



# Welcome to the Virginia Center on Aging's 36th Annual Breakfast



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Virginia Center on Aging  
College of Health Professions



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VIRGINIA DEPARTMENT FOR AGING  
AND REHABILITATIVE SERVICES



**VCOA**

Virginia Center on Aging



**VGEC**

Virginia Geriatric Education Center

*Aging – we're all in it together*

Bert Waters, PhD

Director, Virginia Geriatric Education  
Center Associate Director, Virginia Center  
on Aging

# Virginia Geriatric Education Center

- **Consortium** Virginia Commonwealth University, Eastern Virginia Medical School, George Mason University, University of Virginia, Virginia Tech
- **Partnership** Virginia Navigator, Health Quality Innovators, Hampton University, Norfolk State University, Alzheimer's Association Chapters, Virginia Association of Area Agencies on Aging, Riverside Center for Excellence in Aging and Lifelong Health
- **Geriatrics Workforce Enhancement Program (GWEP)**
  - July 1, 2019 – June 30 2024, Five Year, 3.75 Million Dollar Grant
  - Five Objectives, with 21 initiatives
  - **Cares Act Supplement:** Allowed to pivot to telehealth and tele-education
  - **Nursing Home Supplement:** Allowed to continue building relationships with long-term-care providers



# Recognizing and Responding to Abuse in Later Life



## Feedback from the Frontlines

Sarah A. Marrs, Ph.D. & Courtney O'Hara, M.S.

# Financial Disclosure

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Foundation

# Motivation for Project

## PREVALENCE

- 10% of adults aged 60+ will be victims of abuse (Acierno et al., 2010)
- For every reported case, may be as many as 25 unreported cases (New York City Department for the Aging, 2011)
- In Virginia, cases of abuse in later life have steadily increased (DARS, 2021)
- As population of older adults grows, problem expected to intensify

## LACK OF EMPIRICAL EVIDENCE

- Research is limited in scope
- Many training grants prohibit research (e.g., Office on Violence Against Women, 2020)
- As a result, few trainings are evidence- or needs-based
- No evidence of effectiveness of existing trainings (Mydin et al., 2019)
- Limited work on knowledge, attitudes, and current practices

## LACK OF AWARENESS

- Varied definitions of "older adult"
- Varied definitions of "elder abuse"
- Little, if any, emphasis in training/educational programs
- Not routinely assessed (e.g., Rosen et al., 2018)
- Poor understanding of what elder abuse is/confusing it with age-related change in function





"It makes me feel that there's little value on older adults...I will just say that it's probably about six of us APS workers, compared to over 40...on CPS...And so that just makes me feel like they're saying 'Well, they've lived their life. They don't need anybody to advocate. They're not going to be here much longer anyway'. And I think that's awful."

-Aging/Victim Services participant

"And also, I think they're really looking for the crisis, and I think sometimes that's the problem. We don't want to get to the point where we've got [a crisis]. Unless people are in crisis, it's actually harder to handle the situation than if you can detect the rising risk and try to help."

-Healthcare participant

"...it's almost like they need to see the cases to justify providing more money. So instead of...let's give you the funding to prevent these things from happening, it's okay once we have enough cases, then we can justify giving you the money, and that's totally backwards. Not to mention I've always been disgusted by how little funding goes into domestic abuse, but when you look at the difference in the numbers...I mean \$1.91 for elder abuse - that's nothing."

-Law enforcement participant

# Implications



Findings demonstrate need for:

- Increasing capacity of those trained and qualified to address elder mistreatment; expand training and education opportunities to include other fields
- Investing in further research; exploring connections between ageism and elder abuse
- Developing prevention based policies and protocols to promote the safety and well-being of older adults



# Thank you!

Sarah A. Marrs, Ph.D.

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# Caregiving Panel:

## Current issues, policy implications, and stories across Virginia

### Panelists:

Christy J. Jensen, PhD, Director, Health Services Research, CEALH

George Worthington, Dementia Services Coordinator, DARS

Nick Slentz, Human Services Program Coordinator, DARS

# CEALH FOCUS: 3 Core Areas



## Health Services Research

- Caregiver Programming, Education and Support
- Resources for Older Adults

## Services Promoting Wellness

- Geriatric Assessment Clinic
- Driving Assessment & Rehabilitation Clinic
- Caregiver Education and Support

## Community Engagement

- Caregiver Education and Support
- Resources for Older Adults
- Resources for Partners





# Caregiving in the Commonwealth

- **1.04 million family caregivers**
  - **450,000 care for persons with dementia**
- **Annual Value: \$11.2 billion (\$12.81/hr)**
- **Ranking: 14<sup>th</sup> in U.S.**

AARP Public Policy Institute. *Valuing the Invaluable: The Economic Value of Family Caregiving, 2017 Update.*



# Celebrating what caregivers do

- Nursing and complex medical tasks
- Calendar management
- Meal preparation
- Medication management
- Personal care/hygiene
- Emotional support
- Transportation
- Advocacy at medical appointments
- Family convener



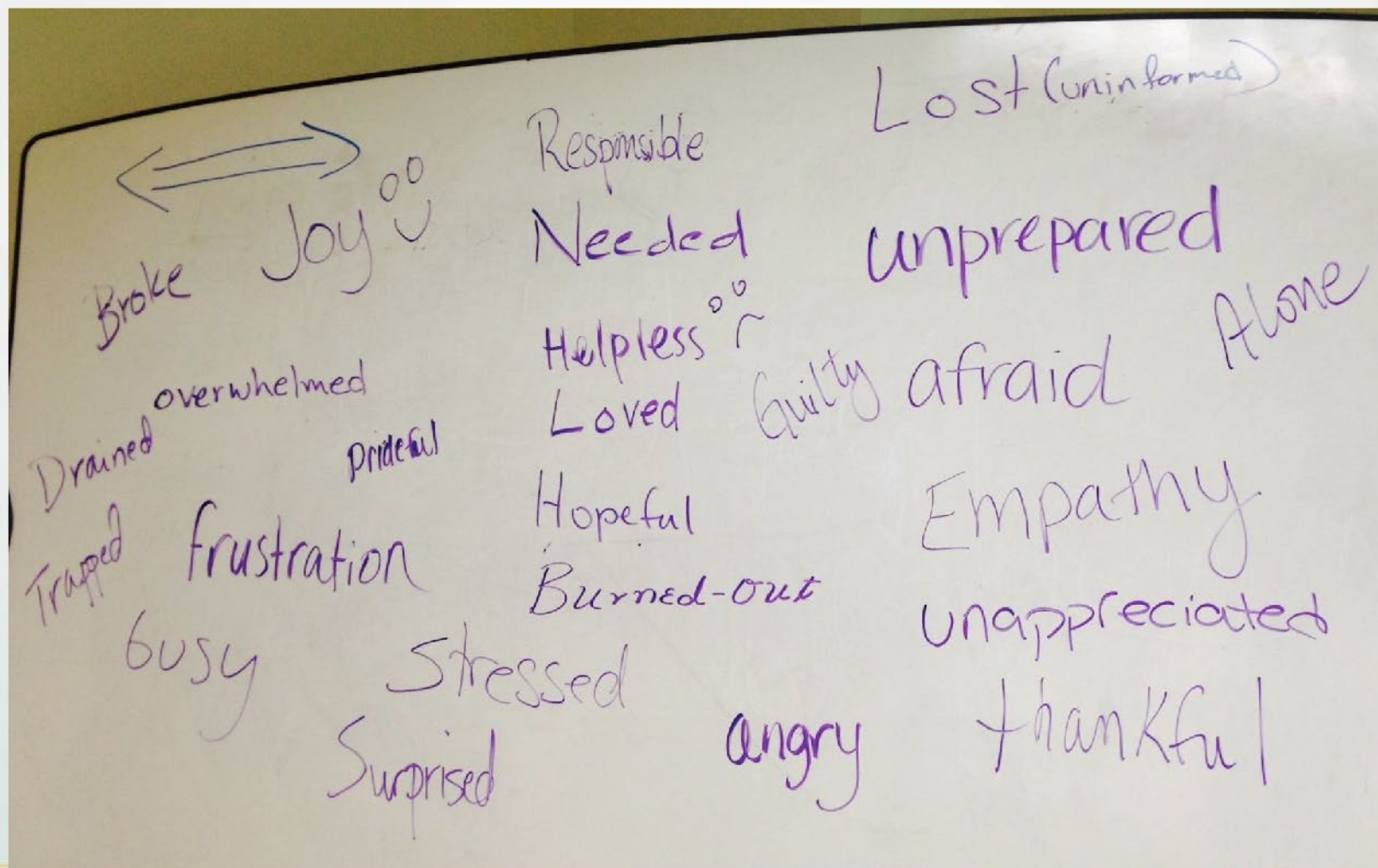
# And Caregivers do this while....

- Managing needs of other family members
- Working
- Supporting community organizations
- Worshipping and engaging at religious organization
- Managing one's own healthcare needs





“I think I’m my own worst enemy....”



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## Recharging is Critical



## Building A Care Team is Critical

- Finding others who are advocates, supporters, direct care providers
- Identifying and managing resources
  - Dementia Care Management



# Virginia Family Caregiver Stakeholder Workgroup (2018)

- 10 Goals in Final Plan
  - I: Family-centered care
  - III.3 Training providers to engage family caregivers
  - VI: Respite - funded in part through DARS Lifespan Respite Voucher
  - IX: Supporting caregivers in the workplace





# Dementia in Virginia

- Estimated 150,000-200,000 Virginians living with dementia
- 300,000 Virginians (45+) report Subjective Cognitive Decline
- 1 in 4 caregivers provides care for someone living with dementia
- Care for dementia is of longer duration and higher intensity than for other conditions



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# Dementia Caregiving

- Main issues heard from caregivers:
  - High caregiving burden for family caregivers (time/health/cost)
  - Cost and financing of long-term care options (adult day/home care/memory care)
  - Understanding Medicare/Medicaid
  - Where to get a diagnosis
  - Knowing how/where to access services and resources



# Dementia State Plan: Goal 4

- Grant-funded care coordination programs at UVA since 2016 result in:
  - Reduced depression among caregivers and people with dementia
  - Improved caregiving skills and management
  - Better understanding of the disease and effective future planning
- General Assembly appropriated \$150,000 in 2021 to provide care management for 50 families at UVA Memory Disorders Clinic
- Alzheimer's Disease and Related Disorders Commission recommends increasing funding, offering care coordination more widely

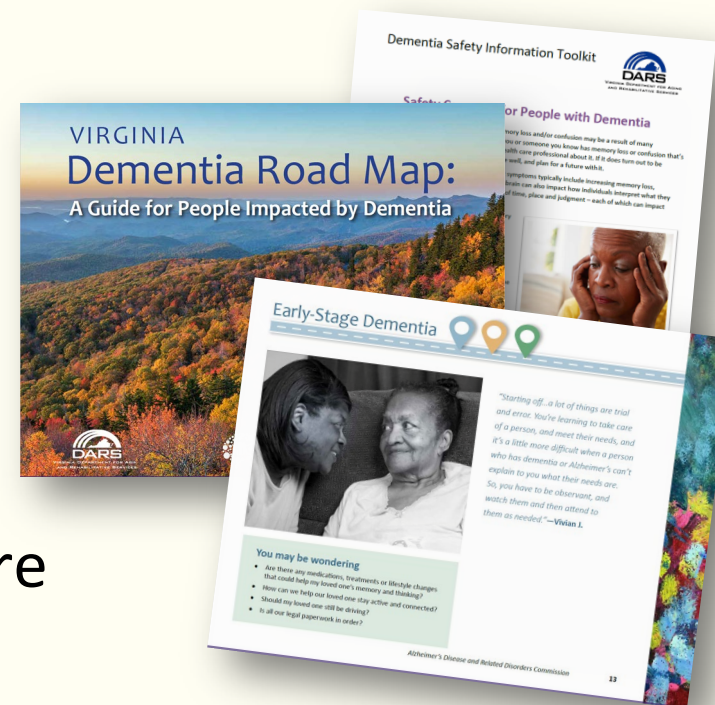




# Dementia Capable Virginia



- New umbrella brand for dementia resources from DARS/ADRDC
- Resources for families:
  - Dementia Fact Sheets
  - Virginia Dementia Roadmap
  - Home Safety Toolkit for Dementia
- Resources for providers:
  - Microlearning lessons for primary care
  - Primary Care Dementia Toolkit
  - Training for Area Agency on Aging staff



# Caregivers and Respite

- 1 in 5 adult Virginians is a caregiver
- 1 in 7 expects to become a caregiver within 2 years
- 51% provide some sort of personal care
- 78% manage household tasks
  
- Caregiver Services are effective at reducing caregiver burden
- Respite reduces caregiver burden which allows caregivers to provide care longer to their loved ones, delaying possible institutionalization

Behavioral Risk Factor Surveillance System (BRFSS) 2018

ACL Outcome Evaluation of the National Family Caregiver Support Program (NFCSP) 2018



# Virginia Lifespan Respite Voucher Program

- Federally funded grant awarded to DARS
- Provides \$595 in respite reimbursement per year to caregivers
- Self-Directed (can hire an agency or individual)
- Can be used by individuals caring for a loved one of any age with any illness or disability
- Can serve up to 1000 families over 5 years
- Serves the entire Commonwealth

# Respite Care Initiative Program

- State funded respite program
- Provides up to 40 respite hours/month
- Available only through the 11 care organizations awarded grant funds
- Only serves caregivers caring for a loved one aged 60 and older or with a diagnosis of Alzheimer's Disease or related disorders
- Serves around 284 individuals per year



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# Other Respite and Caregiver Services

- 21 AAAs provide some respite services through OAA Title III-E funds:
  - 11 provide Adult Day Care Respite
  - 10 provide Personal Care Respite
  - 12 provide Homemaker Respite
  - 1 provides Other Respite Services
- Serves only the 60+ population who are at risk of institutional placement





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# *Caregiving Panel*

Q&A



Thank you!



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