

Case Study

The Agony of Da Feet: Reexamining the Foundation to Fitness

By Amanda Lutter, DPM, AACFAS, and Christopher B. Stewart, DPM, FACFAS

Educational Objectives

1. Explain the role of podiatry in helping older adults maintain wellbeing.
2. Provide an overview of common foot and ankle conditions that older adults should be concerned about.
3. Discuss newer services and techniques provided by podiatrists.
4. Review several cases in which podiatry supported patients' health through early interventions.

Background

Foot pain affects approximately one in four older adults (Menz, 2016) and is a cause for decreased mobility and quality of life. Unfortunately, many view their foot pain as an inevitable consequence of aging rather than a treatable medical condition (Munro and Steele, 1998).

A podiatrist is a doctor of podiatric medicine (DPM) specializing in surgical and nonsurgical treatment of the foot and ankle in patients of all ages. Nowadays, podiatrists complete four years of podiatry school following undergraduate education and a minimum of three years of residency. Increasingly, podiatrists are opting to complete an additional year of fellowship. Podiatrists may choose to specialize in a variety of

fields including surgery, sports medicine, wound care, pediatrics, and diabetic care. Podiatrists are board certified by the American Board of Foot and Ankle Surgeons (ABFAS) as well as by the American Board of Podiatric Medicine (ABPM). Surgical podiatrists who are board certified by ABFAS may distinguish themselves with 'FACFAS' meaning that they are a fellow of the American College of Foot and Ankle Surgeons. Recent graduates who have passed all their written board exams, meaning that they are board qualified but are still collecting surgical cases, will designate themselves as an "associate," thus AACFAS.

Podiatrists can detect the early stages of disease that exhibit warning signs in the lower extremities, such as diabetes, arthritis, and cardiovascular disease. A comprehensive lower extremity exam includes evaluation of a patient's skin from toes to knee, blood flow in arteries and veins, nerve function, and multiple musculoskeletal conditions. Podiatric interventions are aimed at restoring function of the feet and ankle allowing for a healthier, more active lifestyle.

Routine Foot Care

For patients with poor circulation, also known as Peripheral Arterial Disease (PAD), insurance companies will often cover patients to see podiatrists to have

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their nails and calluses trimmed. Although sometimes trivialized, fungal nails (*onychomycosis*) and ingrown toenails (*onychocryptosis*) can be exquisitely painful and disabling. Likewise, calluses may feel “like rocks embedded in my feet,” and for patients who have numbness in their feet (*neuropathy*), calluses can pose a risk for skin breakdown and ulceration. In the office, a podiatrist can safely trim calluses with a scalpel blade that causes fewer abrasions in the skin than may be caused by a pumice stone. Additional exfoliation may be achieved with creams containing acid such as urea or ammonium lactate which help to dissolve dead skin.

Peripheral Arterial Disease

Peripheral Arterial Disease (PAD) results from narrowing of the arteries due to plaque deposition. In these patients, the arterial pulses in the feet, particularly the dorsalis pedis and posterior tibial arteries, are diminished or absent altogether. In severe cases, these patients may experience cramping in their legs while walking (*intermittent claudication*) or cramping while lying down (*rest pain*). The feet may feel cold. There may be wounds that do not heal. The color of the feet and legs may be reddish when below the level of the heart but pale when elevated (*dependent rubor*). In patients with any of the symptoms above, podiatrists may order an Ankle Brachial Index (ABI) that compares the blood pressure in the ankle to that in the arm. Abnormal levels prompt referral to a vascular surgeon who may perform various interventions as necessary.

Footwear Evaluation

Studies have estimated more than one-half of older adults wear shoes that are too short or too narrow due to fashion influences, not measuring foot dimensions when choosing shoes, or limited supply options (McInnes, et. al., 2012). Many patients are aware shoes may be purchased as extra-wide, but fewer know that they may also select extra-depth shoes. Shoes with a deep toe box can decrease rubbing of hammertoes on the roof of the shoe. Moreover, the added room in the shoes makes space for *accommodative* inserts that are soft and offload pressure points on the sole of the foot. This is particularly helpful for patients with *plantar fat pad atrophy*. Other patients

who need more support in the joints of their feet may benefit from functional inserts that usually have a firm arch support that serves to support the alignment of the joints in the feet during the gait cycle. For example, with an arch support the foot tends to *pronate* (weight when walking placed more toward the inside of foot) less which mitigates the arch collapse. For patients who do not fit over-the-counter shoe inserts, custom orthotics may be prescribed by a podiatrist. These can be helpful when the shape of the foot is very flat or arches are unusually high or there are pressure points that can be offloaded specific to the patient.

Fungal Infections

Many patients observe that their nails become thick, yellow, discolored, and crumbly in texture. Incidence of nail fungus (*onychomycosis*) increases with age, due in part to decreased circulation. There are fewer immune cells arriving to the toes to fight the fungal growth. Moreover, the relative dehydration of the nails causes them to curl and may produce ingrown toenails (*onychocryptosis*). The risk of neglecting fungal nails is that accumulation of a large fungal load can worsen Athlete’s foot (*tinea pedis*). Sometimes the webspaces between the toes can become excessively moist which encourages fungal infections that can then be complicated by bacterial superinfections. The authors have treated severe cases of cellulitis that arose from this combination of fungus and bacteria proliferating between the toes.

Bunions and Hammertoes

Muscle imbalance can result in malalignment of one of more toes. While bunions are inheritable, the shoes we wear contribute to deformities in our forefeet. Narrow-toed shoes tend to push the great toe sideways into a bunion deformity. Toes may curl to fit inside the shoes. Digital contractures may also occur due to excessive pull of the long flexor muscles in the calf that are compensating for a weakened Achilles tendon muscle group. Patients with flat feet may develop calluses due to the long flexor muscles overfiring in effort to stabilize the foot after the arch collapses. Some patients with varying degrees of drop foot where the muscle group in the front of the leg is weak can have overfiring of the long extensor

muscles that can misalign the toes. Conservative management of bunions and hammertoes begins with padding, bunion splints, wearing wider shoes, and supporting the arch. Some patients with flexible digital contractures may benefit from the flexor tendon being lengthened which can be a simple in office procedure. Other patients benefit from having surgery in the operating room that involves either soft tissue realignment or a combination of soft tissue and bone work to reconstruct the forefoot.

Osteoarthritis

Degenerative joint disease, or osteoarthritis (OA), is characterized by loss of cartilage in one or more joints. This may be caused by history of trauma or by wear-and-tear stress in the joints due to poor alignment. A flat foot lacks stability and may stretch the supportive ligaments in the foot and ankle, resulting in cartilage wearing down. On the other hand, a high arch is rigid, lacking in mobility, leading to increased jamming of the joints and subsequent increased risk of arthritis. Patients presenting with arthritis sometimes find relief from investing in more supportive shoes. Depending on the joint involved, immobilization can be helpful. A great toe joint that is arthritic may be immobilized for better modifications to orthotics, shoes with rigid soles that have a rocker bottom. An arthritic ankle may benefit from an ankle brace, either over-the-counter if that is comfortable, or custom Ankle Foot Orthosis (AFO). Additionally, anti-inflammatory treatments such as NSAIDs or steroids, either oral or injected directed into affected joint, can relieve pain. Physical therapy can strengthen muscles that improve stability in the foot and ankle helping to avoid injury. Surgery is indicated when conservative treatments fail to allow patients to enjoy activities of normal living. Arthritic joints may be fused or replaced, depending on the situation.

Stress Fractures

Bone density decreases as we age, predisposing older patients to fractures. Stress fractures are tiny hairline breaks that can be caused by overtraining or overuse, improper biomechanics or surfaces, poor shoes, foot deformities, and osteoporosis. These small breaks can result in complete breaks in the bone if left untreated. Pain, swelling, redness, and sometimes bruising

can all be signs of a stress fracture. Conservative treatment involves immobilizing and offloading the foot with either a surgical shoe or pneumatic walking boot. Bone metabolism workup, including checking the thyroid and Vitamin D levels, is sometimes necessary. Patients are encouraged to consume a well-balanced diet rich in protein, calcium, Vitamin D, and Vitamin C. Sometimes stress fractures go on to require bone stimulators which are devices worn on the outside of the foot to encourage bone growth. Rarely, stress fractures require surgery, at which point bone substitute may be applied to the injury site.

Melanoma

In the United States, melanoma accounts for 3-5% of all skin cancers and 65% of deaths related to skin cancer (Watson, et al., 2011). The proportion of melanoma arising on the foot was estimated to be 6.6% by one study of 1,542 lesions (Chevalier, et al., 2014). Increased risk is attributed to UVA and UVB ultraviolet light exposure, decreased skin pigmentation, increased mole count, lower socioeconomic level, and trauma.

Early misdiagnosis rates for melanoma in the foot are estimated between 25-36%, as compared to 18% body-wide. Reported misdiagnoses for melanoma of the foot have included ingrown nails, fungal nails, athlete's foot, eczema, warts, foot ulcers, bruising, blood blisters underneath the nail, foreign bodies, various soft tissue tumors, calluses, and other skin cancers such as basal cell carcinoma and squamous cell carcinoma. One study reported 13.5 months to be the average time to seek medical attention for 27 cases of melanoma on the foot (Bristow & Acland, 2008). Staging of melanoma is based on Breslow thickness, appearance of microscopic ulceration on surface of tumor, mitotic rate of tumor cells, and presence of nodal and distal metastasis (Balch, et al., 2009). Sentinel lymph node biopsy should be considered in lesions that are thick and ulcerated on microscopy, and when positive, the five-year survival rate drops from 84.3% to 37.5% (Ito, et al., 2015). Mainstay therapy in confirmed cases includes wide excision or amputation. As of 2016, eight gene-modifying drugs have received FDA approval for the treatment of advanced or metastatic melanoma (De Golian, et al., 2016).

Older adults face multiple obstacles to recognizing skin cancer. Poor vision, inflexibility, lack of awareness, depression, dementia, and abundance of benign age spots distracting from or camouflaging a malignant lesion may all delay diagnosis. In the diabetic population, assistive devices such as a mirror on the end of a stick may aid older adults to visualize the soles of their feet or the skin over their back. Ideally, they would undergo annual skin cancer screenings from head to toe by healthcare providers that would be augmented by exams at home.

In performing skin cancer screening, remember the “ABCDEs” of melanoma:

A = Asymmetry.

B = Border which may be irregular or blurred. “Hutchinson’s sign” refers to a streak of pigment extending from the top of the nail all the way to the nail bed and into the cuticle itself. This is seen oftentimes with subungual melanoma.

C = Color variation in which multiple shades of brown and black are present as well as pink, red, white, or blue.

D = Diameter greater than 6mm or the size of a pencil eraser. Melanoma, however, can present as small lesions.

E = Evolving that may present as changing shape, color, or size. Also, new sensations like itching or pain or new drainage are warnings.

Non-healing wounds are highly suspicious. For this reason, healthcare providers will often biopsy a wound that fails to heal as expected. The “ugly duckling sign” draws attention towards skin spots that look different than other skin spots on the body.

While detection of melanoma serves as a dramatic testament to regular lower extremity exams, individuals stand to benefit from earlier detection and treatment for a variety of other medical conditions. These include fungal infections of skin and nails which can cause breakdown in the skin and subsequent bacterial super infections possibly requiring hospitalization and sometimes amputations. Older adults dealing

with foot pain from hammertoe contractures and bun-ion deformities may benefit from shoe modification and toe padding. Nails and calluses may be debrided by medical providers allowing for more immediate pain relief. Plantar fat pad atrophy may improve with accommodative multi-density shoe inserts that offload pressure points. In summary, conservative as well as surgical treatment options may be offered for patients following lower extremity evaluations.

Case Study #1

Mr. DS is a 94-year-old male who presented to an emergency department via ambulance complaining of generalized weakness and soreness as well as increased swelling in his left foot present for more than one year. He was living independently with help from neighbors and family. He had last seen his primary care physician four months earlier for complaint of sores on his left arm after falling in his daughter’s home.

Podiatry was consulted by the ED for evaluation of a protruding mass on the sole of the patient’s left foot. The mass measured 4.8 x 4.6 x 1.2cm and was slightly asymmetrical with an irregular border and multiple colors ranging from yellow to red to black (**Figure 1**).



Figure 1. In the ED the patient states, “I stepped on a nail awhile back.”

Moreover, the patient’s left foot was noted to be swollen all the way up to his knee on the left side only. The right leg was thin and dry. Radiographs obtained in the ED demonstrated a soft tissue density without bone abnormality (**Figure 2**). The differential diagnosis included pyogenic granuloma and nodular melanoma.



Figure 2. Radiopaque ovoid soft tissue density without osseous abnormality.

When questioned about mass on the sole of his foot, Mr. DS replied, “I stepped on a nail awhile back.” He was not physically able to visualize the soles of his feet and had not been using an assistive device. He did not recall when the last time a family member or health care provider had removed his shoes to examine his feet.

The patient was admitted to the hospital with sepsis, acute kidney injury, lactic acidosis, rhabdomyolysis, and chronic deep vein thrombosis (DVT) of bilateral lower extremities. The mass was excised at bedside with a #15 blade and silver nitrate cautery. Pathology diagnosed the biopsy as extensively ulcerated nodular malignant melanoma (Figure 3).

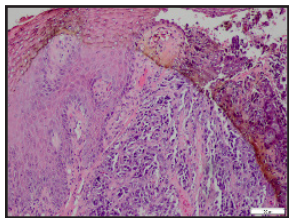


Figure 3. H&E section (40x) of extensively ulcerated nodular malignant melanoma with prominent reddish macronuclei in tumor cells. Areas of pigmentation are also visible.

Image provided courtesy of pathologist. Jean E. Thomas, MD, Mercy Health– St. Vincent Medical Center, Toledo, OH

Oncology and palliative care were consulted. A non-contrast CT chest was completed that demonstrated no pulmonary nodules or masses, but did reveal changes consistent with atelectasis, meaning there was partial collapse of both of his lungs. The Lactic Acid Dehydrogenase blood test (LDH) ordered for cancer staging was notably elevated at 238. Treatment options were discussed in detail with the patient, including amputation and complete work up (e.g., determination of driver mutational status) versus palliative care. The patient and his daughter elected to change code status to DNR-CC, meaning “do not resuscitate” and “comfort care” only. He was discharged to hospice on the sixth day of admission with oral antibiotics and rivaroxaban, a blood thinner for the chronic DVT. Mr. DS expired 10 days later.

Case Study #2

Mr. RW, 76-years old, married, and retired, presents to his PCP with complaint of left heel pain associated with a non-healing wound. He denied history of cancer and relates slow growing mass on the outside of

his left heel for greater than one year. He was placed on antibiotics by his PCP, who arranged for initial podiatric evaluation the next day. His ulcerative skin measured 3.5cm x 5.0cm x 1.5cm and was dark black and nodular in appearance (Figure 4). The border was highly asymmetrical and irregular, concerning for malignant nodular melanoma. The patient consented to having a punch biopsy performed in the office under local anesthesia. The specimen was sent to pathology marked as “urgent” priority.



Figure 4. “Non healing wound” referred to podiatry.

Pathology confirmed diagnosis of malignant melanoma, prompting referral to UVA oncology where he was seen promptly. Mr. RW completed an MRI that demonstrated a pedunculated (stalk-like), cutaneous nodule without evidence of underlying subcutaneous extension. He then completed a full body PET/CT scan for melanoma extending from head to toe. Fortunately, advanced imaging did not reveal locoregional or distant metastatic disease. Thus, he was found to have melanoma *in situ* of the left lower extremity, allowing him to undergo resection of the malignant tissue by plastic surgery. At his last follow up, he had fortunately not required a below knee amputation, and instead, the wound defect resulting from excision of the melanoma had been successfully covered by a muscle flap.

Conclusion

Podiatric care is appropriate not only for various common conditions, but also for potentially life-threatening conditions. The above cases illustrate late diagnosis of malignant nodular melanoma that presented in the lower extremity. The value of shoe and sock removal during physical examinations is demonstrated. Clinical evaluations were highly suggestive of melanoma in each case; however, biopsy was essential for confirmation of diagnosis prior to referral to oncology.

Study Questions

1. What assistive devices or home care options may be provided to older adults to assist in skin cancer screenings?
2. What signs and symptoms should patients look for while screening themselves for skin cancer?
3. Name other benefits to regular lower extremity surveillance.
4. What are the most frequent issues faced by older adults and why is it important that problems be addressed?

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About the Authors



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Dr. Christopher B. Stewart founded Central Virginia Foot & Ankle Laser Center in 1998, and has been board-certified by the American Board of Foot and Ankle Surgeons (ABFAS) since 2002. He is a Diplomate of the American College of Foot and Ankle Surgeons (ACFAS) as well as the Virginia Podiatric Medical Association (VPMA) and the American Podiatric Medical Association (APMA). He is a member of The Podiatry Group and has privileges at the Monticello Community Surgery Center and Sentara Martha Jefferson Hospital, where he maintains his active staff designation. You may contact him at DrChrisStewart@cvillefootankle.com.

From the Director, Virginia Center on Aging

By Edward F. Ansello, Ph.D.

Creating COVID-19 Work-Arounds for Vulnerable Older Adults

COVID-19 has affected so many aspects of our daily lives, including the interprofessional geriatrics training that our Virginia Geriatric Education Center (VGEC) has been conducting. The VGEC is a consortium of four institutions (Eastern Virginia Medical School, George Mason University, University of Virginia, and Virginia Commonwealth University) with representatives from nine professions within them.

The VGEC directs the Geriatrics Workforce Enhancement Program (GWEP) that has training initiatives to help strengthen geriatrics expertise among various healthcare providers, academic faculty, pre-clinical students, first responders, and others. But when COVID-19's impact was felt in earnest this spring and our federal sponsor, the Health Resources and Services Administration (HRSA), gave us the opportunity to apply for limited CARES Act funding to try to overcome disruptions caused by the coronavirus, we chose to focus on improving our initiatives that most directly affected the lives of Virginia's most vulnerable older adults.

Of course, almost all of our 21 GWEP training initiatives are now "virtual" events, occurring by means of telecommunication through platforms like Zoom and Google Meet where instructors and learners at different locations try to recreate the give-and-take of the in-person engagement that characterizes adult learning. This virtual arena does allow us to retain some aspects of our planned training and education programs, especially with participants who are working in settings with adequate technologies.

But what about older adults who live marginally in subsidized housing, residents in long-term care facilities, workers who care for these residents, or ordinary family caregivers looking after loved ones with dementia?

We decided to focus our energies on these populations, specifically: low income older adults in the Richmond Health and Wellness Program (RHWP), which delivers healthcare coordination at rental assis-

tance housing complexes in Richmond, who had been receiving regular in-person help from interprofessional teams of faculty and students; residents with dementia and staffs of long-term care facilities who'd been intended to participate on-site in a non-pharmacological dementia care intervention called TimeSlips, as well as family caregivers of individuals in the community with dementia; and older adults in the community who are at risk of opioid medication misuse.

Earlier, our RHWP team responded to limitations imposed by the pandemic. Almost all of the residents at the RHWP housing complexes have multiple chronic diseases and are unable to afford computers, smart phones or similar devices. So, the RHWP adapted to what they did have, telephones, enabling the interprofessional care coordination teams to interact with them in a tele-wellness manner; for some elders, it's their only contact with the outside world.

The RHWP faculty and staff converted the in-person clinics to a hybrid telephone-based and virtual platform, with the virtual learning component to involve the students in the coordination of care. The faculty preceptor initiates a video conference call via Zoom or Google Meet with up to two interprofessional students; they review the participant's previous case notes, view the medication and health history of the participant (housing resident), wellness goals, and any recent care coordination or education that has been provided. The faculty preceptor then initiates a telephone conference call to the participant and students. The video conferencing among students and preceptor is ongoing and facilitates team collaboration by allowing faculty and students to "see" each other during the telephone visit and "talk" to each other via the chat function without interrupting the telephone visit with the participant. When the call is completed, the interprofessional student and faculty team debriefs to review learning needs and apply evidence-based practice to their decision making and interventions.

CARES Act funding is allowing for devices to be provided to some RHWP participants who are patients of VCU Health. We are expanding the model of telehealth in phases in partnership with Virginia Commonwealth University Health (VCUH). It began a telehealth referral platform at the onset of COVID-19, anticipating the need for remote patient monitoring (RPM) for individuals diagnosed or suspected of COVID-19. Those meeting criteria for RPM at discharge will receive a device for patient monitoring in the home. The hospital system provides initial access to complete health care visits, then a tablet will be provided to participants meeting risk criteria, enabling continued health care visits as well as RHWP care coordination and health coaching visits and means to address social isolation.

The goals are to connect vulnerable older adult patients at VCU Health with RHWP nurse practitioners using telehealth technology and to foster longer term relationships with RHWP to address care coordination. The project recognizes that social determinants of health like income, neighborhood safety, transportation, etc. can impede well-being, and it promotes 4Ms Age-Friendly healthcare (What Matters to the individual, Mobility, Mentation, and Medications).

Our George Mason University (GMU) colleagues are developing a virtual TimeSlips intervention using best practices of telehealth. TimeSlips is an approach to dementia care that taps the imagination rather than the memory of the individual. By “Asking Beautiful Questions,” trained family members or staff can tap into creativity remaining within the individual and give it expression. In order to do this, three involved GMU faculty members completed telehealth training in “teleTimeSlips” with the staff at the national TimeSlips organization. They are working with the Northern Virginia Area Health Education Center (AHEC) to advertise and recruit various health professional students and, simultaneously, are recruiting aging services partners to deliver virtual programming. Training for students and health professionals will be ongoing through the fall 2020 and spring 2021 semesters. The GMU team is offering training in virtual TimeSlips and is helping those who want to become certified TimeSlips facilitators. The team is also exploring ways to share this training with community family caregivers.

Our training of older adults and community pharmacists on opioids was supposed to be in person, conducted through our GWEP partner Health Quality Innovators (HQI), a federally supported organization charged with improving healthcare in eight states. HQI has produced a videorecording about opioid safety and medication disposal in a format that can be delivered through the website of another GWEP partner, SeniorNavigator. The pharmacy team has worked with SeniorNavigator (SN) staff and a programmer to build a landing page on SN’s website that explains the rationale for the opioids content, instructions for accessing the program materials, links to resources, and messages that encourage participants to clean out their medicine cabinet and connect with personal pharmacists and health providers.

As well, the pharmacy team is working with Virginia pharmacy associations and Schools of Pharmacy to engage pharmacists in sharing this resource with their patients. We are partnering with HQI, SeniorNavigator, and the Community Coalitions of Virginia to market the program through their social media platforms and networks with consumers, faith communities, community service organizations, and healthcare providers. We plan to collect demographic data on older adults’ intention to clean out their medicine cabinets at the completion of the on-line presentation and follow up later to see whether they did. The program is available at: <http://seniornavigator.org/mindyourmeds>.

We appreciate the support of the Health Resources and Services Administration for enabling us to respond so helpfully to those in need.

From the Commissioner, Virginia Department for Aging and Rehabilitative Services

By Charlotte Arbogast, Policy Analyst

2020 Commonwealth Council on Aging Best Practices Awards

Established by the General Assembly, the Commonwealth Council on Aging advises the Governor on issues affecting the 1.8 million Virginians ages 60 and older. With members spanning all 11 congressional districts and a variety of professions, the Council promotes an efficient, coordinated approach by state government to meeting the needs of older Virginians.

The Council's Best Practices Awards serve to encourage organizations across the Commonwealth to develop and support programs and services that assist older adults to age in their communities. The Best Practices Awards acknowledge organizations whose innovative programs can be replicated across the Commonwealth. The Council judges nominees on seven criteria, including community impact, potential for replication, innovation, outcomes, and promotion of aging in the community.

Since 2012, Dominion Energy has graciously supported the Commonwealth Council on Aging's Best Practices Awards. The Council remains grateful for Dominion Energy's ongoing commitment to this endeavor.

Staples for Seniors and Fido's Pantry, a program of the New River Valley Agency on Aging, won the \$5,000 first place 2020 Best Practices Award from the Commonwealth Council on Aging. The program offers food assistance to homebound seniors in rural areas and their cats or dogs.

The program's mission is simple: eating should be a choice, not a challenge. Since launching the program in 2019, the New River Valley Agency on Aging has served 248 seniors with necessary groceries each month. Fido's Pantry has provided monthly pet food assistance and supplies to 87 of those 248 seniors. Volunteers assisting with the delivery process provide social interaction for isolated older adults, and also help identify additional needs and services for clients. The program started small and grew quickly through

the use of social media. New River Valley Agency on Aging garnered both donors and volunteers from engagement with the agency's Facebook and Instagram posts. The program reports a 96% satisfaction rate by clients, and has also been made available to seniors not affiliated with the agency, but who are in the midst of a food crisis.

"Staples for Seniors and Fido's Pantry are meeting critical needs in our community," said Tina King, executive director of the New River Valley Agency on Aging. "However, it has been most rewarding to see both programs fostering community spirit and bringing citizens together across our valley, addressing the needs of older adults," she added.

The second place award of \$3,000 honored Jimmy's PetPals, a companion pet program developed at Sentara Martha Jefferson Hospital to help patients with dementia have a better hospital experience. PetPals are life-like robotic dogs and cats that pant, bark, turn their heads, wag their tails, purr, meow, and roll over. The impetus for the program arose when a hospital employee provided a robotic companion pet to her father, Jimmy, the program's namesake, when he was struggling while hospitalized. The program has served 30 patients since it began in 2018. Abby Denby at Sentara Martha Jefferson is beginning a study to measure patients' agitation levels, restraint use, and antipsychotic use before and after receiving a PetPal, as well as, analyzing feedback from clinical staff about their experiences caring for patients before and after receipt of a PetPal.

Two programs tied for the third place award, splitting the \$2,000 award.

The first, Medication Safety for Older Arlingtonians, is a program of Arlington Agency on Aging. Older adults receive medication safety education, assistance with Medicare and Medicare Part D prescription coverage and signup, information on the safe disposal of

medications, and drug deactivation kits. The program advances the Arlington County's efforts toward realizing its Age Friendly Plan.

The second program to tie for third place was Volunteer Solutions' Helping Hands Program, a program of Fairfax County Area Agency on Aging. This program helps to de-clutter, organize, and perform intensive yard work for older adults and adults with disabilities, allowing them to age in place safely and with dignity. To date, the Helping Hands program has served 112 clients and prevented evictions for 11 clients.

The following programs also received honorable mentions:

- Housing Stability Learning Labs by Longevity Project for a greater Richmond;
- Ride Connection program by Senior Connections, the Capital Area Agency on Aging; and
- TAKE CHARGE: Care Transitions Intervention by Central Virginia Alliance for Community Living.

"Many of the problems facing Virginia's steadily growing older adult population existed before the pandemic, have continued during it, and will be issues for them after its conclusion," said Council Best Practices Committee Chair Dr. Richard Lindsay. "Our winning programs addressed many of these problems, including malnutrition, dementia care, home maintenance and the training of volunteers to assist in service programs. I add my congratulations and thanks to all of our winners and program applicants," he said.

In lieu of the usual in-person recognition ceremonies during this time, the Virginia Department for Aging and Rehabilitative Services (DARS) hosted a webinar to highlight the 2020 Best Practices winners. The webinar, held on September 24, 2020, features this year's amazing winners, shares how the programs can be replicated in other communities, and explains how programs can be nominated for the Council's 2021 Best Practices Awards.

To view the archived webinar, please visit the DARS YouTube page:
<https://www.youtube.com/vadrs/videos>.

For more information about the Commonwealth Council on Aging, as well as the award winning programs from this year and previous years, please visit the DARS Boards and Commissions website:

<https://vda.virginia.gov/boardsandcouncils.htm>.

DARS 2020-2021 Meeting Calendar

The DARS advisory boards meet quarterly and are open to the public. For information, call (804) 662-9333 or visit vda.virginia.gov/boardsandcouncils.htm.

Commonwealth Council on Aging
January 27, April 28, July 28, and
September 22, 2021

**Alzheimer's Disease and Related
Disorders Commission**
December 8, 2020

**Virginia Public Guardian and
Conservator Advisory Board**
November 19, 2020; March 16, June 22, and
November 9, 2021

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DARS: www.vadars.org

Saying Goodbye to our Road Scholar Colleagues

COVID-19 has claimed another victim, our Road Scholar lifelong learning program. The Virginia Center on Aging (VCoA) has conducted in-person educational experiences for older adults since 1979, the year after our enactment by the General Assembly of Virginia. Long known as Elderhostel, the name changed to Road Scholar about 10 years ago to convey its combination of travel and learning. Learners would come to Virginia for educational programs that typically spanned a week and were held in comfortable hotels across the state. The pandemic eliminated so much travel worldwide, especially by older adults who tend to be more vulnerable to the virus, that Road Scholar headquarters announced this spring that it was canceling all in-person offerings through the fall.

Our Road Scholar program has been ably administered and coordinated, respectively, by our staff members Jeffrey Ruggles and Catherine Dodson. Each brought a commitment to ensuring that our Road Scholars enjoyed varied, informative, engaging experiences.



Jeffrey, an historian and photographer, with specialties including the history of Virginia and 19th–20th century popular culture, brought a keen eye to events, places, and people that were distinct to Virginia. For example, his book *The Unboxing of Henry Brown* (2003) is a biography of the fugitive slave and performer Henry

Box Brown who escaped slavery in 1849 by having himself mailed in a wooden crate to abolitionists in Philadelphia. Jeffrey's awareness of such details informed the course proposals he developed and their content, ensuring that we had intriguing offerings in our Road Scholar program. For instance, he conceived and/or coordinated Road Scholar programs like the Shenandoah Valley Bach Festival in Harrisonburg with Eastern Mennonite University, a Chautauqua-like experience with a menu of presentations, and learning-and-hiking courses at the National Park in the Shenandoah Valley. He even drove mini-buses to ferry our Road Scholars between sites.



Catherine Dodson began her involvement with Road Scholar more than 25 years ago. Known for her interest in people, she welcomed Road Scholars from around the world who had enrolled in our various Richmond-based courses. Over the years, she came to know the mansions, plantations, and buildings and the

central figures and educators of the Richmond area like old friends. She was a reliable source of good information on caterers, guest speakers, and historical interpreters. Catherine went above-and-beyond the call of duty many times to help our Road Scholars when a fall, our lost belongings, or bad news from home disrupted their lives, accompanying them to the hospital or arranging special services or transportation. I regularly received handwritten cards or emails from past participants praising her genuine concern for others.

So, it is especially difficult to say goodbye to these colleagues. We all thank them for the years of service that they gave to us and to others, and we wish them well in their futures. Rumor has it that Jeffrey is hard at work on another non-fiction book; Catherine is working, not surprisingly, in a position that relies on good interpersonal interaction, in this case with young children. May they excel in whatever they do.

Advice for the Life Course

From Ed Ansello

I came across the following quote in *Reader's Digest* more than 40 years ago and have kept the page, now yellowed, ever since. It's been an encouragement and reminder to me over the years. This is from President Theodore Roosevelt who died in 1919:

Do what you can, with what you have, where you are.

Commonwealth of Virginia

Alzheimer's and Related Diseases Research Award Fund

2020-2021 Alzheimer's Research Award Fund Recipients Announced

The Alzheimer's and Related Diseases Research Award Fund (ARDRAF) was established by the Virginia General Assembly in 1982 to stimulate innovative investigations into Alzheimer's disease and related disorders along a variety of avenues, including the causes, epidemiology, diagnosis, and treatment of the disorder; public policy and the financing of care; and the social and psychological impacts of the disease upon the individual, family, and community. The ARDRAF competition is administered by the Virginia Center on Aging in the College of Health Professions at Virginia Commonwealth University. Questions about the projects may be directed to the investigators or the ARDRAF administrator, Dr. Constance Coogle (ccoogle@vcu.edu).

**Hunter Holmes
McGuire VA
Medical Center**

Kathryn Holloway, MD, and Mark Baron, MD
*Deep Brain Stimulation of the Nucleus Basalis of Meynert: Using Electricity to
Regenerate and Restore Cognitive Function in Dementia Rodent Model*

Deep brain stimulation (DBS) has resulted in significant quality of life and survival in Parkinson's disease (PD). The electrical stimulation of a diseased circuit in the brain allows us to overcome some of the deficiencies in that circuit with resultant symptom improvement. In PD this has meant that PD patients stay active and therefore live longer. The investigators are turning to a cognitive circuit in the brain to reactivate this failing function by stimulating the nucleus basalis of Meynert, which waters the cortex with growth factors and chemicals that promote learning. The investigators plan to study this in an animal model of dementia where a chemical is used to degenerate the nucleus and they utilize DBS to revitalize it. They plan to study the preservation of the dying neurons, neurogenesis, or birth of new nerve cells, and the ability of the rats to recover lost cognitive abilities. (Dr. Holloway may be contacted at 804-828-9465, kathryn.holloway@vcuhealth.org; Dr. Baron may be contacted at 804-828-9350, mark.baron@vcuhealth.org)

UVA

Meghan Mattos, PhD, Justin Mutter, MD, MSc, and N. Aaron Yao, PhD
*Interprofessional Home-Based Medical Care and Education Program Serving Rural
Adults Living with Dementia*

Homebound persons with dementia require healthcare services that increase with physical and cognitive changes over time. Due to medical and psychosocial complexity, older persons with dementia are often caught in a web of fragmented care, such as frequent transitions in health care settings and recurrent hospitalizations. Virginia at Home (VaH) is an innovative program at UVA Health for homebound older persons with dementia and multimorbidity that brings together an interprofessional VaH team partnering with the patients' primary care providers, home health agencies, and caregivers to optimize care in the home through regular house calls, telehealth visits, caregiver support, and advanced care planning. The investigators will examine the impact of the VaH program on care experiences through questionnaires and interviews with persons with dementia and their caregivers and interviews with community partners and the interdisciplinary VaH team. The importance of this project lies in the delivery of quality, person-centered care in the home to ever-increasing, at-risk groups of aging persons with dementia and their caregivers. (Dr. Mattos can be contacted at 434-243-3936, ms2bv@virginia.edu; Dr. Mutter can be contacted at 434-982-6282; Dr. Yao can be contacted at 434-243-4874, ayao@virginia.edu)

UVA Maureen Metzger, RN, PhD, Ishan Williams, PhD, FGSA, and Emaad Abdel-Rahman, MD, PhD
*A Study Describing the Unique Needs of Caregivers of Patients with Both End-Stage Kidney
Disease and Cognitive Impairment*

Despite widespread acknowledgment that caregivers of patients with cognitive impairment superimposed on another chronic life-limiting illness, such as end-stage kidney disease (ESKD), are at-risk for numerous adverse outcomes, there are currently few available resources for them. In fact, despite recommendations, most dialysis centers providing care to patients with ESKD do not routinely screen for cognitive impairment or assess

caregiver challenges. Lack of screening results in missed opportunities to identify patients who may benefit from additional evaluation and intervention. Furthermore, without an adequate understanding of the prevalence of cognitive impairment among patients with ESKD and its impact on caregivers, it is nearly impossible to develop effective interventions. This study will shed light on possible barriers to routine screening of cognitive function in patients with ESKD and the unique challenges confronted by their caregivers. Feasibility and acceptability of cognitive screening will be assessed using percentages of patients who completed screening and tracking resource utilization associated with screening. Structured interviews and questionnaires completed by caregivers of patients with and without cognitive impairment will highlight the unique experiences of caregivers of patients with ESKD and cognitive impairment. Findings will inform the development of interventions targeting the most significant barriers to screening and the most pressing needs of this vulnerable population. (Dr. Metzger can be contacted at 434-924-0112, mjm9cd@virginia.edu; Dr. Williams can be contacted at 434-924-0480, icw8t@virginia.edu; Dr. Abdel-Rahman can be contacted at 434-924-1984, ea6n@hscmail.mcc.virginia.edu)

VCU Ana Mills, PsyD, and Bridget Xia, SLP

The Feasibility of an Interdisciplinary Rehabilitation Program for Supporting Cognitive Health in Older, Low-Income Adults

Interdisciplinary interventions targeting modifiable health behaviors, such as the Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER), have been shown to improve cognitive outcomes in older adults. However, implementing a similar program in an urban and economically underserved population remains challenging due to barriers such as low health literacy, lack of transportation, and limited financial resources. This study will examine the feasibility of a collaborative, interdisciplinary rehabilitation program supporting cognitive wellness in older, low-income adults, a population that is known to be at greater risk for developing dementia. The study will be based on long-standing community partnerships between VCU Health, Sheltering Arms Rehabilitation Center, and the Hunter Holmes McGuire VAMC and will provide testing and intervention services that target modifiable health behaviors such as exercise, nutrition, sleep, cognitive stimulation, and stress management. The feasibility study will generate crucial information needed to develop a successful large-scale randomized controlled trial examining the impact of interdisciplinary rehabilitation interventions on health behavior and cognitive functioning in older adults at risk for Alzheimer's disease and related dementias. (Dr. Mills can be contacted at 804-327-1166, ana.mills@vcuhealth.org)

VCU Dong Sun, MD, PhD, Xiang-Yang Wang, PhD, and Shijun Zhang, PhD

TBI-induced Immune/Inflammatory Response to the Development of Alzheimer's Disease

Thus far, the mechanisms by which traumatic brain injury (TBI) contributes to the development of Alzheimer's disease (AD) and dementia remain elusive. In both TBI and AD, neuroinflammation is the common and essential player in their pathological progression. Furthermore, inflammatory genes associated with the innate immune system have been recognized as risk factors for both TBI and AD. Recent studies have identified that the NLRP3 inflammasome is a critical multiprotein platform that tightly regulates the innate immune response and the production of pro-inflammatory cytokines. Notably, emerging evidence has established that TBI induces activation of NLRP3 inflammasome in the brain, and NLRP3 inflammasome is critical for the onset of AD. The investigators speculate that TBI changes the innate immune response thus accelerating the development of AD, and modulating the immune response will have a neuroprotective effect on the development of AD. To test their hypotheses, the investigators will use AD triple transgenic mice combined with manipulation of NLRP3 inflammasome following a repetitive mild TBI. They believe that the results of this study will likely point to the critical role of TBI-induced changes of immune/inflammatory response in the development of AD, and will have a significant impact in TBI and AD research in novel therapeutic advancement. (Dr. Sun can be contacted at 804-828-1318, dong.sun@vcuhealth.org; Dr. Wang can be contacted at 804-628-2679, xiang-yang.wang@vcuhealth.org; Dr. Zhang can be contacted at 804-628-8266, szhang2@vcu.edu)

2020-2021 ARDRAF Awards Committee

The Virginia Center on Aging acknowledges the dedicated work of this independent committee of subject matter experts and gratefully thanks them for contributing their time and expertise.

Paul Aravich, PhD, Eastern Virginia Medical School
Anne Brown, PhD, Virginia Tech
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Beverly Rzigalinski, Virginia Tech
Ning Zhang, PhD, Virginia Commonwealth University

Isolation and COVID-19: Both a Risk for Seniors

By Marta M. Keane, CEO, JABA

All of us who serve seniors have been concerned about the impact of the virus on their health. It has been recommended that they isolate and try to limit their contacts to avoid contracting the virus. And yet, we know that isolation can also be harmful to their physical, cognitive, and emotional health. This creates a dilemma. Dr. Amaali Lokige of Royal Melbourne Hospital, Australia, discussed this dilemma, stating, “The virus’ biggest threat is not virulence, it is the way it slowly erodes what it means to be human. It took away the touch and hug, social gatherings and shared meals, the delight of a smile shared with strangers.”

The Jefferson Area Board for Aging (JABA) believes we do not have to accept that consequence, and has begun a program for our seniors to sustain their connections during the pandemic. We have opened our adult care centers and our community senior centers, and also provide a virtual program, called JABA Community Senior Center @home. Some seniors are eager to interact and socialize, and others are reticent and will wait until a vaccine is available, and every response in-between. We are ready to address all of their needs.

The senior centers met for shorter hours initially to allow members a chance to get re-acclimated. They also met at parks with pavilions, when weather allowed, to provide another sense of safety. They continue to be guided by the principles of heart, mind, body, and community as they plan the activities. And provide a nutritious meal. The members have their

temperature taken as they arrive, wear masks, remain physically distanced, and have their own packet of materials and markers. The staff have plenty of wipes and hand sanitizer.

The adult care centers have followed the same process, with some members wearing shields, as the masks are difficult for them to keep in place. The staff have disposable gowns for assisting with personal care activities. Members have made dog biscuits to donate to the local SPCA, and they enjoy participating with the Facebook Live event of Healthy Steps (evidence-based exercise program for seniors) led by a community senior center manager. We know from previous surveys of caregivers that about 70% of the time, the members’ moods are improved after a day at the center.

A vital part of our new hybrid program is continuing the virtual program for those who are not able or willing to attend the centers. The members look forward to a weekly call with a team member. And they really enjoy the weekly conference call bingo, when they can chat with the other members and enjoy a favorite activity. Sometimes, the nurse interjects an educational piece between games. And they are able to continue to receive nutritious meals, through our home-delivered meal program.

We won’t let the virus defeat us. We will continue to connect with seniors and offer our services and support. For more information about JABA, visit www.jabacares.org.

In Memoriam: Robert Schneider, PhD



We at VCoA lost a dear friend in September. Dr. Bob Schneider died of cancer at age 78. Bob was an inveterate supporter of our VCoA, of gerontological social work education and practice. His books on gerontological social work policy and practice set the bar for reasoned advocacy, laying out strategies and curricula fundamentals to champion

the needs of our elders. He worked with academic colleagues and students, introducing them to the workings and workers in Virginia's General Assembly. Those who met him met a calm and knowledgeable advocate for people in need.

Bob worked for 34 years at Virginia Commonwealth University, starting in 1974 when VCU was still a toddler. Along the way, he served as Assistant Dean of the School of Social Work and retired as Professor in 2008. His vision for teaching, research and community service focused on three fields: gerontology, legislative advocacy, and social policy.

Three Virginia Governors appointed him to the Advisory Board of the Virginia Department for the Aging. He served on our Virginia Center on Aging's Advisory Committee since 1997, the last several years as Chairman.

Bob was skilled in organizing groups to advance educational goals. He co-founded, in 1981, the Association for Gerontology Education in Social Work (AGESW), a national organization that continues to support faculty who teach gerontology. In 1997, he founded Influencing State Policy (ISP), a national organization that appeals to social work faculty and students to participate actively in legislative advocacy in each of the 50 states. Its name has changed to Influencing Social Policy, but ISP continues today.

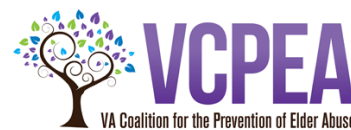
He assisted faculty in establishing a master's degree in Gerontology at Ben Gurion University in Be'er Sheva, during his two Fulbright Scholarships to Israel. In retirement, Bob taught English from 2012

to 2014 to foster children in the Great Expectations program at John Tyler Community College.

Bob Schneider walked the walk and talked the talk. He cared and he acted. Gerontology has lost a champion. We have lost a friend.

Training and Professional Awareness Support from the VCPEA

Available until June 30, 2021



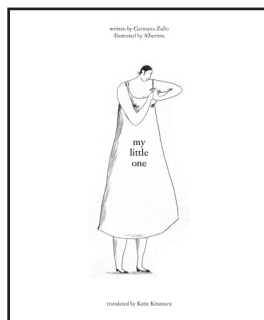
The Virginia Coalition for the Prevention of Elder Abuse (VCPEA) is pleased to announce the availability of

funding to support virtual training and professional awareness events that address the problems of elder abuse, neglect, or exploitation in Virginia. Starting this fall, we are offering grant awards in the sum of \$2,000 each to organizations that can examine these problems by focusing on their link to social determinants of health (e.g., social isolation, food insecurity, transportation, etc.). Special consideration will be given to those who can include the impact of COVID-19 on these complex issues.

Eligible applicants include any Virginia-based non-profit organization, unit of local or state government, regional authority, or advocacy organization with mission statements, programs, or mandates that are consistent with the mission of the VCPEA: "to assure older Virginians a life free of abuse, neglect, and exploitation."

For more information about how to apply, please email info@vcpea.org.

My Little One



Every so often a children's book is published that touches the adult reader's heart perhaps more deeply than it does the child's. *My Little One*, written by Germano Zullo, illustrated by Albertine, and translated from the French by Katie Kitamura, tells the universal story of maternal love

and aging. Birthing a child, playing with him during toddlerhood, and guiding him through his childhood, adolescence, young adulthood, and maturity, all with unconditional love.

The mother as narrator repeatedly says to her child that she has a story to tell him. Over the course of 39 pages, author and illustrator depict the parent-child symbiotic closeness with simplicity: elongated line drawings and few words each page. When the boy is young, she says that "I must tell you everything.... From start to finish." As he grows bigger, she calls him "my baby, my child, my little one," perhaps wistfully knowing that time is fast passing. When he appears to be an adolescent, she says that the story is "a long story," and "a little complicated in places," as the teen years so typically are. Throughout their lives together, she repeats that she must tell him a story, "An epic story...our story."

This quite moving story of life and love between parent and child and of the evolution of relationships that accompany growing old, has been retold across millennia. Nurturing, wanting to prepare your child for the world. So much to share. Parents may recall with a sweet bitterness how quickly time passes when raising a child.

And then there's our own aging, with adjustments in our relationships with those we have nurtured. But, we hope, with an enduring love as portrayed here. Through spare line drawings and a near poetry of words, the author and illustrator convey the changes in the parent-child relationship over a life course. At first, the child's presence is artfully conveyed simply through the mother's cupped hands and he is not visible. Soon he is a handful clutched to her breast. Over

time, he grows ever larger and eventually she grows smaller, perched tiny upon his shoulder, then cupped in his hands, and finally being nearly imperceptible herself. These last pages say, "And when I've told it to you... It will be part of you... Forever."

My Little One is available from the non-profit publisher Archipelago Books and its international children's imprint Elsewhere Editions, which is devoted to translating imaginative works of children's literature from around the world. Elsewhereeditions.org

What Is Dementia Friendliness?

The concept of being Dementia Friendly derives from earlier work to create Age Friendly communities. The 2002 UN Madrid International Plan of Action on Ageing recognized that governments must "seek the full inclusion and participation of older persons in societies; to enable older persons to contribute more effectively to their communities and to the development of their societies; and to steadily improve care and support for older persons as they need it." By 2010, the World Health Organization (WHO) Global Network for Age-friendly Cities and Communities was established, which includes domestic networks and individual cities. As for dementia, "no one participates in society solely as someone living with dementia." The overwhelming majority of people living in the community with dementia are older adults. Many of the best examples of Dementia Friendly practices have been developed by Age Friendly communities. For more information on the background and intent of the movement, see the World Dementia Council's September 2020 brief report called Defining Dementia Friendly Initiatives at https://worlddementiacouncil.org/sites/default/files/2020-09/DFIs%20-%20Paper%201_V14.pdf. For an overview of dementia friendly communities and healthcare settings, see <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5287032/>.

The Shepherd's Center of Richmond Offers Virtual Courses, Lunch Talks



For the first time in its 36-year history, The Shepherd's Center of Richmond (TSCOR) is not conducting its "in-the-flesh" Open University for older citizens. Upon recommendation of a COVID-19 task

force formed last spring, the Board of the Center voted unanimously to offer courses, lectures, and lunch talks for the fall entirely online via Zoom. Free Zoom tutorials were given in advance by Erin Reibel, TSCOR's lifelong learning coordinator, to help those who had never used Zoom before or who were feeling insecure about this new form of communication.

Volunteer teachers and speakers agreed to present 13 courses and 20 lunch talks during the fall session, which began on September 21st and continues through November 12th. Some favorite topics are available online in the areas of government, history, foreign languages, yoga, and Feldenkrais. New to viewers is an eight-week course on "Five World Religions," taught by Hal Costley, immediate past president of TSCOR. "British and German Personalities" takes a look at Erwin Rommel, the Desert Fox; Dietrich Bonhoeffer; David Lloyd George and others. "Travels in Africa" allows participants to go abroad safely and virtually. The Irish literary revival, Mozart, Richmond's historic African American cemeteries, political issues, and diplomatic history round out course topics.

Traditionally, the Open University presents lunch speakers on a variety of topics from 12:30 p.m. to 1:30 p.m. following morning classes, and that continues online. Included in the tuition fee are 16 talks on Mondays and Thursdays. The practice of presenting four free lunch talks on Wednesdays is continuing. On October 19th, Chip Jones, Pulitzer-nominated journalist, presents his newly published book, *The Organ Thieves: The Shocking Story of the First Heart Transplant in the Segregated South*. Author and researcher Heath Hardage Lee will talk about her book, *The League of Wives: The Untold Story of the Women*

Who Took on the U. S. Government to Bring Their Husbands Home, at the final session on November 12th.

Other lunch topics include Russian Painting, Adult Protective Services, Apple vs Samsung, Secretariat's 50th Anniversary, the Supreme Court, the Middle East, Overcoming Addiction, and Constance Jones's look at her life as a Channel 8 news anchor.

Initial reaction to the new online Open University has been positive, with one member remarking, "This is, by far, the best thing I've heard all summer! Looking forward to renewing membership after years without the time to enjoy the classes." The Shepherd's Center Board hopes that many share that view and that virtual attendance will equal or even surpass that of the "in-the-flesh" Open University.

For the full list of offerings and information about tuition, go to www.TSCOR.org. Click on "Open University. See the Schedule." Or click on "Programs" on the main menu. On the drop-down menu, click on Open University.

Age in Action Available Only in Digital Format Beginning Winter 2021

Age in Action is currently published in identical print and digital PDF versions. Beginning with the next issue (winter 2021), it will only be available in digital format.

To subscribe at no cost, email ksivey@vcu.edu and include your name and email address.

Calendar of Events

October 28, 2020

Staying Socially Connected in a Socially Distant World. Part of the Memory Care University Webinar Series presented by the Alzheimer's Association. Session speaker: Dr. Christine Jensen, Riverside Center for Excellence in Aging and Lifelong Health. To register, call (800) 272-3900 or visit <https://action.alz.org/PersonifyEbusiness/Default.aspx?TabID=1356&productId=71579501>.

November 1, 2020

Nomination deadline for the Virginia Assisted Living Association's Diamond Award. Award categories: Assisted Living Administrator of the Year, Assisted Living Best Practices, and Outstanding Assisted Living Caregiver. For more information and to download the nomination packet, visit www.valainfo.org/valadiamondawards.

November 4-7, 2020

Turning 75: Why Age Matters. Gerontological Society of America's 2020 Annual Scientific Meeting Online. For information, visit www.geron.org.

November 10, 2020

Virtual Annual Conference and Trade Show of The Virginia Association for Home Care and Hospice. For information, visit www.vahc.org.

November 13, 2020

Recognizing Symptoms of Anxiety and Depression in Those Living with Dementia. Webinar presented by the Virginia Assisted Living Association. Special guest speaker: Teepa Snow. For information, visit www.valainfo.org/webinars.

November 18, 2020

CPR Is Just Like on TV, Right?: Understanding Cardiopulmonary Resuscitation. Virtual Advance Care Planning Training Series presented by Honoring Choices Virginia. 8:30 a.m.- 10:00 a.m. For information, visit www.honoringchoices-va.org.

November 19, 2020

Maintaining Services and Supports for People Living with Dementia and Their Caregivers during COVID-19. Webinar by Florida Atlantic University

and the Riverside Center for Excellence in Aging and Lifelong Health. 2:00 p.m. - 3:00 p.m. To register: <https://www.asaging.org/web-seminars/maintaining-services-and-supports-people-living-dementia-and-their-caregivers-during>

December 2-3 and December 8-10, 2020

Virtual Home and Community-Based Services Conference. National conference of ADvancing States. For information, visit www.hcbsconference.org.

December 9, 2020

'What about My Funeral?' And Other Unanswered Questions: How to Support Patient Planning Conversations Beyond Medical Decisions. Virtual Advance Care Planning Training Series presented by Honoring Choices Virginia. 8:30 a.m.- 10:00 a.m. For information, visit www.honoringchoices-va.org.

December 14-16, 2020

Quality Now and Tomorrow: Creating a Better Future Together (Virtual). 44th Annual Conference of the National Consumer Voice for Quality Long-Term Care. For information, visit www.theconsumervoice.org.

January 27, 2021

Virginia Center on Aging's 35th Annual Legislative Breakfast (Virtual). For information, email eansello@vcu.edu.

Age in Action

Volume 35 Number 4: Fall 2020

Edward F. Ansello, PhD, Director, VCoA
Kathryn Hayfield, Commissioner, DARS
Kimberly Ivey, MS, Editor

Age in Action is published quarterly (January, April, July, October). Submissions and comments are invited, and may be published in a future issue. Send submissions to ksivey@vcu.edu.

**Winter 2021 Issue Deadline for Submissions:
December 15, 2020**



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Greetings from the Lifelong Learning Institute in Chesterfield

We are a member-supported, nonprofit organization with a mission to provide lifelong learning opportunities for midlife and older adults through education, fitness, and social activities.

We have provided hundreds of LIVE online courses taught by volunteer instructors since April 2020, including:

- Thomas Jefferson with Shep Smith
- Black Pharaohs with John Partridge
- Aging into Elderhood with Dr. Tracey Gendron
- Easy Blues Piano with Anne McAneny
- Fictional Detectives with Dr. Pasquale Accardo
- Beginning Colored Pencil with Laura Evans-Gewanter
- Gentle Yoga and Chair Yoga with Sheila Burris

Our current online courses provide:

- Social connections
- Lively discussions
- Thought-provoking lectures
- Learning for the love of learning from the comfort and safety of your own home



We welcome you to join us on this learning journey. An annual membership is \$150 and will give you access to unlimited courses for one full year. New online sessions will be kicking off in November and January. For more information, email info@LLIChesterfield.org or call (804) 347-5096. Donations are being accepted to support the program at <http://llichesterfield.org/Donate.html>. Stay well.

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