ Speak, Read, Write, Sign

Are you currently employed? Yes, full time, Yes, part time, No

School status: Full time Part time. Field of study: _____ Classification: _____

Do you have any experience working with the elderly? No, Yes (please explain) _____

Special Interests, Skills, Hobbies: _____

Are you a smoker? Yes, No Are you willing to visit with a smoker? Yes, No

I have a valid Texas driver's license: Yes, No

I have a car and willing to drive to assigned organization: Yes, No

Texas Drivers License #: _____ Insurance Company: _____

Have you ever been convicted for violation of any laws, traffic or otherwise? Yes No

If yes, please explain: _____

Do you object to a background check? Yes No

Do you have any physical condition that may limit your activities? Yes No

If yes, please describe: _____

In case of emergency, notify (in San Marcos): _____ Phone: _____

Signature: _____

A-8

This is one of the Praxis Vol. 4 thoughts you might enjoy
13.15

PRAXIS Service-Learning Volunteer Program

1st Reflection Group - Evaluation and Comments

Name of agency where you volunteer: Mutual Adoption Pact

Your Name: Leigh Nealey

1. Describe the agency where you volunteer, what you do there, and why you picked it.
Through the Mutual Adoption Pact, I visit a person who is house or bed-ridden and spend time talking, reading, doing simple chores, or just sitting. I picked it because I like working on my own, by myself, and helping a less-fortunate person.
2. Through this volunteer experience, what are you learning about:

The service the agency is providing for the community? Mutual Adoption Pact finds individuals who really are in need of a companion. It helps fill an emotional gap the person is having and it makes an impact on that person.

The people with whom you work?

Julia, though she is bed-ridden and semi-house ridden, is a very interesting person to hang out with. She has a lot to share and becomes open sooner than most people. She has experienced many stresses in her lifetime and still remains positive about the future. She

Yourself?

It's always nice to help someone else but to actually know that is a true Christ with faith stronger than most that I know. The time I spend with Julia is actually helping her. I'm glad that I can listen to her and relate what she says to my life. I'm helping her more than I probably realize, while she's helping me more than she knows.

3. What are your thoughts and feelings about your experience so far?
It's great to have the opportunity to meet someone that I normally wouldn't have known on my own. It's beneficial to have conversations with such an intelligent person.

4. How does this volunteer experience relate to your classroom study?

I'm a social work major and any experience with a person w/ less opportunities than myself is helpful. It relates to what we talk about in class and now I can see an incident in real life.

A-9

MUTUAL ADOPTION PACT
ORAL HISTORY PROJECT

INTERVIEW AGREEMENT

The purpose of the Mutual Adoption Pact Oral History Project is to gather and preserve historical documents by means of the tape-recorder interview. Tape recordings and transcripts resulting from such interviews become part of the archives of the Mutual Adoption Pact. This material will be made available for historical and other academic research by scholars and members of the family of the interviewee.

We, the undersigned, have read the above and voluntarily offer Mutual Adoption Pact full use of the information contained on tape recordings and in transcripts of these oral history research interviews. In view of the scholarly value of this research material, we hereby assign rights, title, and interests pertaining to it to Oren Renick, Principal Investigator, Mutual Adoption Pact.

Interviewer (signature)

Interviewee (signature)

Date _____

Date _____

Name of Interviewer

Name of Interviewee

Mutual Adoption Pact / UMOJA / Explorers
History Sharing Project

Interviewer's Name(s): _____ Telephone: _____
_____ Telephone: _____

Name of Person Interviewed: _____ Date of Birth: _____

Natural Born U.S. Citizen? Yes No Naturalized Citizen? Yes No Date: _____

Native Country: _____

Places Lived and When: _____

Present Occupation: _____

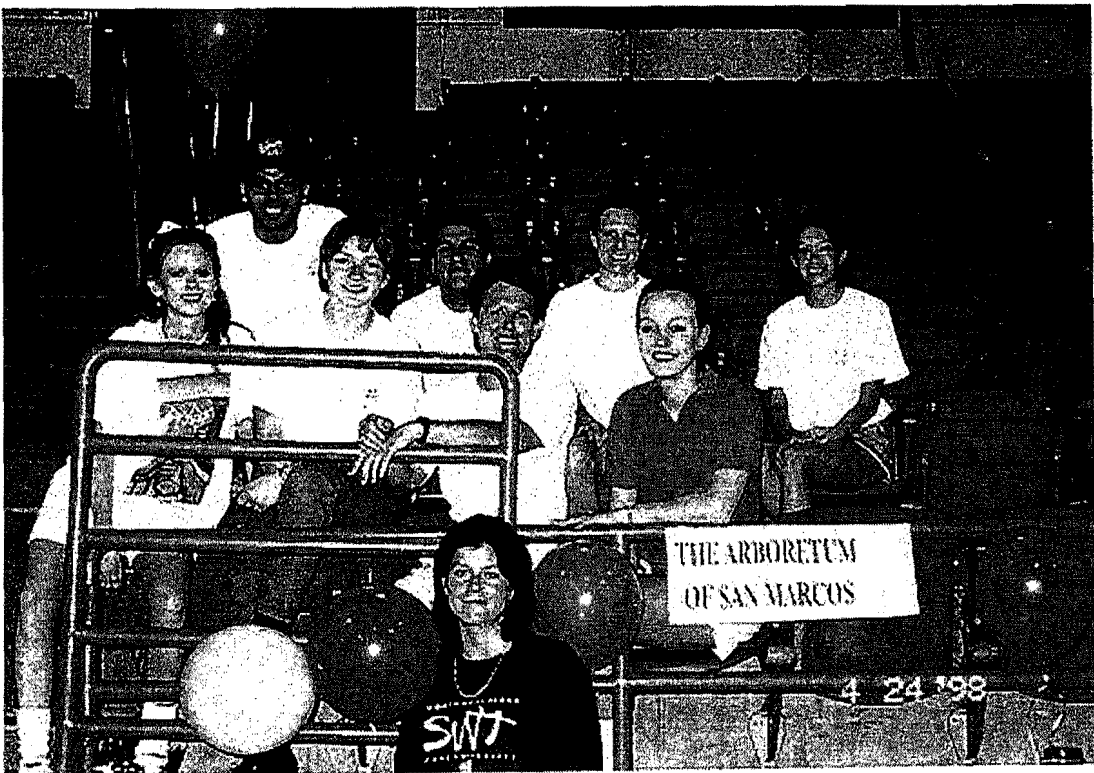
Former Occupation(s): _____

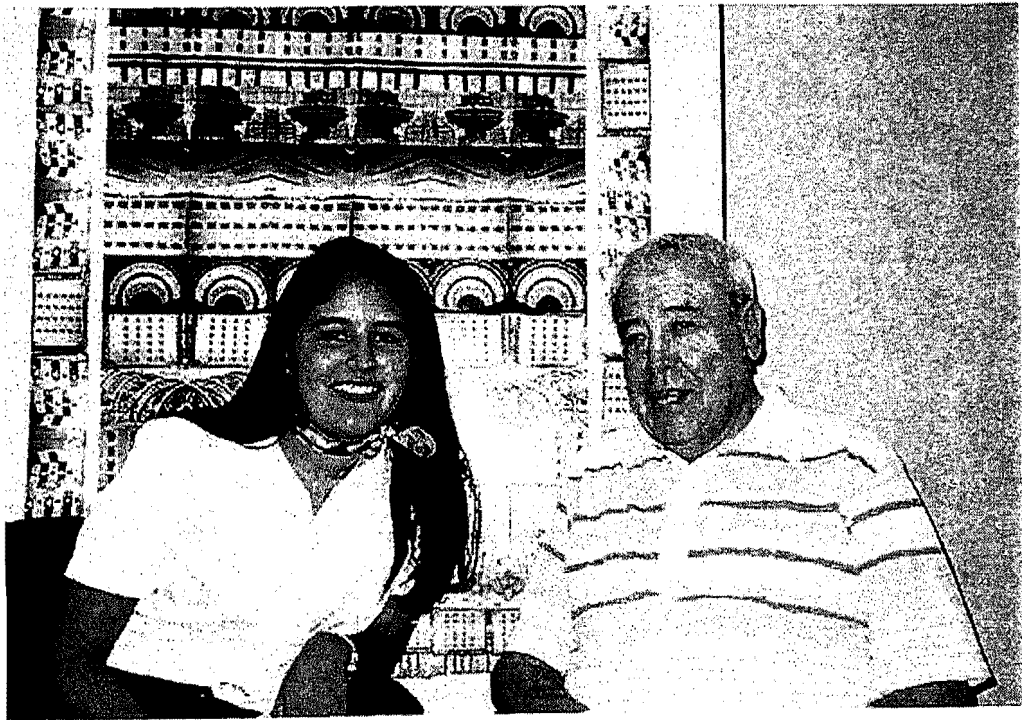
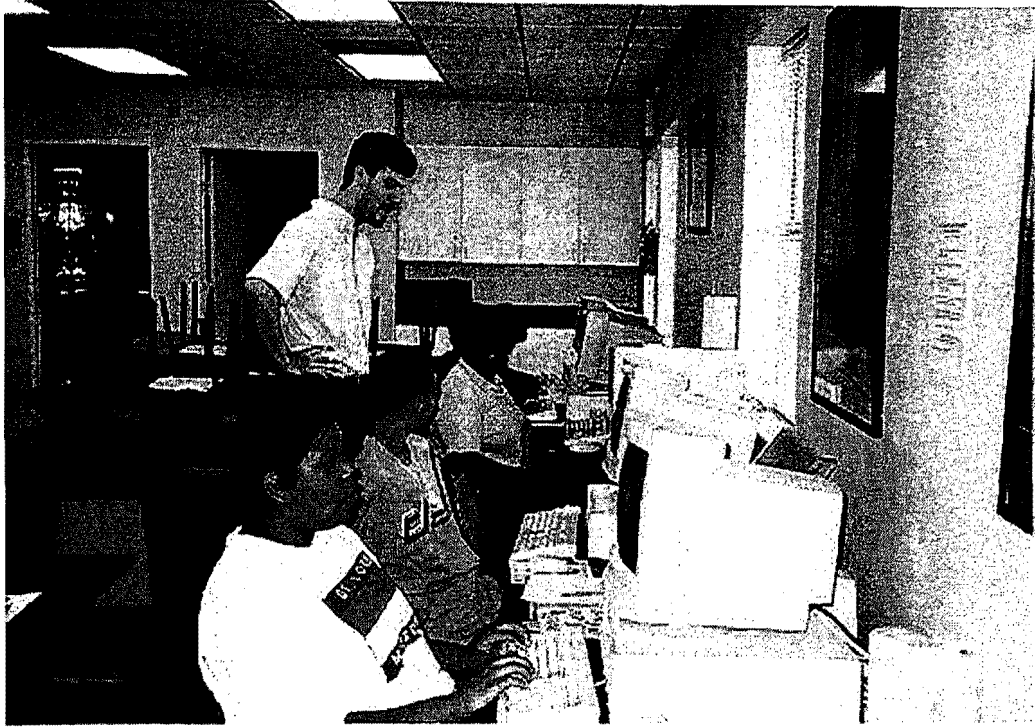
Special Skills: _____

Major Accomplishments: _____

Local events or organizations in which the interviewee may have or may participate: _____

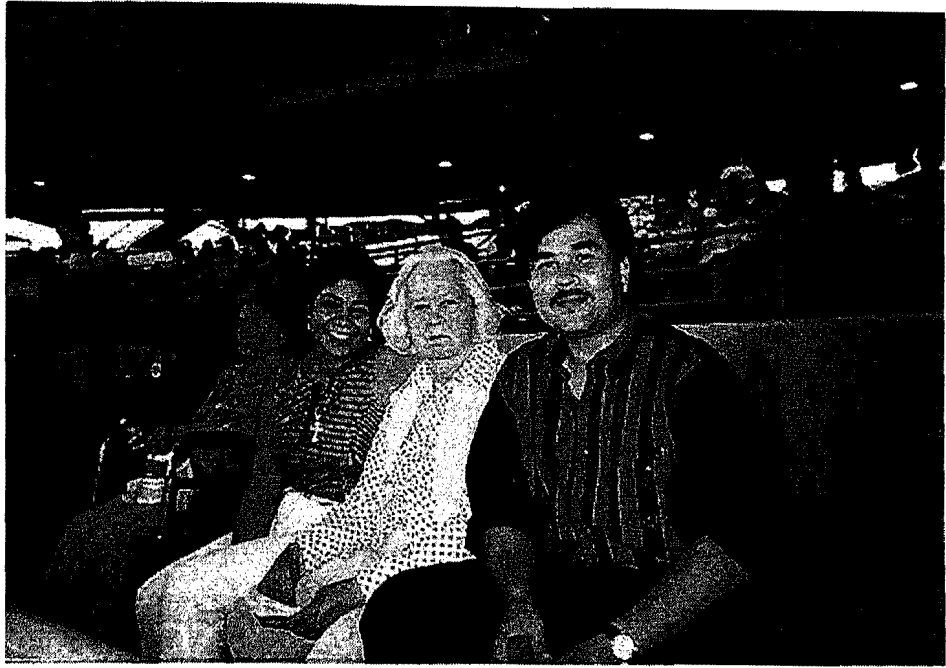
A-10



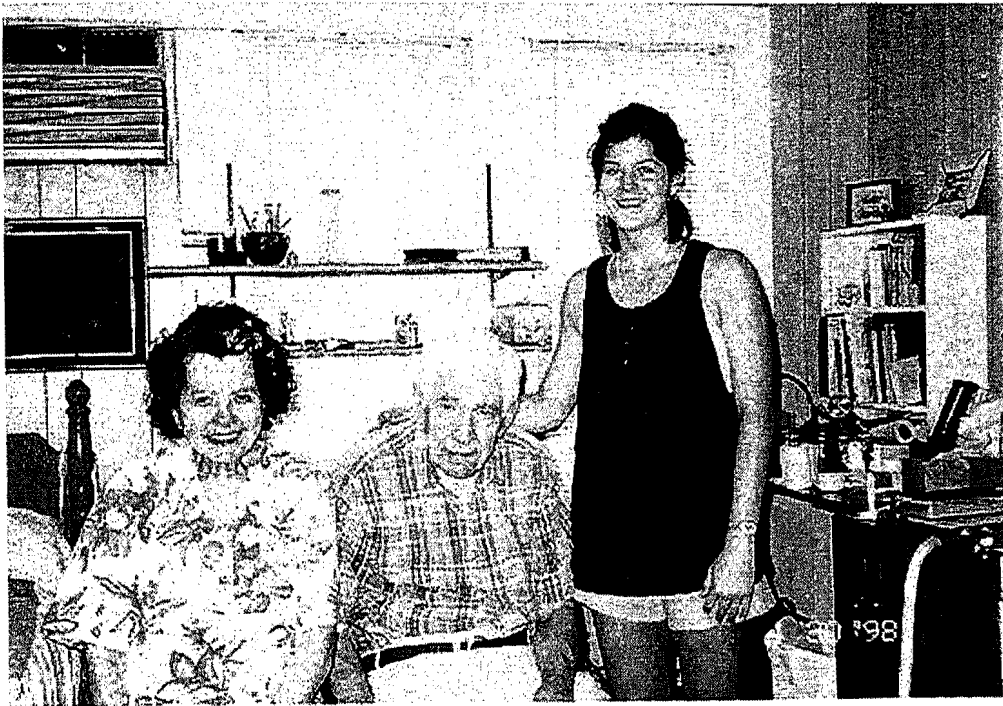




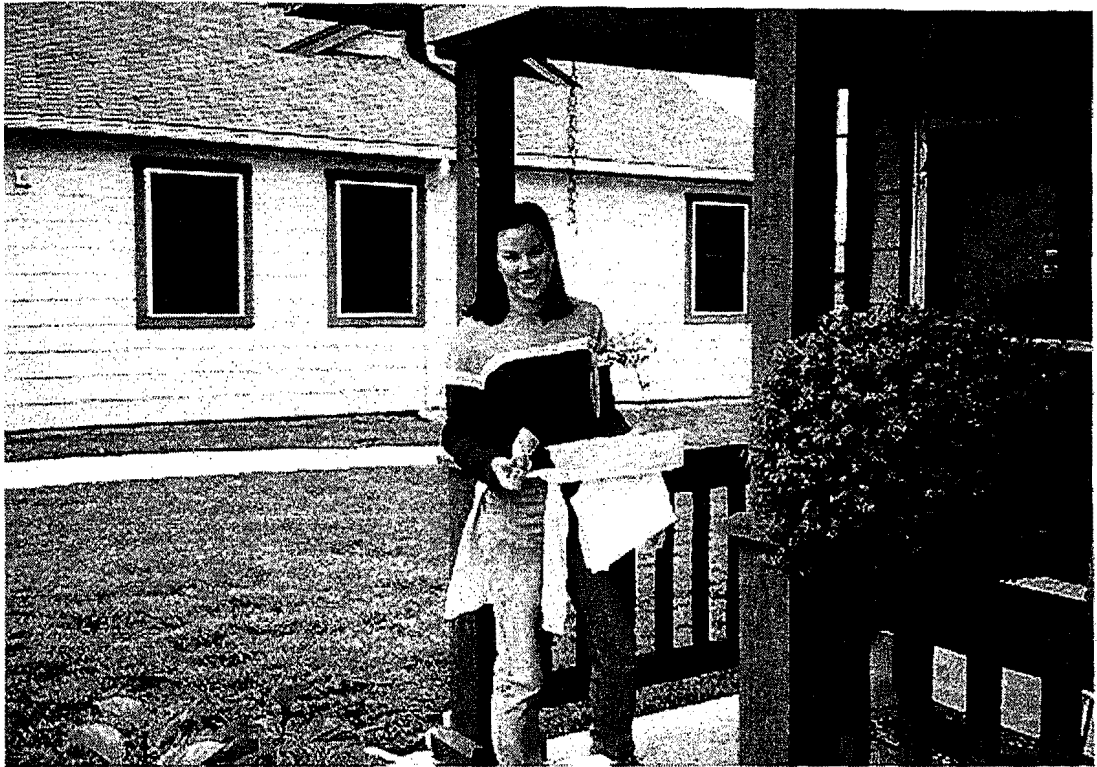












A-11

Robert Wood Johnson grant to help local elderly through volunteer outreach

By SUSAN HANSON
Staff Writer

For many of the elderly in this community, growing older means living in fear of loneliness, deteriorating health, and a general lack of independence. Indeed, without the support of an extended family, they may well have difficulty doing the simplest of tasks—buying groceries, getting to the doctor, writing letters, or cleaning up around the house.

While services do exist to help the elderly meet some of their basic needs, these programs can accomplish just so much. Dr. Oren Renick, associate professor of health administration at Southwest Texas State University, cites Meals on Wheels as one example. According to Renick, members of eight local churches are currently delivering food to approximately 60 elderly or disabled individuals in San Marcos. But as he notes, "Because the food must be delivered warm, fresh and on time, volunteers' contact with the meal recipients is like triage in an emergency room—they pass the lifeline and move on."

In short, what is often missing in such outreach programs is the time for leisurely, extended involvement between the person providing the service and the person receiving it. What is missing is a real relationship.

Convinced that both the needs and the human resources necessary to meet them exist in this community, Dr. Oren Renick earlier this year applied to the prestigious Robert Wood Johnson Foundation for a grant to develop what he describes as "a collaborative, creative service excellence initiative to deliver high quality services to the elderly."

Put another way, he sought funding to establish an intergenerational program that would be a "win-win" proposition for both the young volunteers he would recruit and the elderly residents they would be serving.

Renick recently learned that this program, dubbed "Faith in Action: A Mutual Adoption Pact," has been selected to receive a grant from the Robert Wood Johnson Foundation, the largest philanthropy devoted exclusively to health and health care. This grant, which will cover an 18-month period, is the first award made to SWT by this particular foundation. It will be supplemented by funding from SWT's Institute for Quality Improvement in Long Term Care.

How will the program work?

According to project director Carl Dolezal, a San Marcos native pursuing a graduate degree in health care administration at SWT, volunteers already are being recruited from a number of areas—university organizations such as the student chapters of the American College of Healthcare Executives and the American College of Health Care Administrators, student organizations at San Marcos High School, local churches, and the Greater San Marcos Area Seniors Association.

Once volunteers are identified, they are put on care giving teams of three to four people each. Then, after going through a day-long training session presented by the project staff, these teams are matched with an elderly or disabled person in the community. Each team is expected to have at least two hours of interaction with this individual each week.

Who, exactly, will the project serve? Many, as Renick explains, will be persons identified through the Meals on Wheels program or by social service and hospital personnel. Others will be nursing home residents who have a need for companionship or emotional support.

Should an entire church wish to become involved in the program, Renick notes, project personnel will be made available to offer training and support. "We'd

come in and determine if they want to do intergenerational programming," says Renick. "We would help them identify priorities and do action planning and follow-up. We would not come in and say 'Here's a canned program.' We would ask 'How can we help you implement what you want to do?'"

Looking at the kinds of services volunteers might provide, Renick notes that the list is long and varied. Depending on the needs of the individual, volunteers might provide limited transportation, help with shopping, assist the person in paying bills, help with personal care, do light housekeeping or yard work, make connections with available community services, prepare oral histories, or simply spend time visiting or calling to say hello.

With four teams of volunteers already in place and at work, Carl Dolezal is looking forward to expanding the program dramatically after the first of the year. Indeed, the goal is to enlist a minimum of 75 volunteers and to serve approximately 500 people during the course of the year.

To accomplish this, Dolezal says, he will be spending much of his time as project director assessing those in need of services; recruiting, training, and supervising volunteers; and speaking about the project with local churches and organizations.

"This seems to be a good merger of the things I'm interested in," says Dolezal, who is working on his long-term care license. "I've always had an appreciation of working with the elderly, and this gives me an opportunity to do that."

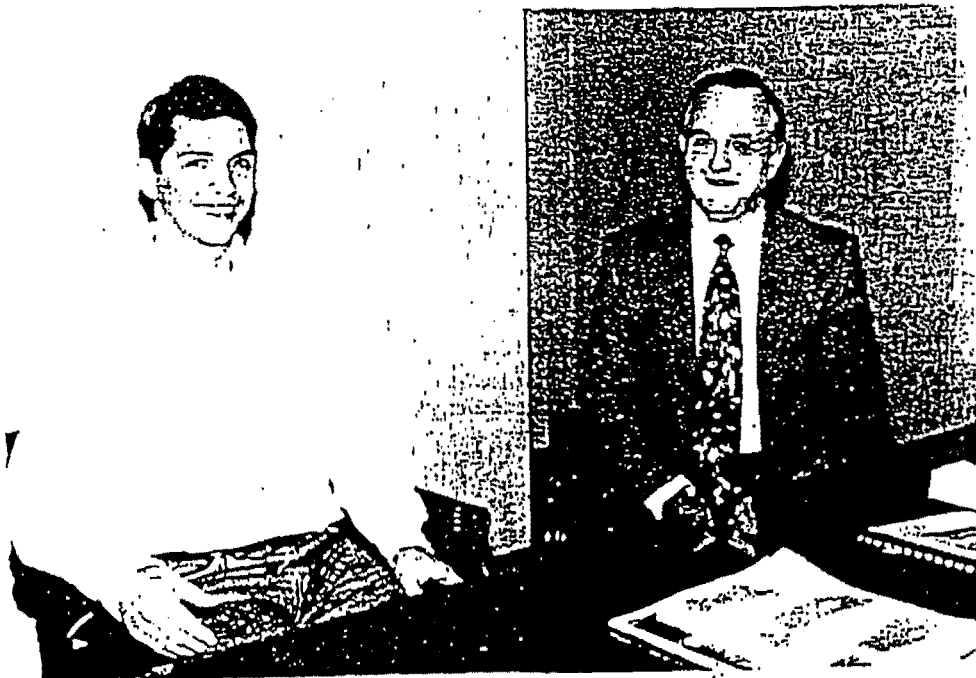
As Oren Renick sees the project, it is an opportunity to create a win-win relationship between students, independent and vigorous senior citizens, and "at risk" elderly or disabled persons.

"It answers the question, 'What can I do that will help you the most?'" says Renick. "Specific tasks are being identified for students that, if done, will support the seniors' maintenance of independence and autonomy. For seniors, their role is to support the student as a mentor and role model to aid the student in becoming a responsible and giving person."

"Already I've had volunteers come in and tell me how rewarding their work was," says Dolezal. "The experiences they've gotten out of it have been very good."

"We think we're on the verge of something with intergenerational programs," Renick notes. "We'll seek to find ways to make this a permanent program in the community."

For more information about Faith in Action: A Mutual Adoption Pact, call 353-1489 or 245-3556.



Carl Dolezal and Dr. Oren Renick



faith in action:

A Mutual Adoption Pact

MUTUAL ADOPTION PACT

MAP Staff

Dr. Oren Renick
Principal Investigator
Carl Dolezal
Project Director
#353-1489/754-7808
Tim Marlowe
Community Liaison
Stacey Barber, LMSW
Social Worker
#396-0408/(512)441-8128

Welcome New Volunteers

On Saturday, February 2, a group of 8 new MAP volunteers completed training and are ready to make a difference! Three of the volunteers, Tracy Carrington, Star Kettering and Trudi Hatton, are taking Social Work classes and assisted with the training by presenting information on stereotypes of older adults. We extend a warm welcome to all the following new volunteers. They are pictured on the right with MAP Staff. Left to Right: John Green, Frances Colgin, Stacey Barber, Star Kettering, Tracy Carrington, Mohangany Hunter, Trudi Hatton, Sheila Nicholas, Oren Renick and Katherine Goodman.

Only 5% of older adults live in a nursing home or other institutional setting!

Communication is the Key

We all have many things of value to communicate but so many obstacles. Different cultural backgrounds, noise, hearing loss, or lack of attention may all interfere with communication and can delay the growth of relationships with others, including your service recipient or fellow volunteers.

Here are some suggestions to help communication be clear.

1. Choose a location with few distractions such as noise, movement, uncomfortable surroundings.
2. Make sure the person can see you well, as nonverbal communication such as facial expression is crucial.
3. Give a clear signal to the other person that you need their attention. This signal could be eye contact or a gentle touch on the hand, for example.
4. Be aware of any words or terms you use with which the other person may not be familiar.
5. Speak clearly and at a moderate pace. The way you speak in casual conversation with your friends is not always best for communicating something important or communicating with someone with hearing or attention impairment.
6. Use straightforward and precise terms for clarity. For example, rather than "I'll see you soon" say "I'll see you on Wednesday morning."

Communication (Continued)

7. If you are unsure of what someone said or meant, clarify! You could say something like "I want to make sure I understand. Are you saying----?" Misunderstood messages can make for some very frustrating conversations, so avoid them whenever possible!

Older workers have lower absenteeism!

What a Team!!

MAP now has 8 Caregiver Teams. They have all provided excellent service to their nursing home or community residents. Marie Yeager and Cynthia Law have been inventive and extremely consistent in their contact with Ms. F. R. Not only does the team check in with Ms. R. weekly, they also have taken her grocery shopping, helped her around the house, and taken her home cooked food. Yum!

There are plans to take Ms. R. out for a picnic when the weather is nice. Also, when Ms. R. received some unwanted visits from a salesperson, the MAP volunteers helped reassure her and decide how to handle the situation. This ongoing, responsive care is what makes MAP truly special. Thank you Marie and Cynthia!

Success in the end eclipses the mistakes along the way!





Faith In Action:
**A Mutual
Adoption
Pact**

MAP Staff

Carl Dolezal, Project Director
Stacey Barber, Social Worker
Tim Marlow, Community Liaison
Oren Renick, Principal Investigator

THE OTHER SIDE

In our last newsletter, we featured on of our great Volunteer Teams. This month, we bring you the perspective from the other side, that of our service recipients. A number of our volunteers visit the Arboretum of San Marcos, a long-term care facility. We spoke with Ismael, from the ASM activity department, and Ms. Laverne Sheffield, a resident who is visited by one of our new volunteers, Belinda. Ismael told us that the MAP volunteers are able to provide one-on-one attention to those residents who can benefit from it, allowing activity staff to focus on the group activities without distraction. These MAP visits thus also allow residents to have greater control over their lives as they have alternatives to the group activities. Ms.

Sheffield, an alert resident with varied interests, credits the MAP volunteers with "making her feel alive" as they allow her to pursue her interests and forget her pain. She has gone to movies, gone shopping, had her nails done, and corresponded with MAP volunteers. She describes Belinda as "considerate" and "a bundle of energy." After the death of her husband, Ms. Sheffield did not feel good. With the help of MAP, she says she feels good again.

Sharing a Story

MAP has an exciting new project in the works this summer! Over 20 High School students will be recording history for posterity by conducting oral history interviews with elders in the San Marcos Community. This living history will be gathered in a book and offered to project participants and libraries. These bright and energetic students will have their name in a published book and the wonderful stories of San Marcos elders will be passed on to posterity.



Pictured above are Belinda and Laverne after a leisurely afternoon meal at Grins.



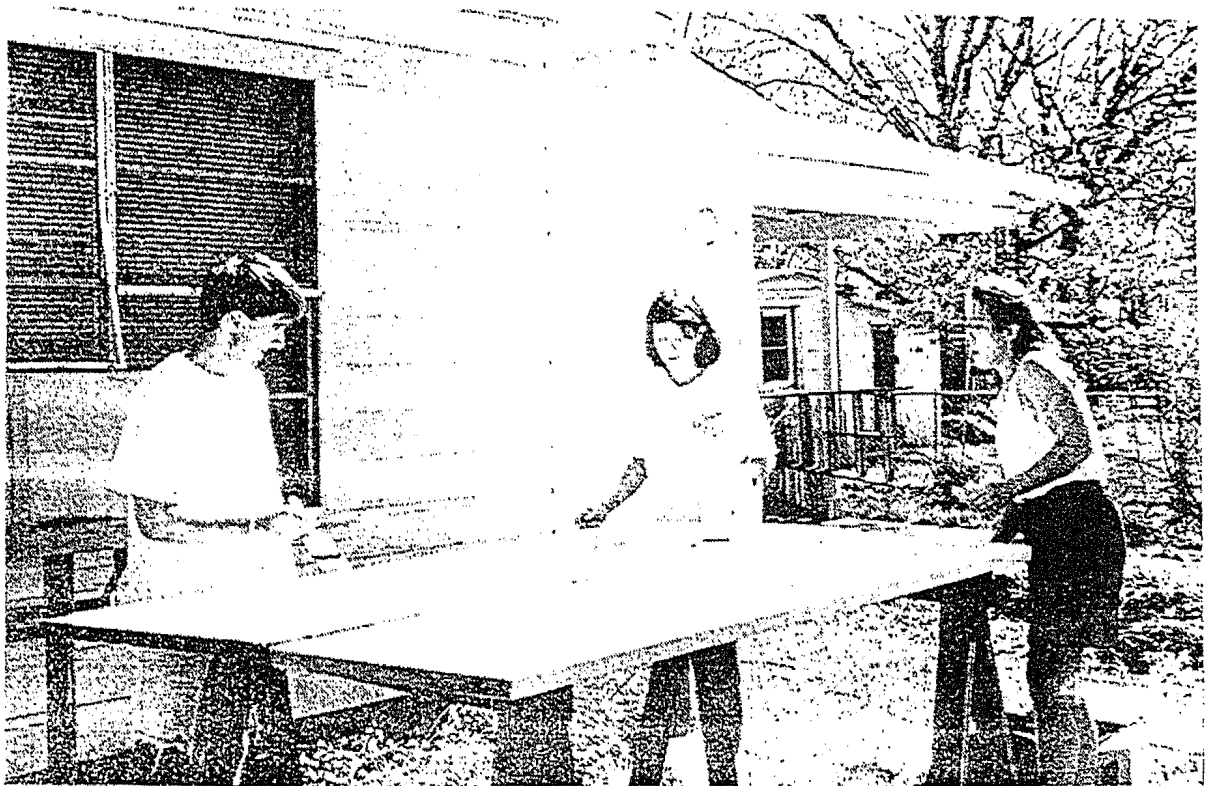
Mutual Adoption Pact

Amanda Jones (member of UMOJA), Anishika Perkins (member of UMOJA), and Oren Renick (Associate Professor, SWT Department of Health Administration) participate in a sensory deprivation exercise as part of the training program for the San Marcos History Sharing Project held at the Mitchell Community Center. The scratched sunglasses represent a vision impairment, and the gloves and tape represent the effects of a stroke. Students from two San Marcos High School student organizations, Explorers and UMOJA, are participating in the History Sharing Project, which is sponsored by the Mutual Adoption Pact. The project is a multicultural and intergenerational effort to collect history about the San Marcos community by interviewing seniors who have lived it first hand. Interviews will be transcribed and recorded in a book to be released by Martin Luther King, Jr. Day. For more information about the Mutual Adoption Pact, call Carl Dolezal at 353-1489.



Mutual Adoption Pact

Southwest Texas State University students Veronica Garcia (social work), Josefina Lopez-Montalvo (social work), and Tim Marlow (health administration) recently visited Sea World with residents from Morning Star Retirement Residence. The Mutual Adoption Pact thanks Sea World of Texas for providing tickets at a discounted rate. For more information on the Mutual Adoption Pact, call Carl Dolezal at 353-1489.



Mutual Adoption Pact

SWT student volunteers Tracy Carrington (social work), Trudi Hatton (social work), and Tim Marlow (health administration) team up to give Mrs. Reyna a helping hand with some light home repairs. The Mutual Adoption Pact thanks McCoy's Building Supply for donating materials used in the project. An additional thank you goes to Carl Ericson, a San Marcos High School student with an interest in computer graphic design, for designing a logo for the MAP program. For more information on the Mutual Adoption Pact, contact Cari Dolezal at 353-1180.

San Marcos, TX., Sunday, March 15, 1998



Mutual Adoption Pact

Francie Issa, a Mutual Adoption Pact volunteer, assists Neil Stallions to a Greater San Marcos Area Senior's Association meeting. The Mutual Adoption Pact is a multicultural and inter-generational program that seeks to provide light assistance and companionship to the elderly and disabled in the San Marcos community. The Mutual Adoption Pact wishes to thank the ladies of Delta Zeta Sorority and the SWTSU Chapter of the American College of Healthcare Executives for providing funds for a computer, and the Willie Mae Mitchell Opportunity Center for providing office space. For more information on the Mutual Adoption Pact, contact Carl Dolezal, project director (at the Mitchell Center at 754-7808), Stacey Barber, social worker (396-0408), or Tim Marlow, community liaison consultant (396-2138).