

Faith in Action®

An RWJF national program

SUMMARY

From 1983 to 2008, the Robert Wood Johnson Foundation (RWJF) funded more than 1,700 projects across the country to support interfaith volunteer caregiving through three national programs. The projects brought together coalitions of congregations, social service organizations and other organizations to engage and organize volunteers to provide services to people in need, especially those who were frail, elderly and homebound.

In describing the role of interfaith volunteer caregivers, Kenneth G. Johnson, M.D., who directed this effort from 1992 to 2002, said:

Their relationship to the people they help is a friend, not a patient or client relationship.... Interfaith volunteer caregiver programs fill gaps in the long-term care system. About 60 percent of their referrals come from agencies that are unable to respond. Who else is there to look after an old person living alone after being discharged from the hospital on a Friday afternoon? Who else will deliver meals on weekends and holidays? Who else can be called after office hours? Who else will transport without charge someone three times a week for chemotherapy at a hospital 60 miles away?

RWJF began its funding of interfaith volunteer caregiving in 1983, with a national demonstration program, the *Interfaith Volunteer Caregivers Program* (now thought of as *Faith in Action*, Phase 1). It later funded two additional phases of the program, *Replication of the Interfaith Volunteer Caregivers Program* and *Faith in Action*[®], which finished in June 2008. Throughout, RWJF and program management refined the program's work and mission.

Phase 1: The Demonstration

In its demonstration phase, the *Interfaith Volunteer Caregivers Program*, RWJF sought to test the idea that interfaith coalitions could mobilize and organize volunteers to provide services such as visiting, transportation, help with light housekeeping and other services to people in need.

RWJF funded 25 sites in communities ranging from urban New York City, Memphis, Tenn., and San Antonio, Texas, to rural La Grande, Ore., and Belhaven, N.C., giving each site \$150,000 over three years to carry out its work. The program took place between 1983 and 1987.

At the end of the program, at least 20 of the projects found other sources of support to continue operating.

Phase 2: The Replication

Through assessments that RWJF commissioned and the continued viability of the original interfaith coalitions, RWJF staff believed they had found enough evidence of the effectiveness of this model to fund many more coalitions.

In July 1992—six years after the initial demonstration program had ended—the RWJF Board of Trustees authorized up to \$25 million, for a four-year replication/expansion of the demonstration program.

Faith in Action: Replication of the Interfaith Volunteer Caregivers Program, awarded 1,091 grants to interfaith coalitions between 1993 and 1998. Each coalition received \$25,000 for an 18-month period. In 1998, RWJF added a \$10,000 supplemental grant to 773 coalitions that applied for such a supplement.

From a database of over 1,000 reports from Phase 2 *Faith in Action* projects, the national program office created a sketch of what the coalitions looked like, who the volunteer caregivers were and what kinds of people received care. See the *sidebar* "A Faith in Action Database Yields a Picture."

Helping Another Saves a Life

Raymond is a 78-year-old man who became terribly depressed after his wife died. The director of the Interfaith Volunteer Caregivers of Jennings County in Mt. Vernon, Ind., knew Raymond and asked him to drive a woman to Indianapolis for a series of chemotherapy sessions. He liked to drive and jumped at the chance to get out of the house. Raymond drove her the 120-mile trip on 10 occasions over several months. He told a visitor

that the opportunity to be of service "probably saved my life. You just have to have a reason to get up in the morning."

Phase 3: Faith in Action®—An Attempt to Go to Scale

In 1999, RWJF began its most ambitious phase yet, anticipating a \$100 million program aiming to support 2,000 new projects. The RWJF Board of Trustees authorized an initial \$50.5 million. The call for proposals gave special consideration to projects that were designed to reach low-income or underserved communities.

The program, however, quickly ran into difficulties in finding enough applicants that met the criteria for *Faith in Action* programs. RWJF also found that many of the existing projects were struggling to stay open.

To address this concern, starting in February 2005, RWJF stopped making grants to support new *Faith in Action* projects and instead reprogrammed funds to help existing *Faith in Action* coalitions sustain their work and thrive over time. No further funds were authorized.

During Phase 3 of *Faith in Action*, RWJF made 599 grants to support new projects. Each coalition received \$35,000 for a 30-month period. In addition, RWJF awarded an additional 15 grants for collaborative efforts among local programs during Phase 3.

Phase 3 of the program ran from 1999 to 2008.

Key Results

- Over the course of the initiative, beginning with the pilot sites funded in the demonstration phase starting in 1983, RWJF made 1,715 grants to establish new projects (plus the 15 collaboration grants). *Faith in Action* projects were established in every state, Puerto Rico and the U.S. Virgin Islands.
- As of June 2008, 667 of those projects were active, representing a sustainability rate of 38.9 percent.

In addition, of the projects established under Phase 3 (1999–2008), 359 or 60 percent were still active as of June 2008.

Key Findings

A 1997 assessment of the replication of *Faith in Action* in phase 2, by the Vanderbilt Institute for Public Policy Studies, Nashville, Tenn., (ID# 32019) and the Health Reform Project at George Washington University, Washington (ID# 32295), indicated that fund raising and partnering with other faith communities were the two biggest struggles of the replication sites. Many also had trouble enlisting African-American congregations and faiths such as Islam and Buddhism in their coalitions.

A 2003 evaluation (ID# 40740) by Public/Private Ventures, a Philadelphia-based consulting firm, examined how well projects in the *Faith in Action* replication were sustaining themselves following the end of RWJF funding. The evaluation also identified characteristics associated with project survival. Among those characteristics were:

- Projects that recruited at least 15 volunteers annually and retained at least 20 percent of their volunteers for more than a year.
- Projects with total annual budgets of at least \$25,000 (the amount of the original *Faith in Action* grant) from at least three different funding sources.
- Projects that received fund raising and recruitment help from their interfaith coalitions.

A 2007–2008 telephone survey of 661 projects from all program phases conducted by the University of South Carolina's Institute for Public Service and Policy Research, Columbia, S.C., yielded the following findings:

- The 579 projects that submitted complete information served 75,262 people in 2007 with an average of 130 people per project. Extrapolating those numbers over the 25 year history of the program, the national program office surmised that *Faith in Action* served hundreds of thousands of people.
- Some 84,740 volunteers served in these 579 projects in 2007 with an average of 146 volunteers per project.
- The most frequently provided services, in descending order were:
 - Friendly visitor/telephone reassurance (keeping in touch with someone by visiting or by phone). Read the *sidebar* about the friendly visitor project for home-bound elderly in Nebraska.
 - Shopping
 - Transportation
 - Household repair
 - Respite for caregivers
 - Light housekeeping.
- The most typical people assisted by volunteers in descending order were:
 - Frail elders
 - People who were physically disabled
 - People who had Alzheimer's or dementia

- People who were terminally ill
- People who had developmental disabilities or mental illness.

Program Management

Kenneth Johnson, M.D., managed the first two phases of the program at a national program office based at Kingston Hospital in Kingston, N.Y.

As Phase 3 got started, RWJF sought a new home for the program. After multiple changes in management, RWJF moved the program to Wake Forest University School of Medicine, Winston-Salem, N.C., under the direction of Burton Reifler, M.D., a psychiatrist. Reifler managed phase 3 from early 2001 until April 2005. He left over disagreements about the program's direction and was replaced by Tom Brown, who had served as the director of grant operations at the national program office since 2001. Brown served through the end of the program in August 2008.

Funding

RWJF's Board of Trustees authorized up to \$77.5 million funding for the three phases: *Interfaith Volunteer Caregivers*, its replication and *Faith in Action*[®] from 1983 through August 2008.

THE PROBLEM

In 1983, more than 10 million Americans had chronic disabilities limiting their ability to carry on such essential activities of daily living as feeding, dressing, and bathing. Approximately 5 million of these persons were elderly, and the remainder were severely disabled working-age adults or children.

Chronic and disabling conditions include arthritis, paralysis, asthma, heart disease, cancer, diabetes, multiple sclerosis, muscular dystrophy, AIDS, blindness, deafness, mental retardation and Alzheimer's disease. Although these conditions are distinct biologically and clinically, their impact on people's ability to carry on with their everyday lives is often depressingly consistent.

The public costs of institutionalization of the elderly and disabled were substantial. In 1979, almost 50 percent of all Medicaid funds were spent on nursing home care.

Persons with disabling chronic illness usually require a mix of medical and supportive services to help with ordinary activities of daily living such as feeding, bathing, dressing, housekeeping, transportation and, for those who live alone, companionship, in order to live outside of institutions.

Medicare and other government programs were able to provide only a small fraction of the personal care and other supportive services that health-impaired persons needed to remain in their own homes.

Given these broad demographic, economic and political trends, the original premise behind *Faith in Action*—which remained relevant throughout the program's long life span—was that some of the unmet needs of people with chronic conditions could be met through volunteer caregiving, catalyzed and organized through the potential of the nation's faith communities.

CONTEXT

Concerned about the inability of many chronically ill Americans to pay for needed services, in the early 1980s RWJF began to look for new models to provide services to them. RWJF noted two trends related to their care:

- Chronically ill persons who have adequate informal support from spouses, children, relatives, friends, or others in their community were able to live independently and avoid institutionalization.
- Family and friends were increasingly incapable of providing the elderly and disabled with needed in-home services.

One Baseball Fan Helps Another

Jack and Helen are both 86 years old and live in an apartment that works well in many ways, except that it has six stairs that Jack has difficulty climbing up since he had a stroke. He uses a walker and has fallen several times. His wife worries that he will break a hip just getting up to go to the bathroom.

Before they got in touch with the Salem Area Interfaith Volunteer Care Givers, in Salem, Ohio, the couple was homebound most of the week. Staff at the Salem site learned that Jack was a Cleveland Indians baseball fan, and found an older man to come and watch baseball games with him, giving Helen a chance to go out.

The volunteer coordinator believes that Helen is more likely to leave the house if she knows her husband is with someone who can share his love of baseball, rather than having someone simply babysit him. Helen said, "Before Faith in Action came

along, I was beginning to get stir-crazy being cooped up in here all the time."

Therefore, RWJF began to explore whether volunteers might be able to fill the gap between the need for social support services and the care provided by friends and family.

RWJF turned to local religious organizations in the belief that they have the unique potential to enhance informal support systems. Churches, synagogues and other religious congregations were linked both to the people who need help (the health-impaired and their caregivers) and to sources of volunteers. At the time, more than 120 million Americans were active churchgoers.

RWJF funded a feasibility study (ID# 7662) at Johns Hopkins University in 1982 that examined existing models for volunteer services and identified barriers to expanding the use of senior volunteers in long-term care. The study laid out options for programming using volunteers to help frail older people with activities of daily living including transportation, shopping and meals. The researchers concluded that expansion of senior volunteer services to the homebound elderly is dependent on support for these activities by a major public funding source.

A follow-up study (ID# 008542) conducted in 1983 by a team of researchers from St. Vincent's Hospital and the New York City Department for the Aging set out to determine the availability of volunteers to assist home-bound elderly, to identify needed services, to analyze the costs versus benefits of a volunteer services program and to identify funding mechanisms.

The study showed that older volunteers can be recruited and trained to assist in the delivery of home care services to the elderly. It found that with adequate support and supervision of volunteers—and reimbursement of their out-of-pocket expenses-senior volunteer programs can achieve a low rate of volunteer drop-out. The study also found while volunteers provided helpful services such as shopping, meal preparation and transportation, the most important role was providing companionship to their clients. The study recommended that an expansion of the model be administered through an existing home-care-program structure because the administrative overhead was high while operating expenses were low.

The *Interfaith Volunteer Caregivers Program* was based on the groundwork of these studies.

PROGRAM DESIGN

Phase 1: Testing the Concept of *Interfaith Volunteer Caregiving*, 1983–1986

The first grant program—the *Interfaith Volunteer Caregivers Program*, which RWJF came to regard as the first phase of *Faith in Action*—was a demonstration designed to establish the viability of the interfaith volunteer caregiving concept.

Typically, single congregations developed and sustained their own volunteer efforts to help the chronically ill and the disabled. This program established a new model: the *Faith in Action* model in which a group of congregations representing the community's various faiths would come together, hire a paid director and establish a single caregiving program drawing its volunteers largely from the participating congregations to serve the entire community.

Having a paid director responsible for the program would make it possible to have a better-organized, more structured volunteer system that would be more attractive to potential volunteers, who otherwise might not come forward or, if they did, might not have been adequately utilized.

To maintain the program's interfaith character, the model required that there be no religious proselytizing by the volunteers. This also was intended to make their services more acceptable to those in need of care who might not share their beliefs.

Beginning in 1983, the program awarded on a competitive basis three-year grants of \$150,000—that is, \$50,000 a year—to groups of congregations in each of 10 communities around the country. The program ended in 1987.

Phase 2: A Major Expansion, 1993-1998

Before funding *Faith in Action*, RWJF had typically limited its role to that of developing and testing new health service delivery models, with the expectation that if a particular model proved to be successful, others would support its broader replication, including the federal government.

As RWJF program staff began to look for ways to help people with chronic illness in the early 1990s, interfaith volunteer caregiving did not seem to be a likely candidate for major federal funding, which had been declining for health and social services. Also, the fact that the model was faith-based could raise government concerns about separation of church and state. However, the interfaith requirement, coupled with a ban on proselytizing, could create projects that would be eligible for eventual public funding, should it become available.

Deciding that such community-based enterprises merited private philanthropic support, RWJF decided to return to funding interfaith volunteer caregiving in a major way—six years after it had completed its funding of the original demonstration program. In the summer of 1993, RWJF announced a new \$23-million national program entitled *Faith in Action: Replication of the Interfaith Volunteer Caregivers Program (Faith in Action*, Phase 2).

Because interfaith volunteer caregiving would ultimately have to emanate from and be supported at the local level, the replication program was designed to make enough grants throughout the United States so that over time there would be an interfaith coalition within reach of most communities around the country.

Each interfaith coalition was expected to have the following features:

- An interfaith or ecumenical governance, involving a broad spectrum of faiths and denominations working together.
- An average number of 50 volunteers serving 50 persons during the first 12 months of the program.
- Volunteer caregiving that was direct, person-to-person and hands-on, and that provided multiple kinds of assistance rather than a single service.

The replication program made available 18-month seed grants of \$25,000—one-sixth the size of grants than under the original demonstration program—to help start up more than 900 new interfaith volunteer caregiver coalitions throughout the nation over a four-year period.

Phase 3: Taking Faith in Action to Scale, 1999-2008

In September 1999, based on findings from assessments and the program's experience to that point, RWJF announced *Faith in Action*[®], envisioned to be a \$100-million, seven-year program to support the building of up to 2,000 new *Faith in Action* coalitions.

The ambitious program, which *USA Today* covered in a front-page article, aimed to reach every American who needed the aid of volunteer caregiving to stay independent and living at home.

"We had the money to do roughly one thousand coalitions in Phase 2 and I thought that we were still scratching the surface," said Paul Jellinek, Ph.D., former vice president at RWJF, and lead program officer for *Faith in Action*. "I knew that there were hundreds of thousands of congregations, so why stop [at 1,000 coalitions]?... The vision was that eventually *Faith in Action* would become a part of the fabric of everyone's life, that every community that wanted and needed *Faith in Action* projects could have one."

Having learned during the replication program that communities needed more time to build project momentum and some incentive to find other sources of funding, RWJF provided grants totaling \$35,000 for each coalition over a 30-month period during Phase 3. Each coalition received \$25,000 for the first 18 months of the program, with the final \$10,000 being dependent upon the project's progress during the first year, including evidence of funding from other sources that could help sustain the project on a permanent basis.

THE PROGRAMS: PHASE 1—INTERFAITH VOLUNTEER CAREGIVERS PROGRAM

The demonstration program received 1,000 letters of intent from communities wishing to participate, signaling a strong interest in the concept of interfaith volunteer caregiving and prompting RWJF to increase the number of projects it was willing to fund from 10 to 25.

The 25 funded projects included communities ranging from urban New York City, Memphis, Tenn., and San Antonio, Texas, to rural La Grande, Ore., and Belhaven, N.C.

Long Running Faith in Action Project Changes with the Times. One of the first projects, located in Boston, has survived and sometimes thrived since its initial funding in 1983 under the Interfaith Volunteer Caregiver Program by continually responding to community needs, according to project director Janet Seckel-Cerrotti . Read more in the sidebar.

National Program Office

Kenneth G, Johnson, M.D., directed the program. He was director of Health Services Research Center at Kingston Hospital in Kingston, N.Y., and had directed earlier RWJF programs. This program took place between 1983 and 1986.

Continuing the Work of Interfaith Caregiving

When the program ended in mid-1987, the late Arthur Flemming, former Secretary of Health, Education and Welfare under President Eisenhower and chairman of RWJF's national advisory committee for the program, saw the potential for a national movement and urged that RWJF support the establishment of a new organization, the National Federation of Interfaith Volunteer Caregivers (later renamed the Interfaith Caregivers Alliance), to guide and nurture that movement.

The purpose of the National Federation of Interfaith Volunteer Caregivers was to provide assistance for the RWJF-funded projects and new interfaith coalitions in running their projects after the national program ended. RWJF-funded projects and others paid a membership fee to receive those services.

RWJF provided a modest amount of start-up funding starting in 1986 (ID# 10956), which was followed by more substantial support (ID#s 18389, 29774, 30244, and 42922) for the federation, with the understanding that funding to initiate new coalitions would have to be obtained elsewhere.

The new federation obtained additional funding from the Pew Charitable Trusts, Public Welfare Foundation, Commonwealth Fund, Colorado Trust and other sources.

The Public Welfare Foundation, Washington decided to try and replicate the original interfaith model with one-year \$20,000 seed grants, a fraction of the three-year \$150,000 grants that had been awarded under the original *Interfaith Volunteer Caregiver Program*.

The grants funded 50 new coalitions, and approximately four out of five were still in operation six years after starting up.

PHASE 2: FAITH IN ACTION—THE REPLICATION PROGRAM

Interfaith coalitions of churches, synagogues and other faith groups ran *Faith in Action*, Phase 2 projects, often through nonprofit health and social service agencies. The small amount of seed funding (\$25,000 for 18 months) was meant to be partial funding, with coalitions raising matching funds for start-up and additional funds for continuation of the projects after RWJF funding ended.

Finding a Family

Peter is a 40-year-old attorney who is living with AIDS. He has a team of volunteers from the Multi-Faith AIDS Project (MAP) in Seattle, Wash., who take him to doctors' appointments, shopping or simply for a drive. Peter occasionally meets with them as a group over dinner at one of their homes.

In a newsletter, Peter wrote about this experience. "Today it is clear that I should have died a dozen times over in the drunken streets of New York and New Orleans. And now, though I am living with AIDS, friends of mine have died with stronger immune systems than mine. I know that God breathes life into me. Fortunately for me, the miracle of recovery (from years of substance abuse) has resurrected my life. I have a peace today

that flourishes when I simply try to have a compassionate impact on the world within my reach. All I really know is that the questions themselves are quite painful; and MAP is here to reach out a hand. I am blessed to be a part of our family, and I am grateful today to believe that everything, against all odds, will be all right."

The funds for the projects were primarily used to pay for a project director, typically supplemented by other funds. This person, sometimes supported by other staff, was almost always the major actor in the project, carrying out four main activities:

- Recruiting volunteers
- Training them
- Identifying care receivers and their needs
- Matching them with volunteer assistance.

The project director was also expected to conduct activities to build and sustain the project past the grant period. Activities ranged from fund raising to developing and supporting a local governing board and building the interfaith coalition.

RWJF staff hoped that 85 percent of the projects established would endure beyond the 18-month grant period.

The logistical challenge of managing a grant program on this scale was formidable, and RWJF, despite 20 years as a national philanthropy, had little experience to fall back on. And although the original demonstration had prompted 1,000 letters of intent, program leadership was also uncertain whether there would be as many inquiries for grants only one-sixth the amount of the \$150,000 granted under the program's first phase.

National Program Office

A national program office was again established at Kingston Hospital under the direction of Kenneth Johnson, M.D., the original program director of *the Interfaith Volunteer Caregivers Program*. The national program office's mandate was to:

- Plan and oversee the program.
- Make decisions on grant applications.
- Communicate about *Faith in Action*, Phase 2, to national, state and local faith organizations and nonprofits.

National Advisory Committee

A national advisory committee representing many of the nation's major faiths and headed by the late Barbara Jordan, the former U.S. Representative from Texas, helped provide oversight for the program in Phase 2. Judy Stavisky, a former RWJF senior program officer who oversaw the program from 1999 to 2006, has stated that this group was not actively involved in the program and she believes this caused some of the challenges the program faced.

Technical Assistance to Develop Faith in Action, Phase 2, Projects

Never before had RWJF sought to make such a large number of grants under a single program. To help provide assistance to the sites, under a subcontract with the national program office at Kingston Hospital, the National Federation of Interfaith Volunteer Caregivers received funding that supported 12 regional technical assistance facilitators and federation administrative expenses. The subcontract ran from June 1992 through June 2002.

The regional facilitators helped interested groups through the application process, which involved planning an interfaith caregiver coalition, getting matching funds and preparing an application (a simple, brief process that required no previous experience in grant writing, project planning or budgeting).

Applications Come in Slower than Anticipated

The initial response was disappointing. Although there were many inquiries, relatively few completed proposals were received during the first year, and only 39 were funded.

Despite a relatively straightforward application process, applicants were expected to do a good deal of work before submitting a proposal, including forming a coalition that could receive the funding, establishing a local governing board and securing local matching support of approximately \$10,000. All this appeared to take more time than anticipated, especially for applicants not experienced in applying for grants.

Program Evolution: RWJF Expands Eligibility

In the fall of 1994, in response to these low application figures, RWJF extended eligibility for grants to include health and social service agencies that wished to apply on behalf of interfaith caregiver coalitions.

In addition, the national program office stepped up its efforts to inform potential applicants about the program, and periodic application deadlines were established in place of the rolling admissions approach taken initially. After these modifications, there

was a marked increase in the number of grants given. Between June 1994 and May 1995, only 60 grants were awarded. But over the next 12 months, 279 grants were issued.

During Phase 2, 1,389 applications were received and 1,091 grants were made, for a turndown rate of 27 percent.

According to Program Director Johnson, generating these 1,091 grants demanded continued reiteration to audiences, grantees and program staff of the worth, goodness and spiritual fulfillment of caring for a person unable to care for him or herself. He added, "Without the cladding of spiritual ministry, *Faith in Action* is a program with absurd demands for the pittance of grant support provided.

Minnesota Faith in Action Project's Long Hours and Struggles Pay Off—For Now. Pam Determan, the executive director of VINE Faith in Action, Mankato, Minn., had all the right qualifications to lead the project—and it was still a struggle to establish and build the organization. It was a struggle, though, that eventually paid off. Read more in the sidebar.

The national program office kept a database on the reports that all *Faith in Action* grantees submitted under Phase 2, from 1993 to 1998. From the database of over 1,000 reports, they created a sketch of what the coalitions looked like, who the volunteer caregivers were and what kinds of people received care through *Faith in Action*. See the *sidebar* on the Faith in Action database.

RWJF CONSIDERS A THIRD PHASE OF FAITH IN ACTION

To assist RWJF in deciding whether and how to expand the *Faith in Action* program for a third phase, in 1997 RWJF staff commissioned assessments from two sources:

- Vanderbilt Institute for Public Policy Studies, Nashville, Tenn. (ID# 32019)
- George Washington University, Washington (ID# 32295).

Among the concerns RWJF program staff raised as they debated an expansion of *Faith in Action* was that such a large and visible commitment to a volunteer program might suggest to some that volunteerism alone would be sufficient to address the nation's chronic care needs.

Another concern was that the prominent role of faith congregations might be interpreted as excluding or discounting volunteers outside the faith community. It was agreed that an

expanded communications effort would be needed to address these issues to reduce the risk of misperceptions.

In deciding whether to fund a third iteration of the program, staff was also not sure whether to keep the requirement for an interfaith coalition or to allow single-faith coalitions.

The assessments were intended to help staff resolve these issues and make decisions to strengthen any program renewal.

The Vanderbilt Assessment

The Vanderbilt assessment began June 1997. A team of consultants visited a sample of 16 of the 1,091 *Faith in Action*, Phase 2 sites, reviewed relevant literature and visited eight comparison communities to see whether *Faith in Action* projects were providing "real value" to their communities, in the words of Jellinek, former RWJF vice president.

They found:

- Fundraising is the most common struggle sites encounter. Many sites report that raising funds through the churches is not easy. It does not appear that churches always can or will support these projects, regardless of how important the churches view the caregiving services.
- Partnering with other faith communities was reported as the second most frequent struggle of sites. Even gaining initial access to congregations of other faiths was a reported difficulty. Project directors frequently mentioned that direct appeals to pastors, priests and other congregation heads were not effective, and that to gain access to new churches and congregations they had to go through a member of the church or the church's outreach committee.
- Once access to churches has been gained, many grantees reported difficulty in getting the churches to be both a source of funds and a source of volunteers. In addition, many of the churches are small, with limited budgets and few financial resources.
- The need to broaden the faith community to include two additional groups was seen during the site visits: non-Christian groups and African-American churches. The assessment found relatively few non-Christians and representatives from African-American churches on the boards of the nonprofits, nor were many non-Christian congregations or African-American churches members of the coalitions.

Some board members at one site identified tensions because of the interfaith aspect of their project. They reported that some area churches would not join because they could not proselytize, and others found it difficult to emphasize the spiritual aspects of the project while still being ecumenical.

The Vanderbilt assessment also compared the strengths and weaknesses of *Faith in Action* Phase 2 sites that either operated as part of a larger social service agency or were newly established, independent organizations.

See Appendix 1 for those findings.

The Strengths and Challenges of Faith-based Projects

Given the assessment findings, the Vanderbilt assessment director suggested that RWJF consider whether faith was a necessary component of these projects, as well as the advantages and disadvantages of limiting grants to faith-based or related organizations.

Many of the projects reviewed in the assessment struggled with the interfaith requirement and did not reap the benefits from their efforts, either in terms of funding received from the faith groups, volunteers recruited or other support, the assessment concluded.

Although some of the projects had a strong interfaith focus, faith or spirituality was most commonly manifested through the individual volunteers and their relationships with the people to whom they provided care.

The assessment also questioned the impact of RWJF funds on the faith community. Do the funds allow an important faith effort to come forth or do they drag a reluctant interfaith community together? That question was more difficult to address, but it appeared that the funds did a little bit of both.

Individual churches around the country had volunteer caregiving programs, and both *Faith in Action*, Phase 2 sites and those in the comparison communities reported some reluctance on the part of faith groups to enter into interfaith partnerships.

On the other hand, successful interfaith volunteer caregiver projects did exist, the evaluators said, boasting hundreds of volunteers serving a wide range of populations through their interfaith coalitions.

The assessment concluded that interfaith coalitions should not be ruled out as an approach for volunteer caregiving, but that it was not clear that they were the only viable or best approach.

Fishing and Bowling with His Buddy

Chris Eyanson, who has schizophrenia, once lived in a county home for the mentally ill, where he enjoyed socializing with fellow residents. Now 39, and living on his own, Chris missed the close-knit feeling of communal living.

But Chris no longer feels entirely alone. Nick Wolley, a 33-yearold volunteer, has become Chris' best buddy through the Compeer Clubhouse program in Webster City, Iowa. "My friendship with Nick helps me get out and see the world," Chris says. "He's generous, he's loving, he's kind and gentle. I don't have a lot of friends. When Nick comes for a visit, it makes the day."

Nick and Chris share a love of the outdoors and sports. They have gone fishing together, and are often found at the local bowling alley. Nick, who has experienced his own difficulties, explains that spending time with Chris gives him some perspective on life. "When I see his struggles, it makes me a whole lot more appreciative of what I have. I spend less time feeling sorry for myself and more time doing worthwhile things for the community."

The George Washington University Assessment

In July 1997, RWJF also gave a grant to Rev. Stanley B. Jones, chairman of the national advisory committee for *Faith in Action*, Phase 2 and director of the Health Reform Project at George Washington University, Washington (ID# 32295), to study and recommend options for continuing or expanding grant awards for the *Faith in Action* program.

His team's assessment was based on:

- Interviews with program leadership.
- Meetings with leaders in the caregiving field, experts in voluntary program management, and the National Federation of Interfaith Volunteer Caregivers regional facilitators.
- Telephone interviews with leaders of national religious organizations about the program, reviews of published literature, computer databases and census data on the current services and future needs and resources for caregiving.

Recommendations from the George Washington University Assessment

• Freestanding interfaith coalitions of religious groups and religious social service agencies should remain the primary focus of any future program. Faiths such as the Church of Jesus Christ of Latter-day Saints, Islam, Buddhism and Hinduism, have been represented in very small numbers and offer potential opportunities to expand *Faith in Action*. Increased outreach to these groups is critical to the inclusive "interfaith" culture of the program.

- Nonprofit health and nonreligious social service agencies represent very large and promising national markets that have not been fully tapped. These agencies have demonstrated that they want to take part. About half of the current *Faith in Action* awards are to such agencies, which represent the fastest-growing portion of applications.
- A major demand for new caregiving services exists in the 40 percent of the country that has the fewest economic resources and the greatest need for services: inner-city and very rural areas as well as among ethnic minorities. Of the *Faith in Action* grants reviewed, however, only 19 percent reach the neediest, while 62 percent address areas in the 40 percent of the country with arguably the most resources and fewest needs. (The other 19 percent of grants reached communities with more average needs and resources.)

The National Program Office's View

The national program office also weighed in on the challenges and difficulties that *Faith in Action*, Phase 2 sites faced over time:

- The willingness of faith congregations to work together and to support an interfaith volunteer caregiving program is often dependent on one clergy person who may leave his church within a few years. The interfaith coalition board members are usually recruited by a single strong local pastoral leader who relates easily to other clergy. With the loss of such a leader, the continuing support of the remaining pastors is at risk.
- In rural areas, especially, ministers are often part-time, attending on weekends but otherwise living in another community. The probability of their participation in an interfaith or ecumenical coalition is limited. Also, relatively small congregations, usually dwindling in size, often have a majority of very old congregants who are more likely to be care recipients than givers.
- For theological reasons, some denominations will not join an interfaith coalition. Their ministry is totally targeted to specific evangelization and conversions. Examples are Jehovah's Witnesses, Seventh-day Adventists and some evangelical and fundamentalist denominations.

A Meeting with Religious Leaders

To gather further opinions about possible next steps for *Faith in Action*, RWJF held a meeting in April 1998 with about a dozen faith leaders. They supported continuing the interfaith requirement. The leaders pointed out that all religious faiths face the same problems: aging parishioners and difficulty attracting young people.

The *Faith in Action* model, they said, provides an opportunity to both give support to older people and provide younger people with a chance to become involved in a social justice ministry. While religious groups occasionally held ecumenical breakfasts, there

were few existing examples of interfaith groups working together to meet some of society's needs, the religious leaders noted. Read the *sidebar* about a Washington, D.C., project focused on seniors becoming community activists.

RWJF Approves Additional Funds for Phase 2 Projects

In June 1998, in part based on the Vanderbilt finding that 18 months was often not enough time for a *Faith in Action* project to be built and show the results necessary to raise additional funds, RWJF decided to make supplemental grants of \$10,000 over a 12-month period to each of the 1,091 Phase 2 projects that applied for such funding.

The \$10,000 usually paid for the project director's salary. Through March 2001, the national program office made 773 supplemental grants to Phase 2 projects.

PHASE 3 OF FAITH IN ACTION—EXPANDING THE PROGRAM

In 1999, RWJF began its most ambitious phase of the program yet, anticipating that it would fund a \$100 million program to support 2,000 new projects. The original RWJF Board of Trustee's authorization for the program was \$50.5 million with the expectation that RWJF program staff would later seek an additional \$50 million from the Trustees. This phase ran through 2008.

As part of the outreach effort to identify diverse applicants, the national program office sought to encourage organizations and congregations from underserved areas to apply for funding. They did so by targeting underserved communities in cities such as San Diego and Portland, Ore., contacting community foundations and compiling a list of highly qualified potential applicants to invite to an applicant workshop, according to national program director Tom Brown.

The program, however, quickly ran into difficulties in finding enough applicants that met the criteria for *Faith in Action* projects. Through early 2005, RWJF had made only 599 grants to support new projects during Phase 3. Each coalition received \$35,000 for a 30-month period for a total of approximately \$21 million of the \$50.5 million authorized. RWJF also found that many of the projects from Phase 1 and Phase 2 were struggling to stay open.

By October 2004, RWJF decided to roll back its efforts to fund 2,000 new projects and to focus extra assistance on existing projects. The funds remaining in the original \$50.5 million authorization were reprogrammed to accommodate a program redesign and RWJF staff did not seek further funding authorizations from the RWJF Board of Trustees.

Program Evolution: The Challenges of Maintaining Quality and Sustaining Projects and Program Downsizing and Redesign, further along in this section, provides more information.

From 2002 to 2006, the national program office also implemented an RWJF-funded home-based exercise program, Strong for Life, designed to improve strength, function and balance in frail older adults at 10 *Faith in Action* project sites. See the Program Results Report on the project.

National Program Office

The Visiting Nurse Service of New York served as the initial national program office for *Faith in Action*, Phase 3. RWJF determined, however, that the national program director was not the correct fit for the program, and in February 2001, moved the national program office to Wake Forest University School of Medicine under the direction of Burton V. Reifler, M.D. Reifler stepped down in April 2005.

Tom Brown, Ed.D., who had served as grants operations director since 2001, became the national program director and remained so until the close of the program.

There was no national advisory committee for Phase 3.

Enhanced Technical Assistance

In addition to providing assistance to potential applicants—and to unsuccessful applicants to improve their proposals—the national program office developed technical assistance strategies to meet the ongoing needs of the projects. This move was in response to suggestions by the George Washington University and Vanderbilt evaluators for enhanced technical assistance for project implementation. Strategies included:

- A restricted section of the public website offering tools and resources on a series of core topics (coalition building, fund raising; board development; volunteer recruitment and training; and program management).
- Phone assistance from part-time mentors (most of whom were experienced Faith in Action project directors).
- State-level workshops conducted by the mentors with a curriculum designed by the national program office.
- A coaching program that matched groups of four new project directors to an
 experienced project director who facilitated monthly, structured conference calls
 providing advice and guidance.

At the same time, the Interfaith Caregivers Association (formerly the National Federation of Interfaith Volunteer Caregivers) continued to provide technical assistance to *Faith in*

Action projects. It supplied mentors to the projects and offered other support services including an annual conference. One of the requirements RWJF put on the newly-funded Phase 3 projects was that they had to join and pay membership dues to the Interfaith Caregivers Association.

However, around 2001, RWJF staff members began hearing reports from *Faith in Action* project directors that the assistance provided by the Interfaith Caregivers Association was not particularly helpful. After investigating further, RWJF decided to stop funding the organization. Without that support, the Interfaith Caregivers Association dissolved in 2002.

RWJF then reallocated funds under *Faith in Action*, Phase 3 to permit the national program office to extend technical assistance to the approximately 800 former grantees funded under earlier program authorizations whose coalitions were still in operation, as well as to the sites that were funded in Phase 3.

A Partnership to Help Identify Volunteers

Starting in 2003, the *Faith in Action* national program office began working with AARP, in Washington. Under this partnership, AARP encouraged its state offices to ask its members to volunteer at *Faith in Action* projects.

The partnership benefitted both organizations. Local *Faith in Action* projects could tap into a new source of volunteers from AARP. Likewise, AARP could provide its members additional benefits—in this case help in finding volunteer opportunities that many members sought.

It was up to state AARP chapters to decide whether to participate in the partnership. Those that did wish to participate found *Faith in Action* projects that they believed were well-run and then notified AARP members about the volunteer opportunities. Some 21 states participated in the partnership, and more than 300 AARP members signed on as *Faith in Action* volunteers. The AARP ended the structured collaboration in January 2009.

The AARP endorsement "gave credibility to potential volunteers who didn't know about *Faith in Action*," said Nancy Sutton, who worked with AARP volunteers through Loudon Volunteer Caregivers, a *Faith in Action* site in Leesburg, Va., that she directed.

Program Evolution: The Challenges of Maintaining Quality and Sustaining Projects

Despite program enhancements, several trends over the first four years of *Faith in Action*, Phase 3 gave RWJF and the national program office cause for concern:

- The number of applications was declining, suggesting that the program might have reached saturation in terms of the numbers of projects that could be supported and sustained.
- The quality of applications was uneven.
- By mid-2004, more than 50 percent of the programs funded in the 1990s had closed down.

In 2003, Judy Stavisky, then an RWJF senior program officer, took over management of the *Faith in Action* program along with Rosemary Gibson, another senior program officer. When Stavisky inherited the program, she went on several site visits to learn more about the projects. What she saw both dismayed and impressed her, she recounted.

One project in Florida was housed at a thriving "megachurch" complete with an equestrian field. The project had no interfaith coalition and appeared to only serve people who identified themselves as Christians—violating a key provision of the *Faith in Action* program to serve people regardless of any religious affiliation. RWJF later terminated that project.

Another project in Massachusetts had no computer. The project director went to the local library and used a computer there, but was limited to logging on for 15 minutes at a time. This was in spite of the fact that RWJF had been giving away computers to projects. Other projects did not answer the phone or even have an answering machine.

Stavisky began to worry that *Faith in Action* projects that folded would leave a stain in their communities, disappointing people who had come to depend on the services and making community members less likely to trust faith-based programs or other RWJF-funded programs that might come to their town.

On the other hand, Stavisky saw "fabulous" projects like the *Faith in Action Community Connection* in Ellsworth, Maine that provided hundreds of rides and other services to people with only one full-time project director.

Respite Care for Harry

After his wife Catherine, 79, had two strokes and developed Alzheimer's disease, Harry Jackson became her full-time caregiver, doing all of the cooking, cleaning, and household chores, as well as taking care of her health needs. It was a job that he was happy to do, but at times it got to be too much.

Now, he gets four hours off a week thanks to two nurses who volunteer through the local Faith in Action project to come in and take care of Catherine. On Wednesdays, Harry, 77, heads out to

the golf course in east central Florida, and on Sundays he goes to Catholic Mass. The break is good for his wife, too, he says. She gets to socialize with other people whom she likes and feels comfortable with.

"They've been so wonderful," he says. "In the beginning I did all of it myself and I found that I was really getting wound up tight and getting really upset at times. I was getting cross with her even though I knew she couldn't help it. With the break and someone giving me some relaxation, I come back from a day of golf and I'm all ready to go again."

Two Assessments Help RWJF Address Quality and Sustainability

From 2001 to 2003, RJWF funded an evaluation team from Public/Private Ventures, a Philadelphia-based consulting firm, to examine how well projects in *Faith in Action*, Phase 2 were sustaining themselves following the end of RWJF funding (ID# 040740). The team also identified characteristics associated with project survival.

The study suggested that projects may increase their chances of survival by implementing several critical practices associated with developing a strong volunteer and funding base:

- The number of volunteers recruited and retained. Projects that recruited at least 15 volunteers annually and retained at least 20 percent of their volunteers for more than a year were more likely to survive than were programs with fewer volunteers or lower retention rates.
- Sufficient annual funding from diverse sources. Projects with total annual budgets of at least \$25,000 (the amount of the original *Faith in Action* grant) from at least three different funding sources were more likely to survive than were projects not meeting this threshold.
- The number of services provided. Offering multiple services was important both in volunteer recruitment and in fund raising.
- The support of the coalition in fund raising and volunteer recruitment. Projects that received fund raising and recruitment help from their coalitions were more likely to survive than were those that did not. On average, 80 percent of coalition members were congregations.

Also to help meet the challenges of maintaining quality and sustainability, RWJF commissioned a second assessment in 2003, this time to look at the technical assistance provided by the *Faith in Action* national program office during Phase 3. The assessment, also by Public Private Ventures (ID# 41720), found that the technical assistance:

- Appeared to benefit most those grantees that took the initiative to use it, with initiative more likely to come from projects with active and broadly engaged leadership and from those offering a wider range of services.
- Was used more by projects in which the director was only responsible for *Faith* in *Action* and not other projects.
- Was perceived by grantees to produce more value when help was provided by people rather than through products, and when assistance was timed to match a grantee's stage of development and adapted to its particular local circumstances.
- Was valued more by newer projects.
- **Generated a steady flow of information to projects,** not all of which projects had the capacity to absorb and apply.

Program Downsizing and Redesign

Upon review of the assessment findings and trends in the program, RWJF program staff recommended to the Board of Trustees in October 2004 that programmatic activity and funding over the final three and a half years of the program (January 2005 through June 2008) focus on strengthening the most successful existing *Faith in Action* coalitions and enhancing their long-term sustainability.

The Board of Trustees directed RWJF program staff to redesign *Faith in Action*, Phase 3 in the following way:

- Discontinue seed grants to establish new *Faith in Action* projects and roll back expectations for developing 2,000 new projects. (The final application deadline for new projects was February 1, 2005.) The national program office focused its efforts instead on strengthening existing local programs' chances for long-term sustainability.
- Focus technical assistance efforts on providing more tailored, one-to-one consulting and facilitating peer learning opportunities among projects, including a series of regional conferences. RWJF also provided funding of up to \$2,000 for projects to purchase computers, create a website, hold board retreats and take other actions to strengthen infrastructure. Some 202 programs received such project support.

At the same time, RWJF discontinued funding stipends to mentors who had been providing direct assistance to organizations that were considering applying for a *Faith in Action* grant although all mentors could continue to work as consultants to individual projects. In all, the national program office funded 40 individual consultation projects.

In addition, Public/Private Ventures (through grant ID# 41720) developed a set of evaluation resources for *Faith in Action* projects, conducted Webinars on evaluation, and provided online support to projects on topics related to evaluation research.

• Provide matching grants to fund regional collaboratives of Faith in Action projects. These collaboratives, which could encompass Faith in Action projects in regions, a state or several states, were meant to help struggling Faith in Action sites work together and share the costs of efforts such as strategic planning, marketing, developing a website and applying for grants as a group, according to Program Officer Stavisky. They were also aimed at helping Faith in Action projects sustain themselves after the national program office closed.

Local *Faith in Action* projects had to come together and form a collaborative to apply for the funding, which was pegged at up to \$75,000 per collaborative between 2006 and 2008.

RWJF funded 15 regional collaborative networks with a total of 229 member coalitions. The collaborative leaders took on a variety of projects. See *sidebar*, "Regional Collaborative Work to Sustain Faith in Action Sites" for examples and Appendix 2 for a list of collaboratives.

At about the same time as RWJF made the decision to redesign *Faith in Action*, an ad hoc group of former mentors and experienced project directors formed a national membership network, the *Faith in Action* National Network. The purpose of the national membership network was to provide technical assistance and support to help *Faith in Action* projects continue once RWJF funding ends, as well as to attract new projects. The national program office contributed some of its funds to pay for a strategic plan and meetings for the national network. This network continues to provide support services to many local *Faith in Action* programs.

Dancing and Singing Helps Edith and Racquel

Edith Cobb, a 75-year-old volunteer in the Family Friends program in Philadelphia has 16 grandchildren and 11 great-grandchildren. But the day she caught a glimpse of 7-year old Racquel Hughes, smiling and moving to the beat of the drum being played as part of a church service, she knew she could find room for at least one more child in her life. What attracted Edith was the strength of Racquel's personality.

Although Racquel suffers from a severe developmental disorder, her joy is irrepressible. She has yet to learn how to speak, but she enthusiastically communicates through laughter and hand gestures. Now Edith spends a few hours each Saturday with Racquel and her mother Rosalyn.

Edith and Racquel share a love of music and often dance and laugh together. Edith also lends Rosalyn a sympathetic ear and shares with her mother practical advice on child rearing and balancing the demands of life. "Children like Racquel are so precious in God's eyes," says Edith. "And being with her and her mother helps me. It makes me feel good, and it keeps me going."

The organizers of the network wanted to learn from the lessons from the failure of the Interfaith Caregiving Alliance, which many *Faith in Action* project directors criticized as being unresponsive to their needs, said Jeanette Wojcik, director of Caregivers, Inc., a *Faith in Action* project in Wheeling, W.Va. and coordinator of the national membership network.

"We want to listen to what the projects need," Wojcik said.

Surveys and Focus Groups

As the program neared its end, the University of South Carolina's Institute for Public Service and Policy Research, Columbia, S.C., conducted a telephone survey of active *Faith in Action* programs. The purposes of the survey were to:

- Update program contact information.
- Update program service indicators such as populations served, services provided, number of volunteers and number of care recipients.
- Determine the number of programs providing services.
- Invite suggestions and gather lessons learned.

Some 661 programs participated in the phone survey during 2007 and 2008.

See Overall Program Results.

During 2007, the national program office also conducted three focus groups with some 32 directors of established *Faith in Action* organizations (San Antonio on August 14, 2007; Phoenix on September 21, 2007 and Atlanta on October 3, 2007). The purpose of the focus groups was to gain a deeper understanding of the accomplishments and lessons learned from the projects.

Focus group participants felt that *Faith in Action* was ahead of its time and also considered the failure rate of projects to be understandable given what was provided and what was expected.

Challenges to Implementation

National program staff reported on the following challenges they faced as they mounted the massive Phase 3 effort and then adjusted to the program redesign:

• The goal of adding 2,000 additional local programs was an aggressive, bordering on unrealistic, objective.

"Early on, it became clear it would be very difficult to come close to 2,000 new programs over seven years," said Larry Weisberg, the communications director for Phase 3. "The criteria were too tight and the amount of money was too little to have a landslide of applicants."

• Faith in Action projects were experiencing increasing competition from other informal service providers, according to focus group participants. On the other hand, participants also lamented that while the needs of the population that they were serving were increasing, resources to sustain informal services were decreasing.

Dinner and a Video

The first assignment given to volunteer Anna Austen in northeast Columbus, Ohio, was to pay a friendly visit to Connie, a woman with severe disabilities. "I called her first to see if she wanted to do anything special," Anna recalled in a recent interview. "She said that mostly she'd just like to eat dinner and see a movie with me. And since then, that's what I do every other Friday—take-out and a video with Connie.

"I don't think she has any family or friends in the area. At first, I expected to spend just a couple hours over there, but I usually spend about four hours, and we both really enjoy the time together. This last Friday, I brought an assignment from a class I'm taking—to write an essay about childhood memories. We worked on it together, and spent a couple hours just sharing memories."

Connie died on February 7, 2006. Anna said she met Connie's family at a reception. "I'm black and Connie was white, you see, so when I opened the door to the reception they all knew who I was immediately, and they threw open their arms to me. They said she had talked a lot about me, and that it was clear that I had brought a lot of joy into Connie's life. I told them that she had brought a lot of joy to me, too. They were very moved to hear that."

COMMUNICATIONS: DEFINING THE MODEL AND CREATING AN IDENTITY

Phases 1 and 2: Limited Communications Efforts

Each year, the national program director Ken Johnson made several presentations on *Faith in Action* at national conferences and annual meetings of state and national organizations such as AARP, area agencies on aging, the Points of Light Foundation, the Episcopal National Conference on AIDS, the Alliance for Mental Illness, and the Corporation for National Service.

Despite these efforts, there was little emphasis on communications in the early years of the program. Neither RWJF nor the national program office formulated a clear communications strategy, and RWJF committed little money to communications. In hindsight, this was a mistake, RWJF program staff acknowledged.

Thus, the program failed to take advantage of the high-profile leadership that could have been offered by the late Barbara Jordan, the first chairwoman of the *Faith in Action*, Phase 2 national advisory board. Toward the end of Phase 2, during the meeting of religious leaders, the leaders told RWJF that *Faith in Action* was a wonderful program but a marketing failure because almost no one attending the meeting had heard of it.

Phase 3: Creating an Identity and Name Recognition for Faith in Action

For *Faith in Action*, Phase 3, the national program office and RWJF took several steps to make *Faith in Action* much more widely known.

One of the first tasks was to define clearly what a *Faith in Action* project was so that when people heard that name, they would know instantly what it meant, much like people understand the work of Habitat for Humanity, said Jellinek, former RWJF vice president.

Up to this point, coalitions that applied for RWJF funds had a fairly loose set of criteria that they had to meet.

RWJF and national program staff refined the *Faith in Action* model by identifying five building blocks for a *Faith in Action* project. Those building blocks were:

• **Interfaith.** The project must include a coalition of religious congregations that reflected the diversity of the community where the *Faith in Action* project would be located. The emphasis was on what all religions have in common—a mandate to do good works.

Individuals from any denomination, or with no religious affiliation, were eligible to be volunteers or care recipients, and no one could be denied participation on the basis of age, gender, race or sexual orientation.

- **Volunteers.** The individuals providing services must be volunteers. The coordinator of volunteer services, however, should be a paid staff member.
- Caregiving. The focus of the project was on informal caregiving for people with chronic illness or disability, rather than activities such as mentoring or training. Caregiving included a variety of simple everyday tasks such as respite, transportation, home repairs, errands and companionship. Read the *sidebar* about Oregon's training program for volunteers helping elderly residents.
- **Chronic illness or disability.** The volunteer services were provided for people with chronic illness or disability. Recipients of service could be of any age.

Getting Out With Her Friend

Laura Romero pushes her walker with an oxygen tank attached through the door to her screened porch. She smiles and greets her friend Marge Modulo, a Faith in Action member of Holy Trinity Episcopal Church in Clearwater, Fla. Marge and Laura chat and laugh as friends do while Marge holds the screen door open and helps Laura maneuver her walker down three steps before making her way to the car.

"I don't drive anymore," Laura says. "But it's important for me to get out-for appointments, grocery shopping and social events. If not for the church and the people in Faith in Action, I would probably have to be in a nursing home."

On a stifling August afternoon, when taking a deep breath is challenging for Laura, she can still get out to her appointment with a little help from her friend from Faith in Action.

In return, Laura makes phone calls to schedule meal deliveries to other families and individuals who need assistance, perhaps due to a hospitalization or other illness. Neighbors helping neighbors-that is the action part of Faith in Action.

• **Home based.** The primary focus of service was where people reside, rather than at a clinic, health facility or other service center.

As a result of the new, tightened definition, in 2004 and 2005 the national program office removed approximately 1,000 former grantees from the listing of active programs because they were either out of model or not actively providing services.

Requiring Use of Faith in Action Name

In another step to establish a national identity for *Faith in Action*, starting in 2002 the national program office began requiring that all newly-funded projects call themselves *Faith in Action*.

Up until then, the projects had never been required to use the *Faith in Action* name. In fact, only 10 percent of the projects used the name *Faith in Action*, according to National Program Director Tom Brown. Without the requirement of using the *Faith in Action* name, it was difficult to build a national awareness of the *Faith in Action* program.

The national program office staff also sought to persuade existing projects to adopt the *Faith in Action* name in their titles. One of their arguments for projects to use the *Faith in Action* name was the fact that they could take advantage of the work of a national spokesperson that *Faith in Action* was hiring. When the spokesperson talked about the program, she would use the name *Faith in Action*. Local programs could only make use of that publicity if they had the same name.

Project in Alaska City Struggles with Faith in Action Name. A Faith in Action project in Sitka, Alaska found that calling itself Faith in Action posed some problems in doing its work. Read more in the sidebar.

Actress Della Reese Becomes the Spokesperson

The final major strategy to make *Faith in Action* known nationally was hiring the actress and singer Della Reese as the program's spokeswoman. Reese had been the star of the long-running television series *Touched by an Angel*.

In May of 2003, the national program office introduced Reese at the *Faith in Action* national conference. A month later, in Washington, the national program office held a news conference to announce Reese's position as spokesperson for *Faith in Action*. Soon after, press coverage increased significantly. Stories on *Faith in Action* appeared in national and local media, including *Parade Magazine*, *Dear Abby*, *USA Today* and *McCall's*.

In November 2004, the national program office launched a public service advertising campaign (PSA) in television, radio and print—all featuring Della Reese with the message that members of the public should call their local *Faith in Action* program and get involved. Audiences were directed to the national program office toll-free number and the *Faith in Action* website.

The PSA campaign generated interest in the program; calls to the national program office numbered over a thousand. People also contacted their local programs directly through the contact information on the website.

Other Help for Local Projects

During this time, the national program office also carried out other activities to support the projects. Among them, it conducted 12 regional workshops in 2006 that were attended by a total of 435 participants from around the country. The two-day meetings featured presentations on fund raising or other aspects of running a nonprofit organization. The national program office held a final program meeting in February 2008 in Phoenix, which was attended by approximately 350 people representing 227 programs.

The Phase 3 national program office also created a website, several printed publications and instructional videotapes, produced a monthly e-newsletter and sponsored approximately two Webinars a month on topics such as conflict resolution, dealing with difficult volunteers and program evaluation. See the Bibliography for details.

Communications Challenges

National program office staff reported on the following communications challenges they faced as they mounted Phase 3:

- The decision to brand Faith in Action took a lot of time and energy and yielded uneven results. Because RWJF and the national program office decided to launch the branding campaign so late in the life of Faith in Action (in 2002) it became an almost impossible task to reach the goal of making Faith in Action a household name.
 - "The branding was not one of our more effective efforts," said Brown. "I don't think we ever reached critical mass. What was held in comparison was Habitat for Humanity. They have Jimmy Carter—he chose that. It was a passion of his. It wasn't the case for Della Reese, although she did a great job. We hired her to do this."
- The decision to require new projects to use the *Faith in Action* name and encourage former grantees to do the same caused mixed reactions among grantees, according to participants from the 2007 focus groups. Some, like the Sitka *Faith in Action* project in Alaska, felt that the word "faith" in its name became a liability in the community because it had become politicized. That organization changed its name to *Brave Heart Volunteers*.

Other organizations, however, believed using the name *Faith in Action* helped create a clear brand that drew people to their organization.

RESULTS OF THE THREE PHASES

Phase 1: 1983-1986

- Over the three-year life of the program, the 25 demonstration sites recruited 11,000 volunteers and served 26,000 people, an average of 1,040 per site, according to reports to RWJF.
- At least 20 of the projects found other sources of support to continue operating after the RWJF's grants had ended, according to Jellinek.

Phase 2: 1993-1998

Based on the 12-month reports that 1,056 sites submitted to the national program office over the course of Phase 2, national program office staff summarized the sites' accomplishments from 199–1998.

Since these reports did not fully cover the work of all of the sites during their 18-month grant periods or the 12-month renewals many of them received, the following accomplishments may be underreported:

- From 1993 through 1998, *Faith in Action* volunteers assisted approximately 80,000 persons, most of whom were elderly and women.
- Faith in Action projects were established in every state, Puerto Rico and the U.S. Virgin Islands.
- The cumulative number of active volunteers from the beginning of this phase in 1994 to August 2000 was 59,142, or an average of 56 volunteers per project.
 Projects with fewer volunteers tended to be small rural projects. Read the *sidebar* on Ohio's Circle of Friends rural project.
- The *Faith in Action* coalitions recruited 57 percent of volunteers from faith congregations, 34 percent from the community at large and 9 percent through other volunteers. Some 82 percent or 48,000 volunteers received formal training from the projects.
 - Faith in Action Projects Receive Awards for Transportation Projects. Providing rides to a doctor's office, the grocery store and other places became one of the central activities of many Faith in Action projects. It was a service that was needed-and time-consuming, expensive and logistically difficult to provide. Read more in the sidebar.
- Volunteers worked about three hours per week with a care receiver. Assigning a value of \$12 per volunteer hour (home health agencies' charge about \$15 to \$17 an

hour for a home attendant), the value for volunteer time used by Independent Sector, the national program office estimated the dollar equivalent of volunteer services in *Faith in Action* to be \$2 million a week or \$104 million per year.

- In a sample of 175 projects, the aggregate dollar amount they raised over a 12-month period was \$2.34 million or \$13,371 per project.
- The national program office reported that, as of July 2001, 850 of the 1,091 sites remained active (78 percent), and that 241 (22 percent) had closed down, or no longer provided services characteristic of the *Faith in Action* model.
- The Corporation for National and Community Service, a federal organization with multiple volunteer programs, made AmeriCorps and ElderCare funding accessible to *Faith in Action*, Phase 2 projects.

Phase 3: 1999-2008

• The national program office made 599 grants to establish new *Faith in Action* projects during Phase 3. Of those projects, 359, or 60 percent, continued to provide services as of June 2008, according to national program office staff.

OVERALL PROGRAM RESULTS

- Over the course of Faith in Action—from 1983 through 2008—RWJF made 1,715 grants to establish new projects, and also made 15 grants for collaborative work.
- As of June 2008, 667 of those programs were active, representing a sustainability rate of 38.9 percent.

Paul Jellinek, Ph.D., a former RWJF vice president who was in charge of *Faith in Action* at the time, points out that "it is important to bear in mind that *Faith in Action* was designed as a seed grant program, with the expectation that a lot of the seeds wouldn't make it. Looked at from a cost-effectiveness perspective, for the cost of one original Phase I grant (in the *Interfaith Volunteer Caregiver* program) at \$150,000, *Faith in Action* was able to fund 4.3 projects at \$35,000 each. With a 38.9 percent sustainability rate, that means about 1.67 programs were still operating per \$150,000 in grants-in other words, more seeds survived with the smaller grants. And, of course, not all of the \$150,000 projects funded in Phase I survived either."

Stavisky, the former RWJF senior program officer who took over the program from Jellinek, says there were unintended consequences of sites closing that RWJF did not anticipate. "Even though we expected that sites would close from the very beginning, we did not foresee the toll that would take on the standing sites in close proximity. Those sites were worried if word spread of another *Faith in Action* closing, the standing site would, in turn, lose the community's confidence. We also heard on

several occasions from local funders, 'If an RWJF funded program cannot sustain itself, how could a local funder provide a more secure anchor?'"

Faith in Action Projects that Struggled or Closed. Of the 1,715 Faith in Action projects that RWJF funded, some 1,048 projects either closed or did not meet updated criteria for Faith in Action projects. What happened to those 1,000 projects? In some ways, it should not be surprising that so many projects did not continue, says RWJF program associate Ann Pomphrey. Read more in the sidebar.

Final Evaluation Findings

The 2007–2008 telephone survey of 661 *Faith in Action* programs conducted by the University of South Carolina's Institute for Public Service and Policy Research yielded the following findings:

- The 579 projects that submitted complete information served 75,262 people in 2007 with an average of 130 people per project. Extrapolating from the 25-year history of the program, the national program office surmised that *Faith in Action* had served hundreds of thousands of people.
- The total number of volunteers in 2007 in those 579 sites was 84,740 with an average of 146 volunteers per project.

A Good Match

Gina Jeremiah and Ione Johnson are an example of a good match. Jeremiah is a busy woman. The mother of three children, ages 12, 6 and 5, she is also a student in the University of Arkansas nursing program. But in spite of her other obligations, Jeremiah finds time to help two clients. One, Ione Johnson, is an 80-year-old resident of Hillcrest Towers. Johnson said that having someone like eremiah to help has completely changed her life.

"If people could only know what she's meant to me," Johnson said, sitting next to Jeremiah on the couch. "I'd have been lost if it hadn't been for Gina."

The living room of Johnson's one-bedroom apartment is filled with her collection of dolls and clowns. As she speaks, it is clear that for Johnson, who is nearly blind and hard of hearing, Jeremiah has been more than a helper. She has lifted the blanket of loneliness that once covered the older woman's days.

One of Johnson's greatest needs was someone to help her get to the doctor. While taxis could get her to an address, once she was inside the building Johnson was unable to find her way to the right office or even to manage the elevators.

But Jeremiah changed all that. She and her 5-year-old son Chris, whom she calls her 'shadow,' pick Johnson up at Hillcrest and take her not just to the medical buildings, but right into the doctors' waiting rooms. On the way home, Jeremiah may stop by the store and get groceries, pick up medicines or run an errand that is simple for her but impossible for Johnson.

"There are so many people out there who need help. All it takes is a little time," Jeremiah said. "Ione was really depressed when I met her. Since then she's gotten on medication and she's much, much better."

• The most frequently provided services, in descending order were:

- Friendly visit and/or telephone reassurance (keeping in touch with someone by visiting or by phone)
- Shopping
- Transportation
- Household repair
- Respite for caregivers
- Light housekeeping.

• The people most typically assisted by volunteers were, in descending order:

- Frail elders
- People who were physically disabled
- People who had Alzheimers or dementia
- People who were terminally ill
- Those who had developmental disabilities or mental illness.

• Some 43 percent of the projects were stand-alone organizations and 52 percent were part of an umbrella organization.

CONCLUSIONS

The national program offices from Phase 2 and Phase 3 offered the following conclusions in reports to RWJF:

- Data from the program do not support the conventional wisdom that would-be volunteers have been lost to the workplace, that volunteer services are limited and of marginal value, or that our litigious society precludes hands-on assistance or transporting a disabled person. (Phase 2 national program office)
- Although faith-based groups may lack management experience, their faith-based approaches to social service delivery can work. Faith-based groups have special needs and present special challenges. In general, they are not experienced with managing grants and, in many cases, do not have support systems in place to sustain an efficient and fully-funded service delivery effort. The Phase 3 national program office worked with many congregations that did not have a clearly designated financial officer or governing board that understood the legal and fiscal responsibilities of grant management.

On the other hand, the credibility that faith-based groups often hold in the community and the human resources that faith-based groups can bring to bear more than make up for any inherent operational challenges. (Phase 3 national program office)

LESSONS LEARNED

Phase 1: Testing the Concept of Interfaith Volunteer Caregiving, 1983–1986

- 1. To ensure sustained funding and project viability, put top priority on funding a full-time project director. A number of the coalitions that were not funded by RWJF's program obtained funding elsewhere, but those that were not able to obtain sufficient funding to pay a director had real problems implementing the model. These problems underscored one of the program's underlying premises about the value of having someone responsible full-time for organizing and managing each coalition. (RWJF Program Associate/Pomphrey)
- 2. Allow enough time for projects to develop into fully formed interfaith coalitions. Many projects started with just a handful of active congregations and had to work hard during the first few years to persuade more skeptical clergy that interfaith caregiving was something with which their congregations should become involved. Many already felt overburdened with their existing obligations, and were hesitant to take on new responsibilities; others seemed to be uncomfortable with the interfaith dimension of the program. Mature projects typically involving 20 or more

congregations and serving approximately 500 individuals at any point in time took several years to form. (RWJF Program Associate/Pomphrey)

Phase 2: A Major Expansion, 1993-1998

- 3. To administer a program with such a high number of projects, develop systems to input and track the thousands of inquiries and applications that come in. All staff in the administrative office needs be able to input, retrieve and transmit data. Systems and criteria also need to be in place to make decisions on which applications to fund, both to ease the decision-making process and to explain the criteria to applicants. (RWJF Program Associate/Pomphrey)
- 4. **Start paying attention to fundraising on the first day the project starts.** Most people put fund raising aside while they are getting a project off the ground. But then the money is not there when foundation funding ends. One key to effective fund raising is putting together a board of directors, and helping them to think about fund raising, making connections and gaining credibility. (RWJF Program Associate/Pomphrey)
- 5. Reach out to underserved areas within the community and engage people in them. It pays off in enriching the coalition and adding to the spirit of community, and may even translate into more support from places like United Way that often want to make sure that the truly needy are being helped.
 - "We grew because we were listening to community needs," said Nancy Sutton, formerly executive director of Loudon Volunteer Caregivers in Leesburg, Va. "We took people grocery shopping, to the polls on election day and even their dog to the vet. You have to be open to where you're being lead and be flexible." According to Sutton, in 2008 the organization had a budget of \$230,000 and was thriving. (Project Director/Sutton)
- 6. **Be careful when hiring a project director; it is the most important decision that a board will make.** The success or failure of a *Faith in Action* project largely depends on the ability of the director to not only recruit volunteers and coordinate the project, but also raise funds to sustain the program. (RWJF Program Associate/Pomphrey)
- 7. Share the workload if you are a project director, and delegate duties to board members and volunteers to keep from burning out. It is also important for the board of directors to protect the project directors from working too hard. Some people are truly committed and do not know when to stop. (RWJF Program Associate/Pomphrey)
- 8. Reach out to other coalition leaders. *Faith in Action* has a large network of coalition leaders with years of experience in running these projects. Project directors need to establish relationships with these colleagues both for advice and in order to feel less isolated. (RWJF Program Associate/Pomphrey)

- 9. When raising funds and building coalitions, think about which organizations could benefit from the *Faith in Action* project. For example, many local coalitions forget to approach local hospitals for assistance, even though the hospitals could benefit greatly from a vibrant coalition.
 - If a *Faith in Action* project is active, when hospital staff discharge patients, they know that there is a network of people to support those patients. In communities where coalitions have reached out, hospitals have been responsive. Coalitions also should look to civic organizations that engage volunteers, such as the Junior League. (RWJF Program Associate/Pomphrey)
- 10. When recruiting volunteers, think broadly about sources, including campus ministries, high school and college organizations such as the Key Club, church youth groups and employers in town. Do not just think about participating congregations. Youth often need community service credits. Employers are looking for ways to engage their workers in the local town. (RWJF Program Associate/Pomphrey)
- 11. **Reach out to smaller, poorer congregations.** Such congregations might require more work and patience but can be rich sources of volunteers who are well-matched to care receivers in income and ethnic background. (RWJF Program Associate/Pomphrey)
- 12. Think broadly about how to market the program to potential participants. Do not just rely on a picture of volunteers that appears in a local newspaper. Think about what groups of potential volunteers to target and how to market to them. (RWJF Program Associate/Pomphrey)
- 13. **Recognize volunteers continually.** Anytime anybody does something positive such as raising money, making referrals or providing outstanding service, recognize it. (RWJF Program Associate/Pomphrey)
- 14. **Learn patience with the interfaith coalition model; it does work.** The coalition may need to get established with similar congregations first. But once on firm ground, a coalition can benefit from bringing in a broader set of congregations, although diversity does present a new set of problems.
 - One *Faith in Action* site, for example, with six religions represented, found that some members felt uncomfortable when the meetings opened with a prayer. The project resolved that conflict by focusing on developing relationships between the members and sending out a newsletter every other month that highlighted the history and traditions of one congregation and its denominational beliefs. (RWJF Program Associate/Pomphrey)

Phase 3: Additional Projects and a Program in Evolution: 1999-2008

- 15. **Tailor technical assistance to the needs of projects.** When overseeing a large number of local projects, it is inevitable that the projects will have different levels of needs and sophistication. Creating "boiler plate" technical assistance on topics such as board development and fundraising will likely not meet the needs of all of the projects. Some will require more intensive, hands-on assistance to help them with their particular challenges. (Program Director/Brown)
- 16. When seeking to grow local projects, work with local leaders rather than rely on leaders of national organizations. RWJF and the national program office met with top leaders of religious organizations to encourage them to promote *Faith in Action* within their denomination. That approach yielded few results. More effective was working with outreach efforts targeted at underserved areas. (Program Director/Brown)
- 17. Develop interfaith volunteer projects under the aegis of health and social agencies, in partnership with an interfaith coalition, to reduce the challenges of maintaining financial stability beyond grant funding.

Doris Rubinsky, the executive director of *Faith in Action Greater Middletown*, N.Y., said that her project, which works with developmentally disabled adults to provide shopping for people who are homebound, grew up under the umbrella of Jewish Family Services of Orange County, N.Y. in 1996.

In 2008, the *Faith in Action* program was still operating and planning on expanding to two more towns. "Part of it is because I'm under an umbrella organization, which is very supportive. If the project gets in trouble financially, Jewish Family services will help out," Rubinsky said.

On the other hand, some *Faith in Action* projects that were funded under umbrella organizations went out of business once RWJF funding ended because the sponsoring organizations were not committed to the concept, according to Pam Determan, executive director of *VINE Faith in Action* in Mankato, Minn., who served as a mentor to several other *Faith in Action* programs. (Project Director/Rubinsky and *Faith in Action* mentor/Determan)

18. To bring a program to scale—that is, to make a national impact—program funders and implementers need first to make sure there is the capacity among potential grantees to do so. One of the beliefs underlying the assumption that Phase 3 could fund 2,000 coalitions was that there were enough faith congregations in the country to carry out this work. But that assumption may have been inaccurate.

While, in theory, there were enough faith congregations, some were not interested in this work, particularly in the interfaith aspect, which was a core component of *Faith in Action*. In addition, many congregations did not have the capacity to run what was essentially a social service program. (RWJF Program Associate/Pomphrey)

Jellinek, who was in charge of *Faith in Action* at the time, disagrees that it was unrealistic to target funding of 2000 more programs. "While there is no question that this was a high bar, I believe that if we had put more mentors in the field, funded them adequately (i.e., more than half a day a week), and trained and motivated them to recruit and assist new applicants, we could have made a lot more grants than we did. Instead, our technical assistance and direction funding to the national program office was almost totally spent within the office itself rather than out in the field."

AFTERWARD

The national membership network of *Faith in Action* projects continued to function, and as of November 2008, the group had recruited 225 member projects. The *Faith in Action* national program office moved much of its technical assistance materials and resources over to the national network's website.

Jeanette Wojcik, the national network director and executive director of *Faith in Action* Caregivers, Inc. in Wheeling, W.Va., was working 10 percent of the time on the network. The network offered unpaid mentors to assist member organizations.

The network was also hosting regional meetings, putting out a monthly newsletter and planned to hold biannual meetings starting in 2010. In addition, since the organization formed, three new *Faith in Action* projects started up without funding from RWJF.

Some of the regional networks continued to meet as well and provide technical assistance to members.

Sidebars

A FAITH IN ACTION DATABASE YIELDS A PICTURE

What Did the Coalitions Look Like?

- By primary sponsorship:
 - 419 (38 percent) were freestanding interfaith coalitions.
 - 190 (17 percent) were religious-based agencies.
 - 482 (44 percent) were secular agencies, in partnership with local faith congregations.
 - Religious-based organizations (free standing and agency) accounted for 609, or 56 percent, of all projects.

- Some 9,226 individual faith congregations were represented among the 1,091 interfaith coalitions.
 - Four denominations, Methodist (14 percent), Catholic (13 percent), Baptist (13 percent) and Lutheran (10 percent), accounted for 50 percent of the participating congregations.
 - The addition of Episcopal (6 percent) and Presbyterian (8 percent) participation brought the total to 64 percent.
 - In addition, Jewish (4 percent), African Methodist Episcopal (1 percent) and 16 other denominations accounted for 36 percent.

The coalitions funded under Faith in Action, Phase 2 provided diverse services:

- Half of them provided care to people of all ages with chronic conditions of all kinds.
- A third focused primarily on the elderly.
- 11 percent have focused on people with AIDS.
- Others concentrated on the mentally ill, people with dementia, children with disabilities and people with chronic substance abuse problems.

Who Were the Volunteer Caregivers?

- Volunteers were predominantly female (70 percent).
 - The majority of female volunteers were ages 31 to 64.
 - Female volunteers aged 65 and over exceeded in number the female volunteers under age 30.
 - The ages of male volunteers were similarly distributed, with men 31 to 64 accounting for 53 percent of all male volunteers.
- Almost half the volunteers were employed full-time (37 percent) or part-time (10 percent); approximately a third were retired, and 13 percent were students.
- Some 58 percent of volunteers were reported to be "moderately well off," 37 percent to be managing and 5 percent barely managing.
- Some 88 percent had their own car, 4 percent used public transportation and 8 percent depended on rides from others.
- The service the volunteers most frequently provided was a friendly visit and/or telephone reassurance (22 percent), followed by transportation (14 percent). Other commonly provided services included:
 - Meal preparation and delivery (11 percent)

- Linking to community services (8 percent)
- Shopping (8 percent)
- Respite/hospice (6 percent)
- Assistance with correspondence/financial management (4 percent)
- Bathing/grooming (3 percent).

Who Received Care?

- Of those assisted:
 - 64 percent were elderly (40 percent were 75 and older)
 - 24 percent were 65-74 years of age
 - One in four was between 31 and 64 years old, and about one in eight was under age 18
 - By gender, 66 percent of those receiving care were women.
- Most of the recipients had minimal income but enough to be excluded from publicly funded programs. Two-thirds of the recipients were either poor or "barely managing."
- The majority of persons receiving care were either homebound (22 percent) or unable to get out without help (40 percent).
- Some 32,000 (44 percent) of people served lived alone.
- 40 percent lived with a family member.
- 16 percent had living arrangements with unrelated persons.
- Social contacts were "few" for 36 percent of persons and "some" for 49 percent. Only
 15 percent experienced many social contacts.

FRIENDLY VISITOR PROJECT REACHES HOME-BOUND ELDERLY IN NEBRASKA FARMING COMMUNITY

A *Faith in Action* project in Nebraska negotiated the tricky terrain of providing needed help to fiercely independent elders. The Friendly Visitor project was based in Saline County, a farming community in the southeast part of Nebraska. It is a rural area with towns scattered 10 to 20 miles apart. In recent years, families have moved into towns to

work or go to school, often leaving older people alone out in the country with little contact with others.

Assisting Wary Seniors

A survey of older people in the community found that their biggest fear was dying alone. Along with this fear, however, was a strong belief among many elders that any outside help was a welfare program. Based on these findings, the project director started a Friendly Visitor project where volunteers checked on older people living at home. The project, which took place in 1996 and 1997 and was funded through *Faith in Action*, Phase 2, was spearheaded by the Saline County Eldercare Coalition, a community-based advisory board whose purpose is to identify and prioritize the needs of frail elderly and develop plans to address those needs. The Robert Wood Johnson Foundation (RWJF) supported this project through a grant of \$25,000 (ID# 028833). The project reported the following results:

- The project grew from 12 Friendly Visitor volunteers serving 20 older adults at the start of RWJF funding to 30 volunteers serving 42 older adults. More than half of the older adults were visually impaired. Friendly Visitors volunteered more than once a week to pick up their mail, open and read it to them, write letters and pay bills.
 - Many volunteers provided rides to town for doctor appointments, groceries and medications. Once a month, volunteers put together a basket of donated food and brought it to the elders.
- In the course of their visits, volunteers often learned that the elders were having a difficult time paying for their medications. When this happened, project staff worked with drug companies to obtain free or reduced-rate prescriptions, helping 23 people in this way.

LONG RUNNING FAITH IN ACTION PROJECT CHANGES WITH THE TIMES

One of the first *Faith in Action* projects, located in Boston, has survived, struggled and sometimes thrived since its initial funding in 1983.

The project, called Match-Up, received its \$150,000, three-year funding under *Interfaith Volunteer Caregivers Program* (*Faith in Action*, Phase 1) between 1984 and 1987 (ID# 9308).

In April 2008, project director Janet Seckel-Cerrotti, who has been with the project from the start, described an organization that has shifted, moved, almost gone out of business,

but kept its core mission: to help homebound elderly people with services that no one else was providing.

One of the core tenets of the *Faith in Action* program is that groups of congregations can band together to help people in need over the long term. To Seckel-Cerrotti's surprise, that was much more difficult than she had anticipated.

Difficulty Securing Congregations' Assistance

While many congregations signed agreements to participate in the project, few followed through, she said. Not many congregations set up coordinators to organize volunteers to provide care. Few clergy provided referrals of elders in their congregation who might need a visit or some help in their homes, Seckel-Cerrotti said.

"My analysis of congregational involvement was that most congregations are pretty good at helping people through an acute illness," she said. "Someone goes to the hospital, has surgery and gets a lot of help from the congregation. It's the people who are sick for months or years at a time who become socially separated from the congregation. They get lost within the congregation."

In spite of those challenges, Seckel-Cerrotti and others established a project that over the next few years gained traction in the community. The project provided friendly visits to elders, transportation to the grocery store and doctor's appointments and advocacy when elders had trouble with landlords, health insurance or other issues.

Making it on Their Own

The project continued to operate following the end of Robert Wood Johnson Foundation (RWJF) funding in 1986 with funding from a variety of other sources including United Way and funds that the Boston Aging Center, where the project was housed, raised on behalf of the project. But in 1991, the Boston Aging Center decided that the project was no longer viable and gave the staff three months to move out.

"We could close, merge with another organization or try and make it on our own," Seckel-Cerrotti said. "We decided that a lot of people were depending on us. Maybe because of ego or maybe because we thought we might be swallowed up by another agency, we decided to go independent."

In December 1991, the organization was incorporated as *Match-Up Interfaith Volunteers*. From that time until 2008, when Seckel-Cerrotti was interviewed for this report, Match-Up organized services to homebound elderly from an assortment of spaces in Boston, including a pink boiler room in a nursing home.

Seeking to Serve Diverse Elders

Throughout the years, the project worked to reach diverse groups, Seckel-Cerrotti said. In June 1998, Match-Up received a second RWJF *Faith in Action* grant to start a project in Roxbury, a predominantly African-American neighborhood in Boston. The project was run from a neighborhood church, Charles Street A.M.E., and had a separate project director based there to organize the volunteers. RWJF supported the project with a grant of \$25,000 between 1998 and 1999 (ID# 034757).

At the end of the 18-month grant in December 1999, the project, called the Roxbury Care Senior Program, became an ongoing function of the host church.

Match-Up also wanted to broaden its outreach to Spanish-speaking elders. In 2000, they established a satellite office at a nursing home, Sherrill House, in the Jamaica Plain neighborhood of Boston, which has a large Spanish-speaking population.

A coordinator there organizes visits and medical escorts for older, Hispanic patients. The Sherrill House Board of Directors provides funding to help pay for the coordinator and provides free office space.

A Volunteer Brings Smiles to Isolated Elders

In April 2008, a volunteer named Rafaela Chavez-Beato took a visitor around the Sherrill House nursing home while checking in on several elderly people living there. All only spoke Spanish and either had no family or received few visits from their family. Some appeared to have dementia. During the visits, Chavez-Beato smiled and laughed, asked how they were doing and gave them pats on the back or kisses on the cheek. She told everyone she would return soon.

The change in patients' demeanor was sometimes dramatic. Some were sleeping or staring out windows when Chavez-Beato arrived. Several people seemed to find new energy when they saw her. One woman who had the television on but appeared not to be watching it, excitedly showed Chavez-Beato several birthday cards she had received. She was eager to talk and asked Chavez-Beato to come back again.

Later that day, Seckel-Cerrotti received a call that Sherrill House, where Chavez-Beato was doing her visits, might not be able to provide funding anymore for the Match-Up project. Without funding for a volunteer coordinator and office space there, it was unclear whether Chavez-Beato's visits would continue. Seckel-Cerrotti looked discouraged and tired when relating the news.

But she said she would start looking for another nursing home to see if it would provide office space and funding. "That's what we do. We get down and we pick ourselves up again," she said.

As of November 2008 she still had no word whether Sherrill House would continue its funding of *Faith in Action*.

MINNESOTA FAITH IN ACTION PROJECT'S LONG HOURS AND STRUGGLES PAY OFF—FOR NOW

Pam Determan, the executive director of VINE Faith in Action in Mankato, Minn., had all the right qualifications to lead the project—and it was still a struggle to establish and build the organization.

It was a struggle, though, that eventually paid off.

Determan, who started the *Faith in Action* project in 1995 as part of her master's degree thesis project in gerontology, brought a wealth of experience to the job. She had lived in the community for more than 15 years and was well-connected; she had run a volunteer program at a local hospital and worked in nonprofit organizations for more than 10 years.

Long Hours, Limited Staff

Mankato was in dire need of services for people who were homebound, disabled or struggling in other ways. At that time, state and local services for elderly people and people with disabilities were largely uncoordinated and had eligibility requirements that, from Determan's perspective, seemed arbitrary.

Some programs limited their eligibility to people 65 and older. Determan thought it was unfair that those who were younger—and just as needy—could not receive services.

Determan saw *Faith in Action*, Phase 2 as the perfect opportunity to fill unmet needs in her community. She organized the application for nonprofit status and funding from RWJF sitting around a kitchen table with people from her community. The coalition eventually included 17 different congregations, health care agencies, nonprofit organizations and businesses.

The project received \$25,000 in funding from RWJF between 1995 and 1997 (ID# 024925).

During the first 18 months of the project, Determan had to manage without adequate office equipment or supplies.

"I was the only staff person for the first year and a half and it just about killed me," Determan said. "I was working crazy hours." In an interview in 2008, Determan said that she had averaged a 60-hour work week ever since the organization had begun 12 years earlier.

Early on, members the board of directors decided to create an independent 501(c)3 organization, rather than affiliate with a larger organization. While that had worked out for the organization, it also meant that it would have no financial cushion to fall back on during difficult times.

Open Eligibility for All People in Need

From the start, organizing members decided to serve anyone in need—they would not impose an age limitation. Because Determan had previous experience running a volunteer program and was familiar with local resources, VINE started offered assistance to people in need the first month it was open.

Volunteers served in various roles:

- Friendly visitors who visited care recipients at least one hour every other week.
- Volunteer drivers who provided transportation for care recipients.
- Respite volunteers who provided family caregivers with time off.
- Handy persons who helped older householders with minor home repairs.
- Lawn care helpers/snow shovelers who helped elderly people with seasonal tasks.

At the end of RWJF funding in 1997, the VINE project reported the following results:

- Approximately 250 volunteers provided direct assistance to care recipients. An
 additional 200 people assisted the project in governance, publicity, fundraising and
 group service efforts.
- VINE volunteers provided practical, non-medical assistance to a total of 386 elderly
 individuals and people with disabilities who needed help with their physical, social
 and spiritual needs. Some 14 percent of the people assisted had a mental illness; 24
 percent had no congregational affiliation.

A VINE Story

A couple years ago, volunteers at VINE responded to a phone call from a woman who had moved to Mankato to be near her adult son. But her son had lost his job and moved away, and she couldn't afford to follow him.

When volunteers went to visit, they learned that she suffered from asthma, heart disease, severe depression and alcoholism. Living in a fourth floor apartment, she was unable to carry her groceries upstairs or her trash down the stairs, and she had not brushed her teeth for a month.

VINE volunteers made a referral to county services. She qualified for mental health case management and began receiving home nursing assistance and counseling.

A volunteer who is an active member of Alcoholics Anonymous now provides her with regular transportation to AA meetings. Other volunteers helped her clean up her kitchen after a grease fire in her apartment, and they now regularly deliver her groceries and take out her trash.

Hiring Professional Staff

VINE began to attract other funding after RWJF support ended, including state grants and United Way funding. As it did, Determan hired only staffers with appropriate experience, including a registered nurse and a licensed social worker. Determan, who has worked as a mentor to other *Faith in Action* projects, said that that decision was critical.

"In order to be recognized by the community, we have to be credible and have the background to do this work," she said. "Many *Faith in Action* projects in Minnesota had no background in this work. They'd have the church secretary or someone who worked part time at a business. But when it came down to making practical decisions, they weren't respected by the community or did not enjoy public support."

Branching Out

In 2003, RWJF provided a 30-month, \$35,000 grant for VINE to establish a *Faith in Action* branch in neighboring Nicollet County (ID# 047554). The project had to confront long-simmering issues from the start. In 1998, a tornado had devastated Nicollet County. Organizations from Mankato and elsewhere came to help and ended up fighting among one another for turf. Eventually, Nicollet officials told the organizations to leave.

With that experience still fresh, establishing a new project was not easy. Staff at the new project established a separate governing board, which quickly put it in conflict with the board of directors at the VINE project, which had fiscal oversight over the new project.

"There was still this perception [in Nicollet] that Mankato was the big brother," Determan said. "The [project] desperately wanted to be free and independent but did not have the background to do so."

After the RWJF grant ended, VINE Faith in Action brought the project back in-house. It is now running a small operation in Nicollet with one of its staff members working there 15 hours a week.

VINE Threatened by Huge Loss of State Funds

The VINE Faith in Action project began in 1995 as a one-person, \$25,000 per year outfit operated out of donated church space serving around 200 people. It grew to an organization with 24 staff members and a 2007 budget of \$1 million serving 2,500 people. The organization now owns its own building, runs the local senior center and

schedules and provides 180 rides each day through a sophisticated computer software program.

However, in May 2008, VINE Faith in Action learned that one of its major state grants was not being renewed. The grant, for \$239,000 from the Minnesota Department of Human Services, accounted for 24 percent of the project's funding. It was a huge blow to the organization.

In October 2008, Determan said the organization had raised enough funds to keep its doors open for a year. After that, though, she was unsure what would happen.

"I think VINE will look very different a year from now," she said. "We will probably move more toward charging people for services, we will be serving fewer people and we will probably be providing a few less services."

She added that she was unsure that the *Faith in Action* model could be sustained at the level that VINE grew to. "*Faith in Action* works fine if you are going to have one or one-and-a-half staff people serving a couple of hundred people a year," she said. "But when you grow it to our size, unless there are a lot of different funding sources, it's not sustainable just on contributions or bake sales."

WASHINGTON, D.C. PROJECT ORGANIZES ELDERS IN COMMUNITY ACTIVISM

On a sunny day in April with cherry blossoms in full bloom, Mark Andersen walks the streets of one of the poorest, most troubled neighborhoods in Washington. The neighborhood, bounded on one side by North Capitol Street, sits in the shadows of the U.S. Capitol.

As Andersen shows a visitor around, he stops and greets many elders by name. "Hello, Ms. Stokes, how you doing today?" Ms. Stokes and others light up when they see Andersen, and often promptly launch into a discussion about the latest troubles where they live.

Andersen is the executive director of We Are Family, a site funded in through *Faith in Action*, Phase 2. The Robert Wood Johnson Foundation (RWJF) supported the project with a grant of \$35,000 between 2005 and 2008.

A community organizer by background and bent, Andersen works to meet the most basic needs of seniors in this neighborhood by providing friendly visitors, supplying bags of food at the end of the month when money from Social Security checks runs out, and providing rides to grocery stores and doctor's appointments to homebound elderly.

Walking the Sometimes Dangerous Streets

But Andersen does not stop there. His larger mission is to help elders in this community find their voice and advocate for their rights—whether it be to landlords who are refusing to make needed repairs or city government officials who are not following through on promises to provide assistance in paying rent.

The neighborhood he works in, while poor, is becoming gentrified. Landlords who own apartment buildings are seeking to re-develop them into expensive condominiums for Washington professionals. If elders are forced out of their homes, Andersen says, *Faith in Action* will not be able to serve them if they are forced to move to another area where there is no *Faith in Action* project.

Beyond getting their basic needs met, Andersen explained, elders in this distressed community "have to get resources and get organized.... We put flyers in groceries that we bring them so they know their rights, such as belonging to tenants' organizations. If they need something and we can't provide it, we know who will provide it or who will help them make some noise so things will change."

It is a difficult and sometimes dangerous job. Several times on this April day, Andersen points out drug dealers plying their trade on corners and alleys. When he sees a deal being made, he quickly steers himself and a visitor away. To drive home the extent to which drug dealing and violence permeate the neighborhood, Andersen points out used crack cocaine wrappers that litter the sidewalks and gang graffiti that marks each gang's territory.

A Firing Leads to a New Beginning

Andersen had worked in a *Faith in Action*, Phase 2 project—*Emmaus Services for the Aging*, in Washington (see Program Results on ID# 027602)—for many years. When he was abruptly fired by a new executive director in 2004 because of personality conflicts, Andersen set out to create a project that would reach seniors in one of the most troubled and neglected neighborhoods in Washington, D.C. He later heard about the *Faith in Action*, Phase 3 funding, which was a perfect fit for the work he sought to do.

At the start of the project, Andersen worked out of his Catholic church, St. Aloysius, under an umbrella organization called the Center for New Creation (RWJF ID# 053107). In May 2005, Andersen moved the organization to a long-standing community organization, Northwest Settlement House, in part because the Settlement House had vans that Andersen needed to provide transportation for elders (transfer grant ID# 055957).

Having an umbrella organization eased the financial pressure of starting up a new, nonprofit organization, Andersen said.

Starting a New Faith in Action Project—With Help from a Punk Rock Band

When he organized the *Faith in Action* project, Andersen brought together a fairly standard group of organizations—except for one. Along with local churches, nonprofit agencies and community centers, Andersen brought members of the punk rock movement to the table. Andersen had long been a fixture on the punk rock scene in Washington and knew many of the musicians well.

When he started the organization—before receiving the *Faith in Action*, Phase 3 funding—the band "Good Charlotte" donated \$15,000 to the project. A punk rock activism group, Positive Force DC, provided volunteers to bring groceries to elders and perform other services.

"Punk rock is largely a secular movement," Andersen said. "There is a strong critique of organized religion and society. What [this work] suggests is that we're building a bond between deeply religious African-American seniors and fairly blasphemous secular punk rockers."

Bringing Food and Advocacy

The punk rockers and other volunteers—including elders—accomplished the following, according to Andersen:

- Assisted 600 care recipients in such ways as delivering free monthly grocery bags, providing visits and telephone calls, organizing and sponsoring bus trips to the grocery store and a shopping mall and providing advice on choosing Medicare drug benefits.
- Worked with landlords to avert or delay evictions for at least a dozen elders in their apartments. *Faith in Action* staff and volunteers helped seniors by advocating on their behalf, finding funds to pay overdue rent or getting them free legal assistance.
- Organized seniors to attend city council hearings and testify in support of a local rent supplement project as well as participate in a city planning process to redevelop parts of the neighborhood that *Faith in Action* serves.

In 2008, We Are Family was setting up its own, independent, nonprofit organization. It had a budget of \$100,000 with funds coming from family foundations, corporations, punk rockers and other supporters.

Challenges Ahead

Andersen said that he faced two major challenges in sustaining the *Faith in Action* project: fundraising and his own potential burnout. In terms of his own well-being, he said he is learning to set better boundaries.

"The need is so great," he said. "You have to learn to accept that you are not going to meet all the need. It's ultimately the best approach. I want to create an organization where people can stay for a long time. The longer you can stay at it, the better you get."

REGIONAL COLLABORATIVE NETWORKS WORK TO SUSTAIN FAITH IN ACTION SITES

Regional collaborative networks of *Faith in Action* projects took on a variety of activities together to try and strengthen their work.

The collaborative networks ranged in size from six to 36 projects and encompassed different sized geographic areas: from regions in states, such as Northeastern New York State and Austin, Texas, to entire states, such as Florida, Ohio and North Dakota to multistate regions, such as Maine, New Hampshire and Vermont. Two-year grants from RWJF to support the collaborative networks ran from 2006 to 2008, although some extended their funding until 2009.

In Arkansas, the regional collaborative formed out of a desire among Arkansas' *Faith in Action* projects to continue the networking and friendships that had grown over the years, especially as the national program office prepared to close, said Carol Smith, the executive director of the *Arkansas Faith in Action Coalition, Inc.*, Little Rock, Ark.

The Arkansas collaborative focused on strengthening *Faith in Action* sites as well as other interfaith coalitions. The collaborative held 12 workshops in 2007 across the state for *Faith in Action* projects and other interfaith projects. The workshops covered such topics as writing grants, community partnerships and leadership and organizational development. The collaborative had 19 members, about 11 of which were Faith in Action projects.

"Arkansas is a rural state and a lot of these programs are small," Smith said. "A part-time director doesn't have the time and resources to get the training she needs. They are out providing services to the community. We wanted to come in and talk to them about some of the things we had learned, particularly for faith-based organizations."

In Austin, Texas, a collaborative of eight *Faith in Action* projects in the Austin area formed in 2000 with funds from St. David's Community Health Foundation, Austin. It used its RWJF grant to jointly raise funds, purchase software that all collaborative members use to schedule their volunteers and create standardized agreements for providing services (such as being open at least 20 hours a week).

In 2008, the group raised an additional \$150,000, according to Jeannie Teel, who oversees the collaborative, Faith in Action Caregivers, and runs the West Austin Faith in

Action project. Most of those funds were divided among the eight projects, but the collaborative also set aside some for joint efforts such as running ads and hiring a grant writer.

The eight member organization divided up the greater Austin area into eight sections, each member being responsible for one section. People needing services can now call any of the offices and get referred to the *Faith in Action* project that serves their area.

"When we get calls from the community for services that are not in our area, we can refer them [to other *Faith in Action* projects] and know that they will be treated with kid gloves," Teel said.

INTERFAITH CAREGIVERS GROUP IN OREGON TRAINS VOLUNTEERS TO HELP ELDERLY RESIDENTS

In rural Oregon, a Faith in Action project learned by trial and error how to meet the needs of isolated elderly and disabled residents. When the project first received funding through Faith in Action, Phase 2 in 1995, staff attempted to achieve an ambitious goal: serve people with disabilities and a large elderly population who were homebound. They soon learned, however, that the volunteers would have to receive specialized training to work with people who had disabilities. The project then narrowed its focus to working with elderly people who were homebound. Its volunteers also provided services that other agencies did not provide, such as friendly visiting and companionship, telephone reassurance, shopping, running errands, transportation to appointments, yard work and bill paying. RWJF provided a grant of \$25,000 for this project from 1995 to 1997 (ID# 27746).

College Students Answer Call for Help

The project, called Faith in Action Newberg, served residents of Newberg, Ore., and surrounding rural communities, which had a combined population of 47,000 people. Volunteers typically provided services that they had previous experience providing, which minimized the need for more training. As project staff gained more expertise, the project expanded to include providing services to children with disabilities. By the end of its funding in 1997, project staff could point to the following results:

 Project staff recruited more than 71 volunteers who provided 792 hours of service to care recipients. About 20 percent of volunteers were college students who typically participated once or twice a year in activities such as yard clean up or window washing.

- More than 84 elderly people received assistance from volunteers. Requests for services came from older adults, their families, friends and congregations; and from home health and social service agencies, hospitals, senior centers and nursing homes.
- The project partnered with local organizations to accomplish specific tasks. For instance, the organization:
 - Partnered with Habitat for Humanity to install safety grab bars in homes.
 - Worked with George Fox University, a Christian university whose main campus is in Newberg, to set up community service projects for new student orientation week.
 - Worked with the city library to develop and implement a service called Homebound Books, in which librarians put together a bundle of books for elderly citizens and volunteers delivered them.

PROJECT IN ALASKA CITY STRUGGLES WITH FAITH IN ACTION NAME

Sitka is a coastal island city accessible only by boat or air. A number of the 8,800 residents of this isolated community do not have family members or close friends nearby to rely on in times of need.

Two Sitka residents, Auriella Hughes, R.N., and Jean Frank, recognized the need for a volunteer visiting/respite service and hospice-like service as the result of their efforts to care for a local woman who was dying.

A woman asked Frank to organize volunteers to help her in her home so she could spend her last days there instead of a hospital. Hughes was working for the local home health agency and providing regular home visits to the woman.

From this experience, which wound up being very positive for all involved, Hughes and Frank clearly saw the value of home-based end-of-life care. They decided that assistance of this nature should be available to all community members who find themselves in need of volunteer caregiving and support. Sitka, however, had no formal hospice services.

Hughes and Frank held communitywide meetings and with widespread community support formed an organization, Sitka's *Faith in Action, to* provide volunteer caregiving and respite support. They then applied for funding from *Faith in Action*. RWJF provide a \$35,000 grant in Phase 3, 2002 to 2004 (ID# 45663).

Community Worries About Proselytizing

The project soon found that the name *Faith in Action* created perceptions among community members that sometimes made it hard to carry out the project objectives.

Some people who might have benefited from the project services were fearful that the volunteers would proselytize while providing help. The project director and board of directors had to spend a lot of time and energy educating the community on what the project did not do—for example, conduct religious activities—rather than what it did do.

In addition, local government officials said that they could not provide any funding because they perceived that the project conflicted with the separation of church and state.

Despite some difficulties with the name of the project, the director reported several accomplishments during its grant.

- Staff and supporters recruited 77 volunteers, including board members. Some 75
 percent came from congregations while 25 percent came from the general
 community.
- Some 58 Sitka residents received assistance from the volunteers. Services provided included shopping, respite care, home visiting, light housekeeping, meal preparation and end-of-life support.

After RWJF funding ended, the organization changed its name to *Brave Heart Volunteers*, which leaders felt described its work without the baggage of faith-based language.

A Patient's Story

The story of a 49-year old Sitka resident with Huntington's disease illustrates the kind of help that Sitka's *Faith in Action* has provided. This account is based on information provided by Auriella Hughes, R.N., the organization's program director.

In September 2003, the staff learned of a man who needed help, but clearly not just any volunteer would do. He had Huntington's disease, a genetic disorder of the nervous system, characterized by involuntary movements and progressive mental changes.

A fisherman by trade, he lived on another small island near Sitka in a house he built himself. He was fiercely independent, had a compelling but changeable personality and was not always easy to be around. Even though he could no longer take care of himself, he was determined to live on the island until he died.

"When he got the disease, he did it his own way," Hughes said. "He ate what he wanted, drank what he wanted. He was a smoker and he smoked in bed. His cigarette ashes went everywhere, and at times holes were burned in the bedding. There were numerous safety

issues that became of major concern." His illness and demands were too intense for his wife. She moved off the island, taking their children with her to their other home in Sitka.

The Role of Volunteers

Over the years the man's big heart, charisma and intelligence had earned him many friends, and they wanted to help. For a long time, his wife and friends were doing a great job providing help, but as the disease progressed and the man's care needs increased, it was clear additional help was required.

Sitka's *Faith in Action* got involved at that point and assumed primary responsibility for coordinating assistance from family, friends and volunteers.

Hughes found a volunteer who was also an experienced nurse. She wasn't afraid of the man's mood swings and knew how to provide the care he needed. She was also willing make the 10- to 15-minute boat trip to the island.

Eventually, the nurse was coming out several times a week, giving him baths, fixing meals, cleaning the house and providing company. The two developed a friendship, and he depended on her.

After a few months, however, his condition worsened, and he had to be moved to the hospital in Sitka. "When he got to the hospital, caring for him was equally hard but in different ways." Hughes said. "It was very challenging for the hospital staff, as he was quite volatile at times. He was in a lot of physical and mental pain, and was doing his best to prepare for his death, which he wished would come more quickly than it did."

Sitka's *Faith in Action* organized volunteers to help care for him in the hospital. They spent 10 to 12 hours a day with him there until his death in June 2004. Altogether, the man received eight months of volunteer assistance through the *Faith in Action* project.

OHIO CIRCLE OF FRIENDS VOLUNTEERS REACH OUT TO RURAL AREAS

When the Red Cross stopped providing rides to distant health appointments, a *Faith in Action* project in rural Ohio stepped in.

The project in Circleville, Ohio, which took place during *Faith in Action*, Phase 2 from 1998 to 2000, sought to help isolated people in rural areas who were without transportation but too proud to ask for help. The *Faith in Action* project was located at the Berger Health System, a health care organization that includes an acute hospital, a home health agency, a hospice, a rehabilitation center and an occupational health center. The

project advertised its services and recruited volunteers through the local newspaper, a radio station and churches.

The Robert Wood Johnson Foundation (RWJF) supported this project through a grant of \$25,000 (ID# 34515).

Area senior services required a person to be 60 years or older to receive aid. The *Faith in Action* project had no age or income requirements so it was able to help people who were otherwise ineligible for assistance.

The project reported the following results:

• The project recruited 35 volunteers who provided assistance to 107 families with homebound, disabled, frail or elderly members. Recipients ranged in age from 40 to over 80. Volunteers provided light housekeeping, handyman chores, respite care, transportation, shopping, yard work, friendly visiting and telephone contact.

Some people simply needed someone to install a handrail or elevate a sofa with blocks to make it easier for them to sit down and get up.

One of the major services provided was transportation to the hospital and health appointments in Columbus, Ohio, 20 miles away once the Red Cross stopped providing that service.

After RWJF funding ended, the project started a family caregiver's support group where caregivers could come together, talk about their experiences and share ideas.

FAITH IN ACTION PROJECTS RECEIVE AWARDS FOR TRANSPORTATION PROJECTS

Providing rides to a doctor's office, the grocery store and other essential places became one of the central activities of many Faith in Action projects. It was a service that was needed—and sometimes time-consuming, expensive and logistically difficult to provide.

In 2007, the Beverly Foundation, which works to promote senior transportation and mobility based in Pasadena, Calif., carried out a survey of the Faith in Action transportation projects. At the time of the survey, about 500 of the existing 700 Faith in Action projects provided transportation services. From among the 225 projects that responded to the survey, the Beverly Foundation announced two winners of its STAR Awards for Excellence. These two projects received \$5,000 each for their work in providing transportation to people who were homebound. The two winners were:

 Macomb County Interfaith Volunteer Caregivers Warren, Michigan (RWJF grant ID# 32346, Phase 2) Rum River Interfaith Caregivers, Inc. Princeton, Minnesota (RWJF ID#29372, Phase
 2)

Ten other Faith in Action projects received special recognition awards of \$500 each for their work in transportation. A report on survey findings and award winners is available online.

FAITH IN ACTION PROJECTS THAT STRUGGLED OR CLOSED

Of the 1,715 *Faith in Action* projects that the Robert Wood Johnson Foundation (RWJF) funded, some 1,048 projects either closed or did not meet updated criteria for inclusion in the program.

What happened to those 1,000 projects?

In some ways, it should not be surprising that so many projects did not continue, reflected RWJF Program Associate Ann Pomphrey.

Faith in Action project directors were asked to take on an almost impossible task: start and maintain a coalition, serve a vulnerable population, raise funds, drum up volunteers, publicize the project in the community and recruit and maintain a board of directors—all for no more than \$35,000 for the Phase 2 and Phase 3 projects.

Little Money for a Huge Task

"The amount of money we provided was very small," said Pomphrey. "We assumed and hoped that the new projects would bring to the table some local funding, which would enable the project to hire a full-time executive director. The reality was that more often than not, there was no extra money."

According to Pomphrey, for much of the duration of *Faith in Action*, the emphasis was on funding a large quantity of projects rather than seeking out the best quality. Some of the projects funded were small, serving a handful of people and were never going to grow, she reflected.

Some funded projects expressed distress that RWJF concentrated on funding new projects rather than giving additional funding to existing projects to strengthen and sustain them. Tom Brown, the national program director of *Faith in Action*, Phase 3, said that many congregations that became program sites were not equipped to run what was essentially a social service project and did not have the necessary financial or governance controls in place.

Unprotected by Umbrella Organizations

What's more, some *Faith in Action* projects operating under the umbrella of larger social service organizations were often disbanded once RWJF funding ran out or the umbrella organization was no longer able to support it.

In other cases, the staff members of the projects simply did not do the work or violated the conditions of the grants. During the course of the program, RWJF terminated nine projects for these reasons, according to Pomphrey. Of those nine, two were terminated for proselytizing and seven were cut short for "noncompliance" with the terms of the grant—that is, there was no indication that they were providing *Faith in Action* services.

In some cases, there was no project director or advisory board in place. In others, projects never provided required reports about their work.

A Top Faith in Action Project Closes its Doors

Even the best run *Faith in Action* projects had difficulty, Pomphrey reported. *Coastal Caregivers*, a project in Point Pleasant, N.J., (RWJF grant ID# 029859) was headed by a thoughtful and energetic leader who took the time to establish an infrastructure to support the project. The director, a former manager of a large grocery store, set up a computer system, developed plans to financially support the project and encouraged the board of directors to take an active role in the project's work.

The project could point to some impressive results in 2001: it had 400 active volunteers and 1,223 care recipients. It had funding from other foundations, the state of New Jersey, town governments in the project area, the United Way, churches, volunteers and fundraisers.

But a few years later, the project shut down. According to the RWJF program office, the project had financial difficulties because promised funding from the state did not materialize and the board decided that the organization did not have sufficient funds to continue.

Caregiver Volunteers of Central Jersey, located in nearby Toms River, N.J., absorbed some of the Point Pleasant project's services, Lynnette Whiteman, executive director of Caregiver Volunteers, said that they had a staff member working 20 hours a week in the area that the Point Pleasant project served. However, the part-time staffer was serving only a fraction of the number of people that the Faith in Action project used to serve, Whiteman said. She also found it was difficult to re-build trust among the project's original volunteers who were wary about the staying power of her organization.

Budget Fears

Even the Toms River project, which had an annual budget of \$400,000, was at risk, Whiteman said in October 2008.

"There is so much competition for money," she observed. "There is a limited pot, especially from businesses in the area. Everybody is stretched so thin. And senior citizens are not a sexy issue. Businesses don't see this as something that affects them in the community. I think [all nonprofits] are scared out of their mind," she said. "Me included."

Prepared by: Susan G. Parker and Ann Pomphrey

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APPENDIX 1

Findings from the Vanderbilt University Assessment

- The number of volunteers recruited from the churches is actually low, though it is the most frequently cited recruitment method. This finding runs contrary to a principle upon which the *Faith in Action* model is based—that the churches are the best or most logical place to run and recruit a volunteer caregiving program. While it is well-documented that most volunteers come from a faith background and that some type of faith or belief may be a stimulus for such volunteering, it does not follow that churches per se are the best conduit for this activity.
- It appears that a pool of volunteers exists. In some communities, it appears that new and different people were providing services; in others, these projects simply tapped a static pool.
- Special regional issues like competing programs appear to affect recruitment as does the reputation of the project in the broader community. Established projects with positive name recognition appear to have an easier time recruiting volunteers.
- The ability to recruit volunteers is also related to the intensity of caregiving activities, including the actual activities performed and the length of commitment required. Providing transportation to a doctor's appointment can be performed by any number of people and is usually not a regular need (e.g., once a week).

Ongoing respite care requires regularly scheduled visits and the development of a relationship between the care receiver and the volunteer. This type of volunteer is much more difficult to attract, and respondents in several of the comparison

communities pointed this factor out as a possible hindrance in setting up caregiving programs.

- With respect to technical assistance, sites report receiving helpful "front end" technical assistance from the federation but not receiving sufficient support once the projects were underway. Needs described by almost all grantees revolved around "second phase" issues, such as grant administration, fund raising, liability and legal issues, volunteer management and specific population needs.
- Sites report that it takes longer than the 18-month period allowed by the grant to build these projects and show results, which in turn affects their potential for sustainability. Projects that use the *Faith in Action* grant funds to sustain or change an existing program have less difficulty with the time limit than those just getting established.

The assessment compared the strengths and weaknesses of *Faith in Action*, Phase 2 sites that either operate as part of a larger social service agency or are newly established, independent organizations.

For those coalitions part of a larger social service agency, the strengths are:

- Bringing support, equipment and supplies, support staff, a public relations person/department and grant writer.
- Absorbing the cost of the program during a funding lull or slow-down.

Weaknesses are:

- Difficulty connecting with the faith community and, in some cases, no connections at all.
- Advisory committees sometimes lack fiscal authority to fund raise on behalf of the project.

The strengths of freestanding coalitions are:

- Having a natural "in" with the faith community.
- Supportive boards.
- Adhere to the Faith in Action purpose and model.

Weaknesses are:

- Lack supports, equipment, support staff, public relations person/department and grant writer.
- Lack experience and expertise required for significant fund raising.

APPENDIX 2

Regional Collaborative Sites

Bryant, Ark.

Church Triumphant

Build a Coalition to Assist, Sustain, Expand and Support Members Through Sharing Knowledge and Resources

Grant ID# 057722 (July 2006 to June 2009)

Project Director

Carol Smith (501) 778-7466 carol@netoffice.com www.arfia.org

Montgomery, Ala.

United Ways of Alabama

Faith in Action
Grant ID# 061823 (June 2007 to May 2009)

Project Director

Gary Ravetto (334) 269-4505 gmravetto@knology.net

Wilmington, Del.

Delaware Ecumenical Council on Children and Families

Build a Network of Faith in Action Programs in the State of Delaware and Lower Eastern Shore of Maryland

Grant ID# 057730 (July 2006 to June 2008)

Project Director

Rev. Robert Hall (302) 225-1045 deccf@aol.com

Venice, Fla.

Gulf Coast Community Foundation of Venice

Support, Sustain and Empower Interfaith Community-Based Volunteer Programs Serving People with Long-Term Health Needs Grant ID# 057725 (July 2006 to June 2008)

Project Director

Sheila Hollowell (863) 686-0078

if@tampabay.rr.com
www.interfaithflorida.org

Sault Sainte Marie, Mich.

Hospice of Chippewa County

Develop a Partnership to Promote Faith in Action Programs' Increasing Visibility, Creating Training Opportunities and Implementing Strategies for Sustainability Grant ID# 064111 (July 2006 to April 2009)

Project Director

Tracey Holt (906) 253-3151 tholt@chippewahd.com www.faithinactionmi.org

Pierz, Minn.

Horizon Health

Promote and Support Faith in Action Programs by Providing Education and Cooperation with Other Agencies

Grant ID# 057714 (July 2006 to June 2008)

Project Director

Bridget Britz

(320) 468-6451

bbritz@horizon health services.com

www.mnfia.org

Cavalier, N.D.

Pembina County Memorial Hospital

Strengthen and Expand the Mission of Faith in Action to Promote Holistic Services Grant ID# 057735 (August 2006 to July 2009)

Project Director

Kari Helgoe

(701) 265-8752

kari.helgoe@sendit.nodak.edu

Omaha, Neb.

Executive Service Corps—Nebraska

Provide Resources to Establish and Maintain a Caregiving Presence in the Midwest Grant ID# 057723 (July 2006 to June 2009)

Project Director

Pat Billings (402) 306-6055 pat.billings@windstream.net www.faithia.org

Clifton Park, N.Y.

Shenendehowa Senior Citizens

Develop a Media Campaign for Volunteer Recruitment Grant ID# 057715 (September 2006 to August 2008)

Project Director

Edward Kramer (518) 527-2404 rwjcaregiverny@aol.com www.nenycaregivers.org

Parma, Ohio

Interfaith Caregivers Program

Coordinate, Strengthen and Support Partner Programs to Help Ohio Neighbors Remain Independent

Grant ID# 057719 (July 2006 to December 2008)

Project Director

Doris Vollmar (330) 604-6590 dorisvollmar@fiaohio.org

Portland, Ore.

Northwest Portland Ministries

Provide Support and Assistance to Interfaith Volunteer Caregiving Programs and Interpret Their Service to the Public

Grant ID# 045054, 047639, 050820 (March 2002 to June 2007)

Project Director

Delanie Delimont

(503) 413-5528

delanie@nwpm.org

www.faithinactionoregon.org

Allison Park, Pa.

North Hills Community Outreach

Develop a Faith in Action Collaborative Network Grant ID# 057720 (July 2006 to December 2008)

Project Director

Nancy L. Jones

(412) 307-0069

nljones@nhco.org

www.fia-ivc.net

Round Rock, Texas

Round Rock Caregivers

Increase Community and Awareness in Support of Faith in Action Caregiving Services and to Increase Services to Underserved Areas

Grant ID# 057733 (August 2006 to July 2008)

Project Director

Jeannie Teel

(512) 472-6339

wacaregivers@juno.com

www.faithinactioncaregivers.org

Cabot, Vt.

Vermont Rural Education Collaborative

Establish a Sustainable Network of Faith in Action Programs in New England Grant ID# 057724 (July 2006 to December 2008)

Project Director

Bill Cobb

(802) 563-2278

wwmec2@juno.com

Waukesha, Wis.

Interfaith Caregiving Network Incorporated

Assist Directors and Boards of Faith in Action Programs in Wisconsin to Better Serve Elderly and Disabled Individuals

Grant ID# 057718 (July 2006 to June 2008)

Project Director

Meriah Jacobs-Frost (920) 674-4548

faithinaction@tds.net www.wifian.org

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Racine D. "Reliable Effectiveness: A Theory on Sustaining and Replicating Worthwhile Innovations." *Administration and Policy in Mental Health and Mental Health Services Research*, 33(3): 356–387, 2006. Abstract available online.

Leviton LC, Herrera C, Pepper SK, Fishman N and Racine DP. "Faith in Action: Capacity and Sustainability of Volunteer Organizations." *Evaluation and Program Planning*, 29(2): 201–207, 2006. Abstract available online.

Reports

Racine D and Herrera C. *An Assessment of Faith in Action Technical Assistance*. Philadelphia: Public/Private Ventures, 2006.

Herrera C and Pepper S. Faith in Action: Using Interfaith Coalitions to Support Voluntary Caregiving Efforts. Philadelphia: Public/Private Ventures, 2003.

Other Reports

Jellinek P. *Promise to Mary: A Story of Faith in Action*. San Francisco: Jossey-Bass, 2008. NOTE: This report draws from Chapter 7, "*Faith in Action*" by Paul Jellinek, Terri Gibbs Appel and Terrance Keenan in *To Improve Health and Health Care: The 1998–99 Robert Wood Johnson Foundation Anthology*.

PROJECT LIST

Program Results Reports on a selection of the the projects managed under this National Program are listed below. Click on a project's title to see the complete report, which typically includes a summary, description of the project's objectives, its results or findings, post grant activities and a list of key products. They are organized alphabetically by state.

- Interfaith Program in **Arkansas** Trains Volunteers, Streamlines Provision of Services (Grant ID# 49355, etc., December 2006)
- Emergency Care at Fingertips of Elderly in Rural **Arizona** (Grant ID# 23600, July 2002)
- Volunteers Drive 20,000 Miles to Help Elderly Neighbors in Lake County,
 California (Grant ID# 29780, July 2002)
- Reaching Out to Meet Spiritual Needs of AIDS Patients in Waterbury, Connecticut (Grant ID# 33938, July 2002)
- East Central **Florida** Respite Program Delivers Care at Home Using Faith-Based Volunteers (Grant ID# 24929, July 2002)
- Hospice in Largo, Florida, Adds Interfaith Volunteer Caregivers Program (Grant ID# 50136, etc., May 2007)
- A Clubhouse Opens Doors and Opportunities for the Mentally III in Webster City,
 Iowa (Grant ID# 29649, July 2002)

- Having A Good Senior Moment: Older Volunteers Help Frail Elderly and Disabled in Northwest Iowa (Grant ID# 34339, July 2002)
- Good Neighbors: Young Volunteers in Wichita, Kansas, Are Recruited to Help the Elderly (Grant ID# 34715, July 2002)
- Volunteers Provide a Lifeline for Isolated, Elderly People in New Hampshire (Grant ID# 27898, July 2002)
- Ohio Churches Replicate Volunteer Caregivers Model as Part of RWJF's *Faith in Action* Program (Grant ID# 28225, September 2006)
- **Oregon** Hospital Helps Establish *Faith in Action* Volunteer Caregivers Program (Grant ID# 43294, April 2007)
- Family Friends Program in Philadelphia, Pennsylvania Provides Helpful Surrogate Grandparents (Grant ID# 29775, July 2002)
- Frail Elders in Sherman, **Texas**, Get Rides to Appointments, Companionship (Grant ID# 28717, July 2002)
- "Friends for Life" Are Friends Indeed for Homebound Elderly in Waco, Texas (Grant ID# 34278, July 2002)
- Houston, Texas Coalition Launches Volunteer Caregivers Initiative as Part of RWJF's Faith in Action Program (Grant ID# 42311, August 2006)
- An All-Faiths Effort Helps Russian Immigrants, Other Elderly in Salt Lake City,
 Utah (Grant ID# 34342, July 2002)
- Interfaith Volunteers Provide Caregiving to the Elderly in Huntington, West Virginia. (Grant ID# 28938, July 2002)
- Funding Revitalizes a Project That Serves the Elderly in, **Washington**, **D.**C. (Grant ID# 27602, July 2002)
- Washington, D.C.-Based Food & Friends Program Expands Outreach of Meals Delivery Through RWJF *Faith in Action* Initiative (Grant ID# 47478, etc., January 2007)
- Care Teams Offer Non-Medical Support for Wisconsin Rural Homebound Elderly (Grant ID# 31469, July 2002)