

Changing Lives

One Saint, Many Heroes and the Not-for-Profit Difference

by Sarah Mashburn and Gene Mitchell

As a part of the segment of modern society whose purpose is, in the words of one well-known thinker, to change lives, not-for-profit aging-services providers make strong impacts on the welfare of elders every day. And these organizations, by virtue of their commitment and mission of service, also have significant impact on people in all age groups, including their own employees. Here is a look at some individual stories of these organizations, their people, and how they change lives.



Little Sisters of the Poor

Jeanne Jugan, founder of The Little Sisters of the Poor, will be canonized as a saint this October. At least one sister and one resident of each of the Little Sisters' 202 homes worldwide will travel to Rome for the event, and each of the 30 Little Sisters homes in the U.S. will host local celebrations.

In the Roman Catholic Church, members of religious orders typically take three vows—of chastity, poverty and obedience. Anyone working in aging services, however, will notice a telling characteristic of the 2,700 Little Sisters of the Poor, who live and work in 32 countries.

Their order adds a fourth vow: hospitality.

The vow of hospitality is a natural outgrowth of the work of Jeanne Jugan, who founded the order. In 1839 Jugan, a French nurse, took a blind, paralyzed, destitute old woman, Anne Chauvin, into her home. This act of charity was soon followed by more of the same, and it set the course for the Congregation of the Little Sisters of the Poor ever since.

The thousands of Little Sisters working around the world will find 2009 especially memorable, because Jeanne Jugan will be canonized a saint by Pope Benedict XVI in October.

AAHSA will celebrate the canonization of Jeanne Jugan on Sunday, Nov. 8, at 1:00 pm during the Opening General Session of the AAHSA Annual Meeting at McCormick Place Lakeside Center, Chicago, Ill. To learn more, please e-mail echarles@aaahsa.org or visit www.aaahsa.org/annualmeeting to register to attend the convention.

Person-Centered Care—170 Years Ago

“From the beginning ... Jeanne’s original inspiration found homeless elderly people in her town and wanted to give them a home,” says Sr. Constance Veit of the Little Sisters’ Baltimore Province. “That’s at the heart of everything we do; it is always important to create that family spirit. It’s in our founding documents that we take care of residents as if we are their own family. We were originally



Little Sisters of the Poor

The Little Sisters of the Poor pioneered their own version of person-centered care beginning in the 19th century.

‘*Servants of the Poor*,’ but later changed to ‘*Little Sisters*’ to create that idea of family.”

Today, the order operates more than 200 homes for over 13,000 elderly people worldwide; there are 30 homes in the U.S.

In the U.S., all the Little Sisters homes serve low-income elders and offer a continuum of care—independent living, assisted living and skilled nursing. The great majority of skilled nursing residents are on Medicaid, and there are few if any private-pay residents in the homes.

The order’s continuum of care isn’t the result of 20th-century market forces; it is a reflection of Jeanne Jugan’s guiding emphasis on making seniors feel at home.

“Our philosophy is all about creating family,” says Sr. Constance. “The demand is so high for low-income spots that we never deal with empty bed problems, nor are we trying to get the right case mix. Another unique aspect of us is that we don’t typically admit to the nursing units [from] outside our facility because we try to make the assurance to residents that, barring really bad situations, “This is your home now.”

Though it had to “medicalize” its homes beginning in the 1960s to comply with regulations, to this day the order reminds us that its mission has always been to create *homes for the aged*, not nursing homes. It insists that “Old age is a stage of life—it is not an illness.”

Little Sisters homes encourage individualization and personalization, along with close relationships between residents and staff. “Meaningful activity” for residents is encouraged; beyond the usual activities functions, residents take responsibility for daily tasks in the homes—in the kitchen, the laundry, garden or elsewhere—to help maintain the family spirit.

The Not-for-Profit Difference

While the Little Sisters of the Poor were expanding their mission in Europe, dozens of not-for-profit homes for the aged were being founded in the U.S. by religious communities, fraternal orders and other groups. The drive to create voluntary organizations and associations, which Alexis de Tocqueville considered fundamental to the American character, has played out across well over two centuries.

Jeanne Jugan and the order she founded, along with the other organizations created to care for poor elders, worked wonders in an era of poor health care and a minimal social safety net—when charity alone kept the poor elderly off the streets.

Today, with much greater public resources dedicated to the support of the poor and aged, not-for-profit organizations still bear a huge portion of the responsibility of caring for those in need.

The recession has challenged not-for-profits. A 2009 report from The Johns

Hopkins Institute for Policy Studies’ Listening Post Project¹ notes that about one-third of the “child-serving and elderly-serving organizations” surveyed reported “severe” or “very severe” fiscal stress, although the balance described their stress as “moderate” or “minimal.”

Even so, these public-spirited providers are still doing great work. One of the most interesting conclusions in the Listening Post report is that “nonprofits are a counter-cyclical force in the economy.” The report’s authors, Lester Salamon, Stephanie Geller and Kasey Spence, note that “this is consistent with experience in prior recessions, during which nonprofits boosted employment while for-profit employment has declined.” They go on to note that more than two-thirds of the respondents claimed to be “successful” or “very successful” in coping with the fiscal crisis. “As a consequence,” they continue, “nearly three-fourths of the organizations reported being able to maintain or actually increase the number of people they serve, and this was especially true of service to vulnerable populations.”

Like Anne Chauvin, the vulnerable aged of the 21st century need help to maintain health, security and participation in society, and neither government nor business—two of the three major institutions in the United States as identified by legendary management consultant Peter Drucker—is necessarily able to do all three of those things well. It falls to not-for-profits, whether driven by religious conviction or more secular concerns, to take responsibility for their role, in Drucker’s words: “The role of not-for-profits, as one of three major institutions in America, is nothing less than to change lives.”

Real People, Real Change

FutureAge asked AAHSA members for stories about specific people whose lives were changed by not-for-profit providers, and the response was overwhelming. What did all the stories have in common? These organizations reached out to individuals in need and, in the process, fulfilled the not-for-profit calling to change lives for the better. They helped residents and clients deal with

devastating health problems or financial difficulties and regain a measure of independence and peace of mind. They gave time off or other assistance to staff in the middle of personal crises, or helped employees build better careers.

Mohammed Ayebo: An Aged Immigrant in Bad Circumstances

After years of suffering in a Kenyan refugee camp, Mohammed Ayebo arrived in the United States in 2002. Living alone in a public housing apartment, he was depressed, isolated and showing early signs of dementia. Moving to a nursing home seemed inevitable. That’s when Volunteers of America and social worker Mahdi Nur stepped in.



Volunteers of America Mohammed Ayebo (left) proudly holds the U.S. citizenship certificate he received thanks to the advocacy of Volunteers of America Social Worker Mahdi Nur (right).

Ayebo needed help dressing and cooking for himself, so Nur arranged for personal care. Eligible for just three hours of home care, he needed more. Nur helped him appeal for an increase in service hours and ensured he received the assistance he needed.

Nur also helped Ayebo tackle his depression and isolation. He had Ayebo visit a physician who prescribed medication for his depression. He arranged for him to take part in VOA’s senior dining program and recruited other residents to join him at the Mosque for prayer.

“It is difficult for me to remember what my life was like before I met Mahdi,” Ayebo says, “But, I never had anyone who helped me change my life as much.”

Nur and VOA also helped him fulfill his dream of becoming an American citizen. When Nur discovered that Ayebo’s

1 The paper, Communiqué No. 14, “Impact of the 2007-09 Economic Recession on Nonprofit Organizations,” is available at www.jhu.edu/listeningpost. Approximately 100 AAHSA members participate in the project as “listening posts” on aging-services matters.

citizenship case had been closed due to a missed deadline, he completed the paperwork to reopen the case. He also arranged to have the history-test requirement waived because of Ayebo's age. The work paid off. In February, Ayebo received his citizenship.

"When you are a citizen, everything is possible," Ayebo said. "Now, I am an American and I am free."

Brenda Jackson: Overcoming a Dangerous Life

Brenda Jackson loved her job as a nursing assistant at Foothills Retirement Community, Easley, S.C., part of Pres-



Foothills Retirement Community

byterian Communities of South Carolina. Her personal life was another story. The mother of three was struggling with domestic abuse while taking classes to become an LPN. Something had to give, and it was her job at Foothills.

"I didn't want to leave my job, but I had to," Jackson recounts, "But I promised my boss [Director of Nursing Barbara Huss] I would come back as a nurse."

Three and a half years later, she fulfilled that promise. With the help of family and friends, Jackson left her abuser and completed her LPN training. She even made the dean's list. There was just one problem: When Huss asked about the state certification exams, Jackson said she didn't have the money to take them.

"She told me that although \$300 did not seem like much, it was well beyond her reach," Huss says. "Even though we didn't have a position for her, we decided it would be a benefit to pay for her state boards."

Brenda passed her boards and now works both at Foothills and another community as an LPN. This fall, she will start a 15-month program to become a registered nurse.

"I've worked with seniors for 12 years,

and Foothills was different than any other place I've worked. They offered care and concern to the residents and people like me," Jackson says. "With their support, they reminded me I had something to offer."

Annie Robinson's Transformation

Mather's—More Than a Café, created by Mather LifeWays in the Chicago area, has become a well-known model for building

community and delivering services to seniors.

Annie Robinson, a 64-year-old retired teacher, first visited Mather's

three years ago and has been transformed by it.

"When I first came to Mather's [in 2006] I had been retired for under a year and I was very unhappy," says Robinson. "I was depressed, discouraged about aging and about how I was feeling. I was overweight, I could barely walk, I didn't have much of a social circle."

"One of the first things I did was come for lunch and attend lectures, and just coming for coffee because people were friendly and would talk to you," says Robinson. "Then I signed up for the fitness center and they assessed me. I could barely do anything. I really couldn't walk more than five minutes without my knees killing me. My posture was horrible. I was really overweight."

"The real big shift came when I participated in Prime Time Sisters," says Robinson. "It's a program for African American females on how to progress in the prime of their lives. The part that really struck me was the assessments at the beginning of the book. There was a disconnect. I had spent my life not knowing who I was. I could not answer the questions! I had the view that aging was sad and discouraging. But these people didn't act like old people. They just live their lives, taking courses, going on trips."

Now Robinson is at the café at least



Mather LifeWays

three times a week and participates in activities, workouts, helping new visitors and more. Nudged by her first encounter with karaoke at Mather's, she has revived her childhood interest in opera singing. Determined to master R&B, she has sung at Taste of Chicago and other festivals and portrayed Dionne Warwick, vocals and all, in a play.

"Now my doctor tells me I look 20 years younger, with the weight loss [80 pounds]. We went to a dance two weeks ago and danced from 4 to 9. I had to wait until I was old as Methuselah to learn how to have fun."

"From our point of view, witnessing the unfolding of a person, it's like that quote, 'It's never too late to become what you might have been,'" says Randi Kant, wellness initiative manager at Mather LifeWays.

Doris and Gilbert: PACE Puts Health Back on Track

A couple of years ago, a physical therapy coordinator for Total Longterm Care, based in Denver, Colo., was worried about her family friend Doris (not her real name). Reclusive, uncommunicative and suffering from severe depression, Doris found herself in a downward spiral. With the help of Total Longterm Care, Doris has made a dramatic turnaround.

"She was markedly depressed and has dementia, along with macular degeneration," says the coordinator. "She would have no human contact for up to a week at a time. She's been a client here for a year and a half now, and comes in three times a week. She connects socially here, she's done some gardening, she's been part of musical groups."

A TLTC shopper comes in once a week to help her, and the program has been able to adjust and organize her medications.

"I know her as a friend, and she has little or no family support," says her friend. "Since she's joined she's back to the baseline of where she was 10 years ago. I think her dementia has slowed down; her memory is more intact and more responsive. She's happy, she's laughing, she looks forward to things now."

Another client of TLTC, the state's first Program of All-Inclusive Care for the Elderly (PACE), is an illustration of

how a PACE—with its whole-person emphasis—can turn around the life of homebound seniors.

When William Gilbert joined in July, he had just been through one of those medical odysseys that can quickly damage the quality of life.

“In February, I had a herniated disc that caused a pinched sciatic nerve,” says Gilbert. “Doctors gave me pain pills that just made me worse; I had hallucinations, got pneumonia in one lung, and they sent me to a care center for 16 days. The first night the pneumonia got into the other lung and the docs thought I was a goner. When I got out, the pain in my leg was just unbearable.”

At TLTC, a physical therapist has given Gilbert treatment for his leg maladies. “I’m walking now most of the time without a cane,” he says. “And when I checked in on July 7, I saw the physician’s assistant. She took a list of all my prescriptions, and that evening my doorbell rang and a delivery girl from the pharmacy was standing on my front

porch with all my medicine.”

The PACE has given this retired stonemason similar help in getting new eyeglasses and transportation three days a week to the day health center, where regular meals and activities have helped him regain some of the 28 pounds he lost during his health scare. Gilbert’s hope is that he can soon enroll his wife, who has had both hips replaced. “I’ve never seen any organization take care of people like they do,” he says.

Akwo Eseme: Changing Lives Halfway Across the Globe

A staff member’s idea or insight is often a catalyst for changing lives. That was the case with Akwo Eseme, a nurse man-



Senase, Inc.

Akwo Eseme (in suit) delivers a load of donated beds and mattresses to a hospital in Cameroon.

ager at The Hebrew Home of Greater Washington in Rockville, Md. Eseme knew that organization recently purchased new beds for its nursing home residents. He also knew that a hospital in his native Cameroon could use the old beds to help more than 34,000 people each year. That’s when Eseme combined the personal and professional to change lives.

Akwo is vice president of Senase, Inc. (www.senase.org), a not-for-profit that

Changed Lives: The Insiders

The changed lives we found aren’t limited to clients or staff of aging-services organizations. We also heard from a couple of “insiders”—people with long work histories in aging services and a national perspective—who have seen their own lives and attitudes changed by not-for-profit providers.

“My family once suffered from the ‘oh-God-not-a-nursing-home’ attitude,” says Terry (not this person’s real name). “My father had an initial stroke and was able to go home afterwards, years ago. My mother ended up being a full-time caregiver and it took a toll on her.

“Finally my father had a second stroke, and absolutely had to go to a nursing home ... to Eddy-Ford Nursing Home near Albany, N.Y. To see the empathy and true love of their work these people had was amazing. He was not very responsive, and to see CNAs work with him when he was at his worst was moving to me. Mother was able to step back and let go.

“When he bounced back from the second stroke, they gave him 18 months of quality of life ... a quality of life he couldn’t have had at home. He enjoyed himself, laughed every day, became a favorite, and the more attention he got the happier he was. My mother became a volunteer after he passed away, and works as a volunteer four days a week there.


“My daughter ended up becoming a volunteer with my mother. My son ended up working in the kitchen and actually serving them. I can’t say enough about The Eddy, and not only how it changed my father’s life, but changed my whole family’s views.”

Candi Atkins is a long-time aging-services professional who found a new career, inspired by a provider in Katrina-ravaged New Orleans.

Atkins, involved in senior housing since the 1970s, made a name for herself as an expert on HUD housing regulations, often presenting at AAHSA meetings and in other settings.

“Then a woman named Katrina entered all of our lives and things would change forever for New Orleans and its people. The Gulf States association brought me in to train [on] the HUD Handbook changes the spring after Katrina. ... Christopher Homes Inc., which had lost 14 low-income subsidized buildings, sent more than 30 people to that class, including Dennis Adams, their new executive director.

“I asked myself, what kind of executive director spends two days sitting on an uncomfortable chair trying to learn HUD? This is someone I could appreciate and respect.”

Atkins did some further consulting work for Christopher Homes over two years until she finally agreed to join it part-time: “In March of 2009, I went to three-fourths time and in June I quit commuting and moved permanently to New Orleans. This is where I am supposed to be; I feel it in my heart. I am nearing retirement age, confident that I am where God intends me to be until I am no longer needed. My heart sings and my spirit continues to blossom every morning when I get up to face the challenges of recovery but knowing that each baby step makes a difference. So AAHSA, its members and residents changed my life.” 

provides educational opportunities and charitable donations to organizations in need throughout Cameroon. One of these organizations is the Ntam Health Care Center in Kumba. Many of the “beds” there were missing mattresses. Others were so thin and stained that patients often developed back pain and infections. “It was just terrible there,” he says. “I knew the donations would bring sunshine to a population that is in great need.”

Eseme worked with the organization’s environmental services to acquire more than 60 mattresses as well as 27 beds and chairs to give to the center. Many of his fellow staff members contributed funds so they could ship the supplies to Cameroon. In November 2007, Eseme made the trip to Cameroon so he could “officially” donate the gifts.

Phyllis Duncan: Life-Saving Medical Care Comes Closer

Life can change in an instant, as Phyllis Duncan will attest. Seventeen years ago, this young mother of three was involved in a car accident that made her dependent on a ventilator. That meant moving hours away from her family to receive the care she needed.

This July, that changed. Bordeaux Long-Term Care in Nashville, Tenn., opened a new ventilator unit where Phyllis could live in the same area as her family. Instead of driving more than four hours to visit, her children and grandchildren can stop by frequently. She’s also looking forward to pursuing her dream of becoming a substance abuse counselor.

“I’m convinced there is a plan for everyone and if I can encourage people, then my mission is accomplished,” says Duncan.

Gilbert Theriot: Revitalized in a Green House®

Last year, Gilbert Theriot got his life back, thanks in part to the Green House Homes at Sagecrest, part of Baptist Retirement Community, San Angelo, Texas.

“Mr. Theriot was being discharged from skilled nursing in our traditional facility. He was no longer eligible for the Medicare wing, and since our Green Houses were not yet full, we were the first choice of his family,” says Wes Wells, administrator. “We did not pre-assess him since he was in our system already, and when he arrived into our home we were a little unsure about meeting his needs.”

Theriot, 90, had a chronic problem with his jaw—a problem one doctor had pronounced untreatable—that left him unable to eat solid food.

“He has dementia, moderate to middle-stage,” says Wells. “We thought it was a lot more severe early on because of his inability to communicate. He was a serious consideration for hospice due to weight loss and other general decline. But this staff, the shahbaz and nurse, kept thinking there was something [that could] be done and kept pushing for another evaluation.”

“Because of his incapacity, he kept trying to move his jaw,” says Verle Theriot, Gilbert’s son, “and it was apparently dislocated on one side. We took him to the ER four times in 10 days. Finally we found a maxillofacial specialist,” who was able to pop Theriot’s jaw back into place.

“The shahbazim began a vigilant quest to find food Mr. T could eat and more importantly, that he craved,” says Wells. “He began to improve and started to talk more, eat more, walk with help more and show a spark for life. One year later he goes out daily to the garden, holds the seat of head of the table and prays eloquently over each meal, eats regular food



Gilbert Theriot, a resident of The Green Houses at Sagecrest, has had an amazing turnaround since moving into the Green House.

Baptist Retirement Community

of his choice heartily and recently coordinated the sale of his own car via his cell phone. He really wants to do things—he’s got a friend to take him out and check on some properties he owns. He sets his own doctor appointments. He’s very engaged in life, inside the Green Houses and outside.”

**Patricia Barney:
No Longer Forgotten**

Patricia Barney once called the streets home. That changed, thanks in part to the PACE operated by St. Paul’s Senior Homes and Services in San Diego, and its staff’s commitment to helping her live as independently and safely as possible.



St. Paul’s Senior Homes and Services

Barney came to St. Paul’s from a nursing home disoriented, depressed and afraid. The 67-year-old had no contact with her family and faced a host of medical conditions, including asthma and edema. She also had no form of identity or income. Essentially, St. Paul’s staff needed to help Barney create her life. And what a job they’ve done.

In just 11 months, this organization has helped Barney find housing, get proper identification and start receiving Social Security benefits. They gave her a

wallet and handbag in which to carry her new belongings.

More important, the team has empowered her to improve the quality of her new life. For example, one of Barney’s goals was to wean herself off oxygen. She worked with St. Paul’s therapists and health care staff to make that a reality. She also lost weight and can walk with a walker now instead of using a wheelchair. Her next goal? To quit smoking.

“If it weren’t for PACE, I would have been thrown into some institution and forgotten about,” Barney says. “I am only here because of the staff at PACE and the PACE program. These people have heart. They care about me. I feel love from them. I am healthy and happy. I have friends. God bless them.”

Caesar Hill: Once Helped, Now Committed to Helping Others

Caesar Hill, community liaison for Catholic Charities’ St. Leo Campus in Chicago, is committed to helping homeless veterans get off the street and rebuild their lives. He has special insight into the problems these men and women face, because he was once one of them.

Hill, who served in the Navy as a lieutenant, had an excellent employment history in Chicago city government and later in the school system, but found himself out of work and living in a car at one point in 2004.

A police officer found Hill that winter and encouraged him to go to the Lincoln Park Community Shelter, which Hill called home, off and on, for another 19 months.

“For a year I qualified for a supportive housing program ... you had to pay 30 percent of what you made in a month,” says Hill. “On the income of a substitute teacher I was able to leave the shelter.” When his year was up he could not pay the market rate rent and found himself back at Lincoln Park. Another six months passed before Hill applied for a spot at the then-new St. Leo Campus and became one of its first residents.

“I can’t describe the feeling of getting a hand up from the Catholic Charities, the VA and HUD,” says Hill. “Because I had developed tenant councils before, I suggested we start a tenant advisory council. Sometime after that I was notified that [St. Leo’s] appreciated what I was doing, and because of my professional background I qualified for this position.”

Since late 2007 Hill has worked full-time to coordinate programs and services with community organizations, the police department, development agencies, local businesses, health care providers and more.

“St. Leo is a transitional opportunity [for vets],” Hill says. “We expect them to come in with a plan, plan their attack, and then attack their plan. Within a two-year period of time, most should be ready to move on,” he adds. “Some may take longer due to their physical and psychological state. For most it’s about acquiring employment and housing.”

Hill’s outlook was permanently changed by his experience on the street.

“I feel like I’ve rejoined normal society,” he says. “My life mission has changed, and that is to try to prevent anyone from having to go through this experience. ... It seems that when I was at my last breath, a hand came down and grabbed my arm. When it starts lifting you up, the natural thing is to do all you can to help the hand that helps you.” 🙏

The authors would like to thank the many readers who suggested stories of remarkable people and the ways they changed the lives of seniors and others in need of help. Please continue to send your stories of changed lives to Editor Gene Mitchell, gmitchell@aaahsa.org or (202) 508-9424.

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