

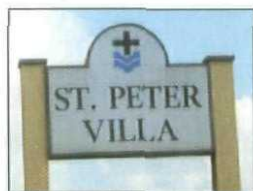


# A MINISTRY OF PRESENCE

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.



*Catholic  
Health Care  
in Memphis  
Is Anchored  
by a Long-  
Term Care  
Center*

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

\*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.





(see **Box**, p. 54). Thomas argues that nearly all LTC residents tend to suffer from (along with their other impairments) “three plagues: loneliness, helplessness, and boredom.” He developed the Eden Alternative to alleviate such problems. In late 1999, Werkhoven and her staff decided to “Edenize” their facility.

In March 2000 the center received a \$150,000 grant for that purpose from the H. W. Durham Foundation of Memphis. The money was vital. Fundamental to the “Edenizing” of a LTC facility is staff training.<sup>1</sup> Training for St. Peter Villa’s 189 staff members has focused on its mission to “extend the healing ministry of Christ.” “The ‘healing ministry’ has to do with how we care for one another,” says Werkhoven. “That doesn’t mean the residents alone; those of us who work here come in hurting from time to time and need caring for, too. But our residents *especially* need healing care, which is what we try to get across to staff.”

As of summer 2001, 13 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 pet? “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.



*“The main thing is to educate your staff about being empowered to make decisions—and to listen to the residents.”*

—Werkhoven

\*The programs are provided by Companion Radio, a Rochester, NY-based firm that uses a satellite to broadcast shows favored by the elderly to LTC facilities and similar organizations.





"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 Alvyne 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 for 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

## WHAT IS THE EDEN ALTERNATIVE?

In the early 1990s I took a job as a physician in a small nursing home in upstate New York. The facility had a proud history of compliance with state and federal regulations. At one point, it was able to boast of five deficiency-free years in a row! It had everything a facility could ask for: a modern, well-maintained physical plant; a thoughtful and committed board of directors; and dedicated staff and management, many with long tenure. There were just three problems—loneliness, helplessness, and boredom.

These three plagues were killing the people I cared for. They were relentless, remorseless, and virtually unchecked. That is wrong. People were not meant to live in "facilities." The Eden Alternative is a response to the seemingly intractable problems of institutionalization. People—especially the frail and elderly among us—wither and die in such places. Human beings were meant to live in gardens. That is one lesson of the original story of Eden.

We should be caring for the elderly in places that are much more like gardens and much less like institutions. The Eden Alternative teaches people how to change the culture of their organizations. Here are some of the things we think are important:

- Loneliness can be soothed only with the balm of companionship. Elders

blossom when they can have close and continuing contact with plants, animals, and children.

- Helplessness is the pain we feel when we are always receiving care, but never having the opportunity to give it. We strive to bring elders into caregiving relationships that can help them balance their emotional and spiritual lives.

- Boredom is not, as commonly assumed, a lack of entertainment. In truth, it is a crushing weight that can descend on any of us when our lives are lacking in variety and spontaneity. Institutions excel in creating conformity, compliance, and routine. They are not good at conjuring the spark of spontaneity that can make a life worth living. We teach people how to strike that spark.

One common misconception about the Eden Alternative is that it is concerned exclusively with the needs of elders. In fact, we are equally concerned with the well-being of the caregiver. For too long, nursing homes have paid staff members less than what their labor is really worth. This important problem needs to be solved, but it is not the *only* problem. We are living today with the consequences of good people who go to work every day in a bad system. Contemporary long-term care facilities are managed in essentially the same fashion as national armies.

They are autocratic, hierarchical institutions that isolate caregivers from the decision-making process. Through the Eden Alternative, we teach people to change the culture of their organizations by bringing it into line with two fundamental ideas:

- Decisions belong with the elders, or as close to the elders as possible. Caregivers must be integrated into the decision making that shapes daily life for the elders. The elders must be heard loudly, plainly, and frequently.

- The way managers treat staff is the way the staff will treat the elderly. This is an iron law. An organization that learns to give love, respect, dignity, tenderness, and tolerance to members of the staff will soon find these same virtues being practiced by the staff. This is elemental justice.

William H. Thomas, MD

*The Eden Alternative is a not-for-profit organization that supports and sustains a network of teachers and mentors across the United States and Canada. It is dedicated to helping people who want to transform their institutions into human habitats that are dedicated to helping people grow. So far, about 225 organizations have embraced the Eden Alternative philosophy. More information can be found at our website: [www.edenalt.com](http://www.edenalt.com).*





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



*"I like this work because I can bring my faith to it."*

—Abuelouf

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-

*Continued on page 78*

\*The prospects for healing racial divisions, both among Catholics 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.



## MINISTRY OF PRESENCE

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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 parishes getting involved in the nursing home; *we* are now getting involved in the parishes. Parish groups invite Alma and me 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." —Gordon Burnside

### NOTES

1. Nancy K. Chevremont, "My Eden Transformation," [www.edenalt.com/public/home](http://www.edenalt.com/public/home). In 1999 the cost of a workshop leading to certification as an Eden associate was \$925 per participant.

## FINDING AND KEEPING STAFF

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improved attendance and reduced tardiness among employees in general.

Last year, Alexian Brothers Sherbrooke 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. □

### NOTES

1. The 1968 figure is from the U.S. Bureau of Labor Statistics, <http://stats.bls.gov/sahome.html>. Other data are from Howard N. Fullerton, Jr., "Labor Force Projections to 2008: Steady Growth and Change in Composition," *Monthly Labor Review*, November 1999, <http://stats.bls.gov/pub/mir/1999/11/art3full.pdf>.
2. North Carolina Division of Family Services, "Comparing State Efforts to Address the Recruitment and Retention of Nurse Aide Workers," Raleigh, NC, September 1999.
3. *Ethical and Religious Directives for Catholic Health Care Services*, U.S. Conference of Catholic Bishops, Washington, DC, 2001, pp. 10-11.
4. See John Paul II, "Laborem Exercens," *Origins*, September 24, 1981, pp. 225, 227-244.

## "EMPLOYER OF CHOICE" RESOURCES

Many Catholic health care systems and facilities already incorporate some elements of the "Employer of Choice" model in their employee recruitment and retention programs. However, an organization planning an initiative intended to change its *entire* workplace culture will require significant expertise, information, and resources.

It is best not to travel into such challenging territory alone. Organizations planning such a project should consider partnering with organizations skilled in dealing with issues involving low-income workers. Two such organizations are:

**Catholic Charities USA.** Catholic Charities is the nation's largest private social services network. Its 1,400 local agencies and institutions annually serve more than 10 million people in need, regardless of religious, ethnic, racial, or social background. Local Catholic Charities agencies can facilitate "employer of choice" programs by helping LTC facilities recruit new workers and provide them with support services. To find a local Catholic Charities agency, look in your local phone book or go to [catholiccharitiesusa.org/states](http://catholiccharitiesusa.org/states).

**The Catholic Health Association (CHA).** CHA, in partnership with the Paraprofessional Healthcare Institute, is developing an *Employer of Choice Strategy Guide*, to be published in summer 2002. For information about it, contact CHA's Julie Trocchio, Suite 1000, 1875 Eye Street, NW, Washington, D.C. 20006; Telephone: 202-721-6320; e-mail: [jtrcch@chausa.org](mailto:jtrcch@chausa.org).

—Steven L. Dawson and Christine Rico

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