

Case Study

Cosmetic Dentistry for the Geriatric Patient

by Michael D. Pfab, DDS

Dr. Michael D. Pfab is a 1986 graduate of the Medical College of Virginia. In his Richmond, Virginia practice, he serves a large contingent of geriatric patients seeking cosmetic dentistry. The focus of his dental practice revolves around cosmetic dentistry solutions for complicated cases and relieving pain associated with bite disorders. He holds memberships in numerous professional organizations and is a Diplomate of the American Academy of Pain Management.

Objectives

1. To increase knowledge of how advancements in cosmetic dentistry can be applied to geriatric patients.
2. To provide an understanding of how cosmetic improvements of a geriatric patient's smile can

have a profound effect on personal self-esteem and social interactions.

3. To increase awareness of how geriatric dental patients can improve the quality of their lives on both psychosocial and functional (chewing) levels through proper dental treatment.

Background

The geriatric population has dental needs different from any other age group. Understanding these needs plays a key role in serving this population. Clear communication between the patient and the dentist is of paramount importance. Geriatric patients often have more time and are more likely to want to develop a relationship with their health care provider. As simple as this may sound, taking time for the patient and getting to know him or her as an individual will enhance the ability to deliver treatment. By communication, I mean asking probing questions and then listening carefully to the patient's response. These responses will give a truer sense of the patient's treatment goals

and will help determine the dental options best suited to accomplish these goals. Frequently, we as health care providers assume that we know all that the patient wants. But unless we take the time to find this information out for each patient, we will shortchange the patient and not fulfill his or her treatment expectations.

Careful listening sheds insight into the patient's motivations for seeking (or avoiding) dental treatment. Motivations are often unspoken, but they can be elicited through careful observation and questions aimed at relaxing the patient and allowing him or her to discuss personal issues associated with cosmetic appearance and the anxiety and pain often associated with dental treatment. Like listening, understanding motivation is critical to treatment success.

Cosmetic Considerations

The geriatric population is often overlooked when it comes to the influence that attractiveness plays in their decision making process. Furthermore, many

geriatric patients believe that they will eventually end up with a complete denture plate with only 20% of the chewing function of natural teeth. Patients with a deep-seated fear of dental treatment will only seek care when they are motivated to do so by severe pain. Knowing this, we can begin to understand the strong psychological motivations that must play a role in influencing a cosmetically debilitated patient to make a trip to the dentist. The fear of having an unattractive smile and the social perceptions of ridicule (either real or imagined), can therefore be much more powerful than even pain. By emphasizing the benefits of cosmetic dentistry and how, by improving the smile, we can also improve the **feeling** of acceptance in some social circles or circumstances, we can have a profound effect on treatment acceptance and technical results (as it relates to compliance).

If at the treatment consultation appointment, the patient becomes enthusiastic over the possibilities of enhancing his or her smile, and likewise shows an interest in ensuring successful results through compliance with preventive maintenance recommendations, the door opens to educate the patient on the more sophisticated dental procedures that can be utilized to improve function (chewing ability) and the longevity of the

treatment results. Thus, we can use improving the attractiveness of the smile and the positive social benefits of this improvement to help patients accept finer dentistry with its concomitant **increase in functional benefits** such as chewing ability and prosthesis stability.

Case Study

At his initial consultation, Mr. W., age 68, expressed complaints relating to the appearance of his upper teeth. He wanted to improve his appearance with a denture plate and through extraction of his natural teeth. But he expressed concern that a complete denture plate would cover the roof of his mouth; this, he had been told, would drastically alter the way that food tastes. His medical history included heart and prostrate treatments that were being managed by his primary care physician.

His psychosocial evaluation revealed a person with a reserved personality that had difficulty initiating conversation. This in itself is not a significant finding, but when observing the patient at the initial interview, I noted that he did not smile and his speech was somewhat mumbled - he did not make the normal mouth movements associated with proper pronunciation. When he did talk, he would look away and not speak to me directly, at times

using hand gestures that would cover his mouth. When laughing, the patient's upper lip was tightened and drawn down over the front teeth, again in an effort to hide the appearance of his teeth. The patient's movements, although natural looking to the average social contact, had been carefully choreographed to hide flaws in his appearance. With further questioning, Mr. W. revealed that he is embarrassed by the appearance of his front teeth. He feels that people are judging him as being inferior because he does not have an attractive appearance. He also indicated that his wife of many years had died in the past year, and he was now considering the prospects of dating again. He felt uncomfortable with his appearance and how it might affect the way potential dates would perceive him.

Upon examination, there were five remaining maxillary teeth across the front, with large spaces between each tooth. The teeth were severely worn and decayed presenting an unsightly, jagged appearance. There were ten mandibular teeth that were discolored and worn, but not as significantly as the maxillary teeth. One mandibular right bicuspid was abscessed and unrestorable. The maxillary right tuberosity (upper posterior molar region), was enlarged and disrupting the bite plane. The head and neck screening examination was unremarkable.

The periodontal status included periodontal disease type I.

In summary, this patient presented a mutilated oral condition which resulted from years of neglect and compromised dental treatment. Previously, the patient had only visited the dental office on an emergency basis, thereby developing a strong fear of the dental office. He saw only the more painful, negative aspects of dental treatment; when he had gone to the dentist in the past, it involved the extraction of teeth or the treatment of other dental infections.

Treatment

As I formulated a treatment plan to correct this patient's dental problems, I needed to include ways to change his perception that dentistry is always painful and that preventive maintenance is of little value. As a result, the treatment was completed on this patient with results that were much better for him than simply giving him a complete denture.

This patient, who started out as a fearful dental patient, subsequently completed root canal therapy, periodontal gum surgery, precision attachment appliance therapy, and rehabilitative prosthesis evaluation. The treatment took about six months to complete with multiple dental office visits. He was extremely pleased with the results and was happy that he had decided to pursue this

treatment rather than the extraction therapy. His satisfaction was increased in knowing that his teeth were attached more permanently than a complete, removable denture could ever be. The final prosthesis did not cover the roof of the mouth; this allowed for a more natural chewing position, tongue position, and unaltered food taste sensations.

Summary

In this particular case, the patient was interested initially in only a quick fix treatment that would improve his appearance.

Through careful examination of the physical and psychological evidence, it became apparent that he wanted to achieve much more with his treatment. The patient wanted to improve his appearance, to have teeth that were going to be more fixed and permanent in nature (not like a removable denture), to be comfortable in his talking and eating (without experiencing a loose denture feeling), to maintain his existing sense of taste by keeping the roof of his mouth uncovered, to maintain a natural cosmetic appearance with a natural smile and normal lip position, and to gain confidence in his social relationships with others. When completing a treatment plan with so many objectives, the patient is extremely pleased; the health care provider benefits as well knowing that the results

accomplish much more than giving the patient just healthy teeth.

Questions

1. What are some of the important dental considerations as they relate to the psychosocial expectations of the geriatric patient that must be evaluated when determining treatment?
2. List five probing questions that can be asked of a geriatric patient that will help reveal a greater understanding of unspoken goals and desires for the results of the treatment.
3. When treating the geriatric patient, explain why listening can be the most valuable tool.

Interfaith Coalition for Older Virginians Speakers Bureau

The Interfaith Coalition for Older Virginians (ICOV), an affiliation of leaders from the field of aging and communities of faith, announces the formation of a speakers project entitled **Wellness, Body, and Soul in Later Life**. A dozen speakers address such topics as *Models of Ministry to Older Persons*, *Growth in Later Life*, and *Age-Related Sensory Loss and Implications for Communication*. For more information or a pamphlet, please call Kim Smith at the Virginia Center on Aging at (804) 828-1525.

From the
Executive Director,
*Virginia Geriatric
Education Center*

Iris A. Parham, Ph.D.

This has been a busy period for the VGEC. Jointly with the Virginia Department of Social Services, the VGEC's medication management project has been going well. Dr. Mary Ann Kirkpatrick presented preliminary findings from her research on major issues in medication management at a recent project Advisory Board meeting and will be writing up an overview for our readers in the next issue. The VGEC has recently been awarded a contract with Bell-Atlantic; Dr. Joan Wood, the Project Director and Principal Investigator will give an outline of the work to be accomplished under this award in the next issue. Final touches are being put on the Baby Boomers video which has been supported by the MCV Foundation and the School of Allied Health Professions.

The VGEC has also been busy working on its contract with the Virginia Guardianship Association (VGA). The main activities are developing a membership and marketing plan, assisting with conference planning, and publishing a quarterly newsletter. The VGEC also assists with the organization's operational and

support services. The VGA's sixth annual conference will be held in three locations: in Williamsburg on June 6th, and in Roanoke and Northern Virginia on June 17th. The conference is entitled "Guardianship: Confronting the Challenges." The registration fee is \$40 for members, and \$55 for non-members, if registration takes place by May 21st. For further information about the VGA or the conference, please contact Jennifer Worthington at (804) 828-9622.

In addition, VGEC staff members have recently presented papers at the meetings of the American Society on Aging and the Association for Gerontology in Higher Education, and will present at the upcoming Southern Gerontological Society meeting; it has been a busy time. As always, the VGEC welcomes readers' comments and suggestions.

Organization Updates

This issue of *Age in Action* includes "Organization Updates" for the VAA, VCPEA, and the Virginia Osteoporosis Coalition. If you would like to submit information about your aging-related organization for publication in a future issue, please contact the Editor. The address, phone, fax number, and e-mail location can be found on the back cover.

From the
Director,
Virginia Center on Aging

Edward F. Ansello, Ph.D.

I have been speaking at workshops for family caregivers recently, two so far just this month. There is a growing awareness of the roles that families play in providing help to those with disabilities and special needs. Of course, families have been doing this probably since the beginning of time. It may be that the aging of the nation has finally reached enough public consciousness to produce some response, such as these caregiver workshops.

The caregivers attending these workshops are remarkably consistent in what they say they need: INFORMATION. They want information on community resources like adult day care and respite opportunities, on particular diseases or impairments that their relatives have, on how to fill out insurance forms or to speak productively with healthcare professions, and so on. They want recognition of but not intrusion into their roles. They want help in so far as help will allow them to keep on doing what they are doing.

This level of independence among family caregivers is noteworthy because it puts the lie to some managers' and bureaucrats' fears that outreach by agencies to elders with disabilities will necessarily

result in a request for services and an increased agency case load. In truth, in many if not most cases, elders with disabilities who need assistance with activities of daily living are already receiving help, **from their families**. Agency outreach would serve to reinforce these family caregivers by informing them of the available community resources that would enable them to continue. Our just-completed Partners III Project with the Virginia Department for the Aging and other colleagues found that agency outreach to identify older Virginians with lifelong developmental disabilities (e.g., cerebral palsy, mental retardation) did not result in increased case loads. Again, family caregivers of these elders wanted information not intervention.

Virginia needs to activate creative ways of transferring information to family caregivers. Certainly, Governor Allen's recent success in having \$50,000 appropriated for the development of a statewide information system to monitor the needs of older Virginians is a step in the right direction. Virginia should also find ways to maximize the information knowledge bases of natural community gatekeepers like clergy and local pharmacists, so that when they are inevitably asked they can respond meaningfully to questions about resources that buttress families' desires to keep their relatives in their homes.

From the
**Commissioner, Virginia
Department for the Aging**

Thelma Bland, M.S.

Each Spring we designate May as **Older Virginians Month**. Based upon the national Older Americans Month designation given each May by the President, Virginia also sets aside this special time to recognize and honor our older citizens. What was once viewed as a unique accomplishment (living into old age) has today become a demographic imperative that involves an ever expanding segment of our population. Not only do we expect people to live well into old age, but so many Virginians will be growing older during the next decade that those of us who are charged with planning for the future needs of the Commonwealth are diligently working to prepare for the impact that this growth is likely to have on our society.

To this end, I have organized a special future-oriented work group consisting of knowledgeable Virginians such as my colleague, Dr. Ansello, from the Virginia Center on Aging. This futures "think tank" will meet regularly to guide the Department for the Aging as we plan for the ongoing needs of all our citizens. One aspect of this planning involves looking at new ways to define the aging

process and to predict how tomorrow's older citizens will enrich the Commonwealth. We must view older citizens as resources rather than as liabilities. We must also challenge citizens at every age to plan for their futures in both practical and creative ways to insure that they are able to lead secure, independent lives.

We cannot forget about the present, however, in our rush to prepare for the future. For the present, let me urge you to give some serious thought to the theme of Older Virginians Month. This year's theme is *Caregiving: Compassion in Action*. It provides another opportunity for us all to recognize the contributions of the more than one hundred thousand spouses, adult children, and other friends and family members, many of them elderly themselves, who are caregivers for the frail elderly in their families and communities. This theme challenges us to respond compassionately to those less fortunate than ourselves, supporting them in their striving for independence and dignity. It also reminds us once again of the burden that caregiving places on families and the social utility of policies that support family caregivers and recognize their critical role in our long-term care service system.

Focus on the *Virginia Center on Aging*



From left to right:

Mary Payne, Bob Davis, Pat Giesen, David Sadowski, Don Harris, Bill Egelhoff, Sandra Rollins, Ed Ansello, Charlotte Wilhelmi, Doris Anne Miller, Bill Hagood, MaryEllen Cox, Tom Barker, and Thelma Bland.

Members of the Advisory Committee not pictured: Jean Cobbs, Ed Flippen, Frank Hall, David Harpole, Suzanne Holroyd, John Jones, Benjamin Lambert, Richard Lindsay, S.J. Ritchey, and Karen Roberto.

The VCoA Advisory Committee

The Virginia Center on Aging Advisory Committee works to identify and recommend areas of gerontological research and education which require emphasis in the activities of the Center. It does so through quarterly meetings with the staff of the Center. Members represent higher education, public agencies, and the general public. They include:

Thomas C. Barker, Ph.D. is Dean Emeritus of the School of Allied Health Professions, and a Professor in the Department of Health Administration, at VCU. In 1996, he completed 27 years as the only Dean the School of Allied Health Professions had ever had. He has been Chairman of the Committee on Allied Health and Accreditation of the

American Medical Association, and President of the American Society of Health Professions.

Thelma Bland, M.S., Commissioner of the Virginia Department for the Aging since 1990, works to develop, provide, and evaluate home and community based services for older Virginians. "The research and training efforts of the Center are critical to our success in developing effective policies and services. My involvement gives me an opportunity to provide input on the research and training needs of older Virginians and practitioners in the Aging Network."

Jean Cobbs, Ph.D. is a professor in the Department of Sociology and Social Work at

Virginia State University. She is particularly interested in the field of aging and focuses her work on strengthening the ties and lines of communication between researchers and practitioners. Community placement for students is one of her priorities to meet this goal.

MaryEllen Cox is fully committed to advocacy on behalf of the elderly. "My membership on the Advisory Committee has provided me opportunity to witness the truly meaningful effort on the part of the Center's staff to fulfill its mission. As the immediate past Chairman, exposure to the work of the staff in a variety of gerontological activities has broadened my knowledge and given me the tools with which to

perform more effectively in the field of advocacy."

S. Robert Davis, M.A. is professor emeritus at Richard Bland College in Petersburg (part of the College of William and Mary), where he served as Head of the Department of Sociology for 18 years. He has been active in the fields of death and bereavement, and a leader in both state and national hospice movements. He has been a frequent speaker on aging-related issues on radio and television.

Bill Egelhoff is the Director Emeritus of the Center and continues to be involved in a number of aging projects and issues. For the past two years, he has chaired the Diocesan Commission on Aging for the Episcopal Church in Southern Virginia and serves on the boards of the Virginia Coalition for the Aging and the Interfaith Coalition for Older Virginians.

Ed Flippen is a lawyer at Mays & Valentine in Richmond. He is a member of the VCU Board of Visitors, and represents this Board on the Center's Advisory Committee. "The Center makes a significant contribution in addressing aging issues in the Commonwealth with minimal resources. In my judgment, the Center's success is a result of unusually dedicated people."

Pat Giesen has worked with the elderly through the Valley

Program for Aging Services for the past seven years. "In this capacity I have seen the elderly's many contributions, as well as their many unmet needs. Even though they are the fastest growing population in the world, they seem to be ignored when it comes to funding and assistance. By serving on the Advisory Committee, I hope to address some of these issues and at the same time increase the public's awareness of the elderly's contributions and unmet needs."

William J. Hagood, Jr., M.D. of Clover, VA is a retired family physician who practiced medicine for nearly 50 years, and served as Medical Director of a nursing home for over 10 years. He has made significant contributions to the leadership of professional associations, especially the Medical Society of Virginia, and has served as a Delegate from the Society to the American Medical Association.

Hon. Franklin Hall, representing the House of Delegates, is a businessman and a lawyer who has brought a sense of compassion, personal responsibility, and forward-thinking to Virginia's General Assembly. He has led efforts to adopt legislation advancing the state's business climate, protect victims of crime, and ensure a safe and secure retirement for senior citizens.

David Harpole, M.D. retired to Richmond after 30 years in

practice as a thoracic surgeon in Roanoke. Dr. Harpole received his medical degree from the University of Tennessee, and took his residency at the Ochsmer Clinic at Tulane. He traces his roots to Colonial Virginia, where his ancestors lived until moving in 1790 to the Nashville area. His son is also a thoracic surgeon, teaching at Duke Medical School.

Donald Harris is Senior Vice President for Government Relations for Inova Health Systems. He is responsible for managing the relationships between Inova and the federal and state governments. He has served on the state Medicaid Board and is currently a member of the Governor's Maternal and Child Health Council.

Suzanne Holroyd, M.D. is Director of Geriatric Psychiatry at the University of Virginia School of Medicine. She is the Principal Investigator of a study of visual hallucinations in Alzheimer's Disease patients, funded by NIMH. This project is a direct result of her pilot research under a VCoA ARDRAF grant.

John Jones, M.D. is Vice President for Health Sciences, Medical College of Virginia campus, Virginia Commonwealth University. Since 1992 he has overseen and managed matters concerned with programs in the Schools of Allied Health Professions,

Dentistry, Medicine, Nursing, Pharmacy, and MCV Hospitals. Before coming to VCU he served as Dean of the School of Medicine and Vice President for Health Sciences at West Virginia University.

Hon. Benjamin Lambert, representing the Virginia Senate, is a successful optometrist in the Richmond area. A senior member of the Senate Finance Committee, he has a long record of commitment to aging issues and older Virginians. In 1997, he successfully co-sponsored a budget amendment to increase the Center's annual appropriation for the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) by \$30,000.

Richard W. Lindsay, M.D. is Head of the Division of Geriatrics at the University of Virginia School of Medicine. He received his medical degree from New York Medical College. Both his professional and personal lives have been dedicated to the delivery of health care services to older people. He is an adviser to the Virginia Department for the Aging and is Chair of the Governor's Advisory Board on Aging.

Doris Anne Miller has retired twice from executive positions. She was Executive Director of the Valley Program for Aging Services, Inc. from 1970-78, and Executive Director of the Consultation and Learning

Center in Waynesboro, which specialized in pre-retirement planning for corporations and training for displaced homemakers, until 1985. During the 1960s she was Headmistress of the former Buford Academy in Richmond, which offered programs for children with special needs.

Mary C. Payne is the Director of the Capital Area Agency on Aging. "Many people are unaware of the scope of the activities of various components within the Aging Network. Information which I bring about direct client contact and service delivery activities of the Capital Area Agency on Aging can enrich and validate the Center's studies and research."

S.J. Ritchey, Ph.D. is Dean Emeritus of the College of Human Resources at Virginia Tech. Dr. Ritchey received his graduate degree in nutrition science from the University of Illinois. In addition to being a regular contributor to the literature on human nutrition and aging, he received the Borden Award for his work in nutrition science. He was also the first Director of the Center for Gerontology at Virginia Tech.

Karen A. Roberto, Ph.D. is Director of the Center for Gerontology and Professor of Adult Development and Aging at Virginia Tech. Her research examines the psychosocial aspects of aging, with emphases

on older women's adaptations to life with osteoporosis, the process older adults and their families use in making health care decisions, and family relationships and friendship patterns in later life.

Sandra Rollins is the current Committee Chairman. She was formerly the Director of Geriatric Services for the Virginia State Department of Mental Health, Mental Retardation, and Substance Abuse Services. Very active in retirement, she is currently the Executive Director of the South Richmond Senior Center.

David Sadowski is the Director of the Crater District Area Agency on Aging in Petersburg. "VCoA can fulfill a necessary service for all Virginians as a central focal point for aging issues and information and can serve as a key leader in policy formulation for the planning and delivery of aging services."

Charlotte Wilhelmi, Director of College Relations and Development, Northern Virginia Community College, has been a member of the Advisory Committee since 1978 and currently serves as Vice Chairman. She is a member of several arts, education and health-related boards of directors in the Northern Virginia area and is an active participant in a variety of other business, civic, and community organizations.

Focus on the Virginia Geriatric Education Center



F. Ellen Netting, Ph.D.

F. Ellen Netting is a Professor of Social Work at Virginia Commonwealth University. Since arriving at VCU in 1993, she has served on the Executive Council for the Virginia Geriatric Education Center. Connecting with the VGEC and being a part of the aging network in Virginia has been very important to her. In a way, she describes this as "coming home" since she is originally from Kingsport, Tennessee with family ties to southwest Virginia. She was also involved in the founding of the Southern Gerontological Society. After ten years in Arizona (1983-1993), this is definitely closer to home.

Dr. Netting was introduced in this newsletter when she first arrived. Since coming to

Virginia, she has served on the Virginia Department for the Aging's Elder Rights Task Force, the Life Enrichment Committee of the Beth Sholom Nursing Home, and the Richmond Urban Primary Care Initiative Case Management Workgroup. She served as field liaison for a number of social work students placed in various aging-related placements in the Richmond and surrounding area. She teaches in the areas of policy, macro practice, and planning and administration. This semester she and colleagues from nursing, social work, and the Virginia Institute for Developmental Disabilities (VIDD) team-taught an honors module on case management. Their intent was to demonstrate the importance of team teaching across professions in this emerging area.

In 1995, she joined with others in writing the White Paper on Case Management for *The National Agenda for Geriatric Education and Training White Papers* sponsored by the Bureau of Health Professions and the Health Resources and Services Administration. Activities such as these have made her realize the importance of being connected with colleagues at VCU on both campuses who are interested in aging. In fact, she was identified as a writer for this white paper when staff at the Bureau read this newsletter and saw what she was doing in the case management area! She

credits her relationships with VGEC as providing these valuable connections.

When she came to VCU, she was beginning work on a grant funded by the John A. Hartford Foundation. Dr. Frank G. Williams, Professor of Health Administration and Policy at Arizona State University, and she were co-investigators for one of nine demonstration sites funded under the Generalist Physician Initiative. The project focused on the integration of case managers into generalist physician practice. They were asked by the foundation to travel to all nine sites to identify critical factors for project success. Thus began a process that has taken Dr. Netting and her colleague into health care systems in which various professionals and others are serving case management functions in community-based physician practice with elderly persons. This journey and the findings that are emerging have been part of numerous conversations with colleagues at VCU in gerontology, nursing, and health administration.

Now in the final stages of project dissemination, Dr. Mark Sager, a research physician at the University of Wisconsin-Madison School of Medicine, and Dr. Brad Kirkman-Liff, Professor in the School of Health Administration and Policy at ASU, have joined Drs. Netting and Williams in the data analysis and dissemination

process. Dr. Netting is taking the lead on editing a book that will feature chapters from each of the nine sites, along with a synthesis of major themes and issues that have emerged over the course of this project. Working on this project has made Dr. Netting even more aware of the need to connect with colleagues in other professions as everyone struggles to identify their roles and relationships in a rapidly changing health care environment.

Recent papers that are based on the Hartford-funded project were presented at recent American Society on Aging and Council on Social Work Education meetings, and will be presented at April's Southern Gerontological Society meeting. Persons interested in knowing about this demonstration project can be placed on a list for future mailings of project information and results by contacting Mary Lou Baiker at (602) 727-6342.

Since coming to VCU, Dr. Netting says that she has enjoyed very warm working relationships with colleagues in gerontology. She sees being a part of the VGEC as very important to her feeling of community at VCU. It has been rewarding to reconnect with a number of colleagues that she first met when she was involved in the early days of the Southern Gerontological Society, many of whom are taking leadership in the organization today.

Legislative Summary: 1997 Session - Virginia General Assembly

by Bill Peterson

Once again, the media is calling the recent General Assembly a record-breaking session as far as the number of bills that were introduced. Over 2,500 bills and resolutions were handled by Virginia's senators and delegates. Although various hot-button issues such as assisted suicide and parental notification grabbed the headlines, this session also dealt with a variety of bills and resolutions dealing with issues that affect older Virginians. The legislators finished their work on February 22nd but returned to Richmond on April 2nd for the veto session. Since the 1997 session was the second session of a biennium, no bills were carried over. All legislation either passed or failed.

Bills dealing with long-term care and long-term care facilities included HB 2172 which eliminates the requirement for nursing homes to submit quarterly reports regarding the numbers of patients, their source of payment, and other information to the Board of Health. HB 2346 would have required adult care residences to employ security guards but was amended to require adequate staff be on duty at all times to maintain the physical safety of residents. HB 2477 requires the

Commissioner of Health to report annually to the Governor and the General Assembly on the status of the certificate of public need process and SB 1139 amends the certificate of public need process for continuing care retirement communities with nursing homes of sixty or fewer beds. Two bills, SJR 316 and HJR 655, direct the Joint Commission on Health Care to study (again!) outstanding issues in aging and long-term care. SB 1033 would have required adult care residences to disclose consumer information about Alzheimer's special care units, but was amended to require the Virginia Department for the Aging to disseminate consumer information about these units. A bill which failed to pass this session would have required the installation of smoke detectors in existing adult care residences, nursing homes, and adult day care centers (SB 976). Another bill which failed to pass would have assured that nursing home patients were protected from visitors engaging in frightening, intimidating, molesting, or threatening behavior (HB 2864). Also failing to pass was SB 1037 which would have limited the amount of auxiliary grants for individuals in adult care residences who had moved to Virginia but had not yet lived here for more than 6 months. And finally, a bill to study the feasibility of building another veterans care center in Virginia was defeated.

Virginia, like most other states, has been active in setting parameters for the operations of HMOs and other managed care plans. The states, rather than the federal government, have taken the lead in this arena. For example, HB 2870 limits the ability of HMOs to refer enrollees who are residents of continuing care facilities to any nursing home except for the one in their facility of residence. HB 2062 requires HMOs to provide 24 hour access to emergency services to its members and HB 2785 requires the Commissioner of Health to examine the quality of services provided through Virginia's HMOs, and the State Corporation Commission to set minimum standards for HMO complaint resolution. SB 919 changes the law to allow HMOs and other health insurers to bill patients for the actual cost of services even if that amount is less than that paid by the HMO or insurer to the care provider.

In areas of general interest to older Virginians, HB 1909 reenacts the voluntary state income tax refund check-off to support transportation for the elderly and disabled. HB 2779 changes the reporting requirements for adult abuse to read that any person legally required to report must do so within "24 hours" rather than "immediately." SB 408 makes significant changes to Virginia's guardianship laws, including an expansion of the information that must be provided in a

petition for guardianship, as well as an expansion in the responsibilities of the guardian for providing an annual report on the ward's condition (see related article in this issue). HB 2510, popularly known as the Caregivers Investment Bill, failed to pass; it would have provided up to \$500 in state income tax credits to low- and middle-income Virginians who provide chronic care for an elderly or disabled relative requiring assistance with two or more activities of daily living. HB 2782 also failed; it would have repealed the sales and use tax on prescription medications which is scheduled to go into effect in July of 1998.

You may obtain single copies of these and other bills from the General Assembly Bill Room, (804) 786-7281. Obtain summaries of these and other bills of interest to older Virginians and their families from the Virginia Department for the Aging by calling Bill Peterson at (804) 225-2803.

Summary of the Major Provisions of the New Guardianship Bill

by Bill Peterson

SB 408 passed the 1997 session of the Virginia General Assembly, bringing significant changes to Code sections relating to adult guardianship. This bill, and its successful journey through the legislative process, was the result of a cooperative effort among a number of different individuals and organizations, particularly the Virginia Guardianship Association, the State Bar, and the Association of Commissioners of Accounts. The bill replaces the three current, and often confusing, authorities for guardianship in the code with a single authority. More information about the new guardianship law will be available at three regional guardianship conferences planned for June: June 17th in Northern Virginia and Roanoke, and June 6th in Williamsburg. To learn more about these regional conferences, call the Virginia Guardianship Association at (804) 828-9622.

The following provisions of the bill will go into effect on July 1, 1997:

Basis for incapacity determinations: The appointment of a surrogate decision maker will be triggered by a "lack of capacity of the

individual to meet the essential requirements for health care, safety, or therapeutic needs" or to "manage property or financial affairs." The person for whom a surrogate is appointed is called a "respondent" prior to the hearing and an "incapacitated person" after appointment. This provides uniformity in the Code language and eliminates the more stigmatizing term "incompetence."

Conservator or guardian: The old Code used the term "guardian" for someone appointed to manage both personal affairs and property. The new Code seeks to clarify duties, and now calls a person appointed to take responsibility for an incapacitated person's property a "conservator." A person appointed to take care of an incapacitated person's personal affairs is called a "guardian."

Petition requirements: The bill has significantly expanded the information that must be provided in a petition for guardianship or conservatorship. The petitioner must now include information concerning the location of the respondent, his or her functional condition, and the name and address of anyone named under a durable power of attorney or advance directive. The petition must also include a specific request for either a guardian or a conservator, the name and relationship to the respondent of the person proposed as guardian or

conservator, and other similar information.

Evaluation report: The new bill now requires an evaluation report on the condition of the respondent. This report must be prepared by a licensed physician, licensed psychologist, or other licensed professional skilled in the assessment and treatment of the physical or mental conditions of the respondent as alleged in the petition. The evaluation report must describe the respondent's functional impairments, evaluate his or her mental and physical condition, and include a prognosis for improvement. It must also contain information about any medications taken by the respondent and the effect these may have on the respondent's demeanor, actions, or ability to participate in the hearing.

Guardian *ad litem*: Although the old law provided for the appointment of a guardian *ad litem* to represent the interests of the respondent at the hearing, it did not specify the mission or duties of the guardian *ad litem*. The new bill will require the guardian *ad litem* to visit the respondent personally, advise the respondent of his or her rights, recommend whether independent counsel should be appointed, investigate the petition and evidence, file a report addressing the major areas of concern, and personally appear at all court hearings. The guardian *ad litem* should provide

input as to whether a guardian or a conservator is needed, the extent of the duties and powers this person will be authorized to perform, the suitability of the proposed guardian or conservator, and proper residential treatment for the respondent (if needed). The new law also requires that each guardian *ad litem* receive educational materials concerning these duties.

Personal status reports: The old law required guardians to file an annual fiscal report with the Commissioner of Accounts, but did not require any report on the condition or well-being of the ward. Under the new bill, a guardian will be required to maintain sufficient contact with the incapacitated person to know of his or her capabilities, limitations, needs, and opportunities. Also under this bill, not only will conservators file a fiscal report, but guardians will file a report concerning the incapacitated person's mental, physical, and social condition, living arrangements during the reporting period, the services provided to the person, a summary of the guardian's visits to the person, a statement as to whether the guardian agrees with the current treatment plan, and a recommendation as to the continued need for guardianship. This report will be filed with the local Department of Social Services rather than the Commissioner of Accounts.

Real property: Under the old

law, special and often complicated rules applied in circumstances where a guardian wanted or needed to sell the ward's house or other real property. The new bill eliminates the need for separate court procedures for the sale of real property but does require that the Commissioner of Accounts review all sales.

General Assembly Increases ARDRAF Appropriation

by Edward Ansello

The legislative money committees (Senate Finance and House Appropriations) added \$30,000 annually to the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) which the Virginia Center on Aging administers for the Commonwealth. VCoA will now be able to award four \$16,500 seed grants each year for innovative pilot studies in aspects of dementia. ARDRAF recipients have been very successful in obtaining larger grants subsequently from federal and foundation sources, producing about a \$7 return for each \$1 appropriated. VCoA thanks its many friends in the General Assembly for this needed increase in ARDRAF appropriations, especially Sen. Benjamin Lambert, Del. Ken Plum, and Del. Frank Hall.

Virginia Hosts National TRIAD Conference: Participants Learn About Telemarketing Fraud

by Bill Peterson

The 1997 National TRIAD Conference (seniors and law enforcement working together) was held in Williamsburg March 17-19, 1997. More than 400 older citizens, law enforcement officers, and senior advocates from 22 states participated in this event which included a panel of Attorney Generals from around the country who discussed their states' programs to counter fraud and scams against senior citizens, especially telemarketing fraud. Jim Gilmore, Virginia's Attorney General, served as the conference host and the keynote speaker. Conference participants not only learned more about organizing successful local TRIAD programs in their communities, but also received up-to-the-minute information about the latest schemes and scams targeted toward older Americans. A special emphasis was placed on telemarketing fraud which costs billions of dollars from older citizens every year!

A recent AARP study suggests that it is not isolated, poorly educated, or "senile" older persons who are most often victimized over the telephone. Surprisingly, AARP

found that extroverted, outgoing, active, and involved older persons are actually the ones who are the least likely to hang up the phone on telemarketers. Their very nature makes them vulnerable to talking to, and believing, skilled con artists. Also, older men who believe they can tell the difference between an honest deal and a scam are victimized at higher rates than other senior citizens. The skill, cunning, and ruthlessness of the professional con artist makes it very difficult for the average person to evaluate the honesty of telemarketers. It is imperative that older citizens learn to hang up the phone when they receive telemarketing calls.

One of the conference sponsors, AARP, has developed an informational packet on telemarketing fraud which they are distributing through the American Bar Association's Commission on Legal Problems of the Elderly. The packet includes materials that will help organizations develop programs and activities that educate seniors about this growing aspect of consumer fraud. To obtain a copy of the packet, call the Commission at (202) 662-8690 or e-mail them at abaelderly@abanet.org.

[The Department for the Aging also has a limited number of Financial Exploitation training guides available at no cost on a first-come, first-served basis. Each guide contains basic

information and ideas from which a facilitator can develop a variety of short training sessions to educate older citizens about financial exploitation, including telemarketing fraud. To receive a copy of the guide, call Bill Peterson at (804) 225-2803.]

TRIAD is an initiative of the National Sheriff's Association, the International Association of Chiefs of Police, and the AARP. In Virginia, TRIAD is cosponsored by AARP, the Office of the Attorney General, and the Virginia Department for the Aging. TRIAD brings older citizens and local law enforcement officials together in a coordinated effort to prevent the criminal victimization of the elderly in the community. Twenty-two of Virginia's counties and cities have established local TRIAD programs and more localities are entering into TRIAD agreements each month. If you would like to organize a TRIAD program in your community, contact your local AARP chapter. Information about TRIAD can also be obtained by calling Ms. Elizabeth Whitem at the office of the Attorney General at (804) 225-3373.

Notices of Events

If your agency or aging-related organization is sponsoring an event which you would like to have listed in our "Calendar of Events," please submit the notice to Editor, *Age in Action*.

Virginia Coalition for the Prevention of Elder Abuse to hold conference in June

by Joy Duke and Don Rudolf

The Virginia Coalition for the Prevention of Elder Abuse (VCPEA) is a private, not-for-profit, organization interested in the prevention of elder abuse in the Commonwealth. It is an affiliate of the National Committee for the Prevention of Elder Abuse. VCPEA accomplishes its mission through the dissemination of information about elder abuse prevention; the development of materials on best practices in serving abused elders; the provision of training on elder abuse prevention; and advocacy for public policy to enhance the safety and well-being of elder Virginians who are vulnerable to abuse, neglect, and exploitation. Membership in the organization is open to individuals and organizations who are concerned about elder abuse and interested in being a part of an organization committed to making freedom from fear a reality for older Virginians.

VCPEA sponsors a one-day annual conference featuring state and national experts on issues related to the prevention of elder abuse. The 1997 conference will be held on June 12 at the Airport Hilton in Richmond. Vivian Greenberg, the keynote speaker, is a clinical social worker and

author of several books on caregiving. She will speak on "Caring for the Souls of Caring Souls" to acknowledge the important role of caregivers in preventing elder abuse. The conference will also feature Dr. James Turnbull, a clinical professor at James H. Quillen College of Medicine, Department of Psychiatry at East Tennessee State University and staff psychiatrist at Central Appalachia Services in Kingsport, Tennessee. His topic is "Anxiety and Physical Illness." Both Ms. Greenberg and Dr. Turnbull will also offer morning and afternoon workshops. A wide variety of workshop topics relevant to elder abuse prevention will also be offered. For information about VCPEA and the conference call (804) 692-1260 or write VCPEA at P.O. Box 10166, Richmond, VA 23240.

VCPEA regularly engages in activities to increase public awareness about the tragedy of elder abuse. **A statewide public awareness campaign is planned for the month of May.** VCPEA provides materials to local adult protective services units and to other local groups interested in conducting campaigns in their communities.

A new **24-hour statewide hotline** is located at the Virginia Department of Social Services to receive reports of elder abuse. The toll-free number is 1-888-83-ADULT.

Virginia Osteoporosis Coalition Update

The Virginia Osteoporosis Coalition was recently formed to provide public information about the prevention and treatment of osteoporosis. Individuals and organizations are invited to join the Coalition and participate in its ongoing planning activities. The Coalition's *Older Adults Committee* has set as its main goal "to begin meeting the need for public education about osteoporosis among the population of older adults in the Commonwealth." This goal will be accomplished via a two-tiered, train-the-trainer education program. "First level" trainers (including members of the core group, regional partners, and consumers) will provide instruction on a regional basis to interested cooperators (nurse educators, physician assistants, Area Agency on Aging personnel, AARP chapter leaders, and others). Then, these trainees become the "second level" trainers and conduct educational seminars in their communities. All interested persons throughout the Commonwealth are invited to participate. Call Connie Coogle at (804) 828-1525 for more information about the Older Adults Committee, and Linda Foster at (804) 692-0682 for more information about the Coalition.

The Arts and Older Virginians: The Virginia Commission for the Arts Tour Directory

Would you like to involve the arts in your programs for seniors? Or offer performances, workshops, and activities that challenge the imagination and develop skills such as writing and storytelling? The Virginia Commission for the Arts can help. The Commission sponsors a Touring Program. Performers in the *Tour Directory* are selected on the basis of artistic quality and good management. They may be large organizations requiring big spaces, or individuals or small groups who can work almost anywhere. Folk musicians, oral history performers, blues artists, storytellers, dancers, poets, and more are listed in the Directory. The Commission provides up to 50% of the total fees charged by some of the best performing artists in the state. Eligible presenting organizations may include non-profits, social service agencies, units of local governments, and schools. The Commission also sponsors a *Writers in Virginia* program. For more information, contact Susan Fitzpatrick, Virginia Commission for the Arts, 223 Governor St., 2nd floor, Richmond, VA 23219-2010; (804) 225-3132, FAX (804) 225-4327, or e-mail at sfitzpatrick.arts@state.va.us.

Virginia Association on Aging Update

The Virginia Association on Aging is a statewide not-for-profit organization which advocates for the improvement in the quality of life of elderly Virginians and their families and strengthens the collaboration among gerontological professionals statewide. It provides a meeting ground for all those who are concerned about issues which affect older citizens, and creates public awareness and interest in the contributions, rights, and needs of this group. The VAA holds an annual conference which brings together citizens, students, advocates, legislators, and professionals. Membership is open to everyone who is interested in aging issues and their impact on Virginia citizens. Ethnic and racial minorities are encouraged to join. VAA is particularly interested in attracting older adults, their families, and students in the field of gerontology, social work, and nursing. Calendar year dues are \$15 for regular members, \$10 for persons aged 60 and older, \$5 for full-time students, and \$37.50 for corporate memberships. New members' dues are not subject to renewal for two years. For information, call Beth Skufca, Membership Chairman, at Columbia Adult Health Center, (804) 266-7422.

Profile on Professions



***Carolyn Crighton, M.S.,
Project Director,
AARP Senior Community
Service Employment
Program***

The Senior Community Service Employment Program (SCSEP) provides temporary work experience for people aged 55 and older with limited financial resources. Created in 1965 under Title V of the Older Americans Act, SCSEP fosters and promotes the contribution of mature workers in the community. Ten organizations that advocate for older Americans and all 50 state governments share in administering the funding which comes from the Department of Labor. The American Association of Retired Persons (AARP) serves eligible older Virginians in Richmond, Petersburg, and the counties of Henrico and Chesterfield.

Participants in SCSEP are placed in public service or non-profit service host agency positions for 20 hours per week to receive on-the-job training paid for by the program. The participants benefit in many ways: to improve marketable skills and develop new ones, to build a work history, to obtain help in developing job search skills, to locate a permanent position, and to gain support and encouragement as self-confidence grows. In exchange for the dependability, strong work ethic, and stability of the mature worker, the host agency provides a supervised work-training position resulting in a mutually beneficial relationship.

During difficult economic times of high unemployment and fiscal restraint, AARP-SCSEP assists local agencies such as Adult Care Services, Goodwill, the Central Virginia Foodbank, the Salvation Army, Stuart Circle Center, St. Francis Adult Home and many others to meet their community service goals. Furthermore, through this program, we are able to reinvest in an invaluable and virtually untapped resource, our mature workers. They make significant contributions as clerical assistants, bookkeepers, security guards, clerks, food service workers, groundskeepers, and teacher's aides. Older workers can create an atmosphere of trust and confidence, and they bring maturity to the workplace through the various positions in

which they are being trained.

The long term goal of SCSEP is to affect changes in the competitive labor market to remove barriers to employment and vocational mobility based on age discrimination. Through educational and advocacy efforts, SCSEP increases employer awareness of the value and contribution of the older worker. It is the purpose of SCSEP to assist participants in locating permanent part-time or full-time employment, thus freeing funds to serve others in need of working.

For those individuals who are not eligible for work-training, job search assistance can be provided. Help with applications, resumes, interviewing techniques, and networking is given through one-on-one counseling and in small group workshops. Referrals are given to appropriate job leads as well.

If you are interested in having your organization serve as a host work-site, or if you know individuals 55 plus who are seeking employment, please contact Carolyn Crighton at the AARP Senior Employment Program by calling (804) 355-3600.

Home and Community Based Care Project Advocates Convocation

VCoA recently concluded its 2-1/2 year project, *A Consumer Driven Model for Improving Home and Community Based Care (HCBC)*, funded by the U.S. Administration on Aging. Its purpose has been to assist people to remain in their own homes through: a) the informed participation of elders and their caregivers in the development and delivery of home and community based care, and b) through self and community advocacy training. It targeted those elders who have been underrepresented historically in the governance of their communities. Dr. Michael A. Pyles served as principal investigator, and Shobha Shenoy as project coordinator.

The HCBC project held an Advocates Convocation on January 21-22, 1997 as its culminating event. Mattaponi-Pamunkey-Monacan, Inc. and each of the Area Agencies on Aging who were project partners were asked to participate and to invite community members who had taken part in the advocacy training sessions. Mr. William F. Benson, the Deputy Assistant Secretary for Aging at the U.S. Administration on Aging, gave the keynote address on the future of the Aging Network. The program included reflections from Area Agency on Aging representatives, invocations by Ruth Finley and Minister Cathy M. Spriggs, and remarks by Randolph L. Gordon, Commissioner of the Virginia Department of Health; Thelma E. Bland, Commissioner of the Virginia Department for the Aging; Dr. Edward F. Ansello, Director of the Virginia Center on Aging; and Dr. Michael A. Pyles, Assistant Professor in the VCU/MCV School of Pharmacy.



Thelma Bland addresses the Advocates Convocation.



Dr. Michael Pyles (right) discusses issues with a conference participant.



Above: Mr. William Benson gives the keynote address, with Michael Pyles, Warren Cook, and David Wingfield also at the table. Right: Conference participants take turns sharing their HCBC experiences with Shobha Shenoy (sitting at near left) and other audience members.



Calendar of Events

April 16-19, 1997

"Enhancing Lives of Older Southerners Through Research: Involved Practitioners, the Vital Link," Southern Gerontological Society 18th Annual Meeting. Norfolk Waterside Marriott Hotel, Norfolk, VA. Contact SGS, 1018 Thomasville Rd., Suite 110, Tallahassee, FL 32303. (904) 222-3524. Fax (904) 222-2575.

April 17, 1997

"Body & Soul: An Introduction to Parish Nursing," Presbyterian School of Christian Education. 9:30 a.m. to 3:30 p.m. \$25 registration fee includes program, a packet of resource materials, 0.5 CEUs, lunch, and refreshments. Contact Vivienne Pierce, Director of Continuing Education, PSCE, 1205 Palmyra Ave., Richmond, VA 23227. (804) 254-8046.

April 22, 1997

"Before I Die: Medical Care and Personal Choices," a Fred Friendly Seminar program premiering on PBS television stations, 10:00 p.m. to 11:00 p.m. Check your local listing.

May, 1997

Statewide elder abuse public awareness campaign by the Virginia Coalition for the Prevention of Elder Abuse. See VCPEA article on page 14 or call (804) 692-1260 for details.

May 2, 1997

"Rights and Services for the Elderly: Charting the Future," the Virginia Coalition for the Aging Spring Forum. See back page for details.

May 7, 1997

The Senior Network, an informal networking opportunity for professionals who provide services and programs for mature adults, meets bi-monthly in the Richmond area. The May meeting will be held at the Hermitage at Cedarfield. For more information, please contact Michelle Petrone of Lucy Corr Nursing Home at (804) 748-1511, Caroline Chenry of Charter-Westbrook at (804) 261-8808, or Marty Moore of Westminster-Canterbury at (804) 264-6235.

May 11-17, 1997

National Osteoporosis Week. Contact Linda Foster of the Virginia Osteoporosis Coalition at (804) 692-0682 for Richmond-area details.

May 20, 1997

The 11th Annual Conference on Gerontological Nursing. Sheraton Park South, Richmond. For further information contact the Virginia Geriatric Education Center, (804) 828-9060.

June 6 and June 17, 1997

"Guardianship: Confronting the Challenges," Virginia Guardianship Association annual conference, in three separate locations on two different dates. See Dr. Parham's editorial comments on page 4, Bill Peterson's article on page 11, or call Jennifer Worthington at (804) 828-9622 for details.

June 12, 1997

The Virginia Coalition for the Prevention of Elder Abuse conference. Details on page 14.

November-December, 1997

Governor's Conference on Aging Regional Forums. Details to be announced. Contact the Virginia Department for the Aging at (804) 225-2271.

All year

Elderhostel programs sponsored by Virginia Commonwealth University through the Virginia Center on Aging are held throughout the year at locations in Richmond, Hampton, Yorktown, Natural Bridge, Mountain Lake, and Chanco Conference Center. Courses are offered in a wide variety of academic disciplines. For more information, contact Kim Smith at (804) 828-1525.



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VIRGINIA COALITION FOR THE AGING SPRING FORUM

Rights and Services for the Elderly: Charting the Future

Friday, May 2, 1997, 9:00 a.m. to 2:45 p.m.

Holiday Inn Airport, 5203 Williamsburg Road, Richmond

The program will include timely topics of interest to the elderly, their families, and to those involved in the aging network. *Quality Concerns in the Field of Managed Care* from the perspective of both the provider and the consumer will be addressed by Leslie Herdegen, Esq., Legislative Coordinator for Shuford, Rubin & Gibney P.C., and Mary Fox, Executive Director of the Virginia Association of HMOs. This will be followed by an update on 1997 health care legislation presented by Patrick Finnerty, Sr., Health Policy Analyst with the Joint Commission on Health Care. The luncheon speaker will be Congressman Robert Scott (D), U.S. House of Representatives. The afternoon session will include William Benson, Acting Assistant Secretary for Aging of the U.S. Department of Health and Human Services. Mr. Benson will speak on *Elder Rights*, giving the national view. Bringing closure to the day will be a report on the 1997 General Assembly and agenda-building for the 1998 session of the Virginia General Assembly led by Betty Reams, Legislative Coordinator for the Virginia Coalition for the Aging.

Registration for the day, including lunch, is \$35.00, if reservations are made prior to April 28. After that date, the cost is \$40.00. Those interested in attending should make their check payable to Virginia Coalition for the Aging and send it to Ms. Debbie Palmer, Treasurer, 141 E. Main Street, Pulaski, VA. 24301 [(540) 980-7720].

Responses to case studies and comments on other newsletter features are invited and may be published in a future issue. Please include your name, title, institution, and signature. Mail comments to: Michael P. Hite, Age in Action, P.O. Box 980229, Richmond, VA 23298-0229, 804/828-1525, fax to 804/828-7905, or e-mail to mhite@gems.vcu.edu.



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