

Setting Up an Older Adult Ministry

Final Project

Spirituality and Aging Certificate Program

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Name of proposed Ministry: Faith Education for Older Adults

Goal: To develop a faith community for Spiritual journey for older adults.

Objectives:

1. to provide an environment conducive for spiritual education to older adults as they continue their aging process
2. to provide sense of belonging through services and advocacy for the older adults to feel wanted and respected.
3. to provide cooperation and collaboration among the caregivers and the faith communities.

Mission Statement

The mission of the ministry is to create a forum for the older adults to continue their spiritual journey in a safe and conducive environment.

Background:

(A brief description of the Institution in which I intend to establish my ministry to the Older Adults)

St. John the Evangelist is the name of my parish. It is a rural and one-town parish with a population of about 3000 people. It is a town built on top of a beautiful mountain and surrounded by equatorial forest and marshy soil. Facing the mountain is a vast arable soil where the villagers eke out their living by practicing small scale farming.

The parish is also surrounded by rural neighboring towns with bigger or smaller populations as the case may be. Of all these neighboring towns, one is of historical importance. It is called Umueze, in the North of the parish with the notoriety of being the strongest and most populated. Apparently, this town acquired its affluence during the ancient times when her warriors took tribal wars to all their neighbors, conquered them and forced them into vassal communities. It was under such circumstances that the people of my parish were forced to abandon their homes in the valley and live up on the mountains for security purposes.

However, these days, the problem is no longer about intertribal wars but poverty, lack of access to basic health care and educational needs and economic deprivation. My community has one primary school, no health care center, no secondary school, no pipe borne water, no electricity, among others. Lack of amenities particularly transportation makes life especially for the weak and aged very challenging. Many pregnant women die during child birth because of lack of money. Children and people with disabilities are both vulnerable and difficult to be provided with adequate care by their extended families. These circumstances are drastically changing the face of African traditional societies and values.

Traditionally, older people's basic needs for food, clothing and shelter were provided through their extended family. Under the traditional societies, older people were often accorded a great deal of respect. In such situation, older persons hold swell and therefore final say in matters of importance to the communities. Within families, the authority of both men and women mostly increased with age. Families

in traditional African societies care for their older people at home until they die. There was general attitude that parents make supreme sacrifices for their children and, in turn, their grown children have to sacrifice for their elderly parents (Abanyam 2011).

However, there have been changes in the structure of most African societies and neutralizing the privileges enjoyed by older people. These changes brought about evolution of many challenges, which older people did not experience before. For example, in the traditional society, older people enjoyed several privileges associated with their status. It is a known fact that “transition to the age-grade of elders in traditional culture often mark the pinnacle of the status an individual could achieve” (Giddens, 2006:301). Consequently, in a typical African society, older adults enjoy:

- the right to receive respects of all sorts from the younger ones
- greetings or prostrations from the young ones
- not to be called by their first names
- freedom from criticism while they themselves freely criticized the young people for failures and disappointments (Abanyam 2013:22).
- the privilege to send young people on errands
- to discipline deviant child irrespective of his or her parental background because every child in the community was regarded as the child of every person
- to enjoy special diets like meat, drinks, food and other gifts before younger person especially during ceremonies such marriages, burials, festivals and naming ceremonies
- bad news is also first delivered to the older persons in the family as they have the responsibility to summon the village elders or councils

Thus, it was the obligation for family members to care for the elderly ones among them. All these is because in African society, old age was regarded as wisdom hence the saying that, “when the society lost an older person it lost the present, when it lost a young person, it is said to have lost the future”.

In most traditional African societies, elders or parents gather the younger ones by fireside or moonlight, inside or outside the compound and tell them stories of how a particular personality outsmarted another, stories of exploitation of a group by another group and how God liberated those exploited group were all recounted to the younger ones. Some of these stories drive most children into tears or strengthen their hearts to withstand any hardship in their potential social encounter (instilling fear or confidence). Songs were composed in those stories to stir children into action and to control most socially unapproved behaviors. Lazy ones, deviants, and those who perpetrate injustice in the community were ridiculed.

Consequently, such forum is an important occasion whereby stories, folktales, songs, etc. became important lessons were drawn. Hence, Dzurga (2012:106) observed that “such wise saying teaches ideas such as the evil of jealousy, selfishness, wickedness, hypocrisy and greed while inculcating virtues such as love, kindness, gentleness, impartiality, fairness or justice and humility.” This was aimed at equipping the younger ones with the necessary skills and attitudes that would help younger people to function effectively in the society (Ering 2008 & Abanyam 2013).

In general, growing old in the traditional African societies was quite different from what is obtainable in our contemporary African world. It's true that traditionally, elder people were cared for by the family and was provided within the framework of the extended family system at home. Nevertheless, changes in the structure of African society resulting in geographical dispersion of the extended family system and the tendency for family members to be educated and work outside the home affected older people tremendously. In large part, the cultural contact with the Europeans through colonization marked the beginning the end of the African perspective of taking care of their elderly ones (Abanyam 2012).

In the educational system, the access to knowledge through formal education has led to the reduction in the power and prestige given to the accumulated wisdom and knowledge of the older people. Their knowledge and experiences are seen as not being directly relevant to the needs of the modern age (Mboti 2002). On the other hand, the linkage of education with occupation and income has considerably or reduced the economic status and privileges of older people completely. Giddens (2009:301) observed that "In industrial societies, by contrast, older people tend to lack authority within both the family and the wider social community." In other words, with the emergence of industries, the desire of every young person is to acquire material wealth. The need to acquire material wealth resulted to geographical dispersion or mobility of families to be educated and search for white color jobs, which has affected the care that was given to older people by their extended families. Similarly, Abanyam opined that:

Modern literacy and its ties to technology are putting the elderly at a disadvantage. Formal educational systems are replacing old peoples with highly trained people for transmitting socialized knowledge. When the children have grown up, married and move from home because of marriage, to pursue education or find a job. The aged are often left alone without any person to socialize with (Abanyam 2011:95).

In addition, many families are today isolating their old people and/or put them in elderly homes. Abuses of these elderly in resident's homes are well documented and are a sad story. The abandoning of the elderly people by the traditional nomadic tribes, for example, during their unrelenting and frequent travels represent is tip of iceberg concerning how older adults are easily abandoned by their families in pursuit of wealth and jobs in urban environments. Worse still is the fact that most governments in Africa have no legislative or administrative policies for the elderly and they have no pension or social security for their past contributions to the society at large. Thus, poverty in old age and the dependent status of elderly people are related to low resources and restricted access to resources through the life cycle. Access to healthcare is not easy or readily available and, as a result, many older adults die of preventable and treatable diseases.

In my parish, most able bodies aged between 25 and 40 are living in the big cities doing small scale businesses. Most of the young people between the ages of 15 and 25 are apprentices to some people from the town but mostly outside the town. This is because most rich people (who can afford to own businesses) are from the neighboring towns and villages. The consequence is that the older adults especially the frail and sick among them are left to the mercy of extended families, most of them living below poverty line. Any young people you find at home are either sick, rejected by their masters and are

unemployable. The average life-span is 50 for those who are strong. Most of them are sick, with no income or pension and, more often than not, burdened with the care of many grandchildren, many of them may be orphans.

It is my belief that older people in Africa deserve much because at old age the body loses its viability. Indeed, as it is well known fact, the body reaches its peak of efficiency before the age of thirty years. Consequently, deterioration sets in and it is after the age of forty years that people begin to notice the lost of efficiency and changes in the body (Cordula Dick-Muehlke 2016). As a result, loss of weight is now more definite and as the body dries up and the subcutaneous fats disappears, the skin becomes dry and wrinkled and the eyes sunken and lusterless. Bones become brittle whilst teeth decay and loosen. Movement becomes slow, awkward and difficult (<http://www.who.int/healthinfo/ageingdefnolder/en/>).

The culmination of all these is that people in Africa today fear old age and are beginning to see it as an age of increasing tension and insecurity. The challenges facing the elderly people are largely a social creation. These challenges are exacerbated by the existence of ageism. It is not uncommon to see able bodied people in village staying idle and destroying their lives through illegal drinks and claim respect from younger people when they have nothing to show for it.

The elderly applicants are discriminated against when they applied for jobs and majority of them have been unemployed since they were young. And worse still, in Africa, jobs are rare. Hence, these elderly people lived in extreme poverty and cannot provide their daily needs. Often retirement in Africa means becoming poorer than ever before in the retirees' lives.

Consequently, changing privileges of elderly people in the contemporary African society tends to place the older adults especially the frail and disabled among in a woeful condition as they are facing the challenges of poverty, malnutrition, physical and mental health, transportation problem, problem of shelter, isolation and thought of death anxiety.

Furthermore, while it may be true that life expectancy in some African countries has been improving significantly, (60-75+), yet the situation under which these older adults live is in extreme poverty. As a result, the population aging occurring in much of the third world is not accompanied by real socio-economic development. Large segments of the population continue to live at the margin (Ramashala 1999).

One of the most influential factors on all our lives is the environment in which we live. For older people, this may be particularly so since they spend more time in "the home" than many other groups in society. Poverty and inadequate incomes are often associated with housing deprivation among older people often reflect housing provision patterns in earlier life. Moreover, housing deprivation is also the result of paternalistic policies, with few appropriate housing options available to older people.

However, one thing should be clear, namely, that aging does not occur in vacuum. It occurs in a context that includes the needs and resources of individuals, their patterns of activities, their relationships with others and their attachments to their surroundings. Ageing interacts with all these aspects of the physical and social environment. As a result, a great deal of what we experience in life is shaped by our

circumstances. Rev. Stephen Peterson hit the nail on the head when he said: “A lonely person needs companionship the way a thirsty person needs water. Companionship is one of the essential ingredients of well-being, yet we pay it little mind ... the Eden Alternative shows people how to integrate knowing and being into the daily rhythms of life in long-term care settings. Whereas the medical model stresses the idea of ‘professional distance’, Eden helps people develop meaningful relationships with each other by teaching them how to learn and understand each other’s stories” (Peterson 2016).

It is therefore, under the above-mentioned circumstances and challenges, the Church of St. John the Evangelist has become a beacon of light to the community as it works hard through its outreach ministries to promote and provide connections, sense of belonging and sense of togetherness among the older adults. The outcome of this ministry is to provide opportunities/environments to elevate the sufferings of the frail elderly person and their caregivers and assist them in their spiritual journey. This explains why Don Koepke insists that “Ministry is a process, not a program ... is what is happening inside a person not what is happening on the outside” (Koepke 2005:21).

Ray Mattes once noted that to grow old is but one chapter in a life long journey of spiritual formation. For him therefore, aging is a process of discovery and pondering, reminiscing, and acting, integrating and meaning making, even surrendering to Life as it is, not as we will it to be (Koepke 2005:55).

Rationale for the ministry:

Proffering from the above discussions, I have designed an older adult ministry as another forum to provide the frail older adults and those with disabilities to meet and share their spiritual journeys with their caregivers (Koepke (ed. 2005:33-40). The goal of this ministry is that since the church from its inception has functioned as the activity center for many groups and whole families remained in the same church for their entire lives, the Church can and should still function as a community center where the senior adults can get the assistance they need for their survival (helping them to postpone death) and to see themselves as still needed and useful in the community they built with their sweat all these lives.

The Parish Church has also outreached to other churches in the area and the climax of its outreach was 2 years ago when the Anglican and Methodist faith communities came together to celebrate Easter and Pentecost festivities with their catholic counterpart as one community.

I also see the older adult ministry as a tool to reach out to the community. Secondly, such a ministry could have the potential to affect the large family unit and could help the church to reach whole families across generational lines (Gallagher 2002:37). According to Jane Marie Thibault and Richard Morgan, at every stage of life all persons have the following needs:

1. the physical need to protect and nurture the body
2. the emotional need to give and receive love
3. the social/intellectual need to have a place or role in society

4. the spiritual need to be connected to God or to someone or something greater than themselves (Thibault and Morgan 2009:62-63).

It is my belief therefore that the Church of St. John the Evangelist in her apostolic priorities as a Church, is in a position to provide and create the opportunity and environment where these elderly frail persons could feel loved, cared for, empowered and still have a role to play both in the traditional society and in the Church as elders, advising and sharing their life stories with the young people. This ministry provides a link between me and other Church members especially the youth, insights into our own aging process and to be present as individuals experience the changes of moving through his/her life journeys. As the traditional education system made it possible to acquire the virtues of courage in life and how to face difficult circumstances; the interaction with older members of the church provides pathways of exploration for and as well as to envision what is yet to come one's way (and others') in life's journey.

These two great writers believe that these four needs remain the same throughout the life span of any human being though met through different ways at different stages of life. I also agree with the examples they cited. For instance, an infant body needs to be protected and nurtured. Since no infant can look after him/herself, the responsibility of looking after such a body reverts to his/her parents or surrogates. An adult person, when he or she is still healthy, he or she takes care of his or her own physical needs. But if he or she becomes old and frail and sick, even at any age in his or her life, then this responsibility reverts to his/her extended family members.

In addition, in some circumstances, these needs are both for the caregivers and for the care receivers especially in a case of dementia, for example and where the care receiver is a spouse. It is a situation where the care receiver needs to have his body care for, protected, and nurtured. He needs to feel love and feel wanted or needed. He was a provider all his life and still feels the same now even though he has lost his senses and consciousness to dementia. He needs too to have a role in his family or society and therefore, needs to love and to be loved through interactions. He needs to know that God is on his side and needs a relationship with him. Spouses often illustrate the example where one is a care receiver and the other is a caregiver. They both meet each other's needs through mutual love but the caregiver can seriously undercut his/her own care due to the seriousness and progression of the illness. In other words, through dementia, the other spouse may not give as much love as he used to do and his wife can feel unloved.

To understand my ministry design, one must bear in mind that "aging is a spiritual journey; a journey to make sense of the world and life within it (Koepke 2005:21). Don Koepke believes that as one advances in age, the more the journey becomes more acute, more obvious, and cannot be easily be ignored or denied. The longer a person lives, the more there is to reflect. In the same stretch of thought, as we age, we confront our humanity. "We are confronted with the fact that we are not God, not the center of the universe, not in control of everything" (Koepke 2005).

Fear and anxiety are powerful forces in both our living and our dying. Thus even for those who are experiencing great pain or who is suffering as a result of advanced age or ill or epidemic (HIV/AIDS), and even when they have expressed a readiness to die, there may still be some anxiety. For many, there is

concern for the suffering on the people we love. Thus, as one enters the aging process and tries to cultivate as much inner spiritual resources as possible through the support of friends, family, religious faith communities, one has to be aware of the fact that as aging process is a journey, one's spirit undergoes great changes throughout the aging process; one's relationship may also be subject to profound change. As Rev. J.L. Brower, a Universalist minister, puts it, "having faith of this sort ... trust without reservation – is the unfolding process of living and dying makes it possible to live with the unknown and face the vicissitudes of life with grace and humor, despite the indignities that advancing age may bring. Having faith and cultivating faith – trust in life and in other people – does not eradicate fear, but it serves to minimize the effects that fear may have and makes it possible to live "in the tension."
<http://www.pbs.org/wgbh/pages/frontline /livingold/etc/faith.html>

Don Koepke is right when he asserts that "as with every phase of life, aging challenges us with a new way of living that can be frightening. But also is exciting as we meet new opportunities and thus grow" (Koepke 2016).

Rev. Steve Herder vividly captured the mood when while quoting Pope Francis said: "If we do not learn to look after and to respect our elderly, we will be treated the same way. The quality of a society, I mean of a civilization, is also judged by the place it gives them in community life" (Herder 2016). The Plan to establish a ministry for the elderly, frail persons is as follows:

Plans: Preliminary Steps: 1st year

- Identify the Problems and Needs of the Older Adults in the Local Church:
 - First Meeting: To create awareness of aging process and share my ideas and plans for the older adults especially for the not-so active and with some disabilities to the Church Council leaders.
Their acceptance and the amount of enthusiasm shown would make it possible to start something with the parish seniors (here we assume their agreement to start one). This stage is so critical to the overall plan because the parishioners would form the first volunteer-caregivers and provide the leadership needed for such a venture and any future expansion of the program. From henceforth, there will be a campaign to sensitize the community.
 - It is envisioned that the first group or in-take will consist of 10 frail older adults and their caregivers meeting once a week with transport provided by the Church.
 - Duration of each meeting is estimated to last 45 minutes to 1 hour under the supervision of the pastor and supported by the church volunteers.
 - Agenda and activities of each meeting will be decided by the members with the help of the pastor and church committee.

Evaluation and future plans: During this first year, there would be a regular feedback so as to evaluate the effectiveness, progress, weaknesses (inefficiencies), and challenges in order to measure the progress of the group and survey the possibility for future expansion, internally and/or externally (Koepke 2005:49-52) . Consultations, building relationships and networking would begin with other willing faith

communities to increase the in-take and expand the program. The progress and advances made in the first year would then become the talking-points and serve as marketing strategies for the apostolate.

There will be regular meetings with major leaders of faith communities, health professional, local council and government leaders, other groups and local leaders to address all issues of concerns and make recommendations.

- **Consolidation and continuity.** Efforts will be made to consolidate the gains and progress made in the first year with emphasis on personnel, leadership and empowerment. This approach has become important in view of the fact that
“Human beings are inescapably social and have a need to associate themselves meaningfully in groups. There are certain satisfactions, such as companionship, common commitment, a sense of belonging, and an experience of participation that can be achieved in no other way. There is also a creative element in group interaction that cannot otherwise be had (Kimble, MacFadden et al 1995:225).
- **Budget and identify resources**
 - Cost considerations are likely to influence the approach to be taken
 - Reasonable amount of resources should be available before any formal launching of the center
 - Other resources: fund raising capacity, donations, coalition building and mobilization, funds to ensure the project is sustained to self-reliance, data collection
- **Growth and services through personnel and volunteers**

Identify the key messages and get them out through social media and emails, texts, posters, handbills and any other means available to the group. With the list of services available at the Center, the key message should include the contribution of the interfaith community leaders, service providers, advisers, volunteers, local council and government support, who are qualified and the times services are available and contact persons and addresses and phones, emails and registrations procedures.
- Identification of Risks involved: short- term and long-term with particular emphasis on qualified personnel and risks of some members of the coalition backing down from the project
- **Deadlines and timelines:** Opening day and date; assessments – every day, weekly and monthly
- Implementations –
 - getting the message across
 - Using the media
 - Building partnership and coalitions
- **Monitoring and Evaluation**
 - Tracking activities, meeting communications, coverage of private and public support
 - Feedbacks
 - Metrics: are the goals met and the objectives achieved

Criteria for membership of the group:

The person must be a member of the community. He or she has to be at least 60 years or older. He/she should have a caregiver. He/she does not need to be affiliated to any religious faith.

The Program Formats for this Ministry:

For the program, understood here, is as a platform, the means, whereby ministry can take, and as a means of reaching the goals of the ministry and evaluating the outcomes. Thus, for any program for this ministry to be effective, it must involve people at all levels of the organization in making it happen. It is also envisaged that because of its scope and importance, it will include every division and department of the institution as a Church as well as the various councils and board of governors of the Church. They are all the stakeholders of this project.

The education program format will be presentations made to the stakeholders using this system called Multi-Part Series. This system allows the opportunity to explore a topic more fully, develop deep relationships and build community with participants around aging process issues without overwhelming your audience.

- Education for Adults
- Congregational Care
- Worship
- Music and the Arts
- Social Justice Issues
- Leadership development

Possible topics for older adult ministry:

- Aging Process
- Aging in our culture, what aging process involves (personal reflections and discussions)
- Enhancing one's aging awareness
- The effects of aging and family system, roles
- Accept who and where we are at all times/playing a role in one's aging process
- Master story, "You are not Alone!"
- Expressing one's needs
- Science of happiness – taking positive action to change/influence one's aging process
- Sharing and listening to others who are on the same journey.

The challenges of aging process

- Offering sacrifices to stay a bit longer
- Health-building activities
- Eating healthy foods
- Drinking water

- Taking care our bodies
- The art of self-management
- Organizing one's life so as to become proactive rather reactive
- Developing healthy support system: debriefing, being around those who people who can listen, care, support you
- Taking charge of one's life (adapted from Herder's Litany of Aging)

With the formation of the committees, each committee will be assigned with specific tasks including:

- To implement quantitative and qualitative measurement to assess key processes or outcomes with a mandate to reduce accidents and barriers by .01%
- To bring in anyone who can help them achieve their goals within the timeframe
- To carefully prioritize their needs and identify problems and set goals for their resolutions
- To achieve measurable improvement in the highest priority areas
- To meet internal and external monitoring and reporting measures

What Resources are available for the implementing this project?

1. Data collection: the exact number of clients ready to participate in the project as well as evidences (stories/witnesses) of the emotional distress of the older frail adults, their caregivers and their families
2. The goals and objective descriptions of each committee were demonstrated including their doable items and timeline
3. Resources available: Internal and external including donors, the financial analyst for the budget proposals, showing that there will enough fund to cover targeted costs
4. Expectations and Services including risks and possible barriers and how to overcome some of them. The motto will: "discover problems and propose solutions."

How to know that the project is working:

- (Communication and cooperation):The responses, support and organizational performance in executing of the project (other faith communities cooperation evening advertising the ministry)
- Strong monitoring and evaluation requirements
- (Coordination): Feedbacks including the appreciation notes from internal and external
- (Collaboration): The critique/appraisal/report of the event by the general committee members which will include a recommendation to expand the project to include other members of other faith communities (Koepke 2005:109).

Conclusion:

Personally, I feel good about the prospects of starting this ministry to the older adults. This is also in realization of the fact that critical to the needs of older adults is the care and nurturing of the feelings and emotions that often offer context for the human spirit. I have approached this project with the above outlines with great humility knowing my own personal experience and professional competence. I am also

approaching it with great excitement because if all goes well, it will further the cause for religious tolerance and inter-faith dialogue about the spiritual dimension of our common humanity and how the faith communities can help and support each other as members of the family of God. Although my many years of ministry is parish-based in the Roman Catholic tradition, I have through my chaplaincy ministry and associations with other people from other faith traditions come to appreciate the rich traditions of other faith traditions and how much we can assist each other in our spiritual journey because the reality is that “faith communities can take many forms wherever and however God’s people gather and relate to one another in God’s name and God’s love” (Koepke 2005:122).

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