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**Editors**

Marvin Simmers  
 Vickie Kintzel

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Office of  
 Older Adult Ministries  
 Phone Toll Free:  
 888-728-7228 Ext. 5487

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# AGEnda

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## HOW WE WILL DIE

*By Rev. R. Wayne Willis*

We may think we know, but we really don't, how we will behave in our final hours or days. I've witnessed many a "failure of nerve" or "change of character" at the end. And, when the patient is incompetent, I've seen family members make decisions that the patient would never have made for himself or herself.



Our culture has a number of paradigms for dying well. Two of the most popular ones are polar opposites.

One is represented by the last paragraph of William Cullen Bryant's Thanatopsis:

So live, that when thy summons comes to join  
 The innumerable caravan, which moves  
 To that mysterious realm, where each shall take  
 His chamber in the silent halls of death,  
 Thou go not, like the quarry-slave at night,  
 Scourged to his dungeon, but, sustained and soothed  
 By an unfaltering trust, approach thy grave,  
 Like one who wraps the drapery of his couch  
 About him, and lies down to pleasant dreams.

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## Welcome, Vickie Kintzel, New Editor of AGEnda!



Vickie Kintzel, the oldest child in her birth family, is becoming one of "God's older children." As one of the first in the wave of Baby Boomers, Vickie brings a deep interest in bridging generations to her new role as editor of AGEnda.

Vickie is the associate pastor at First Presbyterian Church, Normal, IL. She recently completed a sabbatical leave, focusing on Gerontology and Older Adult Ministry under the direction of Dr. Henry C. Simmons of Union-Presbyterian School of Christian Education in Richmond, Virginia. That study included extensive reading in the various fields of gerontology, focusing on spiritual development in later life and the ways in which the church can help persons prepare for later life.

As a PROAM for the Presbytery of Great Rivers, Vickie recently conducted a workshop on Older Adult Ministries for the presbytery's second annual "Let's All Gather at the River" conference. Vickie edits a monthly newsletter for her congregation—"In Service of Seniors"—that provides information about congregational and community events of special interest to seniors, and serves as a conduit for information received from other sources, including the local Area Agency on Aging.

Vickie can be reached at [vkintzel@firstpresnormal.org](mailto:vkintzel@firstpresnormal.org), by telephone at 309-452-4459, x202 or 309-827-3502, or by mail at 2000 East College Avenue, Normal, IL 61761.

**Continued: How We Will Die**

Here we have a gentle, stoic, romantic, even appealing view of dying. Contrast the Thanatopsis paradigm for dying with the urging of Dylan Thomas:

Do not go gentle into that good night,  
Old age should burn and rave at close of day;  
Rage, rage against the dying of the light.

Jesus' anguish in the garden: "Please let this cup pass from me" and his cry of abandonment on the cross: "My God, my God, why have you forsaken me?" also come to mind.

Which is preferable, to go kicking and screaming (like Bryant's quarry-slave back to the dungeon), or, like Socrates calmly drinking the hemlock, to accept and embrace "sweet" death? The age at which we die, and whether our death is relatively sudden and unexpected or prolonged, undoubtedly will affect how we go out.

In my thirty years of hospital chaplaincy, I have observed that there are three things patients crave most when it comes their time to die.

1. Family and friends close by. That's the way death came when I was growing up. People died in their own home, with family, friends, church folk, and neighbors taking shifts "sitting up" with them, offering sips of water or tea or soup, mopping their brow, turning them in the bed, adjusting the pillow and whispering words of encouragement.

Today, when the end comes, the dying person is most likely in an institution, being tended by strangers. When the heart stops, the patient may be alone, attended only by monitors. Unless a "Do Not Resuscitate" order has been written in the chart, a staff member who finds the patient in extremis will yell "Code Blue!," summoning a small army of strangers who begin chest compressions and invasive procedures. All this effort may not succeed in staving off death. If it is successful, the patient likely will be placed on a ventilator and moved to the intensive care unit, where family visitation time is limited. In our day, monitors in the sterile hospital room have replaced families and friends keeping vigil at the bedside in the home.

2. Medication adequate for the pain. Fortunately, we live in a time when pain can be controlled. Dying patients, the modern Hospice movement has demonstrated, do not have to be physically uncomfortable as they die.

3. A modicum, at least, of control. Sedated, demented, comatose, or in a persistent vegetative state, we lose our voice as to what is done to us. When we are in that state — unable to give informed consent — decisions about what is done to us pass to our next of kin. Sometimes that transition of power gets tricky, as in the case of Terri Schiavo in Florida, whose next of kin (her husband) and her parents disagree on her medical care.

Ergo, we now make the case for enacting an advance directive. An advance directive, popularly called a Living Will, essentially says: "In the event of my ever becoming unable to speak for myself, if there's any question about what I want or don't want done to me medically, I'm telling you here, in advance, in writing, what I want."

Advance directives were largely unheard of before the 1970s, because there was relatively little that could be done back then to "cheat drowsy death." But with the explosion of technology, much of it a by-product of scientific breakthroughs in the race to the moon in the 1960s, hospitals became places where people could be kept alive almost indefinitely. Your heart goes out? No problem; we can perform a coronary artery bypass graft or get you a transplant or implant an artificial heart. Kidneys go out? No problem; we can put you on a dialysis machine or get you a kidney transplant. Lungs stop working? No problem; we can put you on a ventilator and do your breathing for you. Can't take nourishment? No problem; we can feed you through a tube put down your throat or surgically inserted into your stomach or intestine.

While most of these interventions are wonderful temporary, stop-gap measures that bridge people through a health crisis, sometimes the patient becomes dependent on the ventilator or on tube feedings, and the outlook dims. Instead of a bridge to health, extraordinary measures may fail to

**Continued: How We Will Die**

restore health. If it becomes clear that the patient is not going to improve, then physicians and families are stuck with hard ethical and medical decisions: "What should we do now?"

There are three notorious cases of people being kept alive for many years on life support long after there was any reasonable chance for improvement. Each one of these stories can be instructive for us. The first was Karen Ann Quinlan, in 1975. Her parents successfully argued that she should be removed from a ventilator and be allowed to die. After the ventilator was removed, she surprisingly lived nine more years on artificially-supplied nutrition and hydration. The New Jersey Supreme Court set a precedent here for, under certain conditions, removing a ventilator in order to let nature take its course.

The second was Nancy Beth Cruzan in 1990. Her parents appealed all the way to the Supreme Court for her tube feedings to be discontinued. The United States Supreme Court set a precedent here for, under certain circumstances, discontinuing tube feedings and letting nature take its course.

Now we have the case of Terri Schiavo. Her story sadly illustrates how, when there is no written living will, divided families can gridlock the treatment, and outside groups and government officials can turn the case into a political football.

What these three tragic situations all have in common is this: **NONE OF THE PATIENTS HAD A LIVING WILL!** Thus, courts were forced to become detectives, interviewing witnesses as to whether the patient might ever have communicated anything orally on these matters. Whatever the patient is quoted to have said by one side can be contested by the other side as too "general," "casual," and "informal."

Surprisingly, very few people, young or old, have a written Living Will. In my experience, there are two leading reasons. One, people are afraid someone will "prematurely pull the plug" — give up on them too soon. Two, it's a fact that there's no way to know for sure what we'll want done or not done in the future. Things may look different

to us then, up close and personal. We may speak very bravely now about "not wanting to be kept alive like a vegetable," but may want to cling to every extra second we can get when we're staring death in the eye.

**Here are my recommendations:**

1. Have a talk with your family members. Discuss your feelings about being kept alive on life support systems if your physicians should ever determine that your dying process is irreversible. You might want to discuss your thoughts with your clergy and get some pastoral input. What you're aiming for is consensus within your family.
2. Obtain a Living Will form from your local hospital. You can get a form from an attorney, but remember that an attorney is not needed to draft a Living Will. Each state provides Living Will forms so that an attorney is unnecessary. The form needs only to be witnessed or notarized. Enacting a Living Will this way is free of charge.
3. Make a choice: Either specify what you want done or not done should you be permanently unconscious or in the last stages of a terminal illness, or appoint a surrogate who will have your full authority to make those decisions for you at that time.
4. Make copies. Give a copy to a family member or two. Give a copy to your primary care physician. "Drop them out of an airplane;" i.e., make sure the important people in your life (family, physician, attorney, clergy, etc.) all know what your wishes are. Keep the original in your lock box, with your will and other important papers. Take a copy with you when you are admitted to the hospital.

For those of us who value having control over our bodies and our lives, even when we may have become incompetent — especially us Presbyterians who believe in doing things "decently and in order" — drafting a Living Will is very much in order.

*Rev. R. Wayne Willis recently retired as Director of Pastoral Care for Norton Healthcare in Louisville, Ky.*

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## SHARING THE CARE

One of my favorite monthly rituals is talking long distance with my eighty-six-year-old aunt (mother's sister). Our conversations usually begin with news about members of our families, her health concerns, and my animal additions. We always close by reminiscing about the caregiving she provided for my grandmother (father's mother) as grandma's health began to decline. "I ain't much at that nursing care, but I helped your grandma get her daily bath, made sure she had plenty to eat, and I washed all of her laundry."

During my childhood, my aunt lived with my parents, grandmother, and me for a brief time. My memories are filled with evenings when my grandmother and aunt would take me along on trips to deliver meals to the sick and shut-in. A frequent activity on the weekends in our neighborhood was for friends, neighbors, and faith partners to gather and share the care for those in poor health by cutting the grass, mopping floors, and even spreading a little paint on the doors and walls.

My aunt often reminded me about the Bible story in Mark 2:1-12 that describes how four men carried a paralyzed man to be healed by Jesus. When they arrived at the home where Jesus was staying, they were unable to go in because the house was so crowded. So the men climbed up on the house, dug a hole through the clay roof, and lowered the sick man. Were these four caregivers of the paralyzed man family, neighbors, friends or faith partners?

At the height of the AIDS epidemic, groups of friends, family, and faith partners, rallied to provide practical assistance to those who could no longer benefit from care at health facilities. Hospice Teams have provided volunteers to assist in practical caregiving to individuals as they come to the end of life. Health care costs have become astronomical. Insurance coverage simply is no longer adequate to cover all of our health care needs.

By the year 2010, experts say, will bring an astonishing number of individuals into retirement. A temporary or permanent illness could render our retirement plans, investments, Social Security and/or pension plans insufficient to cover the cost of care and rehabilitation.

Sharing the Care has never been easier and more organized than in the Care Team approach. Like my aunt, who was unprepared for "nursing care," and the four caregivers who provided practical care to the paralyzed man, members of every congregation can Share in the Care.

The 212th General Assembly mandated that the Office of Health Ministries, PC(USA) educate and train congregations in the techniques of Care Team organization. Care Teams are not just another committee in the congregation. The Care Team model has a long history and has been successfully applied in a variety of settings. The team is trained to organize and provide practical caregiving and to work as equals with Care partners, family, friends, and co-workers.

Recently one Presbyterian congregation, in Fayetteville Georgia, participated in a retreat training event to organize a Care Team for their 400-member congregation. Apprehension about their abilities to provide practical care-giving was quickly subdued when they were approached by one of the members of the original Care Team, asking to become their first care partner. Word about their great work spread to neighboring counties and shortly after their introduction to the congregation the Care Team was approached by an interfaith AIDS consortium, asking if they would also provide needed care to individuals in their community who were facing terminal illness.

We are called to share our gifts, whether it be by serving meals, providing transportation, collecting the mail, cleaning windows, cutting the grass, or simply the gift of our presence. The Care Team can provide practical care to persons at home, or in the hospital or rehabilitation facilities. Sharing the care can be emotionally, mentally and spiritually healing for caregiver and Care partner.

*Brenda Gales, is a member of The Presbyterian Church of the Resurrection in Conyers, Georgia. She is a Regional Care Team trainer for the Office of Health Ministries, PC(USA) and has served as Chair and Vice Chair of the Presbyterian Serious Mental Illness Network of the Presbyterian Health, Education and Welfare Association. Visit the Office of Health Ministries, PCUSA at [www.pcusa.org/health/usa](http://www.pcusa.org/health/usa) or call 1.888.728.7228 X.5550*

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## The Right Fund At The Right Time: The Endowment for Older Adult Ministries

*By Carl E. Horton  
Coordinator for Church Leader Support*

If you are like me, there are some things in this world that you know are just right. They are meant to be. The endowment for older adult ministries is a fund whose time has come. It is the right fund at the right time.

I grew up in Southern California and, as such, I learned how to surf. I did my share of body surfing and, in my day, "boogie-boarding." I know what it's like to be in the waves, to have a wave go by and miss it or, worse yet, to be crushed by it. I also know what it's like and what it takes to catch a wave and ride it. As a wave approaches, you can't just sit there. You have to start moving, either to get out of its way and save yourself, or to catch it and enjoy its full surf riding benefits. We all know that in the not-too-distant-future there is an "age wave" approaching. And the Presbyterian Church (U.S.A.) is in the process of getting on its board and starting to paddle!

This age wave isn't going to hit only American life in the coming decades. It will have a significant impact on life in America's congregations, and its earliest ripples will probably be felt in denominations like ours. Currently, the fastest growing segment of membership in the Presbyterian Church (U.S.A.) is — you guessed it — older adults. Already more than one-third of our members are over 65 years of age, and in just seven years the Baby Boomers will begin to join and swell their ranks. In addition, it is anticipated that life expectancy will increase by 2030 to 87 years for men and 91 years for women. Needless to say, the church of tomorrow will be blessed with the gifts and skills of even larger numbers of older adult members. It will also be challenged to minister in ways that meet their needs and respond intentionally to their unique life situations.

The Presbyterian Church (U.S.A.) is a leader among denominations in its older adult ministries and, as such, we are well poised to prepare for this future. For the past 30 years our General Assembly has produced policy papers, provided staff, resources, networks, newsletters, conferences and

study groups, on issues related to aging and older adults. This very newsletter, in fact, has been around for 23 years. In 1991, the office of Older Adult Ministries was established in Louisville. In 1992, The 204th General Assembly approved a report that named seven priority issues, and established a decade to focus on issues related to older adult ministries. Just last year, the 215th General Assembly approved an overture that would ensure adequate staffing and programming for older adult ministries.

We are now moving decisively forward on a three-year effort to build a \$6 million endowment fund with the Presbyterian Foundation. This fund will allow us to increase and expand older adult ministries at every level of the church. We have called Gregory R. Cohen to lead this effort for the next three years. After that time, with the help of the endowment, we will double our older adult ministries staff, expand programming, and provide significant support to congregations and middle governing bodies that are engaged in older adult ministries.

With a permanent endowment fund for older adult ministries the Presbyterian Church (USA) will achieve these goals:

- Increase to 30% the number of congregations that have identifiable and intentional ministries with, by, and for older persons, including ministries of health, care giving, spiritual growth, and advocacy;
- Establish networks of persons who are leaders of older adult ministries in at least 50% of the presbyteries;
- Conduct annual training events for the older adult network in 50% of the synods;
- Be a leader among denominations in attention to and advocacy on behalf of older adults.

We invite you to help the Presbyterian Church (U.S.A.) ride the age wave into a new vision for older adult ministry. Consider a legacy gift to the Endowment Fund for Older Adult Ministries. Contributions can be made to the Presbyterian Foundation. For more information about the fund, contact the Office of Older Adult Ministries at 888-728-7228 x5487, or visit the website at [www.pcusa.org/olderadults](http://www.pcusa.org/olderadults).

## MIRIAM'S MUSINGS ABOUT RETIREMENT



Before I retired, I was quite anxious about what I would do in retirement. I said many times, "What will I do on that first Monday morning when I don't have to get up, get dressed, and get to work on time? What will I do when there are not a dozen voice mails, and even more e-mails, to answer? What will I do when the telephone does not ring and there is not a voice that says, 'I am starting an older adult ministry in our church and I need your help. Can you tell me about how to get started and what resources are available?' What will I do when a whole day stretches out in front of me and there is nothing on my schedule?"

Never fear! It hasn't happened like that! Before I retired, people would tell me that they were so busy in retirement they wondered how they found time to work full time. I only half believed them. But, already, after only a few weeks away from the office, I feel the same way. It takes so much time and energy just to live in this complex society, that I am amazed that anyone can work full time! However, I do know what happens — at least what happened in my situation. I totally focused on my job at work, and totally ignored the fact that there was another life out there. I worked out of panic, handling personal life matters quickly, without much thought, in order to get back to what I felt to be the most important thing in my life — my job.

Since my last day in the office, my days have been filled with getting my affairs in order, getting my life in order, and re-connecting with family and friends. I do not regret the fact that I put heart and soul into the work of the Office of Older Adult Ministries. I do believe this is the growing edge of the church, and one of the most neglected in some places. At the same time, I believe that working with older adults in spiritual growth, health matters, practical matters of daily life, social life, and

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## INTRODUCING GREGORY R. COHEN



We are delighted to welcome Gregory R. Cohen to the Presbyterian Church (U.S.A.) staff in Louisville in a new position as Associate for Older Adult Ministries, Mission Program and Funding. In addition to continuing the program work of Older Adult Ministries, for the next three years Greg will oversee the funds development effort approved by the General Assembly Council to endow the work of Older Adult Ministries.

Greg comes to us from a varied background with non-profit organizations and funds development. He served for five years as the Executive Director of the Apple Patch Community, a residential campus for adults with mental disabilities. For eighteen years he was an Executive with the Boy Scouts of America in Kentucky. Many staff members in the Presbyterian Center already know Greg because of his five years of work in the Mission Funding Office as the Associate for Special Gifts Development. Most recently Greg has worked as a consultant with non-profit agencies in the areas of administration, management, and fundraising.

Greg is an elder in the Presbyterian Church (U.S.A.), a member of the Rotary Club, a member of the Cedar Ridge Presbyterian Church Camp Board of Directors, and an avid soccer coach. Greg is married to Susan Cohen, who is the Grants and Research Coordinator at the Kentucky Center. They have three children — Rachael (14), Maggie (11), and Shelby (7).

Greg began his work on January 8. He may be reached by email at [gcohen@ctr.pcusa.org](mailto:gcohen@ctr.pcusa.org) or by calling 888-728-7228 x5487.

Working with Greg in the mission program of Older Adult Ministries is Pauline "Polly" Marcum, Editorial/Senior Administrative Assistant. ([pmarcum@ctr.pcusa.org](mailto:pmarcum@ctr.pcusa.org), x5472). Also working with Older Adult Ministries in funds development is Cynthia Harris, Administrative Assistant ([charris@ctr.pcusa.org](mailto:charris@ctr.pcusa.org), x8488).



## PRESIDENT'S CORNER

*By Margaret Suttle*

Writing this column has been difficult because it required a change in my process. What a creature of habit I am! Several weeks ago I received the theme of this AGEnda: ethical and moral issues affecting Older Adult Ministry. Usually when the article deadline and overall theme is received I begin accumulating ideas. I examine the topic from several angles, then consider ministry opportunities and implementation strategies. However, as I began to name the issues and examine the topic, I hit a wall. Naming issues, pairing them with ministry opportunities and planning for implementing them was easy. The difficult part was with the definition or structure of Older Adult Ministry as perceived by the church.

This is the problem. Older Adult Ministry in churches is often by practice defined as "an identifiable group of older people who meet together on a regular basis for fellowship opportunities." Key word in the sentence is "group," indicating something that is joined, an organization that is chosen. In reality, Older Adult Ministry is much more than an exclusive social group. It includes spiritual and service components, all of which are woven together with the threads of education, advocacy and provision of resources. Too often the emphasis is on entertainment, and addressing ethical and moral issues affecting Older Adult Ministry is not appropriate to the setting. Putting these beliefs in writing made me realize how I perpetuate the problem. It is much easier to maintain than to create, easier to emphasize social aspects of ministry than to plan for ministry that addresses every aspect of life.

If you and your ministry are in a maintenance mode, I invite you to join me in committing to a more balanced ministry in 2004. Include three components: social, service, spiritual. Enrich, inform, inspire, educate, entertain, advocate and provide resources in a variety of settings.

Perhaps as you and/or your committee plan for this year, you might devote a planning session to ethical and moral issues, using this AGEnda as a resource. What are the issues? Prioritize them for your congregation. What is the best way to present them? What resources are available to help? Remember that many issues that affect older adults affect their entire families as well. I would welcome hearing about your ideas, plans and implementation. Contact me at [msuttle@fopc.org](mailto:msuttle@fopc.org).

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### Continued: Miriam's Musings

continued opportunities for learning, are among the most important ministries of the church. It has been a privilege to work in this important ministry for the past thirteen years, and see awareness increase and programs expand across the church.

Now, in retirement, I look forward to continuing to do some of the traveling and speaking that I have been doing as a part of my position on the national staff. I also look forward to doing some reading and writing that I did not have time to do before I retired. I have already begun a program of physical fitness with the help of a personal trainer and attending classes at a Wellness Center.

I have come to believe that retirement is not the "rocking chair" image; it is not limited to the "motor home - on the road" mode; it is not a time of looking for something to do with the time. My early experience of retirement is filled with relief at the lack of the pressure of deadlines, a sense of freedom to take care of myself and not feel guilty about it, joy in starting new traditions in family relationships, and time to make my house my home, not just a place to eat and sleep!

I have enjoyed writing these musings for each issue of AGEnda. Perhaps I will have opportunity to report to you occasionally as to how this thing called "retirement" is going. And the journey goes on....

*Rev. Dr. Miriam Dunson retired at the end of 2003 as the Associate for Older Adult Ministries for the PC(USA), after 13 years of effective and dedicated ministry.*

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## NEWS FROM THE PRESBYTERIES

Westminster Scotlandville Presbyterian Home opened its doors in 2003. Here are excerpts from the remarks of Dr. Harry Robson, president of Westminster Foundation, at the opening ceremony.

The Westminster Foundation, an agency of the Presbytery of South Louisiana, put up the initial funding for the project and prompted First Presbyterian Church of Scotlandville to create the Organizing Committee, which became the Westminster Scotlandville Board. The Scotlandville Home is the sixth such facility in South Louisiana, and its 70 units raises the total to 533 units in service.

It has been our experience that it takes \$50,000 or more upfront money to start a Project such as this. It is our belief that a project needs to be anchored in a local church, in this case First Presbyterian Church of Scotlandville. Political or community leaders may waiver in their support, but the church is there for the long haul. It is this watchdog role of the local board that makes the difference between a facility that is a credit to the community or a potential slum.

This is a faith-based organization, but it was built with HUD money and will be operated according

to the HUD rules. The fair-housing symbol on our sign guarantees that neither Presbyterian nor any other faith profession has special claim for residency here. The mission of the church is to all people, not just to Presbyterians.

Dr. Harry Robson had a distinguished career in chemistry as a researcher and professor, and has been an active leader in the church at all levels.

*Editor's Note: For more information about how your church or presbytery might undertake such a project, contact Dr. Robson at hrobson@aol.com.*

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In the fall of 2003 the Senior Adult Ministries Committee (SAMS) of Greater Atlanta Presbytery sponsored a seminar, "Growing Old is Still Growing: Older Adult Ministry Matters," for persons engaged in older adult ministry. Leaders for the event were Rev. Dr. Elwood (Woody) Spackman, chaplain at Wesley Woods Center, a component of EmoryHealthcare Services; Dr. Valerie Fennell, Professor of Anthropology and Geography Department, Georgia State University, and Rev. Dr. Miriam Dunson, Associate for Older Adult Ministries, Presbyterian Church (U.S.A.). The presentations, followed by a panel discussion featuring the three speakers, were outstanding and SAMS has opted to conduct an annual seminar, in addition to the annual spring and fall events for older adults in the presbytery.

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The Older Adult Committee for the Oklahoma Conference of Churches sponsored a one-day conference for the northern part of Oklahoma in the fall of 2003. The keynote speaker was Dr. William Guilford, a retired Presbyterian minister who serves on the POAMN Executive Committee and as Parish Associate for Westminster Presbyterian Church in Oklahoma City.

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**See  
AGenda  
On-Line**

<http://horeb.pcusa.org/olderadults>



## NEEDED FOR THE NEXT AGENDA

SEND CREATIVE POEMS/PROSE  
ARTICLES

Send articles about  
what your church is doing in  
inter-generational ministry, outreach into  
the communities to older adults,  
programming to assist those who are  
unable to attend worship...

Send entries to:

Vickie Kintzel  
vickie@firstpresnormal.org

or

2000 E College  
Normal IL 61761



## AUTUMN WISDOM

### SIMEONS AND ANNAS

Simeon and Anna were old.  
 Anna was eighty-four  
 And probably wished her age had not been told.  
 Simeon was old, but no age was given,  
 Even though he would not have cared.  
 They both looked for the longed-for Kingdom  
 That had not come.  
 But they did not give up hope.

They cradled the child in their arms,  
 And their faces brightened, and their eyes lit up,  
 As faith and hope warmed their hearts.  
 The Kingdom would come!  
 The child of God would bring it in.  
 Their tenacious faith and quiet assurance  
 Stirred hope in younger minds and hearts  
 Who wondered if they could believe  
 That God's "Kingdom would come."

Today, we are God's older servants.  
 Some of our ages are known, others not.  
 We have cradled a grandchild  
 In the crook of our arm,  
 And looked into a little face  
 With tender love and strong hope,  
 A new life with all its possibilities,  
 And in joy and fear and hope, we breathed a prayer.

At Christmas time the Simeons and Annas  
 Symbolically hold the Christ child in their arms,  
 And with joy and fear and hope affirm:  
 The Kingdom will come!  
 The younger generation will see,  
 And they too will have their hearts  
 Stirred with faith and hope, and say:  
 Yes. The Kingdom will come.  
 Thus hope is passed from generation to generation.

*Dr. J. Phillips Noble is a "retired" Presbyterian minister who ministers to retired ministers and their families in Greater Atlanta Presbytery.*

### HOPE

In 1719, Isaac Watts, the great English hymn writer, wrote a magnificent hymn in which he reminded us that our God, who has been "our help in ages past" is also our "hope for years to come." This hope is not at all like a wish. This is biblical hope, which is something promised, something we can count on. It is not faded or diminished by aging, by sickness, or even by death. On the contrary, like a beacon hope shines brighter as these events occur. These are the "stormy blasts," from which God is our shelter. The confident prayer that ends the hymn is true: God will be "our Guide while life shall last, and our eternal home."  
 --- Edgar H. Perkins, Ottawa, IL

### ON IMMORTALITY

As a pebble hurled into a still pool  
 Sends myriad concentric circles radiating  
 Across the surface of that pool,  
 As these multiple waves of motion leave  
 Their changing imprints upon the  
 Sandy shores,  
 So do all our deeds leave their marks  
 Upon the destinies of this universe and  
 Its inhabitants.

A frown or harsh word, a smile or word  
 Of assent may be the first impact leading to the  
 Creation of a new religion, a bloody  
 War, or an alliance of nations centuries hence.

So is each deed in each life not a trivial thing  
 And of personal interest only;  
 Rather it is, or may become, a world-shaking event  
 As the deeds and impulses of others add  
 Their effects to that of the original act.

Each life, then, is everlasting.  
 One's name may be lost to the living;  
 One's bones may be dust;  
 One's works may have lost all original individuality.  
 But because One lived,  
 The world is in some degree altered  
 And immortality has been achieved.

*Howard McClary, is a member of Llanfair Retirement Community, Cincinnati, Ohio*

## New Help for Long-Distance Eldercare Geriatric Care Management

*By Bruce Brittain, CEO, Wisdom River Partners*

Since the end of WWII, just three generations ago, America has become a country in which the majority of adult children live more than 100 miles from their parents. As a nation, about 65% of us have either sought our fortunes far from home or our parents have retired to other areas of the country (primarily the Sunbelt). As long as our aging loved ones are healthy and independent, long-distance eldercare is not an issue. For most families, however, there comes a time when adult children become responsible for the well-being of frail parents or other aging relatives or friends. Then, distance becomes problematic.

The problem is not so much that help is not available but rather, (1) knowing where to find that help, (2) making sure that the help is of good quality, reliable and appropriate, (3) keeping track of how the arrangements are working, and (4) being there to fix what is not working. That's what a daughter or son would do if they lived close at hand.

Another significant challenge is coping with aging parents who deny that they need help. Dealing with this issue from hundreds of miles away is particularly frustrating. When talking with adult children in this situation the issue that emerges most often is their sense of unease. They often feel that they are not "doing enough" or that they are not "there enough" to provide the help that their parents deserve.

The solution for a growing number of families is to involve a local (where the parent lives) professional who works in a relatively new industry called Geriatric Care Management. These professionals, most often nurses or social workers, step in to (1) evaluate the real needs of the frail parent, (2) work with the family to create a support plan to meet those needs, (3) arrange for that support, (4) monitor the quality of the help, (5) resolve problems, (6) advocate for the senior within the healthcare network, and (7) routinely report to the family caregiver(s) about the situation.

Geriatric Care Management is a small but rapidly

growing profession. This industry has emerged to meet the demand created by the unprecedented aging of American society, our "scattered family" culture and the growing complexity of the national eldercare system. The complexity of this system for seniors — the use of multiple physicians, prescription and over-the counter drug alternatives, assisted-living and skilled nursing home options, home healthcare choices, domestic help challenges et al -- have created a need for these knowledgeable and caring intermediaries.

A private pay service, a good Geriatric Care Manager can often reduce the total care expenditures for a frail senior and their family by (1) helping to avoid poor quality or unscrupulous care providers or domestic help, (2) forestalling medication mistakes and home accidents, (3) eliminating redundant or unnecessary services, (4) cutting down on family caregiver travel costs, (5) seeking better health outcomes for the senior by monitoring physician-recommended protocols between visits, and (6) looking for more cost-efficient and satisfactory alternatives to skilled nursing home care. A Care Manager can also monitor the senior's vulnerability to high pressure sales tactics, investment and sweepstakes scams and related pitfalls.

Following are some situations that may indicate that a Geriatric Care Manager could be of value:

- The senior has a medical or domestic emergency
- The senior is released from the hospital or rehab center but clearly needs in-home help and other support to remain independent
- The senior seems confused, disoriented or has a sudden change in personality, appearance or hygiene
- A caregiving spouse dies
- The senior fails a driver's test and can no longer legally drive
- Organization of financial matters begins to deteriorate
- The senior's residence becomes run down and dirty
- Medical bills and insurance forms have everyone confused
- The senior frequently over or under self-medicates
- The family doesn't know how to contact and talk with their loved one's doctor(s), pharmacist, yardman, housekeeper, handyman, etc.

**Continued: New Help for Long-Distance...**

- The senior is being taken advantage of by care providers, fundraisers or sales people
- Most of the trips by family members to see their aging loved one(s) are to address problems, not to enjoy a visit
- A local family caregiver is overwhelmed by these responsibilities
- The family is debating whether a nursing home is the answer

A high-quality Care Management practice will employ full-time, trained and certified clinicians. Each client will have an assigned personal Care Manager, thus assuring continuity, good personal chemistry and trust between the senior, the Care Manager and the senior's family. If Geriatric Care Management sounds like it might benefit a person or family you know, visit the Geriatric Care Management website, [www.caregiver.org](http://www.caregiver.org) for a list of the Care Managers in the area where that senior lives.

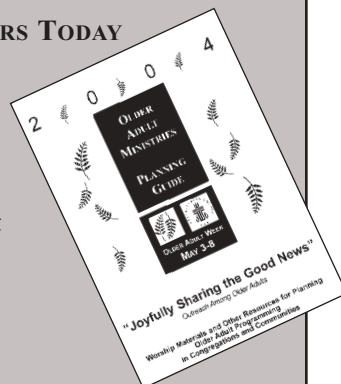
For case histories, additional information or clarifications about this story please contact the author, Bruce Brittain, toll-free at 1-866-674-9111.

*Wisdom River Partners is a Geriatric Care Management firm serving Hillsborough and Pinellas Counties, Florida (the greater Tampa Bay area). On the web at: [www.wisdom-river.com](http://www.wisdom-river.com)*

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**Resources**

*The following Resources are Produced by the Presbyterian Church (U.S.A.) Older Adult Ministries Office*

**2004 Older Adult Planning Guide.** Order from the Presbyterian Distribution Service, 100 Witherspoon St., Louisville, KY 40202-1396, order # 70250-04-717 FREE s/h.

Published each year as a guide to congregations. Includes worship materials and other resources for planning older adult programming in congregations.

**Older Adult Ministry: A Resource for Program Development.** Order from the Presbyterian Distribution Service, 100 Witherspoon St., Louisville, KY 40202-1396, #21785429, Price \$5.95 (Phone: 1-800-524-2612).

Published in 1987, this helpful manual provides strategies, program plans and theological reflections for churches seeking resources for older adult ministry.

**Older Adult Ministry: A Guide for the Presbytery Committee,** revised by Miriam Dunson, 2003. Order from the Presbyterian Distribution Service, 100 Witherspoon St., Louisville, KY 40202-1396, #090300 Price \$9.95 (Phone: 1-800-524-2612).

This manual is designed to help presbyteries and Presbyterian Representatives for Older Adult Ministries (PROAM) initiate ministries with older adults in congregations. It outlines ways in which the church can translate concern into action

**Older Adult Ministry: A Guide for the Session and Congregation,** compiled by Jim Simpson, edited by Kim Richter, Revised in 1999 by Miriam Dunson. Order from the Presbyterian Distribution Service, 100 Witherspoon St., Louisville, KY 40202-1396, #18090301 Price \$5.95 (Phone: 1-800-524-2612).

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