

Pastoral Care of the Sick

A Study by the
Pontiac Area Vicariate
(PAV)

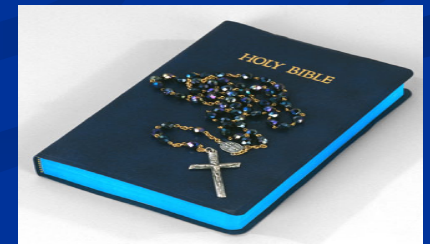
October 2006

The Ad Hoc Committee on Pastoral Care of the Sick

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Agenda

- Introduction & Overview
- Methodology
- Findings
- Conclusions
- Recommendations
- Addendum to the Recommendations
- Final Remarks



Introduction and Overview

- Pastoral care of the sick is one of the most significant ways we as the Body of Christ continue the mission and ministry of Jesus
- Concerns among the PAV regarding the Sacrament of the Sick and Pastoral Visitation including anointing of the sick - whether we were adequately meeting the pastoral needs of the sick
- Despite our best efforts to date, gaps appear
- Overtaxed priest and the increasing demand for pastoral care of the sick appeared overwhelming

Introduction and Overview (cont.)

- “Together in Faith” process identified an action plan – to study this area of concern
- An Ad Hoc committee was formed
- Six professional ministers and two archdiocesan consultants comprise the committee

METHODOLOGY

- A survey was identified as the assessment tool
- The intent of the survey was to gather data from different resources throughout the Vicariate to identify current abilities and/or difficulties to meet the needs of the sacrament
- The target audience included:
 - Catholic parishes w/in the vicariate
 - Four hospitals located w/in the vicariate
 - Catholic nursing homes
 - Treatment centers and other extended care facilities
 - Catholic parishes outside Pontiac Area Vicariate

Pastoral Care of the Sick

Participating Survey Roster

PAV

- Pontiac Catholic Community
- St Paul Albanian
- St. Mary of the Hills
- St Joseph, Lake Orion
- St. John Fisher
- St. Irenaeus
- Sacred Heart of the Hills
- Christ the Redeemer
- St. Andrew
- St. Benedict

Outside the PAV

- St. Hugo of the Hills
- St. Regis, Birmingham
- Holy Name, Birmingham
- Our Lady of Refuge

Hospitals

- Crittenton Hosp., Rochester Hills
- North Oakland Med. Center
- Pontiac Osteopathic Hospital
- St. Joseph Mercy Oakland Hosp
- William Beaumont Hosp., Royal Oak

Pastoral Care of the Sick

Participating Survey Roster

Nursing Homes/Assisted Living Centers, etc.

- Lourdes
- Mercy Bellbrook
- Lake Orion Nursing Center
- Oakland City, Med. Care Facility (Golden Oaks)
- Guest House for Women Religious
- Harbor Chase of Auburn Hills
- Sunrise Assisted Living
- Waltonwood, Rochester
- Elm Haven, Pontiac



METHODOLOGY (cont.)

- The survey was disseminated via mail or hand delivered
- 43 surveys were distributed (May 2006)
- 29 were completed and returned (mid-June 2006)
- 67% response rate
- 46 questions: some had sub-questions; six were of demographic nature

FINDINGS

- 56 frequency tables and cross-tabulation tables were created from the data (*samples following*)
- *The survey completed mainly by* pastors, religious or lay pastoral ministers, activities directors; some teams
- *6 parishes and/or health care facilities* reported more than 20 monthly requests for anointing (28.5%)
- More requests for anointing in the winter and spring
- *Emergency requests* – Hospitals-high, parish-high
- *Amount of time after requests for anointing-* most- 1 hour – ½ day ; 4 reported interval of a few days

FINDINGS (cont.)

- Number of requests for a priest that go unmet each month: 23/29 reported none; four reported 1-3 go unmet; 2 reported 5-10 go unmet
- Frequency of communion to the sick offered in extended care facilities – Nearly 74% reported a least once a week
- In the last five years, requests for Sacrament of Anointing – Nearly 35% reported rising; 48% reported about the same; 10% unsure; none reported a decline

FINDINGS (cont.)

- In the past five years, requests for communion of the sick- 37% reported a rise; nearly 52% reported about the same; 11% reported unsure; none reported a decline
- Pastoral care volunteers available – three parishes reported 6-10; four parishes reported 11-15; one parish reported 16-20; five reported more than 20
- Percent of pastoral care volunteers by race- nearly 90-99% Caucasian

FINDINGS (cont.)

- Training offered to volunteers per year- 65% reported at least annually; 30% reported rarely or never
- Respondents needing training – 86% said no; nearly 14% said yes(2 hosp. and one parish)
- Potential helpfulness of a vicariate wide schedule of communal anointing services – nearly 52% (yes); 3.7% (no); 44.4% (“not really” or “not sure”)

FINDINGS (cont.)

- Percent receiving pastoral care by race –
 - Pontiac Catholic Community: 45% White; 38% Hispanic; 15% Black
 - St Hugo's: 61% White; 20% Hispanic; 5% Black; 4% Asian or Middle Eastern
 - St. Joseph Mercy Oakland Hospital: 25% Black, 20% White; 20% Asian; 15% Hispanic; 10% Middle Eastern
 - Pontiac Osteopathic Hospital: 60% Hispanic; 30% White, 10% Black;
- 95.9 % reported there should be more education about Sacrament of Anointing

CONCLUSIONS

1. There are current gaps in our provision of pastoral care of the sick in the vicariate. Parishes closest to our four hospitals are feeling overwhelmed
2. More opportunities should be provided to receive the Sacrament of Anointing to avoid urgency
3. Chaplain coverage in most of our four (4) hospitals is less than adequate
4. Communication and coordination of services between hosp. chaplains and parishes need improvements
5. More education is needed in regard to the Sacrament of Anointing-as soon as appropriate

CONCLUSIONS (cont.)

6. More education about other forms of pastoral care needed (e.g. Viaticum, pastoral visits with or w/o Communion, etc..)
7. Additional info needed regarding perceptions and understanding of “People in the pews”
8. More diversity training needed to identify with population being served – most responded perceived no need
9. Demographics of those providing pastoral care do not match the demographics of those receiving it

CONCLUSIONS (cont.)

10. More comprehensive training programs for those providing pastoral care to the sick
11. Support among vicariate ministers for certain strategies (i.e. on-call, staggered schedule, beeper/answering service)
12. Tracking mechanism required to confirm perceptions about trends to provide accurate data

CONCLUSIONS (cont.)

13. Many parish and health care facilities are doing a good job in training laypersons- encourage continued mobilization of parish communities
14. Regarding the question of seeking permission for others (e.g. deacons, lay chaplains) to anoint, the committee felt we should focus on a few key strategies first. Thereafter, evaluate effectiveness of those strategies and then reassess.

RECOMMENDATIONS

- Increase opportunities w/in the PAV for persons to celebrate the Sacrament of Anointing
- Provide more education to the faithful about the Sacrament of Anointing and about the full range of pastoral care services to the sick
- Seek additional info from the laity regarding their current understanding, perceptions, and practices
- Seek input of the PAV priests regarding the suggested strategies generated by this study for improvements

RECOMMENDATIONS (cont.)

- Identify current gaps in our ability as an Area Church to provide adequate pastoral care of sick in a timely manner
- Improved recruitment and training of those of those involved in providing pastoral care to the sick
- Improve networking and dialogue between ministers at archdiocesan, vicariate and parish levels, and those of health care institutions and extended care facilities
- Form a PAV Implementation Committee to address next steps from the study

Addendum to Recommendations

Upon review of the preliminary report, several vicariate priests have submitted the following additional recommendations:

- Prepare a vicariate-wide pastoral letter to educate persons about pastoral care of the sick
- Arrange a PAV networking meeting of priests, chaplains, directors of hosp. spiritual care departments, and pastoral ministers to discuss areas of concern
- Utilize PAV gatherings to share best practices
- Communicate info w/in the vicariate about scheduled communal anointings

FINAL REMARKS

- Pastoral care of the sick is a responsibility of all of the baptized.
- This study is only a beginning. In a very real sense, it is the beginning of a wider conversation about pastoral care of the sick in this vicariate. There is much to be done, and yet there is great potential to impact the situation positively and effectively. It is the impassioned hope of this committee that the information that has surfaced through this study may light the way for us as an Area Church and provide a map for the road ahead.
- The need is great. The mandate is clear. We are the Body of Christ, sent forth to continue the mission and ministry of Jesus who commanded us to “go and do likewise.”

The Letter of James states that the sick are to be anointed
in order to raise them up and save them.
Great care and concern should be taken to see that those
of the faithful whose health is seriously
impaired by sickness or
old age receive this sacrament.
(Pastoral Care of the Sick:
Rites of Anointing and Viaticum #8, p21).

Thank You

Submitted September 30, 2006 by

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