

## Case Study

### The VCU Nursing Home ECHO, a Member of the National COVID-19 Action Network

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#### Educational Objectives

1. To demonstrate the tremendous impact of COVID-19 on long-term care facilities.
2. To discuss the need for continuous, current, interprofessional education of both administrative and clinical staff within long-term care facilities.
3. To discuss the value of building interconnective and interprofessional relationships between both academic health science centers and nursing homes.

#### Background

Nursing homes are an important, high-risk target for

emerging pathogens due to the presence of vulnerable patients in congregate settings with shared staff, physical facilities, and frequent visitors (McMichael, et al., 2020). Pandemic preparedness planning in nursing homes includes active symptom screening among health care workers and staff, strict visitor limitations, limitations on communal activities, practicing universal masking, hand hygiene, physical distancing, and appropriate cohort procedures for new cases (CDC, 2020). Vaccines are also key to pandemic response, for residents and for staff. Currently, 78% of nursing home residents are fully vaccinated (AARP, June 2021). Rates are lower among staff with just 55% of staff members fully vaccinated (AARP, June 2021); however, performance improvement can increase health care worker vaccine acceptance rates in long-term-care communities (Ofstead, et al. 2017).

Developing a robust pandemic preparedness plan in nursing homes requires not only physical, but human capital. Sustaining a healthy and well-trained workforce is essential and requires investment through standardized education on hygiene and personal protective equipment (PPE) use, as well as generous sick leave policies, and prioritization of staff retention. Established lines of communication among institu-

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tional medical directors, corporate or nursing home leadership, and local health departments allow for rapid coordination of infection prevention and control (IPAC) practices (Mills, Kaye, & Mody, 2020).

There are approximately 15,600 skilled nursing facilities in the United States, where 1.3 million residents reside, and there are between 1.2 million and 1.5 million long term care facility staff (Fast-Facts, CDC, 2021). Although nursing home residents constitute only 5% of national COVID-19 cases, they account for 37% of the deaths (National Health and Safety Network, 2021). “Two in five Medicare beneficiaries in nursing homes were diagnosed with either COVID-19 or likely COVID-19 in 2020.” (OIG, 2021) The impact on beneficiaries was even more devastating in residents of color; approximately half of the Black, Hispanic, and Asian beneficiaries in nursing homes had or likely had COVID-19, and 41% of the White beneficiaries did contract the virus (OIG, 2021). As of June 13, 2021, over half of all residents (656,336) were reported with confirmed COVID-19, and over 20% of this population (132,882) were reported as deaths due to COVID-19. Confirmed cases for staff numbered 585,600 with about 2,000 confirmed deaths due to COVID-19 (Nursing Home Data, CMS, 2021). In Virginia, about 50% of all deaths related to COVID-19 have occurred in long-term care settings.

### **Project ECHO as Intervention**

Project ECHO (Extension for Community Healthcare Outcomes) is an innovative telementoring program developed at the University of New Mexico that is designed to create virtual communities of learners by bringing together long-term care leadership and healthcare providers and subject matter experts using videoconference technology, brief lecture presentations, and case-based learning, fostering an “all learn, all teach” approach. VCU joined the network to rapidly deploy a nursing home ECHO project to train and support nursing home staff on best practices for protecting patients, staff, and visitors from coronavirus infection and spread.

### **Development**

On August 19, 2020, Nina Tumosa, PhD, our Geri-

atrics Workforce Enhancement Program’s project officer informed the VGEC about a nationwide initiative focusing specifically on the pandemic’s effect in skilled nursing facilities. The federal Agency for Healthcare Research and Quality (AHRQ), in collaboration with the Institute for Healthcare Improvement (IHI), and the University of New Mexico’s Extension for Community Health Outcomes (ECHO) Institute were proposing a National Nursing Home COVID-19 Action Network, using an award from the CARES Act Provider Relief Fund. The Project ECHO model was described in the [Spring 2021 issue of Age in Action](#), where the VGEC partnered with the University of Rhode Island on an ECHO for healthcare and service providers whose patient population includes older adults with intellectual and developmental disabilities and suspected or diagnosed dementia.

The AHRQ ECHO COVID-19 Action Network model used teleconferencing technology to connect nursing home staff with specialists to promote the philosophy of “all teach, all learn” during the COVID-19 public health emergency. National goals of the project included: preventing spread should the virus enter the nursing home; providing best-practice care and treatment for residents with COVID-19; protecting staff from infection; ensuring best-practice safety measures to help staff build confidence and feel safe from infection; supporting staff retention; and ensuring residents receive compassionate visits at the end-of-life regardless of COVID-19 infection status.

In late August, Bert Waters, PhD, Associate Director of the Virginia Center on Aging, contacted Christian Bergman, MD, a geriatrician at the Division of Geriatric Medicine in the VCU School of Medicine. Dr. Bergman had also been alerted about this initiative because he sits on the National Board of AMDA, The Society for Post-Acute and Long-Term Care, serves on the Virginia Department of Health’s (VDH) COVID-19 Long Term Care Task Force, and is the Medical Director of a local nursing home. Together, they recruited a clinical team which includes Dan Bluestein, MD, a geriatrician and Professor Emeritus at the Eastern Virginia Medical School Department of Family and Community Medicine, and two Geriatric Nurse Practitioners, Laura Finch, who was also serving on the VDH COVID-19 Long Term Care Task

Force, and Joanne Coleman, who had recently started a Doctor of Nurse Practice program at VCU, and had reached out to VCoA with an interest in becoming a geriatrics educator. We also recruited Annie Rhodes MS, a Doctoral student and Research Associate in the VCU Department of Gerontology, whose research interests include workforce development in long term care. Annie joined Jenni Mathews, Education Coordinator for the VGEC, as Project Coordinators, and Maddie McIntyre assumed the role of data coordinator. Kim Ivey, MS, our *Age in Action* Editor, assisted with administration, managing our [website](#) and continuing education credits, and monitoring chats during the ECHO sessions. We then hired Shannon Arnette, MS, to be the Distance Education Coordinator, who became a liaison between the ECHO Institute and the individual nursing homes for compliance and contractual agreements. Once the team was in place, we were assigned two quality improvement coaches from IHI, Tara Rouse, MA, and Sharon Sheets, who would attend each session and provide Quality Assurance and Performance Improvement (QAPI) education. The pandemic revealed an absence of QAPI practices and staff in many nursing homes, despite regulations enacted in 2010 that require each nursing home to have a comprehensive QAPI strategic plan (Bonner, 2020).

The final award was made on September 25, 2020. The Scope of Work was issued and over 100 “Training Centers” among academic health science centers were established between mid-October and late November. Historically, academic health science centers and large health systems have not been closely connected with nursing homes and other post-acute and long-term care organizations (Bonner, 2020). The National Nursing Home COVID Action Network created a model to promote and strengthen those relationships. The subaward contract between VCU Office of Sponsored Programs and the University of New Mexico was finalized on October 22, 2020, with our team already in-place.

The team then began nursing home recruitment through the Virginia Health Care Association (VHCA), LeadingAge Virginia, and Health Quality Innovators. Annie Rhodes gave a presentation about the VCU ECHO Nursing Home project during VHCA, and LeadingAge scheduled meetings with

nursing home administrators. VHCA placed an announcement on their website on October 22nd. The VCU ECHO Nursing Home project recruited 140 of Virginia’s 273 eligible Nursing Homes, grouped into five cohorts of approximately 28 nursing homes per cohort, and held its first session the week of November 9th. The team then assisted George Mason Universities’ ECHO team, who recruited an additional 60 Virginia nursing homes and 20 Pennsylvania nursing homes into three cohorts, starting in mid-November.

## The Curriculum

The curriculum was adapted from ECHO Institute materials and presented in 16 weekly 90-minute ECHO sessions for each of the cohorts. These materials were updated and modified according to new research, SME knowledge, and audience needs. For example, the session on environmental rounds was reframed as a “What’s wrong with this picture?” which allowed audience members to identify hazards and propose solutions in a fun way using Zoom’s chat function. In addition, the VCU team also invited guest speakers to present the session on palliative care. At the audience’s request, the team added a module on ethics into the planned session on social isolation, with Ken Faulkner MA, MDiv, a member of the VGEC Plenary, as the guest expert.

The sessions also promoted collaboration, sharing success stories, and following up on quality improvement projects. Important topics, such as vaccine distribution and strategies for vaccine acceptance, cohort practices, testing, and visitor policies were reviewed with the facilities. The program initiated new collaborations with and between nursing homes across many healthcare disciplines and helped foster innovative ways to collaborate virtually in this post-COVID-19 virtually connected world.



COVID-19 research rapidly changed between July, when the slides were created, and November, when sessions began. Up to date information was added

sometimes hours before a presentation due to just-released directives from CMS or new published data.

Like the nursing homes, the team was based across the state and mostly confined to home. Technology (Slack, Google Drive, and Zoom) was utilized to create seamless communication and just-in-time edits. The team coalesced to be able to cover each other at any moment. With a variety of experiences in long term care, the entire team was able to create robust learning experiences and meet any need that arose. The open time at the end of the sessions was utilized to further the relationships and discuss any questions, but participants also were comfortable asking clarifying questions during the presentations.

SLACK (Searchable Log of All Communication and Knowledge) is a collaborative communication platform with persistent chat-room capability, file-sharing, and application integration. While a common tool in technology and software development industries, it is under-utilized in academic and university settings. The Nursing Home ECHO team was the first to use SLACK in their respective departments, making them agents of change for streamlining communication in their organization. The team has used SLACK to send more than 5,000 messages, documents, and datasets, improving team workflow and minimizing email burden. They even use SLACK to share pictures of family vacations and household projects, strengthening morale in the remote team.

### **Curriculum Topics**

The curriculum provided to both phases of the Nursing Home ECHO covered a wide variety of relevant topics. The following is just a sample:

- Infection Prevention Management: Preventing and Limiting the Spread of COVID-19 in Nursing Homes
- Infection Prevention Management: Approaches to Cohorting during COVID-19
- COVID-19 Testing for Nursing Homes
- Promoting Safe Care Transitions during COVID-19: Admissions, Discharges, and Transfers
- Advance Care Planning in the Time of COVID-19
- Ethics and Managing Social Isolation: Perspectives on Staff and Residents
- The Role of Certified Nursing Assistants in Managing and Supporting Residents and Families during COVID-19
- Supporting the Emotional Well-being of Staff

### **Caring for Residents during COVID-19**

- Effective Leadership and Communication during COVID-19
- Post Vaccination Practices Needed in Nursing Homes
- Workforce Considerations Post Vaccination
- Leadership Huddles with Point of Care Staff
- Staff Wellbeing Depends on the Trauma-Informed Principles of Safety and Trust

### **Case Study #1**

Brandy S., RN, is an infection control nurse at a skilled nursing facility in southeast Virginia. She participated in the first phase of VCU's Nursing Home ECHO, which met weekly from November 2020 through March 2021. She now participates in the continuation phase, which began in May. Brandy has found the ECHOs to be very helpful, providing her with not only a plethora of information, but much-needed support. As an infection control specialist, she has felt much personal responsibility for the COVID-related illnesses and deaths her facility has experienced during the pandemic. Each week the subject matter experts from VCU, two geriatricians and two nurse practitioners, provided her with up-to-date infection prevention and control practices. A quality expert provided support and guidance. Equally important was the understanding she received from fellow nurses and administrators from other nursing homes across the state. She only wishes the ECHOs had been available at the very start of the pandemic, when they were really struggling with many COVID patients and limited resources.

During the course of VCU's ECHO program, vaccines were approved and distribution to nursing homes began. Brandy is in charge of vaccinations at several skilled nursing facilities. She has seen first-hand the struggle with vaccine hesitancy, and has found discussions on this topic during ECHO sessions to be relevant and helpful.

While the COVID updates have been important, Brandy's biggest takeaway was from the ECHO session entitled, "The Role of Certified Nursing Assistants in Managing and Supporting Residents and Families during COVID-19." As someone who works in management, she understands the work of



the CNAs, but did not slow down enough to think about their feelings. She did not take the time to really consider how the CNAs felt about COVID being in the building (fear, anxiety, etc.), and how they are the ones doing the bulk of the patient care. After this session, her nursing home implemented a “You’re a Rock Star” bulletin board, where positive feedback is given to the CNAs. They also established a suggestion box where CNAs can anonymously share concerns and ideas.

## Case Study #2

Cheryl M., RN, is the director of nursing at a large skilled nursing facility in southwest Virginia. She also participated in both phases of VCU’s Nursing Home ECHO, and has been willing to share both heartbreaking and hopeful stories from her experiences during the pandemic. For Cheryl, the biggest benefit of the ECHOs has been the support received from the VCU team and the other participating nursing homes. Her facility is one of the largest independent facilities in Virginia, and has not had the benefit of any corporate guidance to help navigate the many changes brought about by COVID-19. Guidance from the CDC and CMS has changed rapidly, and she knows she can come to the ECHO sessions to get the most up-to-date information and ask questions.

Much time was spent in the ECHOs discussing vaccinations, vaccine clinics, and vaccine hesitancy. Cheryl’s favorite presentation was given by Dr. Christian Bergman, who explained mRNA vaccines; how they were developed and how they work. His presentation was easily understood, and given in a format that she could then present to her residents and staff. This was a first step in helping her to address vaccine hesitancy, and she is now proud of the large number of both residents and staff who have been vaccinated.

## Continuation Phase

After considerable analysis and prework, the national Project ECHO institute launched a continuation phase in March 2021. Hallmarks of this new phase were several and included:

- No monetary incentive for facility participation
- Greater Training Center and Nursing Home choice

in the selection of topics

- Deeper dives into subject matter over the five weeks of each module
- More direct linkage of QAPI material with COVID-related content.

As a result, the VCU COVID Action Network ECHO has launched two new cohorts, with smaller audiences comprised of facilities with a high commitment to best practices. Sessions have become even more interactive with excellent, creative, and original responses to pandemic challenges offered by our audiences. To date, we have completed a five week module on post-vaccine best practices and are midway through a second on leadership communication. Next up is a five-week module on emotional and organizational support for staff, which will include discussions on trauma-informed care, staff wellbeing, and emotional intelligence.

The program has provided a lifeline to support nursing homes, initiated new collaborations across many healthcare disciplines, and will foster innovative ways to collaborate in this post-COVID-19, virtually connected world. Central to this program’s strength is the “all teach, all learn” model with group discussions facilitated by content experts in elder care, geriatric medicine, and quality improvement. Future projects will help determine the most effective methods to promote engagement through implementation and evaluation science.

## Study Questions

1. What are some benefits of connecting academic health science centers with skilled nursing facilities?
2. In what ways have skilled nursing facilities been impacted by COVID-19?
3. What are some principal features of the Nursing Home ECHO Model?

## Suggested Resources

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## About the Authors

The VCU Nursing Home ECHO Team is made up of clinicians, faculty, and staff. Left to right starting at the top: Bert Waters, Annie Rhodes, Jenni Mathews, Dan Bluestein, Shannon Arnette, Kim Ivey, Christian Bergman, Laura Finch, Maddie McIntyre, Joanne Coleman, and Tara Rouse



# From the Director, Virginia Center on Aging

By Edward F. Ansello, Ph.D.

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## Leading from the Middle

How do you say goodbye in a thousand words after a career of more than 50 years?

This is my final editorial as Director of the Virginia Center on Aging (VCoA). After almost 32 years leading from the middle of a splendid group at the Virginia Center on Aging, I am retiring and moving on. These colleagues have been skilled professionals and friends who have made our work and its many accomplishments a true pleasure. I thank them and hope that they know of my gratitude.

The Virginia Center on Aging (VCoA) and I have been blessed with supportive leadership from those to whom we have reported over the years, starting with John Andrako, Vice President for Health Sciences (VPHS), who hired me in the fall of 1989; he was followed by VPs Jim McGovern, John E. Jones, Hermes Kontos, and Sheldon Retchin, and then by Cecil Drain, the Dean of the College of Health Professions, who retired in 2019. They have known and encouraged us.

One of the first things that Bill Egelhoff, my predecessor as Director of VCoA, did when I arrived was to take me to the General Assembly during the 1990 Session and introduce me to its leadership, office by office, for he knew everyone. I especially remember meeting for the first time Senators Hunter Andrews and Benny Lambert, and Delegates Tom Moss and Frank Hall; Frank would soon be my closest friend in the General Assembly, mentoring me and our Center the rest of his life.

We are slabs of marble that are hewn and chiseled by interactions with others. The finished product varies wildly.

My mother, who lived until a week before her 94th birthday, worked until her late eighties, the last 30 years as a medical secretary and then adding skills as an assistant to a dermatologist; my father worked two full-time jobs simultaneously as truck driver and bus driver from my childhood through adolescence.

I guess their lives influenced holding my first real job in my 7th and 8th grades, delivering newspapers before and after school and on the weekends. This was the golden age for newspapers in Boston, and I delivered the *Boston Globe* and *Boston Herald* in the mornings, the *Boston Traveller* and *Record American* in the afternoons, plus these and the *Post* and *Christian Science Monitor* on Sundays.

Work full-time or close to it filled my life from high school through graduate school, with many fascinating experiences, such as working as cashier and clerk at a grocery store; having the up-to-closing shift at a hamburger joint; digging latrines in the winter at a Boy Scout camp; working summers for a painting company that had the contracts to spruce up dormitories at Harvard, Jackson, MIT, and several smaller colleges; delivering beer for Anheuser Busch across Boston; serving as the one-man crew on a luxury motor yacht; delivering or sorting mail for six years as a postal service Christmas temp; babysitting the new geology department computer in graduate school when it took up an entire room; and so much more. These all instilled a respect for honest work and conditioned my expectations of co-workers.

So, I was especially pleased to encounter good people who became valued partners in my years at the Center on Aging at the University of Maryland College Park (UMCP) and then here at the Virginia Center on Aging at Virginia Commonwealth University.

At Maryland, I was part of a small team that wrote the proposal to the Administration on Aging for grant funding to launch the Center on Aging at UMCP in 1974. Our Center became the hub of a gerontology certificate program that reached to four campuses and aging-related course offerings in over 30 departments. In the early 1980s, we recruited Jim and Jean Zink to our Center staff. She had contracted polio as a teenager, overcame it with the true grit of a survivor, but over our many years together experienced the boomerang of post-polio syndrome

and progressive deterioration. Throughout years of our offering training programs on aging with lifelong disabilities for agency staffs, when there was no ADA access for her wheelchair, she showed that gritty determination, with an infectious enthusiasm, and a quiet, trenchant sense of humor. Remembering her has reinforced my dedication to focus on the problems and opportunities that accompany growing older with lifelong disabilities.

At the same time, my Maryland colleague Dr. Peter Lamy, winner of the Remington Honor Medal, one of pharmacy's highest recognitions, showed me the meaning of commitment. Over the course of multiple years of our geropharmacy projects funded by the AARP Andrus Foundation, we'd drive hours to rural communities where we'd start training for local pharmacists late at night, after they'd closed their stores so they wouldn't lose any business.

At VCU, Bill Egelhoff and the VCoA staff welcomed me and we expanded our work across Virginia. Teams and partnerships continued to be the *modus operandi*. I was honored to collaborate with valued colleagues in initiatives on pre-retirement planning, lifelong learning, widowed persons services, lifelong disabilities, geriatrics curriculum development, elder abuse, caregiving among minority populations, and more. Together, we were able to accomplish so much with our small VCoA staff.

Over the course of my career, besides co-founding the Maryland Consortium for Gerontology in Higher Education, the Committee on Humanities and the Arts in the Gerontological Society of America, the Virginia Coalition for the Prevention of Elder Abuse, the Senior Center of Richmond at Chesterfield, the Area Planning and Services Committee on Aging with Lifelong Disabilities, and the Lifelong Learning Institute in Chesterfield, I was privileged to be Project Director (PD), Principal Investigator (PI), Co-PD, or Co-PI on more than 45 externally funded grant projects. In each of these initiatives, the work was collaborative, interdisciplinary or interprofessional. I was so pleased to be enmeshed with and surrounded by enthusiastic individuals, to learn from them, and to care about them.

Leading from the middle means that establishing a

culture of equity, irrespective of each person's job title or degree, was and is fundamental. Fostering mutual respect was and is the natural heart of leading from the middle; expecting reciprocity of respect and the best of team members is not paternalism or maternalism but the organic outcome.

The Virginia Geriatric Education Center (VGEC) which I direct is but the most current example of true interprofessional partnerships where esteemed colleagues on its Plenary management team have taught me so much more about aging-related issues than I could ever reciprocate. As importantly, their support and that of our talented and giving VCoA staff and our VCoA Advisory Committee have showed me what it means to commit oneself to service. Together, the VCoA staff, Advisory Committee, and VGEC Plenary total over 60 caring individuals. Without naming each, I hope that they know how grateful I am for having known them.

At the same time, I must acknowledge the abiding friendships over the years with Paul Raia, Rick Moody, Harvey Sterns, Bob Schneider, Eli Cohen, and Peter Lamy that have meant so much to me, and valued colleagues Bernice Neugarten, Bob Butler, MaryEllen Cox, Tom Barker, Len Hayflick, Benny Lambert, Frank Hall, and Bill Egelhoff who encouraged me.

COVID stopped the shared lunch times at work where all of us at VCoA would gather to share stories and updates; in retrospect, this daily routine of the past 15 years or so was something essential to our working family. They were never subordinates or "direct reports" to me; they have always been friends and colleagues and I was honored to lead from the middle, surrounded by their talents. I will miss them and our VGEC colleagues.

*Panta rhei* (everything flows on).

Finally, I'm reminded of a comment by Wilfred Grenfell, a physician and medical missionary to Newfoundland and Labrador over 100 years ago who founded local hospitals for small and isolated communities: "The service we render to others is really the rent we pay for our room on the earth."



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

By Kathy Miller, Director of Aging Programs and Services and  
Marcia DuBois, Deputy Commissioner, Division for Community Living

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## Virginia Governor's Conference on Aging

Virginia held the first Governor's Conference on Aging (GCOA) in 1991 as a result of a resolution passed by the General Assembly. Subsequent GCOA conferences were held in 1993, 1995, 2001, 2003, 2016 and 2017. The Virginia Governor's Conference on Aging (VGCOA) planned for 2020 could not be held in-person due to the COVID-19 pandemic. It was moved to May 2021 and, instead, monthly webinars were offered on a variety of topics, which are still available on the VGCOA website ([www.vgcoa.com](http://www.vgcoa.com)).

The goals of the GCOA have been to:

- Communicate the Commonwealth's policy and age wave initiatives at the local and regional levels for enhancing the health and well-being of Virginia's aging population, and
- Create a platform for citizens, state and local agencies, businesses, academia, and the nonprofit sector to share ideas, strategies, and resources to identify best practices that enhance the health and well-being of Virginians as they age.

The VGCOA is typically held in May as we celebrate Older Americans Month and Older Virginians Month. There are approximately 1.9 million adults in the Commonwealth who are 60 years of age or older. This population will expand to 2.3 million by the year 2030. The theme for Older Americans Month in 2021 was "Communities of Strength" to recognize and celebrate the strength of older adults and the Aging Network, with special emphasis on the power of connection and engagement in building strong communities.

The VGCOA this year was a virtual event held on May 24-27. The conference theme was "**Connect. Collaborate. Contribute: Communities for the Future,**" which included four focus areas to create engagement and action across the Commonwealth:

- **Culture Change in Long Term Services and**

### Supports

- **Safety and Financial Security:** Older adults in the new Virginia economy
- **Livable Communities:** Developing innovative solutions for addressing barriers to sharing collaborative strategies
- **COVID-19 and the Pandemic:** Addressing issues discovered and faced by older adults, their caregivers, and their supports during the pandemic.

The conference was designed for professionals in the aging services network, including those working in healthcare, government, business, academia, and nonprofit organizations; and students and volunteers.

In his welcome address to the VGCOA attendees, Governor Northam recognized the Area Agencies on Aging for their local COVID response. "Every area agency on aging has found innovative solutions to shift services from congregate to home settings in order to help older Virginians stay safe during this public health crisis. The area agencies on aging (AAAs) have found ways to reach across the social distance to maintain contact and creatively address social isolation." The AAAs and their aging network partners provided over 3.5 million meals and more than 169,000 wellness calls to ensure safety and prevent social isolation of older Virginians. Governor Northam also recognized No Wrong Door (NWD) Virginia for being named the winner in the Administration for Community Living's Mental Health Innovation Challenge. The NWD team developed a national technology prototype and solution to match the interests and needs of socially isolated individuals to customized recommendations for social engagement solutions.

The conference's welcome keynote presentation consisted of a panel of nationally recognized experts in the field of aging who presented a national perspective on key issues, challenges, and opportunities

for Virginia and the country. Panelists included Robert Blancato, National Coordinator of the Elder Justice Coalition, Executive Director of the National Association of Nutrition and Aging Services Programs, and National Coordinator of the Defeat Malnutrition Today Coalition; Sandy Markwood, CEO of the National Association of Area Agencies on Aging; Jim Firman, Co-founder and CIO of BellAge Labs and former CEO of the National Council on Aging; Karyne Jones, President and CEO of the National Black Caucus and Center on Black Aging; and Dr. Yanira Cruz, President and CEO of the National Hispanic Council on Aging.

A second keynote entitled, “Disrupt Ageism and Develop Elderhood,” was presented by Dr. Jenny Inker and Jen Pryor from the VCU Department of Gerontology. This session discussed the harmful impacts of ageism that are manifested in the systems that are designed to support elders, as well as, achievable strategies and practices that can be applied to combat ageism in long-term care organizations.

Over the four days of the conference, 314 attendees were able to choose from more than 30 session offerings addressing a variety of topics in the four focus areas. They also had the ability to attend a virtual exhibit hall each day. The conference drew attendance not only from Virginia and the surrounding states, but also from New York, Florida, Illinois, and California. There was professional representation from state and local governments, Councils on Aging, Area Agencies on Aging, Community Services Boards, academia, hospitals, long-term care facilities, direct care workers, graduate students, etc. CEUs were provided through the Board of Nursing, the Society of Human Resource Management, and the National Association of Long Term Care Administrator Boards.

The conference was organized by the Virginia Association of Area Agencies on Aging (V4A) in partnership with the Department for Aging and Rehabilitative Services. Presenting sponsors included Dominion Energy, Virginia Housing and AARP. A total of 45 sponsors and exhibitors made this conference possible through their support and financial investment. In addition, ten scholarships were provided to community advocates and volunteers, aged 60+.

A survey of participants revealed that 98.5% of respondents gave the conference an overall rating of very good or excellent, and 95% were satisfied or very satisfied with the sessions they attended. Although the conference had to be converted to a virtual format due to the pandemic, it was a resounding success.

The authors wish to thank Martina James Nalley (V4A) for her assistance with providing conference survey results.

## **DARS 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](http://vda.virginia.gov/boardsandcouncils.htm).

**Commonwealth Council on Aging**  
July 28, September 22

**Alzheimer’s Disease and Related  
Disorders Commission**  
September 14, December 14

**Virginia Public Guardian and  
Conservator Advisory Board**  
September 21, November 9

## LLI Fall Catalog Release



The Lifelong Learning Institute in Chesterfield (LLI) will be releasing their Fall Catalog on **Friday, August 20th**. The Fall Session will run from September 7th to December 18th.

The LLI is a member-supported organization designed to meet the educational, fitness, and social enrichment needs of adults aged 50 and “better.” Class categories include: Art, Music, Drama, Dance, Computers, Technology, Math, Science, Economics, Finance, Fitness, Health, Wellness, History, Humanities, International Studies, Languages, Literature, Poetry, Film, Leisure Activities, Life Services, Philosophy, Religious Studies, Special Events and more.

To request a catalog, or for information about becoming a member, visit their [website](https://www.llichesterfield.org) or email [info@LLIChesterfield.org](mailto:info@LLIChesterfield.org).

## Law Enforcement Training on Abuse in Later Life



The Virginia Center on Aging, with support from the Department of Criminal Justice Services, is offering a training specifically for

law enforcement professionals entitled, ***Making The Case: An In-Depth Look at Elder Abuse & Financial Exploitation***. Training will be conducted by Commonwealth’s Attorney Michael Huberman and is available on two dates.

October 6th, 10:00 a.m. - 12:00 p.m. or  
November 1st, 2:00 p.m. - 4:00 p.m.

If you work in law enforcement and are interested in registering, please contact Courtney O’Hara at [cdohara@vcu.edu](mailto:cdohara@vcu.edu) for more information.

## Aging Together’s Regional Resource Guide for Older Adults

A free, 96-page guide of resources, information, and wisdom geared to helping older adults, caregivers, and family members is currently in process of distribution around Aging Together’s five-county area (Planning District 9): Culpeper, Fauquier, Madison, Orange, and Rappahannock. The first guide of its kind in the region, it contains useful information pertaining to healthcare, caregiver support, food and housing, long term care facilities, transportation, safety, and lifestyle ideas, among other resources. It also includes a Spanish section.

The *Regional Resource Guide for Older Adults* had been a proposed initiative for a number of years and resurfaced as a priority during the pandemic when older adults, the demographic at most risk for the COVID-19 virus, confronted isolation and reduced access to goods and services.

The digital copy may be viewed online at [www.agingtogether.org](https://www.agingtogether.org). To request a mailed copy, call (540) 829-6405 or email [info@agingtogether.org](mailto:info@agingtogether.org).



## Commonwealth of Virginia

# Alzheimer's and Related Diseases Research Award Fund

## 2021-2022 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)).

**GMU Alicia Hong, PhD, Sojung Kim, PhD, and Emily S. Ihara, PhD**

### ***Alzheimer's Research Inquiry and Care for Asian Americans (ARICAA): Protocol Development of a Culturally Tailored Social Media-Based Program***

Significant racial and ethnic disparities exist in Alzheimer's disease and related diseases (ADRD) health outcomes, but minorities are less likely to participate in ADRD clinical trials. Asian Americans and Pacific Islanders (AAPI), the fastest growing racial group in the U.S., are underrepresented in ADRD research. AAPI constitute a heterogeneous group; about 67% are foreign born immigrants, many have limited English proficiency and poor access to ADRD information and services due to culture, language, and financial barriers. To address this gap, we will develop a culturally tailored, linguistically appropriate, social media-based program for AAPI older adults and their caregivers. This program, called *Alzheimer Research Inquiry and Care for Asian Americans*, will focus on the largest AAPI group of Chinese Americans. The program will be delivered via WeChat, a popular social media app used by Chinese Americans. The research team will adapt evidence-based theory-guided multimedia messages to target the multi-level barriers to ADRD research participation. They will work closely with local AAPI community-based organizations, using community-engaged approaches and user-centered designs. The investigators will conduct focus groups, as well as usability and feasibility testing to ensure the program's cultural relevance, ease of navigation, and high user satisfaction levels. At the conclusion of this study, the program will be ready for an efficacy trial with wide dissemination. (Dr. Hong may be contacted at 703-993-1929, [yhong22@gmu.edu](mailto:yhong22@gmu.edu); Dr. Kim may be contacted at 703-993-6328, [skim205@gmu.edu](mailto:skim205@gmu.edu); Dr. Ihara may be contacted at 703-993-2023, [eihara@gmu.edu](mailto:eihara@gmu.edu))

**VCU Shenandoah  
Valley Family  
Practice Residency**

**J. William Kerns, MD, and Jonathan Winter, MD**

### ***Clinician Perspectives Regarding COVID-19's Impact on Management Approaches to Dementia Symptoms in Virginia Nursing Homes***

Despite poor evidence for efficacy, unsafe drugs continue to be used in Virginia long-term care facilities (LTCFs) to treat behavioral symptoms of dementia. The investigators have previously shown that although antipsychotic use is decreasing, antiepileptic mood-stabilizer prescribing to residents with dementia, but no diagnosis of epilepsy, now exceeds all antipsychotic prescribing in Virginia LTCFs. These trends are even more pronounced in rural areas, locales with a high proportion of minorities, and those with adverse socioeconomic determinants of health. There is early regional and national data suggesting that the stressors of the COVID-19 pandemic have caused deterioration of mood and behavior symptoms in LTCF residents, as well as a dilution of LTCF staffing resources. Both outcomes have resulted in an increased reliance on risky psychoactive drugs. The research team will employ quantitative and qualitative methods and iteratively survey a representative sample of Virginia LTCF prescribers to delineate perceived trends in resident mood and behavior, as well as changes in management strategies of these symptoms during the pandemic. Survey data will be examined for differences based on prescriber, community, and facility characteristics. The study will examine prescriber degree/training, community composition, and regional social determinants of health, facility ownership, and perceived facility resources. Data analyses will emphasize not only obstacles and barriers to best care, but also successes and lessons learned. (Dr. Kerns can be contacted at 540-631-3700, [bkerns@valleyhealthlink.com](mailto:bkerns@valleyhealthlink.com); Dr. Winter can be contacted at 540-631-3700, [jwinter@valleyhealthlink.com](mailto:jwinter@valleyhealthlink.com))



**VCU Gretchen N. Neigh, PhD**

***Dietary Choices as Drivers of Mitochondrial Dysfunction in the Brain: Implications for Dementia***

Fructose consumption has increased by at least 25% in the past 30 years due to increases in added sweeteners such as sucrose and high-fructose corn syrup. Adolescents are the highest consumers of fructose which contributes to a global energy imbalance, resulting in a growing epidemic of metabolic syndrome that begins in adolescence and is maintained into adulthood. The epidemic has resulted in over 20% of American adolescents qualifying as obese and 20% meeting criteria for prediabetes. The implications of these early life dietary choices for the aging brain are unknown. Research has shown that metabolic disease is predictive of Alzheimer's Disease and other dementias, but little is known about the mechanisms by which dietary choices across the lifespan may cause neurodegeneration. Because of the ability to control the environment across the short lifespan of the rat, rodent models can provide insight into the mechanisms by which diet choices early in life can fuel neurodegeneration in late life. Mitochondria, the powerhouse of cells, change in function with aging, and neuronal mitochondrial dysfunction has been directly implicated in Alzheimer's disease. The investigative team has established that a diet high in fructose during adolescence disrupts mitochondrial functioning in young adult rats. This study aims to determine the extent to which early life diet interacts with sex to precipitate cognitive impairment and mitochondrial dysfunction. (Dr. Neigh can be contacted at 804-628-5152, [Gretchen.mccandless@vcuhealth.org](mailto:Gretchen.mccandless@vcuhealth.org))

**JMU Terrie Rife, PhD**

***Understanding the Role of Tau Isoform Variants in the Nucleus***

The misfolding of a protein called tau into neurofibrillary tangles correlates with the loss of cognition during Alzheimer's Disease (AD). To comprehend the effects of tangle formation, we must realize the normal function of tau. Recently published data illustrates a novel role for tau in the nucleus where its binding to DNA provides protection and regulating gene transcription. Tangles appear to keep tau from binding to DNA, resulting in increased DNA damage as well as gene expression changes which likely affect cognition and lead to neuronal death. Completely understanding the role of tau in DNA binding is hampered by the fact that multiple types or isoforms of tau are produced from the tau gene, MAPT. Levels of some of these tau isoforms change during the development of AD and, moreover, the function of different isoforms varies from one another in regions believed to interact with DNA or affect the nuclear function of tau. Thus, different isoforms likely have varied abilities to bind DNA, protect against DNA damage, and control transcription. To study isoform specific effects, human cell culture lines expressing various tau isoforms will be generated and used to quantitate how well each isoform can bind to and protect DNA. Additionally, DNA binding assays will be used to compare DNA binding among the isoforms. Knowing how each isoform performs will help us to better comprehend how changes in tau expression may affect AD development. (Dr. Rife can be contacted at 540-568-3343, [rifetk@jmu.edu](mailto:rifetk@jmu.edu))

**ODU Tancy Vandecar-Burdin, PhD, Brian K. Payne, PhD, and Muge Akpinar-Elci, MD, PhD**

***An Examination of Isolation and Risk of Alzheimer's Caregivers during COVID-19: Computer Use as a Security Risk or Effective Coping Tool?***

This study will investigate the impact of the COVID-19 pandemic on the social isolation and potential cybersecurity risks of Alzheimer's and other dementia caregivers. Utilizing surveys, interviews, and/or focus groups, this study will examine the isolation and risks of Alzheimer's caregivers relative to their caregiving responsibilities during the COVID-19 pandemic in Virginia. The pandemic has increased social isolation for most segments of society, but this is perhaps especially problematic for older populations and those with caregiving responsibilities who experienced higher rates of social isolation prior to the pandemic. Some caregivers may turn to virtual support networks and other resources to help with their caregiving responsibilities, but this may also place them at greater risk of victimization for cybercrime including identity theft and fraud. (Dr. Vandecar-Burdin can be contacted at 757-683-3802; [tvandeca@odu.edu](mailto:tvandeca@odu.edu); Dr. Payne can be contacted at 757-683-4757; [bpayne@odu.edu](mailto:bpayne@odu.edu); Dr. Akpinar-Elci can be contacted at 757-683-5900; [makpinar@odu.edu](mailto:makpinar@odu.edu))

VCU

Shijun Zhang, PhD

***Development of NLRP3 PET Radiotracers for Alzheimer's Disease***

Neuroinflammation has been recognized as an essential contributor to AD. This notion is supported by the evidence of a number of studies showing increased levels of inflammatory proteins and cytokines long before the clinical symptoms of AD. The Nucleotide-binding Oligomerization Domain (NOD)-like receptors (NLRs) are a family of intracellular proteins, which play a pivotal role in host defense. The NOD-like receptor-pyrin-domain containing protein 3 (NLRP3) inflammasome is an essential component of innate immunity that regulates the production of proinflammatory cytokines and promotes inflammatory cell death. Notably, recent studies have indicated roles of the NLRP3 inflammasome in the pathogenesis of AD. Therefore, development of NLRP3 positron emission tomography (PET) radiotracers represents scientific and clinical interests to help early disease diagnosis and support clinical trials. Recently, the investigator developed selective small molecule NLRP3 inhibitors with novel mechanism of action and efficacy in AD animal models. More importantly, pilot PET imaging studies employing one of the [11C]-labeled analogs demonstrated rapid and displaceable brain uptake. With a long-term goal of developing NLRP3 PET radiotracers to facilitate development of AD therapeutics, the objective of the current proposal is to: 1) prepare analogs based on our newly identified NLRP3 lead inhibitors to improve binding affinity and potency and 2) radiolabel the candidate compounds to evaluate the PET radiotracers in mice for their brain uptake, specific binding, and duration of labeling. (Dr. Zhang can be contacted at 804-628-8266; [szhang2@vcu.edu](mailto:szhang2@vcu.edu))

## **2021-2022 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

Beverly A. Rzigalinski, PhD

Virginia Tech

Lana Sargeant, PhD

Virginia Commonwealth University

J. Tina Savla, PhD

Virginia Tech

Dong Sun, MD, PhD

Virginia Commonwealth University

Patricia A. Trimmer, PhD

Virginia Commonwealth University

George Worthington, MS

Virginia Department for Aging and

Rehabilitative Services

Richard Young, PhD

Virginia Commonwealth University

## **How to Support VCoA**

By partnering with VCoA through a financial gift, you increase our capacity to improve the lives of older Virginians. Help us bring our expertise into the fields of health care, research, law enforcement, aging services, and more. [Join us today with your gift, large or small.](#)

Thanks for being a part of our team!

## CIRCAA Scholars 2020-2021

The Virginia Geriatric Education Center (VGEC), a consortium of Eastern Virginia Medical School, George Mason University, the University of Virginia, and Virginia Commonwealth University, has graduated another successful cohort of Scholars from its faculty and clinicians development program entitled **Creating Interprofessional Readiness for Complex and Aging Adults (CIRCAA)**.

CIRCAA is one of many initiatives within the Geriatrics Workforce Enhancement Program funded by the federal Health Resources and Services Administration award that VCoA received. The program offers a comprehensive program of monthly sessions from September through June. The interprofessional geriatrics curriculum covers a range of topics, including: interprofessional geriatrics care; falls; dementia, delirium, depression, and lifelong disabilities; care transitions; medication management; team-based learning; geriatric assessment; caregiving and caregiving resources; health-related public policy; and curriculum design, implementation, and evaluation.

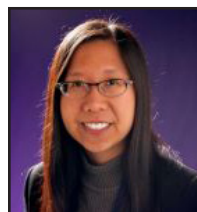
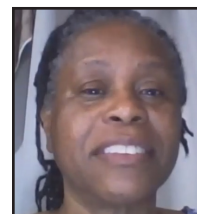
Participants, called CIRCAA Scholars, invest their time and talents in a true team-learning experience that culminates with the Scholars developing self-chosen capstone projects to implement in their home institution or work setting. This “passes the torch” of learning.

The 2020-2021 CIRCAA year was again affected by the COVID-19 pandemic, becoming a fully virtual program. The program wrapped up in early June with the Scholars virtually presenting posters based on their capstone projects. These can be viewed at: <https://rampages.us/circaa/posters/2021-poster-presentations/>

**Congratulations to the CIRCAA Class of 2021!**  
(pictured below in alphabetical order)

Kimberly Battle, PhD, RN, FNP-BC  
Marianne Capps, OTD, OTR/L  
Monica Coles, DNP, RN-BC, ACNS-BC, CDP  
Colleen Dennis, LMSW, MS, CDP, CMC  
Hattie Farrar, MSW  
Christine Galligan, MHA  
Jennifer Limbrick, PTA  
Karen Lynch, MSN, RN, CEN, CHSE  
An Nguyen, OTD, OTR/L  
Brian Unwin, MD, FAAFP, AGSF, CMD  
Leigh West, PA-C

**We are now recruiting for the  
2021-2022 program. If you are  
interested in applying, please visit  
[go.vcu.edu/circaa](https://go.vcu.edu/circaa).**



## Commonwealth of Virginia

# Geriatric Training and Education Initiative

## 2021-2022 Recipients Announced

The Geriatric Training and Education Initiative (GTE) was established in 2006 by the General Assembly of Virginia. These funds are intended to develop the skills and capacities of the gerontological and geriatric workforce. The Virginia Center on Aging, the administrator of this competitive fund, is pleased to announce the five organizations awarded funding this summer.

***Aging Together: Dementia Educational Conference for Healthcare Professionals and Family Caregivers.***

The Dementia Education Conference will address the challenges of stress and burden to caregivers exacerbated by the COVID-19 pandemic. The program will place particular emphasis on strategies and tools to help healthcare professionals and family caregivers cope during these difficult times. Other topics will include innovative approaches to overcoming social isolation and other challenges resulting from necessary lockdown and social distancing.

***Capital Caring: Health Proposal for Support of the Respecting Choices Advanced Steps and the Virginia Physician Orders for Scope of Treatment (POST) Collaborative Facilitator Training Program.*** Capital Caring will deliver Respecting Choices Advanced Steps Facilitator Training to over 100 individuals and conduct at least five training sessions for Virginia POST Facilitators in every region of Virginia.

***Honoring Choices Virginia: Proposal to Support Advance Care Planning Professional Learning Series and Expanding Organizational Capacity to Provide Advance Care Planning Implementation Support.***

Honoring Choices Virginia will provide an Advance Care Planning Learning Series, which is comprised of monthly 90-minute training sessions. The series is open to a diverse audience of geriatric workforce professionals, health care providers, and community advocates who want to integrate ACP awareness, education, and referral into their service delivery. Additionally, the Executive Director will complete training and certification as Respecting Choices® First Steps® Organization Faculty.

***Riverside Center for Excellence in Aging and Lifelong Health: Self-Compassion and Dementia Care: Enhancing Approaches for Virginia's Caregiver Support Group Facilitators.*** This project addresses dementia care by integrating training, a toolkit, and resources on self-compassion for support group facilitators who provide programs for caregivers of individuals living with dementia. The self-compassion toolkit will be piloted with facilitators of 19 support groups.

***Senior Connections: Person-centered Personal Care Aide (PCA) School Program.*** Senior Connections will implement an evidence-based online PCA School Project to train 36 Title V (Senior Community Service Employment Program) members as PCAs. Title V is a community service and work-based job training program for older Americans that is funded by the Department of Labor and administered regionally by Senior Connections, the Capital Area Agency on Aging. Life skills training (role, identity, time management, personal wellness, communication, employer-employee relations) will be added to the PCA curriculum.

**The GTE is pleased to announce a second Request for Proposals for 2021**

**Application Deadline: September 3, 2021**

**For more information, visit [go.vcu.edu/gte](https://go.vcu.edu/gte).**



## Remembering Thelma Watson



We lost a true friend of ours and of older adults recently. Thelma Bland Watson was not just one of the longest serving members of our Virginia Center on Aging Advisory Committee, she was also the heart of so many good works to improve the quality

of life for all of us. She was a champion of those in need, an advocate for better services and more community engagement for those on the margins. Simply, she wanted later life to be the best it could be for older adults and their caring families.

Thelma went about her work with a distinctive style: she was quiet and she listened; she did not dominate conversations but brought such a seasoned and balanced mentality to issues that when she spoke, we listened.

Thelma was a gentlewoman, a word not so much in vogue in the age of language sensitivity. But traditionally this term connoted some of the best aspects of our society. Refined, gracious, considerate. Female members of Congress are addressed on the floor as “The Gentlewoman from such and such a place.” Thelma was our Gentlewoman from Richmond.

Actually, she grew up on a farm in Prince George County not too far from Petersburg, the third of six children. But two of her sisters told me that, even as children, they knew that Thelma was “special” and “going places.” The places she went had something in common: service to others. Thelma served as Assistant Executive Director of the Crater District Area Agency on Aging, the Commissioner of the Virginia Department for the Aging under Republican and Democrat governors, the Executive Director of Field Services for the National Committee on Social Security and Medicare in Washington, D.C. and for the past 19 years the Executive Director of Senior Connections, The Capital Area Agency on Aging. All along, she gave her time to various boards and groups in the community, as well.

But a list of her many positions doesn’t tell the whole story; it was her quiet compassion for those less fortunate that helped to define her in my mind. When she launched the Empty Plate Luncheon fundraiser many years ago, the symbolism of being without food captured our attention and the effort to help others defined much of what we loved about Thelma.

## Resources for Neurodegenerative Diseases

The Adira Foundation and VirginiaNavigator are collaborating to provide detailed listings for local, state, and national organizations and services for five neurodegenerative diseases (ND): Alzheimer’s disease, ALS, Huntington’s disease, multiple sclerosis, and Parkinson’s disease. These conditions affect over six million Americans.

With assistance from community-based organizations that serve individuals with ND, Adira and VirginiaNavigator intend to enhance the patient and caregiver navigation experiences and develop a working model for more complex, targeted network mapping services which can be mimicked in other areas.

“Too often, people with ND and their care partners feel isolated and overlooked,” said Adrienne Johnson, Executive Director of VirginiaNavigator. “We see this partnership with Adira as an opportunity to shine a light on the services available in Virginia and ensure that people with ND are supported and connected.”

This project involves: Engaging ND patients and caregivers in conversations to identify which services and information they need; Adding up to 500 ND-related programs to VirginiaNavigator’s extensive, searchable resource directory, so that people in every part of Virginia, urban and rural, will be able to access services; Developing customized ND search widgets to be placed on partner organization websites, to connect targeted audiences to enhanced resources; Creating a badge on VirginiaNavigator’s site that indicates an ND seal of approval from the Adira Foundation; and Developing a feedback survey for patients and caregivers to measure impact.

For information, email [info@virginiannavigator.org](mailto:info@virginiannavigator.org).

# The Need to Improve Social Security COLAs to Promote Better Health

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By Shirley K. DeSimone, Ph.D.

When Mary retired in 2000, she received \$461 a month in Social Security (SS) benefits and had to move into a rooming house and go on food stamps. She began working one hour every evening for Bob, who lived alone across the street. She warmed his dinner, tidied up, and did the dishes. What he paid her enabled her just to make ends meet.

One evening, while dusting Bob's desk, she noticed his open accounting ledger and discovered that he received \$2,666 a month in SS. Remembering that Bob had been a general manager and had paid a lot more into SS than she did, she felt this was fair. The next year, Mary discovered that Bob was getting \$2,759 a month. This increase corresponded to the same percent increase she received due to inflation. She realized that while she got an increase of \$16, a month, Bob's increase was \$93. That didn't seem fair to her, because her expenses went up just as much as his.

As the years went by, Mary learned that Bob didn't even need an inflation adjustment. He had more and more left over after he paid his expenses, allowing him to save up \$50,387 by 2019. By this time, the price of the insulin Mary needed for her diabetes rose so much that she could no longer afford it. She switched to a cheaper kind. This lower quality medication was not as good, leading her to have dizzy spells. One spell came as she was about to cross the street; she walked in front of a car, and was killed.

This tragedy might have been averted if Mary had received more in cost-of-living adjustments (COLAs) and been able to afford the medication she needed. The COLA is an annual adjustment added to SS benefits for inflation as determined by changes in the Consumer Price Index (CPI). Each year the percent increase in the price of goods and services is determined and the SS benefits for the next year are increased by this percent amount in an attempt to ensure that the purchasing power of SS recipients is not eroded by inflation (Social Security

Administration [SSA], 2021).

The intention is to enable SS recipients to deal with increases in the cost of living, but the current execution of this intention leads to financial insecurity, especially for low-benefit recipients, forcing them to make difficult spending choices. This failure is due to the use of the wrong price index, the erroneous assumption that all SS recipients need an increase in their benefits, and using a percent to calculate increases, which both adds to and perpetuates the inequality of initial benefits.

The price index determined by the Bureau of Labor Statistics (BLS) and used for SS COLAs is based on the collected price data of a market basket of consumer goods bought by **wage and salaried workers (CPI-W), not retirees**. The BLS also collects data on the expenses of older adults that include the higher amounts they spend on prescriptions, the CPI-E, but this index is not used to calculate SS COLAs (Johnson, 2019; National Committee to Preserve Social Security & Medicare, 2020). Furthermore, it would be better to adjust benefits according to the average amount of the increase in each expense category, rather than calculating a percent increase of the price of a market basket of goods (see fixed-payments adjustments below).

The erroneous assumption that all SS recipients need an increase in benefits means that money is given to those with high benefits who are already receiving more than they need to manage inflation, while those just making ends meet are receiving too little to grapple with the rising cost of essentials like food and prescriptions.

The current method of calculating cost-of-living adjustments means that people like Bob can save more and more each year; after 19 years he has saved \$50,387. Bob's experience is typical, since the average recipient collects SS for 20 years (SSA, 2020). The distribution of the funds available for

COLAs should be means-tested, like the recent stimulus payments that were given in proportion to income, because limited funds are available and should be given to those most in need.

Applying equal across-the-board percentage increases annually seems fair intuitively, but tends to perpetuate financial inequality, as exemplified by the COLAs in 2001 that resulted in an increase of \$16 a month for Mary and \$93 for Bob. Since this amount is added to the base used to calculate the next round of increases, this gap enlarges exponentially each time a COLA percentage is applied for an average of twenty years. Imagine the outcry if the recent stimulus payments had been provided as percentages of income, the way COLAs are. The stimulus payments were wisely given as fixed-payments rather than as percentage of income. The same approach could be used with COLAs.

In conclusion, giving fixed COLA payment amounts based on real increases in seniors' expenses to those affected most by such increases would help retirees make more healthy buying choices of essentials such as food, housing, and prescriptions.

Acknowledgement: I want to thank Sarah Hobgood, MD, Bert Waters, PhD and Ed Ansello, PhD for making it possible for me to publicize the results of my research. I hope that these important issues will come to the attention of policy makers in Virginia and in Congress. I commend these critical findings to these decision makers.

## References

Johnson, Mary. (2019, November 22). *The CPI-E would pay a 1.9% COLA versus the 1.6% you are actually getting*. The Senior Citizens League. <https://seniorsleague.org/the-cpi-e-would-pay-a-1-9-cola-versus-the-1-6-you-are-actually-getting/>

National Committee to Preserve Social Security & Medicare. (2020, September 29). *The CPI-E: A better option for calculating Social Security COLAs*. <https://www.ncpssm.org/documents/social-security-policy-papers/the-cpi-e-a-better-option-for-calculating-social-security-colas/>

Social Security Administration. (2021). *Cost-of-Living Adjustment (COLA) Information for 2021*. <https://www.ssa.gov/cola/>

Social Security Administration. (2020). *Social Security Fact Sheet*. <https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf>

## Medicaid Fraud



The Office of the Attorney General (OAG) in Virginia publishes a quarterly newsletter on combatting Medicaid fraud and helping to ensure the most appropriate and cost effective care for eligible recipients. The Medicaid Fraud Control Unit (MFCU) was established in 1982 and recognized by the U.S. Department of Health and Human Services. MFCU's Newsletter is informative and readable, brief but packed with information on cases brought by the OAG against fraudsters, cases that have returned millions of dollars back to the Commonwealth. The OAG maintains five regional MFCU Community Outreach Coordinators who regularly attend meetings in the community sponsored by local organizations. If you would like to receive the newsletter, please contact Randall Davis of the OAG at [RDavis@oag.state.va.us](mailto:RDavis@oag.state.va.us).

If you suspect that Medicaid fraud or elder abuse and neglect has occurred in a Medicaid facility or has been committed by someone working for a Medicaid provider, immediately contact Adult Protective Services and your local law enforcement. Then, in Virginia, report the incident to the MFCU of the Office of the Virginia Attorney General at (800) 371-0824 or (804) 371-0779.

# Calendar of Events

## August 10, 2021

[Summer Activities and Engagement](#). Part of the Summer Caregiver Series presented by Aging Together. Free webinar; registration required. 10:00 a.m. - 11:00 a.m.

## August 12, 2021

[Innovative Intergenerational Arts Programming in Response to the Pandemic: Five Programs in Three Countries](#). Part of the Culture Change in Action webinar series from The Pioneer Network. Free; registration required. 2:00 p.m. - 3:00 p.m.

## August 24, 2021

[Care Options and Building a Care Team](#). Part of the Summer Caregiver Series presented by Aging Together. Free webinar; registration required. 10:00 a.m. - 11:00 a.m.

## September 13-15, 2021

[Argentum Senior Living Executive Conference](#). Phoenix Convention Center, Phoenix, AZ.

## September 20, 2021

*Fall session of the Open University of The Shepherd's Center of Richmond* begins with some in-person classes and some on Zoom. For information, visit [www.TSCOR.org](http://www.TSCOR.org) or contact Julie Adams-Buchanan at [jadams@TSCOR.org](mailto:jadams@TSCOR.org).

## September 23, 2021

[Leading the Way: Inclusion, Access, Care, Research](#). Alzheimer's Association's 2021 Virginia Conference on Dementia. 9:00 a.m. - 2:00 p.m. For information, contact Rachel Lawson at [ralawson@alz.org](mailto:ralawson@alz.org).

## October 10-13, 2021

[72nd American Health Care Association / National Center for Assisted Living Convention & Expo](#). Gaylord National Resort & Convention Center, Washington, DC.

## October 18-20, 2021

[Virginia Assisted Living 2021 Fall Conference](#). Presented by the Virginia Assisted Living Association. Hilton Norfolk the Main, Norfolk.

## November 3-5, 2021

[Moving Forward Together](#). 45th Annual Conference of the National Consumer Voice for Quality Long-Term Care. Virtual event.

## November 10-14, 2021

[Disruption to Transformation: Aging in the "New Normal."](#) Gerontological Society of America's 2021 Annual Scientific Meeting. Phoenix, AZ. In-person and virtual options available. Late breaking poster abstract submissions open until August 26, 2021.

## December 14-16, 2021

[14th Annual Conference on the Science of Dissemination and Implementation in Health: Bridging the gap between research, practice, and policy](#). Virtual event presented by AcademyHealth.

## December 5-8, 2021

[Institute for Healthcare Improvement Forum 2021](#). Orlando World Center Marriott Resort and Convention Center, Orlando, FL. Virtual option available.

## December 6-10, 2021

[2021 Home & Community-Based Services Conference](#). National conference of ADvancing States. Hybrid. Marriott Baltimore Waterfront.

### Age in Action

Volume 36 Number 3: Summer 2021

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 2021 Issue Deadline for Submissions:  
September 15, 2021**





## Virginia Center on Aging

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

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[www.vadars.org](http://www.vadars.org)

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## 2021 Walk to End Alzheimer's



*Walk to End Alzheimer's* is the Alzheimer's Association's signature nationwide fund-raising 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!

<a href="#"><u>Central and Western Virginia Chapter</u></a> <a href="#"><u>Register today!</u></a>	Danville, September 18 Blacksburg, September 25 Fishersville, October 9 Lynchburg, October 16	Harrisonburg, October 16 Roanoke, October 30 Charlottesville, November 6
<a href="#"><u>Greater Richmond Chapter</u></a> <a href="#"><u>Register today!</u></a>	Middle Peninsula/Northern Neck, October 2 Fredericksburg, October 9 Glen Allen, November 6	
<a href="#"><u>National Capital Area Chapter</u></a> <a href="#"><u>Register today!</u></a>	Solomons, MD, September 18 Oxon Hill, MD, September 25 Waldorf, MD, October 2 Washington, DC, October 9	Manassas, October 16 Reston, October 24 Winchester, November 6
<a href="#"><u>Southeastern Virginia Chapter</u></a> <a href="#"><u>Register today!</u></a>	Chesapeake, September 25 Suffolk, October 2 Melfa, October 9	Newport News, October 16 Williamsburg, October 23 Farmville, October 31

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in *action*

Thanks for reading our Summer 2021 issue!



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