

The Power of Connection for Caregivers and Their Loved Ones

By Susan H. McFadden

We all know that aging brings multiple chronic health issues along with acute injuries and illnesses. Older people's calendars are filled with medical appointments, often in different locations. Sometimes elders feel that the only people they see regularly work in clinics or pharmacies. Although they might have a couple of free hours a week when they could join a community chorus, take an art class, volunteer at a food bank, or attend a Memory Café, too often the default activity is to sit alone and watch television. However, if their doctors and other health care providers prescribed these kinds of social activities, many would be more likely to participate.

In addition to their own health concerns, many older people are caring for loved ones. Care partners have been called "hidden patients" as they manage the medical challenges of emphysema, COPD, Parkinson's, cancer, UTIs, congestive heart failure, Alzheimer's and related dementias, and other common conditions of aging. Wouldn't it be good for their health care professionals to prescribe respite programs that would safely care for their loved ones while they enjoyed social activities prescribed for them?

This need for respite programs is particularly acute for those caring for loved ones with a type of dementia. Dementia has been called a "disease of exclusion," meaning that friends and even family members sometimes drift away because they don't know how to relate to people struggling with memory loss and confusion. This puts the care partner and the person with dementia at risk for physical and mental disorders. Recognizing this, along with demographic projections about growing numbers of older adults dealing with some type of dementia, the Centers for Medicare and Medicaid Services (CMS) launched the GUIDE model ([Guiding an Improved Dementia Experience](#)) in 2024. It is expected to operate for eight years although considerable uncertainty about CMS funding currently clouds that picture.

In the next few years, as the GUIDE model becomes established in more states, the plan is for people living with dementia and those caring for them to have access to care navigators. The expectation is that organizations participating in the GUIDE model will help unpaid care partners pay for respite services. According to the GUIDE website, there are two Wisconsin organizations participating in GUIDE — both are in Milwaukee, with one operating primarily in Illinois and the other, a for-profit company, seemingly focused on medical care for people with dementia living in assisted living or memory care. This appears to contradict the goal of making it possible for people to live at home longer.

So how does an older person cope with the 24/7 demands of caregiving, especially given the possibility that they, too, may be dealing with several chronic and/or acute conditions? The Respite Care Association of Wisconsin (RCAW) offers [a variety of grants](#) to help families access various forms of respite care, but their funding is limited.

How Can Churches Help?

In the U.S., it may be a long time before social prescribing becomes a widely accepted and supported option for health care professionals in primary care clinics staffed with link workers. This does not preclude unfunded social prescribing, but health professionals need some way of learning about local options they can recommend to their patients. This presents an opportunity for faith communities to offer educational programs about social programs available in their communities along with a good supply of current brochures displayed in a public space.

More locally, congregations can investigate whether there are Memory Cafés available that offer engaging social programs for people with dementia, their care partners, and friends. These

programs take place in many different locations: actual cafés, libraries, senior centers, nature centers, and churches. The [Memory Café Alliance](#) has a searchable directory with information about over 500 Memory Cafés offered currently in the U.S. A congregation that learns there are no local Memory Cafés may want to start one. The Memory Café Alliance offers three free training modules to help people bring these programs to their communities.

Congregations may be interested in launching and supporting choruses for people living with dementia, care partners, and friends. Their buildings have pianos in rooms that are probably available during the week. [The Giving Voice](#) nonprofit organization has a free toolkit with information on how to start one of these choruses. They are usually open to the wider community, not just to church members. We know from decades of research that group singing has many important health benefits for older people.

Although it may be a long time until social prescribing is integrated into the U.S. health care universe, there are numerous opportunities for communities to connect elders to a variety of social programs with health benefits. Congregations can take the lead in spreading the word about these programs. In addition, congregations can recognize how they are already offering many opportunities for elders to enjoy the health benefits of regular, engaging, joyful connections with people of all ages.

Questions for Discussion:

1. We all know medical providers are very busy and may be unaware of community programs that might help their patients. How might they be better informed and encouraged to offer “social prescriptions”?
2. What could be the role of congregations in supporting the idea of social prescriptions, especially for persons lacking resources to participate in arts and cultural activities?
3. How is the United Church of Christ — nationally, regionally, or locally — participating in the emerging discussion of ways to address social determinants of health?