In most parts of the United States, the local Catholic health ministry is based on a hospital or hospital system. Not in Memphis. There the ministry, which is increasingly influential in this overwhelmingly Protestant Southern city, is based in a nursing home.*

St. Peter Villa, a brick, four-story, 180-bed skilled- and intermediate-care institution sits in Memphis's midtown area. The long-term care (LTC) center opened in 1981, a brainchild of the late Bishop Carroll T. Dozier of the Memphis Diocese. The neighborhood in which it was built was already home to the Cathedral of the Immaculate Conception; a church-run middle and high school, children’s home, and day care center; and St. Peter Manor, a 240-unit apartment complex for independent living.† Kae Werkhoven, RN, administrator of St. Peter Villa, says, “Bishop Dozier wanted to create a kind of diocesan village in which the residents could pass their lives, from birth to death, with interaction among all age groups.”

As things turned out, the church’s institutional presence in Memphis was to be even more compact than its planners anticipated. Bishop Dozier died in 1985. By the late 1990s, one of the city’s two Catholic hospitals, St. Joseph’s, would close and the other, St. Francis, would be bought by Tenet Healthcare Corporation, a for-profit chain.

*Catholics constitute less than 3 percent of the metropolitan area’s population, according to Brian O’Malley, department secretary of Associated Catholic Charities, Memphis.

†The children’s home closed some years ago. On its site Target Corporation, the retail chain, constructed a 52-unit apartment building for the families of children receiving long-term chemotherapy at St. Jude Children’s Research Hospital in Memphis. Target is planning to construct another, similar building nearby.

St. Peter Villa, until then a relatively small part of the diocese’s health ministry, became its anchor.

St. Peter Villa

Werkhoven, born in Memphis, grew up in Kentucky, where her father worked for the late A. B. “Happy” Chandler, a former governor once better known as a commissioner of Major League Baseball. Kae Werkhoven eventually returned to Memphis, where she was vice president for nursing at St. Francis Hospital before being hired by Associated Catholic Charities of Memphis in 1995 to develop a parish nursing program (for more on that program, see p. 54). She took over management of St. Peter Villa, another program operated by Associated Catholic Charities, a year later.

The LTC center is a bright, clean, cheerful facility that pays special attention to the needs of the city’s elderly poor. About three-quarters of its residents are Protestant; many are African American. The facility’s operations are funded by reimbursements from Medicaid (79 percent), Medicare (10 percent), the Veterans Administration (6 percent), and private insurers (5 percent); additional help comes from various grants and donations; for example, the St. Peter Villa Golf Tournament brings in about $20,000 each year.

The facility’s big drawback, in Werkhoven’s view, was that it remained an institution. “Most nursing homes look like extensions of a hospital,” she says. “They are very regimented, just as hospitals are regimented. And yet a nursing home, unlike a hospital, is supposed to be its residents’ home. So we began, several years ago, to look for ways to make St. Peter Villa more like the real thing.”

Werkhoven heard about the Eden Alternative, a not-for-profit program for humanizing nursing homes, launched in upstate New York in the early 1990s by a physician, William H. Thomas, MD
Ambulatory residents are taken on expeditions to comedy shows they recall from their youth.*

Quilted bedspreads, window valences, and a radio listen to the music--specially programmed to bring in the music the colors for their rooms, each of which has been forced by old age or illness to leave behind, the building's wings have been renamed "streets," for example, and its floors are "neighborhoods." Residents choose the colors for their rooms and "neighborhoods." The main thing is to educate your staff about being empowered to make decisions—and to listen to the residents."  

―Werkhoven

As of summer 2001, 15 St. Peter Villa employees had received the three days of training required for them to become "certified Eden associates" and were coaching their colleagues in the program's principles. A total of 113 employees have been trained in Eden principles. "The main thing is to educate your staff about being empowered to make decisions—and to listen to the residents," says Werkhoven. "That's taken a lot of time, energy, and money. We've spent most of the money on education."

The program's goal is to make St. Peter Villa as much as possible like the familiar world its residents have been forced by old age or illness to leave behind. The building's wings have been renamed "streets," for example, and its floors are now called "neighborhoods." Residents choose the colors for their rooms, each of which has quilted bedspreads, window valences, and a radio specially programmed to bring in the music and comedy shows they recall from their youth." Ambulatory residents are taken on expeditions to restaurants, shopping malls, and grocery stores. Recently the staff has organized cooking classes for interested residents. "It's traditional in nursing homes for the staff to entertain the residents," says Werkhoven. "We want to turn that around and get them doing things."

But the heart of the "Edenizing" process at St. Peter Villa seems to lie in three projects.

Plants Surrounding St. Peter Villa is a garden full of shrubs, plants, and flowers chosen (and in some cases planted) by the residents. "This summer we put in two bushes that are said to attract butterflies," says Werkhoven. "Next year we hope to have lots of them flying around."

Children The diocese encourages pupils at local Catholic schools to become regular visitors to St. Peter Villa, St. Francis Hospital, and Ave Maria, another Memphis LTC facility. First-graders from one school help St. Peter Villa residents plant flowers in the facility's garden; sixth-graders from another school team up with residents in an annual spelling bee. This summer personnel from the city's zoo brought over some of their smaller, more manageable animals to show to a group of children and residents. "The idea is to surround the residents with the things they had at home," Werkhoven says. "That's got to include kids, because most people have kids at home."

Animals Perhaps most interesting of the facility's "Edenizing" projects is the one involving pets. The creators of the Eden Alternative have discovered that pets tend to have a calming effect in nursing homes. The question for St. Peter Villa was: What kind of pets? "Some people here are afraid of dogs and others hate cats," says Werkhoven. "We decided that the simplest thing was to start off with some birds."

Madonna's Circle, a group of local Catholic women, donated money for an aviary for the facility's lobby. Durham Foundation money was used to purchase parakeets (and cages for them) for the residents' rooms and "neighborhoods." The birds have proved to be a big success. "Residents love the sound of the birds chirping," says Werkhoven. "Now we're working on the dogs. We're planning to get greyhounds—big dogs that the residents won't trip over. Then next year we'll be bringing in some cats."

Ministering to the Community
But St. Peter Villa is not just a home for elderly and disabled residents. It also serves as headquarters for the diocese's Community Health Ministry (CHM), an extensive outreach program. CHM was established within Associated Catholic Charities in 1994, to be jointly funded by St. Francis and St. Joseph's hospitals. Serving today as an outreach ministry of St. Peter Villa, CHM has expanded its work, training, and support within both its faith community and the community at large. (See Alma Abuelouf, "Evolution of a Community Health Ministry," Health Progress, March-April 1999, pp. 38-39.)

Alma Abuelouf, RN, coordinates the program.
“We weren’t sure how to get started,” she recalls. “All we knew was, we wanted to make parish nurse training available locally. Then, in a book someone saw the name of Alyne Rethemeyer of the Deaconess Foundation, and we asked her to come down.” Rethemeyer, a registered nurse, is director of parish nursing for Deaconess Parish Nurse Ministries, St. Louis, an interfaith group. Since 1998, she has traveled to Memphis three times a year to help train new parish nurses. For the first two years, the training was funded by CHM and the Partnership tor Women’s and Children’s Health, a local organization. Recently, a grant from the Medtronic Foundation, Minneapolis, has enabled CHM to expand parish nurse training in the Memphis area.

“To date, we have trained 137 nurses from 80 churches and 20 different faith communities,” says Abuelouf. Originally intended for the city’s Catholic parishes, CHM soon expanded to cover the entire metropolitan area. The ministry has received vital support from the Assisi Foundation of Memphis, formed with the assets from the sale of St. Francis Hospital. The hospital itself, although under new ownership, has generously continued to support the parish nurse program.

CHM uses the volunteer model, enlisting anyone who happens to be interested in the ministry. “Parish nurse coordinators” can now be found in most of Memphis’s parishes; all but one—the exception serves an impoverished inner-city parish—are unpaid volunteers. Each coordinator tailors the ministry to the particular needs of his or her parish. “A big part of my job is helping
parish nurses develop programs in their own churches,” says Abuelouf. “Parish nursing differs from home health in that it’s noninvasive. The focus is on wellness and disease prevention—that is, involvement in one’s own health care—using a holistic approach to health.”

Besides parish nursing, CHM also offers training for respite caregivers; coordinates the diocese’s Ministry to the Sick, a program in which lay volunteers visit ill people in hospitals, homes, and LTC centers; and operates the Lending Closet, which loans medical equipment—everything from hospital beds to canes—to uninsured community residents and those whose insurance does not provide it.

But education, assessment, and referral are CHM’s core. Abuelouf, a native of the Philippines who came to the United States in 1974, has 30 years of nursing experience. “I get phone calls from all over the country,” she says. “A person will call from New York City, for instance, and say: ‘My mother lives in Memphis, but I haven’t heard from her in weeks. Would you please go check on her?’ So I contact the parish nurse in the mother’s parish. The nurse then visits the mother, who—it often turns out—has some sort of health or health-related problem that keeps her from functioning well on her own. Having made an assessment, we frequently refer such people to medical or nursing care. That’s a big part of what we do here—help people in danger of falling through the cracks. There are a lot of old people falling through the cracks these days.

Werkoven agrees. “That’s why the link between parish nursing and St. Peter Villa is so important,” she says. “When old people fall through the cracks, there’s no way to provide what they need. But Alma and the parish nurses understand what nursing homes are all about. There often comes a time when the elderly can no longer live alone. The parish nurses advise folks on when that time has come.”

**HEALTH CARE AND CATHOLICISM**

“I tell the parish nurses, ‘This is a ministry of presence,’ ” says Abuelouf, who then goes on to explain the term:

In nursing, because of time restrictions and the great amount of work, you ordinarily take care of the diagnosis, you take care of the symptoms—and fail to see the whole person. In parish nursing, we believe that everything is interrelated, whether physical, emotional, or spiritual. Sometimes all I can do is just pray with the person. But, then, prayer is often what’s most needed. I like this work because I can bring my faith to it.

At St. Peter Villa, the connections between health care and faith are made explicit by the facility’s Catholic Identity Committee. Patty Averwater, a volunteer who has chaired the committee since 1998, describes how it came about:

We started off by brainstorming. What does Catholic identity mean? How is a Catholic health ministry different from others? One thing we noticed is that, over the years, many of the Catholic images—crucifixes, pictures of Mary and of the Sacred Heart of Jesus—had been taken down from the facility’s walls. So we advertised in all the parish bulletins for pictures, rosaries, and such, and people in the parishes responded very generously. Now the images are back on the walls where they belong.

Brian O’Malley, secretary of Associated Catholic Charities, urged Averwater’s committee to further develop these contacts with the parishes. Memphis, like many other U.S. cities, saw great demographic changes in the second half of the 20th century. White people moved to the suburbs, leaving their city neighborhoods to newcomers, most of whom were African American. The majority of Catholics—Memphis’s Catholics are overwhelmingly white—settled in the eastern suburbs. There they built new churches and schools, gradually losing touch with the cathedral, St. Peter Villa, and other church institutions back in the city. “The Catholic community in Memphis has clearly been divided along geographic and racial lines,” says O’Malley. “We knew we had to do something about that.”

Among other things, the Catholic Identity Committee is an effort to bind the local church together. Currently, for example, committee members are busy involving the city’s parishes in activities at the LTC facility. “Each of 12 parishes has picked a month when its volunteers will visit St. Peter Villa,” says Averwater, a homemaker who grew up in New Orleans. “Sacred Heart Parish comes in January, St. Peter’s in February, St. Louis in March, and so on.” The parish volun-

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**The prospects for healing racial divisions, both among Catholocs and in the city’s general population, are aided by the fact that the diocese’s current leader, Bishop J. Terry Steib, SVD, DD, is African American.**
teers mark residents' birthdays, throw seasonal parties (for Christmas and St. Patrick's Day, for example), and talk to interested residents and staff about religion (volunteers from St. Peter's Parish, for instance, put on a program about their saint). “Since the activities are only for a month, no one is over-worked by them,” says Averwater. “And they reminds the parishes that we have a nursing home that needs their support.”

“Actually, it works both ways,” says Werkhoven. “Not only are the parishioners getting involved in the nursing home; we are now getting involved in the parishes. Parish groups invite Alma to go out and talk to them about Medicare and other health-related topics. St. Peter Villa and the Catholic community are developing the habit of helping each other.”

A Model for the Future?
O'Malley sees St. Peter Villa performing two vital functions in Memphis: health care. “First, it witnesses to the community: This is the way, it says, that things can be done. You don't have to treat residents in a way that disrespects their dignity. You don’t have to treat employees like servants. If you commit yourself to providing good patient care, everything else—funding, a talented staff, public support—will take care of itself.”

Second, O’Malley says, the LTC center may be a model for the future. “From here on out, health care is going to be more home-based, more community-based, and more integrated with other services,” he points out. “In Memphis, St. Peter Villa and Associated Catholic Charities have established a kind of moral authority in the community. The community has a sense that it can rely on us. We’re not going anywhere. We’re here to stay.”

N O T E S

FINDING AND KEEPING STAFF
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improved attendance and reduced tardiness among employees in general.

Last year, Alexian Brothers Sherlock Village, a skilled nursing and assisted living facility in St. Louis, established a recruitment and retention program that virtually eliminated the temporary staffing that had been costing the facility as much as $50,000 a month. Called the “One Great Unit Program,” the initiative successfully brought CNAs into the recruitment process. The program:

- Encouraged CNAs and other entry-level workers to help identify problems and propose solutions
- Placed CNAs on the team that interviews potential new employees
- Gave $250 bonuses to staff who successfully recruited new employees (the bonuses were paid in increments as the new workers reached first 30 days, then 60 days, and finally 90 days of employment)
- Presented modest prizes to those workers who had perfect attendance in each two-week pay period

The Elementary Question
Many LTC facilities and home care agencies are experiencing painful direct-care staffing shortages these days. Although they may seem to differ from facility to facility, these staffing problems will usually improve once the leaders of a facility facing such a shortage implement three simple steps:

- Improve direct-care jobs.
- Recognize and reward direct-care workers.
- Build support mechanisms for direct-care workers.

N O T E S