

## Case Study

### Aging with Cerebral Palsy: A Consumer's Perspective

Bryan K. Lacy, Esq.

Bryan K. Lacy (J.D. '83) is an attorney with Cerebral Palsy. He is in private practice in Richmond, Virginia. Much of his practice relates to public policy concerning persons with disabilities. Since 1995, he has served as Chair of the Professional/ Consumer Advocacy Council, a group of people interested in issues involving aging and developmental disabilities, including increasing public awareness and advancing related public policy.

#### Objectives

1. To illustrate the necessity of an holistic approach to addressing the changing health care needs of adults with Cerebral Palsy.
2. To show the necessity of dealing honestly and creatively with the intimacy/sexuality

concerns of older adults with Cerebral Palsy.

#### Background

Until roughly ten years ago, Cerebral Palsy (CP) in adults was generally thought to be a static disability. That is, the symptoms associated with it (spasticity, tense muscle spasms, lack of muscle tone) were assumed not to degenerate over time (The Roundtable on Aging and Cerebral Palsy, 1997). Therefore, the health care profession neglected to undertake research in the area of aging with CP. The vast majority of work was done with young children where progress can often be made. As adults with CP moved more and more into mainstream society, however, we began to experience physical and psychological changes that we believed could not be explained by aging alone. Aging and Cerebral Palsy seemed to interact in unanticipated ways.

In 1995, a ground-breaking study by Turk, Overeynder, and Janicki (1995) confirmed what middle aged and older adults with CP had long known. The study provided impressive

support for the thesis that "aging often brings difficult physical problems for a person with Cerebral Palsy," in the words of the 1997 Roundtable on Aging and Cerebral Palsy. Much of what was believed to be known about the clinical state of adults with Cerebral Palsy was thrown out the window.

Compounding the likely increase in medical problems with advancing years is the fact that persons with severe CP are difficult to examine due to spasticity and speech impairments, thus requiring more of an examiner's time. Furthermore, managed care and third party payer incentives encourage less time with patients, rather than the greater time that someone with CP may need. Medicare and Medicaid, federal insurance programs serving large numbers of people with disabilities, recognize this need for more time with individuals with CP and have started reimbursing practitioners more for these patients. (For more background on the federal government's response to this issue, see Quality First, Government Printing Office, 1998.) Another issue is that

medical professionals sometimes link an obvious speech impairment to an imagined cognitive impairment. This assumption can end up frustrating both parties and has the potential to compromise the results of the examination. In fact, more than two-thirds of adults with CP have no cognitive impairments.

People with severe Cerebral Palsy mature physically at the same age as other young people; but for a variety of reasons, largely environmental, we reach social developmental milestones (e.g., dating, intimacy) later, sometimes much later, than the norm. We also face some challenges in this area that are unique to persons with severe disabilities. Those of us with severe spasticity often have difficulty relaxing our muscles during intimate moments, and, at least in males, the medications taken to control spasticity sometimes have an adverse effect on sexual functioning. These medications include Diazepam, Baclofen, and, to a lesser extent, Dantrium. All of this can mean that professionals dealing with aging adults with CP may well face issues with which they are not familiar, and may bring misconceptions to these encounters as well. Yet, failure to deal with these issues is grossly unfair to their patients. "Low tech" assistive technology, such as lower wheelchair chair sides, can sometimes be of help in this area. After all, the hopes, needs,

and interests of adults with CP are the same hopes, needs, and interests as their counterparts without CP.

### Case Study

Steve is a 39-year-old computer programmer who uses a power wheelchair because of severe quadriplegic Cerebral Palsy. He also has a significant speech impairment. Most people, if they are patient, however, can pick up his speech patterns after being around him for a period of time. Up until a few months ago, he classified himself as one of the "stable disabled," so stable in fact, that he often forgot that he has a disability for weeks at a time.

If there is one thing that Steve is (and has been) dissatisfied about, it is the lack of romance in his life. He has, and has had, a large number of friends who are women, but only one girlfriend, Sarah, who moved out of state a year ago. He has become increasingly concerned about this throughout the last year, even though he has been very busy with Y2K problems around the small college where he works. His brief experience with Sarah (who has a mild disability) convinced Steve of two things: 1) he wants another woman in his life, and 2) unless this woman has no disability and/or is very strong, they will face logistical problems few lovers ever think about. For example, trying to hug Sarah from his

wheelchair while she was seated at an angle from him took a fair amount of planning, and anything further would probably have required the help of a personal assistant. Of course, having a third party present may be awkward for some.

In the last few months Steve has noticed some excess movement and increased spasticity in his right side, especially his right arm. Additionally, he has noticed an increase in his need to void. The immediate effect of this has been to slow down his productivity on the job. His supervisor has tried to be sympathetic, but both men realize that Steve is getting further and further behind. Staying later to catch up is not a

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**Edward F. Ansello, Ph.D.**  
Director, VCoA

**Ann Y. McGee, Ed.D.**  
Commissioner, VDA

**Iris A. Parham, Ph.D.**  
Executive Director, VGEC

**Kimberly S. Smith**  
Editor

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viable option; the paratransit that takes him home stops running at 7 p.m.

Steve made an appointment with his primary care physician to discuss these issues. Unfortunately, on the day of his appointment, Beth, the office nurse with whom Steve has by far the most contact, was absent, and it was clear that Dr. Haywood was in a hurry. Dr. Haywood elected to go for two quick solutions: 1) for the spasticity, a doubling of his prescribed dose of Baclofen; and 2) for the possible bladder problem, referral to the urologist in the building, Dr. Adams. Had Beth been there, she would have suggested that Steve be seen by Dr. Miller, another urologist in the area. Beth knows that Dr. Miller has a son with Muscular Dystrophy, and would likely be better prepared to examine someone with a disability.

A week later, Dr. Adams performed the necessary tests with great difficulty. His diagnosis was a spastic bladder. ("At least my bladder is consistent with the rest of my body," Steve thought to himself.) Dr. Adams prescribed Oxybutynin (the combination of Baclofen and Oxybutynin can sometimes have a dehydrating effect, but that is beyond the scope of this case study). He was visibly shocked when Steve asks if this medication has any effect on sexual functioning. Dr. Adams gets this type of question every day, but he had not expected this from a

person with a severe disability.

Back on the job, Steve was much less spastic, but his energy level was way down. With the increase in Baclofen, he had traded one problem for another.

## Conclusion

Aging with a lifelong disability, in general, and aging with Cerebral Palsy in particular, is a new area for most medical and human service professionals. With the growth of this population, however, the challenges raised cannot be ignored. As with all populations, professionals serve best when they employ an holistic approach.

## Study Questions

1. What health-related problems might a person with Cerebral Palsy face as he or she ages?
2. How might we encourage physicians to learn more about the care needed by persons with severe disabilities?
3. What are some common misconceptions about Cerebral Palsy and about persons who age with CP?

## References

Aging with Cerebral Palsy: The Critical Needs: A Report from the Roundtable on Aging and Cerebral Palsy. (1997). Available at <http://www.jik.com>.  
Quality First. (1998). Washington, D.C.: U.S.

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Turk, M.A., Overeynder, J.C. & Janicki, M.P. (Eds.). (1995). Uncertain future - Aging and Cerebral Palsy: Clinical concerns. Albany, NY: Developmental Disabilities Planning Council.

## The Professional/ Consumer Advocacy Council

The statewide Professional/Consumer Advocacy Council (PCAC) works to improve the quality of life of Virginians with lifelong, developmental disabilities. Formed in 1994 as an element of the federally-funded Partners III Project on aging with developmental disabilities, the PCAC advocates for policy changes, systems improvements, and increased public awareness so that individuals with lifelong disabilities can grow older meaningfully.

The PCAC's membership includes persons with developmental disabilities, family caregivers, community-based service providers, researchers, educators, and others. The PCAC helped conceptualize the Virginia Caregivers Grant Fund and has co-sponsored educational seminars, a day-long exhibition of assistive technology, and a conference on aging with Cerebral Palsy.

For further information please contact 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 quite a busy quarter. With the help of many great colleagues, the VGEC submitted a new grant that could fund our work for five years. Most notable were the contributions of Leigh Peyton, Dr. Ayn Welleford, Dr. Connie Coogle, Wendy Boggs, Lucy Lewis, Katie Benghauser, Felicia Brown, and Michelle Utterback. In addition, every one of our interdisciplinary team colleagues came through for us with valuable insights and assistance. In putting together our proposal, we ran our final numbers of trainees; we have now trained 39,553 health professionals since the VGEC was established in 1985. That number gives us a great deal of gratification and spurs us on to do more in this important area. Our partners for this new project, all of whom came through with so much support, will be our colleagues from our own University, from each of the health campus schools (Allied Health Professions, Dentistry, Medicine, Nursing, and Pharmacy), and VCU's MCVH and the Mid-Atlantic Addictions Technology Transfer Center, and colleagues from the School of Social Work, Education, and the College of Humanities and Sciences. In

addition, we will have partnerships with representatives from the following institutions of higher education and agencies throughout the state: the UVA Schools of Medicine and Nursing, EVMS's Glennan Center for Geriatrics and Gerontology, Sentara Health System, Bon Secours Richmond Health System, Virginia State University, Jefferson Area Board for the Aging, Virginia Health Quality Center, Department of Medical Assistance Services, Southside Area Health Education Center, Southside Virginia Community College (Alberta), Richmond City Schools, VAAAA, and VAA. Of course, integral to our work are our own newsletter partners and partners in all that we do, the Virginia Center on Aging and the Virginia Department for the Aging. This project also includes collaboration with the Southwest Higher Education Center and our colleagues from three other GECs (Mountain State, Western Reserve GEC, and GEC of Pennsylvania). We will work very hard to continue these new and established collaborations in order to enhance geriatric education in the Commonwealth, regionally and nationally.

In other news, the VGEC has just received funding from the Virginia Department of Medical Assistance Services to produce a videoconference on the Prevention and Treatment of Pressure Ulcers. This videoconference

will be broadcast on **May 17, 2000**. We are partnering with the Pressure Ulcer Task Force and many other organizations throughout the state, including the Virginia Health Care Association. Mark your calendars for this all-day training opportunity. We have just completed the first presentation of the Geriatric Interdisciplinary Team Training Course (with kudos to our Instructors, Leigh Peyton, Dr. Ellen Netting, Dr. Ayn Welleford, Dr. Howard Garner, Ms. Allison Englade, Ms. Christine Stacey, and me). All five sites (Northern Virginia, Abingdon, Tidewater, Richmond, and Charlottesville) were on line for our December 10th VTEL class. It was an excellent experience and a great way to adapt a new technology to our geriatric training initiatives. This has obviously been a very busy time for us and we look forward, with much excitement and gratitude to our wonderful partners, to 2000!

**Brief History of the VGEC**

VCU's Dept. of Gerontology was founded in 1976 and became a part of the School of Allied Health Professions in 1985. As part of the department, the Geriatric Education Center was established in 1985. The VGEC is an Interdisciplinary effort, and its major focus is to promote education in geriatrics/gerontological health care.

From the  
**Director, Virginia  
Center on Aging**

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Edward F. Ansello, Ph.D.

The new year, like all new years, brings hope. It's fitting that the turning of the year in Virginia takes place in the cold of winter, for some see winter as dark and barren, while others see it as enjoyable in itself and full of promise of things to come. Similarly, we note the conditions of some Virginians in need of our collective attention. Some may see challenges. We see opportunities. For example, this issue's Case Study relates, among other things, some of the frustrations of growing older with Cerebral Palsy (CP), and the shortage of health care professionals knowledgeable about aging with CP. We see this as an opportunity for education and outreach. VCoA will offer another conference in the year 2000 on meeting the everyday needs of older adults with CP. Likewise, the passage in 1999 of the Virginia Caregivers Grant Program is cause for celebration, even though it was authorized but not appropriated. We know that the General Assembly and the Executive Branch understand that assisting Virginia's families to continue the chronic care of their own makes good sense ethically and economically; and so, we will assist them in whatever way they request to

ensure that the Program's \$500 grants to caregivers will be given this year.

Another "challenge" facing many of us in human services is the absence of comprehensive, statewide data on older Virginians. We conducted the last such statewide survey when Jimmy Carter was President, in 1979. Virginia's human service agencies need data on elders' physical, mental, economic, and living statuses, as well as on their knowledge and use of available resources to help them, if in need. Agencies have milked the 1979 data dry. The U.S. Census 2000 Long Form will not provide answers. So, our Virginia Center on Aging sees this challenge as an opportunity to link with colleagues across Virginia to conduct a statewide survey in the year 2000 and to provide the information so far lacking. We hope to be supported by the General Assembly in this opportunity.

This issue, like the issues before it, puts into print our hope, our conviction, to meet challenges as opportunities. For example, in the surrounding pages one can read of aging with Cerebral Palsy, reverse mortgages, elder rights in the law, and the Nursing Assistants Institute as positive responses or initiatives to the realities brought about by the aging of more and more Virginians. As we have been saying for ten years, we see aging as "The Gift of Time."

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

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Ann Y. McGee, Ed.D.

As we begin the 2000 session of the Virginia General Assembly, I want to thank Governor Gilmore for his support of long-term care and aging services. The Governor has introduced more than \$20 million in funding for aging issues for consideration during this session. He has included a variety of proposals in his budget which range from increasing reimbursements for nursing homes to establishing an Elder Rights Center within the Department for the Aging. Here is a summary of the Governor's key budget proposals:

Nursing Homes - To assure adequate staffing and quality care, the Governor has proposed increasing the Medicaid nursing home per diem reimbursement rate to \$85 per day.

Respite Care - To address the current unmet need in Virginia's Respite Care Program, the Governor included \$250,000 in each year of the biennium. Respite services support the work of family and other informal caregivers who assist frail older Virginians to remain independent in their homes.

Elder Rights - The Governor has proposed the establishment of a Center for Elder Rights within the Department for the Aging to assist older Virginians with legal

and consumer issues.

Maximize Independence - To look at ways Virginia can enable the aging population to maximize their independence and to develop a plan for providing relief to older Virginians and their families, the Governor has proposed \$75,000 for each year of the biennium to support the work of one or more special commissions.

Conference on Aging - To address the critical issues impacting older Virginians and their families, the Governor has proposed \$75,000 for the first year of the biennium to hold a Governor's Conference on Aging in 2001.

In addition to these initiatives, Governor Gilmore has also proposed funding to train police officers to handle Alzheimer's disease patients and others suffering from dementia who have wandered away from home as well as funding to hire additional special education teachers to work with older blind clients.

Governor Gilmore has taken a strong leadership role in supporting a system for older Virginians, which will strengthen families and prevent a downward spiral toward government dependency. I am excited to be a part of this administration and ask that you join me in supporting the Governor's budget proposals.

## Focus on the Virginia Geriatric Education Center



**Lucy Lewis**

Lucy Lewis joined the Virginia Geriatric Education Center in November as a part-time Research Assistant. Her responsibilities include assisting with database development, as well as training session and video course development.

Lucy spent 19 years in retirement trust administration, most recently with Fidelity Investments in Boston. A Richmond native, she returned in 1997 to pursue a degree in Gerontology and is currently enrolled in the masters program at VCU, with a focus on public administration. She is also working on her certification as a financial planner.

When not in school or working, Lucy volunteers for the Capital Area Agency on Aging in the Money Management program, and serves on the Board of the CAAA Foundation.

## Focus on the Virginia Center on Aging



**Minerva Blake**

Minerva Blake is the new, freshly-minted Secretary for VCoA. She joined us this past October after working as a temp for two months. Her duties at the Center include clerical work, data entry, Elderhostel registrations, and preparation of materials for Elderhostel programs.

During her husband's 20 years of active duty in the U.S. Navy, Minerva and her family kept their luggage packed. They lived at Norfolk Naval Base and Little Creek Naval Base, VA; Mayport Naval Base, Jacksonville Naval Air Station, and Cecil Field Air Station, FL; and San Diego and Long Beach, CA.

After Navy life, Minerva spent seven years working in various departments at United Parcel Service, including her last position as a High Value Associate in the Security Department.

Minerva is a mother of three: two daughters and one son. Welcome aboard!

## The Nursing Assistant Institute Is Up and Running



Cheryl Cooper

Recognizing that approximately 90 percent of the hands-on care of the elderly and disabled in facilities is provided by nursing assistants, seven partners in the Charlottesville area began, in 1999, considering means to improve this care. The partners, Charlottesville Albemarle Technical Education Center, Jefferson Area Board for the Aging, Monticello Area Community Action Agency, Martha Jefferson Hospital, Piedmont Virginia Community College, UVA Health System, and Williamson's Health Care Network, developed the Nursing Assistant Institute. They have accomplished much in a short time, thanks to the work of the representatives of the partners and the generous support of individuals and industry providers. Central to improving the care administered by nursing assistants (NAs) is the philosophy that they should be recognized as team members in care provision and should be incorporated into a team approach.

Members of the Institute have met with facility and agency administrators and directors of nursing, and held training sessions on communication,

working with residents and clients who have dementia and difficult behaviors, and skin care and wound prevention. Their meeting with nursing assistants from various facilities and agencies produced first-hand information as to what the job of an NA is really like. Participants discussed what could be done to make the job even better to help in recruitment and retention of staff.

The Institute has set up a plan to support the training of staff in facilities or agencies. Teams of nurses and nursing assistants from several facilities have been trained in the principles of adult education so that they can support and mentor their colleagues once a training session has been held. Both the nurse and the NA will be responsible for ensuring that all employees in their facility or agency have the opportunity to practice the skills they will need to implement effectively what was learned in training.

The Institute is working with the Department of Social Services to form a local nursing assistant discussion group. This allows nursing assistants opportunities to exchange ideas about the issues they face daily in their work and home settings. The members of the Institute hope that by developing support for each other and learning about resources in the community, the nursing assistants will have more ideas and tools to help them in their problem solving.

The Institute is aware that low salaries for nursing assistants are an obstacle to recruiting sufficient numbers of NAs to provide quality care. The Institute continues to work to improve their compensation, through discussions and presentations to legislators and members of the Joint Commission on Health Care.

The Institute is working closely with agencies and facilities in the Region 10 Planning District to form a job bank of available positions, linking potential employees with employers needing them. If a prospective nursing assistant needs funding to complete certification training, the Institute will refer him/her to employers who pay for training. If the person prefers to complete training prior to becoming employed, and if the individual needs financial support to attend classes, the Institute will provide scholarships for training and for taking the state licensure examination. The Institute is planning advanced training sessions, with emphasis on the following topics: working with residents with difficult behaviors and dementia; safety on the job; skin care for residents; dying, death, and bereavement; working as a team; and stress management. A second CNA Train-the-Trainer session will be held in February for RNs who want to be instructors in CNA training programs.

Additional objectives through

June, 2000 include: holding a community-wide CNA recognition event; disseminating information on research and legislative issues; planning and implementing a state-wide conference to examine proven recruitment, retention, training, and support programs; investigating the feasibility of establishing a consortium of facilities and agencies to develop a community-wide Employee Assistance Program for NAs; developing instructional materials for family caregivers to improve communication with NAs; and developing and implementing a plan to evaluate the effectiveness of the Institute.

Making the public aware of the nursing assistants' work and working conditions is an ongoing objective of the Institute. Changing the public's perception of the nursing assistant, and having them appreciate how critical the nursing assistant is to the care of the elderly and disabled in our community, will help improve the situation. It is time to develop and implement programs and compensation that reflect the importance of the nursing assistant as a member of the health care team. The Nursing Assistant Institute is up and running, working to make the changes happen.

For more information on the Nursing Assistant Institute, contact Cheryl Cooper, Coordinator, at (804) 817-5242 or [ccooper@jabacares.org](mailto:ccooper@jabacares.org).

## Get the Facts About Reverse Mortgages!



Buddy Davis

One of the most important innovations in years for seniors is the Reverse Mortgage, yet it is one too often misunderstood and misrepresented. Let's begin by squelching the misunderstanding that the Reverse Mortgage company takes ownership of your home when they lend you money. This is absolutely untrue. The borrower continues to own the home...just as they do with any other mortgage.

Well, then, just what is a Reverse Mortgage? It is a special mortgage loan for seniors (62 and older). It is a safe and easy way to turn your home equity into cash. Unlike a home equity loan, you do not have to make a monthly payment. Instead, a Reverse Mortgage pays you. More importantly, you do not have to repay the loan as long as you live in your home. It's a great way to keep your home and get money at the same time.

How do you qualify? It's simple. You and any co-borrower must be at least 62 years old. You should own your home free and clear or have a small enough existing mortgage balance that the Reverse Mortgage could pay off. Best of all, there are no income or credit requirements to satisfy.

How much money can I borrow? The actuarial table plays a part in determining how much you can borrow. That is why, in order to determine how much you qualify for, the mortgage company needs your birth date(s) and the value of your home. It can then determine how much the Reverse Mortgage will lend you.

How can I receive my money? Your options are: (1) monthly income for as long as you live in the house; (2) monthly income for a certain period of time; (3) a lump sum at closing; (4) a line of credit from which you draw as you need it; or (5) a combination of the above.

When do I repay the loan? It is to be paid off when you no longer live in the home. In the event of your death, your heirs can pay off the loan and keep the home or sell it and repay the loan.

What can I do with the money from the Reverse Mortgage? Anything you want! Understand that if there is a current mortgage on your home, the Reverse Mortgage must pay it off first. That means that your spendable income just increased by the amount of your old mortgage payment. Other typical things people do with this loan is pay off debt, pay for medicine or medical expenses, maintain their home, pay for a grandchild's college, vacation, etc. It's your money...use it however you want to make your life easier.

Are Reverse Mortgages safe?



Reverse Mortgages are very safe. They are either government insured by FHA or guaranteed by Fannie Mae. They both ensure that you can stay in your home as long as you like. You never owe more than your home is worth.

A respected Richmond attorney said that, "Reverse Mortgages are probably responsible for extending the lives of many senior citizens because of the financial stress that it lifts off their shoulders."

For more Reverse Mortgage information, contact Buddy Davis, a Reverse Mortgage Specialist with United First Mortgage, Inc., at (804) 272-2400 or toll free at (888) 358-9359.

## Web Sites of Interest

AARP Internet Resource Guide  
[www.aarp.org/cyber/guide1.htm](http://www.aarp.org/cyber/guide1.htm)

AgeLight Institute  
[www.agelight.com](http://www.agelight.com)

Benefits for Seniors  
[www.seniors.gov/benefits.html](http://www.seniors.gov/benefits.html)

Office of the Attorney General  
[www.vaag.com](http://www.vaag.com)

Options for Senior America  
[www.optionscorp.com](http://www.optionscorp.com)

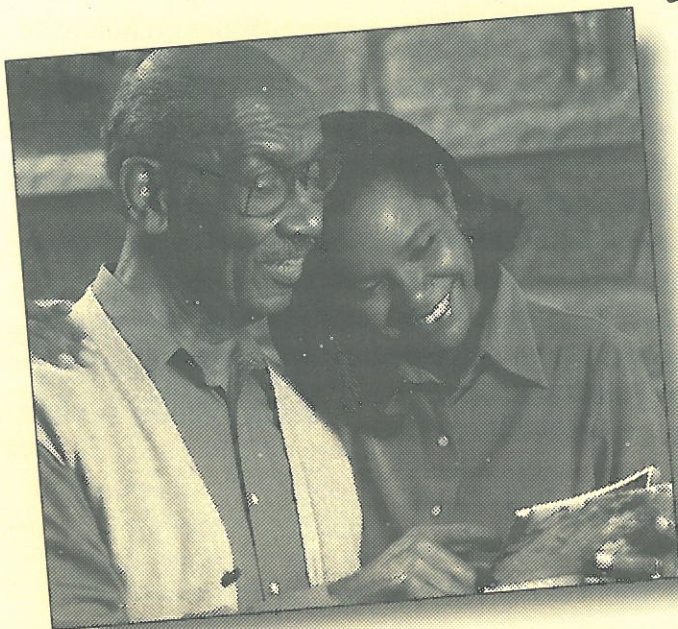
SeniorNet  
[www.seniornet.com](http://www.seniornet.com)

Virginia Elder Care Services  
[www.eldercareonline.com](http://www.eldercareonline.com)



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## Senior Medicare Patrol

Marian Dolliver

Senior Medicare Patrol is a new statewide program operated by the Virginia Association of Area Agencies on Aging through a grant provided by the U.S. Administration on Aging. The focus of the program is to train seniors to conduct presentations in their own communities on waste, fraud, and abuse in the Medicare and Medicaid programs. As of December 31, 1999, 49 Senior Medicare Patrol volunteers have been trained in Northern Virginia, Norfolk, and Roanoke.

The next training sites will be located in Abingdon, Culpeper, and Hopewell. Drawing upon vast, related experience, Senior Medicare Patrol trainers provide an excellent educational opportunity for volunteers. Trainers have experience as investigators with a variety of organizations such as the Medicaid Fraud Unit of the Attorney General's Office, the Office of the U.S. Attorney, Medicare-Part B, and the FBI.

At the heart of the development and implementation of the Senior Medicare Patrol program are the 25 Area Agencies on Aging throughout the Commonwealth of Virginia. The AARP is also committed to this program through material development and volunteer recruitment.

Other active community partners include the National Committee to Preserve Social Security and Medicare and the National Association of Retired Federal Employees.

After training, Senior Medicare Patrol volunteers are available to provide community presentations on Medicare and Medicaid waste, fraud, and abuse. Presentations will be given at senior centers, congregate meal sites, civic and church groups, and anywhere that beneficiaries might gather. These presentations will educate beneficiaries to review their Explanation of Medicare Benefits carefully in order to be sure that they actually have received the service(s) for which the health care provider has billed Medicare and/or Medicaid.

If you would like to volunteer for the Senior Medicare Patrol and/or if you would like a presentation on Medicare and Medicaid waste, fraud, and abuse for your group or organization, please call your local Area Agency on Aging or the Virginia Association of Area Agencies on Aging at (804) 644-2804.

## V4A Announces New Website



The Virginia Association of Area Agencies on Aging (V4A) is pleased to

announce the launching of their new website at [www.vaaaa.org](http://www.vaaaa.org). This site provides information on Virginia's 25 Area Agencies on Aging, the Long-Term Care Ombudsman Program, Operation Restore Trust, and the Senior Medicare Patrol. The "What's New" page will include a calendar of events as well as announcements and articles. If you would like an upcoming event, announcement, or article included on this page, please e-mail the information to [VaAAA@aol.com](mailto:VaAAA@aol.com) or phone (804) 644-2804. In addition, if you would like your organization's website linked to this site please notify V4A.

### Age in Action Seeking Submissions!

If your agency or aging-related organization is sponsoring an event or has information to share with others in the field of aging, please submit your information to the Editor at (804) 828-1525, fax: (804) 828-7905, e-mail: [kspruill@hsc.vcu.edu](mailto:kspruill@hsc.vcu.edu).

## Article Reviews

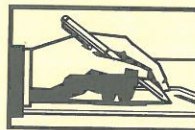
Iris Parham, Ph.D.

This is a new column for the Newsletter. We have assessed the interest of several of our readers in a column that reviews some recent articles in the literature that may be useful in the field and the everyday working activities of practitioners in the field. Dr. Iris Parham, who conceived this idea, will present the first review.

Schulz, R. & Heckhausen, J. (1999). *Aging, culture and control: Setting a new research agenda*. Journal of Gerontology, (54B, 3), 139-145.

When I first started teaching a course in the Psychology of Aging in 1976, I asked my students to get excited about an article that I had read in the Journal of Personality & Social Psychology by Dr. Schulz, *Effects of control and predictability on the physical and psychological well-being of the institutionalized aged*. In the next year, my students read the works of Rodin and Langer and so on. We were fascinated by the importance of these issues and how "increased perception of control" could positively affect the lives of the elderly, particularly those who were in environments where they were all too often just "taken care of" and exerted little influence on their surroundings. Now, in this

outstanding article, clearly written and well-conceived, the reader is given an update to the area and is able to read a thorough discussion of issues related to aging and control. Most interesting is the discussion of the life span changes in primary control and secondary control. Primary control, which is hypothesized to increase to middle age then decrease in old age, refers to "behaviors aimed at generating effects in the external world." Secondary control, which is hypothesized to increase throughout the life span, refers to "behaviors and cognitions aimed at changing the internal world (e.g., cognitions) of the individual." The authors summarize the interaction of these two as, "During midlife and old age, secondary control strategies, which are also influenced by individual, community, and cultural characteristics, are used increasingly to cope with the losses in primary control experienced at older ages." This is a fascinating and well-written article which will surely stimulate both the student and the practitioner to engage in many hours of thoughtful pondering.



Hollander Feldman, P. (guest ed.). (1999). *Goals, responsibilities, and effectiveness: Advancing the conceptual*

*underpinnings of home-based services*. Journal of Aging and Health, (11,3), 1-468.

I started out to recommend an article in this special issue by Dr. Robert Kane on *Examining the Efficiency of Home Care*, then I read the next article, by Dr. Carol Levine on *Home Sweet Hospital: The Nature and Limits of Private Responsibilities for Home Health Care*. At that point, I read all the articles and decided that the entire issue was worth recommending. This issue is an up-to-date discussion of home-based services written as commissioned articles by the Home Care Research Initiative of the Robert Wood Johnson Foundation. According to the editor, and well-summarizing the issue, "The articles address three main questions: (a) What should be the fundamental goals of home-based services from the perspective of the individual client and the society as a whole? (b) How should efficiency and cost-effectiveness be defined in meaningful and operational terms to allow assessment of the relationship between resources invested in home-based care and benefits achieved? (c) What factors should define or determine the nature of public and private responsibilities for individual care and well-being?" These questions are addressed comprehensively and with new insight. This special issue is highly recommended.

## Elder Rights and the New Millennium Richmond, VA, October 18-19, 1999

Linda "Celestina" Lang

The purpose of the first annual conference sponsored by the Elder Rights Planning Committee was to bring advocates, attorneys, professionals in the field of aging, and seniors together to identify and discuss the needs of persons 65 years of age and older. The uniqueness of this conference was that participants, in separate working groups, identified plausible solutions to the questions: "In which direction should we head?" (what should we move toward and move away from), "What are the tensions and challenges facing us?" (who is involved, impact on elders), and "What can we do to reduce tensions and build systems?" The Elder Rights Planning Committee was composed of the Virginia Association of Area Agencies on Aging, the Virginia State Bar, the Virginia Bar Association, the Virginia Poverty Law Center, various legal services programs, the Virginia Department for the Aging, the Virginia Association on Aging, and the Virginia Guardianship Association.

Virginia's Attorney General, Mark Earley, reinforced the mission of the conference by using the *Declaration of Independence* to underscore the rights of elders. The summation of his address encouraged attendees to rekindle their passion to advocate for elders. Attorney General Earley noted that everyone is important and has the same rights, regardless of stage of life. He reminded attendees of the injustices that occurred during the Holocaust when principles were lost, and things became more important than people. One's liberty, freedom, and economic rights should not be trampled, regardless of age. As the first English-speaking settlement of the new world, Virginia laid the foundation for values and beliefs. Virginia should again lead the way in securing the rights of elders.

Senator Joseph V. Gartlan, Jr., who is retiring after many years of representing the 36th District, charged conference attendees to know their representatives and to make sure their representatives know them. He urged them to find out the viewpoint of their representative and, if needed, give that person some "informed urging" by being vocal advocates.

The Elder Rights Conference offered workshops on current Medicare issues in long-term care, financial abuse, bioethical issues, resolving disputes in managed care, long-term care advocacy, and guardianship. The closing question posed to attendees asked: "What are we doing to improve the environment in which our elderly live and work?"



*clockwise from top left:* 1) Sen. Joseph Gartlan addresses the audience. 2) Eleanor Crosby, Esq., Georgia Senior Legal Hotline. 3) William F. Benson, Benson Consulting Group, Inc. 4) Attorney General Mark Earley. 5) Erica Wood, Commonwealth Council on Aging and American Bar Assoc., awards Thelma Bland Watson, former Commissioner on Aging, for her vision to create the Elder Rights Task Force in 1995. 6) Pete Giesen, Chief of Staff, Lt. Governor's Office.

## VCU Offers New and Exciting Elderhostel Programs

Jane Stephan

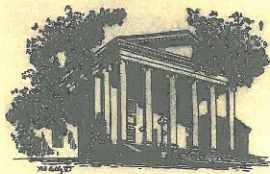
VCU Elderhostel is on the move - *literally!* Restructuring of our parent Elderhostel organization has encouraged new types of programs and program formats that have excited our collective creative impulses, and we have an array of new Elderhostels planned for the year 2000.

Elderhostel is a non-profit organization dedicated to serving the educational needs of adults aged 55 and older. Elderhostel programs are sponsored by colleges, universities, museums, and other learning sites in the U.S., Canada, and over 70 countries around the world. Programs range from 3-4 days to four weeks in length, and they include lodging, meals, college-level courses, field trips, activities, and events.

VCoA sponsors Elderhostel programs at four sites in Virginia. Our coordinators - Susan Mullen, **Hampton**; Catherine Dodson, **Richmond**; Nancy Laurier, **Yorktown**; and Jim Gray, **Natural Bridge** - have planned and managed some of the premiere Elderhostels in Virginia for a number of years. They continue to be on the front line for innovative program development in our region. Their programs capitalize on the strengths and expertise of local instructors and provide hostellers

with an in-depth exploration and understanding of Virginia's history and culture. With many thanks to our coordinators and their exciting plans, we will be among the first to institute some of the following programs:

- **Short programs** designed specifically for older Virginians. Two sell-out programs were offered in November, one at Natural Bridge and the other at Yorktown. Both programs had waiting lists. Our next short program will concentrate on Thomas Jefferson, with trips to both Monticello and Poplar Forest, and will be offered at the end of February. Short programs are not listed in the main Elderhostel catalog; so, if you're interested, please call us for information. Each of our sites will have a series of special short programs for the year 2000.



- **Signature City Elderhostel, Richmond.** The first of its kind in our region, this program highlights the city of Richmond, its museums, Revolutionary and Civil War history, and its history and culture.

- **Moving Field Studies,** in which participants travel to multiple locations in Virginia to study a topic. Moving field studies showcase important places, events, and history throughout the Commonwealth.

The Civil War series of moving field studies begins this spring with a study of the Peninsula Campaign. The Summer program will concentrate on the Richmond-Petersburg-Appomattox retreat.

- **Joint Programs,** sponsored by two or more Elderhostel sites. We will have joint programs between our own sites, as well as with other Elderhostel sites in the state. In April, our first ten-day Elderhostel will be a joint program with the College of William & Mary to study the life and times of Thomas Jefferson. This Elderhostel begins in Williamsburg, moves to Charlottesville, progresses to Natural Bridge, and ends at Richmond. Another joint program with Historic Gettysburg is being planned for November. Our two Elderhostel sites at Hampton and Richmond have planned an exciting joint program to study gardens and gardening at some of the important garden spots in the state.

- **Event-Based Programs,** like our "Tall Ships" Elderhostel planned for June in Hampton. This Elderhostel focuses on an international event known as OpSail 2000 that will draw more than 200 tall ships and hundreds of accompanying vessels to the Hampton Roads area.

For further information about these programs, contact VCoA at (804) 828-1525 or visit <http://views.vcu.edu/vcoa/elderhos.htm>.

# Calendar of Events

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## February 11-12, 2000

*Teaching the Psychology of Aging.* Presented by The Master Teacher in Gerontology Workshops. Sponsored by the University of Georgia Gerontology Center. St. Simons Island, GA. For info. contact (706) 542-3954 or bpharr@geron.uga.edu.

## February 24-27, 2000

*Where Have We Been and Where Are We Going: Gerontological Education in the 21st Century.* 26th Annual Meeting & Educational Leadership Conference of the Assoc. for Gerontology in Higher Education. Wyndham Myrtle Beach Resort, Myrtle Beach, SC. For info. contact (617) 353-5045 or hezikih@bu.edu.

## March 9-11, 2000

*Caregiving and Dementia: Challenges for Families in the 21st Century.* 18th Annual Meeting & 20th Anniversary Celebration of the Assoc. for Gerontology & Human Development in Historically Black Colleges and Universities. Adam's Mark Hotel, Winston-Salem, NC. For info. contact (404) 752-1626 or william@msm.edu.

## March 17-18, 2000

*Frontiers of Aging in A New Millennium.* 11th Annual Southern Regional Student

Convention in Gerontology and Geriatrics. Columbus State University, Columbus, GA. For info. contact (706) 542-3954 or pholtsberg@geron.uga.edu.

## March 25-28, 2000

*Passages through Time: Facing Change, Finding Meaning.* 46th Annual Meeting of the American Society on Aging. Town & Country Hotel & Convention Ctr., San Diego, CA. For info. call (415) 974-9600.

## March 27-28, 2000

*Guardianship: The Challenges Ahead.* 9th Annual Conference of the Virginia Guardianship Assoc. Holiday Inn Select, Richmond, VA. For info. contact (804) 828-9622 or mutterba@hsc.vcu.edu.

## March 28-April 1, 2000

*Vital Aging: Our Second 50 Years.* 50th Anniversary Conference & Exposition of the National Council on the Aging. For info. call (202) 479-6991.

## March 30-April 2, 2000

*Aging in the New Century: Linking Policy, Practice, and Research.* 21st Annual Meeting of the Southern Gerontological Society. North Raleigh Hilton, Raleigh, NC. For info. contact (850) 222-3524 or SGS111@aol.com.

## May 17, 2000

*Prevention & Treatment of Pressure Ulcers.* All-day videoconference to be broadcast at multiple sites across Virginia.

For info. contact Katie Benghauser at (804) 828-9060.

## May 17, 2000

*Choice...Independence..Dignity.* 17th Annual Conference of the Maryland Gerontological Assoc. Omni Inner Harbor Hotel, Baltimore, MD. For info. call (410) 560-5628.

## May 19, 2000

*Spring Legislative Forum of the Virginia Coalition for the Aging.* Holiday Inn Koger Center, Richmond, VA. For info. call (804) 732-7020.

## June 5-6, 2000

*Annual Conference on Elder Abuse Prevention.* Sponsored by the Virginia Coalition for the Prevention of Elder Abuse. Virginia Beach Resort & Conference Center, Virginia Beach, VA. For info. call (804) 692-1260.

## June 7-11, 2000

*Rural Aging: A Global Challenge.* Presented by the West Virginia University Center on Aging. Charleston Civic Center, Charleston, WV. For info. call (304) 293-0628.

## June 26, 2000

*Alzheimer's and Related Diseases Research Award Fund: Discovering Treatments & Improving Care of Virginians with Dementia.* Sponsored by VCoA. Sheraton Park South, Richmond, VA. For info. contact (804) 828-1525 or kspruill@hsc.vcu.edu.



### Virginia Center on Aging

at Virginia Commonwealth University,  
Richmond, Virginia.

<http://views.vcu.edu/vcoa>

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Chamberlin Hotel, Hampton, Virginia

February 10-11, 2000



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