

THE IMPACT OF NATIONAL SERVICE
ON CRITICAL SOCIAL ISSUES

Getting Things Done

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NATIONAL AND COMMUNITY SERVICE: A Resource for Long Term Care

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Executive Summary

Most in-home care for vulnerable older persons is provided by members of the family. There is evidence that the system of informal care is under tremendous stress. One in four U.S. families care for aging relatives. A comprehensive look at caregiving in 1996 found that 22.4 million families are providing physical and emotional assistance to older relatives or friends, which is a three-fold increase from a decade ago. Working men and women are struggling to care for their own parents at the same time they care for their children and, sometimes, spouses. Approximately 41 percent of caregivers are also caring for children under the age of 18. Sixty-four percent of caregivers are full- or part-time workers who report that their jobs often suffer because of responsibilities to older relatives. Businesses also suffer. It is estimated that American companies lose \$17 billion annually because employees are absent caring for sick parents. Children who must help pay for nursing home care for frail parents can be financially devastated.

National and community service programs can support, expand, and enhance long-term care and independent living services and save money in the process. National service initiatives: help people live at home longer; support community based programs such as telephone reassurance, nutrition, and adult day care programs; expand and enhance the work of human service agencies; and offer relief to over-burdened caregivers. Trained service participants, placed in well structured roles are a source of dependable, reliable, high quality help to family caregivers and long term care service agencies.

By providing the elderly with companionship, transportation, light chores, and other basic services, national and community service members can save the government, the private sector, and the family, money. By simply performing services like taking someone to a doctor or helping shop for groceries, they can reduce or put off the need for elderly people to enter a nursing facility. By helping ensure that a frail older person takes the appropriate medication and gets adequate nutrition, they can avoid the need for hospitalization or expensive acute care visits. They can also improve the quality of care at a time when there is a shortage of home care workers.

National service can provide an enormous emotional boost to overwrought family caregivers by providing respite services. For these reasons, major corporations have shown strong interest in forming partnerships around a national service senior care initiative. Already, AT&T has subsidized the Senior Companion program in Phoenix, Arizona and other partnerships are in development.

The resources needed to stem the long-term care crisis are staggering. Since much of the infrastructure is in place, national service stands as a ready vehicle to mobilize and deploy human resources within the long-term care system. National service is a promising, low cost strategy to realize four crucial outcomes:

- Provision of no or low cost assistance to families in need of independent living supports for family members;
- Provision of respite care services to family caregivers;
- Mobilization of a new, talent-filled, human resource pool for service agencies;
- And assistance in the development of inter-generational service initiatives.

Introduction

America faces a looming long-term care crisis as the population ages and people live longer lives. In 2001, the need for long term care increased among the under 65 population due to increased incidents of health problems such as asthma and mental disorders. During this same period 7 million men and women over the age of 65 needed long-term care services, by 2020 this number will increase to 12 million.

At least 70 percent of those in need of long-term care services live at home with family members and friends as the sole caregivers. However, a confluence of factors indicate that reliance on this informal care system is unwise and risky. Many believe this system of "family and friends" is already at risk and is about to be overrun by the demographic revolution.

As we awaken to the approaching crisis in long-term care in an aging America, we also are awakening to a second era of civic engagement. There is movement toward renewed commitment to community and family. Values of personal responsibility, neighbor helping neighbor, civic responsibility, embracing diversity, and commitment to something bigger than oneself are being rekindled and will play a role in defining America at the beginning of the 21st century.

National service can play an important role in addressing the coming long-term care crisis by offering caregivers a ready source of new people power to assist with personal care chores and to provide respite. In doing so, national service can unleash the resource potential of the young, the old, and everyone in between as volunteers.

This paper will outline the key factors of the long-term care crisis, provide an overview of national and community service in relation to long-term care, list potential barriers, and offer recommendations for how national service programs can be improved to address the growing crisis.

Meeting Long-Term Care Needs Through Community Service: Building on the Past

Since the middle of the last century we have experienced two periods of social innovation in which volunteer service played a prominent role. The first was during the 1960s when service became a strategy to address high poverty rates and to prepare for the growth in the over 65 population—from 17 million to 34 million by the late 1980s. The second was during the 1990s, when service was again called upon to add new resources to help community-based organizations to meet serious social needs and to provide relief to the high cost of education.

The inventions of the 1960s established national and community service as a credible vehicle to mobilize human resources to alleviate social problems. In addition to the Peace Corps (1961), which was created to improve third world conditions and build international understanding, and Volunteers In Service to America (VISTA) (1964), which was created to work on reducing poverty at home, older Americans were a particular focus:

- The Foster Grandparent Program (FGP) (1964) was created to supplement the income of low-income seniors in exchange for providing 20 hours of personal service to children with special and exceptional needs and their families.
- The Older American Act (1965) created the Administration on Aging (AOA) and a national network for planning, coordination, and provision of aging services through State Units and local Area Agencies on Aging. Volunteers played important roles in developing the network and in the planning, coordination, and provision of services.
- Amendments proposed to the reauthorization (1968) of the Older American Act introduced the idea of service roles in retirement for older persons and the idea of older persons serving older persons. AOA became a proving ground for the planning of new service initiatives.
- The Retired and Senior Volunteer Program (RSVP) (1971) provided volunteers from any social-economic background to serve regularly in community social service agencies to increase the quality and reach of their services.
- The Senior Companion Program (SCP) (1972) places low-income people 55 and older to provide in-home support to peers at risk of losing their independence to live at home. With SCP, the link between long-term care and service was formally established.

These programs remain as relevant today as they were when they began. Evaluation Reports and Program Accomplishment Reports have justified continuing federal expenditures for these programs over three decades through nine national administrations. However, despite their longevity and demonstrated success, they have never been adequately funded to unleash their full potential.

The social innovations of the 1990s were designed to build on past success:

- Service Learning and demonstration initiatives for youth corps, nonprofits, and educational institutions were launched when President George H. W. Bush signed the National and Community Service Act of 1990.
- Three years later President Bill Clinton signed the National and Community Service Trust Act of 1993 creating the AmeriCorps program and expanding opportunities for Americans of all ages to serve their communities and integrating federal volunteer programs (VISTA and Senior Corps) into the Corporation for National Service.
- Soon after his election in 2000, President George W. Bush called on all Americans to devote the equivalent of at least two years of their lives or 4,000 hours to voluntary service. The President pointed to National and Community Service programs as one way to answer the call, and created the USA Freedom Corps to coordinate citizen volunteer efforts both domestically and abroad.

These efforts differed from earlier service programs in several important ways. The AmeriCorps program design set the standard. Participants were assigned to service opportunities to get things done—to have an impact on serious social problems. There were no income requirements, age limitations or mandated program focus. Participants could serve part-time or full-time, for which they received a living allowance and assistance to defray educational expenses.

With an awakened community spirit, a national call to service, a more flexible, outcome-based array of programs, an established reputation of success, and with demonstrable results impacting serious social problems, national service is poised to become a human resource development system capable of providing large numbers of experienced, trained resources to work on pressing national and community problems.

A looming problem which national and community service could help resolve is the crisis in long-term care. Despite small efforts, limited in scope, and constrained by regulation, national service initiatives have had much success in helping people retain independence at home.

The Long Term Care Crisis and National Service

What is Long-Term Care?

Long-term care services is a general term used to describe an array of medical or supportive services that help people perform basic life activities. Within this very broad framework of long-term care, there is a set of services referred to as *personal care*. This term is used to describe hands-on assistance with basic Activities of Daily Living (ADLs) such as eating, bathing, dressing, toileting, and moving. Some programs include assistance with Instrumental Activities of Daily Living (IADLs) such as shopping, preparing food, managing money, using the telephone, and performing housework. These

personal care services are also frequently referred to as Independent Living Services. Medical care typically is not considered personal care. The availability of non-medical *personal care* allows many people to live independently at home or in the least restrictive environment possible.

The Nature and Scope of the Looming LTC Crisis

Many people will need long-term care support at some point in their lives. Young and old alike, we all fear loss of independence and institutionalized care, and will go to great lengths to avoid thinking about it or preparing for it. Yet, the risk is substantial:

- **Everyone is at risk and the risk increases with age.** The loss of ability to perform ADLs or IADLs due to an accident, catastrophic illness, or worsening of an existing condition could tip the balance from independence and control to dependence and loss of control of one's living standard at any time. The risk increases with age, but 46 percent of the independent living population is under age 65. Over 12 million people of all ages need long-term care services. Four-hundred thousand children, ages 5 to 17; 5.1 million, ages 18 to 64; and 5.1 million, ages 65 plus, live in a community setting. About 2.6 million are nursing home residents. A majority, 10.6 million or 87 percent of the long-term care population, resides in the community.
- **Few are aware of or prepared for the risk.** It is striking to realize that nearly one in four U.S. households were involved in caring for an older family member or friend in 1997. Another study indicates that 22 percent of people, ages 45 to 55, are caring for or financially supporting older relatives. Without assistance from family members, many people faced with cognitive impairment, physical hardship, or chronic health problems would be forced to enter institutions for their care. While the need for health insurance to cover a patient's medical expenses and catastrophic illness is widely accepted, independent living insurance is relatively new and few people are covered. And it is prohibitively expensive for most families.
- **We are dependent upon an unpaid, informal system.** Families are clearly the mainstay of independent living support services. Estimates of the number of family caregivers vary between 45 million (Kaiser Family Foundation, 2002) and 52 million (National Survey of Families and Households, 1987/1992). Families, mostly women, provide uncompensated care to 63 percent of adults needing support services. In 1997, the value of uncompensated care was estimated at \$196 billion compared to \$83 billion for nursing home care and \$32 billion for home health care. Unless the impact of care giving responsibilities on families is better understood, many people may find themselves without the support they are counting on and may be unnecessarily forced into public institutions prematurely. They may find themselves or their family with serious illness or impoverishment.
- **Informal caregivers do not know who to turn to for help.** The problem is not necessarily in the number of programs or services. Rather, the difficulty lies in fragmentation of funding and service delivery, confusion about access and

- eligibility, uneven or adequate supply, coordination of services, important gaps in services, and issues of affordability. The simple matter is that few families know where to turn or what options are available when there is a long-term care need for family members. Unfortunately, care needs, service programs, and people change, requiring that families navigate a confusing, fragmented system to find new or additional services.
- **The informal care system may not meet future needs.** The overwhelming preference for home care combined with population growth and the increasing demand for disability services by all ages, will require increased numbers of paid professionals to provide care or give respite to informal caregivers. Moreover, changes in family structure typified by the elderly having fewer adult children who live farther away, make continuing reliance on this informal system not only unwise, but bad policy. Without family and friends to rely on, many would be forced to assume the cost of paid care. At the same time, the number of people choosing “personal care” employment, due to its unpleasantness and hazards, is not increasing as quickly as the demand for their services. As a result, paid help may not be available when it is needed.
 - **Care giving is a difficult, relentless, demanding job.** The task of caring for a person with a disability, the frail elderly, or someone who is chronically ill is an emotionally and physically demanding task that can not be fully appreciated until undertaken. Care giving requires patience and is frustrating because care givers and care receivers frequently differ in their perceptions about the amount and type of assistance needed or provided. Thinking of family care giving as a job may seem inappropriate. After all, this is what families are supposed to do and, in most cases, want to do. But as America ages and families struggle to meet obligations; blind acceptance of what families are supposed to do for one another may be the central problem. And other aspects of life do not let up. This is particularly true for those sandwiched between the needs of children and parents.
 - **Caregiving exacts a price at work.** The productivity of employed caregivers is affected particularly because of altered work schedules. Two in 10 working caregivers turned down chances to work on special projects; almost as many avoided work-related travel. According to a recent survey, 40 percent of survey respondents said that care giving affected their ability to advance in their jobs. Others passed up job promotions, training, assignments opportunity for a job transfer or relocation, and many were unable to acquire new job skills. These factors influence the long-term earning capability of family members. Due to routine absences of so many caregivers, it is estimated that the loss of productivity is \$17 billion a year.
 - **Care giving risks the economic security of families.** Increasing costs of health care and long-term care services (\$58,000 per year) and the increasing use of long term-care mean that many families will be unable to afford or gain access to needed services. Further, the financial security policies built in the 1930s (Social Security) and the health and social policies built in the ‘60s meant to provide financial and retirement security (Medicare/Medicaid/Older Americans Act) may not be there or may cover a lower level of service than is necessary. For example,

even assuming increased use of Long-Term Care Insurance, Medicaid spending would increase from \$43 billion to \$75 billion in 2020.

Although federal and state governments are making modest efforts to strengthen the informal care system and to provide relief to full time caregivers, the efforts are young, lagging behind the realities of need and cost, and vary from state to state. A patchwork of programs with differing eligibility requirements, points of access, and mix of funding (casino funds, lottery money, and tobacco settlement funds, Medicaid Waivers) will not be able to keep pace with demand.

Service as a Strategy: Ready Resource to Speed Efforts and Fill Gaps

The need and cost for long-term care will soon compel policy makers to seek alternative, cost effective options to provide support to people with chronic health problems, cognitive difficulties, or disabilities. One alternative that should head the list is national service.

Long-term care and national service are synergistic in the way that they join those in need with those who want to help through mutually benefiting and satisfying ways. There also appears to be a favorable cost to benefit value. Research is needed to establish the cost benefit ratio between the cost of service and the costs of other alternatives.

National service is already an effective resource for long-term care and could become a major people power resource. National service is helping people live at home longer, enabling home and community-based care providers to offer more personal services to more people, freeing professional staff from non-professional tasks, and offering respite to over-burdened caregivers. And as the needs for long-term care increase, reaching crisis proportions by 2020, an updated, reformed, and integrated national service approach could quickly provide needed assistance, fill gaps in services, and expand state and community-based agency services. Based on its success to date and its potential for the future, national service could be: 1) a cost effective resource for families needing long term care support for family members, and 2) a "people power" resource to long-term care service providers.

1) National service as a cost effective resource for families and service providers.

Studies (Research Triangle and VNAA) have shown that service programs engaging seniors to help seniors are often more reliable than for-profit home care. Studies also show that when seniors give consistent and intensive support to special needs children, those children are able to achieve a higher quality of life and success. Frail older persons trust their peers more than paid home care aides and senior volunteers have a much lower turnover rate. Children and youth respond to the loving presence of a senior who is available to provide the extra attention that staffs are unable to provide. Volunteers are assigned to work with either special needs children or adults through care plans prepared by a local agency. As a relationship is formed, volunteers show up not because they have

to, but because they really care—it shows in the sensitivity of the care delivered. They also show up because they want to give back in ways that provide meaning, give purpose, and that are personally satisfying. For all these reasons, national service, especially senior service, is devoting a significant portion of their resources to address long term care support needs and a host of new initiatives are emerging. How and in what ways are these efforts helping?

- In a Texas community, John, age 79, recently underwent amputation of his left leg above the knee due to vascular problems. His wife Sara, age 72, has lung cancer. They are devoted to each other, do not want to be separated, and each needs the strength of the other just to make it through each day. The hospital social worker requested assistance from Interfaith CarePartners, a recently formed non-profit organization that works with partner congregations to assist in their development of service programs that manifest each congregation's commitment to member care and serves as an outreach program in the wider community. Interfaith CarePartners develop Care Teams of 12 volunteers to help people like John and Sara. Care Team members assigned to John and Sara are making it possible for them to remain in their home. Team members provide light home chores, drive Sara to and from the clinic for daily radiation therapy, drive John to his physician's office, pick up pharmacy items, serve as a sounding board to each as they confront their separate realities, and provide them with companionship. One advantage of the Care Team model is the ability to pick up and maintain a schedule that is possible only because it is shared by enough volunteers that not one individual is over-burdened.
- The Robert Wood Johnson Foundation recently invested a \$100 million dollars in a similar effort called Faith in Action. It has made grants to nearly 1,200 local groups nationwide, each group representing people of many faiths who volunteer to work together to care for their neighbors who have long-term illnesses or disabilities. They help pick up groceries or run errands, provide a ride to the doctor, do friendly visiting (talking and listening), read or help pay bills.
- A significant portion of the over 500,000 Retired and Senior Volunteers working throughout the country in over 72,000 community service organizations provided a variety of long-term care support. According to evaluation and impact data compiled through the WESTAT Descriptive Survey RSVP Volunteers:
 - Participated in activities such as peer counseling, writing letters, listening, reading, and talking to 366,618 individuals to ease feelings of isolation and loneliness;
 - Provided friendly visiting, telephone reassurance, and bereavement outreach to 744,610 individuals;
 - Provided supportive health and social services to 35,004 individuals needing long term care in the home;

- Provided information, program enrollment or referrals on in-home care to 20,182 people;
- Provided services such as housekeeping, meal preparation, nutritional information referral and service coordination to 14,382 individuals needing long term care in the home;
- Spent 295,000 hours providing respite care services to family caregivers.

Although most long-term care support is needed by people late in life, increasing numbers of the population under 65 years old, including children and youth, need long-term care support. National service can also be instrumental in meeting the long term care needs of the under 65 population

- **Family Friends** is an innovative intergenerational program of the National Council on Aging. The overall goal is to facilitate the development of long-term and empowering relationships between older adult volunteers and families who have children with special needs. Volunteers visit the same family every week, and offer the kind of attention and caring that is unique to grandparents and Family Friends. As a result, parents are provided respite from care and special needs children receive the care and extra attention needed. Program surveys show that a unique feature about Family Friends is the longevity of the matches and the depth of the relations that form.
- Similarly, a majority of 30,000 **Foster Grandparents** tended to the needs of 275,000 children and teenagers with special and exceptional needs. According to impact data, during 2001 Foster Grandparents provided:
 - Supportive services, rehabilitation, therapy, and exercise to 12,000 children with physical disabilities;
 - Provided supportive services to 43,000 learning-disabled elementary students (K-6); and
 - Provided non-residential and clinic support services to 12,000 children with mental health problems, including emotionally impaired and autistic children.

A recent program evaluation by WESTAT shows that Foster Grandparents contribute to positive developmental outcomes for children in the areas of: 1) emotional well-being; 2) self-esteem; 3) social and behavioral skills development 4) language development; and 5) cognitive development.

2. National service as a new "people power" resource to long term care providers.

Central to strengthening and expanding the capacity of community-based organizations are intensive (full or part-time) and sustained (9 - 12 months) service roles. This was a primary reason for creation of AmeriCorps. A follow-up study to A Five Year Evaluation Report completed by Aguirre International on AmeriCorps (Aguirre International) shows

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the value of intensive, sustained roles. A representative sampling of projects found that the institutional impacts of AmeriCorps were far stronger than expected. The study documented that AmeriCorps:

- Enabled their service partners to expand, improve, restore, streamline, or add services.
- Formed collaborations between agencies that often resulted in the formation of a network of community organizations that pooled resources, shared organizational insights, and provided communities with more cohesive and comprehensive services.
- Served as a catalyst for change-enabling sponsors to expand and improve their existing organization and, along with private and public partners, create new solutions to community problems.
- Brought new resources into communities by raising funds and recruiting volunteers.
- Reached out to local businesses in their communities with, on average, two to three businesses becoming involved with each program.

There are numerous examples related to long-term care services. In the Independent Living Program of Western Washington State, an AmeriCorps team coordinates the majority of the agency's programs. They develop partnerships with schools, senior centers and non-profit organizations, recruit volunteers, and oversee programs. The AmeriCorps team enables the agency to leverage staff and resources to touch the lives of more than 1,000 children and 400 elders per year who are in need of long term care support. Last year, 2,017 children and 536 elders were served.

The Corporation for National Service has tested new program elements and approaches to senior service. Among many successes, the most significant was the development of the Experience Corps model in partnership with Civic Ventures, Inc. and John Hopkins School of Medicine. The Experience Corps model—built on research and accumulated knowledge from other service programs—defines key program elements important to the needs of agencies and the characteristics of today's volunteers.

- The **team concept**, which brought together six to 10 volunteers meeting regularly at one site, so that by working together they could support each other and influence the direction of the project;
- An **outcome focus** to produce a demonstrable result;
- **Critical mass** of older adult volunteers to highlight the impact a group could have within a specific organization and, ultimately, in a particular neighborhood;
- **Intensive service**, with an expectation that older adults make a commitment to work at least 15 hours a week throughout the school year;
- **Incentives** in the form of a stipend (which ranged from \$100 to \$200 a month, depending on the project's location) for volunteers who served at least 15 hours per week;
- A **variety of meaningful service roles** that ranged from direct service roles to individuals or small groups and indirect service roles to assist with project

coordination to capacity building roles involving project leadership and project development;

- **Diversity of participants**, including volunteers at all income levels and a special focus on drawing more men to the program;
- **Training, learning and growth opportunities**, striving to strike a balance between what volunteers gave and what they got from their experience and develop skills needed to effectively fill their roles.

The new approach to developing service programs using the above elements has proven highly successful. An evaluation by Aguirre International of the Experience Corps model applied to elementary schools (Seniors for Schools) indicates extraordinary success. For example, 85 percent of teachers reported observing positive changes in student literacy and 74 percent of teachers reported observing positive changes in reading or assessment test results. Ninety-four percent of the principals, staff, and teachers surveyed wanted to continue having the volunteers present in their institutions the next year. When applied to the issues of independent living on a small scale pilot basis, the model showed similar promise. An evaluation by Research Triangle Institute found that the Experience Corps for Independent Living pilot was particularly successful in meeting its goal of expanding the supply of independent living services to frail elders and their families in the communities being served. The Experience Corps model, applied to the issue of long term care on a significant scale, holds great promise.

In addition to building agency capacity, national service can also expand the agency's services through filling direct service roles. For example, according to a study conducted by the Visiting Nurses Association of America, the assistance of volunteers helping with non-medical, routine but essential tasks frees up professional caregivers to work on more difficult problems, resulting in a higher quality of care. Several national service initiatives offer direct service to those in need.

The largest national service initiative providing direct services is the **Senior Companion Program**. In 2001, over 15,500 Senior Companions volunteers work through local non-profit organizations to provide home and community-based services in their community. These Senior Companions aided more than 61,000 of their peers with routine and instrumental activities of daily living so they could remain independent, and provided respite support to family caregivers. A recent Quality of Care Evaluation completed by Research Triangle Institute indicates the organizations served by the program reported a very high degree of satisfaction with the Senior Companions' services, including: their ability to provide a respite for caregivers; their ability to provide companionship; the amount of time they spent with the clients; their ability to prepare meals; their courtesy and reliability; and their ability to help clients with personal care needs. Most organizational representatives reported that the Senior Companions were as responsible (79 percent) and skilled (72 percent) as their paid staff members; in some cases, they were viewed as more responsible and skilled. The evaluation also shows that Senior Companions also had very beneficial effects on the agencies, the clients, their families, and the Senior Companions themselves.

- The volunteer supervisors reported that the Senior Companions allowed them to serve additional clients, and provided additional services to their present clients. In particular, the Companions enabled them to serve two new groups of clients: those with special needs, and those not eligible for subsidized services and could not afford to pay for the services they needed. Several respondents said that they assigned Senior Companions to clients with a higher level of functioning so that agency staff could focus on the clients with the greatest service needs.
- The Senior Companions served their clients on a no-fee basis. Thus, the agencies and their clients realized considerable savings in not having to pay market rates for services.
- The organizations placed a very high value on the Senior Companions and their service, with 89 percent of representatives of organizations describing them as very valuable.
- The organizations reported that Senior Companions constituted a vital communication and monitoring link between the clients and the volunteer station. They served as client advocates, notified staff of changes in clients' behavior, and functioned as the "eyes and ears" of the agency. Agencies reported that they used the Senior Companions to communicate directly with clients' family members.

AmeriCorps members also made independent living easier for disabled, elderly, or hospitalized individuals by providing direct support and help to strengthen the capacity of community-based organizations and agencies to meet the needs of their older clients. According to a multi-year, multi-tiered evaluation on the impact of AmeriCorps, Aguirre International found that AmeriCorps strengthened infrastructures, brought new financial resources, and increased the service capacity of existing institutions. When serving through organizations providing services to persons with disabilities, AmeriCorps members serve as brokers to seniors and other persons with disabilities to increase their independence and engage them in a variety of community service activities.

Intergenerational Programs

Youth service initiatives can play important roles. **Learn and Serve America** and other intergenerational programs, combine service to the community with student learning in a way that enhances student learning and addresses a community need. Through their service, students also make a difference in the lives of others, a portion of whom are those needing long-term care support.

Young people can make a significant contribution to those needing long term care services by: providing chore services to improve home environments or safety; helping to write letters, read, or tell stories; or building an intergenerational connection through which they learn and through which the isolation of people living at home or in nursing facilities is decreased. As a result, residents feel uplifted, have more visitors, feel listened to, are intellectually stimulated, feel satisfaction that they are giving to young people, and form personal connections. For example, in Massachusetts at Taunton Junior High

School, students learn about good nutrition and then teach it to elders in the community. At the same time they also build relationships, interview, and document their history.

Recommendations for the future

To become instrumental in helping to meet long term care needs, national service needs a long term care strategic plan and business case. Both are needed to convince policy makers of the potential that national service holds in helping to address the increasing need for long-term care services. Existing national service programs provide the foundation for building a long-term care initiative. With only minor changes, the existing programs could become even more effective. A national service system that is easily accessed by service agencies and potential volunteers and that is easy to administer will position service to become a resource of choice for community-based long term care provider agencies.

Policymakers and programs in both the long-term care and service fields can do much to strengthen opportunities to find solutions to potential barriers. Together they can:

- Overcome resistance to service as a strategy by making the "business" case for service as a viable, cost effective option using research as a base.
- Overcome recruitment obstacles because of the difficult task of caregiving and because it raises the fears of volunteer and national service participants of what may be in their future.
- Avoid potential staff and volunteer role overlap and conflicts.
- fill the need for service standards and systems for verifying volunteer qualifications,
- Address policy issues regarding employment versus paid volunteering and potential management-labor relations issues.
- Reduce staff fears of job displacement.

Together, policymakers and programs in both the long-term care and service fields could define and embrace common goals. Examples of mutual goals might be:

- Define the added years that come with the longevity and demographic revolutions as a new life stage and establish service and civic engagement as essential elements.
- Find new ways to tap the resource potential of future generations of retirees through modifications to existing service programs and supporting new approaches such as Experience Corps.
- Promote collaboration and partnership among the public, private, and independent sectors.
- Promote the development of a caregiver advocacy system to give them a voice in setting policy, allocating resources, and the collective power needed to promote alternative solutions and change.

- Create a social marketing and public information campaign to promote service and to make it a "top of the mind" resource to care providers.
- Develop a clearinghouse for the collection of information about the service and long term care and for dissemination of best practices emerging from the field

Conclusion

America faces a looming long-term care crisis as the population ages, people live longer lives, and the need for long-term care increases among the under 65 population. Families who are the backbone of the long-term care system today, can not be counted on to provide the same level of care in the future. As the boomers begin to require long-term care services in 2020, the informal care system will most likely be overwhelmed. If we are unsuccessful in averting a long-term care crisis, its costs may bankrupt programs upon which people are relying or the services they are expecting will not be there. As this issue develops policy makers will be forced to find cost efficient alternatives.

As we awaken to the approaching crisis in long term care in an aging America, we also are awakening to a movement toward recommitment to community that will play a role in defining America at the beginning of the 21st century. The spark of civic renewal has rekindled interest in national service and fostered new developments in the service field. Decades of success along with the recent new developments have resulted in service being accepted as an effective strategy to resolve serious social problems. National service is now a system of programs that has the capacity to mobilize and deploy significant numbers of trained, qualified people to impact long-term care needs and be a resource boom to community social service agencies.

References:

Health, Health Care, and Disability, Health United State: 2002; Current Population Reports, "Americans with Disabilities, 1997"

"Long term Care in the United States: An Overview.", Feder,J., H Komisar, and M. Niefeld (2000) Health Affairs, 19(3): 40-56.

Forgotten heroes: Family caregivers, Carol Levine, Director of the Families and Health Care Project at the United Hospital Fund

Key Findings from a National Survey: Long-Term Care from the Caregiver's Perspective, June 2002, Kaiser Family Foundation

National Alliance for Caregiving and AARP (1997). Family Caregiving in the U.S.: Findings from a National Survey.

Home and Community-Based Long-Term Care, AARP Research Group

Independent Living: Do Older Parents and Adult Children See It the Same Way? Linda L. Barrett, PHD, AARP Research Group November 1998.

The Nursing Home Workforce: Certified Nurse Assistants, Steven R.Gregory, July 2001,AARP

In Brief: Personal Care Services: A Four State Comparison, AARP Public Policy Institute Issue Paper #2001-04 (March 2001)

Helping the Helper: State Supported Service for Family Caregivers, AARP Public Policy Institute

AARP, In the Middle: A Report on Multicultural Boomers Coping with Family and Aging Issues, July 2001; Aron et al.

"Family Caregiving in an Aging Society.", Tennstedt, S. (1999) Presented at the U.S. Administration on Aging Symposium, Baltimore, MD, March 29.

Special Committee on Aging Internet Site, Thirteen hearings addressing long-term care.

The Role and Value of Senior Companions in Their Communities, Research Triangle Institute, March 2001

RSVP Descriptive Survey, WESTAT

*Innovations in Civic Participation
Getting Things Done May 15-16, 2003*

AmeriCorps*State/National Direct Five Year Evaluation Report: A Follow-Up, Aguirre International, September 1999.

Effective Practices of Foster Grandparents in Head Start Centers: Benefits for Children, Classrooms, and Centers. Final Report, Westat Incorporated, Dec. 1997.

2001 Senior Corps Impact Reports for RSVP, FGP, and SCP.

The Second Year of the Experience Corps for Independent Living Demonstration Evaluation, Donna J. Rabiner, PH.D., Research Triangle Institute.