Briefing

Judy Cassidy
EDITOR

While preparing this column, I counted how many people I know personally who are responsible for the care of an ailing elderly family member. I thought of 12 immediately, but I'm sure there are more. The first to come to mind was my mother-in-law. After several unhappy experiences with nursing homes, she is caring for her 88-year-old mother, who is severely disabled by Alzheimer's disease, in her own home.

One of my co-workers has found an adequate assisted living facility for her 75-year-old father who suffers from emphysema, but she worries about the cost. Another friend, a woman in her seventies who is not in the best of health herself, hates the indifferent care and sterile environment at the nursing home where her sister-in-law lives, but she lacks the energy to look for a better facility and dreads the trauma of a move if she should find one.

Another friend is struggling to find the best living arrangement for her mother, an independent 90-year-old who can no longer live safely alone but fears being "put in a nursing home." Like many of my acquaintances whose parents still live in their own homes, this friend spends hours driving her mother to medical appointments, making decisions about what providers her mother needs to see, and figuring out insurance coverage.

Confusion about the healthcare system, coupled with anxiety and guilt about quality of care, seem to be the norm for family care givers and for the elderly themselves. But maybe one day these concerns will be exceptions to the norm.

Our special section depicts an array of programs that are changing the dismal picture. One is at Providence/Mount St. Vincent, a large Seattle long-term care facility. Although this nursing home was successful according to many standards, it decided to challenge the conventional wisdom about how to care for the elderly. The facility is changing from a medical model to a social model that gives residents control over their lives. Charlene Boyd, the Mount's assistant administrator, explains the new philosophy and tells how the organization is dealing with the major operational changes the philosophy requires.

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A concern for the dignity of the individual also motivates Hospice of Peace in Denver. Authors Thomas A. Rockers and Barbara Hoagland explain a joint sponsorship arrangement of Provenant Health Partners and Catholic Charities and Community Services that enables the home hospice to better serve people at the end of life.

Project Good Help, another home-based program, provides support services that older people need to continue to live independently in the community. Bon Secours Hospital-Villa Maria Nursing Center, North Miami, FL, developed the program with six churches, both Catholic and non-Catholic, in underserved areas. Sherry L. Brunner, the organization's chief executive officer, says the program's results have garnered Kellogg Foundation and other grants.

In another innovative collaboration, two hospitals in the Toledo, OH, area—St. Charles Hospital and Mercy Hospital—did a community needs assessment and combined their activities in a package of services for the elderly. Like Project Good Help, the hospitals work with area churches. A key component for success is the software program the two facilities designed to capture information for developing services and managing patient care.

These organizations' courageous activities seem to portend a new era in which care will be coordinated and long-term care will no longer be viewed with dread. As Charlene Boyd indicates at the end of her article, we need to share fresh perspectives for making aging a positive experience for the elderly and their families. Please call or write me about activities we can publicize in *Health Progress*. As the articles here show, new ideas, large and small, can truly make a difference in the quality of people's lives.

Award for Nursing Coverage

Health Progress recently received an award from the Catholic Press Association for "Nursing in a New Context," a special section in the June 1993 issue.