

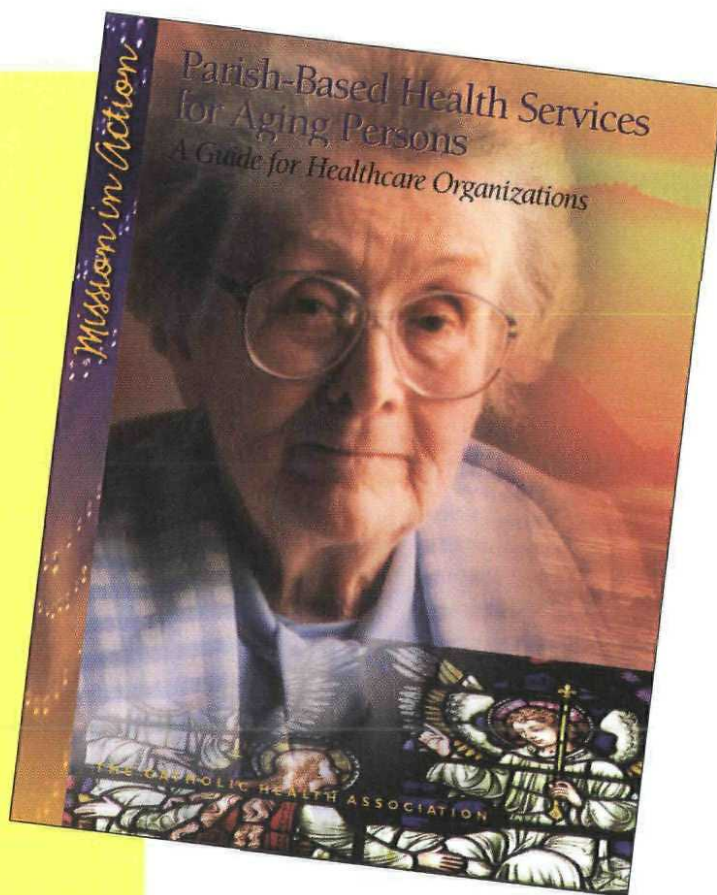


# COLLABORATING TO PROVIDE PARISH-BASED HEALTH SERVICES

**P**arish-Based Health Services for Aging Persons: A Guide for Healthcare Organizations offers health providers, dioceses, and parishes valuable information on how they can work together to bring health-related services to their congregations and communities, especially to the elderly who need various types of support. With examples of actual successful programs, the book describes parish nurses' and volunteers' roles. Also included is a section that helps Catholic healthcare organizations envision services they might provide. "Doing Your Homework" is an indispensable section that guides healthcare organizations through the steps to collaborating in a program of parish-based support for aging persons.

Following are two excerpts from *Parish-Based Health Services for Aging Persons: A Guide for Healthcare Organizations*. The first, a persuasive foreword by Msgr. Charles J. Fahey, argues that Catholic healthcare organizations are called to participate in parish-based health services as a means to respond to the needs of the most vulnerable and to demonstrate their commitment to community health. The second excerpt contains practical examples of dioceses that are addressing needs for parish-based health services on a diocesan-wide basis.

*Parish-Based Health Services for Aging Persons: A Guide for Healthcare Organizations* will be published in late spring 1999. To order, call the Catholic Health Association at 314-253-3458.



## Foreword

Catholic healthcare organizations have a dual identity. They are part of the Church as an extension of the healing ministry of Christ. They are also part of the community, providing healthcare services to many. Our current environment offers them a unique moment of opportunity. We have a growing aging population that is living longer with chronic conditions, while simultaneously healthcare expenditures are being restricted and many are falling through



society's "safety net."

At this moment in the Church's development, Catholic healthcare organizations can assist faith communities and individuals in fulfilling their call to holiness. In this moment of healthcare "crisis," healthcare organizations can respond to the unmet needs of the most vulnerable among us: the frail elderly. They can accomplish this twofold mission by forming partnerships with parishes and Catholic Charities agencies to provide parish-based services for aging persons.

The primary role of the Church in the life of individuals is to preach the Word and administer the sacraments. Through these activities, the Church empowers individuals to face the vagaries of life and death in a manner grounded in faith. But this is not the Church's only role. The "world vision" articulated by Christ is clear and demanding: we are our brothers' and sisters' keepers. Christ identifies with those in need and predicates our salvation on our response to them. Parish-based health programs can provide the vehicle for Church members to demonstrate care for one another—extending that concern beyond their own families—and for Catholic healthcare organizations to demonstrate their commitment to social accountability.

That many healthcare providers are striving to provide a continuum of care is laudable. However, individuals have a need for continuity of care that corresponds to the changes and conditions of their health. The two concepts, continuum and continuity, are similar, but not identical. A provider may have a variety of vertically integrated services, but the person may have needs that go beyond what even the best integrated system has to offer.

Parish-based health programs can provide support for aging persons with a continuity that exceeds what is typically available in the healthcare system and what most third-party payers will reimburse. The reality of human need goes beyond care targeted to a spell of illness or a traumatic event. I believe that Church institutions, Catholic healthcare organizations, and Catholic Charities agencies cannot be true to their Catholic identity if they are satisfied with a response to the elderly dictated solely by payment mechanisms and secular professional expectations.

Our challenge in the health ministry is threefold:

1. To extend access as far as possible to those who would not otherwise have it

2. To provide services in a Christ-like manner  
3. To contribute to continuity of care and meet the needs of all who are hurting

Partnerships among Catholic parishes, charities agencies, and healthcare organizations that are formed to serve the elderly in their communities can help us work toward these objectives. We can reach persons with services beyond what standard benefit programs allow. We can build on the competencies of all Church ministries to create seamless systems of care and support that are person centered. We can respond to the complexities of human need in a Christ-like manner.

Such partnerships are extremely practical. Healthcare providers bring professional skills generally not possessed by a parish staff. They have knowledge and techniques for caring for the frail that every caregiver needs but often doesn't have. Parishes linked with formal providers can serve as information and referral agencies.

As I have said, these partnerships are also rooted in our religious tradition. While the preeminent competency of the Church lies in fostering the spiritual life of its people, a logical extension of this function is the building of community and the motivating of persons to care for one another.

Finally, these partnerships reflect the future of the Church. Not only do they provide compassionate services to the population most in need over the next decades, but they demonstrate the potential of lay leaders within parishes and healthcare organizations to carry out the healing mission of Jesus.

At this moment, many forces are coming together: Rising numbers of frail older persons in our communities, willingness of the Church to empower lay leadership to serve vulnerable parish members, expertise on the part of Catholic healthcare providers to serve older persons, the readiness of Catholic Charities agencies to become partners with healthcare organizations, the call of Christ to help one another. I believe we are being called, as healthcare organizations and Church, to work together to support aging persons—now.

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*Msgr. Charles J. Fahey  
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Third Age Center  
Fordham University  
New York, NY*



## Diocesan Health Programs and Parishes

Several dioceses have addressed parish-based health support at a diocesan-wide level:

**Albany** The Diocesan Community Health Alliance links five church ministries, 193 parishes, the diocesan school system, seven long-term care facilities, four Catholic hospitals, and 26 Catholic Charities agencies—as well as several non-Catholic healthcare providers. The alliance is the result of Bp. Howard Hubbard's call for more collaboration among Catholic agencies and by the emergence of managed care for low-income and vulnerable populations in New York State.

Current projects include:

- Collaboration among Catholic hospitals, charities, and schools to provide health education and wellness activities in particular schools and parishes
- Placement of clinical social workers from Catholic Charities in the 11 Catholic health institutions in the alliance
- A network for managed care contracting in behavioral health

**Boston** Parish Based Health Ministry, a program of Caritas Christi in the Archdiocese of Boston, based at St. John of God Hospital in Brighton, MA, works with parishes to help them establish health teams or parish nurse programs; recruit, train, and screen volunteers; coordinate a parish needs assessment; design and implement a parish health plan; connect with external community resources; and remain available for consultation, evaluation, and ongoing training.

**Lansing, MI** The Diocesan Standing Committee on Aging encourages and supports programs for the aging at every level of the church. The committee relates to seven Area Catholic Councils on Aging, as well as other organizations, including the Council on Women's Concerns, Respite Volunteer Association, the St. Vincent de Paul Society, the Diocesan Council of Catholic Women, the Knights of Columbus, health providers, educational institutions, clergy, religious, and government agencies.

The diocese asks each parish to appoint two or more representatives to the area councils, which plan and implement a variety of education and recreational events, including an annual senior

parishioners appreciation week, senior summer scripture days, and days of reflection. The parish representatives also serve as parish contact persons for information concerning the aging.

**Memphis** Community Health Ministry consists of St. Peter Villa Nursing Home, St. Francis Hospital, and the Assisi Foundation of Memphis, working with 12 parishes. The program uses volunteer health professionals to train parish volunteers and help parishes set up health ministry programs. One unusual aspect of the program is an intergenerational program in which sixth-graders from five schools visit nursing home residents.

**Philadelphia** The Archdiocese of Philadelphia owns and operates five nursing facilities. It created a program, Catholic Care Options and Programs for the Elderly (CCOPE), to help people who had requested placement in one of the homes but, for whatever reason, were not admitted. Diocesan Catholic Health Care Services funds a registered nurse and Catholic Social Services funds a social worker to work with applicants, and each nursing home has a person assigned to work with CCOPE referrals.

If a person still cannot be admitted to a nursing facility, CCOPE works with the person and his or her family to arrange alternative community-based services. These include assisted living, boarding homes, legal aid, in-home service, visiting nurse service, home health services, meals-on-wheels, caregivers support, respite services, and adult day care services.

**St. Louis** The Archbishop's Commission on Community Health, launched by the late Archbishop John May, brings together hospitals, health systems, churches, and agencies serving aging persons, families, youth, immigrants, the unemployed, and the working poor.

Current projects include:

- Ten outreach centers to vulnerable groups in urban and rural areas
- A community health nurse outreach program
- Community health worker teams who work to improve access to and use of healthcare and support services
- A physician referral service—involving 19 hospitals and nearly 450 doctors—for the poor
- Parish nurses of health ministries in more than 75 parishes

In Lansing,  
MI, the  
Diocesan  
Standing  
Committee  
on Aging  
encourages  
and supports  
programs for  
the aging at  
every level of  
the church.

*Portrait in book cover photo composition by D. Jill Schmid.*

## HEALTH MINISTRY VITALIZES PARISHES

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# Health ministers become signs of Jesus' healing presence to the parish community.

necessarily healthcare professionals) begin to help people in their communities heal and experience a fuller, healthier lifestyle. This help may benefit people in greatly varying situations:

- The 84-year-old widower who returns home from the hospital and is helped by the parish nurse and other health team members to move past his discomfort, isolation, and loneliness. (It is noteworthy that as "home" becomes less and less a place of emotional and spiritual refuge, the relevancy of PBHM and other parish ministries increases as they create levels of supportive community.)

- The 23-year-old new mother whose bouts of depression and panic over


child rearing are significantly ameliorated when the health team sets up meetings for her with other mothers to learn about parenting skills, to socialize, and to pray.

- Parish community members who come to a mind/body wellness seminar and learn how prayer and meditation can add to the quality of their lives.

In these and many other examples, health ministers become signs of Jesus' healing presence to the parish community. Perhaps this is why many parishes that have started a PBHM have experienced the unanticipated benefit of several parishioners coming back to the Church.

Deborah Zatkowski's words—"It . . .

shows that our parish has a substantial, serious commitment to its people, truly valuing each part of a person's life"—profoundly challenge the dualism that separates body from mind and spirit, as well as the compartmentalism that relegates the movement of God's spirit to very restricted areas within our world. At least one of every five stories in the New Testament can be said to depict Jesus' holistic healing mission. Integrated with sacrament, ritual, teaching, and other social ministries, PBHM adds meaning and vitality to the parish community. It is in the nature of what a parish is. □

 For more information, contact Robert Short at 617-277-5750, ext. 575.



## Director of Ethics and Mission Integration

### Putting the care back in health care

Mercy Health Service (MHS), one of the largest and most progressive health care systems in the nation, is committed to providing a care-focused, nurturing environment for our patients and their families, as well as our employees and the communities we serve. We have an exceptional opportunity for a Director of Ethics and Mission Integration within our Mission Services department in Farmington Hills, Michigan.

This position provides leadership and assistance to governance, management and employees in integrating MHS mission and values into all aspects of the organization, including orientation, planning, budgeting, policies and leadership development. This position focuses on ethical processes in acute care, long-term care, home care, hospice and managed care.

The individual selected for this position must have a thorough knowledge and understanding of the Roman Catholic tradition as it relates to its stance on health care. A working knowledge of ethics, in order to assist in establishing the values at stake in formulating decisions, policies and practices; and Ph.D. in ethics or a related field is preferred. Practical experience in health care, adult learning activities and in working with senior management is also needed, along with good writing, public speaking, team-working and interpersonal skills. Must also be able to articulate and demonstrate a commitment to the mission, vision and values of Mercy Health Service and inspire active support of these in others.

Send your resume and salary requirements to: **Mercy Health Services, Attn: LM/Ethics, 34605 Twelve Mile Road, Farmington Hills, MI 48331-3121; E-mail: [mininnil@mercyhealth.com](mailto:mininnil@mercyhealth.com)** Please use Attention Line when responding. We scan all resumes. To inquire about additional opportunities within Mercy Health Services and our subsidiaries, please call the **JobLine at (248) 489-5000** or visit our **Web site at <http://www.mercyhealth.com>** MHS values diversity in the workplace/EOE.