commitment to the dignity and well-being of the elderly is part of the mission of many Catholic healthcare organizations. In the past, it was often the founding mission of institutes of religious men and women.

This column describes programs and services provided by three Catholic organizations committed to preserving seniors' dignity and quality of life.

**Linking Generations**

A century ago it was not uncommon for grandparents and grandchildren to live together and learn from each other. Today, however, the young and the old often hardly know each other. At the same time, many parents want their children to have the benefit of contact with older persons, and many seniors, isolated from their own families, seek the opportunity for meaningful interaction with children.

To help fill this intergenerational void, nine years ago St. Francis Gardens nursing home, Albuquerque, opened a child care center adjoining the home's intermediate care facility. The child care-nursing home program is now the largest of its kind in the United States. With almost equal numbers of nursing home residents and children in day care, the program provides a unique opportunity for participants to develop one-on-one relationships.

About 150 children under six years of age are free to visit 135 frail nursing home residents, known as "grandpals." Children can also interact with well elderly living in the Encino House Midtown retirement community next door.

"What makes this program effective is that it allows the children and the residents to develop long-term, consistent relationships," explains Robin Brule, admissions coordinator at St. Francis Gardens. "Children and seniors participate in communal birthday parties; seniors attend the children's graduation; and grandpals come to the child care center to rock the babies."

In a typical interaction, Eloise Umphres, 80, helps two young friends master the art of correctly angling a crochet hook. In addition to teaching them to crochet, Umphres reads to them whenever they want her to. They also play games and sing together in the glee club.

Frequently the children and residents "team up" for activities. "If they don't hear a number during bingo, we say it to them," says 5-year-old Isabel Archuleta. "And when they exercise in the morning, we sometimes help them pick up their arms."

Brule notes that the opportunity for physical contact is good therapy for the residents. "Often in nursing homes the elderly do not get touched much. But the children here want to hug and hold hands. They make the residents feel useful and needed and help them get their minds off their illnesses or other problems." Brule adds that participation in the program also seems to help the children develop a more mature, enlightened attitude toward aging and the elderly, as well as an awareness of the reality of illness and death.

**Special Needs**

Offering programs and services that meet the needs of the elderly is an important priority of St. Joseph's Medical Center, South Bend, IN.

One useful service the center helped bring to the area is the Ambassador Corps. Established through the St. Joseph's LifeStages seniors program and Ancordia Senior Benefits (a subsidiary of Blue Cross and Blue Shield of Indiana), the Ambassador Corps is a group of trained volunteers who help patients and their families deal with the maze of questions and issues involved in obtaining Medicare and Medicare supplemental benefits.

Volunteers explain available benefits and help seniors prepare forms and follow up on claims. "Applying for Medicare benefits can be very complicated," says Beth Keultjes, who directs the Senior Service Development Program for St. Joseph's. "But with this program, people can get..."
the help they need to get through the process."

Another important service, which St. Joseph’s cosponsors with the American Association of Retired Persons, is the “55 Alive” drivers’ education program. Taught by seniors, the two-session course helps participants refine existing skills and develop safe defensive-driving techniques. Teachers discuss how to cope with age-related physical changes and declining perceptual skills that may impair driving ability. They also review rules of the road, local driving problems, and the license renewal process.

In addition to these educational services, St. Joseph’s sponsors programs that give seniors an opportunity for positive socialization. One such event is the annual Senior Games. Those interested can participate in either the public Senior Games or the Long Term Games. The former are competitive, athletic events that tend to attract serious athletes. The Senior Games include golf, race walking, and a 5-kilometer run. The Long Term Games, held at nursing homes and adult day care sites, are designed for the less athletic elderly who want to be involved in events such as the wheelchair obstacle race and bean-bag toss.

St. Joseph’s also reaches out to those involved in caring for the elderly through its Caregiver Resource Center and caregiver support groups, which meet monthly. “Taking care of the elderly or dependent persons can be a demanding job,” says Keultjes. “It can leave a person depressed, frustrated, and physically exhausted. Our program is designed to return some balance to the caregiver’s stressful life.”

Guest speakers address the group during the first half hour of the monthly meeting; the remaining hour and a half is dedicated to group interaction. “The support group allows the caregivers to express the frustration, guilt, or sadness they may be feeling,” Keultjes adds. “It also lets them know they are not alone.

FOCUS ON EDUCATION

Older Americans today are likely to feel helpless when they confront such issues as declining reimbursement for healthcare or end-of-life treatment decisions. But Daniel Freeman hospitals in Southern California are helping local seniors take a more positive approach toward these issues.

The organization decided that, at present, the best way to protect seniors from the dangers of runaway healthcare costs was to educate them about their rights and benefits and about the ethical implications of their treatment decisions. Daniel Freeman leaders realized that helping older persons become more savvy about these issues would be in the hospitals’ interest as well.

“Hospitals can complain about declining healthcare reimbursement, or they can involve the community to help take action,” says Mary Schnack, director of public relations. “Healthcare reform and the problems affecting our healthcare system are finally being discussed in the political arena,” she adds, “but as we await reform we must still create short-term solutions for the problems surrounding healthcare reimbursement.”

To help educate the community on these issues, early this year Daniel Freeman Memorial Hospital, Inglewood, and Daniel Freeman Marina Hospital, Marina Del Rey, both presented a free series of seminars for seniors and their families titled “Preparing for Tomorrow’s Healthcare Decisions Today.” Flyers outlining the programs were sent to community members who had attended previous hospital seminars or who were part of the Freeman Senior Care program. Flyers were also available at local senior

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Coming in the Next Issue of Health Progress

Report of the 77th Annual Catholic Health Assembly

Coverage of this June meeting in Anaheim, CA, will include a report on the case for healthcare reform—implementation strategies and the role of CHA and its members. In the keynote address, sociology professor and author Robert N. Bellah, PhD, will examine the public’s loss of faith in its institutions and how that loss may hinder healthcare reform. Professor and communitarian movement leader Amitai Etzioni, PhD, will address the need in today’s society for a balance of rights and responsibilities, individualism and community. Healthcare Forum President and Chief Executive Officer Kathryn E. Johnson will give participants a glimpse at the leadership practices and organizational demands that will face healthcare leaders in the twenty-first century. Other topics include practice pattern variations, genetic technology, and cultural diversity.

Preserving the Culture

It is unfortunate that the term “formation” often conjures up negative images of novitiate training or an unspoken resentment that the sponsoring group believes it has a monopoly on the truth. This is not the sponsors’ intent. Rather, the desire to develop leadership training programs stems from a genuine concern with the future of Church-sponsored institutions. Perhaps three of the most important questions facing sponsors of Catholic hospitals today are: How do we preserve the culture of an institution in the midst of unparalleled social change? How do we create a climate that motivates people to integrate a faith dimension into their lives? And, What is the commitment of those who will inherit our institutions to preserve their religious focus? Too often in the recent past, sponsors and boards have hired administrators with strong managerial skills and left the transmission of the religious heritage to the office of mission. Such an administrative decision is foolish, for it makes observance of the religious tradition little more than window dressing and segregates the spiritual dimension as something outside the institution’s daily operational decisions.

It is impossible to preserve a culture in our institutions unless administrators are imbued with the culture’s beliefs, values, and norms and are personally committed to perpetuating them. If we are serious about ensuring the presence of Catholic healthcare facilities in the twenty-first century, then we must establish appropriate staff training and development programs.

We must recognize that education and socialization alone do not produce commitment. Education is essential for information. Socialization is essential for external compliance. Formation, however, is essential for perpetuating the essence of the Catholic culture into the next century.

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centers, and news releases were sent to local newspapers.

The seminars were designed to help seniors learn more about their Medicare benefits, how to become eligible for Medi-Cal (California’s Medicaid program), and the connections between medical ethics and healthcare costs. A local attorney and national expert on elder law spoke on protecting one’s assets, medical and financial durable powers of attorney, conservatorships, trusts, and protecting assets within the federal Medi-Cal guidelines. Representatives from the Medicare Advocacy Project addressed the complexities of identifying and claiming Medicare benefits.

In addition, the hospitals’ medical director addressed the ethical and legal issues involved in making end-of-life treatment decisions. Presentations also focused on the amount of money spent on healthcare during the last six months of life and the impact this expense has on funding for prenatal or primary care programs. Finally, the hospitals’ patient representative talked about advance directives, explaining which are legally binding and which can result in legal confusion and heartache in a time of crisis.

The response from the community was overwhelmingly positive. Between 60 and 100 persons attended each of the seminars, and one session had to be scheduled a second time to accommodate the number of persons interested.

“Seniors are just as concerned about these issues as are the hospitals,” Schnack concludes. “They don’t like the idea that they won’t be able to pay their bills or that healthcare expenses might deprive their children of an inheritance. They’re also concerned about the ethical implications of certain treatment decisions and the questions surrounding ‘death with dignity.’”