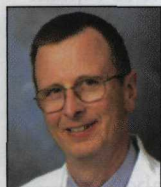


A New Vision for an Aging Population

The Church Can Play a Major Role



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Many in our country are worried about the problem of an aging population. Experts in health care and health policy, thinking about Social Security and Medicare, take a look at some disturbing numbers that suggest the development of a perfect storm. America is getting old. The fastest-growing segment of our population consists of individuals 85 years old and older, according to the U.S. Census Bureau. People more than 100 years of age — once a rarity — are now increasingly common.

But for people of faith, this is not a problem. It is an opportunity and a gift. This does not mean that faithful people are delusional: Social Security and Medicare are going to be problematic along with issues of paying for health care. But we believe in a creative God, who is revealed in the signs of the times and who cares deeply for creation and humanity. Can we create a vision that would look to our traditions of faith, spirituality, justice and hope in bringing us to recognize a new opportunity? As Jeremiah writes, "For I know well the plans I have in mind for you, says the Lord, plans for your welfare, not for woe! Plans to give you a future full of hope. When you call me, when you go to pray to me, I will listen to you. When you look for me, you will find me. Yes, when you seek me with all your heart, you will find me with you, says the Lord." (*New American Bible*, Jeremiah 29: 11-14a.)

Let me share with you a vision about how we might look, as people of faith who make up the ministry of Catholic health care, at a future full of hope for an elder population. This vision is a bit "over the top." It recognizes an ideal that suggests that finances, opportunities and availability of talented people is optimal. We all know that is not the case. But my hope is that those who can

create the future of aging can imagine something better than what we do now and look to a future that is full of promise. With all that in mind, I invite you to consider the following.

A community of about 500 older persons, residing in a variety of apartments and town homes, is located on the ground of the mother-house and novitiate of a community of religious women. The sisters of this community, in cooperation with the local Catholic hospital, have developed the property. The town council has been supportive of the development, especially because of the inclusion of 100 persons of low and middle income from the surrounding area.

At the heart of the community is the village center, which includes a fitness center, community center, dining facilities and shops. Immediately adjacent to the center are two buildings. One houses the professional building with offices for physicians, a lab and an urgent care facility. The second building, managed by the local Catholic university, provides classroom space for members of the senior community as well as space for students from the area enrolled in many programs. There are vibrant and well-subscribed evening and weekend degree programs offering a master of divinity and master of business administration. Members of the senior community participate in classes, some as students, others as facilitators and leaders, sharing their experience of life and their careers in business, education, industry and ministry. The younger students are attracted by the multigenerational learning environment, the wisdom of many of the older participants, and the opportunity for friendships and good advice from some highly successful older persons.

The village center, professional building and educational center are clustered in a crescent shape that opens onto the parish church and elementary school complex. The parish and school serve not only the senior community but also the surrounding area. Members of the senior community serve as volunteers in the school and its associated day care program. They also provide

the staff for the catechetical program at the parish, including a RCIA (Rite of Christian Initiation for Adults) program and an innovative senior to senior confirmation class, with older men and women sponsoring seniors in high school to ensure their faith formation and reception of the sacraments prior to graduation.

Health and wellness services are an essential part of the community. The community's medical director and colleagues have offices in the professional building with primary and specialty care available for most community residents. The medical director and associated nurse practitioners visit those who reside in assisted living, memory housing, and the 25-bed unit skilled nursing center. An active exercise, rehabilitation and physical therapy program utilizes space in the professional building and fitness center.

Living in redeveloped space in the mother-house of the women's religious community are 15 older sisters. Nearby is a townhouse where five priests and former faculty of the nearby Catholic university live in community. Both the women and men religious take an active part in the larger senior community activities. They enjoy several recreational and educational opportunities. The sisters and the priests have started a "Grandparents in the Faith" program where they work with the grandchildren and great-grandchildren of the residents, along with the senior community residents themselves. They take part in shared worship and devotional practices, and create an environment where handing down the faith is fun, grounded in family relationships, and presented as a special opportunity to pass down the wisdom of our Catholic tradition.

What do you think of my vision? Would you like to live here, either now or as you get older? Well, I would, and I suspect that is why, at age 51, I am trying to get the leaders of Catholic health care to look at aging as an opportunity. And the opportunity I am presenting is not one solely related to the development of new properties and exciting collaborations. The opportunity I am excited about is furthering the mission of the church. We live in a culture where families are often separated. Older persons can age alone and feel isolated, neglected, and terribly afraid of being a burden on others. As the breakdown of multi-generational families continues, we also see a breakdown in some of the things we used to take for granted in the church. It may be that older parents are active and vital churchgoers but their middle-aged children, for a variety of reasons, don't bother. The grandchildren and great-grandchildren are not brought to church very often and the threads of the traditions of faith,

threads that unite generations across centuries, may be cut. Older people, grandparents and great-grandparents can be fantastic apostles and creative evangelizers. Utilizing the wealth of experience, wisdom, knowledge of previous mistakes, and ability to pass on what is most important, a rapidly expanding older population can be a potent force in passing on the faith. They can re-evangelize the young, and allow the church to play the role as the center of community, handing on what is best to new generations.

HEALTHY AGING

Let's begin with two points about healthy aging. First, health and aging are not simply about preventive care and interventions for specific illnesses and problems. Second, health and aging require a broad look at what it means to be human. This insight gives a clue about looking at a future for aging and Catholic health care that does not over-medicalize aging or neglect the most important things about being alive. Health and aging is much more than good cholesterol, exercise and joint replacements. George Engel, a psychiatrist at the University of Rochester, developed a biopsychosocial model that considered human health and illness from perspectives that included the biologic, psychological and social aspects of life. I would also include three domains: spiritual, community and apostolic. All are not discrete, but interact and overlap.

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What do these domains mean when one considers the health of an older person? The biological domain is the stuff of the traditional medical model: it includes the list of medical problems, lab tests, and the diagnoses. The psychological part of our health includes how well we do with the issues of health and illness, our capacity to find happiness and contentment, and the extent to which our health is diminished by depression, anxiety, or cognitive diminishment.

The social aspect of health can be forgotten, when sometimes it is the most important. Older persons with relatively minor medical problems can find themselves in terrible straits because they are alone; or live in a dangerous neighborhood; or they can't make ends meet between rent, utilities, food and health care expenses. There are many older persons whom I care for who have relatively early Alzheimer's disease but they are declining and depressed because they lack the ability to socialize or go for a walk safely. This is the community dimension of health. It is closely related to the social but emphasizes the truth that human beings are made for community. We might enjoy quiet time and some degree of isolation, but we also need others for interaction, engagement and support. Older people might be high functioning and independent, but if the community in which they live is dangerous, or isolated, or otherwise presents barriers, then it will be very hard to continue to flourish as one gets older.

What about the apostolic dimension of healthy aging? This might seem more appropriate in discussing the aging of those in religious life, and, indeed there is a difference. The difference, however, is one of degree. In our tradition, the Holy Spirit does not go away when one ages. The call to prayer, service and sharing the faith remain, although the experience and opportunities change as one gets older. Neglecting the spiritual side of aging, or presenting it as one that is privatized and isolated, forgets that throughout our lifespan we are members of the Body of Christ. Failing to recognize the experience and insights of older persons that can engage and attract younger people neglects a gift that is given to us with increasing longevity. Health care that is exclusively focused on the biological ignores that our total health is more than just our physical condition. Old people who are alone, melancholy, separated from the sacraments, and without contacts with younger people are not fully healthy. Isolation and lack of engagement with the surrounding world can have multiple causes. In an older person, it might be because of a medical illness, or a depression, or poverty, or a bad community situation. But it can also be due to a lack of opportunity, encouragement, ageism and the like. Sometimes, the biggest threats to health in aging are not a lack of medical resources, but a lack of imagination in how we deliver care, how we envision the life and role in community of older persons, and how we welcome the elderly into the church.

My vision of aging has a lot to do with my experience as a physician specializing in geriatrics

and internal medicine. I don't like seeing older persons aging alone in a big, old house where they are left alone and sometimes get strange and confused by the lack of social interaction. I can't stand the usual medical approach where older persons are looked at in terms of age and list of medical problems, where their function is ignored, and issues of depression, anxiety, and cognitive capacity are frequently overlooked. Even more, I have a big problem with aging apartheid, the placing of older persons in old age communities or facilities where the old and sick are clustered together. Social and community aspects available to many older persons are pretty meager. Some like bingo and eating dinner at 5 p.m. A lot don't.

OPPORTUNITY AND POSSIBILITIES

A new vision offers the opportunity for health care, the Catholic community and an increasing older population to develop new models that recognize some of the vulnerabilities of aging. But it also creates person-centered living opportunities that allow creativity and new possibilities. In a time when it can seem that our Catholic community is in decline, could it be that the opportunity presented by using the wisdom, experience, and strength of older persons might generate new models of faith development and evangelization? Just as the monasteries in the Dark Ages kept the tradition of faith and learning alive in a time of danger, so it might be that communities of older persons can anchor an increasingly transient society, reflecting the opportunities for wisdom, faith, experience and multigenerational interaction. Education, caring for the young, active involvement in the church are all ways in which the monks of the past brought forth life and faith for new generations. Older Americans are not monks. But they do have a way of life and experience that should be shared and encouraged.

There are a lot of obstacles to such an audacious, perhaps overly optimistic, vision. One of the biggest is the lack of physicians who are well trained in geriatric medicine. Catholic health care, if it wants good care for older persons, needs to encourage the formation and employment of physicians in internal and family medicine, as well as psychiatry, who obtain formal training in geriatrics. How often is it that the physicians who staff nursing homes are over extended and do not spend much time with their older patients? Does Catholic health care look to recruit, form and reward the best and the brightest physicians who can lead and organize systems of care for older persons? It's past time to do this.

There is a lot of effort to recruit the cardiac surgeon or other specialist who can bring in a lucrative practice with some new procedure. Our commitment requires we improve the life of older persons with medical expertise.

Another obstacle is forgetting the need for older persons to be engaged and active. How many senior housing and nursing facilities have social programs that are boring, isolated from the larger community, and lacking in intellectual and spiritual stimulation? In aiming at those who are cognitively impaired or otherwise have limited capacities, many programs lead older persons who could grow and be challenged to retreat, become dull, and turn inward in a way that is not healthy. There is something profoundly wrong in thinking that older persons need to rest and be entertained. Older persons can thrive in engaging and vibrant settings, like schools, caring for young people, working in church rather than watch TV and listen to someone play old songs on the piano. Individuals who are in charge of communities for older persons need a broad outlook that goes beyond staffing, fulfilling regulations and keeping the facility clean. They need to be stewards of the lives of those who live in these communities, and create the opportunities to allow those lives to be full, even if some are physically and cognitively challenged.

For too many persons, aging is viewed in the context of diminishment, decline, isolation and death. It is true that older persons get sick, can suffer from dementing illness, and be cranky and annoying. But as persons of faith, aging is a time when God can be revealed and the Holy Spirit has the power to bring about change, growth and communication among boundaries.

The vision I suggest depends on looking at older persons from multiple dimensions —

biological, psychological, social, spiritual, community and apostolic. There is respect for what aging brings to human life and awareness of the human needs that older persons, indeed all persons, need to flourish. Some might find fanciful the concept that older persons can be apostles and transmit the faith to a new generation. But I

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remember how my grandmother would sit with the rosary, or say her prayers, or ask to be taken to Mass when she was quite frail and those memories give meaning and depth to my faith experience today. Creating a gleaming living complex for older persons is nice, but isolating them is a bad idea. Catholic health care continues the healing ministry of Jesus, a ministry that broke down barriers and brought people previously isolated into contact, in the process revealing the creativity and love of God. In our ministry with older persons, we need boldness to envision new futures that recognize the same creative power of God to heal, encourage and witness to the fullness of life. ■



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