Caring for the Congregation  
August 13, 2019  
Colorado Respite Coalition

Respite care for you = better care for your loved one
Colorado Respite Coalition

A program of Easterseals Colorado

**Mission**: To strengthen Colorado’s statewide lifespan respite care resource network for family caregivers and professionals.

**Vision**: All Colorado family caregivers have access to quality respite care resources through a sustainable network that promotes collaboration and innovation across the lifespan, disability and health spectrums.
Agenda

Caring for the Congregation
Webinar Agenda
August 13, 2019 | 9:00 – 11:30 AM
Hosted by the Colorado Respite Coalition

9:00 – 9:15 AM  -  Welcome and Introductions
Caregiving Impacts on Faith Communities

9:15 – 9:45 AM  -  Faith Community Nursing presentation
Velda Baker, RN Faith Community Nurse

9:45 – 10:00 AM -  Colorado Respite Coalition Resource Break
Tools for Faith Communities

10:00 – 10:30 AM -  Children with disabilities and volunteer respite presentation
Kristen Steadman, Night Lights

10:30 – 10:45 AM -  Colorado Respite Coalition Resource Break
Tools for Caregivers

10:45 – 11:15 AM -  Dementia and aging presentation
Stacie Naslund, Spring Ridge Park Assisted Living

11:15 – 11:30 AM -  Conclusion and Action Items
Caregiving in Colorado

Who is a caregiver?
Any individual providing regular support to another person with special health care needs. Care can include personal care, transportation, medication management, supervision, activities of daily living support, and more.

A caregiver may be...
• A parent of a child with autism
• An adult child caring for an aging parent with memory challenges
• An older adult caring for a spouse with a chronic condition
• A grandparent raising grandchildren
Caregiving in Colorado

- Estimated 584,000 caregivers in Colorado (AARP)
- 60% of caregivers are also employed
- Provide an average of 20 hours of care per week
- Provide an average of 4 years of care
- Elevated levels of depression
- Development of own chronic illness
- High rates of burnout

*Statistics from Family Caregiver Alliance, 2019*
Respite and Caregiving

What is respite care?
A short break, or temporary relief, from caregiving responsibilities. An opportunity for a family caregiver to step away and refuel, knowing their loved one is well cared for by another person or agency.
  • In home care, day programs, center-based, recreational, and more

What are the benefits?
Reduce stress levels, prevent burnout, opportunity to maintain own health, delays or avoids costly out of home placement, prevents abuse and neglect, reduce hospital and ER visits, preserves marriages and family units
Faith Communities and Caregiving

• 32% of parents who changed their place of worship because their child was not included or welcomed

• 84% of people with disabilities say their faith is important to them

• 10% of faith communities do congregation-wide disability awareness

*Statistics from Faith and Disability Collaborative, 2019.
Faith Communities and Caregiving

- Supporting caregivers benefits the congregation!
  - Family participation, awareness of needs, reduce barriers, positive impact
- Gatekeepers and natural support system
- Caring for the caregiver aligns with faith communities missions
- Members of your community in need of caregiving supports
- Can connect or provide respite services
- Ability to address the spiritual needs of caregivers
- Trusting relationships and community
- Volunteerism
- Compassion
Faith Community Nursing

A Professional Nursing Specialty that benefits faith communities, neighborhoods and organizations.

We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.
Faith community nurses are licensed, registered nurses who practice wholistic health for self, individuals and the community using nursing knowledge combined with spiritual care. They function in paid and unpaid positions..... in a variety of religious faiths, cultures, and countries. The focus of their work is on the intentional care of the spirit, assisting the members of the faith community and other faith-based organizations to maintain and/or regain wholeness in body, mind, and spirit.
1. History
   (Best of Both Worlds)

2. Professional Practice
   (Best Practices)

3. Growing and Expanding
   (Best is Yet to Come)
1. History
(Best of Both Worlds)

Physical and Spiritual:

Parish nurse movement founded by Granger E. Westberg (1911-1999). Originally developed in 1984 as a partnership between Lutheran General Hospital in Park Ridge, Illinois and six area congregations, this new ecumenical movement soon grew to encompass nurses and churches around the country.
Whole person care

Dr. Westberg observed that nurses were “grounded” in sciences and humanities, addressing the spiritual and physical natures of patients. He used the term “peripheral vision” to explain the sensitivity that nurses had when providing bedside care to patients and their families.
2. FCN Professional Practice  
(Best Practices)

• Faith Community Nursing is recognized by the ANA as a specialty practice
• must have an active license in the state in which she/he practices
• should have a baccalaureate degree in nursing with experience in community nursing
• should have completed an educational course to prepare for this ministry
• should have specialized knowledge of the spiritual beliefs and practices of the faith community
• should reflect personal spirituality maturity in her/his practice
• should be organized, flexible, self-started, and a good communicator
A Healthy Practice:

**Embraces**
- Gift of Presence and Listening
- A Mindset of Healing not Curing
- Living life to fullest potential
- Living life at a slower pace
- The simple things
- Prayer
- Collaboration
- Starting small
- Teaching Moments
- Boundaries

**Avoids**
- Taking on every problem
- Going it alone
- “Lecturing”
- “This is the way we’ve always done it”
- Being the expert
- “Reinventing the wheel”
3. Growth and Expansion  
(The Best is Yet to Come)

**Current**

- Provide connections to community resources for congregation members:
- Facilitate connections with other members of congregation with member’s permission:
- Provide education for clergy, staff and congregation members:
- Facilitate necessary conversations about end of life care, elder care, care of children and other family members with special needs, transitions in care, mental health care:
- Model Healthy choices:

**Future**

- Neighborhood Communities
- Collaboration with nonprofits
- Provide education for clients, staff and volunteers about community health concerns:
- Provide spiritual connection/rituals:
- Connect community members, clients with Faith Communities
Sources:

https://westberginstitute.org/faith-community-nursing
https://nurse.org/articles/faith-community-nursing

Health Ministries: A Primer for Clergy and Congregations; by Deborah Patterson

The Essential Parish Nurse: ABC’s for Congregational Health Ministry; by Deborah Patterson

Church Health Reader (quarterly magazine) Mission: to reclaim the Church’s Biblical commitment to care for our bodies and spirits. In support of that mission, Church Health Reader publishes inspirational and innovative resources drawn from knowledgeable sources, and offers practical ways to create happier, healthier communities.
CRC Resource Break

Tools for Faith Communities
- [Colorado Respite Coalition](#) – information, presentations, resources
- [Navigating Respite Care Guide](#)
- [Voices of Care](#)
- [Respite and the Faith Community](#) – ARCH
- [Colorado Caregiving Awareness Campaign](#)
CRC Resource Break

Tools for Faith Communities

- Respite Education and Support Tools (REST)
  - One day training to become a REST Companion (Respite Provider)
  - Prepares people to provide respite, person-first language, communication tips, making connections, understanding behaviors, sensory activities, types of assistance, planning activities and adaptive activities

- Build a volunteer respite program
- Contact CRC to schedule a training
CRC Resource Break

Tools for Faith Communities

- Aging and Disability Resources of Colorado
- Area Agencies on Aging
- Single Entry Points
- Community Centered Boards
- Colorado Crisis Services

*Downloadable toolkit available for webinar participants!*
KRISTIN STEADMAN
Night Lights

Children with Disabilities and Faith Community Volunteer Respite
What is Night Lights?

- a free respite care organization for families with children with special needs and their siblings.
- children ages 1 month – 12 years.
- one-on-one care from trained, background-checked volunteers.
- one Friday each month from 6:30-10:00pm.
- arts and crafts, music, free play, dog or cat therapy, a snack and movies.
- Registered Nurse at each Night Lights evening.
What is Night Lights?

- Each site is overseen by a Leadership Team specific to that site.
  - Responsibilities of a Leadership Team
    - Plan the Night Lights evenings
    - Train volunteers and do reference checks and background checks
    - Interview families/review paperwork (paperwork must be updated yearly)
    - Pair each child with their volunteer and oversee the evening
    - Current CPR/First Aid and CPI (Crisis Prevention)
    - Set up/Clean up
    - Work with the church to reserve space for Night Lights
    - Fundraising for their site
Night Lights Vision, Mission, Core Values

• Vision – Night Lights vision is to express God’s love and value for children with special needs across the globe.

• Mission – Night Lights provides respite care programs that create safe and accepting environments for children with special needs and their siblings.

• Core Values – Acceptance, Respect, Compassion for others, Integrity, Awareness

• **Night Lights is a Christian-based organization. Families and volunteers of all background are welcome to participate in Night Lights, and are valued.**
What does a Night Lights evening look like?

• Leadership Team arrives early to set up activities
• Volunteers and Nurse arrive at 5:30pm for dinner and announcements (dinner is donated by local restaurants)
• Families check in at 6:30pm
• The evening is child-lead, but adult supervised. Volunteers are encouraged to engage and participate with the kids.
• Movie at 8:30pm
• Pick-up at 10:00pm
Why partner with faith – based communities?

• Night Lights is a Christian based organization
  • we started as a ministry of a local church in the Denver Metro area.
• 501c3 non-profit status

• Benefits of partnering with churches
  • Facilities that are appropriate for children (in-kind donation)
  • Most churches have a high value for service,
    • so it’s an accessible avenue for volunteers
  • There is a community outreach focus
  • NL falls in line with mission/vision of church
What about our faith statement?

• Our faith is part of Night Lights’ history and it’s our foundation of how we operate while representing Night Lights.

• We welcome and value anyone who wants to participate in Night Lights, regardless of their faith, background, etc.

• Staff and volunteers are not allowed to discuss faith beliefs, religion or any other sensitive topic with each other or children.

• Our responsibility is to respect and care for those in the disability community, and not try to change their beliefs.
Findings

• 9 states
• 42 respondents
• Types of organizations
  • Protestant congregations (both conservative and liberal)
  • Programmatic ministry (youth camp)
  • University
  • Non-profits
  • Non-denominational Christian congregations
  • Variety of mission statements (most were inclusive)
Findings

• Barriers
  • $$ (87%)
  • Lack of training/volunteers (71%)
  • Physical space (43%)
  • Not in mission statement (43%)
  • Time (29%)
Conclusions of Survey

- Most groups want to support disabilities
  - But don’t have systematic programs
  - Try to accommodate in other ways
- A variety of barriers
  - Mostly logistical
- Lack of awareness
- Not due to lack of fit with mission
- Opportunities to partner
17.6% of all children in Colorado age 1 – 14 have a special health care need.
  - That’s an estimate of 162,000 children.*

Respite is typically the most frequently requested and least available family support service.*

Respite saves tax dollars by helping to prevent abuse or neglect, and provides the physical and emotional recuperation time parents need to be able to sustain their families.*
  - * Colorado Dept. of Health and Public Safety
Disabilities and Family Life

• “...it is not the child’s disability that handicaps and disintegrates families; it is the way they react to it and to each other” (Dickman & Gordon, 1985, p. 109). *Becoming a Resilient Family: Child Disability and the Family System* By C. Amber Havens  National Center on Accessibility

• People grieve differently and grief is a continuous circle
Impact on Siblings

• Often times siblings become secondary caregivers.

• Night Lights offers respite to the siblings as well.
  • They get their own volunteers and freedom from their responsibilities.

• Parents often experience guilt, shame, and fear with their “typically developing” children due to the amount of time, energy, and effort it takes to care for the child with special needs.
Cost of Implementation

• Night Lights does not require churches to contribute any monetary funding,
  • however, it is very helpful to have the facility given at no-cost (in-kind donation).

• Sites are expected to be financially self-sufficient and are given a variety of ways to fundraise.
  • Accountability with ED, Program Director, Board

• Night Lights provides a substantial liability policy for each site.

• Each site receives a start-up stipend from NL corporate
Role of Churches

• Support the Night Lights mission and vision

• Provide the facility as an in-kind donation
  • Safe/accessible place for children with disabilities
  • Small storage space for supplies

• Provide access to volunteers (up front announcements, newsletters, show videos, church bulletin, ministry fair)

• Maintain the facility
Goals for Night Lights

• Expand Night Lights across the country
• Continue partnerships with churches and provide a place of respect, acceptance and compassion for the special needs population within faith-based communities.
CRC Resource Break

Tools for family caregivers
- Online Resource Finder
- Respite Voucher Program
- Stress Busting for Family Caregivers
- Respite Navigation Guide
CRC Resource Break

Tools for family caregivers
- Caregiving support groups
- Local respite care services
- Parent 2 Parent Colorado
- National Groups and Organizations
  - Family Caregiver Alliance
  - Caregiver Action Network
STACIE NASLUND
Spring Ridge Park Assisted Living
Dementia Friendly Denver

Dementia 101: Reducing Your Risk
The following presentation is brought to you as a partnership between Dementia Friendly Denver and the Alzheimer’s Association of Colorado.

This education program is offered at no cost to business, government, academic, faith and community groups throughout the Denver area.
Dementia 101 – Reducing Your Risk

Basics of Dementia and Alzheimer’s Disease
Optimism and Hope!

Promising Research Updates

National Alzheimer’s Plan
$290 Billion Spent Annually for Care
$2.3 Billion in Annual Research Funding
Exploring The Facts

Info For The Curious, Concern and Committed
Typical Age-Related Cognitive Changes

– Making a bad decision once in awhile

– Missing an occasional monthly payment

– Forgetting which day it is but remembering quickly

– Sometimes forgetting which word to use

– Losing things from time to time

Dementia is NOT normal aging!
Reversible Conditions That Mimic Dementia

- Emotional disorders
- Metabolic disorders (e.g., hypothyroidism)
- Brain tumors
- Dehydration
- Sensory loss
- Vitamin deficiencies (e.g., B12 deficiency)
- Infections
- Alcohol, drugs, medication interactions
Understanding Dementia

What is the difference between Alzheimer’s and dementia?

Most Common forms of dementia:
- Alzheimer’s disease
- Vascular dementia
- Dementia with Lewy Bodies
- Parkinson’s related dementia
- Frontotemporal Lobar degeneration
- Mixed dementia
Mild Cognitive Impairment

▪ Severe enough to show up on tests

▪ Not severe enough to affect daily life

▪ Increases risk of developing Alzheimer’s disease
What is Alzheimer’s Disease?

Alzheimer’s disease: (approximately 70% of cases)

- Is the most common form of dementia
- History of Alzheimer’s disease
- Younger vs. regular onset
- Is a brain disorder, not a mental illness
- Is a progressive disease
- Currently has no cure, is eventually fatal
- Can be dormant for 20+ years
- Plaques and tangles cause impairment
- Affects over 5.8 million Americans
- 6th leading cause of death in US
- Someone develops Alzheimer’s every 65 seconds in the US

For more information: 1.800.272.3900
What is Vascular Dementia?

Vascular dementia: (approx. 10% of cases)

- Initial symptom is impaired judgment, decision making and planning
- Occurs from blood vessel blockages or damage from strokes
- Location, number and size of brain damage determines impairment

For more information: 1.800.787.6537
What is Dementia with Lewy Bodies?

Dementia with Lewy Bodies:

- Symptoms include memory loss and cognitive problems
- Also sleep disturbances, visual hallucinations, gait imbalance
- Clumps of protein can develop in cortex causing dementia

For more information: 1.800.539.9767
What is Parkinson’s Related Dementia?

Parkinson’s disease:

- As it progresses, often results in dementia similar to Lewy bodies or Alzheimer’s
- Problems with movement are common
- Clumps of protein cause degeneration of nerve cells that produce dopamine

For more information: 303.861.1810
What is Frontotemporal Dementia?

Frontotemporal dementia:

- Symptoms include changes in personality and behavior and difficulties with language
- Nerve cells in front and side regions of brain are especially affected
- Symptoms generally develop at a younger age
- Survival is fewer years than with Alzheimer’s

For more information: 1.866.507.7722
What is Mixed Dementia?

- More common than previously thought

- Happens when more than one cause of dementia occur simultaneously in the brain
How the Brain Works

- There are 100 billion nerve cells, or neurons, creating a branching network.

- Signals traveling through the neuron forest form memories, thoughts and feelings.

- Dementia impairs/destroys neurons.
Major Dementia Risk Factors

▪ The primary risk factor is age

▪ Women are at the epicenter of dementia
  ▪ Approximately 2/3 of Alzheimer’s patients are women
  ▪ Approximately 2/3 of dementia caregivers are women

▪ Down Syndrome is correlated with Alzheimer’s

▪ Family history can increase risk

▪ Two categories of related genes
  ▪ Risk
  ▪ Deterministic
Diagnosis: Earlier is Better

Only 50% of those with dementia get a diagnosis
It Might Not Be Alzheimer’s or Dementia

- Some detected problems can be treated or reversed

- Some can be life-threatening if not detected or treated promptly

- It’s important not to ignore changes or assume it is Alzheimer’s
Dementia - Reasons You Want to Know

More time to consider and plan for the future

- Participate in arranging your own care
- Care options
- Legal and financial matters
- Safety and transportation
- Empower others to make decisions
- Build the right care team and social network
With Early Diagnosis You Can...

- Explore drug therapies that may provide symptom relief
- Early detection may help individuals remain independent longer
- Offers opportunity to participate in clinical trials
Selecting a Doctor

▪ Doctors who are experienced with Alzheimer’s can diagnose the disease with 90 - 95% accuracy

▪ Specialists to consult include:
  - Geriatricians
  - Neurologists

▪ Referral lists are available at 800.272.3900 helpline
Preparing for the Doctor Visit

• Keep and bring a log
  – Write a list of symptoms, be specific
  – Include when, how often and where
  – Develop the list with input from other family members

• List current and previous health problems

• Bring all medication (prescriptions, vitamins, herbal supplements and over the counter medications)
Steps in the Assessment

1. Medical history

2. Mental status evaluation

3. Cognitive evaluations that test: memory, reasoning, visual-motor coordination, language skills

4. Physical examination, which includes:
   - Blood pressure, cholesterol and blood sugars
   - Testing nervous system functions
   - A brain scan to detect a stroke
   - Lab tests to rule out other disorders

5. Psychiatric evaluation to rule out emotional symptoms

6. Interviews with family to get more information about changes
Breakthroughs in Diagnostic Tools

- PET scans
- CSF
- Biomarkers

82% of older adults say it is important to check their memory annually, only 16% do
Symptom Medications

• Cholinesterase inhibitors for mild to moderate symptoms
  – Donepezil (Aricept®)
  – Rivastigmine (Exelon®)
  – Galantamine (Razadyne®)

• NMDA receptor antagonist (glutamate regulator) for
  – Moderate to severe symptoms
  – Memantine (Namenda®)

• Combination – (Namzaric®)
Stages of Alzheimer’s Disease

▪ Early Stage
  – Recent memory loss
  – Difficulty managing money, driving, social situations

▪ Middle Stage
  – Difficulty with language
  – Problems keeping track of personal items
  – May need help with grooming

▪ Late Stage
  – Long and short term memory affected
  – Needs care around the clock
Emotions Run High

Confusion  Denial
Guilt       Fear
Worry       Anger
Shock       Grief
Relief      Acceptance
Know the 10 Signs:
Early Detection Matters
1. Memory Changes that Disrupt Daily Life

- Forgetting something recently learned
- Asking the same questions over and over
- Relying on memory aids for things you used to remember
2. Challenges in Planning/Problem Solving

- Problems developing or following a plan
- Problems working with numbers
- Problems following a familiar recipe
- Difficulty keeping track of bills
- Challenges concentrating
3. Difficulty Completing Familiar Tasks

- Trouble driving to once familiar places
- Problems managing projects at work
- Difficulty remembering rules of a favorite game
4. Confusion with Time or Place

- Losing track of dates, seasons and passage of time
- Forgetting where one is or how one got there
5. Visual and Spatial Difficulties

- Diminishing ability to track visual surroundings
  - Difficulty reading
  - Trouble judging distance
  - Problems determining color or contrast
6. Problems with Words

- Problems with speaking and writing
- Difficulty tracking conversations
  - Stopping in the middle of conversations, unable to continue
  - Repeating what was already said
- Trouble with vocabulary
  - Difficulty finding the right word
  - Calling things the wrong name
7. Misplacing Things

- Putting things in unusual places
- Having increasing difficulty retracing steps to locate a missing item
- Accusing others of stealing “lost” items
8. Decreased or Poor Judgment

- Changes in decision making capabilities

- Poor judgment with money
  - Giving large amounts to telemarketers
  - Spending more impulsively
9. Withdrawal from Work/Social Activities

- Losing interest in hobbies
- Losing track of a favorite sports team
- Avoiding responsibilities at work
- Avoiding family gatherings or social situations
10. Changes in Mood and Personality

- Increasing signs of:
  - Confusion
  - Suspicion
  - Fear
  - Anxiety
  - Agitation
What Should I Do if I See Some of the 10 Signs?

- Talk with family and friends about your concerns
- Make a doctor appointment
- Getting the right care asap is crucial!
Caregiver Overview

- Over 16 million caregivers care for the 5.8 million Americans living with dementia
- In Colorado, over 200,000 caregivers care for more than 72,000 people with dementia
- 18.5 billion hours in unpaid care, $234 billion value
- 74% of dementia caregivers report being concerned about their own health
- Self-care and respite breaks are critical
Caregiver Responsibilities

Daily Living
- Medication Management
- Nutrition
- Hygiene
- Household Management
- Transportation

Advance Planning
- Medical Management
- Legal Issues
- Financial Planning and Management
- Care Options
Understanding Dementia Behaviors

- Repetitive Questioning
- Agitation
- Anxiety
- Shadowing
- Sundowning
- Tearfulness
- Sleeplessness
- Suspicion
- Pacing
- Wandering

Confusion = Discomfort = Behavior
Dementia Communication Tips

• Use short sentences and basic words
• Speak slowly and clearly – less is more
• Avoid baby talk
• Avoid questions and quizzing
• Answer repetitive questions cheerfully
• Pay attention to your tone
• Allow plenty of time for conversations
• Limit distractions
• Focus on feelings, not facts
• Avoid criticizing, correcting and arguing
• Redirect to pleasant activities when upsets occur

Patience, Patience, Patience!
Dementia Caregiver Resources

Alzheimer’s Disease: 800.272.3900

Vascular Dementia: 800.787.6537

Lewy Body Dementia: 800.539.9767

Parkinson’s Disease: 303.861.1810

Frontotemporal Dementia: 866.507.7722
Brain Health & Risk Reduction
12 Ways to Care for Your Brain

Adopting These Simple Lifestyle Habits May Reduce Risk or Delay Onset
1. **BREAK A SWEAT** - Engage in regular cardiovascular exercise that elevates heart rate and increases blood flow. Studies have found that physical activity reduces risk of cognitive decline.

2. **FUEL UP RIGHT** - Eat a balanced diet high in fruits and vegetables to help reduce the risk of cognitive decline. Blueberries!

3. **FOLLOW YOUR HEART** - Risk factors for cardiovascular disease and stroke (obesity, high blood pressure and diabetes) negatively impact your cognitive health.
4. **TALK TO YOUR DOC** - Discuss changes in cognitive health with your doctor during your annual physical.

5. **MIND YOUR MENTAL HEALTH** - Some studies link depression with cognitive decline. Seek treatment if you have depression or anxiety. Manage stress.

6. **BUTT OUT** - Smoking increases the risk of cognitive decline.
7. **HIT THE BOOKS** - Formal education may help reduce the risk of cognitive decline and dementia. Take a class at a local college, community center or online.

8. **STUMP YOURSELF** - Challenge your mind. Build a piece of furniture or play games of strategy.

9. **BUDDY UP** - Staying socially engaged supports brain health. Find ways to be a part of your local community or share activities with family and friends.
10. **LISTEN UP** - Studies show that mid life hearing loss can increase risk for cognitive decline. Treat hearing loss to stay connected and engaged.

11. **CATCH SOME ZZZ’S** - Not getting enough sleep may result in problems with memory and thinking.

12. **HEADS UP!** - Brain injury can raise risk of cognitive decline and dementia. Wear a seatbelt and use a helmet when participating in sports or riding a bike.
Thank You!

For more information about the free services and programs provided by the Alzheimer’s Association of Colorado and Dementia Friendly Denver, visit:

alz.org/co
dementiafriendlydenver.org
Caring for the Congregation

- Faith communities are vital in supporting caregivers
- Assess your congregation
  - Who is caregiving? What resources do we have in place? What are we missing?
  - Are we welcoming to caregivers and their loved ones with extensive care needs?
- Take action!
- Use the downloadable toolkit and share with faith leaders
- Host a meeting or community discussion on caregiving
- Ask and listen for the needs of your congregation
- Provide spiritual support for those caregiving
Ten Simple Steps

1. Provide respite care – i.e. Coffee and Conversations Café as respite
2. Bring caregiving resources on home visits or post on community resource board
3. Provide a sensory room or quiet room
4. Create a Buddy Program for individuals with disabilities to attend services
5. Establish or host a caregiving support group
6. Develop a caregiving committee or ministry
7. Evaluate the physical accessibility of your space
8. Support meal coordination for families
9. Conduct a survey to determine the needs of caregivers in your congregation
10. Bring in trainings and presentations regarding disability, local resources, etc.
Questions?

“There are only four kinds of people in the world – those who have been caregivers, those who are caregivers, those who will be caregivers and those who will need caregivers.”

- Rosalynn Carter
Colorado Respite Coalition

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Respite care for you = better care for your loved one