

COLLABORATIVE EFFORTS SUPPORT POOR ELDERLY

aring for the elderly has long been a mission of both religious institutes and healthcare organizations. In many communities across the United States today, churches and hospitals are forming alliances to better serve the needs of the elderly.

Nursing homes and social and healthcare agencies provide only a fraction of the primary longterm care needed by Americans. In fact, most care is informal, provided by family, friends, and neighbors. Demographic projections indicate a substantial increase in persons needing such assistance. In south Florida, the 1990 census report showed nearly a 50 percent growth in the population of frailest elders, those 85 years and older. Alliance on Aging studies conducted through Florida International University's Center on Aging indicate a key concern of people age 60 and older is "going to a nursing home" instead of receiving care at home. In some cases, finances leave no other option. Thus concerned community organizations are increasingly called on to provide voluntary assistance for home-based, long-term care.

The need for such care is especially critical in an area like south Florida, which has a large geriatric population, limited healthcare services for the poor, and a large number of immigrants and other persons who live away from family and friends who could provide the support they need. As in other neighborhoods across the nation, the A Nursing needs of both the elderly and their care givers are being met through medical-religious community collaboration.

DETERRING INSTITUTIONALIZATION

Bon Secours Hospital-Villa Maria Nursing Center in North Miami is sponsored by the Sisters of Bon Secours, who have a mission of helping those in need. The Sisters of Bon Secours have provided a continuum of services for the

Summary In many communities across the United States today, churches and hospitals are forming alliances to better serve the needs of the elderly. Bon Secours Hospital-Villa Maria Nursing Center in North Miami, FL, sponsors programs that deter institutionalization. Villa Maria took these efforts one step further in September 1990 with the development of Project Good Help, a church-based outreach program that provides support services to help the poor, frail elderly continue independent living in the community.

Villa Maria has coordinated the project with churches because they share a sense of mission. Only churches in areas where many needy elderly persons live are selected to participate in Project Good Help. Areas that lack services are given priority.

Project Good Help often coordinates with other professional social service agencies to provide assistance. Catholic Community Services, for example, focuses on nutrition, and Project Good Help focuses on assessing unmet social service needs. The two community groups refer clients to one another.

Project Good Help demonstrates that the healthcare and church communities can work together in innovative ways to provide cost-effective community service when they share a mission of caring for the poor and the elderly and are mutually supportive.

A Nursing
Center
Teams Up
With Area
Churches to
Care for the
Elderly in
Their Homes

BY SHERRY L. BRUNNER



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elderly at Villa Maria Nursing Center for nearly 35 years. Even though it is a nursing home, Villa Maria also offers programs that deter institution-alization—rehabilitation, adult day care, respite programs, weekend Alzheimer's care, home healthcare services, and short-term or extended care for subacute convalescence.

Villa Maria took that effort one step further in September 1990 with the development of Project Good Help, a church-based outreach program that provides support services to help the poor, frail elderly continue independent living in the community.

Project Good Help was originally funded with private donations made to the Bon Secours Foundation. After its first year in operation, the project received a grant for \$37,100 annually for two years from the Retirement Research Foundation, a national organization dedicated to programs that improve the quality of life for older people.

The project's results impressed the Kellogg Foundation, which has provided a grant of \$64,000 a year for two years. In addition, the Dade/Monroe County Alliance for Aging has supported the project's Haitian Services for Seniors with a grant of more than \$13,000 for each of the past two years. Those funds supplement the hospital budget that provides for staffing, supplies, travel, and client services.

A CHURCH-NURSING CENTER PROJECT

Project Good Help started close to home, with one Catholic church in North Miami. Today, four years after its inception, the program is offered at six multi-ethnic churches—four Catholic, one African-American Methodist, and one Baptist—throughout the city. The program serves people of all religious and ethnic backgrounds, with staff fluent in English, Spanish, and Creole.

Villa Maria has coordinated the project with churches because they share a sense of mission. In addition, many elderly persons who refrained from asking community agencies for help did feel comfortable seeking services through their church.

Only churches in areas where many needy



Villa Maria has coordinated the project with churches because they share a sense of mission. elderly persons live are selected to participate in Project Good Help. Areas that lack services are given priority. Each church's minister must support the project by providing office space and working with project staff to identify those who need services and church volunteers who can help. Referrals come from surveys done at services, the churches' "sick and shut-in" lists, and word-of-mouth.

PROJECT GOOD HELP'S GOOD DEEDS

In 1993 alone, Project Good Help served 994 clients and evaluated 330 more. Staff identify

people in need and match them with church volunteers and community services.

Clients must be older than 60 and frail, have a low or limited income, and live in the vicinity of a church participating in Project Good Help. Clients need not be church members. Their healthcare problems most often include dementia, depression, diabetes, and disabilities

such as blindness. Persons who have been hospitalized, have had surgery, or are limited in performing the activities of daily living most often require home help. Loneliness is all too common. Some persons need housekeeping or home repair; help in accessing community service agencies, especially for meals and transportation; or respite from caring for a loved one.

Project Good Help has also assisted more than 20 people in obtaining citizenship and helped many others receive Medicaid benefits and food services. For one woman, the project bought supplies and arranged for home repairs. One elderly man received assistance so he could leave town to be with his family. And Project Good Help was there when the family could not deal with him and sent him back to Miami.

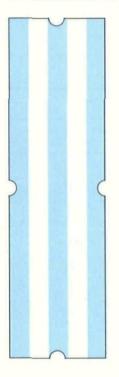
Project Good Help often coordinates with other professional social service agencies to provide assistance. Catholic Community Services (CCS), for example, helps provide meals for a group of elderly Haitians when they meet twice weekly at St. Mary's Cathedral. The two community groups refer clients to one another: CCS focuses on nutrition, and Project Good Help focuses on assessing unmet social service needs.

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PROJECT GOOD HELP STAFF AND VOLUNTEERS

The staff's first responsibility is to be advocates for their clients. Maintaining open communication with the church, staff members are often seen at Mass and religious services, making presentations about the program and identifying persons who would benefit from its services. Once clients are identified, the staff conducts a needs assessment and formulates a follow-up case management plan. This may include providing a psychosocial assessment, emergency services, short-term case management, or referral to community agencies.

Project Good Help's project administrator has experience in elderly services and mental health. She is responsible for administrating the program, reporting results to grantors, networking with community agencies, and coordinating the project's full range of services.

The project coordinator, who recruits, trains, and supervises church volunteers, has experience as an elderly services case manager. Another staff member, who has experience in health-care planning, coordinates the minority outreach program with the goal of providing support for minority families in which a person has Alzheimer's disease.

At each church site, a senior aide works 20 hours a week to coordinate the church's activities. Each senior aide is a link between his or her church and Project Good Help. Aides must enjoy working with the elderly and be ethnically and culturally sensitive, often speaking more than one language. Most have been church members and volunteers for many years, and all receive training in caring for the elderly. Christian Community Services funds two of the seven senior aides, and Jewish Vocational Services funds a third.

Much of the one-on-one, daily follow-up is done by a corps of volunteers. The senior aide at Holy Family Church, for example, works with eight regular volunteers, from ages 30 to 80. Half of them are employed elsewhere. The project staff directs the services of all parish volunteers who assist clients. Volunteers visit the needy, provide homemaking services and transportation, cook, shop, and donate supplies (such as food, diapers, clothing, and materials needed for repairs). In the most unusual volunteer project, a 72-year-old volunteer (in good health despite having had triple bypass surgery) built kitchen cabinets for an 80-year-old couple.

Often one volunteer task leads to others. For example, volunteers who drive elderly persons to physician appointments are often asked to stop at the grocery store.

Volunteers who work or have other obligations usually assist only one client or take on a limited assignment. Volunteers who are interested in a healthcare career, especially working with the elderly, learn more about Alzheimer's disease and dementia. Some volunteers have little family of their own in Miami and enjoy the personal contact. Still others volunteer as part of their dedication to helping others through their church.

GOOD HELP PERMEATES THE COMMUNITY

As an outgrowth of the project, other programs being developed to fulfill identified needs include a respite center for Alzheimer's care givers in a Hispanic community, a church networking program in the black community to identify persons who have Alzheimer's disease, and a senior center for Haitians that offers classes in English, exercise, and arts and crafts.

Project Good Help demonstrates that the healthcare and church communities can work together in innovative ways to provide cost-effective community service when they share a mission of caring for the poor and the elderly and are mutually supportive.