Project CONNECT!

MISSION: *To enhance the well-being of older adults by alleviating hunger and reducing isolation.*

Prepared by,

Jessie Floyd, Val Falconieri, Becca Marcombe, and Alex Williams

Dr. Ryan Lavalley

The Community Practice Lab

Division of Occupational Science and Occupational Therapy

Allied Health Sciences Department

University of North Carolina Chapel Hill

April 27th, 2022

QUESTIONS?   Feel free to reach out to Jessie Floyd: **jessiefloyd.ot@outlook.com**

Executive Summary

Background

Meals on Wheels Orange County, NC (MOWOCNC) is a non-profit 501(c)3 organization utilizing community volunteers to distribute nutritionally balanced and affordable meals to older adults and persons with disabilities in Chapel Hill, Carrboro, and rural Orange County (MOWOCNC, n.d.). The goal of MOWOCNC for 2022 is to "… explore how we may expand, both in terms of numbers of clients and services offered" and to "…improve health, alleviate hunger, and reduce social isolation and loneliness" (MOWOCNC, 2021). Though the COVID-19 pandemic has recently restricted operations, most recipients are visited on weekdays by a volunteer with a hot meal and a friendly hello. These visits not only support routine building, but also encourage recipients' attention to self-care and homecare when the interaction with volunteers may be their only opportunity to see other people in a day. Volunteers assist with setup/operations, delivery, baking, picking-up food, special events, administrative help, professional services, and leadership. Many volunteers are older adults themselves and they, along with staff, have recognized an increased need among recipients who are socially isolated; they have also expressed a desire to become better prepared to address the mental health of recipients.

Purpose

The MOWOCNC mission statement is "to enhance the well-being of older adults by alleviating hunger and reducing social isolation" (MOWOCNC, n.d.). Through current operations and its statement of purpose, MOWOCNC is positioned to positively impact the mental health of recipients. The main goal of this program plan is to develop structure to initiate and sustain evidence-based programs to reduce social isolation and provide resources for volunteers and staff to enhance a culture of attention to mental health. To do this, we propose:

- Building the skills of volunteers to recognize social isolation and mental health concerns and understanding clear steps in response.
- Creating more opportunities for socialization between volunteers and recipients to reduce social isolation.
- Supporting operations that enhance this culture across the organization.
- Building partnerships with outside organizations and developing a committee to focus on new mental health initiatives that will create quality and sustainable efforts.

The Plan

In this proposal we offer a 3-phased organizational development plan to implement new roles within the organization to enhance its effectiveness in addressing the mental health of MOWOCNC recipients.

1. Resource Creation
2. Committee for Social Inclusion
3. Occupational Programming

Progress will be continuously evaluated through surveys. Initial steps are low-cost and volunteer-led, establishing infrastructure to support increased efforts by staff and volunteers to support the mental health needs of recipients. Grants and funding opportunities are suggested to support sustained collaboration in working together to include everyone in our community.

Literature Synthesis

Addressing Social Isolation

Meals on Wheels of Orange County North Carolina's (MOWOCNC) mission is to enhance the well-being of older adults living in the community by alleviating hunger and reducing isolation with the goal of enhancing their quality of life and helping them age in place with dignity (MOWOCNC, n.d.). In the US, 60% of older adults who live in the community alone report feelings of loneliness and isolation (Adepoju et al., 2021). Socially isolated adults have a 64% chance of developing clinical dementia and a 29% chance of having a premature death (Adepoju et al., 2021). Social isolation in older adults is seen as "part of a cascade of complex psychosocial factors that interact together to cause negative health outcomes in older adults" (Nicholson, 2012, p.147). Social isolation can increase the risk of cognitive decline, falls, re-hospitalization, all-cause mortality, and mortality from diseases like coronary heart disease and stroke (Nicholson, 2012). According to MOWOCNC's director, 60-70% of their recipients are considered homebound. Being both socially isolated and homebound has been shown to further increase the risk of mortality for older adults (Sakurai et al., 2019). Sakurai et al. (2019) found that older adults who are homebound but maintain social relationships through phone calls, emails, and writing letters, may have increased health consciousness than those who are homebound and socially isolated.

The COVID-19 pandemic has further exacerbated social isolation for older adults. Social distancing and fewer means of socializing with others during isolation has been shown to amplify preexisting psychological disorders and increase the risk of other disorders like depression and anxiety (Fontes et al., 2020). Fontes et al (2020) emphasizes the importance of implementing interventions to "mitigate and reduce the risk of psychological impact and psychiatric disorders in the elderly" (p.3). Mitigation and prevention of social isolation has been shown to decrease morbidity and mortality of older adults, which makes early detection crucial (Nicholson, 2012). MOWOCNC could be a source of early detection for social isolation and can implement measures to help reduce social isolation and improve the mental health of their recipients.

Previous Approaches in the Literature

Robust Evidence

Robust evidence suggests that interventions that aim to support leisure education programs can enhance leisure engagement for community-dwelling older adults, which can positively impact well-being (Smallfield & Lucas, 2018). For example, a 6-week group educational program that focused on leisure appreciation, self-determination, awareness, and decision-making regarding leisure choices found that there were significant increases in quality of life compared to the control group (Janssen, 2014). During a "ride along" opportunity with MOWOCNC volunteers, the authors discovered that recipients highly value various leisure activities (e.g., ping pong, woodworking, socializing) and were eager to discuss these leisure pursuits with the volunteers/students. The volunteers noted that asking recipients about their preferred leisure activities was an important way to open conversation and establish meaningful connections. Therefore, leisure engagement and social participation is a powerful tool in connecting with participants' strengths when training for and designing volunteer approaches to reduce social isolation, loneliness, and enhance overall quality of life.

The Call in Time Programme, a telephone befriending service developed primarily for homebound individuals, was a low-cost intervention that demonstrated positive effects on mental well-being and sense of security for participants (Cattan et al., 2011). The Seniors Centre Without Walls (SCWOW) program held social and educational telephone programming to reach socially isolated adults which was free of cost, provided a sense of connection and choice to participants, and had a positive impact on participants' mental wellbeing (Newall & Menec, 2015). MOWOCNC similarly saw success with this approach when it quickly implemented a phone-call check-in service between volunteers and recipients at the start of COVID that over time, has become more about companionship and connection. MOWOCNC intends to transition this service to a more established telephone program including offering training modules for volunteers, which could be expanded upon, and which could develop into an in-person visiting service.

Training and support for volunteers and developing community partnerships was utilized in the Change of Condition protocol, developed with MOW America, that tracked physical and mental health changes in recipients (Meals on Wheels America, 2021). The first step to implementing this protocol was to develop skills and confidence in the ability to adopt change (Meals on Wheels America, 2021). The implementation of this protocol to adopt change can serve as a guide to developing programs at MOWOCNC.

Mixed Evidence

There is *mixed evidence* in the literature that supports the use of community-based group program interventions to promote social participation (Smallfield & Lucas, 2018). For example, Creswell et al. (2012), examined an 8-week group stress reduction program and found a significant reduction in loneliness. This program utilized mindfulness-based stress reduction (MBSR) strategies which is a practical approach that could be utilized in our program planning with MOWOCNC. Specifically, quick mindfulness techniques can be incorporated into the volunteer training programs so that the volunteers can use feasible evidence-based approaches when interacting with recipients.

Other studies show insufficient evidence to support approaches to address loneliness and mental health. For example, Dickens et al. (2011), used a community mentoring model of intervention in which older adults received up to 12 weeks of mentoring in self-confidence and engagement in personally meaningful activities. This study found no improvements in outcome measures for social activity and support. Researchers have investigated the effectiveness of a rigorous multidisciplinary group rehabilitation program for frail older adults and discovered that there were no significant differences between groups on the loneliness outcome (Ollonqvist et al., 2008). These mixed results regarding community-based programs should inform future actions and are considered within our proposal.

Cultural Responsiveness

In a study about the Accredited Visiting Service (AVS) program in New Zealand, an in-person befriending service geared toward culturally diverse older adults, homebound individuals and other participants developed a sense of connection to their community and often had intimate conversations with the volunteers they were paired with (Wiles et al., 2019). Priorities for befriending groups should include culturally sensitive models of individual and group-based services, the development of partnerships with culturally specific organizations, and ongoing support/training for volunteers (Wiles et al., 2019). When developing a program for

MOWOCNC, it will be important to consider the various cultures/languages of the volunteers and recipients, the possibility for one-on-one and group services, training, and ongoing support for volunteers, and developing community partnerships/resources.

Role of Occupation

Christianson (1999) described the power of occupation, within the context of our relationships with others, to provide structure and a sense of purpose in our daily lives. Mulholland and Jackson (2018) found that identity is fractured when individuals can no longer participate in occupations that connect them to their past. Social isolation and restrictions regarding participation in even everyday occupations like shopping or going to church can cause anxiety or other psychological problems (Girdhar, 2020). With the elderly population already the hardest hit by the Covid pandemic, re-engagement is paramount to well-being. The support of occupational therapy practitioners who focus on occupations and community engagement has been shown to increase individuals' sense of belonging, efficacy, and community member role contribution (Fieldhouse, 2012).

In 2016, Han, Radel and Sabata trialed a service-learning opportunity that connected youth with community-dwelling people with dementia to engage one-on-one in personally meaningful activities. The program was found to promote feelings of inclusion, continuity of self-identity and it established new relationships. Further research by Han and Radel (2017) emphasized the importance of remaining client-centered by allowing participants to choose the activities in which they would be engaged. MOWOCNC is already tapping into that power with daily visits to recipients and weekly telephone check-ins. Building on that foundation, MOWOCNC has an opportunity to enhance the well-being of recipients by developing resources to enhance its culture of social inclusion.

Capacity and Needs Assessment

Resources & Opportunities

- **Five Staff Members**
  - The five staff members include the full-time Executive Director, Rachel Sobel Bearman, and part-time staff including the Operations Manager, Suzzette Jarman; Operations and Development Associate, Julia Meyer; Volunteer Coordinator, Heather Harris; and Bookkeeper, Shannon Grabowski.
    - <u>Opportunity</u>: Staff members can act as repositories of knowledge about mental health and direct volunteers to proper channels to address concerns. Staff can implement and expand volunteer training and continue building community partnerships.
- **Large Network of Volunteers & Consistency in Operations**
  - MOWOCNC utilizes the help of passionate and dedicated volunteers to run their daily operations and deliver meals to the community.
    - <u>Opportunity</u>: For some recipients, the volunteer dropping off their meals may be the only person they encounter that day. The meal drop-offs and phone call check-ins create invaluable opportunities for mutually beneficial friendships to be established between volunteers and recipients. Volunteers can enhance a culture of social inclusion by incorporating meaningful conversation starters into interactions with recipients and establishing trust.
  - Volunteers typically have a consistent schedule where they deliver meals to the same recipients each week.
    - <u>Opportunity</u>: This consistency can help volunteers identify any changes in mental health, physical well-being, or cognition of recipients. Changes are identified, volunteers can inform MOWOCNC staff who will then reach out to the recipient's primary contact and make referrals as appropriate. Volunteers can receive training and implement what they've learned about mental health and dementia.
  - Volunteers can have a cascading positive impact on recipients' well-being.
    - <u>Opportunity</u>: The executive director reported that meal deliveries and face-to-face encounters with volunteers could be a reason for recipients to get out of bed each day. These encounters have the potential to help structure the recipient's day and may assist them with developing a daily routine.
- **Recipients**
  - Recipients come from a variety of backgrounds and have varied life experiences and interests.
    - <u>Opportunity</u>: Recipients can provide input to MOWOCNC staff and volunteers on their needs and interests related to mental health and social isolation. Some recipients may have expertise or interest in engaging around these supports and social inclusion programming
- **Phone Call Check-ins with Recipients**
  - Phone call check-ins began as a response to the COVID-19 pandemic. Volunteers began calling recipients 2-3 times a week due to the decrease in face-to-face

interaction and need for social distancing. Volunteers reported that these phone calls have led to increased rapport with recipients.

  ▪ <u>Opportunity</u>: In response to the success of these phone calls, MOWOCNC has developed the Friend-to-Friend Volunteer Telephone Program which will train volunteers to engage in conversations and build relationships with recipients. This training can be expanded to cover topics such as addressing dementia and mental health.

- **Training of Volunteers**
  o Dementia awareness training was recently offered by a social worker connected with the Orange County Department on Aging. The executive director reported that the dementia training not only assists with volunteer-recipient interactions, but it also assists the volunteer in their personal lives (e.g., if they have a spouse who has developed signs of dementia).
    ▪ <u>Opportunity</u>: This demonstrates that the MOWOCNC trainings can serve as a resource and have the potential to impact the recipients' lives as well as the volunteers.

- **Several Community Partners**
  o MOWOCNC currently has the following partnerships established that are important to this program including: the Orange County Department on Aging, Orange County, St. Thomas More Catholic Church, The Chamber for a Greater Chapel Hill-Carrboro, Town of Chapel Hill, and the Town of Carrboro. In addition to these partnerships, MOWOCNC has grantors and corporate sponsors that help fund operations and help sustain their operations.
    ▪ <u>Opportunity</u>: Future partnerships could potentially include El Futuro and the Seymour Center. Expanding program offerings could strengthen current and establish new partnerships and open opportunities for grants or other funding sources for mental health promotion with older adult populations.

- **Partnership with UNC Chapel Hill**
  o Students have become involved with MOWOCNC's operations and have completed projects in partnership with them over the years.
    ▪ <u>Opportunity</u>: Students can continue to be involved in MOWOCNC's operations and contribute to evolving projects. Ryan Lavalley can serve as a continued support and contact. There is also a UNC alum/current OT (Allie Little) who is interested in volunteering with MOWOCNC.

Complexities

- **Staff/Operations**
  o The director expressed that it can be challenging to turn ideas into reality due to the small staff/part-time staff and number of responsibilities per staff member. Funding is often needed to turn ideas into reality. Opportunities from COVID-related funding/grants may not go beyond this year.
  o The staff time and operations budget often go toward meal and food costs, rather than directly addressing social isolation, even though social isolation is part of MOWOCNC's mission statement.
  o The southern part of Orange County has numerous volunteers available and offers hot meals 5x/week. The northern part of Orange County has fewer volunteers

available and currently delivers meals with less frequency. Therefore, there may be a difference in needs among recipients in the northern and southern parts of the county.

- o Due to the large number of volunteers in varied roles, keeping everyone up to date on current initiatives may be challenging. For example, some volunteers were not familiar with the phone call initiative that began in response to COVID.

- **Volunteers**
  - o There are differences (e.g., language, culture, ethnicity, food) in recipients and volunteers that may impact recipient-volunteer interactions.
  - o Volunteers as well as recipients may or may not be interested in engaging in conversations and building relationships.
  - o There may be time constraints due to volunteers delivering multiple meals on the same route.
  - o Volunteers may not know or feel comfortable with identifying and reporting concerns among recipients regarding mental health or dementia.

- **Recipients**
  - o Recipients are diverse and have different cultures, languages, resources, and capabilities.
  - o Many recipients have limited use of technology/email.
  - o MOWOCNC is not structured to have recipients interact with one another in a social capacity.

- **Mental health**
  - o The director identified two recipient groups regarding mental health including individuals with dementia/Alzheimer's Disease and individuals experiencing social isolation/loneliness who do not have dementia/Alzheimer's Disease.
  - o Mental health can be a taboo subject to talk about with different individuals.
  - o Mental health is a huge umbrella topic with several influencing factors including genetics, biology, trauma, etc.

- **COVID**
  - o Policies in place in response to COVID have included contactless delivery and social distancing which limits face-to-face encounters.
  - o Masks have the potential to inhibit relationship-building between volunteers and recipients (e.g., they can't see each other smile).

Reasons for Program Implementation

- Older adults face greater amounts of social isolation, and MOWOCNC is interested in addressing this need more robustly.
- Volunteer direct contact is a deep opportunity to address this concern.
- Volunteers are welcoming to training which could be expanded to include topics such as mental health.
- Volunteers have expressed:
  - o Interest in learning about ways to address mental health and social isolation so that they can best serve recipients.
  - o Concern with the lack of contact with some recipients on their route, due to the pandemic or otherwise, and stated that this was a major barrier in addressing

social isolation and mental health. For example, one recipient requested that volunteers deliver their meals in a cooler located on the front porch because ringing the doorbell disturbs a family member who also lives in the residence.

- o Interest in the best ways to engage with many recipients who have conditions that impact their cognition, mental health, or ways of communicating (e.g., hoarding, agoraphobia, dementia, and expressive aphasia).
- o Interest in learning ways to start meaningful conversations with the recipients and what specific questions they should ask.

- Currently, there is no designated mental health-focused staff member or designated community partner to specifically address social isolation/loneliness among recipients.
- Currently, there is no formal process in place (internally/externally) to address mental health concerns identified by staff, volunteers, and/or recipients.

MEALS on WHEELS
ORANGE COUNTY, NC

Introducing

Project CONNECT!

| Phase I-
Resource Creation | Phase II-
Committee for Social Inclusion | Phase III-
Occupational Programming |

C	• Committee for Social Inclusion
O	• Occupation
N	• Noticing volunteers
N	• New resources
E	• Education
C	• Collaboration
T	• Training

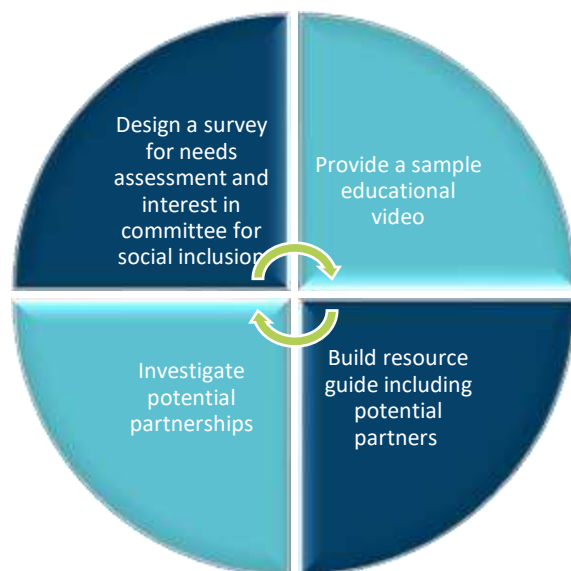*The following proposal details the three phases of the 'Project CONNECT' plan.*

Phase I has been completed by UNC-MSOT students.

Phase II will foster education and collaboration throughout staff, volunteers, and recipients.

Phase III will implement new programming to include recipients in activities with volunteers.

MEALS on WHEELS
ORANGE COUNTY, NC

11

Phase I: Resource Creation

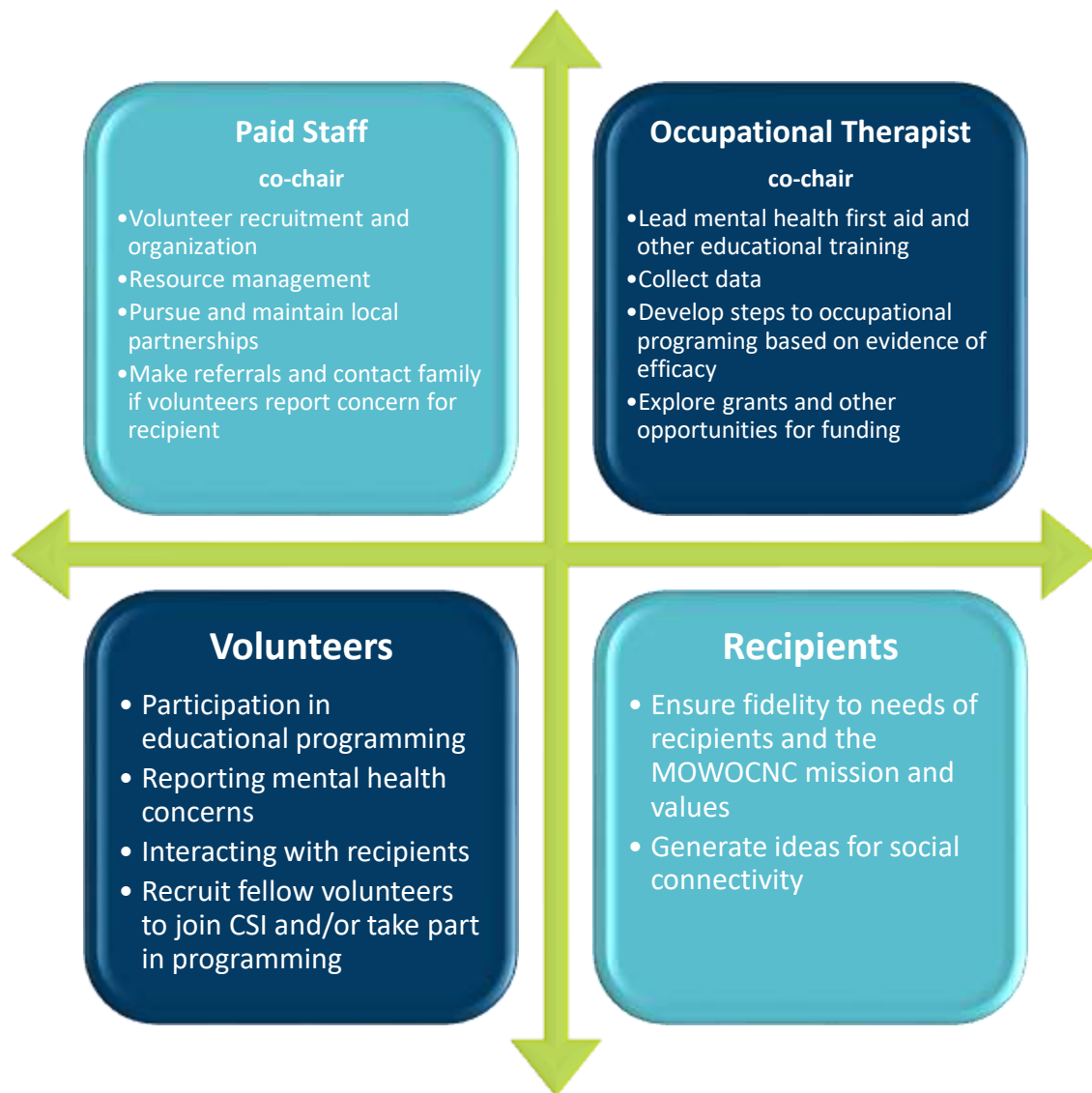*Purpose- to design a plan and create resources according to the needs and capacities of MOWOCNC and the community*

Timeframe	Phase I: Action Steps	Goal
Completed by UNC MSOT students by April 2022	✓ Design a survey for volunteers to identify mental health training needs, collect information regarding the confidence of volunteers with supporting the mental health of recipients, and gauge interest in joining the "Committee for Social Inclusion." ✓ Provide an example video to demonstrate a strategy for volunteer/recipient collaboration and promotion of a culture of social inclusion. ✓ Build a resource guide to be used as a resource by staff and volunteers, containing a consolidated list of community resources, potential partnerships, and appropriate referrals. *See Appendix A for the resource guide	UNC MSOT students will develop a program plan and resources to support and enhance a culture that recognizes social isolation and mental health concerns among recipients.

MEALS on WHEELS
ORANGE COUNTY, NC

Phase II: The Committee for Social Inclusion (CSI)

Purpose- to build on the knowledge and skills of staff, volunteers, and recipients to address mental health issues affecting recipients and enhance a culture of social inclusion

Members of the Committee for Social Inclusion: Roles and Responsibilities

Paid Staff

co-chair

- Volunteer recruitment and organization
- Resource management
- Pursue and maintain local partnerships
- Make referrals and contact family if volunteers report concern for recipient

Occupational Therapist

co-chair

- Lead mental health first aid and other educational training
- Collect data
- Develop steps to occupational programing based on evidence of efficacy
- Explore grants and other opportunities for funding

Volunteers

- Participation in educational programming
- Reporting mental health concerns
- Interacting with recipients
- Recruit fellow volunteers to join CSI and/or take part in programming

Recipients

- Ensure fidelity to needs of recipients and the MOWOCNC mission and values
- Generate ideas for social connectivity

MEALS on WHEELS
ORANGE COUNTY, NC

Timeframe*	Phase II Action Steps and Rolling Responsibilities	Goals
2022 Q3	1. Volunteer coordinator will administer survey to find interested volunteers and determine educational needs of volunteers. 2. Volunteer OT will analyze data to determine appropriate educational programming. 3. Committee will hold first meeting to define and assign roles to individuals of the committee and to establish a vision for the CSI including specific objectives. 4. Committee will continue to meet every 1-2 months.	Establish the Committee for Social Inclusion
2022 Q4	5. CSI staff will work toward establishing community partnerships. Focus will include transportation options to the Seymour center, older adult support groups, Spanish speaking and other culturally diverse organizations, and mental health professionals. 6. CSI volunteers will learn mental health first aid and talk with friends and family about community mental health needs. 7. CSI OT will develop learning events for CSI volunteers and any interested MOWOCNC volunteers or recipients with. 8. CSI Recipient members will attend meeting to ensure that focus of the committee remains true to their needs.	Infuse mental health awareness into culture, build partnerships in the community, and recruit more volunteers
2023 Q1&Q2	9. CSI OT will become (18 hours weekly) paid position and host learning events on topics such as identifying mental health red flags and how to interact with individuals who have dementia. 10. CSI volunteers will assist with trainings and build word of mouth support for new programs. 11. CSI staff will maintain resource guide and assist OT with grant writing. Additional paid hours for continues responsibilities. 12. MOWOCNC volunteers will attend events and continue frontline work with recipients with more confidence and efficacy	Increase the efficacy of MOWOCNC volunteers to support mental health
2023 Q3&Q4	13. CSI OT will become (30 hours weekly) paid position 14. CSI will continue to reflect on how operations currently support recipients' mental health, identify areas for further growth, and use/add to the resource guide in order to establish and strengthen community partnerships. 15. CSI OT will continue to gather data on recipient and volunteer needs to structure occupational evidence-based programs around.	Create opportunities for socialization and grow/strengthen CSI

*For the purposes of this document, Q1=January, February, March /Q2= April, May, June /Q3= July, Aug, Sept /Q4= Oct, Nov, Dec

Resources for Phase II:
- Time for a staff member or a designated volunteer to head and organize the Committee for Social Inclusion
- Volunteer hours from members of the Committee for Social inclusion
- Space to meet for committee meetings/planning (either in person or online)
  - Depending on Covid restrictions, it could be in person at a space such as the church where they prepare meals or online through an online video chat service such as Zoom

MEALS on WHEELS
ORANGE COUNTY, NC

- o If in person, tables, chairs, a projector, and laptop to hold meetings. This could be included in the space or may need to be organized by the leader of the committee
- Database/online resource to organize the committee's planning, meeting notes, initiatives, and other documents
  - o Microsoft OneNote, Google Drive, etc. depending on what the organization has access to and what is the most user friendly for the committee
  - o This could be part of a future volunteer portal or a link on the MOWOCNC website
- Occupational Therapist consultant time to update/create training resources to support Committee for Social Inclusion initiatives, incorporating occupational-based programming into everyday operations of MOWOCNC, continue developing and strengthening community partnerships, etc.

Phase III: Sustaining the CSI and implementing occupational & evidence-based programming

Purpose: to increase the quality of life, mitigate the effects of isolation, and build relationships between volunteers and recipients.

Timeframe*	Action Steps	Goals
2024	1. CSI will continue established roles from Phase II 2. Additionally, CSI full-time (40 hours) OT will enact occupational evidence-based programming, continuing to track data and ensure that grant stipulations are met. For example, "afternoon tea/snack" with UNC OT students, who bring a tasty beverage to share and visit with recipients on the porch. Drinking iced tea on the porch is a southern tradition, and the afternoon is a better time for young people to be available than the morning. Tea is also affordable and delicious! *See Appendix B for more potential program ideas	Use evidence-based occupational programs to mitigate the effects of social isolation on recipients

Resources:
- Volunteer hours from members of Committee for Social Inclusion
- Space to meet for committee meetings/planning (as detailed in Phase II)
- Database to organize committee documents (as detailed in Phase II)
- Occupational therapist funded in a full-time (40 hours) position on MOWOCNC staff
- MOWOCNC staff member/s (40 hours)

Potential Sources for Revenue

Title of Grant	Award Ceiling	Weblink
"Rural Health and Safety Education Competitive Grants Program"	$350,000	https://www.grants.gov/web/grants/search-grants.html
"Disability and Rehabilitation Research Projects (DRRP) Program: Community Living and Participation (Development)"	$500,000	https://www.grants.gov/web/grants/view-opportunity.html?oppId=334818
"Innovations in Nutrition Programs and Services - Research"	$600,000	https://www.grants.gov/web/grants/view-opportunity.html?oppId=335746
"Research on Biopsychosocial Factors of Social Connectedness and Isolation on Health, Wellbeing, Illness, and Recovery (R01 Clinical Trial Required)"	NA	https://grants.nih.gov/grants/guide/pa-files/PAR-21-352.html
Foundations and other Financial Resources		
AARP	$50,000	https://www.aarp.org/livable-communities/community-challenge/info-2022/2022-challenge.html
Society for Nonprofits	Multiple Sources	https://www.snpo.org/publications/fundingalert_by category.php?cs=SENR
Grantmakers in Aging	Multiple Sources	https://www.giaging.org/initiatives/rural-aging/rural-aging-resources-for-funders/foundations/
The John A. Hartford Foundation	Multiple Grants	https://www.johnahartford.org/grants-strategy
Administration for Community Living	Multiple Grants	https://acl.gov/grants/open-opportunities

There are grants available for healthcare practitioners to enact evidence-based programs that are fully designed, which could be applied to as the occupational therapist's role develops in Phase III.

	PHASE I	PHASE II 2023 Q1/Q2	PHASE IIB 2023 Q3/Q4	PHASE III 2024 AND BEYOND
STAFF MEMBERS WAGES *	NA	$24,000 30 hrs.@$16	$32,000 40 hrs.@$16	$32,000 40 hrs.@$16
OT CONSULTANT FEES/SALARY*	Volunteer hours by OT students	$25,200 18 hrs.@$28	$42,000 30 hrs.@$28	$58,000 40 hrs.@$29
PAYROLL TAXES AND INS. (8.25%)	NA	$2,277	$6,105	$7,425
SUPPLIES	NA	$500	$1000	$1500
OVERHEAD	Will not add requirements	-	-	-

*Staff member wages are based on North Carolina living wage calculator- Living Wage Calculator at MIT.edu

OT salary from- Salaries at BLS.gov

Percentile	10%	25%	50% (Median)	75%	90%
Hourly Wage	$ 29.17	$ 36.40	$ 41.14	$ 48.31	$ 59.54
Annual Wage	$ 60,680	$ 75,710	$ 85,570	$ 100,490	$ 123,840

*OT Consultant fees/salary is estimated at 10% due to non-profit setting and inability to bill for services. This should be adjusted to remain competitive as funding becomes available.

MEALS on WHEELS
ORANGE COUNTY, NC

Program Evaluation Plan

Brief Explanation of importance of program evaluation:

According to Ensminger et al. (2014), program evaluation is a crucial part of any program plan because it helps to measure the effectiveness of a program and therefore drives further decision making and action. In the chart below, we have outlined the various outcomes, measures, and methods that will be used to evaluate the effectiveness of this program. This data can be used to see if the outcomes align with the goals of this program, inform future changes, and help pursue funding from different sources in the future.

Evaluation Data Collection Plan:

Chart adapted from (Ensminger et al., 2014)

Outcome	Indicator	Sources of Data	Method of Data Collection	When will Data Be collected	Person Responsible for Collecting Data
Increased perceived self-efficacy of volunteers in supporting the mental health of recipients	Reported levels of increased confidence of volunteers Volunteers using skills from trainings to support recipients	Google surveys Open forum discussions	Survey (Open forum discussions (online or in person to hear directly from volunteers about their experiences and what concerns or questions they have)	Within the first month of program initiation to measure current confidence levels of volunteers and before new volunteers take the initial trainings -Then surveys are given after each training created by Committee for Social Inclusion -Biannual open forums	The OT volunteer/ consultant
Reduced levels of social isolation of recipients	Reported decreased levels of social isolation Participation in programs aimed at reducing social isolation	Survey answers	Survey given to recipients incrementally by volunteers (verbally through phone calls or in person at meal deliveries, large print copies of survey if in person, translation options for non-English speaking recipients) Recorded recipient participation/enrollment levels in occupational programs	In phase 2 once committee is together to measure baseline levels of social isolation Then quarterly to monitor impact of initiatives	The Committee for Social Inclusion and/or the OT volunteer/ consultant

MEALS on WHEELS
ORANGE COUNTY, NC

Increased opportunities for socialization between volunteers and recipients	Increased options for programs that promote socialization between recipients and volunteers	The Committee for Social Inclusion Increased number of occupational programs for recipients/ volunteers to participate in	Log of types of occupational programming and frequency of programming available	Within the next quarter and then quarterly once programming is beginning to be implemented	The Committee for Social Inclusion and the OT volunteer/ consultant

Data Collection Instruments:

What is already available?

- The Initial Volunteer Google Survey (https://forms.gle/MGmNJ6rZUk1NHyAL9 and also in Appendix C)

    This initial volunteer survey will gather information from volunteers to gauge interest in the Committee for Social Inclusion and gather other useful information for the Committee to utilize. The survey assesses their self-efficacy of supporting their recipient's mental health, questions or concerns they have about the topic, and asks for ideas they have to reduce social isolation. This survey could be modified in the future to use as a consistent measure of the confidence/self-efficacy of volunteers as they engage in the initiatives driven by the Committee for Social Inclusion. Examples of some of the survey questions can be found below:

How confident are you with identifying signs of depression or mental health red flags during your interactions with recipients?

	0	1	2	3	4	5	6	7	8	9	10	
Not confident at all	○	○	○	○	○	○	○	○	○	○	○	Very confident

How confident are you with supporting the mental health of recipients?

	0	1	2	3	4	5	6	7	8	9	10	
Not confident at all	○	○	○	○	○	○	○	○	○	○	○	Very confident

MEALS on WHEELS
ORANGE COUNTY, NC

How confident are you with identifying signs of dementia during your interactions with recipients?

	0	1	2	3	4	5	6	7	8	9	10	
Not confident at all	○	○	○	○	○	○	○	○	○	○	○	Very confident

What still needs to be developed?
- To measure volunteer self-efficacy:
  - Additional Survey to continue to measure volunteer self-efficacy incrementally could be adapted from the initial survey
  - Focus group guides to identify questions and concerns to drive future initiatives of the Committee for Social Inclusion
- To measure social isolation of recipients:
  - Self-report tool to measure the levels of social isolation experienced by recipients
  - Something to measure the interest/participation in programming by recipients

MEALS on WHEELS
ORANGE COUNTY, NC

References

Adepoju, O. E., Chae, M., Woodard, L., Smith, K. L., Herrera, L., Han, D., Howard, D. L., Dobbins, J., & Ory, M. (2021). Correlates of Social Isolation Among Community-Dwelling Older Adults During the COVID-19 Pandemic. *Frontiers in Public Health*, *9*. https://doi.org/10.3389/fpubh.2021.702965

Cattan, M., Kime, N., & Bagnall, A. (2011). The use of telephone befriending in low level support for socially isolated older people- an evaluation. *Health and Social Care in the Community*, 19(2), 198-206. doi: 10.1111/j.1365-2524.2010.00967

Chapelboro. (2021, November 16). Nonprofit spotlight: Meals on wheels orange county NC. *Chapelboro.com*. https://chapelboro.com/town-square/nonprofit-spotlight-meals-on-wheels-orange-county-nc–

Christiansen C (1999) Defining lives: Occupation as identity. An essay on competence, coherence, and the creation of meaning. *American Journal of Occupational Therapy, 53*(6) 547–558. https://doi.org/10.5014/ajot.53.6.547

Dickens, A. P., Richards, S. H., Hawton, A., Taylor, R. S., Greaves, C. J., Green, C., Campbell, J. L. (2011). An evaluation of the effectiveness of a community mentoring service for socially isolated older people: A controlled trial. *BMC Public Health*, 11, 218. https://doi.org/10.1186/ 1471-2458-11-218

Ensminger, D., Scaffa, M. E., & Reitz, M. (2014). Program Evaluation. In Occupational Therapy in Community-Based Practice Settings (Second ed., pp. 96–113). F A Davis Company.

Fieldhouse, J. (2012). Community participation and recovery for mental health service users: An action research inquiry. *British Journal of Occupational Therapy, 75,* 419–428. https://doi.org/10.4276/030802212X13470263980838

Fontes, W. H. D. A., Gonçalves Júnior, J., de Vasconcelos, C. A. C., da Silva, C. G. L., & Gadelha, M. S. V. (2020). Impacts of the SARS-CoV-2 Pandemic on the Mental Health of the Elderly. *Frontiers in Psychiatry*, *11*. https://doi.org/10.3389/fpsyt.2020.00841

Girdhar, R., Srivastava, V., & Sethi, S. (2020). Managing mental health issues among elderly during COVID-19 pandemic. *Journal of Geriatric Care and Research*, *7*(1), 32-35. JGCR_2020_7_120200530-128369-1j7wdho-with-cover-page-v2.pdf (d1wqtxts1xzle7.cloudfront.net)

Han, A., & Radel, J. (2017). The benefits of a person-centered social program for community-dwelling people with dementia: interpretative phenomenological analysis. *Activities, Adaptation & Aging*, *41*(1), 47-71. https://doi.org/10.1080/01924788.2016.1272392

Han, A., Radel, J., & Sabata, D. (2016). The benefits of a person-centered social program for community-dwelling people with dementia. *The American Journal of Occupational Therapy*, *70*(4_Supplement_1), 7011515266p1-7011515266p1. https://doi.org/10.5014/ajot.2016.70S1-PO5018

Janssen, M. A. (2004). The effects of leisure education on quality of life for older adults. *Therapeutic Recreation Journal*, 38, 275-288.

Meals on Wheels America. (2021). How Meals on Wheels America systematized its holistic service model to address clients' changes of condition. https://www.mealsonwheelsamerica.org/docs/default-source/research/more-than-a-meal-process-expansion/coc_fullreport_december-2021.pdf?sfvrsn=ecd4b23b_2

Meals on Wheels Orange County NC. (n.d.). *About Us*. https://www.mowocnc.org/about-us

Meals on Wheels Orange County NC. (n.d.). *News & Views.* https://www.mowocnc.org/news-views

Meals on Wheels Orange County NC. *(2021). November 2021 Newsletter*. Meals on Wheels Orange County, NC. Retrieved January 20, 2022, from http://www.icontact-archive.com/archive?c=1122232&f=13901&s=29480&m=683403&t=ed0de281ee6b1720daa56173b33097db6ac8d5ab7a198abf4bc52c0b5cb6e986

Meals on Wheels Orange County NC. (n.d.). *Our Grantors*. https://www.mowocnc.org/our-grantors

Meals on Wheels Orange County NC. (n.d.) *Our Impact.* https://www.mowocnc.org/our-impact

Meals on Wheels Orange County NC. (n.d.). *Our Mission*. https://www.mowocnc.org/our-mission

Meals on Wheels Orange County NC. (n.d.). *Our Partners.* https://www.mowocnc.org/our-partners

Meals on Wheels Orange County NC. (n.d.). *Volunteer Opportunities.* https://www.mowocnc.org/volunteer-opportunities

Meals on Wheels Orange County NC. (2022). *Ways to Give*. https://www.mowocnc.org/ways-give

Moving with H.O.P.E. (n.d.). Occupational Therapists and Mental Health Interventions. Retrieved January 29, 2022, from https://www.movingwithhope.org/posts/occupational-therapists-and-mental-health-interventions/

Mulholland, F., & Jackson, J. (2018). The experience of older adults with anxiety and depression living in the community: Aging, occupation and mental wellbeing. *British Journal of Occupational Therapy*, *81*(11), 657-666. https://doi.org/10.1177%2F0308022618777200

Newall, N.E.G., & Menec, V.H. (2015). Targeting socially isolated older adults: a process evaluation of the senior centre without walls social and educational program. *Journal of Applied Gerontology*. 34(8), 958-976. DOI: 10.1177/0733464813510063

Nicholson N. R. (2012). A review of social isolation: an important but underassessed condition in older adults. *The journal of primary prevention*, *33*(2-3), 137–52. https://doi.org/10.1007/s10935-012-0271-2

Njelesani, J., Tang, A., Jonsson, H., & Polatajko, H. (2014). Articulating an occupational perspective. *Journal of Occupational Science*, *21*(2), 226–235. doi:10.1080/14427591.2012.717500

Ollonqvist, K., Palkeinen, H., Aaltonen, T., Pohjolainen, T., Puukka, P., Hinkka, K., & Pontinen, S. (2008). Alleviating loneliness among frail older people-Findings from a randomised controlled trial. *International Journal of Mental Health Promotion*, 10(2), 26-34. https://doi.org/10.1080/ 14623730.2008.9721760

Sakurai, R., Yasunaga, M., Nishi, M., Fukaya, T., Hasebe, M., Murayama, Y., Koike, T., Matsunaga, H., Nonaka, K., Suzuki, H., Saito, M., Kobayashi, E., & Fujiwara, Y. (2019). Co-existence of social isolation and homebound status increase the risk of all-cause mortality. *International Psychogeriatrics, 31*(5), 703-711. http://dx.doi.org/10.1017/S1041610218001047

Scaffa, M. E., & Reitz, S. M. (2001). Occupational therapy in community-based practice settings. Philadelphia: Pennsylvania: FA Davis Company.

Smallfield, S., & Molitor, W. L. (2018). Occupational therapy interventions supporting social participation and leisure engagement for community-dwelling older adults: a systematic review. *The American Journal of Occupational Therapy*, *72*(4), 7204190020p1-7204190020p8. doi:10.5014/ajot.2018.030627

University at Buffalo School of Social Work. (n.d.). What is Trauma-Informed Care? - Retrieved January 29, 2022, from http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html

Wiles, J., Morgan, T., Moeke-Maxwell, T., Black, S., Park, H-J., Dewes, O., Williams, L.A., & Gott, M. (2019). Befriending services for culturally diverse older people. *Journal of Gerontological Social Work*, 62(7), 776-793. DOI:10.1080/01634372.2019.1640333

APPENDIX A- Resource Guide

Dementia

Online Resources:

- Alzheimer's Association:
  - ○ About: This website has information about what dementia is including symptoms, treatments, and information about risks and prevention. This website can help you find local resources, access research, and find support for individuals and their caregivers.
  - ○ When to use: This can be used to learn more about dementia and develop a better understanding of the disease.
  - ○ Website: https://www.alz.org/alzheimers-dementia/what-is-dementia#:~:text=Dementia%20is%20a%20general%20term,help%20those%20affected%20by%20Alzheimer's
- Center for Disease Control:
  - ○ About: This website provides in-depth information about dementia and can connect people with national and local resources.
  - ○ When to use: This can be used to learn more about dementia as well as find local and national resources for individuals with dementia.
  - ○ Website: https://www.cdc.gov/aging/dementia/index.html
- Positive Approach to Care:
  - ○ About: Positive Approach to Care provides a variety of services, events, and products for various audiences. Their vision is to enhance the lives and relationships of those living with brain change by fostering an inclusive global community. This could be a resource for future training of volunteers and/or staff members of MOWOCNC.
  - ○ When to use: This can be used by staff to inform future training in the area of dementia. Additionally, volunteers can use this to learn more about communicating with individuals with dementia.
  - ○ Website: https://teepasnow.com/

Community Resources:

- Dementia Friendly Orange County
  - ○ About: Dementia Friendly is an international effort to make communities more welcoming and livable for people with dementia. This website has a training video for dementia friendly businesses and has some information about dementia.

MEALS on WHEELS
ORANGE COUNTY, NC

- o When to use: This can be used by staff to help make MOWOCNC more dementia friendly.
  - o Website: https://dforangecounty.org/dementia-friendly/
- PDF of North Carolina Dementia Resources:
  - o About: This is a free online resource that has information about different North Carolina Dementia Resources.
  - o When to use: This can be utilized by staff to access additional resources in the community for potential partnerships and training for volunteers.
  - o Website: http://www.dementiacarestrategies.com/Dementia_Resources_North_Carolina.pdf
- Orange County Caregiver Awareness, Respite, Education & Support (OC CARES):
  - o About: OC CARES offers individualized and community-level support for caregivers of individuals with dementia. They offer support opportunities both in-person and online. Some of these supports include activity engagement coaching, consultations, counseling services, dementia-caregiving coaching, memory screenings, Music in My Mind, and in-home assistance resources.
  - o When to use: This can be used as a referral source for families of recipients with dementia.
  - o Website: https://www.orangecountync.gov/169/Caregiver-Support-Services

Mental Health Concerns

Online Resources:

- Mental Health First Aid
  - o About: This is a course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training provides skills needed to reach out and provide support for those who are experiencing a mental health or substance use concern or a mental health crisis.
  - o When to use: This could be used by members of the MOWOCNC mental health committee or any volunteer/staff members who wish to get additional mental health training.
  - o Website: https://www.mentalhealthfirstaid.org/
- National Aliance on Mental Illness
  - o About: NAMI provides advocacy, education, support, and public awareness so that individuals and families affected by mental illness can live better lives
  - o When to use: Use this resource for support and education programs on mental health for individuals and families.
  - o Website: https://www.nami.org/Home

MEALS on WHEELS
ORANGE COUNTY, NC

Crisis Intervention Resources:

- Chapel Hill Police Department Crisis Unit
    - About: This is a 24-hour co-response team that provides onsite emergency response with officers to persons in crisis situations. The hours are Monday-Friday, 9am-11pm, plus on-call response.
    - When to use: Use this service only with situations that need immediate emergency response such as mental health crisis, partner or sexual violence, situations requiring safety planning, traumatic situations, or outreach to vulnerable people.
    - Website: https://www.townofchapelhill.org/government/departments-services/police/specialty-units/crisis-unit
    - Phone: 919-968-2806
- Freedom House Mobile Crisis
    - About: 24/7 mobile crisis response for behavioral health crisis. A mobile crisis team travels to a person in crisis to provide integrated, short-term crisis response, stabilization, and intervention for adults and children experiencing a mental health or chemical dependency crises.
    - When to use: Use this service if a participant is experiencing a mental health crisis that needs a short-term crisis response that is not deemed an immediate emergency.
    - Website: https://freedomhouserecovery.org/crisis-services
    - Phone: 866-275-9552
- HopeLine
    - About: HopeLine offers caring, non-judgmental listening, crisis intervention and suicide prevention available by phone or text. They also offer referrals to appropriate community resources. Volunteers at this organization are trained active listeners, not professional counselors and are not intended to replace traditional therapeutic settings.
    - When to use: This could be a great resource to provide recipients who you believe may need someone to talk to by phone. Services are designed to be brief in nature and these trained active listeners create an atmosphere of acceptance and trust.
    - Website: https://www.hopeline-nc.org/
    - Call or Text: 919-231-4525

Reducing Social Isolation

Online Resources:

- AARP Foundation Connect2Affect

MEALS on WHEELS
ORANGE COUNTY, NC

- o About: This is a program that was spearheaded by AARP Foundation to seek out solutions for the issue of social isolation. This program aims to create a deeper understanding of loneliness and isolation, draw attention to the issue, and provide action steps to end social isolation among older adults.
  - o When to use: Use this resource to view a network of resources to meet that needs of participants who are isolated or lonely and to build social connections for older adults to thrive.
  - o Website: https://connect2affect.org/
- National Institute on Aging
  - o About: This NIH resource provides information on the topic of loneliness and social isolation. This resource also provides tips, and ways to stay connected. This includes the difference between loneliness and social isolation, ways to stay connected during the COVID-19 pandemic, the effects of isolation on older adult's health, risk for loneliness and social isolation, and how to stay connected.
  - o When to use: Use this resource to receive reliable information on loneliness and social isolation. This resource is available in English and Spanish. Use this resource to identify other resources on this topic.
  - o Website: https://www.nia.nih.gov/health/loneliness-and-social-isolation-tips-staying-connected

Possible Community Partnerships

- Seymour Center (OCDOA):
  - o About: The OCDOA is a one-stop resource where older adults and caregivers can meet their social, mental, physical, financial, and day-to-day practical needs. UNC students had a brief conversation with an older adult involved with the Seymour Center, one of the senior centers of OCDOA, and she recommended the following individuals who may be interested in future partnership with MOWOCNC.
  - o Contacts:
    - ▪ Shenae McPherson (shmcpherson@orangecountync.gov) is the administrator of volunteers for the center.
    - ▪ Alison Smith (alsmith@orangecountync.gov) could potentially partner with MOWOCNC regarding volunteers.
  - o Phone Number: (919) 968- 2070
  - o Website: http://www.orangecountync.gov/154/Aging
- Division of Occupational Science and Occupational Therapy at UNC Chapel Hill:
  - o About: This division offers a MS in Occupational therapy program and a PhD in Occupational Science. This partnership could continue to be leveraged to improve mental health initiatives for MOWOCNC.
  - o Contact: Ryan Lavalley, PhD, OTR/L
    - ▪ Phone Number: (919) 836-4467

MEALS on WHEELS
ORANGE COUNTY, NC

- Email: ryan_lavalley@med.unc.edu
    - Website: https://www.med.unc.edu/ahs/ocsci/
- Local Occupational Therapist, Alli Little:
    - About: Alli has expressed interest in volunteering with MOWOCNC to help with initiatives to reduce the social isolation of recipients.
    - Contact: allisonelittle@gmail.com
- El Futuro:
    - About: El Futuro is a community-based program that helps provide Spanish-speaking immigrants with culturally-responsive mental health services.
    - Phone number: (919) 688-7101 ext. 600
    - Website: https://elfuturo-nc.org/
- El Centro Hispano:
    - About: This potential community partnership has a goal of advancing and improving the overall health and well-being of the Latino community.
    - Phone Number: (919) 945-0132
    - Website: https://elcentronc.org/
- ADATC (Alcohol and Drug Abuse Treatment Center):
    - About: This is an Alcohol and Drug Abuse Treatment Center located in Butner, NC that is designed to provide inpatient treatment, psychiatric stabilization, and medical detoxification for individuals with substance use and other co-occurring mental health diagnoses. Admission is available regardless of financial resources or insurance status.
    - Phone Number: (919) 420-1375
    - Website: https://www.ncdhhs.gov/divisions/state-operated-healthcare-facilities/facilities/rj-blackley-alcohol-and-drug-abuse-treatment-center
- Freedom House Facility-Based Crisis (Detox):
    - About: Freedom House Recovery Center is a non-profit behavioral health care agency that provides services to individuals who suffer from behavioral issues, mental illness, and/or addiction. Their services include detoxification, mobile crisis management, facility-based services, short- and long-term residential rehabilitation/halfway houses, intensive outpatient, criminal justice resource center, aftercare, psychiatric evaluation and medication management, integrated primary medical health care, and community intervention support.
    - Phone Number: (866) 275-9552
    - Website: https://freedomhouserecovery.org/
- Club Nova
    - About: Club Nova is a non-profit community center located in Carrboro, NC for people with serious mental illness. They provide employment, education, social opportunities, and more.
    - Phone Number: (919) 968-6682

- Website: https://clubnova.org/
- Schizophrenia Treatment and Evaluation Program (STEP):
  - About: STEP programs are community outpatient clinics that help individuals and families dealing with serious mental illness to make strides toward health and recovery. They provide treatment for individuals with schizophrenia, bipolar disorder, and other serious mental illnesses.
  - Phone Number: (919) 445-0350
  - Website: https://www.med.unc.edu/psych/cecmh/services/clinical-services/step-community-clinic/
- Caramore Community:
  - About: Caramore provides services to individuals with severe and persistent mental illness in North Carolina. They help create a safe and supportive environment where members can build skills, gain employment, and become self-sufficient.
  - Phone Number: (919) 967-3402
  - Website: https://www.caramore.org/
- Duke Hospice Bereavement Services:
  - About: This potential partnership provides professional bereavement care, free of charge. They provide licensed grief counselors, bereavement support groups, and Spanish interpreters upon request.
  - Phone Number: (919) 644-6869
  - Website: https://www.dukehealth.org/treatments/home-care-and-hospice/bereavement

Meals on Wheels Educational Video

Online Resource:

- About: This is an example of a Meals on Wheels educational video from Vermont that can be used as a guide for developing a video specific to MOWOCNC. In the video, staff, volunteers, and recipients describe how MOW assists not only with nutrition, but also with addressing social isolation and mental health. Developing a video about MOWOCNC can be an aspect of the occupational programming discussed in the program plan. The video can serve as a recruitment tool for prospective volunteers and an educational tool used during volunteer training to enhance a culture of mental health awareness and social inclusion.
- Website: Meals on Wheels: A Nutritious Meal and Visit for Seniors https://www.youtube.com/watch?v=qxs1JdTIuQA

Accessibility

Online Resources:

- CDC:
    - About: This guide is designed to provide information on making meetings accessible to persons with disabilities, in compliance with Section 508 and other disability rights laws. While Section 508 is specific to federal agencies, the following websites can serve as a guide to thinking about accessibility for staff, volunteers, and recipients.
    - Website: https://www.cdc.gov/ncbddd/hearingloss/transcripts/Making-Meetings-Accessible.pdf
- General Services Administration
    - About: These websites provide information about creating accessible digital products, creating accessible meetings, and more.
    - Website: https://www.section508.gov/create/ https://www.section508.gov/create/accessible-meetings/

Cultural Humility

Online Resource:

- Psych Hub (Youtube video):
    - About: This website provides information about the importance of cultural humility as a mindset and distinguishes it from cultural competency. This brief video can be integrated into volunteer training at MOWOCNC.
    - Website: What is Cultural Humility? https://www.youtube.com/watch?v=c_wOnJJEfxE

APPENDIX B–
Potential Phase III Programming

- Crisis team who, when alerted, is assigned responsibility to ensure proper referrals are made and that family is notified
- Sending out survey cards with meals where recipients can request more social time with volunteers
- Writing a letter or card to another recipient or organizations for children
- Participant newsletter
  - o Photo elicitation/ take picture and write a story about it
  - o Participant driven
  - o Art book, poetry
  - o Stories of growing up in Orange County
- Build in bias education (ageism) and cultural humility into volunteer education
- Have guest speakers do training videos that consist of interpersonal interactions, looking for warning signs, what to do in an emergency
- Volunteers facilitate video calls between participants and relatives.
- Spanish speaking resources/other languages (According to demographics of Orange County)
- Book club for participants
- Provide KN95 masks to volunteers and recipients to promote social interactions
- "Tablets for Nana" a UNC drive for iPads, Kindles, other devices with video conferencing capability to give to elders so they can connect with family
- Buddy phone call system between participants
- Volunteers take their pets to visit recipients
- Incorporate young people into the CSI for more diverse ideas
- Develop an App for better communication and more responsiveness to mental health needs and Covid pandemic
- Participants make crafts or expressive art of their choice, and it is displayed in the Seymour center for sale. Profits could be given to participants, or they could donate the $ to MOW/charity of their choosing.
- "Snacks in Packs!" More flexible afternoon time period for young people to come by for tea/coffee and snack on the porch.
- Make promotional videos with recipients and volunteers for educational or marketing purposes. "What does MOW mean to you?

MEALS on WHEELS
ORANGE COUNTY, NC

APPENDIX C- Volunteer Survey

Link to the Google Survey: https://forms.gle/MGmNJ6rZUk1NHyAL9

Questions on the survey:

The following questions are answered with a scale of 0 (not confident at all) to 10 (very confident):

1) How confident are you with identifying signs of dementia during your interactions with recipients?
2) How confident are you with identifying signs of depression or mental health red flags during your interactions with recipients?
3) How confident are you with supporting the mental health of recipients?

The following questions are short answer:

4) What questions do you have about supporting the mental health of recipients?
5) Do you think you impact the mental health of recipients during meal delivery? If yes, how?
6) Do you have any ideas for programs or adjustments to current operations that could support the mental health of your recipients? List them below.

The following questions are to gauge the interest of volunteers in joining the Committee for Social Inclusion:

7) Would you be interested in being a part of a Committee for Social Inclusion that met roughly once a month to implement mental health initiatives and reflect on how MOWOCNC's operations support recipients' mental health?
   - ☐ (Yes, no, or I need more information answer choices)
8) If you answered "yes" or "I need more information" to the question above, please enter your email below.
   - ☐ Short answer

MEALS on WHEELS
ORANGE COUNTY, NC