

Please stand by for realtime captions. >> Good afternoon I want to welcome all participants who have joined us early today for our webinar on the national volunteer caregiving network. We will begin the webinar at three p.m. Eastern time, so we will begin in five minutes. >> We are going to begin in just a minute, I see that we still have participants during the webinar, so we will give folks another minute and then we will get started. >> Welcome to all of her listeners who have joined us today. My name is Nanette Relave and I manage the national information and referral support center, which is administered by NASUAD with support from the administration for community living. I want to welcome everyone to today's webinar, on the national volunteer caregiving network. Let me cover a few housekeeping items before we began. The slide, audio recording and a transcript from today's webinar will be posted to the website in the next few days. Please visit the national I&R support center project on the website and you can see the website on monthly calls. You can also -- we will also post a link in the chat box for your reference. Listeners are muted to reduce background noise, we welcome your questions, and comments through the Q&A functions that you can see available on your screen. Please feel free to submit your questions at any time during today's presentation. And we will address questions following the presentation.

We also have real-time captioning for today's webinar, on your screen you can see a media viewer panel that is on the bottom right, this is where the captioning will appear. You can minimize the panel or keep it open, it will not block the slide presentation. You may need to enter your name and organization and click submit in order to view the captioning in the media viewer.

Helping to meet the needs of your callers, when community resources are often limited, is a challenge for many information referral and assistance programs. In our most recent national surveys the theme of doing more with fewer resources emerged very strongly. While there is no single solution, for resource constraints, leveraging volunteer resources in your community can help to support the older adults and people with disabilities who you serve. We are pleased that you are joining us today, to hear about volunteer caregiving programs that help promote the health, well-being, and independence in community living of older adults and people with disabilities. Over 650 programs are located throughout the U.S. and territories. To help us learn about these programs, we are joined today by several presenters. Tammy Glenn who is acting executive director and vice president for the national volunteer caregiving network, Jim Archer who is a NVCN trustee, and Paula who is the lead ambassador for the network. With that, I will go ahead and turn it over to our presenters to get us started today. Thank you.

This is Tammy Glenn, I am so pleased to be here.

To present volunteer caregiving with my colleagues, Jim and Paula, we want to thank all of you I am sure in some capacity our programs across the country work with each of you, and if we are not we should be. So hopefully this presentation today will pave the way for all of those

relationships to happen. We can show our names on slide two, then that if you would like. And that we will head into slide three.

We want to tell you about volunteer caregiving, this is a wonderful business model that was developed just about 35 years ago. By the Robert Wood Johnson foundation, faith in action program. The concept is simple. We match good neighbors, with frail elders or people with disabilities who need a helping hand. It is not a personal-care, toileting or bathing, it is neighborly deeds, friendly visiting, types of activities. We will tell you about that on slide four.

The movement has been around for so long at the height there were more than 1000 programs funded. We estimate at least 650 programs at least -- or 700 throughout the country. We have a lot of helping hands throughout the country, including Guam and Puerto Rico, and the Virgin Islands. I would like to turn this over to Jim, Jim Archer, he will tell you a little bit about why this came about.

Thank you, good morning all, I'm sure all of those involved in social services and working with senior community, are probably quite familiar with this particular information here. We are seen about 1000 retirees per day, leaving active work, what is happening, that is starting to impact the population of those who are 70+. We are seen the forecast over the next 10 or 11 years, that the population of 70+ is going to exceed 52 million. The age 70+ is important, as people began to get into their late 70s, and early 80s, they tend to have greater needs for companionship, a good social network, people they can rely on for life tasks and duties. I did hear today, on the news that the average age in the United States has declined by a couple of percent due to opioid addictions and suicides but I don't think it has much of an impact on what we are seeing here.

We are getting to the crux of the matter here, this graph is intended to show the intent of how Social Security would be part of the pie to support people in their retirement years. Between savings, Social Security and pensions, evenly split, but what we see happening is that close to half of the people who are retiring have less than \$100,000 in savings. To retire on.

Considering that Social Security is only part of the solution, and the corporate pensions are not as prevalent as they once were. The government pensions are under some pressure from the financial side, looking at what kind of funding anyone over 65 or 70 will have in their retirement years is not very promising. In particular when you consider, talking to a financial planner or analyst, and they will tell you that you should have \$250,000 for your end-of-life scenarios, I don't think many people have that kind of money sitting around to support their final years of life. And so, what this is pointing to, let's go back to the slide, we have a growing problem, it will become a significant problem, as we have more people retiring without the proper means of support. This means the need for more people to volunteer to support those retirees is only going to grow. There is a social cost here, that is important to note, it has been shown that seniors with a good social network, and have good companionship, and people paying attention to

them, are more healthy, less prone to hit the hospital and emergency rooms, and have a higher quality of life. So I think the net impact of what NVCN tries to do through the program will have a positive impact to those in their 70s and 80s will allow them to have a good lifestyle, friendly visits, support and help and a bright prospect and what is ahead for them. With that I would like to turn the discussion over to Paula.

Thank you Jim, this is Paula, the next slide talks of the different kinds of volunteer caregiving services that complement communities. Across the nation, piggybacking on what Jim said about the relevant issues surrounding income, there is also relevant issues surrounding the different makeups of our community and the things that go into different programs, choosing different kinds of services. For example, when people have family members still in the area where they live, it makes their support system very different, their needs are different then when they are isolated and they don't have any other relative living nearby. Even those that have a big family surrounding them, still seem to need the assistance of volunteer programs. So the variety of programs that are in the national caregiving network, the programs are chosen from what the community needs. So developing these programs, based mostly on what the needs are in their specific area. Some common threads are transportation to medical and nonmedical appointments. Help with nutrition, shopping, making a meal, picking up their prescriptions, changing lightbulbs, all the way over to installing a water heater, making a wheelchair ramp, doing a small home repair, or a larger home repair. Like making an accessible bathroom, a handicap accessible bathroom. Friendly visits and phone calls, well, visits, just to make sure to make sure the people are hearing a live person sometime during the week. And things like dementia support groups, for the family members and not just support the training, so that people can understand the breakdown of dementia.

It seems that the national volunteer caregiving network program our aces at developing new programs to help those living alone, or seniors or living with disabilities to be supportive. >> A lot of the tracking that we do in our program, we track transportation, that volunteers may travel, this number, 6500 is probably an average, and depending on if the area is in urban or rural areas, that is going to be a factor that makes the mileage go faster. We are serving [Indiscernible] clients with 230 volunteers, they typically have maybe two full-time equivalent staff, with an operating budget of \$350,000 or less, and providing a total of 14,300 volunteer hours. Those numbers will be significantly higher depending on the geographical location.

>> The average program metrics equivalent to 600, the calls to a typical program, been 625 -- cost \$625 to can -- run the program, compared to adult day care causing 18,000 for local services. I think that cost is typically for an eight hour day. It would be much higher, most of our programs operate from volunteers, what is a cool fact to know, it is not operated during working hours, when you're working with volunteers, it would be typical that the rights, transportation rights, it could happen on the weekends, some clients have to go to dialysis on the weekends, some of them when they are doing home repairs, they schedule it around the volunteers need and that may be done on the

evenings or weekends. This is not limited to just the daytime working hours, the programs that the national volunteer caregiving network, the programs in our membership, offer a wide variety of hours. The average trip per year, 2700 trips per year, many of the volunteers are [Indiscernible] while many of the clients are in their late 70s and 80s. The volunteers definitely may be different ages, maybe you have a Girl Scout troop, that the young ladies might be 10 or 11 years old, and they may be baking a cake, and taking it over to somebody to turn 95. There are many programs that use volunteers that are young, and they go all the way up to 80 some years old for volunteers. So that is specific to each different program. Next slide, I think I'm handing it over to Tammy.

Thank you, I will just add on a little bit, one of the other staff that I find so interesting, I understand we now have more people in the country over the age of 85 than we do under the age of five. The demographics are shifting so rapidly, when we think back to the early 1980s, when volunteer caregiving was an idea, they were getting ready to launch it, it was so forward thinking, now that we have this silver tsunami upon us, to really think forward in how we are going to care for people as they age in a country where the culture has shifted a lot. From families living in the same neighborhood together, to families that live across the country from each other, even women having their children older and winding up the children move away and you age in place without the support system there. Volunteer caregiving has really stepped in to our communities, to fill a huge void that we have all inherited. I find that the way this is structured, pretty consistently across the country, we are able to deliver services at about 20% on the dollar, that is the power of nonprofits, serving our neighborhoods. And one thing that you will find in volunteer caregiving, the value system that we share we really do look at volunteers as volunteers. They are not compensated, a few programs have mileage reimbursement programs, but for the most part the volunteers donate everything.

Including in the rural areas where they are doing three hour trips to get someone to the doctor, we do try to benchmark around two to four hours of volunteer time, one of the hallmarks of volunteer caregiving is the one on one match, many of the programs practice this work. Where we introduce a volunteer to a senior or person with disabilities, and the relationship develops. I also run a local program in California and we have been around, we are one of the original pilots, some of the relationships we've matched have dated back 20 years. You introduce a volunteer and a senior, in our case, and they become friends, and four or five, years later, they become family. Those volunteers are there through end-of-life, sometimes they take a break and come back and volunteer again and take on another senior. And take them through end-of-life. It is an extraordinary model. We find people paying it forward they volunteer with the senior and then as they age, they straddle becoming a volunteer and a senior served. Many of the programs are geared toward the elderly, but not all of them, there was a huge issue with aids in the 80s, a lot of the programs were initially established to serve aids patients. It has evolved, it has been an evolving model of service. The core values the you will find, I think we will show you a video on the next slide. Slide 11?

>> We have a video on the website that you are welcome to go back and watch, here it is for the moment.

Tammy give us a moment as we bring up the screen. That has a website,
-- your website. We will bring up the video and turn up the sound.

VIDEO: LINK <https://nvcnetwork.org/wp/index.php/about-nvcn/>

> VIDEO PLAYING (AUDIO). Hello I am Rich Siegel I'd like to introduce you to volunteer caregiving. It is people like Tracy working with folks like Margaret so they can stay in their own homes with their own stuff. And this home is full of wonderful memories and friendships. Volunteer caregiving means people keep their independence, how? By getting help from volunteers. People from different backgrounds who shop, cook, drive or just check in with some of the millions of Americans with long-term health care needs. If you are like me and have wondered how you can make a difference, volunteer with the caregiving program in your community. They will know how to use your time and talents. Even just a few hours can make a world of difference. The neighbors independence depends on you and me, volunteer caregiving try it and see how good it makes you feel.

> >> Thank you so much. We just got our new website up a few weeks ago, I invite you to go back at some point and view that and share it. The national volunteer caregiving network is here as a support system to the leadership and the management of the local programs. As you can see from the earlier slides, that Paula talked about the local programs are really working directly at Ground Zero with the volunteer basis, the seniors, the national volunteer caregiving network is here to certainly champion what is happening in the local communities. Identify resources, provide networking for best practices, and it is really a joy. I want to show a couple of slides from across the country on slide 12. This is neighbors who care, one of our hundreds of programs, this one happens to be in Chandler Arizona, they have been around since 1995, you can see a little bit different stats, they are doing more than 350,000 volunteer hours, this program alone did more than 2.2 million volunteer miles. This is an extraordinary program, Paula mentioned some of the niche programs, for the way that have evolved to serve different communities, neighbors who care is a good example of that. They launched a hospital discharge and homecoming program about four or five years ago, they work with the local hospitals, and the discharge planners, and identify primarily seniors, and people with disabilities that are discharging and need support systems at home. I am going to take a leap and guess that this rings a bell with many of you that are out there. Our seniors have no one to come home to, if they do wind up back at home they have not cleaned out the refrigerator, going to the grocery store, picked up the pharmaceuticals, getting the ride home from the hospital is challenging enough. So our volunteer caregivers step in, and not only will help them from hospital to home, but will stay with them over the course of the next month as part of the support system. That we identify with community partners such as you. That may mean having volunteers come in and prepare casseroles, crockpots full of food to give them something to munch on over the next few days but they are getting on their feet. Sometimes the youth programs will come over and walk the dogs, or clean the Box and things like that. A wonderful program. The readmit rate for the General Hospital in County in sunlight was somewhere around 16% in the re-admittance rate to the hospital for neighbors who care is 4%. So we are starting to see the impact of volunteer caregiving on the

healthcare continuum. And I will chat about that more in a little bit.

Slide 13, is a program in West Virginia, that is near Paula, and Paula might know this program better than I do, faith in action of greater [Indiscernible] Valley, many of the programs still go through the original faith in action number, a trademark, they do a wonderful job. Neighbor to neighbor, you can see the wheelchair ramp, they have a honeydew crew, which is also being emulated across the country with light repairs, and things of that nature. We talked about changing the libel, even carrying the groceries -- the lightbulb, even carrying in the groceries, a volunteer can make a big difference in that regard. Paula is there anything that you would like to add about local programs?

It shows that it speaks to the geographical location, for West Virginia, for what they called in the middle of the state flatwoods, yet we are in the Eastern Panhandle, this program right here to get to where this program is, is six hours away. And it is not that great of traveling. The collaboration, I am much closer to Maryland and Virginia then we are to another part of West Virginia. I'm sure other states have that going on as well. When you are talking about seniors needing transportation, and where they may have a program to serve them, our own location can have such a difference on making it harder, or more feasible for them to have transportation. So that is what I would like to comment on.

Transportation is I'm sure we will be sharing that common challenge with our colleagues. That is such a big issue for vulnerable communities.

I do think volunteer caregiving does an outstanding job in this regard. On slide 14, I wanted to share with you because many of you are in the government sector, this was the vision that was presented by the California Hospital Association back in 2015. I think that is such a cool graphic, community-based care, I brought it home and I put it on my bulletin board, and I kept staring at it. Something is really missing here? I couldn't quite put my finger on it, it was so obvious, it was right in front of me, the first thing I realized is that the area agency on aging was not listed anywhere on here. I thought how could you possibly have a healthcare continuum and not include the area agency on aging because they're such a big part of our community. And then it occurred to me, we work locally in Ventura it County with hundred 50 partner programs, including 211, for the local food bank, or gray law which is the nonprofit legal systems, Paula I'm sure you do the same in West Virginia right? I redesigned this chart which is now slide 15, and I inserted the middle column, and I added government-funded organizations, so this was designed for Ventura County, I think we can apply this nationally, I should do a national version of this for NVCN. I added the key government organizations, behavioral health, long-term service, which I think is federally mandated across the country, probably in your communities as well. And then I added the top block which is the donor funded nonprofit senior citizen services, and I look to was serving the entire county, we have 10 cities in the county, it was our volunteer caregiving organization, are visiting nurse Association, and the hospice organization. There are many many hundreds of other nonprofits in Ventura County, I could not list

them all, some of them just serve certain communities or maybe a couple of communities, but these three really serve the county. This model, was readopted by the California Hospital Association, and shared in subsequent years. I was so glad to see them, that only social services, the government funded services as well. I added on the left-hand column, our local paratransit. They do play a big role in complementing everything that we do to work together. It really does take the entire community working together, I think the other thing that we are finding, in slide 16, that we are able to address many of the social determinants of health, my awareness of this has become so heightened, and the last few years. I looked through the social determinants, and really realize there is something in volunteer caregiving that addresses every aspect of the social determinants.

So that is changing our paradigm over the years, of how volunteer caregiving has been perceived, and what we can really contribute in a hard care -- or way to the welfare of our communities.

Slide 17, some of our great partner programs, high list of the top four, we did a survey and received feedback from about 100 of our programs, hands-down the area agencies on aging were the top community programs. I am curious, I don't know if we can do a survey, I'm curious if there is anyone here from there today. Meals on Wheels or the local equivalent the hospital associations and 211 we cannot do the work we do without all of you and we are very grateful and know that. And know that we see it nationally and not just locally, we realize the role that we play in this work. So the final slide, I wanted to go back to her bedside, and make sure that we know -- our website and make sure that you know how to find us. Will start with a locator map, it is still coming together, as our colleagues are pulling it up, to find a program near you, we just launched a website a couple of weeks ago, we are still populating the website with information including a locator map, as you scroll down hopefully we will get a good national view. I guess you can do this, it might take you locally, that is good. It is starting to come together, we have about 740 listed, -- We have them in every state in the country, we also have them in, and I mean every states including Hawaii, and Alaska, if you want to search locally for you, I'm sorry if it's not completely filled in, there is an entry box in the top left, right at the top of the map, if you scroll up. Enter the query, and if you do nine 93003, [Pause] this is a new website, I was going to show you Ventura County where I'm located, you can search, and if it's a problem, we will work the kinks out of that. There is a contact us page, you can certainly send us a query at any time, or you can try anyone of those. It is the third one down. There is Ventura. This is not working. How embarrassing. A wonderful technical glitch in the middle of the presentation. Lovely. Let me take you to the about page, I want to make sure you have contact information for us, this is where the video that we viewed is located. It is NVCN.network.org, if you scroll down there are two buttons, one has our office and one is our Board of Trustees, either one has a listing if you click on it. You can contact any of our Board of Trustees, we are happy to serve you, we have a small office team, with an administrative assistant, a bookkeeper, and our membership director. So you will get to see a picture of Jim and I, there is me. And there is Jim. Great Board of

Directors, all volunteer really working hard to drive this movement forward.

So that is it, Paula, Jim, any last comments? Then we will open this up to questions if we have time?

This is Paula, I think communities that have the volunteer network programs, are more inclined to be focused on serving those seniors and those with disabilities and if you don't have one I would encourage you to figure out how to get one. Some of us serve several counties, and some of us have certain programs that we can provide services in other counties, but they are an invaluable service. Thank you for listening today.

>> Hello, this is Nanette, I will come back on to remind all of our viewers that if you have a question you can use the Q&A function or comments and we will address those. I will get us started. As we are waiting to see if there are any questions from our viewers today. Tammy you are exactly right in terms of some of the critical needs and unmet needs, certainly the NRI see so consistently when we do national surveys, we find that transportation is the most frequently requested service, but interestingly it is also the most frequently identified unmet need, so there is a real gap space there, between what the consumers come to us for, and how we are able to meet those needs, I think it is really wonderful to hear about these volunteer resources and communities, as I'm sure, as our viewers are aware of, there is often gaps within our more formal systems of transit, whether it is the hours that they run, the capacity for door to door service, the capacity to go across jurisdictional lines, where there is an inherent flexibility with volunteer resources. It seems really critical to help meet this need, additionally, when we do training for NRI professionals, one of the topics we spent a lot of time talking about or what are frequent colors. Those who call the program sometimes it can be a few times a day, sometimes it can be 10 or 20 times a day, there looking for a warm year, someone to engage with, whether it is a friendly visitor, or having that warm call come back and be so important to helping meet the needs of many of the consumers they come to the I&R programs. We do have a question that has come in, it is asking can you identify programs in your network in the Richmond Virginia area?

Certainly can, would be nice if the locator map was functioning properly. You should be able to zero in on there, I think the Virginia is fully populated, so the map, the locator map is complete. For the state of Virginia. If you are having trouble you can use the email address on the screen in front of you, and pop us an email, Jamie, my son who is the admin will research that a get back to. Should be on the locator map, hopefully it will work better. I want to circle back, and that, you are so right, the transportation piece. We do door through door, support systems. For people in need of transportation, it is very comforting for people to have a buddy, who goes into the doctor's office, and knows there is somebody waiting for them when they come back in the waiting room to take them home. And to get them back into their house, so that is a special feature, a volunteer caregiving. But we do work with the paratransit providers, one of the things that we are able to do is to comfort people through the challenges of taking public transit. We certainly do try to encourage them to do that even if we send somebody writing along with them in the

process, I heard Paula giggle about the frequent callers. We certainly have our frequent callers.

I'm sure with your local program, this is a family. When we enroll our seniors this is not a three-month case management project, this is a lifetime. In fact caregivers in Ventura County has been a long -- been around so long, we had a senior enrolled with us in 1984 that just passed away last year. She was with us for 34 years. She is a member of our family, our volunteers, members of the caregivers family, and I'm sure that Paula you share the sentiment in Virginia?

Absolutely. Even the volunteers, some come wanting the relationship and some come wanting to provide help to someone. Each volunteer has something else that they are bringing to the table, and it is unique to meet their needs also. It is not just meeting the needs of the care receiver, it is meeting the need of the volunteer and you have the most successful programs from being able to identify those when you enroll when you get them to volunteer her when you get new care receivers. We all become very skilled at listening and sometimes it is listening to the words they're saying, sometimes they are not saying those words but what they are speaking of we identify that need. I think it is all kinds of different unique situations, but that is why each community is running the specialty that they are seeing, I think that is why we can have such a variety of programs that all center around the independence of seniors and those living with disability.

I am seeing Laura at her question, you are working on building the volunteer caregiver program and the questions about the safety of recipients in terms of background checks. One of the cornerstones of volunteer caregiving are the background checks and the training and the processes that we go through to not only recruit volunteers, but to screen them, and to train them, so if you are wondering about this best practice, and you are not a member of the national what work -- network, I encourage you to explore a membership with us, we are actually celebrating the 35th anniversary in 2019, we have a membership drive that we are launching called give or take \$35, are normal annual rate is hundred \$50, but this next month or two, through the end of the year you can give or take \$35 off, you can join for \$115, and it is well worth the price. Collaborating with people like Paula who I met through the program and many many other directors, have made me a better director locally, and it makes our program better. And you will learn all kinds of resources. The toolbox on the website I'm so proud of it, Paula you've had a chance to look at the toolbox haven't you? The new one? I absolutely have.

Sometimes because her programs may have, we try to have a very cost-effective program, sometimes we are limited on the professional help we might have, insider offices. But when some kind paperwork or something if we are looking at building our board, or are looking at engaging a certain population, sometimes what is in the toolbox speaks to us because we know that it is already tried-and-true, and is a resource that we can grab quickly, instead of having to Google, and tried to read 20 different documents, to come up with the right when. Sometimes we are needing it quickly, then what we may want to send. I love

information, but sometimes is not my pleasure to be able to read 20 documents to find something that I am needing. I find it very valuable.

The other thing that you will find if you are leading are trying to develop or launch the caregiving, you can speak out directly Mexico directors in error -- seek out directors in areas similar to you. Our program in North Dakota and Minnesota, and even in Arizona share these really rural environment, the three hour trips to dialysis, that is a different challenge, that those of us in urban areas face. Being able to put those heads together, and solve a problem, is well worth the membership. For me I can tell you. I hope I am answering the question, there is not one pat answer to how to do your volunteer screening, but there are several best practices in place. And you will find a real common thread everyone does a federal background check, we get updates on the background check, DUIs are a no-no in our business, we do not send one volunteer into the home have contact with any vulnerable client that we do not know who the volunteer is. We are very particular. And remember, it is a relationship, this is not a fly-by-night operation, this is a time-tested one, we know the people who are part of the volunteer caregiving family, if there are flights ago up we address them. That is what the staff is there to make sure we address those questions had on.

Another question, a tough one, Paula in West Virginia, there is not enough volunteer caregiving network to provide transportation especially at a state, where you are so close to Ohio, and Maryland, this is a real problem. She finds no transportation to have any suggestions for.?

Where was this -- for her? Where was this I did not hear the question completely? Close to Ohio, Virginia and Maryland. There are not enough volunteer networks available, I know ones that are close to Ohio, if there is not one, how to start when? You do not want to necessarily start a business, there are ways to collaborate to get one going for areas that do not have one. It seems a lot of us, our agency was formed, our nonprofit charity nonprofit was formed in 1990, a lot of us are 28, 30 years old the way to started, because you see nonprofits popping up, if there is somebody who has a like mission, and you just need to add to the mission, another channel, you can do that. It may be that your churches band together to try to form one of the faith and actions programs. Is so can be duplicated, I know the national volunteer caregiving network would provide assistance for things such as that toolbox. Things that we have already, because many of us were started the exact same way. I'm not so sure, for us, that Loudoun County Virginia is 40 minutes away from where I am, I am in the eastern Panhandle, there are programs in Wheeling West Virginia, and programs in Pennsylvania that are nearby all within a 50 minutes radius. What I'm saying, because of our variety and variance in geography some programs are going to be all you can handle to have one from the closest per the county that your into the furthest. That may wind up being a good 40 minutes. So you may need to start within your area.

We have a startup kit on the tool box on the website, it really walks you through and then one of the things that we do is we introduce you to surrounding area directors. It is a very supportive community, for

startups, and often times we can launch from an existing program. We have been talking with Santa Barbara about how to bring volunteer caregiving to Santa Barbara, and doing a leap from Ventura County which is right next door, send us an email, we will help you get going in the right direction. >> A local area agency in Santa Clara can you add [Indiscernible] to a resource to your online resource database absolutely. We are delighted to have you. At our websites NVCN network.org. Please include and encourage people to go to the map, at that link directly so people can begin to find local resources. We have Catherine in North Carolina, we have a I&R in an area agency, refer to local caregiving agents use frequently and would that sometimes frequent colors can be referred to frequents -- frequent colors. Sometimes if you can three way call the local volunteer organization and make that personal introduction, it is personal to people.

Sometimes I will get a call from the daughter or son a relative and the senior is reluctant. I might jot a personal note incentive brochure or newsletter directly and say your daughter thought you might be interested we would love to hear from you here is my card in my number please give us a call. Paula has a suggestion on getting the seniors to call themselves?

It makes a big difference when they do. We honor their dignity and independence, the more we can get them to call, the better.

I see Jody posting Marshall Ohio invest Virginia Belmont County with faith in action great program.

Yes it is. I don't see any other questions. Tammy, we will positive for a minute, one thing that my phone -- that might be helpful to talk about is the actual network itself, there is a toolbox and peer-to-peer resources anything else about the network you would want to share that might be helpful for our listeners?

It has a long history, it originally started off as the faith in action national network and you can see the faith in action roots in our heart burst logo, in the frame in front of you. Part of the faith in action model was to work with local church groups, and Paula referenced that in starting a program, many of the programs where the religious community that came together diverse, religious diversity from every faith, they came together to launch the many programs, where it might be a cluster of churches they came together, to get them off the ground. That model I think it was extremely successful. Back in the mid to late 1980s. It has evolved, I think it will see all kinds of different ways the programs come about now, in some communities the church faith is very strong,

and others they will launch out of a hospital, or out of an agency on aging. There is no limit to her and imagination. -- to our imagination. But I will go back to it shares core values of true volunteerism becoming part of a family, offering the services at no cost to the recipient, there is no judging, and who that person is, whether that person has means or not, although it does seem to work that we serve low come -- low income individuals. Marybeth wants to know if there programs in New Hampshire, absolutely. We have many programs in New England, and those should be showing up the last I talked about to

our volunteer who was loading the programs on the locator map he is on Pennsylvania working his way backward through the alphabet, so he should be on N any time now. Feel free to email us if you are looking for a particular community and we will try to make sure that you find what you need.

We do a lot of I&R also. So you know.

This is Nanette, I truly believe that I&R is everywhere since I've been working on that center. That is been a core epiphany. You guys are the really experts I volunteer caregiving certainly has a component of I&R, but we recognize who the pros are, and is are 211 programs for sure. So we look to you for that kind of support. Again thank you. Well great, thank you, I will make one quick plug over on the theme of volunteers, here at NASUAD we have wonderful postcards called got an hour? I'm not sure if you're familiar with this, these are these fantastic postcards that can help agencies recruit volunteers at a healthcare or other events we have different models and we happily send them to agencies across the country. If you are listening and are very intrigued by this and also familiar with got an hour we are happy to send those postcards as well. They are very nicely done, and they are editable. You can put your information on the back.

I know a few hundred programs in volunteer caregiving that might want to see this. Great.

Here is to volunteerism, big banks to good people who lent a helping hand. -- big thanks to good people who lent a helping hand. I want to thank everyone so much for joining us today. This reprises a section that was given at the conference this spring, I'm delighted that you have come back to our network to share information for this webinar. I appreciate it, the slides, and audio recording, will be available on our website, and we want to thank all of our participants for joining us as well. And to thank our Captioner. We wish everyone a very good rest of the week. Thank you to everyone for joining us today.

Thank you for having us, thank you so much. >> [Event Concluded]