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## Older Homeless Women: Beneath the Safety Net

Anne J. Kisor, Ph.D. & Lynne Kendal-Wilson, M.A

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*Lynne Kendal-Wilson, M.A., is a Curriculum Developer for child welfare at the VISSTA, and a doctoral student at VCU School of Social Work.*

### Educational Objectives

1. Discuss how there is no stereotypical experience of, or explanation for, homelessness among older women.
2. Discuss why it is important to study the experiences of older homeless women.
3. Discuss policy and practice recommendations and specific ways to bridge efforts of aging and homeless service providers.

### Case Study

Mrs. Smith is a 60-year-old widow who moved in with her unemployed daughter, Rosie, after her husband died five years ago. Mrs. Smith never worked and now depends on her husband's Social Security check as her sole source of income. Mrs. Smith had ongoing arguments with Rosie

## Calendar of Events

about the use of the Social Security check. Rosie insisted that the check be used to cover the rent, utilities and food. Mrs. Smith did not object to paying her share, yet argued that she needed money to pay for her prescriptions for diabetes, high blood pressure, osteoarthritis, and depression. Rosie took possession of the check each month by forcing Mrs. Smith to sign it over. Mrs. Smith never knew exactly where the money went but often went hungry and without her daily medications. Arguments over the fate of the check grew heated. Several times, Rosie locked Mrs. Smith out of the house overnight forcing Mrs. Smith to sleep in a car or at the church.

Mrs. Smith has now been homeless for four weeks. Her dilemma was first reported to Adult Protective Services (APS) by the Sheriff's Dept. when Mrs. Smith and Rosie were evicted for nonpayment of rent. At that time, Mrs. Smith refused APS services, stating that she could stay with her sister. However, her sister's husband allowed Mrs. Smith to stay only a few days before throwing her out. Mrs. Smith currently rents a room at the Sunrise Motel. The motel owner called APS after he approached Mrs. Smith about the unpaid bill and found her disheveled and distraught.

### **The Problem**

The older homeless have been termed "America's untouchables" (Doolin, 1985). Women are largely invisible, with the exception of the rare "shopping bag lady" sheltering in the doorway of an office building. In spite of being an inaccurate generalization, this prominent conceptualization endures. In reality, a growing number of older women from a variety of backgrounds, identified as a category of the "new" homeless" (Kutza & Keigher, 1991), are vulnerable. The case of Mrs. Smith illustrates just how a combination of situational factors such as victimization, lack of social supports, and low-income can quickly render someone homeless.

Older women are generally more vulnerable to economic and social displacement than are men. Three-fourths of all older persons who live below the poverty line are women; and, like Mrs. Smith, most are dependent upon Social Security (Administration on Aging, 1999). Low-income households headed by older women also have a one in three chance of having "worst case housing needs" (U.S. Dept. of Housing and Urban Development, 1998) and the majority of single older female renters spend more than 30% of their income on housing (National Coalition for the Homeless, 1999). Older women are also likely to have different encounters with the service system than do older men. Without the

anchor of Veterans Administration services, many women face a fragmented service system where the social safety net does not exist. Those in particular danger of falling beneath the safety net are women between the ages of 50 and 62 who are ineligible for the major entitlement programs. Receiving services is unpredictable because neither aging services nor homeless programs are designed with these women in mind. In Virginia, adult protective services (APS) consider the homeless to be at risk of abuse, neglect, and exploitation, and often help women who would otherwise fall through the cracks.

### **The Virginia Study**

A descriptive study was undertaken to develop a profile of older homeless women in order more accurately to determine their service needs. The construct "older homeless women" was defined as women 50 and older who require emergency or temporary shelter. Existing case records (N=223) were examined for the period 1996-1999 for adult protective services (APS) and selected homeless agencies in Richmond, Virginia Beach, Charlottesville, and counties surrounding Richmond.

An original coding instrument was designed to capture demographic and service-use variables. Content was modeled on existing forms agencies use for their own case recording, and pilot-tested prior to formal data collection. To collect the actual data, staff members at each agency identified closed case records for review that met criteria for inclusion in the study. A coding instrument was completed for each case record; the data were then tabulated and statistically analyzed using the Statistical Package for Social Sciences (SPSS).

The majority of women in the sample were either African American or Caucasian; the mean age was 60 years. Most were without a spouse or never married, and at or below the poverty line. Prior to becoming homeless, most of these women were either renting or "doubled-up" with family members or friends with no consistent night-time residence. A third of the women reported that insufficient income contributed directly to their homelessness. And, fully three-quarters of the sample experienced intimate relationship problems to the extent that homelessness resulted. These problems ranged from family disputes to spousal violence and elder abuse. Women also tended to be homeless for a short period of time (three months or less) before reaching service providers. At that point they were in dire situations with immediate need for food and emergency housing. The majority of women received these services on a short-term basis, but only a small minority received

desperately needed transitional housing and support services.

### **Recommendations for Policy and Practice**

The study revealed that there are few specialized community services for the older homeless. Moreover, the existing social services system that encounters older homeless women may not be maximizing their capacity as sentinel agencies. Recommended actions include:

- Support development of additional multi-service options for temporary shelter (beyond private homes and motels) for persons with functional impairments with needs beyond meals and shelter.
- Place a stronger focus upon securing transitional housing and relocation services that include a component of supportive services.
- Create a better link with medical and psychiatric hospitals to improve discharge planning for older women vulnerable to homelessness.
- Secure appropriate referrals for treatment of mental health and substance abuse problems that differentiate from dementia. Screen for such problems, and refer appropriately. If such services are not available, advocate for improved community mental health services for older persons.
- Develop services for older homeless persons based on a "dual perspective" that addresses both problems of aging and the situational issues of homelessness.

Services also currently focus on crisis intervention, instead of on strategies to "close the door" on homelessness. Recommended actions here include:

- Create a system of comprehensive outreach for older women with risk factors for homelessness and/or whose housing situations are not secure.
- Complete training with others in the community (police, utility workers, landlords) who have contact with marginally-housed women and may know when they need monitoring or formal intervention.
- Link with church groups and focal-point services, such as senior centers and congregate meal sites, to seek out older women at risk for

homelessness.

-Reconnect older women with family and other support systems while attending to problems within these relationships.

Older women are often just "one life crisis away" from losing their housing. Like Mrs. Smith, they do not fit any convenient stereotype or category. To view older homeless women simply as bag ladies is to focus on individual pathology and to discount economic factors that render older women particularly at risk for homelessness. While the archetypal bag lady does exist, most older homeless women are invisible to service providers. Similarly, factors relating to a lack of social support, and family and/or spousal abuse tend to be largely ignored.

### Study Questions

1. How does the mind-frame or stereotype of the "bag lady" distort what is known about homelessness among older women?
2. Develop a list of services in your area to support older women at risk of homelessness. Note both existing services and gaps.

### References

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*This study was supported by a grant from the Borchard Foundation*

*Center on Law and Aging, Athens, GA. The full report is available from Dr. Anne Kisor at (804) 828-1159.*

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

Iris A. Parham, Ph.D.

The national meeting of the GEC directors was held recently in Baltimore and it proved both informative and exciting. The partnership of the Virginia GEC with the Mountain State GEC, the Pennsylvania GEC, and the Western Reserve GEC is moving forward for a three-year joint event co-sponsorship beginning next spring. In addition, there were many other opportunities for joint efforts among the GECs; information about these partnerships will be forth-coming. The VGEC was pleased to have had the opportunity to support portions of the very successful Virginia Geriatrics Conference held recently at the Homestead. Leading this year's 13th year of training were the Virginia Geriatrics Society and the McGuire Veterans Affairs Medical Center, joined by faculty from the VCU Health System, the University of Virginia Health System, Eastern Virginia Medical School, Chippenham Sports Center, and Union Memorial Hospital (Baltimore). Special thanks to the VGEC's planning committee representative, Ms. Lucy Lewis. Coming to fruition under the leadership of Dr. Ayn Welleford, May 8th will be the celebration and congratulation program for the 98 participants of the Kids Into Health Careers program for grades 9-12. The K-8 group has had three training visits to Occupational Therapy, Dentistry and Pathology (pictures in the next issue). We will work with the Virginia Health Quality Center to investigate whether women who were served by the CDC's National Breast and Cervical Cancer Early Detection Program (BCCEDP) and have 'aged into' Medicare coverage (at age 65) continue to receive breast cancer screening under Medicare. The project uses data from the Center for Medicare and Medicaid and from a group of individual states that participate in the BCCEDP. The project will also compile a list of the most effective strategies for encouraging women to continue to obtain appropriate cancer screenings as they age.

On May 10th, under the leadership of Dr. Jim Cotter, the first geriatrics



mentorship conference will be held in Richmond. The next issue of the newsletter will have photos of these events as well as the annual Spring Forum held on April 23rd. In addition, we will have celebratory photos of our first gerontology specialty graduate, our own Mary Corrigan from the distance-based Ph.D. in Health Related Sciences, and our M.S. and Certificate graduates. Lastly, the topics for the 2002-2003 contract with the Virginia Department of Social Services have been finalized using the results from a statewide survey of assisted living facilities. The topics will be covered in two train-the-trainer sessions: ISP and Orientation in Assisted Living, and Caring for the Cognitively Impaired, Activities and Aggressive Behavior. The next newsletter issue will have the finalized dates and locations for these topics and for the two additional sessions that the VGEC will present on medication management. Please visit our website for upcoming events and happenings at the VGEC and join me in my formal welcome to Dr. Jim Cotter who is now full time with the VGEC and Associate Professor of Gerontology.

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## From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

### *The Good Samaritan Law for Transportation Revisited*

We have discussed several times the important roles that friends often play in keeping us connected to our communities, as we grow older and/or experience disabilities. In our Fall 2000 Director's column we cited an obstacle that prevents some from offering their friends and neighbors rides to barber shops and doctor's offices, namely, the fear of liability and being sued if anything should go wrong, such as the guest having a stroke or heart attack. The Appalachian Agency for Senior Citizens Medicaid Transportation Pilot Project, an extensive and exemplary examination of Medicaid-reimbursed providers of transportation, found, among other things, that this fear of liability is real. We have heard this fear voiced across Virginia in other contexts as well, from churches to Scouts. "We'd like to give you a ride, but..."

In our Fall 2000 column we stated, "*Surely, there must be a remedy, some way that laws can be passed that protect well-intentioned neighbors and*

*friends providing help with transportation out of kindness. We are not suggesting immunity from the lawful consequences of negligent behavior. But there must be some way that the caring spirit of friends and neighbors can be protected from the threat and actuality of punitive litigation."*

That column elicited reader response. Among others, Larry Pavlinski, a certified ombudsman in Oakton, VA who once was a Wisconsin State Patrolman, wrote to underline how important an issue this is and to volunteer his services. VCoA asked Bryan Lacy, an attorney and chairman of our Cerebral Palsy and Aging Focus Group, to investigate Good Samaritan Laws for Transportation in other states. Delegate Frank Hall offered his opinion on the matter and said he would ask the Commonwealth of Virginia's Division of Legislative Services for a brief memo on the liability of Good Samaritans in Virginia.

What Attorney Lacy and Delegate Hall found was not exactly FDR's "we have nothing to fear but fear itself," but it's fairly close to this. Virginia's statutes speak to negligent behavior by the driver. Basically, negligent behavior by the driver rather than the impairment level of the passenger is the key matter. Merely giving a ride to a neighbor out of kindness "does not give rise to driver liability."

As in all matters legal, this may not be the final word on the matter; but it does seem to support Delegate Hall's opinion about being a Good Samaritan that "what's needed is education not legislation."

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

William H. Peterson, M.S.W.

### *Support for Male Caregivers Overcomes Barriers*

When people think of a caregiver for a frail older adult, the image they have is usually that of a woman - a daughter, mother, or wife. However, if dementia, particularly Alzheimer's disease, continues to strike women in higher numbers than men, men will increasingly fill the role of caregiver.

Men and women differ in their approach to caregiving. Men are



socialized to submerge their needs for emotional support, and to be silent about their problems. They may see the need for additional emotional support as a weakness. Male caregivers are less likely to seek support from family, friends, or others. They are less likely to participate in caregiver support groups or to seek information and assistance. For some of these men, the stress of caregiving may lead to physical breakdown, psychological depression, and, in some instances, to abuse of the person in their care. Outreach to male caregivers can help prevent these situations.

The Virginia Department for the Aging has received \$600,000 dollars over a three-year period as a demonstration grant from the federal Administration on Aging. VDA will contract with three Area Agencies on Aging to target two specific groups of male caregivers - retired military personnel living in Hampton Roads, and individuals living in the rural Southside region of Virginia.

The three Area Agencies on Aging will employ a special "caregiver ombudsman" to seek out male caregivers, address their reluctance to talk about their caregiving roles, and connect them to programs and services. The ombudsmen will also work with community organizations that can identify and assist male caregivers. Key community organizations will include the local communities of faith, the local Alzheimer's Association chapter, and the Virginia Cooperative Extension Service.

A Male Caregiver Advisory Committee will also be formed by each of the participating Area Agencies on Aging. The committee will be composed of representatives from mental health organizations, civic and retiree groups, Alzheimer's chapters, veterans organizations, clergy associations, and other community institutions that can assist in reaching out to male caregivers.

Gender-sensitive public information products will be developed that target the male caregiver's needs. The public information campaign will utilize local communities of faith, Extension Service offices, veterans associations (such as local Veterans of Foreign Wars posts), community centers, hospital discharge planners, Grange Halls, and rural health clinics. Television spots, radio talk shows, weekly newspapers, and county fairs or other events will also be used to reach out to male caregivers.

A full report of the successes and obstacles encountered by the project

will be prepared and disseminated to health care and human services organizations throughout the Commonwealth. For more information on this project, contact Faye Cates, MSSW, at the Virginia Department for the Aging at 1-800-552-3402.

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## Focus on the Virginia Geriatric Education Center

### **Patricia A. Moody**

Pat Moody began her association with the Virginia Geriatric Education Center as a volunteer in May 2001. As of February 2002, she is working at the VGEC as a part-time research assistant assisting in a variety of projects related to the 2000 - 2005 grant.

Prior to joining the VGEC, Pat worked for several years at the Virginia House of Delegates as an aide to the member from her district in the Petersburg/ Dinwiddie area. This gave her a front row seat to state government politics and issues of concern to all Virginians. She had been a career Department of Defense employee at Fort Lee, Virginia, taking an early retirement opportunity from her position as an Information Systems Project Manager. During her years of working full time and raising two sons and a daughter, Pat achieved her higher education through evening college in the local area.

Retirement has been a real pleasure for Pat and her husband, Robert. They have traveled to Europe and revisited favorite southern cities such as Charleston, SC, Savannah, GA, and Key West, FL. A lifelong student and avid reader, she has had the luxury of time for classes in the creative arts such as writing, music and art history. Two years ago, she and her husband joined the VCU Commonwealth Society, VCU's Institute for Lifelong Learning, taking part in its rich cultural and educational offerings, for example, experiencing the thrill of rafting down the James River with expert lecturers. Recently, she started classes at VCU in Gerontology studies. Pat's goals of giving back to the community and continued personal growth are met superbly with this assignment in the VGEC.

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## Focus on the Virginia Center on Aging

### Jim Gray

Jim Gray has been involved with Elderhostel almost since its inception in Virginia. We are fortunate to have him as our coordinator at the VCU Elderhostel Natural Bridge site. Jim had been teaching natural history courses for another Elderhostel site when we recruited him a decade ago as coordinator and instructor at Natural Bridge.

Jim received his B.S. in Biology and his M.S. in Geochemistry from the University of South Florida in Tampa. In 1979, he moved to Virginia to assume a faculty position at Southern Seminary (now Southern Virginia College) in Buena Vista, where he also taught natural history courses for their Elderhostel programs. Jim's boundless creativity has greatly benefited our Natural Bridge program, where he has developed courses in geology, botany, astronomy, meteorology, ecology, and evolution. He has also designed and developed courses on regional and U.S. history topics. One of our most versatile and highly rated instructors, his enthusiasm for sharing his expertise with the Elderhostel students elicits wide appreciation.

When Jim agreed to be the Elderhostel Coordinator at Natural Bridge, it was on the condition that he could still teach. Jim currently teaches at James Madison University and is a guest instructor for the Wilderness Conservancy at Mountain Lake's Elderhostel. Jim updates his courses constantly, seeking out new literature and resources. He stays in touch with the frontiers of knowledge so that participants report that his classes are always fresh and always intriguing. This combination of teaching and management duties has enhanced our programs, and the Elderhostelers appreciate his expertise and ability to relate to students of all ages. We value Jim's long-term involvement with VCU Elderhostel.

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## Grant Funds New U.VA. Geriatric Nursing Curriculum

Catherine Wolz

A new graduate curriculum to train geriatric nurse practitioners will be established at the University of Virginia School of Nursing, thanks to a grant from the John A. Hartford Foundation Geriatric Nursing Education Project of the American Association of Colleges of Nursing.

"This three-year grant will enable the school to enhance the skills and abilities of students in the Family Nurse Practitioner Program, who increasingly find themselves involved in elder care," said Shelley A. Huffstutler, certified family nurse practitioner, associate professor of nursing and principal investigator for the grant.

The funds also will allow Huffstutler and other faculty members to begin developing a Gerontological Nurse Practitioner program on the Internet for nurses nationwide who have completed a master's degree.

Thirty percent of U.Va. Health System patients are now age 65 or older and, nationwide, the over-85 population is expected to double in the next 20 years. Chronic conditions that hamper the elderly, such as arthritis and osteoporosis, are often complicated by additional problems like dementia, which becomes increasingly prevalent in the population after age 65, according to a guide published by the American Medical Association. Up to 45 percent of people over 85 may have some form of dementia.

"Nationwide there is a tremendous shortage of nurses and physicians trained in geriatric care," said Kathleen Fletcher, a geriatric nurse practitioner, administrator of U.Va. Senior Services and lead faculty for the U.Va. Geriatric Nursing Education project.

"In geriatrics nursing, more complex reasons exist behind the health problems. If someone is falling, there is likely to be a combination of factors - incorrect use of medications, environmental hazards, chronic health problems," she said. "Symptoms also change with age. If they have a heart attack, they might have less chest pain but show dizziness or confusion that look like dementia. If they have a hip fracture, they may not be able to say coherently that they are in pain. So it takes more investigative work with family members and other caregivers."

U.S. News and World Report has ranked the U.Va. Health System in the top 50 hospitals for geriatric care for the past three years.

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## Becoming A Mentee in the Geriatric Health Professionals Mentoring Program

James Cotter, Ph.D. &  
La'Quana Fulton  
Virginia Geriatric Education Center

Most successful people can recall an exceptional individual or role model who guided them along the way, which is what a mentoring partnership is all about. Having a mentor is an excellent method of gaining valuable experience and knowledge. A mentor can help a mentee to enhance his or her career opportunities, expand their professional network, gain access to new skills and knowledge and heighten their professional development. The mentoring literature suggests that individuals who have been in a mentoring partnership report a higher degree of job satisfaction than those who have not. A mentoring partnership can be critical for success in the ever-changing field of geriatrics and gerontology.

The Virginia Geriatric Education Center (VGEC) has developed a network of individuals who, under the guidance of the VGEC, will serve as mentors to health care professionals in geriatrics, gerontology, allied health professionals, and aging services in their region for a period of one to two years, depending on the goals of the mentee. The mentor and mentee will devote about an hour a month towards ensuring a successful mentoring partnership.

### Mentee Benefits:

- Attend training on geriatric health care.
- Support from a mentor for a year.
- Assistance with the design and implementation of a career development plan.
- Introduction to new professional groups and opportunities

Let us help you make a difference in your professional career by becoming a mentee.

For more information please contact:

**Virginia Geriatric Education Center  
Geriatric Health Professionals Mentoring Program  
Coordinator:La'Quana Fulton  
PO Box 980228  
Richmond, Virginia  
23298-0228  
(804) 828-9060 Phone  
(804) 828-7905 Fax**

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## Calendar of Events

### **April 11-12, 2002**

The Golden Years and Abuse: Working Together to Improve Services and Promote Independence. Edwin W. Monroe AHEC Conference Center, Greenville, NC. For info contact the Family Violence Program at (252) 758-4400, [smunzer@pittfvp.org](mailto:smunzer@pittfvp.org) or Eastern Area Health Education Center at (252) 816-5215

### **April 30-May, 1, 2002**

Virginia Elder Rights Coalition, 2nd Annual Conference. Holiday Inn Central, Richmond. For more info contact V4A at (804) 644-2804 or VCoA at (804) 828-1525

### **June 24-28, 2002**

ADA Employment Provisions: Beyond the Basics. VCU Summer Institute at the VCU Engineering Building. To request registration form or for more information, contact Brian T. McMahon at (804) 827-0917 or email at [BMcBull@vcu.edu](mailto:BMcBull@vcu.edu)

### **May 22-25, 2002**

Using the Gift of Long Life.  
23rd Annual Meeting of the Southern Gerontological Society. Rosen Centre Hotel, Orlando, FL. For more info go to <http://www.wfu.edu/Academic-departments/Gerontology/sgs/>



**June 28, 2002**

Discovering Treatments and Improving the Care of Persons with Dementia. The 2nd Biennial Conference of the Alzheimer's and Related Diseases Research Award Fund. Mid-town Comfort Inn and Conference Center, Richmond. For info call Mary Ann Johnson at (804) 967-2582 or Jason Rachel at (804) 828-1525.

**July 20-25, 2002**

8th International Conference on Alzheimer's Disease and Related Disorders. The conference will be held in Stockholm, Sweden. For more info go to <http://www.alz.org/internationalconference/program/plenary.htm> or email [internationalconference@alz.org](mailto:internationalconference@alz.org)