What is the value of respite programming from the healthcare provider perspective?

DAVID S. GELDMACHER, MD

Community based respite care provides a valuable asset to healthcare providers in supporting our patients and their families on the difficult journey through dementia. While the platitudes like, "You have to take care of yourself" are many, the actual opportunities for caregivers to do this are few. Many caregivers are acutely aware of the burdens imposed by providing care to a person with dementia, but are unwilling to put another person in the place to shoulder that burden, even for a short time. This is especially true when the affected person experiences separation anxiety when away from the primary caregiver. The daycare model works for many, but often falls short of providing good levels of engagement and socialization for the person with dementia, especially those with milder impairments, preserved social skills, and good mobility.

The model of respite care in faith-based communities has proved an effective way to address these problems. By being built as a ministry or community, the issue of shifting the burden of care from one person to another is transformed to care by many. The phrases, "It takes a village" and "Many hands make light work," come to mind here. The care is shared among a community of volunteers, each of whom knows what they've signed up for. Caregivers find great reassurance in that. Besides providing respite - and often a social outlet - to the caregiver, the community nature of respite programming provides a rare opportunity for judgment-free socialization and mental stimulation for the person with dementia.

In addition, successful respite programs can blur the line between client and volunteer by having those with impairments serve to the limits of their ability. This allows the person with dementia to make a meaningful contribution to the activities of the community. Research demonstrates that engagement in creative and productive activities is an important contributor to quality of life and well-being among persons with dementia.

In sum, respite programming can accomplish what medical therapy in 2018 cannot - it provides an environment in which the persons with dementia can thrive. Respite rewards them with enrichment, engagement, and social contacts that tap into the strengths of those brain systems that still work well and leave aside, at least for a little while, the reminders of the cognitive systems that don't work as well. What more could any of us ask for ourselves and those we love?

For more information, contact Daphne Johnston, Director of The Respite Ministry at First United Methodist Montgomery at 334-440-9911.

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The Respite Ministry
A STEP-BY-STEP GUIDE TO CREATING YOUR CHURCH’S RESPITE MINISTRY

PURPOSE, MEANING, HOPE.

AT FIRST UNITED METHODIST CHURCH

COMMUNITY PARTNERS:
CHRIST CHURCH | CHURCH OF THE ASCENSION
FIRST BAPTIST | ST. JOHN’S EPISCOPAL CHURCH

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Stop 1: The Birth
- See the vision of a local ministry.
- Engage senior pastor.
- Order Robin Dill’s book Walking with Grace: Revised off Amazon (detailed guide to beginning a congregational care ministry).
- Check with state healthcare agencies to see if there are any adult day or congregational care regulations.
- Share FUMC video pack to spread vision.
- Hold community organizational meeting to educate and gather interest.
- Realize this works better as a community ministry and partnering congregations are most welcomed after start up.
- Form vision team.

Stop 2: Logistics to Consider
- Free space available during the week
- Food source for lunch
- Vision team begins to identify ministry director.
- Build business plan for sustainability.
- Check insurance cost. FUMC Ministry’s insurance went up 1K annually.
- NOTE: This is not a medical program. There is no medical staff required. The program does not pass medicines. This is a SOCIAL model of care.

Stop 3: Initial Director Responsibilities
- Personalize paperwork to fit local program.
- Develop a volunteer recruitment plan.
- Develop internal/external marketing strategy.
- Develop referral sources for new participants.
- Organize daily programming.
- Develop relationship with finance office to handle payment procedures.

Director Possibilities
- Hire part time or full-time director
- Engage volunteer support for director.
- Director can be staff or consultant.

Stop 4: Financial Support Possibilities
- Decide daily fee based off need in business plan.
- Director and food cost only significant funds needed.
- Plan small activity budget.
- Consider food cost; average is $6 a head.
- Volunteers can pay for meals monthly to subsidize.
- Decide who will do billing, mail the bills at end of month, and who receives and logs them.

Stop 5: Food Considerations
- Church kitchen
- Local caterer
- Sunday School classes (not recommended)

Stop 6: Market for First Volunteer Training
- Set a date.
- Run ads in church communications one month out.
- Make one-on-one contacts and talk to small groups.
- Explain training is risk free/commitment is not required after training.
- Challenge identified leaders to invite friends from other churches.
- Share message that this is a community ministry.

Stop 7: Potential Participants
- Identify those in home church.
- Pastor makes contacts with identified potential families.
- One-on-one contacts though friends.
- Doctor referrals extremely important.

Stop 8: Destination Respite
- Secure your space and food.
- Vision team, pastor and director set volunteer training date.
- Based on participation, set opening day for participants.

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