

# age in action

Journal of the Virginia Geriatrics and Gerontology Education Center and the Center for  
Virginia Center on Aging  
Virginia Geriatric Education Center  
Virginia Department for the Aging

## Case Study

### Parish Nursing: A Vital Piece to the Puzzle of Care for Older Adults

The Rev. Donna B. Coffman,  
RN, MACE, MDiv

#### Educational Objectives

1. To generate awareness of the emerging practice of faith community/parish nursing and its implications for the overall improvement of health care.
2. To explore specific ways parish nursing can help meet the holistic health needs of older adults in local congregations.

#### Background

The parish nursing movement was born in the mid-1980s in Park Ridge, Illinois, a vision of Lutheran minister and hospital chaplain Dr. Granger Westberg (1913-1999.) He believed that medicine was more than care of the body, “because true healing

involves the body, the soul, and the mind” (Peterson, 1992). In the hospital, Westberg observed that registered nurses were often the health care professionals who instinctively offered this whole person care. He saw them as the piece of the puzzle that linked health care systems and faith communities. Putting this piece in place could transform high cost, specialized, fragmented care with a focus on illness into whole person care with a focus on optimal health and deep respect for the spirit.

From the first group of six or seven nurses who developed the program with Westberg, this ecumenical movement has grown to more than 8,000 parish nurses who are now anchoring a swelling number of health ministries in Virginia and throughout the United States. The American Nurses Association (ANA) recognized parish nursing as a specialty practice in April 1997. The standards that were written

at that time were revised in 2005 by the Health Ministries Association ([www.hmassoc.org](http://www.hmassoc.org)) and the ANA. This document, called the *Faith Community Nursing Scope and Standards of Practice*, reflects the continuing evolution of parish nursing and defines faith community nursing/parish nursing as “the specialized practice of professional nursing that focuses on the intentional care of the spirit as part of the process of promoting holistic health and preventing or minimizing illness in a faith community” (ANA, 2005). Health researchers say that 40-50 percent of a person’s current health status is a direct result of lifestyle choices that are made on a daily basis (Social Justice and Peacemaking Unit, 1991). Our food choices, physical activity levels, use of seat belts, protection from sunburn, reading, movie, television and video choices, the number of hugs and laughs we give and receive a day, all play a

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part in our wellbeing. Parish nurses throughout Virginia are strengthening the capacity of individuals, families, congregations, and communities to connect what they believe with how they care for themselves. They are empowering the members of their congregations to take responsibility for their health and helping them manage chronic conditions so that optimal health can be attained. One of the roles of a parish nurse is to walk alongside members, encouraging and supporting them as they endeavor to make health-giving changes and navigate life transitions. Parish nurses also facilitate health promotion and education programs that incorporate a particular congregation's faith beliefs. Along with the pastoral staff, they promote an understanding of the difference between the medical model of *cure* and the scriptural model of *healing* (Evans, 2000).

Most parish nurses in Virginia serve as volunteers within their own congregations, giving from one to 30 hours a week. Because health ministry is not a cookie cutter ministry, each congregation's program is unique, based on the available time, gifts and skills of the parish nurse(s), and an assessment of the needs and desires of the congregation.

The criteria for becoming a parish nurse include being currently licensed as a registered nurse in the state of practice, having appropriate clinical experience, expressing a mature spirituality, completing at minimum a basic parish nurse preparation course ([www.parishnurses.org](http://www.parishnurses.org), [www.caringcongregations.org](http://www.caringcongregations.org)), having current health knowledge, exercising good communication skills, modeling personal wellness, and displaying the ability to perform the independent functions of nursing practice. This means that parish nurses do not provide services that require a doctor's order. Neither do they duplicate existing community services such as home health or hospice. Parish nurses do not maintain a clinic in the church. Denominational recommendations for serving as a parish nurse may also apply.

Parish nurses offer care across the lifespan or "from womb to tomb." However, the large number of older adults and family caregivers who make up mainline congregations points toward parish nursing as a vital link in the continuum of care, a model of care that is essential to the wellbeing of older adults. The development of health ministries led by parish nurses may also be one of the keys to the relevance and continued viability of America's faith communities themselves.

## Case Study

Mildred is a 67 year old member of a Methodist congregation of about 250 people. She is a retired school cafeteria worker who divorced as a young woman after her husband came home from Vietnam. She has no children. Her church is her family. Mildred participates in Sunday school, volunteers in the office, helps with fellowship meals, and keeps the nursery. During the monthly blood pressure monitoring held by the congregation's health committee, Mildred approached Becky, the parish nurse. Usually a woman with a lighthearted spirit, Mildred seemed very anxious as she whispered to Becky that she really needed to talk to her. Because she didn't want anyone to know they were talking, Mildred asked Becky if she would come by her apartment on her way home from work tomorrow. When Becky arrived the next afternoon, Mildred got right to the issue. During a follow up after her yearly physical, her family doctor told her that she had diabetes. Mildred was in tears. "My mother had diabetes and she had to take shots every day. She still lost her sight and had to have a leg amputated. She died when she was 68 years old! I don't want to die next year! What can I do?" she sobbed. Becky moved to sit beside Mildred on the sofa, offering her hand. Mildred held on tightly as she cried.

After a few moments, Mildred continued. “The doctor told me I had diabetes like my mother. He gave me a couple of brochures about a special diet, the phone number of a class at the hospital on the other side of town that he wants me to take, and told me to lose 100 pounds! Then he gave me a prescription for a meter and said to come back in six months for blood work, as he hustled out of the room to the next patient. I can’t lose 100 pounds in six months! I don’t know how to use a meter and I can’t afford one! How will I get to the class? I feel so overwhelmed and angry! Why is God doing this to me?”

Becky listened as Mildred poured out her fears and grief, knowing that Mildred did not need platitudes. When Mildred was calmer, Becky asked her what she would like her to do. After a few more minutes of conversation, Becky determined that Mildred’s most pressing concern was her sense of the enormity of the situation. “Let’s eat this elephant one bite at a time!” suggested Becky. Mildred managed a little chuckle!

Together they made a plan, as Becky continued to assure Mildred that she would support her as she learned about diabetes and how to manage it. Becky offered to be with her while she made the call to get the details about the class. After obtaining this information, they discussed possible transportation to the

hospital. Mr. Cartwright, a recently retired man in the congregation, had just told Becky last Sunday that he would be happy to provide transportation for anyone who needed to go to the doctor or grocery store; so Becky offered to connect them. She invited Mildred to stop by her office at the church during the coffee hour next week to meet Mr. Cartwright, as well as pick up a packet of information from the American Diabetes Association that the health team had prepared to help her understand her condition. She told Mildred about a new



exercise/prayer time that was beginning at the church the next month. Becky gave her a sign up form for the “Walk to Jerusalem,” a program that the health committee designed to encourage members to increase their exercise and to get to know one another better. By recording miles walked either alone or with other members, the group hoped to complete the 5,281 mile “trip” to Jerusalem before Easter. Each Sunday the distance walked would be reported in the bulletin. A weekly prayer focus would be a part of the program. Mildred perked up as Becky explained that the “Walk” was intergenerational and there would be a celebration when the group “arrived” in Jerusalem! Mildred said, “I love children!

This sounds fun! I can see light at the end of the tunnel! Thank you so much for coming by!” Before Becky left, she told Mildred she would call her once a week to touch base. She offered to pray with Mildred and Mildred readily accepted. As they held hands, Becky asked what Mildred would like her to pray for. Afterward, as the two parted with a hug, Becky asked Mildred if she could share her situation with the pastor and the health team so that they could pray for her, too. Mildred quickly gave her consent, no longer fearing “what others might think.”

After a month of continued encouragement, support, and prayer, Mildred had linked up with Mr. Cartwright to arrange a ride and signed up for the class her doctor had recommended. With the help of the class instructor, she became an old pro with the glucometer that she received from a grant program that Becky knew about. Soon Mildred was counting her carbohydrates along with everyone else who attended the fellowship suppers! She signed up for the “Walk to Jerusalem” and helped the health committee keep track of the miles that the group turned in each week. By the fall she became a “grandmother” to a teenage girl who was struggling with her weight and had joined the “Walk.” Mildred began to participate regularly in the blood pressure



monitoring held once a month between services because she had learned at a program during Stroke Awareness Month that diabetes and high blood pressure go hand in hand. She wanted to prevent a stroke. As Mildred learned to manage her diabetes, she became more comfortable with sharing her condition and discovered others in the congregation who needed the kind of support she had experienced. She bravely approached the Fellowship Committee and suggested that some fresh fruit or vegetable snacks be served at the weekly coffee hour along with the usual cookies and doughnuts. By the next spring, the “Walk to Jerusalem” group had started a weight loss program and was planning a “Walk to Bethlehem” for the Advent season. Mildred’s joyful perspective on life had returned. She proudly told the pastor that there was now room for six new members in the congregation, since the walking/dieting group had lost a total of 853 pounds over the past year! Fifty of those pounds were Mildred’s!

### Conclusion

The parish nursing piece is important to solving today’s health care puzzle for older adults and their families. Parish nurses help people navigate fragmented, difficult to access

care systems and empower them to take responsibility for their health through advocacy and education in a trusted environment - the church. They decrease the isolation felt by those with chronic conditions by connecting them with others who offer them care, assessing their needs and linking them with resources within the congregation and community.

The high cost of health care is addressed through preventive health screenings, monitoring chronic conditions, health promotion linked with faith, appropriate use of health care resources, and spiritual care that augments the care offered by the pastor(s). Parish nurses seek to build community and strengthen networks of care in congregations and their surrounding communities. Confidentiality is critical to a successful health ministry. Most importantly, parish nurses offer whole person care considering body, mind, and spirit.

### Study Questions

1. What does your denomination offer that might help your congregation to assess current care ministries and determine what health ministries could be beneficial?
2. What are the major functions of a parish nurse?
3. Why would confidentiality be an important aspect of health ministry?

4. How might older adults and caregivers in your congregation benefit from a health ministry led by a parish nurse?

### About the Author



The Rev. Donna B. Coffman, RN, MACE, MDiv is a health ministry consultant/ educator and retreat leader who provides training and support for parish nurses, older adult ministers, family caregivers, and others who offer care. Donna organized and taught the first parish nurse education program in Richmond, VA. She is an ordained minister in the Presbyterian Church (U.S.A.) and serves on the national leadership team of the Presbyterian Health Network.

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## Editorials

### From the Executive Director, Virginia Geriatric Education Center

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J. James Cotter, Ph.D.

As you know, Congress has defunded all the Geriatric Education Centers in the nation, including the Virginia Geriatric Education Center of VCU's Department of Gerontology. No funds will be available for 2006-2007. We are now pursuing advocacy at both the federal and state levels. At the federal level, we have supported the Specter/Harkin amendment to the Senate Budget Resolution for 2007-2008; this authorizes restoration of Geriatric Health Professions Title VII Funding. This is the first step in a year-long process to fully restore funding in the final budget bill next fall.

At the state level, Dr. Ed Ansello, Director of the Virginia Center on Aging, has worked with Delegate Jack Reid and Senator Benjamin Lambert to introduce budget items that would fund geriatric education out of state appropriations (budget bill amendment House: 203 #6H; Senate: 203 #5S). The item is currently part of the budget bill that is under consideration by the General Assembly. For those of you who contacted Delegates or Senators on our behalf, we thank you.

Again, I continue to be puzzled by the lack of federal support for geriatric education. We know that there are growing numbers of older persons using the services of a wide range of health professionals. Despite some progress, we know that most health professionals received little information on geriatrics during their training. It would seem to be a 'no-brainer' to fund programs that improve the quality of care older persons receive through improving the skills of health professionals.

The Virginia Geriatric Education Center continues its efforts to improve the knowledge, skills, and abilities of health professionals in Virginia. Earlier this month, the VGEC joined with the Virginia Geriatrics Society to cosponsor their annual meeting held March 24-26. Almost 200 health professionals, but especially physicians and nurse practitioners, came together in Richmond for two and one-half days of training on geriatric issues. Topics such as these were presented: *What's New in Stroke Prevention and Treatment*, presented by Dr. Tom Pelegriano, Eastern Virginia Medical School; *Unraveling the Mystery of Medicare Part D*, by Jeff Delafuente, RPh,MS, of Virginia Commonwealth University; *Obesity: Exercise Physiology and Metabolism*, by Kimberly Brill, PhD, Virginia Commonwealth University; *Will You Be Alive and Kicking at 90 and*

*Beyond ?* by Peter Boling, MD, Virginia Commonwealth University; *Thinking Outside the (Black) Box: Behavior Management in the Dementia Patient*, by Stefan Gravenstein, MD, MPH, CMD, FACP, Eastern Virginia Medical School; and *Just Say No: Stopping Drugs in the Elderly*, by Jonathan Evans, MD, University of Virginia. It was an excellent conference. We thank all the planners, but especially Beth Ayers and Lucy Lewis of the VGEC for all their hard work.

So again, we members of the aging network are working hard to restore funding and to find other sources of support for the geriatric training activities. But know that we will somehow find a way to continue the VGEC training activities to improve the quality of eldercare in Virginia. We hope to have good news on our funding very soon. Stay tuned.

## Editorials

### From the Director, Virginia Center on Aging

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Edward F. Ansello, Ph.D.

#### *Thank You, Jane and Jay.*

Change is inevitable, especially where state political appointments are concerned. We know that elections bring new leaders and their appointees, displacing previous position holders. Nonetheless, we must note that we have lost two remarkable colleagues to this process: the Hon. Jane Woods, recent Secretary of Health and Human Resources, and the Hon. Jay DeBoer, recent Commissioner of the Virginia Department for the Aging. Jane has left state government to concentrate on her consulting firm, while Jay is the newly appointed director of the Virginia Department of Professional and Occupational Regulation.

We celebrate the completion of four productive years on behalf of older Virginians under their leadership. They provided supportive words and actions for the broad Aging Network. They breathed life and creativity into the work of trying to improve the lives of older Virginians and their families, not only reviving interagency meetings but encouraging coalitions and creative approaches to problem-

solving. In the past four years they co-sponsored a Governor's Conference on Aging, helped to broaden meaningful Medicaid waivers, established future planning processes, addressed long-term care needs, instituted an Aging Action Agenda Task Force, spoke frequently and widely at conferences and workshops, and more. Jane and Jay were accessible, motivational, and engaged. We thank them and wish them well.

At the same time, we welcome their successors as Secretary and Commissioner, Marilyn Tavenner and Julie Christopher, respectively. Each brings experience, commitment, and high energy to their positions. We look forward to working with them in the years ahead.

**Happy 30th anniversary and congratulations to Circle Center Adult Day Services in Richmond for providing quality, innovative daycare for older adults in the greater Richmond area and support to their families since 1976.**

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

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Julie Christopher

#### *Virginia's 2006 Legislative Session*

As this issue of *Age in Action* goes to press, the General Assembly has not yet agreed upon a budget and has convened a special session to resolve budget issues surrounding transportation. Until there is agreement on ways to fund this major issue, funding for services and programs for older and disabled Virginians will remain "up in the air."

For better or for worse, this was a relatively "quiet" session for aging and other human services issues. The following items represent highlights of bills and resolutions which will affect aging services and programs.

The department's primary goal was to assure that Virginia's *Alzheimer's Disease and Related Disorders Commission* was continued. Sunset language in the Code of Virginia had the Commission ending on 7/1/06. Two bills (HB 997 and SB 668) continued the Commission until 7/1/09 and these bills passed both houses of the legislature. The Code section for Virginia's Public Guardianship Program was amended to allow public guardians

## Editorials

to make burial arrangements upon the death of a ward (HB 856).

Note: A guardian's role by law ends upon the death of the ward (incapacitated person). Public guardians, however, are often the only persons available to make burial arrangements for those indigent persons who have been assigned to their care.

HJR 129 requested the Virginia Department of Health to study the adequacy of emergency preparedness plans for the residents of special needs facilities. This bill was continued until the 2007 session.

The General Assembly's growing concerns about sexual predators were reflected in HB 415 which would require nursing homes to notify residents, their families, and the public of the presence of a resident convicted of a sexual offense. This bill was continued until the 2007 session. Likewise, HJR 106 requested the Secretary of Health and Human Resources to study the impact of barrier crime laws, those that preclude a person from providing human services, on services and programs for the elderly. This bill passed. Additionally, HB 1398 would allow nursing homes, adult day care programs, home health agencies and child welfare agencies to hire individuals who have been convicted of a misdemeanor involving moral turpitude, if five years have elapsed following a

conviction. However, a conviction of abuse and neglect would continue to remain a barrier to employment. This bill was continued until the 2007 session.

Two bills addressed findings from the recent study (HJR 103, 2005 session) by the *Joint Legislative Audit and Review Commission* (JLARC) on the impact of an aging population on the ability of state agencies to provide services. HB 854 requires all state agencies to designate an existing employee to be responsible for reviewing policy and program decisions under consideration by the agency to determine the impact on senior citizens and citizens with disabilities. HB 110 requires each state agency to include in their strategic plan at least five specific actions for addressing the impact of an aging population. Both bills passed.

Two bills, HB 786 and SB 287, provide a credit against state income taxes for certain long-term care insurance premiums paid by individuals during the taxable year. Also, HB 121 combined a variety of bills into one package that provides greater flexibility to local governments to provide real estate property tax relief to older and disabled home owners.

The Assembly passed HB 226 and SB 663 mandating that the Commonwealth Transportation Board require both state and local transportation entities to develop

specific mobility goals for addressing the transportation needs of older and disabled Virginians.

Most bills have now been amended or fundamentally changed during the legislative process. For a complete and updated copy of any bill, contact the General Assembly Bill Room at (804) 786-6984. You can also go to the Virginia Division of Legislative Services internet site: <http://legis.state.va.us/>.

Two lists of bills are available from the Virginia Department for the Aging. One is entitled "Selected Bills of Interest to Older Virginians and their Families which were Introduced during the 2006 Session," and the other is "Selected Bills of Interest to Older Virginians and their Families which were Passed or Continued During the 2006 Session." To receive a copy of either one of these lists, e-mail Bill Peterson at [bill.peterson@vda.virginia.gov](mailto:bill.peterson@vda.virginia.gov).

As a final note, Jay W. DeBoer, J.D., is no longer Commissioner for Aging. Governor Kaine has asked him to be the director of the Virginia Department of Professional and Occupational Regulation (DPOR).

## Eulogy: Jean B. Zink by Edward F. Ansello, Ph.D.

I drove up to Maryland last month for the funeral of Jean Zink, long time friend and colleague in projects on aging with lifelong disabilities. Jean was the project manager in some of our Partners Projects and the soul of all of them. We began working together 20 years ago in 1986 in a variety of funded initiatives that sought to identify the status and conditions of adults who grew old with such lifelong disabilities as blindness, cerebral palsy, polio, and mental retardation. Jean brought her own life to this work.

She would say that she went to bed one night in the 1950s as a healthy teenager and awoke the next morning with polio. Designated an “acute paralytic,” an iron lung and years of physical therapy followed. Characteristically, she would introduce herself as “a cute paralytic.” When I met her years later, her sense of humor and inner luminescence were the first things a newcomer encountered. But there was more to Jean than a glow. She realized early on that “the able-bodied” were often uncomfortable around people with disabilities, and this limited their interactions to superficiality and, sometimes, avoidance of “the disabled.” What a shame. In Jean’s case, her lifelong disability helped shape a keen insight into people and circumstances, peeling away whatever layers were covering genuineness or hypocrisy. For her, her disability defined but did not delimit who she

was. Let me explain. Some disabilities advocates would deny the salience of the person’s disability: he or she is still a person, they would say. Jean would reply that there was no escaping the reality of the disability. It imposed its presence and demands every minute of life. She could only imagine the psychic toll of denial, as in FDR’s efforts to hide his polio or in the practice of overcompensating for a physical disability. Jean fully accepted that she was a person with a disability.

Jean wrote an essay entitled “What Are You Dying Of? Natural Causes,” that has been cited as the best contribution to our recent text on aging with lifelong disabilities. In this essay she writes:

We all give lip service to the notion that everyone’s life has worth, but more often than not, people view the lives of disabled people as marginal at best, a burden at worst, and certainly not a life that they themselves would want to live. Most people who have disabilities would not have chosen to be disabled, but somehow the audacity to keep on living implies a choice. The choice is not, of course, to be or not to be disabled but to live or not to live.

Jean chose life every day. This life, at times, was painful. She met it honestly, with no presumption that she was some heroine or a poster child. Similarly, she often told with

amusement people’s response to learning that she and Jim (her husband of more than 40 years) were married: “Oh,” they’d ask, “Did he marry you *before* you got polio?” ---implying either that he must have or that only a saint would have married afterwards.

Jean brought to our work together a trademark mix of cheer, self-acceptance, and gritty determination. Few things seemed to deter or surprise her. A number of times we encountered physical obstacles and barriers at schools, senior centers, and other places where we were conducting training on aging with lifelong disabilities. The irony could have been bitter. I would pick her up and carry her through to our speaking place. She would point out the problems, offer encouragement that those present correct them, and launch into her talk. When she used a powered wheelchair, she would become so animated that she would unconsciously click the chair forward. More than once she backed me, her co-presenter, across the stage or she herself came to teeter at the edge.

Jean was like most of us, complex. This surprised some who met her. Can people with disabilities be funny, intelligent, critical, acerbic? Jean was blessed with a loving husband, daughter, son-in-law, and grandchildren. In recent years, as post-polio syndrome led to greater

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## Focus on Contributing Agency Staff Members/Volunteers/Projects

### Focus on the Virginia Center on Aging

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Marcia Tetterton, M.S.

Marcia Tetterton became Chairman of VCoA's Advisory Committee this past January. She is the Executive Director of the Virginia Association for Home Care (VAHC), the trade association representing the interests of home and community based service providers across the Commonwealth. In this capacity, she serves as VAHC's chief executive officer, bringing to this position over 10 years of association management experience in the field of health care. She provides educational outreach to providers, government officials, and consumers of home and community based services.

Marcia is known as an advocate for long-term care system improvements and fair payment mechanisms based on quality of care. She has been actively involved in Virginia's legislative and regulatory processes for over 20 years. Most recently, she has focused on improving

Virginia's community based care system, which allows consumers to receive health and long-term care services in their own homes, and is working with the Virginia Center on Aging to secure funds.

Marcia received her undergraduate degree from Mary Baldwin College through its adult degree program. She credits her Mary Baldwin experience as one of her most enriching experiences, one which allowed her to explore her interests in a variety of topics. She received her Master of Science in Gerontology from Virginia Commonwealth University. She says that the Gerontology program allowed her to focus on the issues that face older adults, and credits the course work with honing her research skills. In addition, she gained analytical skills which are critical in developing public policy.

Born in eastern North Carolina, Marcia grew up on a small farm outside of Richmond, where she learned the values of hard work and persistence. When she was eight, her father bought her a pony which led to her love of horses, which soon turned to competition in the show ring. Marcia spent the next 30 years competing on regional and national levels, winning many events and the respect of her

peers. She now lives in Richmond's West End with her husband, John Carvalho, and their two kids, Toby and Wendi, toy Australian Shepherds. During the summer they enjoy boating, and when it is too cold to boat, they can be found riding their Harley motorcycles.

Marcia notes that the aging of America is the largest challenge that we face as a nation. The notion of retirement as we know it today will be very different for every subsequent decade. She notes that with our new technology, the compression of morbidity and mortality are already dramatically changing the mainstream view of what growing old really means. The aging of our society will change every aspect of our lives for both the young and the old.

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### ***Jean Zink, continued***

complications with her heart and digestion and to extensive hospitalization, we would find them at her bedside most every afternoon, complemented by visitors whose lives she touched. Her funeral procession was the largest I have ever been in, with police motorcycles and patrol cars speeding ahead in rotation to block off upcoming intersections. I know that she would have enjoyed the show and appreciated that it was all for her.

# 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 25, 2006, 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:** Dean Cecil Drain of VCU, Lex Tartaglia of VCU, and Debbie Leidheiser of the Lifelong Learning Institute of Chesterfield.

**Top Right:** Delegate Jack Reid, Attorney General Bob McDonnell, and Ed Ansello.

**Middle Left:** Former Secretary of Health and Human Resources Jane Woods, Vice President Sheldon Retchin of VCU, and Mr. Speaker Bill Howell.

**Middle Right:** Katie Benghauser of SeniorNavigator, Cindy Burkhardt, MS Student in VCU's Department of Gerontology, and Gale Davis of Senior Connections.

**Bottom Left:** Lory Phillippo of Circle Center Adult Care and Dot Egelhoff.



**Top Left:** Marcia Tetterton, Chairman of VCoA's Advisory Committee, of the Virginia Association for Home Care and Marilyn Maxwell of Mountain Empire Older Citizens.

**Top Right:** Attorney General McDonnell, Mr. Speaker Howell, Ed Ansello, and Lt. Governor Bolling.

**Middle Left:** Pete Giesen of Virginia Association of Area Agencies on Aging, Thelma Watson of Senior Connections, and Susan Williams of LOA-Area Agency on Aging.

**Middle Right:** Carter Harrison of the Alzheimer's Association, Pete Giesen, and Delegate Sam Nixon.

**Bottom Left:** Lt. Governor Bill Bolling, Jane Stephan and Connie Coogle of VCoA.

**Bottom Right:** Attorney General Bob McDonnell, Ed Ansello, and Mr. Speaker Bill Howell.

## Focus on Contributing Agency Staff Members/Volunteers/Projects

### Focus on the Virginia Geriatric Education Center

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Anne Fletcher

Anne Fletcher has joined the Department of Gerontology's VGEC as a research assistant. She is a graduate student in the Department of Gerontology Master's program at VCU. She will also be pursuing a non-profit management certificate starting this summer. She recently was awarded a Graduate Assistantship for the 2006 school year for working at the VGEC while doing course work as a full-time graduate student. She is among the first to be awarded this assistantship as a master's student in VCU's Department of Gerontology.

Anne became a research assistant for the VGEC in August 2005 and she is "proud to be a part of such an amazing and hopeful team." As a research assistant, she reviews and analyzes all evaluation forms, registration forms, and questionnaires that the VGEC

receives, as health professionals complete the many training events and seminars that are offered each year. Through this process, the VGEC can see how many participants attend these events, the demographics of the participants, and just how high the demand is for these events. The training events and seminars help health professionals better understand and deal with the needs of the elderly population.

Anne came into the gerontology field because of her passion for working for and with the elderly. She saw a shortage of attention focused on the elderly and their needs, and wanted to change it. Anne came to VCU by way of Blacksburg, where she graduated from Virginia Tech in the summer of 2005 with a Bachelor of Science degree in psychology. While attending Virginia Tech, Anne got experience working with the elderly population at an assisted living facility. At this facility, Anne organized activities, created banners, and saw to the various needs of the residents.

Anne also enjoys traveling overseas to visit her family living in Germany, as well as shopping, and going to the movies. Anne is extremely enthusiastic about being a research assistant for the VGEC and she knows this is where she is supposed to be.

### The Business of Geriatric Care Management: A Course

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Care management has long been part of publicly funded and nonprofit programs across the country, helping to assess needs and coordinate delivery to avoid duplication of services. With the increasing numbers of older adults who require services to maintain independence, private geriatric care management has evolved to expand the services previously available only through public programs.

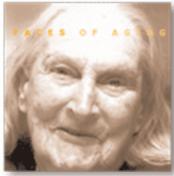
The Business of Geriatric Care Management is designed for individuals who have an interest in pursuing Geriatric Care Management as a career, are currently working as a care or case manager, or who simply want to know what to expect from a geriatric care manager. Suitable for professional and community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

For more information about this upcoming course, please contact Katie Young, MS Education Coordinator, Department of Gerontology, VCU 804-828-1565.

## Book Review

### Faces of Aging

Nader Robert Shabahangi



Look at the face of an older person. What do you see? What do you feel? What if you did not have the word

"old" to describe that face? What if wrinkles did not mean old, but signaled the depth of life this person has experienced? People often sense a degree of fear when they see an old face. What if they instead felt a sense of longing to have what that older person has? What if power and money were not considered the highest possible awards, but maturity was? And what if maturity was a term only reserved for the very old, those who have lived a truly full life and have proven that they had the strength to age by not just accepting but embracing their aging as perhaps the richest part of their lives? What if we couldn't wait to be old, just like a child cannot wait to be an adult?

Let us break open the boxes in which our culture has placed the elderly. Doing so will serve not only the elderly of today, but also the elderly of tomorrow. Breaking open the boxes, beating down the stereotypes of what we see when we look at the elderly, is a personal endeavor as much as it is social activism. I shudder at the thought that as I grow older society will value me less; or even worse, that I will value myself less; or that when, at 70, I might indulge in a little harmless social monkey business only to earn myself a chorus of

disapproving glances. I do not want people to stare at me when, at 80 and while riding the bus, I choose to give my girlfriend a peck on the cheek. I do not want students at, for instance, some university rally, to dismiss what I say because I am deemed to be too old to know the score. If I whistle a song in the supermarket, I would prefer it if the spry 40-year old at the cash register did not take it as ill-mannered behavior. When I walk down the street, I do not want to notice that no one looks at me anymore...or go to a party only to be seen as a person who is of no interest to anyone present.

If, as a white male in his so-called prime, I feel myself into being an older person in today's society, then I begin to realize that the experiences I fear mirror those of many of this society's minorities and other marginalized groups. These groups have been talking for decades about being ignored, shunned, disapproved of, intimidated, ridiculed and mistreated. The experience of growing old has become for many the experience of becoming just that kind of outcast.

This experience has been in the making for some time now. In the nineteenth century, medicine began to classify old age as a disease, a period of moral and mental decrepitude. Modern industry had (and has) little use for those who it judges to be less willing or able to be exploited by long and intense hours of labor. Capitalism and the free market have little use for those who do not purchase and consume to the degree that they once did. Research links increased

modernization to a decrease in the elderly's social status and a fraying of the traditional attitudes toward responsibility and care for them.

Not that there was ever a golden age of the elderly.... Until relatively recently, a rather small portion of society lived to retirement age.

#### Conflicted Past

Note that the respect that the older members of a family received within their family circle often went hand in hand with oppression of the families' younger members by these very elders. This makes the issue of respecting the elderly much more complex and emotionally charged. When a young person feels mistreated or even abused by an older person, this experience can be difficult to undo. Can this abuse of power - at least partially - be connected to the loss of power the elderly have experienced in the last generations?

#### The Elderly: As Diverse as Other Groups

It is important to note that when we talk about the elderly we are not talking about a homogeneous group of people. Much has been researched on and written about the heterogeneity of the elderly based on their birthplace, ethnicity, race, gender, social class or financial status. Just as there is an unfathomable diversity in character and personality among the younger generations, the same diversity exists among the elderly.

*- continued on page 14*

## Calendar of Events

### April 19, 2006

*Communicating with Elders with Cognitive Impairments.* 30th Annual Spring Symposium Co-sponsored by the Department of Gerontology and the School of Social Work. Radisson Hotel, Richmond, 3:00 - 6:00 p.m. For more information, call 804-828-1565.

### April 26, 2006

*Best Practices in the Continuum of Care: Management of Infectious Diseases.* Double Tree Hotel, Little Rock, AR. For more information, visit [www.agec.org/programs/conferences/BP\\_Infectious\\_Disease/default.asp](http://www.agec.org/programs/conferences/BP_Infectious_Disease/default.asp).

### May 3, 2006

*A Western Walk Down Memory Lane.* 7th Annual Smooth Sailing Senior Day Sponsored by Chesterfield TRIAD. An opportunity for senior adults and caregivers to visit with more than 75 businesses and nonprofit agencies. Victory Tabernacle, 11700 Genito Rd., 9:00 a.m. - 1:00 p.m. For details, call Mary Jones, 804-276-7592 or Judy Jones, 804-751-4135.

### May 16, 2006

*Imaging and the Aging Brain.* Jointly sponsored by the New York Academy of Sciences and the American Federation for Agin Research. NYU Kimmel Center, New York, NY. For more information, visit [www.nyas.org/events/eventDetail.asp?eventID=5432&date=5/16/2006](http://www.nyas.org/events/eventDetail.asp?eventID=5432&date=5/16/2006)

### May 24, 2006

*The Road to Wellness: Best Practices for Persons Aging with Lifelong Disabilities.* Presented by the Area Planning and Services Committee for Aging with Lifelong Disabilities. Holiday Inn Koger Center, 10800 Midlothian Turnpike, 8:30 a.m. - 4:30 p.m. For more information, please contact Ed Ansello at (804) 828-1525 or [eansello@mail2.vcu.edu](mailto:eansello@mail2.vcu.edu).

### June 10, 2006

*5th Annual Race Against Domestic Violence.* 9:00 a.m. Innsbrook 5k Run/Walk. Proceeds to benefit Henrico County victims of family violence. Download your registration form at [www.henricopolice.org](http://www.henricopolice.org) or on-site registration begins at 7:30 a.m. For details, call Mary Beth at 804-261-8422.

### March 1-4, 2007

*Mentorship - the Dyad, Triad, and Beyond.* AGHE's 33rd Annual Meeting and Educational Leadership Conference. Hilton Portland and Executive Tower, Portland, OR. Abstract deadline: June 1, 2006. For more information, visit [www.aghe.org/site/aghe\\_website/section.php?id=8328](http://www.aghe.org/site/aghe_website/section.php?id=8328).

### Age in Action

Volume 21 Number 2  
Spring 2006

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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](mailto:spruill_kimberly@yahoo.com).

**Summer 2006 Issue Deadline:  
June 15, 2006**

### ***Faces of Aging, continued from page 13***

#### **Becoming Conscious of the Box**

Freud's dictum of "where id is, let ego be" (or, in other words, let us become conscious of that which is still unconscious) begs the following question: How can we as individuals, as a culture and society and through our politics, remain aware of this amazing diversity among the elderly?

\* Nader Robert Shabahangi's book *Faces of Aging* is published by Elders Academy Press.

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# The Road to Wellness: Best Practices for Persons Aging with Lifelong Disabilities

*Sponsored by the Area Planning and Services Committee on Aging with Lifelong Disabilities*

May 24, 2006

8:30 a.m. - 4:30 p.m.

Holiday Inn Select, Koger South Conference Center

**Speakers:** Keynote, nine breakout sessions, and closing plenary session. Speakers include Matt Janicki, Ph.D., University of Illinois-Chicago, and Dawna Mughal, Ph.D., Gannon University.

**Costs:** Conference fee is \$25 a person, including materials, luncheon, and breaks. Scholarships are available, when needed, for family members who are caregivers. Advance registration deadline is May 12, 2006. On-site/late registration is \$35 a person if space allows. **Seating is limited.**

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

**Information:** For more information about this conference, call (804) 828-1525 or e-mail [eansello@hsc.vcu.edu](mailto:eansello@hsc.vcu.edu)

Participants will receive a Certificate of Attendance documenting 5.75 contact hours of education.

Virginia Commonwealth University is an equal opportunity/affirmative action institution and does not discriminate on the basis of race, gender, age, religion, ethnic origin, or disability. If special accommodations are needed, please contact Dr. Edward F. Ansello, VCoA, at 804/828-1525 or Dr. Ayn Welleford, VGEC, at 804/828-1565.

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