

# The Tradition of Responding to Elders Continues Today



**BY JULIE TROCCHIO**  
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**T**he Catholic health ministry in the United States has been serving older persons since 1625 when the French Ursuline sisters arrived in New Orleans. They visited the sick and frail, bringing them hope and comfort.

That tradition of responding to the needs of elders in our communities continues today. For example:

- When Covenant Health Systems discovered the unmet health and social needs of Spanish-speaking elderly persons in Lawrence, Mass., they raised resources to open an adult day-care program, La Casa di Maria Immaculada.

- Holy Cross Hospital in Silver Spring, Md., provides educational and mentoring support to the county's parish nurse programs of all denominations in the county, most established primarily to help frail and isolated seniors.

- An Arizona home-care program has a supply pantry replenished voluntarily by employees with food and necessities for patients running out of funds toward the end of the month.

- An Ohio hospital distributes information on advance directives at a local shopping center targeted at senior "mall walkers."

Catholic-sponsored long-term care facilities are especially well-positioned to address needs of older persons residing in their communities.

Although their community benefit programs are likely to be less structured and smaller than hospital counterparts, they follow the same model of:

- assessing community need and resources
- planning to address need
- providing services that improve health and access to services
- monitoring and reporting community benefit using standard definitions
- evaluating program effectiveness
- telling their community benefit story

The result is robust community benefit programs and a rich array of community benefit services.

What does a robust community benefit program look like? Its mission statement and other major

documents speak to commitment to community. Senior executives take a leadership role in ensuring the community benefit program is on track and provide financial and human resources needed for the program. The board is aware of, supports, and may even participate in, community benefit activities. Employees support the organizations' community programs and keep records of activities. The facility has strong relationships with community partners such as the state or area agency on aging, consumer groups and Catholic Charities.

The real results, however, are the truly needed programs and services made available to community seniors. Here are four examples:

- An Iowa retirement center encourages all staff to participate in community projects and report their involvement during the annual review. They are not required to volunteer, but receive "extra credit" on their program evaluation. This has resulted in staff members organizing and participating in fundraisers for Alzheimer's disease and breast cancer research.

- A Worcester, Mass., nursing home partners with a local Catholic Charities agency to run a durable medical equipment lending store. No longer needed walkers and other items are donated, repaired and cleaned, then made available free of charge.

- An Ohio long-term care facility subsidizes a dementia unit for residents with Alzheimer's disease. The program continually operates at a loss but is continued because there is no other dementia service in the area.

- A Catholic-sponsored nursing home in Wisconsin opened a non-medical home helper service to help older persons live independently in their homes. ■

## Share Your Ideas

*The Catholic Health Association is collecting examples of ways our aging services ministries are reaching out to vulnerable seniors. Send clippings, community benefit reports or other descriptions to [jtrocchio@chausa.org](mailto:jtrocchio@chausa.org).*