

## Case Study

### The Mason Music & Memory Initiative (M3I)

by Catherine J. Tompkins, PhD;  
Emily S. Ihara, PhD; Megumi Inoue, PhD;  
Christi Clark, ALA, CMIS, CDP, CADDCT; and  
Kristin Suthers Rumrill, PhD



#### Educational Objectives

1. Explain the benefits of a nonpharmacological intervention, such as the *M3I*, for persons with dementia.
2. Describe the work of *M3I* and its collaboration with students and faculty throughout the state.
3. Highlight lessons learned and future directions for the *M3I*.

#### Background

By 2025, the number of Virginians age 65 or older living with Alzheimer's disease is expected to increase by 26.7% to 190,000 individuals; total Medicaid costs for this population will increase by 31.5% (Alzheimer's Association, 2019). In the absence of a

cure, we advocate for person-centered, nonpharmacologic interventions that can address psychological and behavioral symptoms and improve the quality of life for individuals living with dementia. The use of anti-psychotic medications for individuals living with dementia in nursing facilities to treat symptoms such as agitation, anxiety, restlessness, aggression, delusions, and hallucinations is not efficacious and has serious medical and ethical repercussions (Bonner et al., 2015; Maher et al., 2011). To combat the high prevalence of antipsychotic medication, CMS began the Partnership to Improve Dementia Care in Nursing Homes in 2012, which promotes practices that are goal-directed and person-centered for every nursing home resident (Centers for Medicare & Medicaid Services [CMS], 2018). Despite these efforts, a recent Human Rights Watch report shows that anti-psychotic medications continue to be overprescribed in nursing facilities (Human Rights Watch, 2018). Further efforts are in place at the state and national levels: the Virginia Dementia State Plan identifies the importance of reducing needless anti-psychotic medication for individuals living with dementia in nursing facilities (Virginia Alzheimer's Disease and Related Disorders Commission, 2015), and CMS recently announced a new national goal of reducing anti-psychotic medication use by 15% by the end of 2019 (CMS, 2018). The Mason Music & Memory Initiative (*M3I*) will help to move forward Virginia's efforts to reach these goals.

#### Introducing the *M3I*

Personalized music interventions are nonpharmaco-

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logic, person-centered, and relatively easy to implement. The scientific research on music and health is becoming more robust, and several studies have demonstrated the positive emotional and physiological effects of music on the brain, improvement of mood and social engagement, and reduction of challenging behaviors (Ihara, Tompkins, Inoue, & Sonneman, 2019; Matto, Tompkins, Ihara, Inoue, & Byrd, 2015; Särkämö et al., 2012; Vasionytė & Madison, 2013). The **Mason Music & Memory Initiative (M3I)** is a person-centered care initiative, designed to help formal and informal caregivers implement and sustain this nonpharmacologic intervention for individuals living with dementia. The *M3I* leadership team includes three faculty members, a community partner, a coordinator, and students from the Social Work integrative Research Lab (SWiRL). With the support from a CMS Civil Money Penalty grant administered by Virginia's Department of Medical Assistance Services (DMAS), the *M3I* team is currently implementing the national MUSIC & MEMORY® intervention, combined with a training specifically for direct care workers in 114 nursing facilities across the state.

The MUSIC & MEMORY® intervention incorporates the concepts of person-centered care by developing and applying a music list with the individual's preferred songs and types of music (Music & Memory, 2008). This person-centered intervention has been effective in distracting the individual from the agitated behaviors often associated with dementia, such as irritability, sleeplessness, and verbal or physical aggression. Sundowning, also common among people with dementia, involves an increase in symptoms of agitation and confusion during the late afternoon or early evening hours. Offering the MUSIC & MEMORY® intervention to people with dementia soon before sundowning can lessen or eliminate these behaviors (Vasionytė & Madison, G, 2013). Across the country and in various places around the world, staff in nursing homes, hospice care, adult day care, assisted living facilities, hospitals, and home health care agencies have been trained to implement the MUSIC & MEMORY® intervention. Staff at these facilities attend webinars and receive technical support for a designated period of time. Following the buy-in and training of the direct care workers in nursing facilities, formal caregivers can use the intervention as

a tool to work with residents who present or suffer from psychological and behavioral challenges due to dementia. The MUSIC & MEMORY® intervention, in combination with our training for direct care workers, is low-cost and easy to implement.

We developed the *M3I* online training for direct care workers with support from the Virginia Center on Aging's (VCoA) Geriatric Training and Education (GTE) initiative. Direct care workers are critical to implementing and maintaining nonpharmacologic person-centered care interventions in residential settings because of their frequent interaction with residents. The literature supports the concern that, if long-term care facilities do not have the buy-in and support of the direct care workers to implement nonpharmacologic interventions, implementation and sustainability will be more difficult (Thomas et al., 2017).

Given the time constraints for direct care workers, training works best when easily accessible, flexible, and concise. Micro-learning is a training technique used to provide content on-demand for workers by breaking information into small, concise segments, focusing on only one objective per module. Our training for direct care workers is divided into four modules and each module includes 2-4 learning activities, such as PowerPoint presentations, videos, and quizzes. The time required to complete each individual micro-learning activity is between 1-9 minutes.

The goals of the first module are to help workers identify dementia and behaviors associated with the condition, and to identify ways to communicate with a person diagnosed with dementia. The second module focuses on understanding person-centered care and the value of this approach. The third module introduces the MUSIC & MEMORY® intervention, exposes workers to application of the intervention at a local memory care center, and explains how music affects the brain. The final module focuses on implementing and sustaining the MUSIC & MEMORY® intervention. Staff has described the training as interesting, inspiring, exciting, helpful, informative, well-explained, easy to understand, and conducive to their work schedules. We have future plans to extend the online training to family caregivers and individu-

als with dementia residing in the community

In addition to the online training, our team has also developed several other initiatives. We have created a website that includes learning modules and webinars to assist with the sustainability of the MUSIC & MEMORY® intervention. You can go to our website and learn about the benefits of the intervention, how to upload music to an MP3 player and more: <https://musicmem.gmu.edu/>. We are also training students to be *M3I* ambassadors. The Social Work Integrative Research Lab (SWiRL) is an initiative in the Department of Social Work at George Mason University that provides an opportunity for undergraduate students to participate in various research projects, while also developing mentoring relationships with graduate students and faculty. This summer we have a great team of student interns who are being trained and mentored by our *M3I* coordinator. The training objectives for interns focus on research ethics, the behaviors and emotions often associated with dementia, interacting with people living with dementia, and caregiver stress. Our team has been able to expose both undergraduate and graduate students to research on dementia, and are striving to develop professional interest in working with older adults among social work and other students.

The work of the *M3I* is also supported by a 4-VA grant which enables students and faculty in other universities across the state to be involved in the work of the *M3I*; 4-VA is a collaborative partnership among six Virginia universities with a mission to promote collaborations that leverage the strengths of each partner university and improve efficiencies in higher education across the Commonwealth (<https://4-va.org/>). We have partnered with a doctoral student in the School of Social Work at Virginia Commonwealth University and faculty at James Madison University to train students to implement the MUSIC & MEMORY® intervention in nursing facilities in those regions of the state. Comments from students working on the *M3I* team include, “I love working with the residents. It’s really touching to watch their faces brighten when they hear the music”; “The families are very hopeful that the music will give their loved one some relief.”; “They know it’s not a cure, but it’s a way to connect with them that they didn’t have before.” We have also started

recruiting volunteers through agencies such as Volunteer Fairfax and RSVP, which are volunteer networks focused on mobilizing people to meet regional community needs. We are hopeful that these efforts will help develop community champions across Virginia to strengthen the *M3I* initiative.

Leading up to the current work of the *M3I*, the Mason team, with support from VCoA’s Alzheimer’s and Related Diseases Research Award Fund (ARDRAF), tested the MUSIC & MEMORY® intervention in five community-based adult day health centers in Northern Virginia (n=51). In that quasi-experimental study, we found that the intervention improved mood, decreased agitation, provided a connection to music, and increased social engagement (Ihara et al., 2019). We used standardized instruments designed specifically for individuals living with dementia to measure mood and agitation and conducted both in-person and video-recorded observations of behavior. Four domains – mood, agitation, connecting to music, and engaging socially – were used to analyze participant changes before, during, and after the intervention. The standardized measures were not statistically significant, but the behavioral observations demonstrated positive changes in mood and decreased agitation. The participant behavioral observations showed the benefits of the intervention while the participants were listening to music. There were statistically significant increases from pre- to post- intervention in the following variables: joy, eye contact, eye movement, being engaged, and talkativeness. Similarly, there were statistically significant decreases in sleeping (Ihara et al., 2019).

### Case Study #1

Mr. T is a 76-year-old Caucasian man with dementia. He was originally diagnosed with Alzheimer’s disease about 5-years ago, while living in Texas but exhibits more of the symptoms of Lewy body dementia, such as hallucinations and a shuffling gait. About 30 years ago, Mr. T had moved back to Texas, where he was raised, to enjoy life on a ranch raising horses, long-horns, and chickens. His two siblings still live in Texas. Mr. T was married three times and he has known his current wife since high school. They both had grown children from other marriages and had been married for about 10 years. Within the same

year, both received a dementia diagnosis. The disease has resulted in their separation; Mr. T's wife is in Texas with her adult children and Mr. T has moved into a memory care facility in Virginia, being cared for by his adult children. Mr. T is currently incontinent, has trouble getting around, and only occasionally recognizes his children. His children had been introduced to the MUSIC & MEMORY® intervention a couple of years ago, but had never developed his playlist.

Mr. T *loves* country music. When he retired and moved back to Texas, he often sang at weddings and other celebratory events. A few of his favorite songs and artists are, *Make the World Go Away* by Eddie Arnold; *Luchenbach, Texas* by Waylon Jennings; *All My Exes Live in Texas* by George Strait; *I Walk the Line* by Johnny Cash; and *The Gambler* by Kenny Rogers. Mr. T can be aggressive when he feels forced to do things like showering, getting in and out of the car, and staying in one place for too long. He can become verbally aggressive and often physically inappropriate. He also often refuses to move, standing in one place for a long time.

Over the last year, as Mr. T's behavior has become harder to manage, one of his sons made a playlist for him and shared it with his siblings and Mr. T's grandchildren. Mr. T's son also put Mr. T's playlist on an MP3 player and along with a speaker, brought the playlist to the memory care center. Even though the MUSIC & MEMORY® intervention emphasizes the use of headphones, Mr. T does not tolerate headphones, so he listens to his music through speakers. Playing songs from his playlist has been beneficial for both his caregivers at the memory care center and his family. Generally, the only way Mr. T will get in and out of a car is by listening to his favorite music. Most often, Mr. T can be distracted by playing his favorite songs and is less aggressive and upset.

## Case Study #2

Mary is a 77-year-old African American woman living with dementia. She attends a local adult day health center five days a week. Mary has two adult sons and four grandchildren. She has lived with her oldest son and her daughter-in-law for about a year after her husband passed away from a long battle

with cancer. Mary's health declined rapidly after the passing of her husband. About five months ago, Mary had to have some heart valves replaced. While she has recovered from heart surgery, her dementia has progressed.

Mary's daughter-in-law works from home, but over the last year has taken Mary to the adult day health center five days a week. Mary tends to isolate herself at the center and constantly wants to walk around and leave to "go pick up her children from school." There is a door with a combination lock at the center and Mary takes every opportunity to walk closely behind someone who is leaving, *escaping* from the adult day area (not the center) a few times.

The adult day health center that Mary attends is MUSIC & MEMORY® certified. The staff has MP3 players and headphones for every participant. Each year the center has a fund-raiser where people are asked to have dinner at a restaurant where the center receives a portion of the night's profits and those attending dinner are asked to donate used or new MP3 players. This fund-raiser helps to ensure that the center has enough MP3 players and headphones for any participant who would benefit from the personalized music intervention.

The staff at the adult day health center uses the music intervention with Mary just about every day that she is there. They worked with Mary's oldest son and her daughter-in-law to determine what songs should be on Mary's playlist. Originally, Mary's family members were asked to complete a form where they listed Mary's favorite songs. The staff then followed-up with Mary's son and daughter-in-law, asking for more of Mary's favorite genres and musicians, so they could have even more songs for her to enjoy. Mary's music is used to encourage her to participate in activities, and her music is also used to discourage her from leaving the center. For example, Mary has a hard time sitting still and constantly wanders around the center. To increase social engagement, the staff often gives Mary her favorite music to listen to while she is walking around, enabling the staff to re-direct Mary to an activity she may enjoy. Participating in an activity increases social engagement and also decreases the risk of Mary potentially leaving the adult day health center. Mary's family has not yet used the

music intervention at home, but have noticed the benefits it has for Mary while she is away from home.

### Effects on Caregivers

As illustrated by the case studies, personalized music often changes unwanted behavior and can redirect emotions. When behavior and stimulation are changed with the MUSIC & MEMORY® intervention, it is suspected that there will be a positive caregiver effect as well. The M3I team has plans to begin implementing studies to explore the impact of MUSIC & MEMORY® on caregivers. Our community partner is a local adult day health center which administers the MUSIC & MEMORY® intervention on a daily basis to many of its participants. Two caregivers (one formal and one informal caregiver) provided their insights on the MUSIC & MEMORY® intervention. A daughter caring for her mom stated:

*Dementia was starting to break the connection between my mother and me. When we were introduced to the Music & Memory program, I found that we could reconnect through the use of music that she loved. I enjoyed hearing my mom singing the words to her favorite Beatles songs, and I occasionally joined in. This connection helped me feel closer to my mother than I had in years.*

Katelyn Sloan, Director of Recreation (Insight Memory Care Center staff), said:

*Utilizing personalized music as an intervention for our participants has greatly reduced the anxiety that they were experiencing, especially around 3 pm when the buses start arriving to take them home. We also see less resistance to getting onto the bus and a more relaxed ride home, when the participants enjoy their personalized music during their ride home.*

### Conclusion

Our previous work testing the intervention and developing the training for direct care workers has led us to our current work of implementing M3I across Virginia. We continue to refine our data collection process and are excited to expand our research to develop other methods to passively capture the data and

test the effects of nonpharmacologic interventions for family caregivers. Involving more faculty and students across the state in data collection will help sustain the intervention and increase awareness of its positive effects.

### Study Questions

1. Explain why you would use the MUSIC & MEMORY® intervention and discuss its basic benefits for people with dementia?
2. Who can implement the MUSIC & MEMORY® intervention and how widespread is the intervention throughout the state?
3. How can student participation in this work contribute to a change in attitudes toward older adults?

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## About the Authors



**Cathy Tompkins**, co-Principal Investigator for the Mason Music and Memory Initiative (*M3I*), is Associate Dean of Faculty Affairs and Associate Professor in the Social Work Department at George Mason University in Fairfax, VA. Prior to joining Mason, Dr. Tompkins served as Director of the Association for Gerontology in Higher Education (AGHE) and as the Program Coordinator for the John A. Hartford funded project, Strengthening Aging and Gerontological Education in Social Work (CSWE SAGE-SW).



**Emily S. Ihara** is co-Principal Investigator for the *M3I* and Associate Professor and the Interim Chair of the Department of Social Work. Dr. Ihara's research interests focus on interventions, policies, and system changes necessary to eliminate health inequities for vulnerable populations across the life course.



**Megumi Inoue** is Principal Investigator for the *M3I* and an Assistant Professor in the Department of Social Work. Dr. Inoue brings her extensive clinical experience as a social worker and a registered nurse to her understanding of research areas that include advance care planning and culturally sensitive companions in long-term care.



**Christi Clark** is the Executive Director for Insight Memory Care Center. She is a licensed Assisted Living Facility Administrator, a Certified Alzheimer's Disease and Dementia Care Trainer, and a Certified Memory Impairment Specialist.



**Kristen Suthers Rumrill** is the Project Coordinator for the *M3I*. Dr. Suthers received a doctorate in gerontology from the University of Southern California and a Master of Public Health from New York University.

## Editorials

### From the **Director, Virginia Center on Aging**

Edward F. Ansello, Ph.D.

#### ***Interprofessional Geriatrics: Improving the Health of Older Adults***

We have received a five-year award (2019-2024) from the federal Health Resources and Services Administration (HRSA) to grow our work to improve the well-being of older adults.

“Grow” is an apt choice in this case, for we will build on nine years of partnering with others that have produced much fruit. We have trained pre-clinical students, practicing healthcare professionals, academic faculty, family caregivers, direct care providers, older adults, and others across Virginia to adopt an interprofessional approach in geriatrics care, whether it’s care of others or self-care.

The benefit of an interprofessional approach is that many players contribute a perspective on the older person, so that collectively we have a fuller appreciation of the whole older adult. As adults, we grow less alike with age, so those who are older and those who care for older adults are really experiencing or encountering individuality, true individuals.

The purpose of this Virginia Geriatric Education Center (VGEC) project is to improve health outcomes across Virginia for older adults by developing a healthcare workforce that maximizes patient and family engagement, integrating geriatrics and primary care, and demonstrating measurable impact.

The goals of this project are to educate and train the primary care and geriatrics workforce to care for older adults in integrated geriatrics and primary care models, and to partner with community-based organizations (CBOs) to address gaps in healthcare for older adults, promote age-friendly health systems and dementia-friendly communities, and address social determinants of health (SDH).

This new award brings in colleagues at George Mason University to join our VGEC consortium,

heretofore comprised of Virginia Commonwealth University, Eastern Virginia Medical School, and the University of Virginia. We welcome our GMU colleagues. They will be joining our VGEC Plenary, the all-in interprofessional group that oversees every one of our many program initiatives in a constant quality improvement process called PDSA (Plan, Do, Study, Act). Representatives from dentistry, medicine, nursing, OT, pharmacy, patient counseling, PT, social work, and speech pathology not only meet in person at the Plenary to administer but also model interprofessional practice in our various training programs.

Funding comes from HRSA’s Geriatrics Workforce Enhancement Program (GWEP). Our GWEP project aims to improve geriatrics in primary care through a comprehensive process that addresses pre-clinical training, teaching of faculty, community practice, continuing education, and fuller engagement of older adults in their own care. Here are examples:

Our VGEC Consortium will undertake various initiatives to enhance the pre-clinical training of students in several healthcare professions through: a Senior Mentoring program that pairs these students early in their curricula with healthy community-living older adults before they subsequently assess cognitive processes of older persons later in their curricula; a one-semester course with an unfolding virtual case study that interprofessional teams of five or six healthcare students must address collaboratively, being graded on the scope and degree of their interactions as much as on their diagnostic acumen; and participation in the Richmond Health and Wellness Program, a care coordination clinic set in several HUD-rental assistance residences for low income older adults where small interprofessional teams of students (undergraduate through doctoral) and faculty meet with the older adult residents to help monitor their health, introduce them to wellness resources, and partner to raise the elder’s health literacy.

We are establishing a 100-hour, September through June, Faculty and Clinicians Development Program (FCDP) on geriatrics knowledge, skills, and capacity to measure impact on patient outcomes; it will emphasize what HRSA calls the 4Ms: what Matters to the patient; Mobility; Mentation (cognitive function), and Medications. Also, we will partner with VCU

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Health primary care family medicine residency practice sites, where these medical residents see about 70 Medicare patients each day, to deliver compressed “micro-learning” training on dementia, advance care planning, and care transitions, and will develop new educational modules for patients on these same topics to be placed on their patient portals.

The VGEC’s Eastern Virginia Medical School is establishing a SeniorStrong Program focused on the social determinants of health; these are conditions in the environments into which people are born or in which they now live that are, effectively, risks that can shape their health, such as safe housing, access to health care services, public safety, language or literacy, and poverty. Healthcare providers need to be aware of these conditions that affect their diagnoses and treatment plans. EVMS will build the SeniorStrong Program into its successful Medicare Wellness Visit program which has been engaging healthcare providers, older persons, and family caregivers as partners in improving the older adults’ well-being.

Opioids abuse is an unwelcome presence in the lives of too many older adults. Our project will address opioid use and misuse across Virginia, especially in poor, rural, and medically underserved areas, through related training of healthcare professionals, older adults, and family caregivers. Health Quality Innovators, the Quality Improvement Organization for Virginia and Maryland, will offer community-based educational events on proper use of opioids and their disposal. At the various facilities of the Richmond Health and Wellness Program, we are instituting opioid risk reduction training for faculty and staff that includes peer recovery support specialists who can share an inside perspective on opioid addiction.

Partnering is a key component of this new award.

We’re partnering with a number of community based organizations to augment our training capacities and to reach more audiences. Virginia Navigator (parent of SeniorNavigator, DisabilityNavigator, and VeteransNavigator) ) is providing community-based training on medication management, prevention of falls, transitions in care, oral health, advance care planning, Medicare Wellness Visits, and chronic pain management, including nonpharmacological options, and

is building out corresponding landing pages on its website that provide key resources for older adults, family caregivers, and direct care workers who want to follow-up after their training. Virginia Navigator will also work with EVMS in the SeniorStrong initiative and in our outreach with the family practice residencies.

We are also partnering with V4A, the Virginia Association of Area Agencies on Aging, which is the hub of Virginia’s 25 AAAs. V4A will be surveying the training needs of AAA staffs and we’ll be conducting three training events each year on opioids proper use, misuse and abuse; behavioral health; dementia care; and/or abuse in later life at sites and times identified by various AAA members of the V4A, according to their needs analyses.

There is so much more in this multi-faceted, five year project, more than space allows us to describe. We’ll host two two-day training programs for direct service providers on dementia among older adults with lifelong disabilities such as Down syndrome and other intellectual and developmental disabilities (I/DD). Older adults with I/DD are an under-recognized population whose existence, let alone their needs, too often isn’t addressed in healthcare.

Dental and dental hygiene students from VCU will be educating low-income older adults referred by Senior Connections on fundamental oral health principles, being well aware of important oral-systemic health relationships. And EMS responders will participate in an experimental project to train them to look for signs of dementia and the presence of advanced care directives.

Our VGEC project will, of course, continue its robust array of dementia-related conferences, workshops, and staff training events, all co-sponsored with a variety of community-based organizations and other institutions of higher education. For the past few years these have averaged about 14-16 annually. The Memory and Aging Care Clinic at the University of Virginia will conduct dementia care training at 30 primary care clinics over the five years, with data tracking to assess the practice impact of the training. Notably, some of these practices are in critical Medically Underserved Areas.



## Editorials

### From the Commissioner, Virginia Department for Aging and Rehabilitative Services

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Charlotte Arborgast, MS, Policy Analyst

#### *State Plan for Aging Services and 2019 Best Practices Awards*

This spring, particularly May which is both Older Americans and Older Virginians Month, has been a busy time at the Virginia Department for Aging and Rehabilitative Services (DARS). Among the initiatives that the Division for Community Living has supported of late are the development of Virginia's next State Plan for Aging Services and the Commonwealth Council on Aging's Best Practices Awards, both of which are featured here.

#### Virginia State Plan for Aging Services:

Virginia has approximately 1.8 million adults who are 60 or more years old. With a predicted growth in this population to 2.3 million by 2030, DARS has worked diligently over the last few years to increase service capacity and explore opportunities to imbed grant programs into core service offerings.

In accordance with the Older Americans Act of 1965, as amended, and pursuant to § 51.5-136 of the Code of Virginia, DARS, as the designated state unit on aging, is mandated to submit a state plan on aging services to the U.S. Administration on Community Living (ACL), the Governor, and the Virginia General Assembly. This spring, DARS engaged in thoughtful discernment on past accomplishments, examined future plans and opportunities, and collected input from its partners and the public. The result is a comprehensive Virginia State Plan for Aging Services that aims to:

- Strengthen services and supports that encourage healthy, active, and engaged lives;
- Bolster awareness of increased access to quality, person-centered, information services and supports;
- Promote systems of protection and safety that facili-

tate dignity and respect; and

- Improve access to resources and services that support family caregivers.

On June 6, 2019, DARS submitted the Virginia State Plan for Aging Services (October 1, 2019 to September 30, 2023) to ACL. The plan is currently pending ACL's approval.

In moving forward with implementation of the plan, DARS is paying particular attention to the upcoming 2019 reauthorization of the Older Americans Act, the implementation of the 2020 Census, and the ever-changing growth and diversity of the Commonwealth's residents. With approximately \$40 million in federal funding and \$19 million in state funding for aging services, DARS understands that funding and adapting to changing business models will be key to continuing its successes, supporting the aging network, and growing the workforce and service delivery system into the future.

DARS values the aging network as well as our public and private partners who consistently and meaningfully contribute to making the Commonwealth a great place for all Virginians to grow old. The agency appreciates their efforts, dedication, and input in the development of the plan. DARS looks forward to what we will accomplish together over the next four years.

#### 2019 Best Practices Awards:

The Commonwealth Council on Aging promotes an efficient, coordinated approach by state government to meeting the needs of older Virginians. With support from Dominion Energy, the Council annually highlights outstanding organizations whose innovative programs can be replicated across the Commonwealth. Ceremonies to commend the winners were held during Older Virginians Month in May.

First Place (\$5,000): **GrandInvolve** brings older adults into Fairfax County's Title I Elementary Schools to volunteer in individual classrooms, offering their skills and talents to work directly with students. GrandInvolve volunteers regularly work in their assigned schools and engage in a variety of helpful activities designed by the teachers. All

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activities support the goal of improving school and student success for Fairfax County Public Schools (FCPS). GrandInvolve leadership teams have developed plans to expand to all 50 Title I Schools in the county by 2024. There are currently 160 GrandInvolve volunteers in 18 schools in classrooms of about 25 students.

Second Place (\$3,000): The Hampton Roads division of Senior Living Guide nominated The Legacy Sessions, a new project designed to promote understanding of and appreciation for our senior citizen population. Thirty-two theater students from Salem High School met with 32 senior residents at Marian Manor Assisted Living in Virginia Beach over the period of three separate visits in November and December of last year. The high school students interviewed the seniors on their philosophies and accomplishments in life. Their observations culminated in a theatrical program at Salem High School that featured the student monologues based on the lives of the seniors.

Third Place (\$2,000): Senior Connections, the Capital Area Agency on Aging is actively involved in an effort to help prevent readmissions with a Care Transitions Program in many hospitals within the Richmond metro region. Starting while the patient is still in the hospital, the program continues in the home, providing needed resources and support to the newly discharged patient and, when present, their caregiver(s). Using the Coleman Coaching Model, care transition coaches encourage discharged patients to reconcile their medications, set 30-day goals, start lists of questions for their physicians, and identify red flags to allow patients and caregivers to react sooner to avoid another hospital stay. The coaches also have the opportunity to refer patients to other support services through the area agency on aging (AAA).

The Commonwealth Council on Aging also highlighted four Honorable Mentions, which included Fairfax County Neighborhood and Community Services (NCS) for its Senior Center Inclusion Services, Peninsula Agency on Aging for its Memory Café, Jefferson Area Board for Aging (JABA) for its Open Enrollment Insurance Counseling Mobile Unit, and Appalachian Agency for Senior Citizens (AASC) for its Generations Intergenerational Day Center.

### For More Information:

To access the Virginia State Plan for Aging Services or to learn more about the Commonwealth Council on Aging's Best Practices current and past winners please visit: <https://www.vda.virginia.gov/>.

### **2019 DARS Meeting Calendar**

**Commonwealth Council on Aging**  
September 18, December 18

**Alzheimer's Disease and Related  
Disorders Commission**  
August 20, December 3

**Public Guardian and Conservator  
Advisory Board**  
September 5, November 21

### **Visit Our Websites**

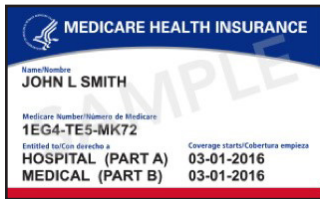
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## New “Extra Help” Benefit for Medicare Beneficiaries



The Social Security Administration has launched a new program for prescription costs, called Extra Help. Anyone who has Medicare can get Medicare prescription

drug coverage. Some people with limited resources and income may also be able to get Extra Help to pay for the costs, including monthly premiums, annual deductibles, and prescription co-payments, related to a Medicare prescription drug plan. The Extra Help is estimated to be worth about \$4,900 per year. Many people qualify for these important savings and don't even know it.

To qualify for Extra Help: You must reside in one of the 50 states or the District of Columbia; Your resources must be limited to \$14,390 for an individual or \$28,720 for a married couple living together. Resources include such things as bank accounts, stocks and bonds. Social Security does not count your home, car, or any life insurance policy as resources.

Also, to qualify for Extra Help, your annual income must be limited to \$18,783 for an individual or \$25,365 for a married couple living together. Even if your annual income is higher, you still may be able to get some help.

Some examples where you may have higher income and still qualify for Extra Help include if you or your spouse:

- Support other family members who live with you;
- Have earnings from work; or
- Live in Alaska or Hawaii.

Social Security has an easy-to-use application online that you can help complete for yourself or for your loved one. In fact, anyone, such as family members, friends and caregivers, can help to complete an application. It is called the Social Security's Application for Extra Help with Medicare Prescription Drug Plan Costs (SSA-1020).

You can apply for Extra Help any of three ways:

- 1) Apply online at [www.socialsecurity.gov/extrahelp](http://www.socialsecurity.gov/extrahelp);
- 2) Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) to apply over the phone or to request an application; or
- 3) Apply at your local Social Security office.

After you apply, Social Security will review your application and send a letter to you to let you know if you qualify for Extra Help. Once you qualify, you can choose a Medicare prescription drug plan. If you don't select a plan, the Centers for Medicare & Medicaid Services will do it for you. The sooner you join a plan, the sooner you begin receiving benefits.

## The Shepherd's Center of Richmond Announces Fall Schedule of Lifelong Learning Programs

The Shepherd's Center of Richmond (TSCoR) will offer a variety of courses for the fall session of its Open University. Beginning on September 23rd at its site at St. Luke Lutheran Church, 7757 Chippenham Parkway, older learners can choose “The Gadget: Building the Atomic Bomb,” “A History of the Holocaust,” “Controversies of the Early Church,” as well as courses in Spanish Conversation, Intermediate French, German, Memoir Writing, and Genealogy.

At the site at First Presbyterian Church, 4602 Cary Street Road, students may take “Transforming Warfare,” “The Luftwaffe,” “European Politics.” “Academic Art vs. Impressionism,” “Making Music for Life,” “Medical Topics with Medarva,” “Musical Potpourri,” and courses in Chair Yoga, Spanish, Latin, German, Japanese, and Russian. These courses begin September 26th.

The Open University also provides 20 lunch speakers each term, available at three locations. Dr. Bruce Heilman, formerly president of the University of Richmond and a veteran, will launch the season at St. Luke on September 23rd with a talk at 12:30 entitled

- continued on page 17

## COMMONWEALTH OF VIRGINIA

### Alzheimer's and Related Diseases Research Award Fund

#### 2019-2020 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](mailto:ccoogle@vcu.edu)).

**Carilion  
Clinic**      **Azizza Bankole, PhD, Martha Anderson, DNP, and John Lach, PhD**  
*Implementing a Caregiver-Personalized Automated Non-Pharmacological  
Intervention System for Dementia-Associated Agitation (CANIS)*

Non-pharmacological interventions provided by caregivers of persons with dementia (PWD) can reduce the frequency and severity of dementia-related agitation, but the interventions must be timely and personalized to the PWD-caregiver's environment. Prior work demonstrated the ability of the Behavioral and Environmental Sensing and Intervention (BESI) system to detect early-stage agitation and provide automated notifications to caregivers for timely intervention. The intervention recommendations piloted in BESI are based on assessment battery findings, are hand-selected by a clinician, delivered via the BESI tablet app in small batches, caregiver-evaluated for usefulness, and "manually" re-adjusted. The question remaining is whether clinician evaluation of the assessment tools and hand-selection of targeted interventions can be automated to minimize or even eliminate the burden on clinical experts. Based on the categorization of interventions by potential agitation triggers and post-BESI interviews with caregivers and PWDs, the investigators aim to develop a higher level process of classifications and assessment to train the computer-generated intervention model and result in the Caregiver-Personalized Automated Non-Pharmacological Intervention System (CANIS) algorithm. By refining the trigger classifications and home context assessments, this team of computer and electrical engineers along with geriatric clinicians in partnership with dementia caregivers intend to build-out an intervention delivery mechanism to augment the BESI monitoring and notification system. *Dr. Bankole may be contacted at (540) 981-7653, [aobankole@carilionclinic.org](mailto:aobankole@carilionclinic.org); Dr. Anderson may be contacted at (540)520-2761, [msaconsulting@mail.com](mailto:msaconsulting@mail.com); Dr. Lach may be contacted at (434) 924-6086, [jlach@virginia.edu](mailto:jlach@virginia.edu).*

**UVA**      **Christopher Deppmann, PhD and John Lukens, PhD**  
*Receptor Mediated Death Pathways in Alzheimer's Pathogenesis*

Neuronal death is a hallmark of Alzheimer's disease (AD). Both direct amyloid beta (A $\beta$ ) oligomer induced neurotoxicity and inflammation via glial cells contribute to synapse loss, neuronal cell death, and eventual cognitive decline. Importantly, AD pathology spreads over the course of decades, yet the mechanisms underlying neurodegeneration and inflammation in AD are still incompletely understood. There are dozens of receptors that could mediate the spread of toxicity; however all of these receptors converge on very few death/degeneration pathways. Notably, the requirements for cognitive decline and behavioral deficits as a consequence of activity in these pathways have not been examined in the context of neuroinflammation and neuron death. The investigators are in a unique position to delineate the molecular basis of AD spread. *Dr. Deppmann may be contacted at [deppmann@virginia.edu](mailto:deppmann@virginia.edu); Dr. Lukens may be contacted at (434) 924-7782, [john.lukens@virginia.edu](mailto:john.lukens@virginia.edu).*

**VCU Nathan A. Gillespie, PhD**

***Genetic and Environmental Pathways to Mild Cognitive Impairment and Biomarker Positivity Related to Alzheimer's disease***

We know that cognitive decline, changes in mild cognitive impairment (MCI) and preclinical AD biomarker positivity are predictive of AD. Unfortunately, the time period when these changes begin to occur, which is in midlife, remains much understudied. This study will determine precisely when the genetic and environmental risks for MCI and biomarker positivity emerge and how they change over time. It will also identify how strongly biomarker positivity at age 56 causes changes in MCI at ages 61 and 68 years of age. Using data from a longitudinal sample of 1,237 male twins, the investigation will identify risk/resilience factors that alter the causal pathways from biomarkers to MCI (such as cognitive ability at age 20, medical and health history, psychosocial factors and genetic risks including APOE status and polygenic risk scores for AD). This longitudinal and genetically-informative study has the potential to identify people who are at-risk of AD well before their symptoms emerge and pinpoint which factors are suitable for clinical intervention. *Dr. Gillespie may be contacted at (804) 502-1662, [nathan.gillespie@vcuhealth.org](mailto:nathan.gillespie@vcuhealth.org).*

**Valley Health, VCU J. William Kerns, MD, and Jonathan Winter, MD**

**Shenandoah Valley Family Practice Residency**  
***Evaluation of the Impact of Race, Payer, and Other Factors on the Changing Management of Dementia Symptoms: High and Low Performing Virginia Nursing Homes Compared***

Although use of risky antipsychotic drugs is declining in Virginia long-term-care facilities (LTCFs), meaningful interpretation of this trend has challenges. Currently more than one-third of the antipsychotics prescribed in Virginia LTCFs avoid CMS examination since they are prescribed for exclusionary 'appropriate' diagnoses such as schizophrenia. In addition, prescribing of unreported alternative drugs, such as mood-stabilizers has increased precipitously, with African American males being far more likely to be treated with these drugs. While some facilities have effectively cut their use of antipsychotics to manage the behavioral symptoms of dementia, others have not had that success. High and low performing LTCFs will be assessed for differences in ethnicity, geography, population density, and changes in both prescribing of alternative mood-stabilizers, and reporting of exclusionary diagnoses. Qualitatively, the perspectives of facility managers, key clinical personnel, and medical directors of payers will be assessed to explore how and why dementia care is or is not changing to discover successful strategies and barriers to positive change. *Dr. Kerns may be contacted at (540) 636-2028, [bkerns@valleyhealthlink.com](mailto:bkerns@valleyhealthlink.com) and Dr. Winter may be contacted at (540) 631-3700, [jwinter@valleyhealthlink.com](mailto:jwinter@valleyhealthlink.com).*

**UVA Amanda M. Kleiman, MD and colleagues**

***Post-operative Electroencephalographic Changes and Effects on the Incidence of Delirium Following Cardiac Surgery***

Sleep impairment (e.g., reduced rapid eye-movement sleep and slow wave sleep) is prevalent following cardiac surgery. Indeed, post-operative sleep changes have been implicated in the development of post-operative cognitive dysfunction and delirium. Likewise, post-operative delirium has been shown to be an independent predictor for the development of dementia within five years following cardiac surgery. Little is known about specific electroencephalographic (EEG) changes from baseline in the post-operative period, however. This study aims to quantify the degree of sleep impairment using EEG changes following cardiac surgery and determine how these changes are associated with the development of post-operative delirium and ultimately dementia. Specifically, the investigative team hypothesizes that following cardiac surgery, mean and total sleep time and quality of sleep, as measured by more time spent in deep and REM sleep, will be significantly decreased and that patients with sleep disturbance are more likely to develop post-operative delirium.

*Dr. Kleimann may be contacted at (434) 924-2283, [ak8zg@virginia.edu](mailto:ak8zg@virginia.edu).*

**VCU Faika Zanjani, PhD, Jennifer Inker, PhD, and Joann Richardson, PhD**

***Health Coaching to Prevent Alzheimer's Disease***

Behavior change health coaching is an underutilized strategy for AD prevention. Behavior change targeting AD prevention factors (e.g. alcohol, depression, physical inactivity, smoking, isolation, medication management) is extremely challenging for multiple reasons. While the failure to draw the connection between AD and health behaviors is not the least of these challenges, motivational, self-efficacy, and knowledge barriers also contribute. Because AD is a major concern, connecting behavior change to AD can be psychologically beneficial, motivating, and programmatically supportive. The investigators will utilize motivational interviewing and provide AD targeted behavior change health coaching for low-income elders to alter AD risk factors. The study aims to improve at least one single AD risk factor per participant (e.g. alcohol, depression, physical inactivity, smoking, isolation, medication management) through this intervention. As part of the iCubed Health and Wellness in Aging Populations Transdisciplinary Core, 20 diverse older adults (aged 60+) with incomes below \$12,000/year, who are living in Richmond, VA and managing diabetes will be offered individual education, motivation, self-efficacy, and referral services where needed to target AD behavioral risk factors. A patient preference health coaching behavioral change strategy will let the person decide which behavioral practices to target. Changes in cognitive functioning and AD risk factors will be monitored over the course of the study. The findings from this study will serve as the impetus for future large scale investigations and dissemination of findings. *Dr. Zanjani may be contacted at (804) 828-0670, [fzanjani@vcu.edu](mailto:fzanjani@vcu.edu); Dr. Inker may be contact at (804) 828-0670, [inkerjl@vcu.edu](mailto:inkerjl@vcu.edu); Dr. Richardson may be contacted at (804) 828-1948, [jrichar@vcu.edu](mailto:jrichar@vcu.edu).*

**2019-2020 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.*

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Virginia Commonwealth University

## VGEC Faculty Development Program June Graduates

The Virginia Geriatric Education Center (VGEC), a consortium of faculty from VCU, Eastern Virginia Medical School, and the University of Virginia (and George Mason University as of July 1st), annually conducts a 200-hour Faculty Development Program (FDP), September through June. FDP Scholars commit to this interprofessional geriatrics training program with the expectation of passing their training to colleagues and students in order to maximize the impact of their training. They develop a Capstone Project as part of this process.

On June 14, 2019, we held an open reception for colleagues at VCU and from across Virginia at the beginning of the graduation. To recognize the fine work of our Scholars, two past Scholars, Drs. KC Ogonna, of the VCU School of Pharmacy, and Annette Greer of the Jefferson College of Health Sciences in Roanoke, gave welcoming comments. The FDP Scholars presented their varied Capstone Projects in a Poster Walk, moderated by Dr. Greer.



Front row: Carole Burnett, PT, DSC, Howard University; Aliaa Khidr, MD, PhD, CCC/SLP, UVA; Ana Diallo, PhD, RN, VCU; Marissa Mackiewicz, RN, CNS, PhD, VCU.

Second row: Kevin Grunden, MS, CCC-SLP, JMU; Carol Hurst, PhD, LCSW, Eastern Mennonite University; Jenny Inker, MBA, MS, PhD, VCU.

Third row: Twanda Toliver Gainer, RN, MSED, Hampton; Cathy Merritt, MSN, RN, Tidewater Community College; Catherine Brown, MSN, RN, JMU; Emaad Abdel-Rahman, MD, PhD, UVA

Not pictured: Michele Sorenson, RN, JD, South University

***If you are interested in applying for the new Faculty and Clinicians Development Program, please visit [go.vcu.edu/fdp](http://go.vcu.edu/fdp).***

Drs. KC Ogonna and Annette Greer welcome the guests attending the graduation



### Remembering Kathy Fletcher



Our Virginia Geriatric Education Center and many others across Virginia have recently lost a dear colleague. Kathy Fletcher was an extraordinary nurse practitioner and instructor. She worked for many years at the University of Virginia and recently at Riverside Health System. She was a gem. She had a quiet demeanor and a subtle sense of humor that were so comfortable. Even during the awesome health challenges that ultimately took her from us, she invariably presented a positive presence. Several of us taught with her over the years as part of our VGEC. When a program didn't go as well as we hoped, Kathy was calm and unfazed and worked to improve it. When we co-taught somewhere, she was informed, congenial, and open to new ideas. And when a speaker was late or failed to show up, she just stepped in and took up the slack. We miss her and her "can do" attitude.

## Berries as Heroes for Our Health

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*Anthocyanins are a natural pigment responsible for the red, blue, and purple coloration in some fruits and vegetables, such as plums, berries, eggplant, and purple carrots. Anthocyanins are known to reduce inflammation and boost immunity, and, in animal studies, substantially reverse some of the damages from obesity. They can be health heroes.*

*(The following article by Julie Deardorff appeared recently through the Chicago Tribune syndicate under the title *The Benefits of Berries*.)*

Berries are nutritional powerhouses. But can they protect our brain and memory, melt fat and prevent urinary infections?

Though emerging research is juicy, scientists know less about a berry's health benefits than you might think.

In general, berries are naturally high in antioxidants, compounds that may slow cancer growth. The darker the berry, the greater its phytochemical content and the more likely its reputed health benefits. But this doesn't necessarily mean eating them will stave off cancer or other chronic diseases, said Jeffrey Blumberg, director of the Antioxidants Research Laboratory at Tufts University. A variety of factors come into play, including "how many berries are being consumed, over what period of time, and in the context of one's dietary pattern and other risk factors for disease," he said.

Here's some of what we know.

### Blueberries

What's inside: Blueberries are packed with antioxidant power, which comes from high levels of anthocyanins, a type of flavonoid or plant compound. They also contain significant amounts of micronutrients and fiber.

Emerging research: Blueberries have been shown to improve insulin sensitivity in overweight men and women and lower blood pressure levels in pre-diabetic men and women without raising blood sugar.

### Raspberries

What's inside: A high fiber powerhouse, raspberries have calcium, magnesium, phosphorus, potassium, vitamin C, and bone-building vitamin K. They are also a good source of several B vitamins, including folic acid and niacin.

Emerging research: Raspberries have higher levels of ellagic acid than strawberries; ellagic acid has been shown "to be a powerful antioxidant and toxic to cancer cells," said Arpita Basu, an assistant professor of nutrition at Oklahoma State University. They may also be a natural treatment for arthritis because of their anthocyanin content.

### Cranberries

What's inside: A close relative of the blueberry, cranberries have the same blue-red anthocyanin flavonoids. The tart, red berry is an excellent source of vitamin C and fiber and a good source of manganese and copper.

Emerging research: The compounds in cranberries called "proanthocyanidins" might prevent bacteria, such as *E. coli*, from clinging to the cells along the walls of the urinary tract and causing infection, said Dr. Catherine Neto, an associate professor of chemistry at the University of Massachusetts at Dartmouth.

### Strawberries

What's inside: Strawberries are an excellent source of vitamins C and K, dietary fiber, flavonoids (anthocyanidins) and ellagic acid. They also contain calcium, magnesium, phosphorus and potassium.

Emerging research: Strawberries are also potent antioxidants and have been shown to reduce cardiovascular risk factors in several animal and human studies, such as elevated blood pressure, hyperglycemia, and inflammation, Basu said.



## Suicide Risk in Older Adults

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*The following is excerpted from the Mayo Clinic Health Letter, January 2019*

These warning signs or behaviors indicate that more urgent help is needed. Key indicators are mood or behavior changes or a worsening psychiatric problem. There may be a sense of intense hopelessness, feeling trapped or feeling that there's no reason to go on living; or there may be increased anger, anxiety or agitation. Impulsive or reckless actions may increase. Other worrisome behaviors include increased use of medication, alcohol or drugs, increased or decreased sleep, and withdrawal from others.

Another important indication is thinking about or planning suicide. Talking about death can be normal and healthy, particularly among older adults. However, talk of death or suicide can escalate, which should prompt intervention. Levels of risk include:

Lower risk with evaluation needed, though not urgently. This includes talk or thoughts that life isn't worth living or that one would be better off dead, but with no specific plans or intent for suicide. This can be more passive, such as not wanting to wake up from sleep.

High risk with immediate evaluation needed. This includes someone having ideas of suicide plus a plan of how to go about it, but without indication of intent to follow through.

Highest risk with immediate emergency care needed. This includes someone with serious thoughts of suicide, including plans, intent and means to carry it out, or agitation and indications that impulses can't be controlled.

Getting help. Suicide risk fluctuates and can sometimes reach a point in which urgent help is needed. Calling 911 or a local emergency number, or getting to an emergency department, is appropriate for people who appear to be at high risk of harming themselves. At any level of risk, the National Suicide Prevention Lifeline is an excellent resource where you can reach a trained counselor at any time by calling 800-273-TALK (8255).

In an urgent setting, an evaluation is made regarding suicide risk level and treatment options. In riskier situations, treatment may include hospitalization. The goal is to stabilize the situation and to start managing underlying causes, including psychiatric problems. For less risky scenarios, outpatient treatment may be appropriate. This may be done in conjunction with eliminating the means of causing harm, such as removing firearms or limiting access to potentially harmful medications.

Suicidal feelings are usually temporary, and getting help during a crisis can help see a person through it safely. With nonemergency risk, care becomes focused on the long term.

## Shepherd's Center, *continued*

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"Why They Didn't Talk About It," reflecting on the soldiers of World War II and his own experiences. Dr. John "Clay" Mountcastle, director of the Virginia War Memorial, will lead off the speakers at First Presbyterian on September 26th.

The third site of the Center's lifelong learning program is St. Mary's Catholic Church, 9505 Gayton Road, where a free "Lunch and Life" series features four speakers on Wednesdays, beginning September 25th. Participants bring a sandwich at noon, and the church provides beverages, snacks, and desserts. At 12:30 speakers present a topic with a Q&A session following. Those scheduled for the fall are Father Michael Renninger, pastor of the church and local performer; Kathryn Whittington, of the Valentine Museum, speaking about Hollywood Cemetery; Natalie May, founder and director of Change the World RVA; and former Lt. Gov. John Hagar on "Best Seat in the House," reflecting on his political career.

Tuition is a modest \$45 for members or \$75 for non-members. Tuition entitles participants to take as many courses at any location as they can fit into their schedules. TSCoR membership fee is \$25 and a benefit of membership, other than reduced tuition, is the privilege of attending all 20 lunch speakers at no additional cost.

For further information go to [www.TSCOR.org](http://www.TSCOR.org) or call (804) 355-7282.

## Calendar of Events

### August 8, 2019

*Singing the Oldies.* A performance and sing-along by *Joyful Voices, A Community Chorus for Singers with Alzheimer's or Dementia* and their Caregivers. Enjoy music, refreshments, and social time. 10:00 a.m. - 11:30 a.m. Salisbury Presbyterian Church, Midlothian. For information, visit [www.JoyfulVoicesChorus.org](http://www.JoyfulVoicesChorus.org).

### August 16, 2019

*Lifelong Learning Institute's Fall Catalog.* The Fall Catalog will be available on site at the Lifelong Learning Institute in Chesterfield, 13801 Westfield Road, Midlothian. The catalog is online at [www.LLIChesterfield.org](http://www.LLIChesterfield.org).

### August 18-20, 2019

*The Nexus Summit: Optimizing Interprofessional Clinical Learning Environments: Better Care - Better Value - Better Education.* Presented by the National Center for Interprofessional Practice and Education. Minneapolis, MN. For information, visit <https://summit2019.nexusipe.org>.

### September 8-14, 2019

*A Spark of Creativity: National Assisted Living Week.* For information, visit [www.ahcancal.org](http://www.ahcancal.org).

### October 13-16, 2019

*Ready for Any Challenge: 70th American Health Care Association / National Center for Assisted Living Convention and Expo.* Orlando, FL. For information, visit [www.AHCAconvention.org](http://www.AHCAconvention.org) or [www.NCALconvention.org](http://www.NCALconvention.org).

### October 16-17, 2019

*Argentum Senior Living Symposium.* The Ritz-Carlton Golf Resort, Naples, FL. For information, visit [www.symposium.argentum.org](http://www.symposium.argentum.org).

### October 21-23, 2019

*Virginia Assisted Living Annual Fall Conference.* Hampton Roads Convention Center, Hampton. Assisted Living Regulations Pre-Conference on October 21st. Fall Conference on October 22-23. For information, visit [www.valainfo.org](http://www.valainfo.org).

### October 22-24, 2019

*Uniting Communities for a Cure: National Alzheimer's Summit 2019.* Presented by UsAgainstAlzheimer's. Knight Conference Center at the Newseum, Washington, DC. For information, visit [www.usagainstalzheimer.org](http://www.usagainstalzheimer.org).

### November 12, 2019

*The Confident Caregiver: A Family Caregiver Conference.* Sponsored by Valley Program for Aging Services. 9:00 a.m. - 3:30 p.m. James Madison University, Harrisonburg. For information, visit [www.vpas.info](http://www.vpas.info).

### November 12, 2019

*The Virginia Association for Home Care and Hospice Annual Conference.* The Westin Virginia Beach Town Center, Virginia Beach. For information, visit [www.vahc.org](http://www.vahc.org).

### November 13-17, 2019

*Strength in Age: Harnessing the Power of Networks.* The Gerontological Society of America's Annual Scientific Meeting. Austin, TX. For information, visit [www.geron.org](http://www.geron.org).

### January 22, 2020

*Virginia Center on Aging's 34th Annual Legislative Breakfast.* St. Paul's Episcopal Church, Richmond. 7:30 a.m. - 9:00 a.m. For information, call (804) 828-1525 or email [ansello@vcu.edu](mailto:ansello@vcu.edu).

### Age in Action

Volume 34 Number 3: Summer 2019

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](mailto:ksivey@vcu.edu).

**Fall 2019 Issue Deadline for Submissions:  
September 15, 2019**



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at Virginia Commonwealth University, Richmond, Virginia  
[vcoa.chp.vcu.edu](http://vcoa.chp.vcu.edu)

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Bet Gray, Business Systems Analyst/ASAPS Program

Megan Grey, ESSP Contracted Services Specialist

Liz Havenner, Program Coordinator/Caregivers

April Holmes, Coordinator of Prevention Programs

David Hominik, Legal Services Developer

Michele James, No Wrong Door Trainer

Georgie Lewis, Customer Service Specialist

Sara Link, No Wrong Door Policy Advisor & Lead Strategist

Nancy Lo, GrandDriver Coordinator

Amy Marschean, Senior Policy Analyst

Paige McCleary, Adult Protective Services Division Director

Patti Meire, Public Guardian Program Coordinator

Christy Miller, I.T. Business Analyst

Kathy Miller, Director of Programs

Carolyn Mines, No Wrong Door Help Desk Administrator

Beverly Morgan, CDSME Program Coordinator

Erika Okonsky, No Wrong Door Expansion Specialist

Andi Platea, CDSME Coordinator

Rosemary Seltzer, No Wrong Door Governance Specialist

Annette Sherman, Senior Systems Analyst/ASAPS

Cecily Slasor, Administrative Program Assistant

Pam Smith, VICAP Director

Betty Vines, Public Guardian Program Assistant

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**Virginia Commonwealth University**  
*Age in Action*  
**Virginia Center on Aging**  
**Box 980229**  
**Richmond, VA 23298-0229**

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## 2019 Walk to End Alzheimer's



*Walk to End Alzheimer's* is the Alzheimer's Association's signature nationwide fundraising event. Each fall, thousands of people walk together to help make a difference in the lives of people affected by Alzheimer's disease and other dementias. Start a team or walk as an individual to help lead the fight against Alzheimer's disease!

<p><b>Central and Western Virginia Chapter</b>            Register for walks in this area at <a href="http://www.alz.org/cwva">www.alz.org/cwva</a>.</p>	<p>Blacksburg, October 5            Lynchburg, October 12            Danville, October 19            Staunton, October 19</p>	<p>Charlottesville, October 26            Roanoke, October 26            Harrisonburg, November 2</p>
<p><b>Greater Richmond Chapter</b>            Register for walks in this area at <a href="http://www.alz.org/grva">www.alz.org/grva</a>.</p>	<p>Middle Peninsula/Northern Neck, October 5            Fredericksburg, October 12            Richmond, November 2</p>	
<p><b>National Capital Area Chapter</b>            Register for walks in this area at <a href="http://www.alz.org/nca">www.alz.org/nca</a>.</p>	<p>Oxon Hill, MD, September 14            La Plata, MD, September 21            Solomons, MD, September 28            Reston, September 29</p>	<p>Washington, DC, October 12            Manassas, October 19            Winchester, October 26</p>
<p><b>Southeastern Virginia Chapter</b>            Register for walks in this area at <a href="http://www.alz.org/seva">www.alz.org/seva</a>.</p>	<p>Suffolk, September 14            Virginia Beach, September 21            Farmville, October 3</p>	<p>Onancock, October 12            Newport News, October 19            Williamsburg, October 26</p>

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