Finding A Voice: What it Means to Advocate for Older Adults

by Rev. Dr. William Randolph

One of the chief characteristics of truly transformative older-adult ministries is having church leaders who understand the role of being advocates for older adults. The role of advocating for any group means being a voice that speaks on their behalf. The word advocate is derived from the Latin word advocare, which means to call to one’s aid. In its modern form, the word advocate suggests supporting or representing someone when that person is unable to do so for himself or herself.

Such representation serves not only the group the advocate represents but the greater whole of the world. Indeed, attorneys are sometimes called advocates, because they not only represent their clients but have promised to serve the court. Likewise, Older Adult Ministry specialists not only are a voice for the Older Adults, but serve the church and God by speaking to them for a group which otherwise may not be heard but who has significant ideas to offer them.

Advocating is more than hearing and giving voice to the concerns of older adults. It involves being connected to older-adult groups to represent the issues, needs, and perspectives of older adults. The best older-adult advocates are those who have formed tight bonds with them. Sometimes indeed, the greatest supporters of older adults are not older adults themselves but their children or grandchildren who love them, because being an advocate is about relationships. The reason some younger generations can become skilled at speaking for their elders, is their abiding relationships with specific Older Adults transfers easily to a passion for the overall needs and perspectives of all Older Adults.

This issue of the S.A.G.E. focuses upon ways to be an older-adult advocate. Advocacy issues highlighted indirectly or directly in this edition of the S.A.G.E. include older-adult poverty, elder abuse, dementia, ageism, access to medical care, drug addiction/self-medication, the sharp rise in older-adult suicides, mandatory retirement requirements, isolation and loneliness, and depression and grief.

The goal of this issue is for more of us to become advocates for older adults and for the church to better hear the voice of God calling us all to be truly transformative in our world.

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Ageism and elder abuse are connected and both, unfortunately, exist within our communities of faith. Elder abuse often remains at least partially hidden from view. Elder advocates are older-adult ministry leaders who will bring this issue to the church’s attention.

The term ageism was coined by Paul Butler, the founder of the National Institute on Aging in the United States. Butler used this term to name the bias toward older adults and to describe an ignorance about older people in general.

Numerous studies link ageism, ageist thinking, and age discrimination to attitudes about aging. The Activation of Aging Stereotypes in Younger and Older Adults (2002) found significant correlations between negative experiences of aging and ageist attitudes. The report states, “When we think about age, we often do so in terms of how we feel toward older adults and vice versa.” The role of the older-adult advocate is to help the church have a healthier, more spiritual view about aging.

Ageist thinking is subtle, works against both old and young, and is consistently expressed by people of all ages. Once ageist thinking is in place, people do not easily let go of it. The role of the elder advocate in the church is to call attention to negative and positive associations of aging by realistically portraying what it is like to grow old faithfully.

One of the subtlest forms of ageism in the church is the overemphasis on disciple making among young adults and youth without a corresponding emphasis on disciple making among adults of other ages, especially among older adults. Elder advocates have a role to play in demonstrating not only the ability of the church to reach its elders in disciple making but to help the church develop positive images of older adults.
Paul Kleyman, the editor of *Aging Today Journal*, believes there is a link between ageism and elder abuse and that they have similar underlying causes and effects. Margaret Morganroth Gullette, in books like *Aged by Culture and Declining to Decline: Cultural Combat and the Politics of the Midlife*, also documented a link between ageism and abuse. These books were a result of studies in which the author successfully demonstrated both ageism and elder abuse are currently rising at similar rates. Gullette says that ageism harms the young as well as the old because it makes people fear aging and makes them believe that people have less value as they age.

The church, by demonstrating the value of its older adults and becoming knowledgeable about aging issues, can break the cycle of ageism and the fear of growing old. Looking at the language we use in the church is one way of measuring the existence of ageism in our midst. Researchers measuring ageism have developed survey questions to help us root out our ageism. (See sample questions on page 17).

**ELDER ABUSE**

Elder abuse includes physical, sexual, emotional, and financial abuse, but also neglecting the needs of elders. Richard Gentzler, the former director of the Office on Aging for Discipleship Ministries, has said:

“When the church neglects the spiritual needs of its senior adults, are we not engaging in elder abuse? (How can we but not neglect their needs if we do not even understand what they are)...and when our clergy promise spiritual care to the members they serve (but aren’t trained to understand how older adult needs are different from other ages)... do we not engage in pastoral care malpractice?”

Elder abuse takes on many different forms. Without training, we may not know what to look for to recognize elder abuse. Elder abuse includes a relationship of power to powerlessness and involves a betrayal of trust. The Administration on Aging of Health and Human Services says “elder abuse is a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.” It points out “victims are people who are often older, frail, and vulnerable and cannot help themselves and depend on others to meet their most basic needs. Abusers of older adults are both women and men, and may be family members, friends, or ‘trusted others’” (Administration on Aging Elder Abuse, [https://aoa.acl.gov/aoa_programs/elder_rights/ea_prevention/whatIsEA.aspx](https://aoa.acl.gov/aoa_programs/elder_rights/ea_prevention/whatIsEA.aspx)).

Typically, elder abuse is divided into seven types of abuse: (https://aoa.acl.gov/aoa_programs/elder_rights/ea_prevention/whatIsEA.aspx)

1. **Physical Abuse** – inflicting physical pain or injury on a senior—slapping, bruising, or restraining by physical or chemical means.
2. **Sexual Abuse** – nonconsensual sexual contact of any kind.
3. **Neglect** – the failure by those responsible to provide food, shelter, health care, or protection for a vulnerable elder.
4. **Financial Exploitation** – the illegal taking, misuse, or concealment of funds, property, or assets of a senior for someone else’s benefit.
5. **Emotional Abuse** – inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts that may be humiliating, intimidating, or threatening.
6. **Abandonment** – desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.
7. **Self-neglect** – characterized as the failure of a person to perform essential, self-care tasks and that such failure threatens his/her own health or safety.
Elder advocates should offer elder abuse training to raise awareness of the forms of elder abuse and encourage development of plans to address each type of abuse when it is suspected. Reporting of elder abuse is required in most states.

Discipleship Ministries, working with our annual conferences, has developed a program called Safe Sanctuaries to educate clergy and laity about abuse and neglect of all generations, including elders. Information is available on the Discipleship Ministries Safe Sanctuaries Website (www.UMCdiscipleship.org/leadership-resources/safe-sanctuaries). Included on the website is a list of Safe Sanctuary coordinators from each annual conference who have been trained in the Safe Sanctuaries program. The coordinators can assist churches in training to keep older adults safe and to help people become advocates against elder abuse.

Also on the website is “How to Begin Developing and Updating a Safe Sanctuaries® Policy.” More information about elder abuse prevention is also available on the Discipleship Ministries website. The federal government also provides information about elder abuse at the National Center on Elder Abuse (https://ncea.acl.gov).

REFERENCES


THE DIGITAL S.A.G.E.

The S.A.G.E. is undergoing a makeover. No we are not reinventing the wheel! We are adding a new version and so there will be two different versions. The S.A.G.E. Classic will still come out as a twice a year printed, mailed Old School Newsletter. This Newsletter format will be designed continue to reach older adults who do not use email and do not have internet access. This version will also be available as previously for download in the spring and fall, directly at the Older Adult Tab of Discipleship Ministries’ Website.

Our New Digital Version of The S.A.G.E. will allow us to deliver the same content but much quicker. It will allow the S.A.G.E. to reach more people by arriving faster and be in a format which doesn’t require nearly as much reading. Instead of waiting for the entire issue to publish, we will serialize 1 or 2 articles each month with excerpts and a link to the entire article. In addition there will be a calendar of events of interest to Older Adults and Older Adult Leaders, and a #SeeAllThePeople Biography of Older Adults and Older Adult leaders who are making a difference. We are calling this version of the S.A.G.E. our S.A.G.E. Digital Edition Format. If you are in our email database we will send you an email which will have the links to the full articles.
Along scenic highways like the Blue Ridge Parkway, there are little areas where travelers can pull off the main road into an area to stop and take in the view from an overlook. In looking down at scenery from on high, there is a different perspective than for travelers whizzing down the road too fast to take in the view. This view is also different from those in the valley below which are too close to the scene to see the perspective from the Overlook. So visitors to this overlook section are able to study the landscape and see what others might miss.

What follows is our Overlook on Advocacy: a list of some of issues in older-adult ministries that might otherwise be overlooked. Each issue is followed by a brief explanation of why it is an important component of older-adult ministry advocacy and some common ways to address the issue.

**Older-Adult Suicide Prevention** – The highest suicide rates are among middle-aged and older-adult white men. Many have depression, which can be intensified by losing a spouse or job (including by retirement), or by health issues. Older adults sometimes lack frequent social interactions, resulting in isolation and loneliness, which exacerbates depression. According to suicide prevention groups like suicide.org the highest suicide rates are among older adults and particularly males not younger adults as many would expect. The church has an opportunity to advocate for better mental and spiritual care for those at risk of depression and suicide. Suicide survivor groups and suicide prevention support groups, suicide prevention hotlines, and suicide Information sessions or discussion events are all ways that churches may be advocates.

**Sandwiched Caregivers** – Caregiving is often overlooked as an advocacy issue in older-adult ministry. Some common caregiver scenarios include: grandparents raising grandchildren and serving as their legal guardians; short-term, end-of-life care, including hospice or palliative
care of spouses, partners, children, and parents; dementia care of older adults. Caregivers need not necessarily be 24-hour-a-day, live-in caregivers, to be stressed out and torn between taking care of others and living their own lives. Caregivers need spiritual, emotional, and even financial support because the caregiving role can be all-consuming. It is not unusual for primary caregivers to die before the person for whom they are caring. Caregivers may give up a career or career advancement to care for a loved one. There is often deterioration of family and home life. There may be a loss of investment or retirement income, and there is often a loss of social networks and friendships. AARP (American Association of Retired Persons) has a caregiving support website (aarp.org) with information to help caregivers. Caregiver.com also has a number of excellent articles about the ins and outs of caregiving to help the church understand what this role is truly like so individuals and churches can do a better job of supporting caregivers. Caregiver training day classes, caregiver appreciation days, respite care programs, and local caregiver support resource directories are ways a church can advocate on behalf of caregivers.

**Dementia** – Dementia is an advocacy issue as much as it is a care issue. Some 5.5 million Americans have been diagnosed with Alzheimer’s, which is only one of ten common types of dementia. The number of Alzheimer’s cases is expected to grow to 16 million by 2050. Advocacy for this issue usually is on both national and local levels and takes the form of working in partnership with the Alzheimer’s Association, USAgainstAlzheimer’s, and AARP, or similar groups. Local churches can bring awareness about the illness and offer support to families experiencing this illness. Specifically, churches could offer memory cafes or clubs, dementia support groups for families, worship services (either as a dedicated part of main worship or in specialized worship services). On the national level, church members could be advocates by participating in Alzheimer Walks (designed to raise awareness and money for needed research for a cure), donating time and money to different research funding groups, and direct advocacy by contacting (phone, email, and snail mail) elected officials to plead for more research funding or support programs.

**Addiction & Recovery** – Addiction and recovery advocacy is becoming a growing issue. Adults who are addicted include those who have spent a lifetime as social drinkers, those who are self-medicating psychological and physical pain through the use of street drugs, and those who have become accidentally addicted to prescribed pain killers. It is estimated that 55 billion dollars is the real cost of prescription opioid abuse each year in the United States, and 20 billion is the cost in emergency or inpatient care for those who have experienced opioid poisoning (overdose), with much of this cost attributed to older adult users. Every day in the United States, 3,900 people of the 650,000 taking painkillers begin nonmedical use of their prescriptions, another 580 people initiate heroin use because it is cheaper to obtain than their prescriptions, and 78 people die from an opioid-related overdose. The church can advocate for addicted older adults in a variety of ways: Work with unused drug recycling programs; support low-cost medical and pain clinics where intake can be monitored and that offer affordable pain management alternatives; insist that hospitals
stock naloxene (a heroin antidote) in emergency rooms; work with law enforcement to develop or support alternative sentencing treatment programs for offenders; and partner with twelve-step programs, such as Alcoholics Anonymous and Narcotics Anonymous or other recovery programs, such as Celebrate Recovery.

Mental Health – Mental illness often has a stigma attached. Added to this, the generally underfunded nature of government programs designed to address mental health issues makes mental health a huge area of need in many of our communities. This is an important area of advocacy for most churches because chances are great that most churches have someone in their membership who has one of a number of common mental illnesses. The National Alliance on Mental Illnesses has statistics that indicate about one in five adults in the U.S. or 43.8 million people experience treatable mental illnesses in a given year. Approximately 9.8 million experience a serious mental episode. Mental Illness can surface at any time during a person’s lifetime, but it is a bigger issue for older adults because most mental illnesses are not curable and tend to worsen with age. Depressive disorders are common in older adults, and older adults often struggle with self-worth, purpose, and meaning. There are a variety of ways a church can advocate for the mentally ill and their families: (1) Do not judge those who are ill. Treat ill adults with compassion. (2) Read about and do research on mental illness. (3) Refer out counseling to the experts. (4) Stop the stigma. Avoid using offensive language like psycho or crazy. (5) Recognize the complexity in mental illnesses. Understand that it has an impact on a person’s spirituality and relationship with God. (6) Understand the Impact on family and friends. (7) Emphasize Individual self-care.3

Disability & Mobility – Older adult disabilities include both lifelong challenges and those disabilities that are the result of physical decline. Once disabilities occur, they are rarely reversed. Advocacy often takes the form of accommodating older adults so they can fully participate in the life of the church. Advocacy for churches at a bare minimum involves access ramps, bathrooms for those with mobility issues, and worship services with accommodations for the hearing and visually impaired.

REFERENCES


3 Sarah Ranier, “Seven Tips to Address Mental Health Issues in the Church,” http://thomrainer.com/2016/09/seven-tips-address-mental-health-issues-church

LOOKING AHEAD
The Digital S.A.G.E. and the Fall issue of the S.A.G.E. will be about how the church can better support those among us who have dementia or are caring for someone with Dementia. We will feature a number of articles built around groundbreaking ministry ideas and how your church can become a more Dementia Friendly Church.
Growing Bolder is Rebranding Aging

Growing Bolder is a website that highlights the extraordinary accomplishments and feats of older adults, defying the stereotypes many have of older adults. Its founder Marc Middleton was a television news anchor in his former career. He reinvented himself as a storyteller advocate who featured stories of older adults for local television news and on a cable television show “because we have so much to learn from our elders.” His website has links to all kinds of products that feature the accomplishments of ordinary elders doing amazing things. The website helps dispel the notion that getting old is a bad thing. Some of the Growing Bolder stories are of elder advocates who are making a difference in the lives of others. Growing Bolder also has video, TV, radio, magazine, and newsletters, all about hope, inspiration, and possibility.

RICH LIFE OF THE NOT SO FAMOUS:
PROFILE OF A REAL LIFE ELDER ADVOCATE

Elder advocates have a passion for older adults and work on their behalf. Many of these advocates will say, “I did not choose the role; instead, it chose me.”

What follows is a portrait of Elder Advocate Bobbie Reynolds, who has given permission for the Office on Aging and Older Adult Ministry to recognize his work on behalf of older adults. Bobbie believes he is doing what God has called him to do and he hopes others will own opportunities to become advocates for older adults.

ELDER ADVOCATE PROFILE:
BOBBIE REYNOLDS

Bobbie writes: “I was fortunate enough to be exposed to many diverse areas of the law and roles of attorneys early in my career. After passing the bar examination, I clerked for a judge at the United States Court of Appeals for the Sixth Circuit who demonstrated a very strong Christian faith. He respected everyone and treated convicted criminal defendants in the same manner as he treated United States senators. My parents also had taught me to treat all humans with dignity, but this judge reinforced those teachings.

“I became interested in elder law through several avenues. I always enjoyed estate planning, drafting testamentary wills, living wills, advance healthcare directives, for both physical and mental health, and powers of attorney, among other things. I even spent another year in law school, obtaining an advanced legal degree, an LL.M in taxation, with an emphasis on estate planning. However, there was one event that galvanized my interest in elder law.
"I was cutting limbs from a tree one Saturday afternoon when I fell a great distance and injured myself, to the extent that I was unable to walk without experiencing excruciating pain. As I struggled daily to recover from several injuries resulting from the fall, I began to contemplate how fragile life is and how elderly persons and persons who are disabled suffer significant distress and functional limitations. Without help, I would have been bedridden, and this frightening, yet possible disability, made me much more aware of how much support many people who are elderly and/or disabled must have to meet their basic needs.

"After recovering, at least partially, from my injuries, I enrolled in a PH.D. Program in gerontology, intending to become a professor, focusing in elder abuse and end-of-life decision-making. However, after taking elective courses– health economics and health law–I found my interests in elder law morphing into a passion for several interrelated bioethical issues. It became clear to me that the most significant issues facing people who are elderly and/or disabled involved: (1) the financing of health care, including long-term care; (2) the discriminatory allocation of scarce health care resources, mostly subtly, yet, at times, blatantly and overtly. I kept thinking someone should address these issues directly because they were being overlooked. I decided that person would probably have to be me and I could do so best, not by teaching the law (which I still do from time to time) but by practicing it. “I thus became involved in elder law and bioethics and decided I wanted to advocate within the legal system.

As I begin to focus on ethics and older adult advocacy, my background as a person of faith allowed me a window to understand why the work was not only my passion but to see it as my calling. One passage of scripture which still speaks to me of what God is allowing me to do by using my training, experience, and insights into this work.

"Now that I am old and gray, do not abandon me, O God. Let me proclaim your power to this new generation, your mighty miracles to all who come after me Psalm 71:18 (NLT)."

I understand now I am helping others see God has not abandoned them in old age. Another passage of Scripture that encouraged me to become an advocate for older adults in my career as an attorney is Proverbs 31:8-9, which states that Christians should

“Speak up for those who cannot speak for themselves; ensure justice for those being crushed. Yes, speak up for the poor and helpless and see that they get justice.” (NLT).

This Scripture also led me to be a voice for the voiceless and to ensure that human dignity and rights are protected at every stage of life, especially among the elderly.

“In our nation, we glamorize youth and treat growing old as almost a curse. Ageism, a form of discrimination against elderly people, pervades our society, existing in advertisements in magazines and on television for various skin creams that promise a youthful look, implying that an aging look is to be frowned on, avoided, and disfavored.
“Thus, I am acutely aware that the ‘final frontier’ of human life and death should be answered from a faith perspective. Issues such as medical assistance in the lives of the terminally ill, gene splicing and mapping, and other biomedical issues are areas affecting older adults that cry out for advocacy.

“An older adult for whom I used to serve as a co-caretaker as a teenager was a major role model to me regarding how the life of an aging Christian should be lived. Despite suffering from almost total blindness from an early age, she served God steadfastly and worked in physically taxing jobs, such as cleaning motel rooms for minimum wage, until she was older and could no longer function in that capacity. She subsequently began growing gardens and taught me how to make rows for corn, tomatoes, and other crops. She would hold my arm so that I could guide her when we were walking. Her dependency on me and others made me realize that I, too, would someday be dependent on others, as will most elderly people. Based on these experiences and limited, youthful insight, becoming an elder law attorney and advocate was a natural choice.”

REFERENCES
2 New Living Translation.

Common Signs of Elder Abuse
(from the National Center on Elder Abuse, https://ncea.acl.gov/faq/#faq2/)

1. Bruises, pressure marks, broken bones, abrasions, and burns may be an indication of physical abuse, neglect, or mistreatment.
2. Unexplained withdrawal from normal activities, a sudden change in alertness, and unusual depression may be indicators of emotional abuse.
3. Bruises around the breasts or genital area can occur from sexual abuse.
4. Sudden changes in financial situations may be the result of exploitation.
5. Bedsores, unattended medical needs, poor hygiene, and unusual weight loss are indicators of possible neglect.
6. Behavior such as belittling, threats, and other uses of power and control by spouses or other caregivers are indicators of verbal or emotional abuse.
7. Strained or tense relationships, frequent arguments between the caregiver and elderly person are also signs of verbal or emotional abuse.
HE AND SHE AIN’T HEAVY:
THE BURDEN OF UNADDRESSED OLDER-ADULT POVERTY
ON OUR SISTERS AND BROTHERS

Is the problem of older-adult poverty simply a question of finances, or are there other types of poverty? Is it the church’s responsibility to advocate for those in poverty? Is the best way to address poverty direct aid to those impoverished, or is it empowerment? Even if there is the desire to advocate for those living in poverty, how does an elder advocate do so?

As a community of faith who follow Jesus, we should make a point of lifting up older adults who struggle in poverty.

Elder poverty is more than a lack of money to sustain basic needs. Poverty can mean an older adult lives in a food desert, a place with few stores that carry affordable and healthy food. Further, many older adults who no longer drive and live a distance from church, retail, and medical treatment centers have problems getting adequate food, clothing, and medical care. Elder poverty may or may not be related to finances. It may be related, instead, to changing circumstances.

There is also the phenomenon of the “elder orphan” who lives alone and has no family members left to help manage his or her care, including decision making. Advocacy for older adults is understanding the different types of poverty, the root causes, and working to help older adults to meet their minimum daily needs. The Meals on Wheels program is one example of a program that addresses several forms of older-adult poverty, not just financial, as it addresses nutritional, affiliation, and transportation deficiencies.

Sometimes the best way to improve the conditions of poverty is through direct aid, but often this cannot be sustained. Further, direct aid does not empower older adults, nor does it draw church members into relationship with them. Advocacy is about being in relationship with those in need.

Older-adult ministry advocacy depends upon developing relationships with those we serve. Relationships with those who are impoverished can be revealing about our own poverty, such as our poverty of knowledge. Advocacy involves learning all we can about elder poverty.
People who serve as advocates may become overwhelmed by the needs of those they serve. Thus, we must learn how to be in better partnerships with God and the people we serve rather than trying to do the work all by ourselves. When we begin to prayerfully understand God’s leadership over us and to see the opportunities that God leads us to address, instead of trying to do it all on our own, we learn to be better advocates and to seek partners in the work.

FACTS ABOUT OLDER-ADULT POVERTY

Most elderly poor are women, and many are widows. A lifetime of lower earnings due to wage discrimination, absence from the labor market due to childbirth, and jobs that are less likely to have employer-sponsored retirement plans contribute to poverty among older-adult women. Women tend to outlive their husbands. More than 2.3 million women over the age of 65, or 11.5 percent, live below the poverty line, while slightly more than 1 million, or 6.6 percent of senior men live in poverty—based upon earnings alone. Furthermore, nearly one in five of single, divorced, or widowed women over the age of 65 are poor, and the risk of poverty for older women only increases as they age. Because of health conditions and other factors, earnings generally decrease over time for older adults in retirement. At the same time, inflation erodes their “fixed income earnings,” and expenses likely will increase over time because of growing medical care costs.¹

Elderly people of color experience poverty at higher rates than whites, although Social Security has assisted in the economic disparity between ethnic groups. Elderly people of color are less likely to have asset income because of discrimination over time and other factors. African-Americans, for instance, make up about nine percent of the elderly population in the United States, yet nearly one quarter of all elderly black Americans live below the poverty line.²

Many our United Methodist churches are in segregated neighborhoods and are predominantly of a single ethnic group, so we have not developed relationships with many of the poor outside our churches.

Elderly people living in rural areas have higher rates of poverty than those who live in urban areas. Much of the poverty in rural areas remains hidden, and there is a lack of available resources in rural areas to address poverty. Rural areas also tend to have a higher percentage of elderly than do urban areas. Then too, rural people are less likely than suburbanites to move to other areas of the country to be close to family or that have services for the elderly.²

CHURCHES CAN BE ADVOCATES FOR OLDER ADULTS LIVING IN POVERTY: SOME EXAMPLES

Meriden United Methodist Church in Meriden, KS, which received an “Aging in Poverty Grant” from Discipleship Ministries, addressed several types of rural poverty in an area of great need through its Gray Wolves program. The church looked at several issues of poverty, including poor nutrition and addiction issues. Meriden used a fellowship meal once a month and built relationships between the church and the older adults it served. The goal was to develop volunteer support among participants and church members to help break the addiction cycle. Gray Wolves used these monthly fellowship meetings as a bridge to existing recovery programs for older adults addicted to painkillers and other drugs.

Edisto Fork United Methodist Church of the South Carolina Conference advocated for older adults who have problems with transportation. Like a lot of rural areas without public transportation, the loss of driving privileges creates isolation and dependence among the elderly, so Edisto Fork UMC sought to address this need through a program called “Senior Friends with Wheels.” They asked older-adult volunteers to drive older adults to necessary medical appointments and everyday chores like shopping. This ministry became direct service to the needs of older adults and a way for the
older adults of the church to volunteer and find meaning in their offer of service. An “Aging in Poverty Grant” expanded the program, and the church increased the clientele by thirty percent.

Medical care is an area that begs for advocates here in the United States and abroad. Medical poverty is usually twofold and it includes (1) lack of affordable medical care and (2) unavailability of medical access. In the United States, medical care poverty is usually due to the lack of affordable care options. At the time of this writing, changes to healthcare insurance may increase the costs for older adults even more.

In the Philippines, which has many rural areas and not enough licensed doctors, medical care poverty is due not only because of the cost of care but also because it is unavailable. Two churches there are trying to make a difference: Light and Life United Methodist Church of Eastern Visayas and Baguio City First United Methodist Church. Both churches address medical care poverty, but in two entirely different ways.

Light & Life partnered with an existing clinic to offer low-cost medical care for older adults by tying costs to ability to pay and by making arrangements for donations of equipment and supplies. Baguio City First Church wanted to support family members of those who are hospitalized in their town, but who traveled from other parts of the country. The church provided financial assistance to help pay for expensive transportation to the mountain town and the costs of staying with their loved one while in the hospital. These churches addressed both the affordability and the availability issues of medical care poverty.

Being an advocate for older adults in poverty takes on many forms, but all forms of poverty advocacy involve understanding the experience and needs of being in poverty. Some homeless shelters and advocacy groups offer opportunities for interested individuals to experience homelessness firsthand by offering a night sleeping on the streets in “Homeless Immersion Experiences.” These experiences go by other names (Urban Plunge in Seattle), but all call attention to this extreme form of poverty. These experiences are successful in motivating participants to work to end homelessness because they personalize the experience, and it often leads to relationships with the homeless people the participants encounter.

Homelessness is one of the greatest forms of older-adult poverty, yet it is one that exists within sight of many of our churches. I’m ashamed to admit that as a pastor, I would enter my urban church building through a back door to avoid contact with the sleeping homeless men who occupied our front doorstep. I was not a good advocate for the poor then, because I did not understand their experience and did not want to be involved with meeting their needs. This is a painful memory of my own failure to be an advocate for others, which is a part of our calling as followers of Christ.

Advocacy became a part of my maturing faithfulness as a follower of Christ, proving that advocacy – particularly in the area of older-adult ministry and aging in poverty can be learned and taught.

REFERENCES


2. Alexandra Cawthorne.

3. Alexandra Cawthorne.
During Easter Season, we celebrate what God has done for us and the world in Jesus Christ. A powerful gift that Jesus gives is the enlivening presence of his Holy Spirit. Jesus said, “I will ask the Father, and he will give you another Advocate, to be with you forever. This is the Spirit of truth…. You know him, because he abides with you and he will be in you. I will not leave you orphaned; I am coming to you” (John 14:16-18, NRSV). The gracious Holy Spirit guides each Christian personally. The Spirit of the risen Christ also draws us together as a community of faith. The Holy Spirit will uphold the church until the Lord returns.

Each of us is empowered by the Spirit to serve as an advocate for those who are vulnerable. This is a way that God continues to show faithful love to and through the community of faith. As the psalmist sings, “Father of orphans and protector of widows is God in his holy habitation. God gives the desolate a home to live in” (Psalm 68:5-6, NRSV). God creates and sustains a spiritual home for people of all ages in the church. Our community of faith is nurtured by communion with the risen Lord, the heart of our worship life. From this central shared experience, we realize Jesus’ care and concern for one another. We may then communicate Christ’s love for others.

Shared life in a community of faith is especially important for older adults. In the United States, more people are becoming “elder orphans.” This term may have been created by Maria Torroella Carney, MD, who is head of geriatric and palliative medicine at North Shore-LIJ Health System. Elder orphans are older adults who have no surviving relatives to take care of them. This may be due to death or divorce, estrangement...
within the family, or because a person did not marry or have a child. These experiences can isolate a person from nurturing relationships.

The church can encourage older adults to focus on supportive relationships they experience with peers and younger generations. We can work together creatively to help people enjoy meaningful friendships in our congregations. This can be especially helpful in an era when extended families may be geographically spread out across the country.

Consider ways that your church can intentionally develop ministries with older adults, particularly those who are homebound. One way may be to develop a regular ministry of visitation. The pastor and leaders of the caring ministry team can stay in touch with those who would like visits. They may then talk with individuals and families who would enjoy sharing in the ministry of visitation. They may prayerfully discern which older adult to match them with. In the summer, families may be glad to share a visit with an older adult and bring a worship bulletin. Depending on the age of family members, they could also share something from vacation Bible school, a youth mission trip, or a special service project.

There may be some older homebound adults for whom visits may not be appropriate, but they or their families might appreciate receiving cards on a regular basis. Consider developing a “card care” team to send cards on a regular basis to homebound people.

Consider creating teams of people who will bring Holy Communion to those who cannot be physically present in worship. Members of the team may bring the elements blessed at each celebration of Communion later that day to such persons, using Word and Table V in the Book of Worship (51-53). For a full description of how to organize such a ministry, including how to create “Communion kits” for each visitor, see Mark Stamm’s book, Extending the Table, available from the Upper Room Bookstore (https://is.gd/qRruAM). By intentionally encouraging intergenerational friendships in church, you can help people of all ages to see glimpses of the Holy Spirit, our Advocate, working in our midst. Together, we may discover the joy of living as part of the kingdom of God. The Lord rejoices when we share the loving kindness that we have received. In partnership with homebound older adults, younger generations may discover the truth of Jesus’ parable, “I was sick and you took care of me, I was in prison and you visited me…. ‘Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me’” (Matthew 25:35-36, 40, NRSV). Empowered by the Spirit, we may find that by living as a community of faith, we receive more blessings than we give.

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DREAM FULFILLMENT IS ELDER ADVOCACY

by Rev. Dr. William Randolph

Last year, I was visiting with a retirement community chaplain as he was preparing to attend a community costume ball. He wore a genie costume. He explained that someone had told him he should “dress not for his current job but for the job he wanted to have next,” so he wanted the job of making the residents’ wishes and dreams come true.

_The conversation brought back memories of my own experience as a chaplain and our “wishing well.”_

The wishing well was a large, wooden, old-fashioned well house that was placed on a stand. It contained pens and cards for the residents to write down their hopes and dreams, including the items on their bucket lists. The community came together to develop a foundation that raised money to make a few carefully selected dreams come true. A committee was created to decide which submissions were practical options and to determine how to make those dreams a reality for the residents.

Granting lifelong wishes and bringing joy to retirement community residents is definitely a form of advocacy. Advocacy is more than meeting needs; it concerns being involved with the whole person. Helping to fulfill unmet dreams and hopes ensures deeper life satisfaction, which is crucial for healthy aging, maturing spirituality, and – ultimately – for preparing older adults for dying. Dying involves living well first. Death can be more readily accepted when people are satisfied with their lives.

Churches can develop a wish fulfillment process to encourage seniors to dream and have hope.

Most of the dreams of older adults are not extravagant and are fairly inexpensive. Many of their dreams fall into four categories:

1. **Legacy** – to pass on values to others
2. **Reunion** – to be able to reconnect with someone
3. **Nostalgic** – to repeat something that was of value earlier in life
4. **Adventure** – to try something for the first time

These four types of wishes are usually straightforward and easily accomplished. Even the more challenging wishes are a way to bring a church into greater relationship with older adults.

One way of assisting older adults to fulfill their dreams is to work with secular groups like Second Wind Dreams (www.secondwind.org) and nominate older adults for dream fulfillment.
HOW AGEIST ARE YOU?

Answer True or False for each statement.

___ The majority of old people – age 65-plus – are senile.
___ The five senses (sight, hearing, taste, touch, smell) all tend to weaken in old age.
___ The majority of old people have no interest in (nor capacity for) sexual relations.
___ Lung capacity tends to decline with old age.
___ The majority of old people feel miserable most of the time.
___ Physical strength tends to decline with age.
___ At least one-tenth of the aged are living in long-stay institutions such as nursing homes, mental hospitals, or homes for the aged.
___ Aged drivers have fewer accidents per driver than those under age 65.
___ Older workers usually cannot work as effectively as younger workers.
___ More than three-fourths of the aged are healthy enough to do their normal activities without help.
___ The majority of old people are unable to adapt to change.
___ Older people usually take longer to learn something new.
___ Depression is more common among the elderly than among younger people.
___ Older people tend to react slower than younger people.
___ In general, old people tend to be pretty much alike.
___ The majority of older people say they are seldom bored.
___ The majority of older people are socially isolated.
___ Older workers have fewer accidents than younger workers.
___ More than twenty percent of the population is now 65 and older.
___ The majority of medical practitioners tend to give low priority to the aged.
___ The majority of older people have incomes below the poverty line, as defined by the U.S. federal government.
___ The majority of old people are working or would like to have some kind of work to do, including housework and volunteer work.
___ Older people tend to become more religious as they age.
___ The majority of older people say they are seldom irritated or angry.
___ In 2017, the health and economic status of older people will be about the same or worse than that of younger people.

Answers: All odd-numbered statements are False. All even-numbered statements are True.

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