

**NWX-CNCS**

**Moderator: Tierney Tully  
July 26, 2017  
12:00 pm CT**

Coordinator: Welcome and thank you all for standing by. All participants will be on a listen-only mode until the question and answer session of today's conference. At that time you can press Star 1 to ask a question from the phone line.

I'd also like to inform parties that the call is being recorded. If you have any objections, you may disconnect at this time.

And I'd now like to turn the meeting over to Ms. Mary Hyde. Thank you, ma'am. You may begin.

Mary Hyde: Thank you and thank you for everyone on the phone as well as in the room. We have several folks in the room, both colleagues and guests, and we're very excited to have them here with us today as well as those of you who have taken some time out of your day to join us by phone.

We are very excited to have our third research and evidence webinar today entitled Good for Your Health: Volunteering for Senior Corps. My name is Mary Hyde and I'm the Director of the Office of Research and Evaluation here at the Corporation for National and Community Service. Our offices

objectives are to build and share knowledge on civic engagement, volunteering, and national service by funding research and supporting our programs and their grantees.

We strive to share and use our research findings in several ways, including research reports on our evidence exchange -- which is a website on [nationalservice.gov](http://nationalservice.gov) -- an annual research summit, and a quarterly newsletter. Our new webinar series is another way to share cutting edge research conducted by grantees or in collaboration with our research partners and contractors, like those that you will hear from today.

As it happens, this month's webinar is also part of a much larger media campaign highlighting Senior Corps programs, stories from volunteers with the Senior Corps programs, research as well as all sorts of ways you can sign up and volunteer with the program. So if you are interested in anything beyond this particular research study more in interested all things Senior Corps, please visit us at [nationalservice.gov](http://nationalservice.gov). We have a lot of additional information there.

You're also going to find that we're trying to build out a list of references on the Senior Corps page for research this is specific to aging, health, volunteering, and caregiving. We are currently building this list and welcome any suggestions for additions.

Today's webinar focuses on two longitudinal studies that have been sponsored by CNCS and Managed Care by the Office of Research and Evaluation, particularly by Mr. Anthony Nerino. One sample included volunteers in the foster grandparent and senior companion program. A second sample included caregivers who received respite from senior companions. This webinar shares findings from both studies, which show the strength of these programs to

support overall health of adult and the opportunities to expand and strengthen these programs.

Before I move into introducing our speakers for today, I'd like to cover a few housekeeping details and I will turn that over to my colleague Mr. (Joseph Green).

(Joseph Green): All right. Thanks, Mary. Just a few quick notes. For those of you joining us digitally if you're listening to our voices, that means you have successfully logged onto the call. So, congratulations. Step one done.

If you are also potentially logged into the audio via the Skype, you can go ahead and actually turn that audio because that might produce some feedback for you. Skype is purely for the visual side of things. So just so everyone is aware of that, the call is where we will be recording.

As (Sarah) mentioned earlier, this is being recorded so if you're not comfortable with that you can sign off the call now. Otherwise, we will be posting the recording as well as the Slides for this presentation on our web pages as Mary mentioned after the presentation.

Something to note -- if by chance the site does fail -- which is always within the realm of possibility in this world -- the Slides are attached to the calendar invite that you should have received. So please feel free to open those and follow along. Our presenters will be saying next Slide throughout so you'll know how to follow them throughout the presentation.

Additionally within the calendar invite, there is a link to the media campaign that Mary mentioned called Senior Corps and Health Benefits. You can click

on that and see more about the resources that are out there, including the reference list that we're building.

Additionally, we are monitoring the chat box, so if you have successfully gotten the Skype open, you'll notice that there is a conversation function. When we go to the Q&A section you'll be able to dial in and ask a call vocally and encourage that. If you're more comfortable, you can also leave comments and questions via the chat box. We will do our best to respond to those. The speakers are also monitoring that chat box and so when we do get to Q&A they will be referencing those as well.

So if you do experience any other technical difficulties, you can ask in the chat box too. We'll do what we can to help you out in real time. Otherwise, hopefully you enjoy the webinar.

Mary Hyde:

Great. So today's panel is going to have this flow -- we're going to have some introductory comments by Dr. Dawn Carr. It will be followed by the presentation on the two studies that are the focus of this webinar by Dr. Annie Georges. And we're going to conclude that presentation with remarks by Ms. Deborah Cox-Roush, who is our brand-new Director of Senior Corps here at CNCS. We are very excited to have her.

And we will have a Q&A. So if folks have questions, you know, please feel free to ask them at the end.

But first we're going to start with Dr. Dawn Carr who is Assistant Professor at the Department of Sociology and Faculty Associate with Pepper Institute on Aging and Public Policy at the Florida State University. She is an expert in understanding the factors that bolster older adult's ability to remain healthy and active as long as possible.

She has served as a member of our technical working group and has deep expertise in this area. So we're really excited to have her give us an introduction. And with that, I will hand it over to you, Dawn.

Dawn Carr: Wonderful. Are you able to hear me okay?

Mary Hyde: Yes.

Dawn Carr: Okay, great. Well, I'll go ahead and get started. If you don't mind switching to the next Slide.

(Joseph Green): Sure.

Dawn Carr: So just to - I was asked to speak for just a couple minutes to get us started. And I thought it would be helpful to really just highlight three key points that I think are useful in better understanding why what you're going to hear from Annie is so important.

So the first point that I wanted to raise is that older adults are an under kept resource. So for those of us who study aging, we're aware of the demographic changes that we have ahead of us. And there's a growing proportion of the population over the age of 65. And sometimes, you know, when I first started this venture of understanding and learning about aging, it was a pretty rare thing to see information in the media but these days you learn and hear about the aging population on a daily basis. And oftentimes this is framed as a problem.

And for those of us who study especially volunteerism, we really believe this is a missed opportunity. Our gains in longevity have given us a whole new

phase of life, but in many cases, we're not necessarily utilizing the time, skills, and abilities of many of our nation's older people.

So one of the ways that their talents and abilities are best utilized is through volunteering. And in the programs like what you'll hear about today, older adults contribute in really right profound and important ways. And a critical consequence of these contributions is that volunteering decreases several burdens, and this brings me to the second point I wanted to make.

It decreases burdens on individuals, on communities and organizations and by extension on society. So when you'll hear about the Senior Companion program, we know that this program utilizes the skills and abilities of older people to do things like decreasing the stress that caregivers face. And we know that this is a group that is disproportionately women and it's especially important for working women who are trying to balance care work and paid work. And the respite care they receive helps them to be able to continue doing the very hard work of caring for their elder family members and still being able to keep their jobs.

And not exactly the same but similarly with the Foster Grandparent program, older people make critical contributions to the lives of young people, helping prepare the next generation to have greater chances to lead productive lives, bolstering both the existing resources that they have but also taking up the slack where there are deficits. And this is especially important for at-risk kids.

And there are many organizations like these -- not just the ones you'll hear about today -- that are doing really important things to address social issues. And older adults play a critical role in allowing them to make these impacts.

But perhaps what's been most exciting to me and I think many of my colleagues who do similar work is related to the last point I want to make today, which is that not only do older adults really benefit the people they're helping and the organizations they're helping, but they also receive great benefits to themselves. And volunteering is it turns out especially good for our health.

So it's of course important to point out that not all older people are able to and want to volunteer. Some are unable to physically get around and participate. Some don't have the financial means to pay for the cost of volunteering -- even if they're minimal -- and others are simply unaware of opportunities or don't have access to these opportunities for other reasons.

But for those that do, research shows that volunteering is good for older adults in lots of different ways. And this research is really quite robust. So, what many of us who study volunteering and health have learned is that this activity is associated with a range of positive health effects including delayed mortality, delayed disability, and improved mental health.

The data have been so compelling that many of us believe that volunteering could and really should be thought of as a public health behavior. For instance, some of the work that I've done has shown that the benefits of engaging regularly in various types of volunteer activities in later life. It has similar benefits to avoiding disability as other lifestyle behaviors like smoking, eating a healthy diet, and exercising. And I think this is a really important point.

So we're not just talking about something that is important to these communities, but these health benefits are something we really need to understand better.

And really what's especially important if you think about the long-term consequences of these kinds of activities is things like decreased cost for long-term care, which we know is one of the things that many of us talking about or many of the media articles are talking about are some of our biggest concern is that the cost of caring for our growing older population.

So despite these compelling findings, it's worth pointing out that there's a lot we don't know. It's really challenging and expensive to do research on volunteering and following new volunteers into a new volunteer role and figuring out how volunteering actually works to benefit older people and those who are helping is really tough and something we very much need to understand and know better than what we do now. And only a handful of studies have effectively begun to do this and virtually none have done this at large scale.

So when I was asked to play even a small role in this study looking at the Senior Companion Foster Grandparents Program Evaluation Studies that you'll hear about more from Annie here in a moment, I was very excited and I think you'll be as excited as I have been with the results for the first-year study.

In fact, when we were presented with the preliminary results in May -- the ones that you'll be hearing today -- I think my exact words were, "So basically these programs are wildly successful." So I think that you'll find this is a really exciting result from these studies and I'm looking forward to hearing Annie's presentation. I'm going to turn that over to you, Annie.

Annie Georges: Thank you. Thank you Dawn. And can everyone hear me okay?



(Joseph Green): Yes.

Mary Hyde: Yes.

Annie Georges: Okay. Sounds great. So thank you to all the attendees for your interest in learning more about the Senior Whole program. So my name is Annie Georges and my colleague and I, Wenson Fung, we will present the research we have been doing on the Senior Corps programs.

So if you can go the second Slide for me, for the presentation.

(Joseph Green): Due to some in the moment jumping with the Slide. I will give this just a second.

Annie Georges: Okay. I will hold on.

Mary Hyde: And while we wait for that Slide switch, just by way of quick introduction Annie and her team have worked with us for a number of years developing this research program on Senior Corps. So it's really exciting to finally get some of these findings and have them be so positive after a number of years of really building quite an impressive body of work around Senior Corps volunteer specifically.

The research on older adults who volunteer is certainly been emerging in the past number of years and it's exciting that the Senior Corps folks can contribute to that knowledge base as well. And I think you'll understand more of what I'm saying when you hear exactly what Annie has to share with us today. And here we go.

(Joseph Green): Okay.

Annie Georges: Yes. And right on time. Thank you, Mary. Thank you so much. And so if you go to the second Slide, thank you so much, so for the presentation today first we will discuss the research on the Foster Grandparent and Senior Companion Volunteers. Then we will discuss the research on caregivers receiving respite support. And will leave time at the end for your questions and we also have some questions for you about your experience with Senior Corps. Next Slide, please.

Before we begin, I want to take a quick minute to summarize the Senior Corps National Service programs. There are three programs -- the Foster Grandparent program, Senior Companion, and RSVP. Foster Grandparent and the Senior Companion programs have an income requirement and minimum number of hours of commitment. There is a small stipend to the volunteers to defray the cost of volunteering.

The Senior Companion program provides direct services to home bound clients to support independent living. And Senior Companion program also provides services to caregivers caring for family or friend who have difficulty with daily living. Next Slide, please.

As Mary mentioned earlier, we have been working on evaluating the Senior Corps program for several years. There was initially a cross sectional evaluation of those programs which was completed in 2014. The first evaluation was the census of all Foster Grandparent and Senior Companion volunteers, the caregivers, and the Senior Companion clients.

The second evaluation is the one we are discussing today. It is a longitudinal evaluation where we are following a group of volunteers and caregivers over time. In both studies, the main goal is to document the effectiveness of the

programs and to collect information that would help inform how to improve the programs. Next Slide.

The data collected for the volunteer study are quite rich and can address many questions about program effectiveness such as satisfaction, experience with training, and change in health including change in health among those volunteers who left the program. Next Slide, please.

The data for the caregiver study are also quite rich. Those data can address questions on how the Senior Corps Program serve the needs of the community and how respite support affects change in caregiver's health. Next Slide, please.

First, I'm going to focus on the volunteer study. Next Slide.

As mentioned earlier, this is a comprehensive multi-year evaluation of the Foster Grandparent program and Senior Companion program. There are many questions being addressed with the data. For this webinar, we will discuss on just a few of those questions. Specifically, we will talk about whether the volunteers stay, who is mostly likely to stay with the program, what the experience is like, and the satisfaction with the training and support they receive to fulfill their service. And we will also discuss changing health during their first year in the program. Next Slide.

I want to spend just a few minutes describing how the study is designed and how we collected the data from the volunteers. We developed the survey with input from a nine-member technical working group consisting of academic experts in gerontology, longitudinal evaluation, psychometrics, measurement of stress and depressive symptoms to develop the survey items.

We also consulted and had input from a field working group consisting of Foster Grandparent program and Senior Companion program project directors. The questions were field tested with volunteers. We used the information from the pre-test questions to revise any questions that were unclear or confusing.

First time foster grandparent and senior companion volunteers were recruited between July and November 2015 with the assistance of the Foster Grandparent and Senior Companion program project directors.

How did we do this? We provided technical assistance to all Foster Grandparent and Senior Companion projects at the time the study was launched. During the TA, project directors received background about the study and who was eligible to participate, how to introduce the study to the volunteers, and answers to questions we anticipated the volunteers might have about the study.

During the enrollment period, anyone who was seeking to become a Foster Grandparent or Senior Companion for the first time received information about the study from their project. If after hearing about the study they agreed to participate, they received a packet that included a written summary of the study, a consent form, the survey, and prepaid envelope to return the completed survey to JBS.

Project directors would note who received a survey and sent that information to JBS. If the survey was not returned, we contacted the volunteer to encourage them to complete the survey.

The volunteer study has three rounds of data collection. The first survey was completed before the volunteer had their assignment and started their

volunteer service. The second survey was completed last year, nine to twelve months after the first survey was completed when the volunteer would have been engaged in service. The third and final survey is now in the field and being collected, which is two years after the first survey would have been completed.

At the time the study was launched in 2015, there were more than 500 foster grandparent programs and senior companion programs that were contacted. During the enrollment period, about 240 of those projects had one or more volunteers enrolled in the study. This reflect 90% of first time volunteers agreed to participate and had completed the first survey.

For the second survey, 88% of the volunteers who took the first survey completed the second survey. Next Slide, please.

So what did we learn about the first-time volunteers? They are low income -- under \$20,000 per year, as required. There is a minimum income requirement. They are not married; they are single, widowed, divorced, or separated. It is a very racially diverse group of females with some college.

We know from the literature that there is health disparity based on income. Particularly, low income individuals have worse health outcomes compared to middle income and high-income individuals.

As I mentioned earlier, nine to twelve months after they completed their first survey we contacted the same volunteers and had them take the second survey, which allowed us to measure change in key health outcomes but also to understand the experience and satisfaction with the program.

We did contact all the participants who took the first survey even if they were no longer volunteering with foster grandparent or senior companion programs. The data from those leavers, as we call them, have provided some valuable information about volunteering among the individuals that engaged in national service as foster grandparent or senior companion volunteers.

As I said earlier for the second survey 88% of the volunteers enrolled in the study did complete the second survey.

As a quick overview of what we learned from the first two surveys, is that the foster grandparent and senior companion volunteers within the first year of service reported improvement in their health. Improvement in health was very consistent when we examined change in health among those who stayed in the program and among those who had left.

The foster grandparent and senior companion volunteers who had stayed with the program are those who based on existing research are at greater risk of health disparity. The change in reported health we found was not the result of an exodus of unhealthy individuals out of the program. The data showed that the self-rated health was not significantly associated with the odds of leaving any of those programs if you were already volunteering.

So if those who stay and those who leave do not differ in how they rate their own health at the start of national service, this certainly strengthens the findings that we are going to talk about just now on health outcomes one year after beginning national service.

So let me just go through these analyses. Next Slide, please. Less than one-fourth -- about 22% -- of the volunteers leave within five to six months. Next Slide. As I mentioned earlier, the volunteers who stay with foster grandparent

or senior companion are those who based on the existing research have the greatest risk of poor health outcomes.

For example, individuals with a college degree are more likely to leave, whereas individuals who did not complete high school or those with high school are more likely to stay with the program.

The Slide on your screen shows a negative association between education and leaving national service. So for example, the odds are lower if the volunteer did not complete high school. If we do the inverse of the odds of not completing high school, then this group of volunteers is four times more likely to stay compared to those who had completed an associate degree or bachelor degree.

And you will also see on your Slide volunteers who were divorced are more likely to leave. Volunteers who had difficulties climbing several flights of stairs without resting were also more likely to leave.

So now I'm going to turn the discussion over to Wenson, who will discuss what the volunteers reported about their experience with training and support to fulfill their service. Next Slide, please.

Wenson Fung: Whether the volunteers stayed or left the program, they had in general a positive attitude about the training and support they received. It was generally the case that a higher proportion of those who stayed were satisfied with their experience as a foster grandparent or senior companion. For example, 92% of the volunteers who stayed were completely or very satisfied overall with their experience as a foster grandparent or senior companion. Next Slide, please.

There was a similar pattern regarding the volunteer's perception about whether their experience was a good match, whether the service was interesting, and whether they felt they had the support and information they needed to be successful in their volunteer role. For example, more than 90% of the volunteers who stayed agree with those statements. By contrast, 80 to 90% of the volunteers who left agree with those statements. Next Slide.

The volunteers also reported on features of the program that were helpful. The pattern here is the same. The volunteers who stayed had positive report on how helpful the training, support, flexibility, and the stipend was. For example, at least 90% of the volunteers who stayed reported training support and flexibility to manage time was extremely or very helpful. By contrast among the volunteers who left 71 to 78% of them reported training support and flexibility was extremely or very helpful.

I will now turn the discussion back to Annie, who will talk about the health outcomes. Next Slide, please.

Annie Georges: So we analyzed several questions that measured the volunteers' health. There is a question where the volunteer reported about their health in general. There are also several items in the instrument that measured how socially and emotionally the volunteer feels and items to measure depressive symptoms.

For this specific webinar, I will only talk about the volunteer self-report of their health. But when you see the full report, the results are very consistent across all the measures of health that we examine.

So how did the volunteers rate their health in the first year of national service? We examined change in health within the group of volunteers who stayed and within the group of volunteers who left. Then we also compared change in



health between those who stayed and those who left. After we take into account health status at the volunteer started national service as well as change in their personal health or the health of a family member or a friend that could impact their ability to remain in the program, we find that those who leave tend to rate their health as declining.

So your screen and those of you who have a hard copy, that Slide shows about output from two regression models. The one on the left shows factors associated with reporting a change to excellent very good health in that first year. The odds of reporting excellent or very good health in the first-year decreases for those who left compared to those who stay.

And this analysis controls for health and medical condition of the time they were starting their volunteer service. It also controls for whether the volunteers had any change in health since they took the first survey. And we find the direction of the relationship is that those who leave reported declining health compared to those who stayed.

The chart on the right shows factors associated with reporting a change to fair or poor health in that first year of service. So the odds of reporting fair or poor health in the first-year increases for those who leave compared to those who stay. And self-rated health at first followed between leavers and stayers was not statistically significant.

Even though in this particular presentation I am not talking about the other health measures, they are extremely consistent in terms of the pattern that I'm just describing here with this one measure. Next Slide, please.

So as I mentioned earlier, we will leave time at the end for questions and discussion on both studies. Right now, I want to go into the caregiver study which is the second study in this evaluation. Next Slide, please.

Senior Companion program -- again just a quick reminder -- the Senior Companion program provides services to caregivers caring for family or friend experiencing difficulty with daily living. And it also provides direct services to (inbound) clients to support independent living.

The second study focuses on the impact on caregivers. For the webinar, we will discuss how the caregivers' needs aligned with the services they received. And we will discuss the extent to which caregivers' health changed following respite service. Next Slide, please.

The design of the caregiver study parallels that of the volunteer study. The same nine-member technical working group provided input in developing the questions. We also consulted in that input from a field working group consisting of senior companion project directors. The questions were field tested with caregivers. The recruitment was caregivers who were the first time seeking respite support from the Senior Companion program. And the recruitment was also between July and November 2015 with the assistance of the senior companion project directors.

We provided technical assistance to all those projects who were providing respite services at the time the study was launched. During the TA project directors received background information about the study -- who was eligible to participate, how to introduce the study to the caregivers and answers to questions we thought the caregivers might have about the study.

During the enrollment period, anyone who was seeking respite for the first time received information about the study from their project. If after hearing about the study they agreed participate, they received a packet that included a written summary of the study, a consent form, the survey, and prepaid envelope to return the completed survey to JBS.

Project directors would note who received a survey and sent that information to JBS. If the survey was not returned, we contacted the caregiver to encourage them to complete the survey.

The caregiver study had two rounds of data collection. The first survey was completed before the caregiver begun receiving respite support, meaning that the senior companion was not yet assigned to them. The second survey was scheduled to be nine to twelve months after the first survey was completed. As of right now, both rounds of data collection for the caregiver study are completed.

At the time of the study was launched, approximately 130 senior companion programs with respite service were contacted. During the enrollment period of July to November 2015, 37 of those projects had caregivers enrolled in the study. So our sample size that we got the number of participants in the study reflects 75% of first time caregivers who had agreed to participate and had completed the first survey.

For the second survey 82% of the caregivers who took the first survey did complete the second survey. Next Slide, please.

So who are the caregivers who are seeking respite from senior companion programs? The caregivers are female with average household income under \$50,000. They are married with some college or an associate degree. The

duration of the relationship between caregiver and the care recipient range from less than six months to more than five years, with more than two-thirds providing care to their spouse or a parent for at least two years prior to seeking respite support.

The care recipient also gets other services, but for most of them they have been getting these services in the six months prior to getting a senior companion.

For the second survey, which was nine to twelve months after the first survey, we contacted all participants who took the first survey -- even if they had changed their mind about getting respite support or even if the situation that led to seek respite service had changed.

So now I'm going to turn it back briefly to Wenson who will discuss how the caregivers' needs aligned with the respite support that they received. Next Slide, please.

Wenson Fung: One of the things we did was to look at a set of questions on caregivers' expectation or the reason for seeking respite service. And from their responses to these questions, we identified three groups of caregivers based on the level or degree of need for respite service.

We have three categories of need, which are personal time, household management, and managing conflicts. We looked to see how the caregivers responded to these questions within each of the three categories of need.

From this analysis, we identified three groups of individuals seeking respite services. Those are critical need, those are caregivers who have high need in all three categories of need which include personal time, household

management, and managing conflicts. The second group includes caregivers with essential need. Those are caregivers who have high need in any of the three categories. And finally, the third group includes caregivers with moderate need. Caregivers who did not identify high need in any of the three categories.

In our initial analysis of the three groups, we found no differences between those in the essential and moderate groups. So in consultation and discussion with our technical working group panel, we combined these two groups into one. Almost half have critical need. As Annie stated earlier, caregiving relationship at the time of seeking a senior companion respite is at least two years. And only in the prior six months has a caregiver recipient been receiving other services, such as home care assistance, adult daycare, meals, and transportation. That close to half of critical need when they finally seek respite it's not surprising. Next Slide.

The analysis shows senior companion respite had the most impact on those caregivers with critical need even though they did not have that many more hours from their senior companion compared to caregivers with essential or moderate need. Caregivers with critical need reported benefits of personal time and household management but not that much benefits were reported when managing household conflict.

Now Annie will discuss the caregivers reported about their health in the first year. Next Slide.

Annie Georges: Thank you. So how was the case for the volunteer study? We analyzed several questions that measured the caregivers' health. The caregiver survey also included a question on health in general and there are several items in the

instrument that measure how socially and emotionally connected the caregiver feels, the perception of loneliness, and items to measure depressive symptoms.

So for our presentation, we will only talk about the global measure on self-report of health.

So how did the caregivers perceive their health the first year they start receiving respite? The results show some improvement in perception of the caregiver's health. The chart on your screen or if you have a hard copy of it you will see show that it shows change in how caregivers reported their health in that first year of getting respite.

As a way to read this chart, the bottom horizontal bar shows change from fair-poor health. So how those that reported their health as fair or poor in that first survey how that changed when they completed the second survey. So for example, in that bottom horizontal bar chart, you'll see that 40% of caregivers who reported fair or poor health prior to receiving respite reported good health a year later.

So if you go to the middle horizontal bar, it shows change from good health. In this case 33% went from a self-report of good health to excellent or very good health one year later. Next Slide, please.

So in the first year of service, caregivers also reported improvement in being socially and emotionally connected. The (unintelligible) caregivers reporting feeling alone declined. And the percent of caregivers reporting having people they feel close to increased. Next Slide.

In terms of symptoms of depression, there is some reduction in the percent of caregivers reporting symptoms of depression meaning that in the first year

after starting respite support, they were reporting fewer symptoms of depression.

So this takes me to the conclusion of the presentation of the two studies. And I believe now we are going to go to Ms. Deb Cox-Roush, the Director of Senior Corps for some remarks. And following Deb's comments, I will return to take your questions and to have a discussion session with you. Thank you.

Deborah Cox-Roush: Annie and Wenson for such a wonderful presentation. I know it's hard to sum of years of thoughtful and hard work. And of course thank you Dawn, a fellow Floridian, from Florida State University for representing the technical working group. I know that (TWG) has provided critical insight to this work and I appreciate their ongoing interest and commitment to the study.

Of course, we would not have been nearly as successful were it not for the input from the field working group who continue to provide sound advice on implementing the study.

We are also fortunate to have former Senior Corps Director and member of (TWG) Dr. Erwin Tan on the line. Now, we haven't had a chance to meet yet in person, but Erwin thank you for your vision you had developing this important work. It is part of your legacy to Senior Corps.

You know, I'm just about seven weeks into my tenure here, but one thing that's impressed me very early on was the growing body of research related to our work. CNCS -- and Senior Corps in particular -- continues to lean on evidence and research shaping our programming. The Senior Corps research agenda is designed to inform and inspire action. The work of this longitudinal study is a critical piece to the puzzle.

As a federal agency taking a hard look at the priorities and return on our investment, this is the kind of work that helps us make informed decisions regarding national service program design and policy to help ensure that we are investing taxpayer dollars in programs that work. We are very pleased with the findings that are emerging. However, in some ways we're really not surprised.

For decades, we've heard the personal narratives and testimony of the power of Senior Corps. Behind these charts and graphs are the compelling and life-changing stories of widows, retired professionals, and our neighbors. All have a story to tell of the impact of Senior Corps. The thoughtful construction and implementation of this study is a testament to the strategic approach Senior Corps has taken to understand the impact of these programs.

Dawn, I love the words wildly successful. In my role as Senior Corps Director, I look forward to building on this strong foundation as we continue to build a body of evidence to tell the story of the effectiveness of Senior Corps.

Before we open the lines of discussion, I also want to provide and offer my profound thanks to my colleagues in the Office of research and Evaluation. Mary, your team has such energy and enthusiasm. We're very grateful. And particularly Anthony for your leadership.

I'm looking forward to working more with your team as we move forward and keeping this program wildly successful. Thank you.

Mary Hyde: Thank you, Deborah. Annie, you want to open it up for questions? And anyone who has questions, thoughts, please share.



((Crosstalk))

Annie Georges: Yes, I'm ready. Thank you, Mary.

Coordinator: At this time if you would like to ask a question from the phone lines, please press star 1. You will be prompted to unmute your phone and record your name. Please record your name so that I may introduce your question. Once again it is star 1 to ask a question. One moment for those to queue up.

Mary Hyde: Anthony has a question.

Anthony Nerino: Well, we have a question in the room. Hi, Annie.

Annie Georges: Hi, Anthony.

Anthony Nerino: How are you?

Annie Georges: I'm doing okay.

Anthony Nerino: Nice job.

Annie Georges: Thank you.

Anthony Nerino: My question is you know, these are compelling and interesting findings and I'm sure people are going to have some questions about them that would ask for greater explanation. But mine is a little different. I would like to know what sort of comparisons we're looking at as we conclude year two, which at this point is about 2/3 through the data collection process and we'll be moving into analysis shortly.

And I would like you to talk a little bit about what we can expect in terms of comparison groups and ways of looking at data.

Annie Georges: Yes. So what we're hoping to do is actually compare our Senior Corps volunteers with a national sample just to benchmark and see how they are similar or different from a national sample of volunteers. And we have data from the health and retirement study which is national dataset that's being housed at the University of Michigan that we are planning to use to actually benchmark the Senior Corps volunteers with a national sample of similar adults.

Anthony Nerino: Thank you.

Annie Georges: Yes.

Mary Hyde: Annie, do you want to just read out your questions so that people see that we're asking for a wide range of questions?

Annie Georges: Yes. So some of the questions I have -- what surprised you about the findings? And also for the Senior Corps grantees or volunteers who might be on the line, do these results differ from your experience in the field? And I would like to hear from anyone any recommendations that you have to CNCS for further analysis with the data and what additional questions did these results raise that you would like to see CNCS address in future research.

(Joseph Green): Okay (Sarah) do we have any questions in queue?

Coordinator: We do have a couple questions that have come through. First, we have (Debbie Sanamar-Butler). Your line is now open.

(Debbie Sanamar-Butler): Good afternoon everyone. I appreciate you giving this conference.

I'm alumni. I've served in several branches -- Vista, AmeriCorps, and (Lead Us) Program. I'm very interested about the Senior Corps because I see a lot of similarities in the scores of improvements of volunteer. It's similar in the Senior Corps where things improve.

My interest is and my main question is I'm living in a rural area now. And there are not many opportunities where I am. My mother just retired. She's very viable, very knowledgeable, has a lot to offer. There's a group just like her here. I know the importance of what seniors can bring, being alumni.

My question is what is the best way I could get a program like this in this rural farming community? Our seniors are just wasting away and they have so much to offer. Just being close to my mom, there's so much more she can give. My interest is trying to get them involved, improving their health, giving them something to do and something that offers them and improves their health while doing it volunteering. Could you help me with that?

Deborah Cox-Roush: We certainly can. First of all, this is Debbie. But I'm (unintelligible) my deputy as I told you in my earlier talk seven weeks in. I want to give you information. I know what I know, but there's someone here who knows a lot more than I do that's going to help actually talk about how you can get involved in these programs, and that's my deputy Erin McGrath.

Erin McGrath: Hi. Thanks for the question and your interest. So there are places where you can go to see if there's already an existing Senior Corps program in your community. So [Nationalservice.gov](http://Nationalservice.gov) has a whole host of maps and ways to point you in the right direction. You can contact your state office if you prefer to use phone and talk to someone directly. That contact information for the corporation's field offices are on the [nationalservice.gov](http://nationalservice.gov) website.

And you will also be able to pull down a report called National Service in Your State. And so there's a map there on our landing page and you'll be able to go and pull down your state profile and be able to see which of the community organizations in your area are sponsoring a program.

Beyond that, if you don't see them on the list that means that really we're sort of relying on additional appropriations to grow from where we are right now. So we have a fairly static footprint, but there are certainly opportunities I think for our existing grantees, our existing community based organizations to find new programming opportunities, new organizations to partner with.

So at this point, the answer is to really sort of work it retail -- figure out what is already existing in your community and then see if we can make some connections. Your state field office is really sort of the best. If you don't see something there, they're the best option to kind of talk through what else would be available.

Mary Hyde: Thanks, Erin.

(Debbie Sanamar-Butler): Okay. That's my main question. I've been researching and there is nothing in this area so I'm looking to see about opening new enrollment. I talked to the little mayor up in town and they're thinking about sponsoring something like that, something new. So what is the open enrollment to open programs?

Erin McGrath: So for most Senior Corps programs, unless there's a waiting list it's sort of a rolling enrollment process. So unlike AmeriCorps, there's not term limits on the Senior Corps positions. So if the...

(Debbie Sanamar-Butler): Great.

Erin McGrath: ...program is operating and they have the funds to take on new volunteers, you could apply directly to the community based organization to be a Senior Corps volunteer.

((Crosstalk))

(Debbie Sanamar-Butler): Great. Thank you so much.

Erin McGrath: If you are curious about what's there or what's happening, definitely connect with I didn't catch what state you were in, but the state field office - so the corporation has local field offices in states across the country is going to be able to help you navigate those things.

(Debbie Sanamar-Butler): Thank you. It's a rural part in Louisiana. I appreciate all of you guys' help.

Erin McGrath: Great.

Mary Hyde: Thank you very much, ma'am.

(Joseph Green): Thanks everyone. And I think we have a comment or question here in the room.

(Jocelyn Sylphie): Hi. Thank you. I'm (Jocelyn Sylphie) with AARP Foundation. And we are actually running a similar study. We're just kind of getting started looking at our tax aide, program volunteers, and our experience corps program volunteers and seeing if there are changes over time in self-reported health and mental status of well-being.

What we're also interested in and just would love to hear some recommendations from this group or from Annie or Dawn about if frequency and amount of volunteer service -- sort of the dosage component -- what role that plays. And is there some threshold where it's too much and it sort of leads to burnout for older adults?

We have our state program. We have about 35,000 volunteers across the country doing, you know, preparing taxes for low income older adults and younger folks as well. And they work sometimes, you know, 40-50 hours a week during tax season. And we're just kind of wondering like is there a threshold? Is there a plateau where the effects, you know, aren't as positive? And I'm just wondering if there's any insights that the researchers have about this or is the data that you collected for this longitudinal study could serve as some of that information?

Dawn Carr: I'm happy to give my reaction to that question. Annie, would you like me to start?

Annie Georges: Yes. That would be great. Then I can speak about this specific study in terms of being able to tap into some of that.

Dawn Carr: Excellent. So I think that what you're asking is a really good question that quite frankly we don't know the answer to. On the other hand, we have looked at this problem. I've done quite a bit of research myself with the data that we have available. And I'm not the only one.

And many have come to the conclusion that somewhere in the vicinity of about two hours a week on average seems to provide kind of a plateau effect with many of the health benefits associated with volunteering. But I suspect

one of the challenges to those sort of findings is that this is not - every unique group has a different set of issues.

When you're talking about full-time workers, I think it's probably the case that you're going to have to explore this more carefully because clearly doing too much can be problematic, you know. You want to sort of increase opportunities for good things to happen and not cause harm in the process.

And I think that obviously overburdening full-time workers is not really the goal. On the other hand, certainly one hour a week has been shown to provide benefits to people of all types, including full-time workers.

So that's sort of my initial reaction to that. And of course, the programs that I'm sure Annie will talk to you about the results she has the results are more intensive volunteering. So those show different results, but again with different populations. Annie?

Annie Georges: Yes. So the foster grandparent and senior companion are required to have a minimum number of hours. And we do collect from the volunteer to tell us how many hours they're volunteering in a particular week. So we'll be able to do to tap into some of that analysis, but I'm not sure that this specific data will tell you about threshold because as Dawn just mentioned, this is an intensive kind of requirement -- more so than the average hours that a typical volunteer would do because they are required to do a certain minimum.

But the data that's being collected does have hours volunteering that some of that exploration can begin and probably would raise more questions than you will answers. But it's one of the things that we talked about a lot actually is this dosage issue -- you know, how much of it can we start answering right now with the data that we have.

So we will definitely be looking at some questions for the report that we will finish up.

(Jocelyn Sylphie): We would appreciate that, thank you. Beaus when you hear 15 to 40 hours a week, that's quite, you know, you see a lot of differences...

((Crosstalk))

Dawn Carr: Yes.

Annie Georges: Yes.

(Jocelyn Sylphie): Do you know sort of definitively the number of hours or frequency (unintelligible) right?

Annie Georges: Yes.

(Joseph Green): So I believe we are coming close to time. I think we have time maybe for one more question. (Sarah) do we have a question queued up on the phones?

Coordinator: We do. It comes from (Jennifer Abernathy). Your line is open.

(Jennifer Abernathy): Hi. This is (Jennifer Abernathy) and I'm with the Tennessee Respite Coalition. And first of all, I just want to commend the corporation and Senior Corps for taking on the research to actually look at the benefits of respite for family caregivers. There is not much research out there in that regard -- the effect of respite on caregivers -- so I'm very happy to hear those results. I'm looking forward to seeing the results to the other factors that you measured.



And my recommendation would be anything more you can glean from that would be helpful to us as a respite provider as well as I know nationwide there's other coalitions like we are that focus on respite that would love to have any data in that regard.

Woman: Great.

(Joseph Green): Yes. So it looks like we actually have time for yet another question. Do we have any further questions queued up on the phone?

Coordinator: We have one other question. Your line is now open.

(Joseph Green): Great.

Coordinator: If you pressed star 1 for a question, your line is now open.

(Maria): Hello. My name is (Maria) and I'm from the city of Albuquerque Department of Senior Affairs. I wanted to say that as a Senior Corps grantee, I am not surprised about the findings. It's something that we've seen in the field for years. And I chimed in with a recommendation for CNCS and also a question for CNCS.

My recommendation is to see if this study and data can please be shared through the healthcare field and healthcare communities so that perchance the local health departments could learn more about Senior Corps and be a referral resource for local grantees to help in recruitment.

And then if medical professionals were aware of these health benefits in Senior Corps, perhaps they could prescribe, you know, better health to their senior patients to get engaged.

Woman: Great. Good recommendation.

(Maria): Next, my question is whether or not CNCS sees after this study the possibility of grantees building workplans in the healthy futures focus area to measure and demonstrate outcomes of our senior participants?

Erin McGrath: Hi, (Maria). This is Erin. How are you? A couple things -- again, as Mary said, I appreciate your recommendation. I think we're really excited. Again, this is really just a preliminary finding. And so once we have the full package of the full report, I think we're going to be looking for audiences to share this with. And I appreciate your recommendation.

In terms of what this means for our programming, you know, as we sort of continue through our own transition as now Debbie is here as the Director, I think there will be an opportunity agency-wide to begin to look at performance measures and how we talk about national service programs and how we measure them. And I do, you know, think that this is part of that discussion.

So I appreciate your (unintelligible) and I think that is on top of mind for all of us.

(Joseph Green): Great. Well, thank you everyone. We are now two after two. So I know that everyone probably has a busy day, many things to get back to.

One thing I think we wanted to note before signing off is that official interim report that we spoke of today will actually be released sometime in August I believe. And so the link that was provided in the invite where you can find other media materials about this is also where you can get the report once it

shows up. If you signed up for this webinar, you will get a notification when the report does go out so please stay tuned.

And also please feel free to get in touch with us here at CNCS as well as information for contacting the researchers directly is also on the screen as well. we really appreciate JBS, Dawn taking part as well as leadership here at CNCS for the support of this study. And we look forward to some great things in the future. Thanks everyone.

Man: Thank you.

Mary Hyde: Thank you.

Woman: Thank you.

Coordinator: That does conclude today's conference. Thank you all for participating. You may disconnect your lines at this time.

END