



# Engaging Aging

## A Team Approach to Member Wellbeing

By Sister Catherine Higgins, CSJ

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*“What we are to each other, we are to the world. The quality of our life together will be the quality of our mission.”*

*1973 Chapter Document, Sisters of St. Joseph Baden, Pennsylvania*

Since our founding in mid-seventeenth century France, the hearts of all Sisters of St. Joseph worldwide have been drawn toward a spirit of active, inclusive love of the dear neighbor. While that orientation remains our priority in the Sisters of St. Joseph of Baden, Pennsylvania, changing congregational demographics and fluctuating national climates of health care have given rise to concerns among our members. How were we also caring for the dear neighbors who are our sisters, aging in our midst? Were our existing structures of care effective in light of our aging and rising health care needs? We had only one sister designated as the health care liaison for every member. Was it right to expect so much of only one person?

One initiative of our 2013 General Chapter was the launch of a systemic review of our living with one another, including a particular focus on health and wellness. After many conversations, the membership was in agreement that we needed a professional appraisal to help our planning. In the spring of 2014, with generous funding from the National Religious Retirement Office (NRRO), we participated in their Elder Care Consultation.

The consultants from NRRO brought expertise and insight as they reviewed our facility, staffing, and programming for our sisters in the supportive living area of our motherhouse. Among the recommendations they offered was a need to move from a medical model to a person-centered approach to care. As they shared with

**Sister Catherine Higgins, CSJ, LSW**, is a Sister of St. Joseph of Baden, Pennsylvania. As the newly appointed Minister of Member Wellbeing, she is currently developing a team approach to holistic health care for her congregation. Sr. Catherine holds a master’s degree in counseling from Duquesne University and a master’s degree in social work with certification in family systems from West Virginia University. She is also a certified spiritual director and has worked internationally in Jesuit programs of Ignatian spirituality. Her previous ministries include leadership roles in education, school administration, and hospice care. She has served on the Pittsburgh Diocesan Board of Education and received the Manifesting the Kingdom Award in the Pittsburgh Diocese.



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us successful examples of the more holistic approach to care, we became interested in designing a similar plan of care for all our members, shifting from a reactive model of intervention to a proactive model that would help everyone advance on the wellness continuum. As we all face transitions, we believed they could best be navigated with support from those who love us and whom we love in turn.

### The Conversation Continues

The implementation team, charged with facilitating our General Chapter initiative of examining our care for each other, began crafting a process to be used in our corporate reflection groups (CRGs). These gatherings are a unit of governance that enables more in-depth engagement by the members on matters of importance to the congregation. The CRGs began to generate feedback about their perceptions, preferences and needs regarding (a) the aging process; (b) relationships; and (c) transitions in general. The outcome of the two-year period of research and communal discernment was a document entitled, "Philosophy of Member Wellbeing." Additionally, the implementation team defined a set of guidelines, procedures and suggestions to facilitate the healthy pursuit of multiple arenas of wellness as defined in the scope of "Dimensions of Wellness." Each member received her personal copy of this document at our Congregational Assembly in 2016.

Concurrent with the work of the congregation, our Leadership Team, keenly aware of the steep decline of so many of our Sisters in their senior years, was finding an ever-increasing percentage of their time being directed to the pastoral needs of the elder sisters. Additionally, they were being called to tend the collective grieving of all the sisters as we moved through a series of untimely illnesses and deaths of our younger members. While tending these varied calls, the Leadership Team also wanted to respond systemically to the apparent increased need for care.

Leadership began to envision the creation of a team of professionals, drawing from the fields of medical, pastoral, mental health, and social systems. Such a group of professionals could move from a more proactive and comprehensive stance than any single person. The team approach seemed as if it would be best suited to address the variety of needs that continued to mount in the congregation. Of particular importance was the convergence of their idea with the thinking of the implementation team from Chapter, advocating for a holistic path to wellness.

### Creating a Team

In the early fall of 2016, I was asked by the Leadership Team to discern my willingness to become the Minister of Member Wellbeing. After



Members of the Baden CSJ Wellness Team gather before starting their day. Team members include (standing, from left) Sr. Jeanne Rodgers, RN; Sr. Catherine Higgins, Minister of Member Wellbeing; Sr. Patricia Prince, Social Worker; Sr. Patricia Young, Coordinator of Social Activities; (seated, from left) Ms. Joyce Cipriani, RN; Sr. Anne Green, Sister Advocate; Ms. Judy Basl, LPN. Before the Wellness Team was created, Sr. Jeanne Rodgers (far left) served as the health care liaison for the congregation.

Photo by Sr. Geraldine Grandpre, CSJ

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considerable prayer and discernment, I agreed to offer my services to our sisters in internal ministry.

I met several times with a liaison from our Leadership Team to talk about (a) how a wellness team might function; (b) who would be a part of the team; and (c) the appropriate timeline for the work to begin. Once our plans were clear, particular sisters were invited to become part of the Wellness Team.

Together, we were charged with shaping the particular functions of the Wellness Team, as well as defining the roles and responsibilities of 6 full-time team members and 1 transitioning member. This collaborative effort was far from hasty. We wanted to be sure we started on firm foundations that modeled well the collaborative and holistic goals that the congregation had embraced. Our conversations took place from February through August of 2017.

Ultimately, we decided that the primary core team would be comprised of social workers, nurses, pastoral care practitioners, and socialization specialists to act as first-line supports and resources. The secondary level of support would come from sister-companions, CSJ associates, community resource programs, and healthcare partners. Additionally, if a sister requested that any other particular person be involved in her care, those persons would be invited to join the Wellness Team as the tertiary level of care for her particular needs.

### Wellness Team Responsibilities

Under the guidance of the Minister of Member Wellbeing, our interdisciplinary Wellness Team supports the needs, large and small, of our aging sisters currently living on the grounds of our motherhouse. This includes the entire spectrum encompassing independent, supportive, and skilled levels of care. In every circumstance, the individual sister and her wellbeing are the center of our concern.

As the Wellness Team plans with each sister, we work to reduce gaps of information that sometimes occur as different agencies become involved in the provision of health care services. We are constantly seeking ways to improve the delivery of services as well as generally enhancing the quality of life that



Sr. Michelle Prah, CSJ (left) and Sr. Frances Rooney, CSJ pause for a brief check of the news. Sr. Michelle just completed her ministry as administrator of the motherhouse. Sr. Frances volunteers weekly in the congregational archives. Photo by Alison Lucci

each sister experiences. We are involved in outreach to area agencies to build connections and potential for collaboration. Ultimately, we are always seeking opportunities to positively impact the ways each sister can simply move through her day, helping her to be a part of the decision-making that will move her further along that continuum of health and wellness. When the time comes that she is called to a journey beyond life as we know it, we pray that we can honor the privilege that is ours in companioning her in that final transition.

### The Model of Person-Centered Care

As stated earlier, we were encouraged by the consultants from NRRO to shift from a medical to a more holistic model of care. We realize that this means more than just having a team approach in designing the care of our sisters. What we seem to speak of most often is “person-centered care.” It resonates with the value we give to honoring the lives of every sister.

At the same time, we’re still learning the implications of the new model. For example, we welcomed the challenge by Sister Nancy Schreck, OSF, as she wrote about her community’s adoption of person-

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centered care in an earlier issue of *Engaging Aging*. Her sisters preferred the term “community-centered care” as it was more reflective of their sisters’ desires to balance the common good with their own personal preferences.

We’re also finding that it’s not just about phrases such as “aging in place,” but that it comes closer to signaling a complete culture change in how we care for each other, regardless of our age. Accessing relationships as a core vehicle of change, we’re finding that we all need to take a look at how we are together for mission. This extends to our staff who are the care providers for our sisters. Staff needs are important as well as they help to shape an environment that contributes to everyone’s well being.

We have confidence that a person-centered care model embracing simple presence, collaborative decision-making and building relationships will sustain us and our community into the future.

### Holistic Care in Action

Our person-centered model is an interdisciplinary web of relationships that takes cultivation, compassionate listening, trust and presence. While the business of “daily doings”, e.g., setting appointments, transportation, and medication management, comprise the tangible tasks of wellness, it is often the less tangible acts that provide the most meaningful moments of one’s day. Sharing an hour sitting outside with a companion, making a stop at a local shop after a medical appointment, creating a senior-friendly environment with names on the doors and nametags for staff, and posting printed material in large fonts all contribute to addressing the needs of the whole person.

In launching the person-centered approach, the Wellness Team has been listening to sisters in one-on-one encounters, building relationships, increasing trust, and identifying resources pertinent to the needs of individual sisters. A practical example of this is our realization that “spring cleaning” which included flipping mattresses and washing blinds was no longer possible for our senior sisters to manage alone. As Minister of Member Wellbeing, I contracted with a cleaning company to complete



Longtime friends, Sr. Rosaleen Scott, CSJ (left) and Sr. Mary Louise Simmons, CSJ share a quiet moment before a birthday party. Sometimes silence speaks the clearest language of the heart.  
Photo by Alison Lucci

these tasks for any sister residing in our independent living facility. This simple service seemed to make a big difference in their sense of personal control and wellbeing. Now, we have this service planned on an annual basis.

A more personal example concerns a sister who suffered head trauma from a fall. Her initial desire was to remain living independently. The Wellness Team was willing to support her preference, while adding services in the home. After several tries, however, it became apparent that she needed a higher level of care. Members of the Wellness Team met with her several times to discuss the challenges, then encouraged her to invite others whom she trusted to join us for her support. At her invitation, a significant number of sisters gathered, offering honest, loving feedback. At the end of the meeting, the sister had greater clarity and was able to make her own informed decision to transition to a different level of care. It was not pain free, but the love and respect for her need for autonomy and self determination was evident among all of us. As a follow-up, an email group list was formed, and this sister calls upon them to share the challenges of her decision as well as the joys. A new sense of community has been created for everyone involved.

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### Valuable Support and Essential Programs

**Nurses** are important. From medical consults to thoughtful conversations regarding level-of-care adjustments, our partnership with the staff nurses, as well as sisters who share their nursing expertise, is essential. Previously, the management of most medical consults, records, and assessments fell to one person, the sister who was an experienced nurse serving as the liaison for health care.

Drastically increasing congregational needs made this unsustainable for the future. We now have a registered nurse as the Health Care Liaison on our Wellness Team. She serves as a bridge between physicians' medical recommendations and the holistic care and advocacy efforts coordinated by the Wellness Team.

**Healthcare Partners** are a necessary reality. Nationally, our healthcare seems to be moving toward managed care organizations that provide supports to lower-income persons desiring to "age in place". This systemic shift away from the linear progression of home to skilled nursing care is a reality that we needed to embrace. At this time, Beaver County's Living Independence For Elders (LIFE) program is our most influential partner in this capacity. For those sisters accepted into the program based on financial and physical need, LIFE Beaver County provides community center activities, transportation, and medical partners. In addition, they provide reimbursement for our paid staff in our supportive living area according to the care plans that LIFE Beaver County develops for each enrolled sister. (Note: LIFE is nationally known as PACE, Program of All-Inclusive Care for the Elderly.)

To take full advantage of this community resource, we, as a team, must be attentive to the spoken and unspoken changing needs of our sisters in order to make appropriate recommendations for LIFE assessments and enrollments. We currently have 28 sisters enrolled in the LIFE Beaver County program. Each sister accepted into the program is assigned a case manager who coordinates the services of a registered nurse, therapists, certified nurse assistants and social workers who periodically

assess and provide accommodations for living, medical supports, and insurance coverage.

**Pastoral Services** are central in our approach to care. Being present with our sisters as we all age, we hope to improve everyone's quality of life, build connections, and reduce feelings of uncertainty and anxiety as transitions occur. We've hosted a workshop on grief and loss, acknowledging our collective losses ranging from congregational properties and ministries to relationships and even our sisters themselves. As we process these losses, there is a lot of letting go that requires interior freedom, discernment, and compassionate listening with one another.

**Sister Advocacy** is an essential responsibility that falls to a member of our Wellness Team. Serving our sisters residing in a skilled nursing facility on campus, the Sister-Advocate visits each sister-resident daily and acts as her representative during care conferences held with staff professionals. Although the facility is in close proximity to our motherhouse, the sister-residents often feel isolated and out of the mainstream of community life. The Sister-Advocate works hard to facilitate the linkage that is so essential for a sense of belonging. The regular visits seem to have reduced the sisters' feelings of loneliness and isolation. She also communicates with the sisters' family members and informs the Minister of Member Wellbeing and Leadership Team of any significant changes in the sisters' wellbeing. This regular contact has renewed relationships with sisters, family, and staff at the nursing care facility.

**Social Activities** play a vital role in promoting wellness of mind, body and spirit. We are blessed with a sister who ministers as the Coordinator of Social Activities at our motherhouse. From exercise classes and movie nights to root beer socials and afternoon outings, her very presence helps to lift spirits and empower those connections that we hold so dear. As we age and begin experiencing the changes that accompany that process, simply having someone who genuinely cares about

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us goes a long way to fostering relationships of trust and understanding.

**Spiritual Life** is a dimension we are careful to tend deliberately with our sisters in supportive living. The Wellness Team schedules monthly gatherings for our sisters to pray together and share their faith experiences. We are careful to print any papers in large font and encourage active participation in faith sharing. Our understanding of spiritual life also includes our responsibility and privilege of participation in congregational life. Anticipating that some of our sisters in supportive living may not be able to attend our upcoming General Chapter due to poor health, the Wellness Team has arranged to hold regular update sessions with these sisters so that they can stay abreast of developments as well as add their voice to the discussions. Everyone agrees that the wisdom offered by our senior sisters will prove invaluable to our processes at Chapter. Only through our shared life can we hope to move forward together.

**Small Group Gatherings** have proven helpful in easing anxiety and uncertainty. An example of this was our recent initiative to update our congregation's personal end of life and power of attorney documents. Using the "Five Wishes" booklet as a guide, we were able to explain the purpose and process for completing the document in a prayerful group atmosphere. As we gathered together, the Team could then offer support as the sisters worked through their own booklets, asking themselves some challenging questions. We hope the format of group meetings will continue to encourage deeper relationships among us as a larger percentage approach the transitions of aging. The fruits of such efforts are evident in the deepening sense of belonging to one another across the whole congregation, regardless of our living situations.

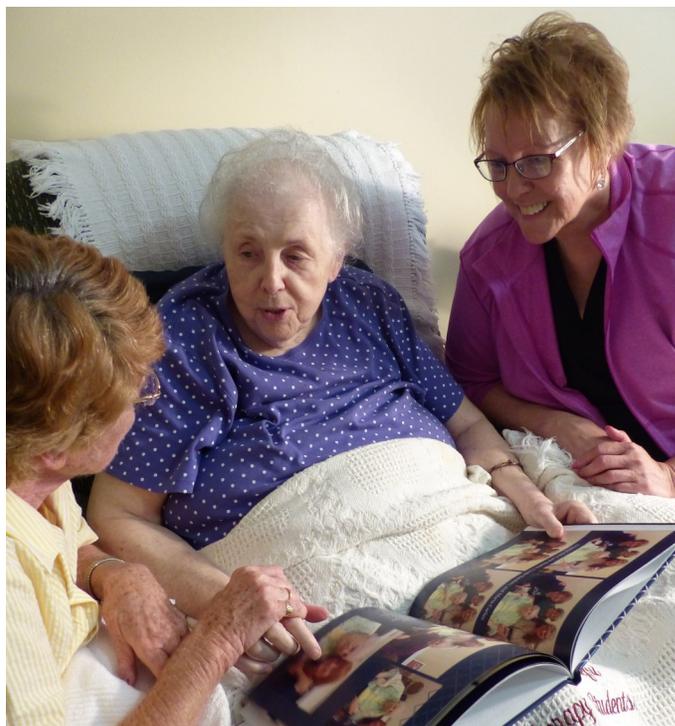
**Sister-Companions** have proven to be an invaluable asset in sharing the volume of the many daily nuances of life. This includes tasks such as paperwork completion, explanation of insurance changes, advocacy for sisters during hospitalizations, transportation to appointments, and moving

belongings to a new living space. As the role evolves, it sometimes includes continued communications with family members and tending those special requests that a sister may have on any given day. We often move beyond the long-term relationships that any given sister has, designating, instead, members outside her usual circle of friends who are willing to become Sister-Companions. This has enabled us to widen the circle of relationships for everyone. We are pleased that some of our CSJ associates have offered their time and gifts to be an integral part of this program.

**Wider Area Services** have become an essential source of support as our program evolves. We've found that time spent researching the availability of local agencies and programming is rewarded a hundredfold. We are no longer able to care for each other in a closed system, nor would we want to even if we could. Accessing resources available to the general public keeps us in touch with the dear neighbor we are committed to love. We feel the exchange of blessings is mutual as we share with those

Sr. Donna Marie Beck, Ph.D., Professor Emerita at Duquesne University School of Music, ( center) shares pictures from a reunion with her former students. Sr. Catherine Higgins (left) and Ms. Judy Basl, LPN, look on.

Photo by Alison Lucci



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beyond our own membership. For example, as our sisters have accessed services such as light house-keeping or transportation provided by Beaver County Office of Aging, they have enjoyed the opportunity to come to know the people who live and work in the area.

As an example of how agency services enriches our life and stretches our thinking, consider the story of our sister who has lived a large professional life. She was invited to attend a luncheon off-site, but her medical condition seemed to make that impossible. However, as we listened to her desire and the enthusiasm of her former colleagues and students, the Wellness Team began to think outside the box. By arranging for a nurse-companion and special transportation, we were able to send the sister off for a day filled with renewed relationships blessed with affection and gratitude for the many ways she had inspired others in service-driven lives. This excursion reminded both our staff and our Wellness Team that the health of the whole person requires an extra effort which is almost always blessed in ways beyond our imaginations. Our staff found a new understanding of the reality that the person in the wheelchair or using the walker is someone with a rich history that is still unfolding in grace and time.

### We Journey Together

While a significant portion of our time and resources support our senior sisters, the Wellness Team is intended for all 153 congregational members and will eventually offer programs and initiatives that meet sisters needs and interests in every stage of life. This corresponds with our hope to be proactive in advocating for our health and wellbeing rather than managing the crises as they inevitably arrive.

As the Wellness Team, we are pleased with our progress, but we are still learning. Each day we experience situations that push us to listen lovingly, respond with empathy, and still challenge sisters to be self-determined by asking for guidance and support. At times this can look like a risk. And it is not easy. But in these very risks, we are praying that each sister finds a greater degree of peace in her transitions. In looking forward, we realize that

what we learn today will frame a plan for how we can support our sisters aging in place in a variety of settings.

As sisters, we've spent our lives doing for others. Shifting to the more passive mode of being is an unfamiliar challenge for most. In this place of shared vulnerability, we are committed to standing with one another. Our new consciousness of the importance of stewarding our bodies, minds, and spirits enables us to move more completely toward mission. In the end, we're all helping each other make that journey home.

### Tending the Vineyard Video Series

- NRRO is pleased to announce [Tending the Vineyard video series](#) to promote effective property planning among religious institutes. The videos are designed for use by religious institute leaders and members, as well as lay staff and stakeholders who aid institutes in assessing and managing properties. Visit [www.usccb.org/nrro](http://www.usccb.org/nrro) to access the videos.

### Copy and Circulate

- We encourage you to copy and circulate *Engaging Aging*. No permission is needed for reprint. Send us your name and we will place you on our mailing list.

## Calendar 2018

### Late June

- Direct Care Assistance checks mailed

### July 31— August 3

- CMSM Assembly, St. Louis, MO

### August 7-10

- LCWR Assembly, St. Louis, MO

### August 21

- NRRO Webinar on hearing loss with Juliette Sterkens, AuD, at 1:00 PM ET

### September 21-23

- CMSWR Assembly, St. Louis, MO

### September 25-27

- Planning and Implementation workshop, Lutz, FL (filled)

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The National Religious Retirement Office coordinates the national collection for the Retirement Fund for Religious and distributes these funds to eligible religious institutes for their retirement needs. Our mission is to support, educate, and assist religious institutes in the U.S. to embrace their current retirement reality and to plan for the future.

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