

age in action

Knowledge for geriatric and gerontology education and research
Virginia Center on Aging
Virginia Geriatric Education Center
Virginia Department for the Aging

Case Study

Case Study for People Who Are Aging: WorkWORLD[®] Choice Exploration Software

David Ruth, M.A. and
Mark Hill, M.S.

Educational Objectives

1. To illustrate the usefulness of WorkWORLD, a software package for older Americans with disabilities who have not yet reached retirement age, to determine the financial effects of earnings and the use of work incentives associated with benefits.
2. To show how the software can be accessed and continually updated.
3. To explore the possibility of enhancing WorkWORLD to be useful for those who have reached retirement age but who desire to continue or begin working.

Background

Many older Americans with

disabilities want to work, and many who are already working would like to increase their earnings; but they are afraid that going to work or earning more would jeopardize their disability or retirement benefits. Some of their fears are justified, but many are based on widespread myths.

Unfortunately, the various benefit rules related to earnings are complex - so complex that often the workers in the agencies who must administer the benefits do not understand them well enough to give good advice or reliably distinguish between justified fears and those based on myth. The work incentives built into the various benefit programs are poorly understood and very underused. Finally, the various benefit programs interact in ways that are difficult to predict even by those few agency experts who fully understand their own programs.

For these reasons WorkWORLD software was developed by the Employment Support Institute (ESI) at Virginia Commonwealth University's School of Business with funding from the Social Security Administration and

various state agencies, including the Virginia Department of Rehabilitative Services.

How WorkWorld Works

WorkWORLD consists of two parts: a comprehensive benefit information system and a benefits calculator.



David Ruth (above left), one of the original developers of WorkWORLD, has been with the Employment Support Institute (ESI) at VCU's School of Business for 14 years, where he is now the Associate Director. **Mark Hill** (above right) is Director and Co-Founder of ESI, where he has fostered the growth of a highly skilled team, currently producing a Knowledge Based Decision Support (KBDS) System of software, web site information service, and policy analysis for people with disabilities.

Part I: WorkWORLD's Benefit Information System

The benefit information system is available both from within the PC-based benefits calculator and online at www.workworld.org/wwwebhelp/basic.htm. It includes over 3,600 individual topics, over 20,000 links between the topics, and over 8,000 index entries. Written in plain language format, it contains cross-referenced topics on all of the federal benefits of interest to individuals with disabilities. The system also includes extensive information about many of Virginia's state benefits, including Medicaid programs, Auxiliary Grants, Assistive Technology, and programs of the Department of Health and the Department of Rehabilitative Services.

Part II: WorkWORLD's Benefits Calculator

Questions: The WorkWORLD benefits calculator presents users with questions one at a time. The calculator gathers information about the earned, unearned, and deemed income of individuals, couples and households, the type of income information gathered depending on the specific benefits involved. WorkWORLD asks only those questions whose answers are needed to calculate benefit amounts, net income, and work incentive possibilities for the user's particular situation.

If users want to know more about a particular question, or why that question is being asked, they can click on a *More Info* button that causes an explanatory topic from the Benefit Information System to pop up. See *Illustrations 1* and *2* for an example question and explanation.

Results: The benefit calculator presents results three ways:

1. As text -- Alerts, Recommendations, and Notes, often with embedded numeric results;
2. As tables of numeric results showing benefit amounts, other income amounts, expenses and net income. The tables also show what work incentives, if any, are being used; and
3. As graphs showing the numeric results in a more meaningful way to those who are not numerically inclined.

We will see examples of the various results in the case study.

Benefit Calculator Age

Limitation: The current calculator is designed for individuals with disabilities who are under 65 years of age. Enhancement of the software to handle retirement-age benefits would require funding from federal or state agencies that serve aging individuals. Agencies are likely to support such enhancement only if they hear that many among their constituents would value and use such a tool.

Case Study

Althea is a 56-year-old woman who lives independently with her seeing-eye dog, Malthus. Because of her blindness, she receives a Social Security Disability Insurance (SSDI) cash benefit of \$350 monthly and a Supplemental Security Income (SSI) cash benefit of \$249. Her SSDI benefit is based on her earnings when she was in her twenties before the accident that

Illustration 1

PERSONAL & HOUSEHOLD INFORMATION (SSI/DI)	
Living Situation	
Do you live alone?	YES
Disability Information	
Are you legally blind according to SSA criteria?	YES
Age	
How old are you?	55-64
Did you become blind before age 55?	
	<input type="text" value="YES"/> <input type="button" value="Okay"/> <input type="button" value="More Info."/>

Illustration 2

Age - Blind - Age 55
If you are a blind individual between the ages of 54 and 65, then engaging in Substantial Gainful Activity (SGA) will not affect your eligibility for SSDI (Title II) as long as your skills and abilities are different from what they were before age 55 or before the onset of blindness, whichever is later.

caused her blindness.

Althea lives in a Section 8 apartment and pays just under \$250 a month in rent and utilities for an apartment that would cost her \$725 without the Section 8 subsidy. After she pays her housing expenses, she has a little over \$350 a month for food and other expenses (such as vet bills for Malthus).

About a year ago, Althea discovered she had a knack for computer work. A friend at the Virginia Department for the Blind and Vision Impaired (DBVI) had convinced her to try some training DBVI was offering. Althea excelled. Althea is now considering taking more training and eventually getting a job.

But, over the years Althea has heard so many horror stories about people having their benefits cut -- or even losing their benefits -- if they earned \$85 a month, or \$300, or \$830...or whatever...that she has become very fearful of going to work. What she does not know is that all of those numbers do have important effects on various benefits, but the stories she heard were widespread confused myths. Fortunately, that same DBVI friend introduced Althea to WorkWORLD. At last Althea has a way to base her decisions on real information rather than myth.

Illustration 1 shows three questions that have already been answered and an open question: *Did you become blind before age 55?* Althea wonders why that question is being asked. So she clicks on the More Info button and the topic shown in *Illustration 2* pops up. (Althea is legally blind and cannot use a mouse to click on the button, so she uses the keyboard to enter *Alt+M*. Her screen-reader software then reads the topic to her.) If Althea decides she should change her answers to any of the questions she has already answered, she can scroll back to a previous answer and change it.

The topic in *Illustration 2* is titled, *Age - Blind - Age 55*. It tells Althea that because she is blind and between the ages of 54 and 65, her eligibility for SSDI would not be affected by engaging in Substantial Gainful Activity as long as her skills and abilities are different from what they were before age 55. If Althea has questions about any of the words or phrases that are in green font and underlined (such as SSDI or Substantial Gainful Activity), she can select any of them for more detailed information.

Illustration 3 shows the text result that Althea sees after she enters information into WorkWORLD about her current situation. The recommendation is about Plan for Achieving Self

Support (PASS) Possibilities. It tells her that training, education, or other expenses that could help her become more self-supporting might allow her to increase her SSI benefit by saving or paying for those expenses and including them in a PASS.

Althea follows the link to more information and learns enough about how a PASS works to convince her that it might be just the thing to help her. She might be able to buy computer hardware and software that would enable her to learn and practice at home -- and also pay for specialized training not yet available through DBVI. She creates a *New Situation* in WorkWORLD to see how a PASS might work. *Illustration 4* shows the numeric results.

The table of numeric results shows Althea that if she were to set aside in a PASS \$330 per month to save for computer equipment and training, her SSI benefit would increase from \$249 to \$579 a month, and her

Illustration 3

SSI-DI -- No Job
Recommendation - PASS Possibilities (Blind): If you know of training, education, transportation or other expenses that could help you to become more self-supporting, you might be able to increase your SSI benefit amount by saving or paying for these expenses and including them in a PASS. (Do not include expenses already included in a B'W'E.) A PASS greater than \$330.00 will not further increase your benefit amount. [Note: A PASS can not be greater than your available, non-SSI income, \$350.00.] Click here to get more information on 'Recommendation - PASS Possibilities (Blind)'

housing expenses would not change at all. (WorkWORLD tells her that HUD recognizes SSA PASSes and would not increase her rent even though her gross income would go up.)

Althea is still afraid of actually going to work; so she uses WorkWORLD to find out what would happen to her various benefits if she were to actually get a job and start earning money. She tries two new situations in WorkWORLD, one in which she earns \$1,200 a month, and one in which she earns \$2,000. (Later she'll aim for loftier goals.)

Illustration 5 shows the results

Althea sees in graphical format. Although the numeric results give far more information, it is the graph that convinces Althea that a PASS and subsequent employment would be a good path to more financial security. In her situation, each increase in earned income results not only in higher gross income, but also in higher net income after increased housing costs and work expenses (such as income taxes) are taken into account.

Finally, two text results tell Althea about work incentives that make her path to employment attractive. One tells her about 1619(b), a work incentive that would allow her to

keep her Medicaid coverage as long as she needs it, even when she earns enough to make her SSI cash benefit go to zero.

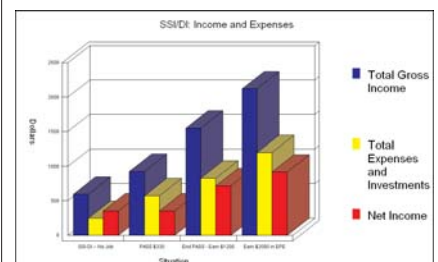
The second text result tells her about the Section 8 *Family Self Sufficiency (FSS)* work incentive. It would allow Althea to have the increase in her rent put into an escrow account. When she starts earning enough money that she would pay full market rent, she will be able to withdraw the funds in the escrow account. She takes WorkWORLD's advice and contacts her housing agency to make sure that FSS slots are available. They are, so she starts planning the PASS that is her first step to more financial self-sufficiency.

Because WorkWORLD maintenance, updating, and delivery will likely be supported by Virginia agencies, Version 6.0 will be available free to Virginia residents who request it by emailing workworld@vcu.edu or writing ESI, VCU School of Business, PO BOX 844000, Richmond, VA 23284-4000. You must provide your full name, a street address, and a phone number to receive the

Illustration 4

SSI/DI Numerical Results	SSI-DI -- No Job	PASS \$330
Income		
SSDI (Title II) Benefit	\$350.00	\$350.00
SSI (Title XVI) Federal Benefit	\$249.00	\$579.00
Other Benefits and/or Unearned Income	\$0.00	\$0.00
Earned Income	\$0.00	\$0.00
Total Gross Income	\$599.00	\$929.00
Expenses		
Work Expenses	\$0.00	\$0.00
Employability Investments	\$0.00	\$330.00
Housing Expenses	\$244.70	\$244.70
Medicare Part B Premium	\$0.00	\$0.00
Estimated Medical Expenses	\$0.00	\$0.00
Total Expenses & Employability Investments	\$244.70	\$574.70
Income minus Expenses		
Total Gross Income	\$599.00	\$929.00
Total Expenses & Employability Investments	\$244.70	\$574.70
SSI/DI Net Income	\$354.30	\$354.30
Medicaid		
Medicaid Covered Group	SSI Recipient	SSI Recipient
Resource Eligibility	Eligible	Eligible
Income Eligibility	Eligible	Eligible
Work Incentives		
Blind Work Expense (BWE)		
PASS (income)		\$330.00
Trial Work & Grace Periods		

Illustration 5



software. (Version 5.38 is a free download at www.workworld.org until version 6 is released.)

Conclusion

1. WorkWORLD is an easily accessible tool to help older individuals with disabilities who have not reached retirement age learn safe paths to higher net income while gaining or protecting healthcare.
2. WorkWORLD could be enhanced to become a tool for those who have reached retirement age. Advocates who agree should let their disability and aging agencies know.

Study Questions

1. What are some justified fears and some myths that make individuals afraid to seek employment or higher earnings?
2. How can the software be used to find safe paths to higher net income?
3. How can advocates seek enhancement of the software?

References or Recommended Reading

1. Other case studies available: www.workworld.org/Profiles.html.
2. Self-Determination article available at: www.bus.vcu.edu/esi/sd/selfdetermine.html.

From the Executive Director, Virginia Geriatric Education Center

Iris A. Parham, Ph.D.

This quarter has been very busy for the VGEC. By the time this newsletter is published, we will have completed the Substance Abuse Video-conference with nearly 70 sites all over the US including South Dakota, Oregon, and 11 sites in Virginia. For more information regarding registration, site information, and continuing education, please go to our web page at www.sahp.vcu.edu/gerontology/html/substanceabusepage.html. We will also have a webcast re-broadcast of this program in May in California and other states. For any additional information, please contact Kandi Watson at (804) 828-9060 or kdwatson@vcu.edu.

The VGEC is also happy to announce the latest edition to the menu of web modules, titled *Aging, Oral Health, Tobacco Use*, developed by Janet A Yellowitz, DMD, MPH. To view this module, visit www.sahp.vcu.edu/gerontology.

The *Progress for Ethical Decision Making* supplemental grant has been moving along at a very fast pace, with the next phase of *Optimal Aging (Difficult Decisions)* beginning

April 25th and running through May 16th for four consecutive Monday evenings. This will be part of the EDM Fellows and Scholars Program. For more information about the program, call Lucy Lewis at (804) 828-9060.

The supervisor training for home health agencies is May 19th. Special thanks to our curriculum developers, Drs. Jablonski and DeLellis from our own VCU School of Nursing, and to our external reviewers who gave such excellent feedback: Ms. Christine Stacy and Ms. Bonnie Gordon.

With special funding from the university, the VGEC will be assisting in the transformation of credit courses that are video-based to credit courses that are presented via Blackboard or webcasting. Doing the project coordination with Dr. Ayn Welleford and Ms. Katie Young is one of our top-notch alumni, Dr. Kimberly Brill. Kim received her M.S. in Gerontology and her Ph.D. from the University of Virginia. We are thrilled to have her back with us and happy to see this transition being completed. There will be a special article on this project for the summer newsletter.

Jason Rachel, our premier newsletter Editor in Chief, will be passing on this responsibility to Kim Spruill (see page 9 for details). We will miss having

Jason in this role, as he has done a fabulous job! However, Kim is welcomed by us all with enthusiasm as she has been a past Editor of great talent and we are delighted to have her.

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

Edward F. Ansello, Ph.D.

Changing Social Security

Last issue we included an extended piece on changing Social Security that contained a good number of quotations from syndicated columnists and legislators. We encouraged Virginians in our editorial to become engaged in the discussion because most any change will affect us and our families, and good government requires citizen input. Since then there have been forums offered by advocacy groups, seniors organizations, and political parties or elected members from these parties. As could be expected, these have sometimes generated more heat than light. These forums have their biases, but they offer the opportunity to learn more about the varying stances being taken on Social Security, including whether changing it is “reforming” it.

What we are witnessing, it

seems to me, is nothing less than a clash of values or at least of ideologies. What is Social Security? At one end, traditionalists argue that it is a shared insurance, a pooled account that provides some basic economic needs. At the other end, reformers say it should be what it currently is not: an individual investment owned by the contributor. Over the years Social Security has become an essential component of growing older. Today some 48 million Americans are receiving benefits; but about one-third of these are not retirees; they are survivors of the contributing workers, disabled workers, or, in four million cases, the children of contributing workers. Social Security as a pooled insurance serves them well. President Bush has done wonders to shine a light on the dark secret of a future funding shortfall in the wake of the unprecedented aging of our nation. At the same time, he is championing the principle of ownership: we contribute to Social Security, so we should own at least a part of these contributions. Two basic questions arise: 1) how would personal accounts address the needs of people who have not contributed to them, like the survivors and children? and 2) how do the President’s initiatives relate to each other; that is, do the personal accounts he is proposing solve the shortfall he

is calling attention to? We do not know yet the answer to the first question, but, with regard to the second, many analysts think they do not relate.

It would seem that there are two parallel issues and intermingling them may only kick up the dusts of political rhetoric. One track is eliminating a future shortfall in Social Security. When the “future” is, that’s another subset. The Congressional Budget Office just recently projected that Social Security can meet its obligations fully until the 2050s, about a decade beyond the intermediate expectations of the Social Security actuaries. Proponents of basic restructuring cite much nearer dates for insufficiency. Regardless, the first issue is strengthening Social Security financially. The impetus is the remarkable, some say alarming, shift in demographics, to wit, more elders and fewer young people. There are a number of measures that reportedly can solve all or almost all of the projected “75-year shortfall,” without introducing personal accounts. These include raising the cap on wages subject to Social Security taxes from the present \$90,000. This amount captures contributions from all or much of the earnings of over 90% of all American workers. So raising the cap, in effect, raises the taxes of a small percentage of wage earners.

Other options include diversifying the Social Security Trust Fund's investments, diverting some monies from the absolute safety of low return Treasury Bonds to something more risky but potentially more robust. To pursue this path we citizens would have to know how much diversification, who chooses the higher risk funds, how are the choices made, and so on. But the Federal Savings Thrift Fund may offer a practical and successful example. We might also make participation in Social Security more universal (many state and local government workers do not participate) or raise the retirement age to reflect longer life expectancy and a number of broad changes in lifestyle; the latter include more of us having our last child later in life, with the correlated consequence of having to postpone retirement because we have dependents in school when we are near or in the traditional retirement years. Raising the age for receiving full Social Security benefits must, however, be counterbalanced against the needs of those who voluntarily or involuntarily retire earlier because of a work life detrimental to their health. These just scratch the surface of the options that might address long-term solvency.

The other issue is every bit as intriguing, but, as mentioned,

not necessarily connected to solving Social Security's finances. It clearly has a values-driven impetus. In a capitalist society, individual control over one's financial destiny would seem reasonable and consistent. The questions to be addressed include how much control, control by whom (the individual in partnership with whom? the government in partnership with whom?), how to prepare individuals to exercise choice, and what to do if individual control results in financial disaster. If an investor in this scenario goes broke, is it the responsibility of the government to assist those most in need? How do individual control values play out in the larger definition of the proper role of government? What if the individual goes broke after adhering to all of requirements of the government-sponsored personal account program? Currently under discussion by advocates of personal accounts is the provision that the four percent of the worker's contributions put into a personal account would incur deductions when paid out monthly as an annuity on retirement. These deductions are proposed to be "inflation plus three percent" or another amount but within the same formula. Conceivably, one could see all accumulated growth evaporate once these deductions are made. What does

government do then?

It might be most productive to tackle the questions of financial solvency and personal accounts separately. Each deserves its own attention. Indeed, some pundits are doing just this: suggesting personal accounts as an option on top of a Social Security program modified by changes in income cap, age of retirement, changes in calculating benefits or something else. The process may well take years. As we encouraged before, we Virginians should not watch our futures from the sidelines.

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

Jay W. DeBoer, J.D.

*"Own Your Future," Virginia's
Long-Term Care Awareness
Campaign*

The Commonwealth of Virginia and the United States Department of Health and Human Services (HHS) have launched a new Long-Term Care Awareness campaign, in conjunction with the National Governors Association and the National Council of State Legislatures. The campaign, titled "Own Your Future," is a pilot project taking place in five states: Arkansas,

Idaho, Nevada, New Jersey and Virginia. The goal of the campaign is to increase awareness among retirees and near-retirees about the need to plan for long-term care. Campaign activities began in January 2005 and will run until the end of May 2005.

The goal of educating individuals about advance planning is to provide individuals with a sense of independence and control regarding important decisions about how their retirement years are spent. Many options are available to consumers who plan ahead and take advantage of opportunities earlier in life. Planning ahead also enables individuals to take responsibility for their long-term care needs without putting the burden of care and expenses on family members. Long-term care is also an important part of each person's responsibility as a citizen. It is an obligation each individual must face to plan for a safe and secure future.

On January 10, Governor Mark R. Warner announced to the public the launch of the "Own Your Future" Long-Term Care Awareness campaign, designed to encourage all Virginians between the ages of 50 and 70 to plan for their future as they age. The first step in the campaign initiative included direct mail, television and radio public

service announcements, and the distribution of a "tool kit" containing consumer information on long-term care issues. Virginia was the first of the five pilot states to launch their campaign on long-term care planning.

The campaign becomes even more important now that the "Baby Boom" portion of the U.S. population is beginning to reach retirement age. It is estimated that one in four Virginians will be over 60 years of age by the year 2030. At the press conference for the launch, Governor Warner stated, "The federal Medicare program will not help many older people pay for their long-term care needs. Neglecting to prepare for the financial, emotional, physical and mental aspects of aging can have a devastating impact on older persons and their families." In addition, many individuals will not be able to rely on Medicaid to assist in their long-term care financing unless they wish to "spend down" their assets to meet Medicaid income requirements. Many retirees wish to maintain their income status, thus making Medicaid an unsavory option for them.

There are three Long-Term Care specialists working on this campaign, one each located at the Jefferson Area Board for Aging in Charlottesville, Virginia; Senior Services of

Southeastern Virginia located in Norfolk, Virginia; and the Virginia Department for the Aging (VDA) located in Richmond, Virginia. These positions are funded by a grant from HHS. The people filling the positions are available to present educational programs on long-term care options at venues where individuals over fifty years of age are likely to congregate. In addition, caregivers interested in long-term care options for their aging relatives may also request a presentation. A Long-Term Care Specialist can be reached by calling The Virginia Department for the Aging at 1-800-552-3402.

Virginians can call the toll-free number 1-866-PLAN-LTC to receive the "tool kit" which includes information on the Virginia Department for the Aging, their local Area Agencies on Aging, the State Corporation Commission's Bureau of Insurance, a Virginia Long-Term Care Guide, and other resources.

VDA will partner with other organizations to present a one-day conference on caregiving. The conference will place special emphasis on providing information to male caregivers, and will also include workshops for non-male caregivers, caregiving service providers and professionals in the caregiving field. The conference will take

place in Richmond, on a day in the third week in July. The date and location of the conference are still being decided.

The conference is being sponsored by VDA in conjunction with the fourth and final year of the "Outreach and Support for Male Caregivers" grant that VDA received from the U.S Administration on Aging. The registration fee for caregivers will be \$10, and the fee for caregiving service professionals and other field-related professionals will be \$30. Informative sessions will be offered in the morning, and then repeated after lunch, so that each person may attend two sessions on two different topics. Some of the topics being considered for presentation at the conference include:

1. End-Of-Life Issues
2. Personal Care - Managing Activities of Daily Living
3. Special Considerations for Dealing with Persons with Dementia
4. Combating Caregiver Burnout
5. Fitness and Wellness
6. Community Resources
7. Communicating with Healthcare Professionals
8. Nursing Homes - The Best Time for Placement
9. Discussing Caregiving with Other Family Members
10. Panel of Legislators to Discuss Public Policy and

Caregiving

11. Differences in Caregiving: Men versus Women
12. Nutritional Needs of Care Recipients
13. The Value of Support Groups
14. Pharmacy Assistance Programs
15. Benefit Programs (Medicare, SSI, Social Security, etc.)
16. Caregiving and the Employed Caregiver
17. Long-Distance Caregiving
18. Internet Resources
19. Tax Issues
20. Spiritual Needs of Caregivers
21. How to Make Your Home Safe
22. Minority Caregiving
23. Assistive Technology

Vendor display opportunities are also being planned for the conference.

Please mark your calendar so that you can join us in July for this important event. To be placed on the mailing list, contact Ms. Faye D. Cates, MSW, VDA Human Services Program Coordinator by calling (804) 662-9310, by facsimile at (804) 662-9354, or by e-mail at: faye.cates@vda.virginia.gov.

Giving Care to Many While Caring for Yourself: Caregiver Workshops for Nursing Assistants

This workshop is presented by the Virginia Association for Home Care for nursing assistants working in private duty, home health, and hospice. Upon completion, 5.5 contact hours will be awarded. The workshop will cover topics such as reducing fall risk, interventions when falls occur, management of combative/aggressive behaviors, self-defense, and stress management.

This workshop will be held on several dates and locations through May and June. For more information, contact VAHC at (804) 285-8636 or vahc@vahc.org.

New Editor for *Age in Action*

Kim Spruill is now editing *Age in Action*, taking over from Jason Rachel who has been the editor for the past several years. Kim was previously editor when she worked for the Virginia Center on Aging. If you would like to submit articles to the newsletter, contact Kim at spruill_kimberly@yahoo.com.

Focus on the Virginia Geriatric Education Center



Natasha Stevenson

Natasha Stevenson joined the VGEC as a Fiscal Technician in January 2005. She is responsible for processing all accounting transactions including purchase orders, travel reimbursement, and personal service agreements, as well as handling all the payroll functions.

Ms. Stevenson first began working at the VGEC as a work study student in September 2003. During that time, she was responsible for answering phones, data entry, and various other office tasks; because of her hard work and dedication, we welcomed her full-time earlier this year.

Natasha is currently a senior at Virginia Commonwealth University and will receive her bachelor degree in Human Resource Management in December 2005. After graduation she will continue her

education and hopes to receive a license in real estate. She enjoys swimming, working on her home-based business, and writing fictional short stories.

Focus on the Virginia Center on Aging



Aly Cooper

Aly Cooper is a recent hire at VCoA, working as the new Project Coordinator for the Central Virginia Task Force on Older Battered Women. Having just moved back to the Richmond area, she is thrilled by the opportunity and possibilities that this position offers. Her position is grant funded through the Virginia Services, Training, Officers, Prosecution (V-STOP) program. The project allows Aly to facilitate work groups, brainstorm with Task Force members to develop protocols, and educate law enforcement and allied service professionals in the matters of women in the second half of life who are victims of domestic violence and sexual assault, a special,

underserved population.

Aly is a Bloomsburg University graduate, having received a bachelor degree in Social Welfare with a concentration in gerontology. She intends to enroll in the graduate social work program at VCU part-time in the fall.

Aly found herself in Richmond after college graduation and worked as both a social worker and an Admissions Director in two long term care facilities. While living in Richmond, she met and married her husband and moved to Manassas. She worked there at an excellent CCRC in the skilled unit as the discharge social worker.

Among her favorites are sunny fall and spring days and taking day trips on the back of her husband's motorcycle. When not touring, Aly indulges a secret penchant for watching home makeover shows and testing out budding skills in her new home. She hopes to become involved in church activities, and is actively searching with her husband for a new church home. She also enjoys bargain shopping, a good joke, chocolate of any kind, and spending down time with her husband, Will, and feline and canine "kids" Romeo and Zoe.

Virginia Creates Virtual Center on Alzheimer's Disease

“AlzPossible,” the Commonwealth of Virginia’s new comprehensive virtual center on Alzheimer’s disease (A.D.), establishes a virtual center for coordinating activities related to A.D. and other related disorders. “The Center’s objective will be to form partnerships among groups or organizations in order to combine their individual talents and resources in such a way as to advance the public health goals of the Commonwealth of Virginia,” says Ian Kremer, Chairman of the Alzheimer’s Disease and Related Disorders Commission.

The Virtual Center has no walls. It exists in cyberspace, creating a fertile environment for the discovery of knowledge by bringing together talented professionals with different skills and perspectives. Experts from various disciplines and institutions work together to solve a common problem, even though they might be located at opposite sides of the state. The Center will use a systems approach to solving complex problems, capitalizing upon a multi-disciplinary team of experts who each have an in-depth knowledge of a different part of the problem.

The Virtual Center has broadly

defined some problems that the Commonwealth must address in order to ameliorate the increasing public health concerns related to the state’s aging population. As the number of older Virginians increases, so will the number of people with A.D. or a related disorder. At present, the Center’s workgroups include: Training and Education, Information and Referral, Research, Technology Transfer, Services, Diagnoses, Care and Support, Databases, and Coordination.

The AlzPossible website (www.alzpossible.org) showcases the project’s mission, objectives and accomplishments, as well as providing a private virtual workspace for its members. The workgroups will be able to use the space to communicate effectively and initiate, develop, and implement strategies to accomplish their respective goals. The output will then be placed on the public portion of the website, where the public will be able to review their progress and provide constructive feedback. The initial model will be used as a prototype in building a full-scale Virtual Center, a pioneering tool for use by the community of patients, caregivers, researchers, and healthcare professionals working to cure A.D. and related disorders.

The Business of Geriatric Care Management Seminar

The Department of Gerontology and the Virginia Geriatric Education Center at VCU are proud to announce a new seminar titled, *The Business of Geriatric Care Management* to be offered as a five week seminar on **consecutive Tuesday evenings, from May 24th to June 21st**. It will be held at Senior Connections, 24 East Cary Street in Richmond.

The Business of Geriatric Care Management is designed for individuals who have an interest in pursuing Geriatric Care Management as a career, are currently working as a care or case manager, or who simply want to know what to expect from a geriatric care manager. Suitable for professional and community caregivers, this seminar provides an overview of the field, as well as the issues involved in establishing a business and providing services.

For more information about enrollment options and cost, contact Katie Young, Education Coordinator, at (804) 828-1565 or youngka@vcu.edu.

The Virginia Center on Aging's Annual Legislative Breakfast

If it's January, it's Legislative Breakfast time. VCoA hosted its annual breakfast on a pleasant Wednesday, January 26, 2005, at St. Paul's Episcopal Church in Richmond. The largest attendance in years included Senators, Delegates, their staffs, members of the Commonwealth Council on Aging, the Virginia Department for the Aging and other state agencies, and colleagues from various Area Agencies on Aging, Virginia Commonwealth University, and other organizations from across the Commonwealth.

VCoA hosts this breakfast to inform the General Assembly, which created it in 1978, of its progress in meeting its three fundamental mandates: interdisciplinary studies, research, and information and resource sharing.



Top Left: VCoA's Catherine Dodson, Pete Giesen of V4A, and Delegate Jim Dillard of Fairfax
Top Right: Commissioner Jay DeBoer of the Virginia Department for the Aging and VCoA Advisory Committee Chairman Beverley Soble of the Virginia Health Care Association
Bottom Left: VCoA's Ed Ansello and Delegate Mark Sickles of Alexandria
Bottom Right: VCoA's Jane Stephan and Delegate Jack Reid of Henrico



Top Left: Terri Lynch of Arlington Agency on Aging, Harris Spindle of Senior Connections, and Erica Wood of the American Bar Association

Top Right: MaryEllen Cox of the Catholic Diocese and Lynne Seward of A Grace Place

Middle Left: VCoA's Paula Kupstas in discussion with Senator Harry Blevins of Chesapeake

Middle Right: VCoA staff Aly Cooper, Tara Livengood, Connie Coogle, Bert Waters, and Catherine Dodson (front to rear) welcome some of the large crowd of attendees

Bottom Left: VCU Vice President for Health Sciences Sheldon Retchin, VCU Dean of Engineering Robert Mattauch, and Delegate Frank Hall of Richmond

Bottom Right: VCoA's Ed Ansello and Delegate Charles "Bill" Carrico of Independence

Calendar of Events

April 25 - May 16, 2005 **4 Consecutive Mondays**

Optimal Aging: Difficult Decisions. Series explores the complicated issues we may encounter in our own lives or while caring for an older family member. Cost is \$15 per session. For information, contact Lucy Lewis at (804) 828-9060 or optimalaging@vcu.edu.

May 12, 2005

Spirituality, Loss, and Aging for Persons with Lifelong Disabilities. Full day conference sponsored by the Area Planning and Service Committee. DoubleTree Hotel at the Richmond Airport. For information, contact Ed Ansello at (804) 828-1525.

May 25, 2005

Enhancing Health Care Delivery: A Patient-Centered Paradigm. 5th Annual Conference of Virginians Improving Patient Care & Safety. Greater Richmond Convention Center. For more information, visit www.vipcs.org.

June 2-3, 2005

11th Annual Conference of the Virginia Coalition for the Prevention of Elder Abuse. To be held at the Virginia Beach Resort and Conference Center. For more information, call Joyce Walsh at (757) 382-6883.

June 9-10, 2005

Celebrating Aging in Mind, Body, and Spirit. 2005 Annual Conference on Aging. Lynchburg College. For information, contact the Beard Center on Aging at (434) 544-8456 or Rose Jensen at jensen@lynchburg.edu.

June 24, 2005

The Rubik's Cube of Long Term Care: Putting the Puzzle Together. White House Conference on Aging Designated Event. Charlottesville. For more information, contact the Jefferson Area Board for Aging at (434) 817-5286 or jross@jabacares.org.

August 22-25, 2005

The Florida Conference on Aging 2005: Celebrating 50 Years Together. Renaissance Orlando Resort at Sea World. For more information, call (850) 222-8877 or visit www.fcoa.org/conf2005/conf2005.html.

September 8-9, 2005

The Golden Years and Domestic Abuse Conference. "Innovative and Faith Based Solutions." Cornerstone Baptist Church, Greenville, NC. For more information or to receive a conference brochure, contact (252) 758-4400 x226 or smunzer@pittfvp.org.

January 25, 2006

Virginia Center on Aging's Annual Legislative Breakfast. St. Paul's Episcopal Church, Richmond. For information, call (804) 828-1525 or eansello@hsc.vcu.edu.

Age in Action

Volume 20 Number 2
Spring 2005

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Age in Action is published quarterly. Submissions, responses to case studies, and comments are invited and may be published in a future issue. Mail to: Editor, *Age in Action*, P.O. Box 980229, Richmond, VA 23298-0229, fax to (804) 828-7905, or e-mail to spruill_kimberly@yahoo.com.

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June 15, 2005

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Spirituality, Loss, and Aging for Persons with Lifelong Disabilities

Conference Sponsored by the
Area Planning and Services Committee on Aging with Lifelong Disabilities (APSC)

May 12, 2005
8:00 a.m. - 4:30 p.m.
DoubleTree Hotel, Richmond Airport

This conference is made possible through the generous assistance of AARP-Virginia and the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services.

Topics: Reflections on the Culture of Caregiving, Faith in the Grieving Process, Common Conditions in Growing Older with Lifelong Disabilities, Down Syndrome and Dementia, Living with the Experience of Ongoing Loss, Aging-Related Community Resources, Conversation at the End of Life, and Handing Over Care

Costs: \$30 per person includes materials, lunch, and breaks. If two persons register from the same direct service agency, the second registration is 1/2 price. Scholarships are available, when needed, for family members who are caregivers. Registration deadline is May 6th. On-site registration is \$45.

Registration: Please make checks payable to Virginia Center on Aging, and mail to APSC Conference, Virginia Center on Aging, Virginia Commonwealth University, Box 980229, Richmond, VA 23298-0229.

Information: For more information about this conference, contact (804) 828-1525 or eansello@hsc.vcu.edu.

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