

Revisiting A Time to Be Old

BY FR. MICHAEL D. PLACE, STD

Fifteen years ago, CHA published *A Time to Be Old, a Time to Flourish: The Special Needs of the Elderly-at-Risk*. This report, issued by CHA's Task Force on Long-Term Care Policy, provided the inspiration for CHA's vision of health care reform and formed the foundation for our association's renewed attention to the full continuum of services provided by the ministry.

In light of everything occurring in the health care arena today, I think this is an excellent time to review the report's findings and consider how we have responded to its recommendations in the ensuing years.

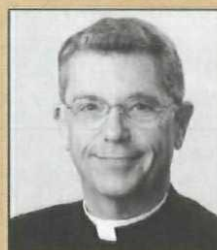
THE REPORT'S FINDINGS

The task force, chaired by Bishop Joseph Sullivan, DD, auxiliary bishop of Brooklyn, focused on the elderly-at-risk—"those persons over 65 years of age who are presented with the reality or prospect of emotional, social, physical, mental, economic, environmental, or spiritual change that has reduced or might reduce their ability to live independently."¹ The report described as "urgent" CHA's attention to long-term care for three reasons: The nation's population, formerly youthful, was rapidly becoming an older adult population; society was not doing an adequate job in meeting the needs of the frail elderly; and a new and pernicious form of ageism had emerged, one that asked whether the elderly were still socially worthy recipients of governmental assistance.

The report attempted to discern the responsibility of the Catholic Church as a whole, Catholic health care providers in particular, and various levels of government for addressing the problems facing the elderly at risk. It reached several conclusions.

Continuum of Care It was time, the authors said, to revisit long-term care as a continuum of care. The report delineated three essential components of a successful continuum of care:

- It focuses on the client



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- It includes a range of services that is comprehensive

- It avoids competing and conflicting with other programs

Presence of the Church The church should be present at all levels of intervention on behalf of the elderly, especially those who are frail, alone, and poor.

Prevention and Rehabilitation For Catholic health care organizations to influence the delivery and management of services for the elderly-at-risk, their leaders must recognize the need to change the focus of health care delivery from an episodic, acute-disease, crisis orientation to a multilevel, integrated array of services that emphasizes prevention and rehabilitation. Doing so would involve collaboration with Catholic and other providers and community and neighborhood organizations.

A Common Vision Although the nation had a number of programs addressing particular problems faced by the elderly-at-risk, it did not have a common vision as to how these services could be better integrated and coordinated in each community and rural area.

CHA responded immediately to the report's recommendations and continues to do so on many different levels today. Let me mention a few of them here.

PUBLICATIONS

CHA is committed to keeping the issue of continuing care for the elderly in the forefront of our concerns and actions. One way we work to accomplish this is by publishing articles on different aspects of the continuing care ministries in *Catholic Health World* and *Health Progress*. We have also published several books and reports on the subject, including *Integrating Long-Term Care, Acute Care and Housing; Medicare and Medicaid Managed Care; Ministry Partners in Senior Housing; Mission and Ministry: Catholic Long-Term Care Services; Parish-Based Health Services for Aging Persons; Living Our Promises, Acting on Faith: Successful Practices for Nurs-*

ing Facilities; Finding and Keeping Direct Care Staff; and Successful Practices in Retaining Staff.

We have published two speeches I have given. "Facing the Future with Confidence," delivered in San Diego to a plenary session of the 2001 meeting of the American Association of Homes and Services for the Aging (AAHSA), focused on the unparalleled opportunity for faith-based and other not-for-profit long-term care organizations to address the needs of the increasing aging population. "The Graying of America: Ethical and Policy Implications for the Church and the Nation" was the 2001 Distinguished Hillenmeyer Lecture at Thomas More College, Crestview Hills, KY.

We have collaborated with Catholic Charities USA to develop a comprehensive listing of Catholic health, Catholic Charities, and diocesan programs serving aging and chronically ill persons. This directory has been designed to help consumers find high-quality long-term care services, to encourage Catholic sponsored organizations to form strategic linkages in their communities, and to demonstrate to people within and outside of the church the scope of services our ministries provide. You can view the directory on our web site, www.chausa.org.

ADVOCACY

In the years since the publication of the 1988 report, we have consistently used our resources to act as advocates for the elderly-at-risk. One of CHA's three advocacy priority areas for 2003 and 2004 (this year and the next) is "Fostering a Compassionate Care Continuum." Strategies for the coming year include advocating initiatives that support the structure of the continuum to provide quality care and meet the needs of aged and chronically ill persons; advocating fair reimbursement for long-term care continuum providers; and safeguarding and enhancing benefits for low-income individuals who are dually eligible under Medicare and Medicaid.

LIAISON

We realize that more can be accomplished in advancing our continuing care and elderly care agenda when we collaborate with other faith-based and community organizations that are already at work to alleviate the plight of the elderly-at-risk. This is especially important in light of the *New Covenant* initiative. CHA works with the following organizations:

- *Catholic Charities USA*, Alexandria, VA. Catholic Charities representatives were part of the advisory committee that developed *A Time to Be Old, a Time to Flourish*. Since its publication, nearly all of our initiatives related to the elderly have been carried out in partnership with the national Catholic Charities organization.

- *Mercy Housing, Inc.*, Denver. Many Catholic health care systems are strategic partners of Mercy Housing, and CHA works with Mercy Housing on advocacy issues related to senior and low-income housing.

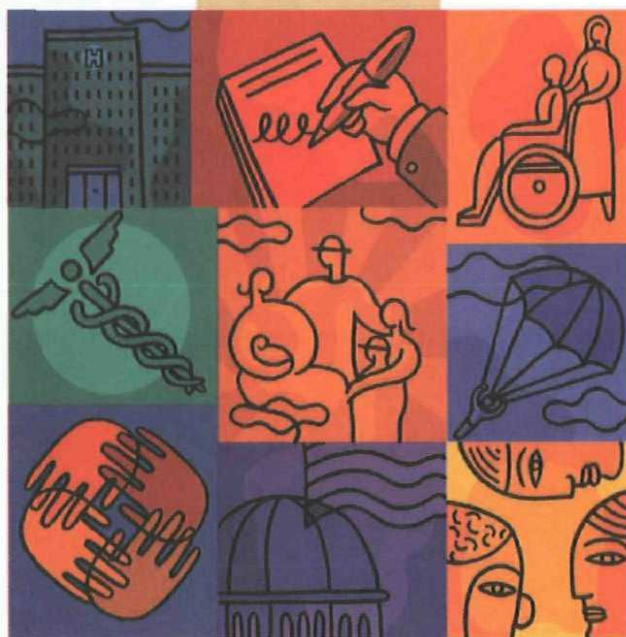
- *AAHSA*, Washington, DC. CHA has a joint membership agreement with AAHSA that is leading to greater collaboration in advocacy, ethics, leadership, meetings, and the development of resources.

- *Leadership Council of Aging Organizations*, Washington, DC. CHA is a member of this coalition of national non-profit organizations, which is concerned with the well-being of America's older population and committed to representing their public policy interests.

- *National Chronic Care Consortium*, Washington, DC. CHA is also a member of this group of national organizations working together to promote public policies leading to improved care for persons with chronic conditions.

- *Direct Care Alliance*, New York City. CHA is helping to launch this new organization to raise national awareness of the value and contribution of direct care workers to the quality of long-term care.

- *National Council on the Aging (NCOA)*, Washington, DC. CHA works with NCOA's



advocacy and program staff. In particular, we are working to promote NCOA's excellent Benefits Checkup program.

MEMBERSHIP

CHA is in a unique position to influence the care of the elderly because our long-term and continuum members represent more than 700 facilities and programs, including home care, adult day care, assisted living, residential care, behavioral health, hospice, senior housing, nursing facilities, rehabilitation, and others.

EDUCATION

CHA is taking the following steps to promote education concerning the continuum and care for the elderly:

- Our annual meeting, the Catholic Health Assembly, includes numerous sessions of special interest to our members in the continuing care ministries.

- CHA has presented educational programs for our members in conjunction with other professional meetings, including AAHSA, the American Health Care Association, NCOA, and the American College of Healthcare Administrators.

- CHA joined Catholic health care systems as a partner in sponsoring the first Catholic Continuing Care Symposium in March of this year. The second symposium is scheduled for February 9-11, 2004, in St. Petersburg Beach, FL.

- In November 2002, CHA board member Susan McDonough, vice president for strategy and system development, Covenant Health Systems, Lexington, MA, and Julie Trocchio, CHA's director for long-term care, presented a session on senior housing and long-term care at the National Association of Treasurers of Religious Institutes.

- Since many long-term care leaders are unable to attend national meetings, CHA provides educational programs of interest to Catholic-sponsored long-term care personnel through audio conferences on a regular basis.

RECOGNIZING GOOD PROVIDERS

It is important to recognize those unsung heroes who continue to provide care for the elderly through collaboration and innovative programs. CHA recognized two such outstanding providers during this year's Catholic Health Assembly, awarding each of them an Achievement Citation.

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One recipient, the North Orange County Long-Term Care Partnership, was recognized for working toward improving the quality of care and resident satisfaction in all long-term care facilities in North Orange County, CA, and advancing the alliance and communication between St. Jude Medical Center, Fullerton, CA, and local skilled nursing facilities. It was cited as "a program that used collaboration and support to ensure that the most frail and the most vulnerable people in our community receive the quality of care they deserve, care that is given with attention to dignity and justice."

The second recipient, La Casa de Maria Immaculada, Lawrence, MA, was recognized for its efforts to meet the needs of the local elderly Latino population in its area. Since 1998, the facility has offered a fully integrated bicultural and bilingual adult day health program that includes medication administration and nursing services, exercise, snacks and hot lunch, social work assistance, and transportation to medical and therapy appointments. It also boasts a mobile health van and a Latino Health Fair, furthering its mission by community outreach.

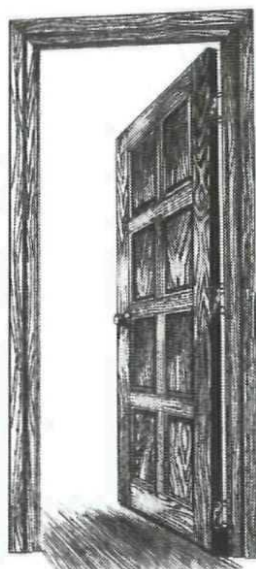
Another award presented at the assembly also recognized an outstanding provider of health care to the elderly. This year's CHA Midcareer Award was given to Charlene Boyd, an administrator at Providence Mount St. Vincent Nursing Center in Seattle. Boyd helped form the Pioneer Network, a national coalition of organizations and individuals aiming to improve the delivery of care to elder adults. She was honored for "not only revolutionizing her own facility but . . . [for] transforming the way the entire field is thinking about the care of the elderly." Her accomplishments include redesigning Providence Mount St. Vincent's policies and physical facilities to respond to the needs of residents. Referring to her work on behalf of the elderly, Boyd said, "We are witness to life in some of the most precious, difficult, and sacred stages."

THE SITUATION TODAY: A MIXED REPORT CARD

As a ministry engaged, Catholic health care providers are compelled to advance the national dialogue in the direction of providing affordable and accessible health care for all, especially the elderly and vulnerable. We are transformational, and must continue to act as advocates for change

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REFLECTIONS

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as Jesus did, for our goal should be not only to heal the sick but also to change unjust societal structures. We must always keep in the forefront of our thinking the fact that providing health care for the elderly and the poor is an expression of our faith.

Through our advocacy, education, and other efforts, we are seeing gains and the ministry has much to celebrate.

Unfortunately, the news is not all good and much remains to be done.

The economics of health care have caused many health care systems to reevaluate their support for nonacute services for the elderly and focus on their core acute care businesses. Absent a true national health policy, the dream of an integrated, comprehensive delivery system for the frail elderly and chronically ill has yet to be realized and embraced.

At the same time, the needs of the aging and chronically ill are greater and more urgent than they were 15 years ago, when *A Time to Be Old, a Time to Flourish* was first published. In this country, nearly 37 million people are now 65 years or older, and the Census Bureau projects that number to double by 2030. And it is not just the elderly population that is growing—the number of people who are chronically ill will continue to expand as well. According to the *Washington Post*, about 4 million Americans today are now estimated to suffer from Alzheimer's disease, a figure that could increase to as many as 14 million by 2050.²

The lack of adequate public funding for the needs of the elderly continues to be a serious problem. The federal budget deficit, which may surpass \$450 billion, inevitably reduces funding available to the states, which are in turn forced to cut programs—such as Medicaid—already in existence to help the poor.

As I write this column, Congress is considering a bill that would expand Medicare to cover prescription drugs, a special boon to the elderly, many of

whom take expensive medications. Passage of such a bill would greatly help the elderly poor.

CHA will continue to support the long-term care continuum in communities across the nation, including such services as skilled nursing facilities, home care agencies, housing programs for needy families and seniors, Programs of All-Inclusive Care for the Elderly (PACE), palliative care, and chronic disease management. Our work includes advocating fair reimbursement for long-term care continuum providers and safeguarding and enhancing benefits for low-income individuals who are dually eligible under Medicare and Medicaid.

In addition, as part of our strategic plan we will focus on achieving an improved health care delivery system that better meets the needs of the growing elderly and chronically ill populations.

Although much has changed in our world since *A Time to Be Old, a Time to Flourish* was published in 1988, one thing has not changed—and it should be kept in the forefront of our thinking. As the report's authors said, "Long term care policy and this report are not primarily about the needs of facilities such as nursing homes and hospitals, or about programs, placements, cases, target groups, or 'market opportunities' . . . In the final analysis, long term care comes down to people caring for people. . . . The success of any reform in this area will depend on the availability of persons at every level who are motivated to help others."³ □

NOTES

1. Catholic Health Association, *A Time to Be Old, a Time to Flourish: The Special Needs of the Elderly-at-Risk*, St. Louis, 1988, p. xiv.
2. Rob Stein, "Study Links Excess Weight to Likelihood of Alzheimer's," *Washington Post*, July 15, 2003, p. A1.
3. Catholic Health Association, p. xix.

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