

# age in action

Research for geriatric and gerontology education and research  
Virginia Center on Aging  
Virginia Geriatric Education Center  
Virginia Department for the Aging

## Case Study

### Partnership for Prescription Assistance of Virginia (PPARx)

Sarah Huddle, APR

#### Educational Objectives

1. To inform Virginia's older adult population and those who serve them about the Partnership for Prescription Assistance, a new program to help qualifying patients who lack prescription drug coverage get the medicines they need through the public or private program that best suits them, including the new Medicare prescription drug benefit.

2. To demonstrate, to older adults and those who assist them, the accessibility and ease of use of the Partnership for Prescription Assistance of Virginia.

#### Background

According to the U.S. Census Bureau, as cited by the Kaiser Foundation's 2004 report *Kaiser Commission on the Uninsured*, there were more than 1,061,000 uninsured Virginia residents in 2004, an increase of 10% over 2003 figures. With the expense of multiple medications, many uninsured older Virginians have to make the choice between basic living essentials and prescription medicines far too often. There are literally hundreds of public and private prescription assistance programs to help the qualifying uninsured; yet there is a knowledge gap between these programs offering help and those that need access to them.

The Partnership for Prescription Assistance (PPARx), a national initiative, bridges that gap by bringing together doctors and other health care providers, patient advocates and com-

munity leaders, and America's pharmaceutical companies, to help patients find the public or private patient assistance program that's right for them. PPARx provides a single point of access to more than 475 public and private patient assistance programs, including more than 180 programs offered by pharmaceutical companies. These programs provide assistance for nearly 2,500 prescription drugs to people in need. Patients may qualify to get prescription medicines for free or nearly free. Qualifying patients will also be given information on how to contact government programs.

The PPARx launched its services in April, and Virginia's chapter launched in August. More than 20 local organizations, including the Virginia Center on Aging, Virginia Lung Association, Rx Partnership, VCU Health Systems, the Virginia Association of Free Clinics, and the

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Virginia Pharmacists Association, as well as a fast-growing list of state organizations, are working with PPARx of Virginia to spread the word about the program.

### **How PPARx Works**

Enrollment is easy. To start the process of finding out if they might qualify for private or public assistance programs, including the new Medicare prescription drug benefit, patients or their medical caregivers can call the toll-free number, 1-888-4PPA -NOW (1-888-477-2669), or visit [www.pparx.org](http://www.pparx.org). For those who call, a trained specialist will ask a short series of questions, provide initial feedback, and help patients identify the specific programs for which they may qualify.

### **Information Required**

Patients should be ready to provide the following: age, state of residence and ZIP code, estimated gross annual household income, number of people living in their household, brand name of the prescription medicines they are currently taking or have been prescribed, and, if applicable, any type of health insurance and/or prescription coverage for which they are eligible. All responses to these questions are completely confidential.

### **Completing Applications**

The specialists also make the application process easy by helping patients fill out the application forms. Similar information and assistance are available on the web site. In addition to handling inquiries from English and Spanish speaking callers, the call center can accommodate approximately 150 other languages.

A patient who qualifies will receive information by mail about application processes and appropriate applications. The applications will show the information the patient provided on the phone. Web site visitors can print out their applications after providing information online. The patient must provide any remaining required information and may be required to obtain his or her doctor's signature. Depending on the program, either the patient or the doctor should mail the forms to the company sponsoring the specific program.

As enrollment begins for the new Medicare prescription drug benefit, the Partnership for Prescription Assistance of Virginia plans to provide Medicare-eligible patients who call or visit the web site with information on how they can apply for this new benefit, which is available to all 40 million Medicare beneficiaries.

### **Timeline to Receive Medications**

Although each patient assistance program has its own timeline, the companies involved in the Partnership for Prescription Assistance are committed to getting medicines to eligible patients as quickly as possible. Patients may contact the organization sponsoring a specific patient assistance program to ask when they will receive their medicines. Trained specialists at the Partnership for Prescription Assistance call center may provide patients with program-specific contact information and, in some cases, may transfer patients directly to the company sponsoring a particular program.

### **Case Study**

A 65-year-old woman suffering from high blood pressure and diabetes recently told a representative of the local free clinic she visited that she was alternating paying her rent and buying her prescription medications. She is currently taking eight prescription medications daily. She was skipping doses to make the medicines last longer. A clinic representative sat down with the patient and called 1-888-4PPA-NOW and reviewed her situation and relevant information.

The PPARx specialist took the information and found that the

woman was eligible for two different prescription assistance programs and mailed the appropriate enrollment forms to her, as she had no internet access at home. The patient completed the forms with the help of PPARx. Her free clinic representative mailed the forms to the prescription assistance programs along with her prescriptions for the medications. The patient's medications were sent to the free clinic and dispensed to the patient.

### Study Questions

1. How can a patient or medical caregiver have one single point of access to more than 475 public and private prescription assistance programs?
2. What information is needed to determine if a patient is eligible for prescription assistance?

### About the Author



Sarah Huddle works with Alliance Group, a Richmond-based public affairs and public relations firm, to heighten awareness and usage of the Partnership for Prescription Assistance so Virginia's uninsured can obtain access to the prescription medicines they need.

## Editorials

### From the Executive Director, Virginia Geriatric Education Center

J. James Cotter, Ph.D.

Beginning July 1, 2005, I became the Project Director for the Virginia Geriatric Education Center of VCU's Department of Gerontology. Let me begin by thanking the former Executive Director, Iris A. Parham, PhD. We miss Dr. Parham, although we look forward to the new adventures and contributions she will continue to make in serving older persons. All of us at the VGEC appreciate her strong mentoring and leadership in geriatric education in Virginia.

A little about myself: I am an Associate Professor in the Department of Gerontology at Virginia Commonwealth University's School of Allied Health Professions. I also serve as Assistant Dean and Director of the Doctoral Program in Health Related Sciences in VCU's School of Allied Health Professions. I am a graduate of Canisius College, State University of New York at Buffalo, and Virginia Commonwealth University. My research, teaching, and clinical interests are broad based and include special care for persons with Alzheimer's disease, policy for an aging society, Medicaid managed care, and assisted living.

It's a time of many changes for geriatric education in Virginia. The Virginia Geriatric Education Center is now a consortium of Virginia Commonwealth University, Eastern Virginia Medical School, and the University of Virginia. With these partners we truly have the best minds in geriatric education poised to develop curriculum and training programs for health professionals. We will develop a full range of training programs in geriatrics and gerontology for health professionals. Our overall goal for the VGEC for the next five years is to promote the independence of older persons.

We will concentrate on five main areas: cognition/dementia, end-of-life care, prevention of falls, mental health, and nutrition/obesity. I look forward to working with many of you and I hope to see those of you who are health professionals at our various training programs. We welcome your suggestions and ideas for training topics and programs.

Here are some details about our key goals:

1. To improve the training of health professionals in cognition/dementia, end-of-life care, preventing dependence through falls, nutrition (with emphasis on obesity prevention and treatment), and mental health focused around our overall theme of promoting

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independence of older adults.

2. To develop and disseminate curriculum modules on the topics of cognition/dementia, end-of-life care, preventing dependence through falls, nutrition, and mental health.

3. Using VGEC's experience, continue and expand its initiatives to train and retrain faculty and preceptors in Medicine, Pharmacy, Nursing, Health Administration, Allied Health (Occupational and Physical Therapy, Rehabilitation Counseling, Health Administration, Gerontology, Patient Counseling, Clinical Laboratory Sciences, Radiation Sciences), Psychology and Social Work.

4. To provide continuing education for health practitioners in topics of cognition/dementia, end-of-life care, preventing dependence through falls, nutrition, and mental health.

5. To train students in clinical care in nursing homes, acute care hospitals and senior centers.

In future issues of *Age in Action*, I'll discuss more details of how we will accomplish these objectives and how you can become involved to improve the health care of older Virginians. I look forward to working with you and I leave you with that great interstellar greeting - may you live long and prosper!

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

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Edward F. Ansello, Ph.D.

#### *Post-Katrina*

In a number of ways Hurricane Katrina will likely embed itself into the American consciousness as a demarcation point, a reference for before-and-after comparisons, in the sense that we now think "Post 9/11." The terrible storm and its more terrible aftermath in the Gulf states brought to public scrutiny people and matters that we may never view again with a pre-Katrina perspective, some for better, some for worse. These include certain elected officials from the President on down, the Department of Homeland Security, FEMA, the City of New Orleans, and more. Our Commonwealth and its localities have responded broadly and creatively, sending help and opening our public schools and higher education to people displaced by Katrina. At the non-governmental level, our fellow Americans are responding with characteristic generosity to the needs of those who have lost their homes, their family members, their livelihoods, and their sense of belonging. Happily, some who have been displaced are even now setting new roots, growing where they

have been transplanted.

Post-Katrina, governments will be dealing with lost data and vital records, interrupted educational, health, transportation, communication, and human services systems, to say nothing of lost tax bases, ecological damage, and currently unimaginable consequences of unleashed toxicity. Individuals will be dealing with the loss of loved ones, home communities, employment, and much of what constitutes normal daily life. So much lost. Our hearts go out to everyone so terribly affected.

While it may be some time before we can forget, if we should forget, the looting and inexcusable behaviors that demonstrated how thin the veneer of civilization is for some people, and while it may take longer to resolve the questions of how emergency responses could have or should have been directed, indeed charges of ineptitude and callousness and exchanges of blame may never be resolved, the circumstance of the aged there deserve particular attention in a newsletter on aging.

While the "plight" of elders during and after the hurricane merits great attention, what impressed me most is their remarkable diversity. We saw elders helping neighbors, coping with loss, putting on a face of

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courage in the midst of awful adversity, showing instances of humor, and, in a memorable news segment, one old man dressing in his Sunday best to evacuate his home a week after the storm. We should celebrate the fact that, in many ways, we tend to grow more unlike as we age; we distinguish ourselves from our age-mates by our individuality. This is the gerontological imperative.

This diversity also included, of course, the other end of the continuum: elders who were too frail to escape, too accustomed to receiving to give, too confused to cope, too tired to go on. Some remained in their homes, hidden from sight, because they were too afraid of lawless thugs who looted and preyed on the vulnerable. It seemed that the last to be evacuated included a high proportion of elders, and we are reminded that about 30% of America's elders live alone. Nor is this chapter over, for those most frail will probably fare poorest with relocation, exposures to pollution, infections, and loss of connections.

The economic costs of temporary displacements and cleaning up will have human service costs. Various services that enable elders to contribute time and experience, keep engaged with their communities,

remain alert, be protected, or be nourished have been severed, with buildings damaged or destroyed and workers scattered. Who knows when or if these will be re-established. In many localities, budgets for such programs have typically been tentative, pre-Katrina. Our work on aging with lifelong disabilities (e.g., cerebral palsy, intellectual disabilities) shows that most of the oldest of these adults live in their communities, usually in the care of their parents who receive little or no formal assistance from public systems like health, disabilities, aging, or social services. So, disrupting these caring connections will have unprecedented consequences for such systems. Our work on elder abuse and domestic violence in later life causes us to be concerned when victims are housed with their abusers in large temporary shelters and when mechanisms to protect and monitor disappear. Will the added stress or the absence of oversight trigger the abusers? Will shelter providers plan for such issues?

These questions raise the still greater question: will state and federal governments raid human services budgets (aging, social services, rehabilitation services, etc) to pay the costs of repairing roads and restoring the pre-Katrina infrastructure? Will appropriations for human

services be rationalized away in the face of "a more pressing need," post-Katrina? Recent estimates mention \$150 Billion dollars or more in federal funds pledged to cleaning up after Katrina. The money was not in the allocation pipeline pre-Katrina. Where will it come from? I am afraid we may know the answer.

Some 150 Billion dollars is, to paraphrase Everett Dirksen, "real money." Committing money of this magnitude may put local and state human services in jeopardy. Such financial outlays, as necessary as they are, will also affect such high profile issues as "Social Security reform," with some now arguing that the existing plan takes money away from rebuilding after the hurricane. For that matter, more Americans may see the wars in Iraq and Afghanistan, "tax reform," entitlements, and so many other critical matters in a different light, post-Katrina. It is likely that, similar to there being a changed view of some government officials, FEMA, and so forth, post-Katrina, there will be changed attitudes toward certain population segments, programs, and initiatives. We must guard against invoking a post-Katrina rationale to jeopardize further those who need supportive and enabling human services.

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### From the **Commissioner, Virginia Department for the Aging**

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Jay W. DeBoer, J.D.

#### *Virginia's Gubernatorial and Congressional Delegate Appointments to the 2005 White House Conference on Aging*

The White House Conference on Aging (WHCoA) occurs once a decade to make aging policy recommendations to the President and Congress, and to assist the public and private sectors in promoting the dignity, health, independence, and economic security of current and future generations of older persons.

\*Although the 1961 WHCoA was the first to carry the designation "White House," several national conferences held in the 1950s laid the foundation for this important event. In 1950, President Harry Truman directed the Federal Security Administration to hold a national conference on aging. American demographics were shifting in the mid-20th century, and the number of elderly was increasing rapidly. The purpose of the 1950 conference was to assess the challenges posed by the changing population.

More than 3,000 people attended

the 1961 Conference, including 2,500 voting delegates. Fifty-three States and Territories, as well as 300 national voluntary organizations, were represented. The 1961 Conference witnessed the coalescence of numerous interest groups advocating for older persons, including the National Council of Senior Citizens and the AARP.

The 1971 WHCoA was held in Washington, D.C., November 28 - December 2, under the Nixon Administration. A major focus of the 1971 Conference was income maintenance. The 1971 WHCoA was attended by more than 4,000 people from across the United States and the Territories, and led to the creation of such groups as the National Caucus on Black Aged and the Asociacion Nacional Pro Personas Mayores (National Association for Hispanic Elderly). According to a 1976 report of the House Select Committee on Aging, approximately 75 percent of the 193 recommendations developed at the 1971 WHCoA had been partially or fully implemented by the U.S. Government's legislative and executive branches. Several outcomes included a national nutrition program for older persons and the creation of both the House Select Committee on Aging and the Federal Council on Aging.

Planned and implemented under two administrations, those of President Carter and President Reagan, the 1981 WHCoA was held in Washington, D.C., on November 29 - December 3, 1981. Some 2,000 delegates and 1,150 observers attended the conference, whose major focus was Social Security. Planning processes for the 1981 WHCoA were similar to those of the 1971 Conference, including the establishment of a National Advisory Committee, the provision of administrative support by the Department of Health, Education, and Welfare, and a variety of meetings and conferences at the State and local levels. An elaborate formula was developed for the 1981 Conference to ensure that significant segments of the population - such as women, minorities, and the disabled - were included as delegates. In addition, special interest groups were allowed to hold their own "mini-conferences" in conjunction with the national Conference.

The administration of President George H.W. Bush did not call a WHCoA in 1991. The 1995 WHCoA, held May 2-5, was attended by more than 3,000 people, including 2,217 delegates from all 50 States, the District of Columbia, and the Territories. More than 80 percent of the delegates were selected by State Governors,

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Members of Congress, and constituent organizations (including national aging organizations and veterans groups). The specific recommendations of this Conference were the product of a grassroots process that took nearly two years to complete. More than 125,000 people participated in over 1,000 events around the country before and after the three-day national Conference in Washington, D.C. The 1995 WHCoA was also attended by 280 observers, including 38 international observers, more than 400 volunteers, and over 250 credentialed members of the press.

The 1995 WHCoA was conducted in an environment different from its three predecessors. The result was a more pragmatic conference that concentrated on reaffirming support for existing programs, especially those constituting the social safety net for older Americans. While the Conference proposed few new initiatives, it called for a new look at many existing programs to ensure their continuation for present and future generations. The essential value of Medicare, Medicaid, and the Older Americans Act was reflected in adopted resolutions but so, too, were calls for reforms to strengthen each program. The 1995 WHCoA made a commitment to a future national policy focused on aging, not just the aged.\*

*\* Note: The material between the asterisks is adapted from: Excerpts from History of White House Conferences, Executive Summary, Mid Florida Area Agency on Aging.*

The 2005 WHCoA occurs as the first wave of the baby boom generation prepares for retirement, creating an important opportunity to assess aging in America creatively and improve the lives of older Americans. The 2005 WHCoA will be the first held in the 21st Century. The list shown below includes Virginia's gubernatorial and congressional appointments. The names of Virginia's at-large delegates will soon be made public.

**Alfred (Fred) C. Anderson**  
Vinton, Virginia. Appointed by Rep. Bob Goodlatte (R-6th).

**Catherine C. Colgan**  
Virginia Beach, Virginia. Appointed by Sen. John Warner.

**Ann M. Collins**  
Springfield, Virginia. Appointed by Rep. Tom Davis (R-11th).

**Shirley Darnauer**  
Virginia Beach, Virginia. Appointed by Rep. Thelma Drake (R-2nd).

**Patti Lee Ferguson**  
Chesapeake, Virginia. Appointed by Rep. Randy Forbes (R-4th).

**Vicken V. Kalbian, MD, FACP, DTM&H (Eng).** Winchester, Virginia. Appointed by Rep. Frank Wolf (R-10th).

**Paul J. Klaassen**  
McLean, Virginia. Appointed by Gov. Mark Warner.

**Vola Lawson**  
Alexandria, Virginia. Appointed by Rep. Jim Moran (D-8th).

**Richard W. Lindsay, MD**  
Charlottesville, Virginia. Appointed by Gov. Mark Warner.

**Sandra R. Markwood**  
Alexandria, Virginia. Appointed by Gov. Mark Warner.

**Marilyn Pace Maxwell**  
Big Stone Gap, Virginia. Appointed by Rep. Rick Boucher (D-9th).

**Ruth P. Nelson, PhD**  
Fredericksburg, Virginia. Appointed by Rep. Jo Ann Davis (R-1st).

**Judi G. Reid**  
Richmond, Virginia. Appointed by Sen. George Allen.

**Katie M. Roeper**  
Richmond, Virginia. Appointed by Gov. Mark Warner

**Virginia Russell**  
Richmond, Virginia. Appointed by Rep. Eric Cantor (R-7th)

**William Alfred Tucker**  
Hampton, Virginia. Appointed by Rep. Robert Scott (D-3rd).

**Gordon J. Walker**  
Charlottesville, Virginia. Appointed by Rep. Virgil Goode (R-5th).

## Focus on Contributing Agency Staff Members/Volunteers/Projects

### Focus on the Virginia Geriatric Education Center



Beth W. Ayers, M.S.

Please welcome Beth W. Ayers, M.S. as the new Senior Project Coordinator for the Virginia Geriatric Education Center. Beth will be involved with the daily operation and coordination of activities for the \$2 million, five-year grant recently awarded VCU's Department of Gerontology in the School of Allied Health Professions. The award was given by the U.S. Health Resources and Services Administration.

The VGEC will expand and improve the training of health professionals who care for the elderly. With the funding for this grant, the VGEC has joined with Eastern Virginia Medical School and the University of Virginia Health System to form a statewide geriatric educational consortium. The project will provide training for health professionals and sponsor multiple training sessions throughout the

state from the Southwest to the Eastern Shore. Topics will include dementia/cognition, nutrition and obesity, end-of-life care, prevention of falls, and mental health.

Beth Ayers's experience includes nine years as a human resources professional in a Richmond healthcare company. Additionally, she has a decade of planning and organizing as an owner of a local travel company. Most recently, she has been working at VCU as the Assistant Dean for Outreach and Professional Affairs in the Dean's Office of the School of Allied Health Professions. Her role there included development, fundraising activities, and meeting, alumni, and special event planning.

Other VCU activities that Beth has supported include a ten-year commitment for her alma mater (VCU's School of Education, M.S., 1991) as a member of the Alumni Activities Board. She served as Secretary/Treasurer for six of those years. She has shown support of VCU Athletics, having been a member of the Brick Campaign for the Seigel Center project and a longtime VCU basketball enthusiast. Beth is active in her church, currently serving as Deacon and teaching the third grade Sunday school class. Her son, Owen, is in that class! Her

interests include traveling, reading, tennis and spending time with friends.

Beth is excited about her responsibilities at the VGEC. She thinks she can make a difference with the new grant by bringing dedication to the School of Allied Health Professions and by utilizing her experiences and organizational skills. Overall, she desires to be a part of an effort that will improve the care of older Virginians for many years to come.

### Volunteers Needed to Adopt a Grandparent and Visit with Elderly

ElderFriends is a group of friendly volunteers who are matched with and visit isolated elders in their own homes three or four times monthly. Many older Virginians live alone and without support from family and friends. Make a difference in your life and in your community. Adopt a Grandparent!

ElderFriends is a program of VCU's Department of Gerontology. We are looking for volunteers to in the Greater Richmond area.



Make a commitment!  
Contact ElderFriends to arrange a time for an interview and volunteer training, at 804-828-6059 or [Elderfriends@vcu.edu](mailto:Elderfriends@vcu.edu).

## Focus on Contributing Agency Staff Members/Volunteers/Projects

### Focus on the Virginia Center on Aging



Edwin Slipek, Jr.

Our Elderhostelers describe their instructor, Ed Slipek, in superlatives: incredibly knowledgeable, delightfully humorous, very well organized, contagiously enthusiastic, an outstanding educator, a "real gem," and "the kind of instructor everyone should have...clone him!" We wish we could, because Ed's time and talents are very much in demand.

You may recognize Ed Slipek as the architecture critic for Richmond's *Style Weekly*, where his byline has appeared for over 14 years, but did you know that he is the only architecture critic in Virginia with a regular column? A native Richmonder who attended Boston College and graduated from VCU, Ed is also the curator for a number of exhibitions on architecture, an adjunct Instructor of Art and Architectural History at VCU for the past ten years, a teacher at the Governor's School for Government and International

Studies for the last nine years, and a featured speaker for numerous events and endeavors. He also finds time to teach courses for VCU's Commonwealth Society and to lead architectural discovery trips to American and European cities.

You may wonder how he finds time to teach our Elderhostel classes, but he does. In fact, Ed is one of our primary instructors in the Richmond Elderhostels, typically teaching three to five sessions during a program week. We asked why he enjoyed teaching Elderhostel, which he has done since the 1990s. Ed's response describes Elderhostelers as well as his reason for teaching:

*Elderhostel students are among the most engaged and delightful students imaginable. Rather than rest on their laurels, they soak up new information like sponges. This, of course, keeps me on my toes....they challenge me and push me...(and) when these students share with me stories about places they have lived, books they have read, and people they have known, it expands my own horizons.*

Ed will teach Virginia and Richmond History and Architecture in the Elderhostel

program *Richmond's Jewels: Mansions, Monuments, and Masterpieces* during the week of October 30 to November 4. If you'd like to attend one of his classes during this program, please call us at 804-828-1525 for our schedule and space availability. You will enjoy the class and we promise you'll learn something you didn't know about where you live.

### ARDRAF Final Reports

Abstracts of Final Reports from just completed 2004 - 2005 projects funded by the Alzheimer's and Related Diseases Research Award Fund may be viewed on VCoA's website: [www.vcu.edu](http://www.vcu.edu). These abstracts will be printed in the next issue of *Age in Action*.

## Virginia Receives Grant to Promote a "No Wrong Door" Approach to Long-Term Care Services

Many of us have now seen the August news release from CMS stating, *"New Grants Will Help Families in 19 States Find Needed Long Term Care Services."* Virginia is one of the states that will receive up to \$250,000 a year for three years through the Aging and Disability Resource Center grant program as announced in this release. This was VDA's second attempt in applying for this grant, for there was considerable interest in, and support for, another attempt to receive funding through this grant announcement.

In Virginia, six separate state agencies, the Department for the Aging (VDA), the Department of Medical Assistance Services (Virginia's Medicaid agency), the Department of Social Services, the Department of Health, the Department of Mental Health, Mental Retardation and Substance Abuse Services, and the Department of Rehabilitative Services, play significant roles in long-term care for the elderly and disabled. Others with roles in the long-term support system are the Department for the Blind and Vision Impaired, the Department for the Deaf and Hard of

Hearing, the Virginia Office of Protection and Advocacy, and the Virginia Board for People with Disabilities.

At the local level, 25 Area Agencies on Aging (AAAs), 34 health departments, 120 county or city social services departments, 40 local community mental health boards (CSBs), and 16 Centers for Independent Living, provide services to older adults and adults with physical disabilities. In all, there are more than 7,000 public and private organizations in Virginia providing some type of service to older adults and people with disabilities (according to the SeniorNavigator database).

The result of having multiple agencies at both the state and local levels is often the fragmentation of service providers, programs, and services. This makes it extremely difficult for individuals and families to know where to turn for help. Confusion, duplication of effort on the part of consumers, and the absence of a coordinated package of services are too often the consequences of this fragmented system. It is not surprising that seniors and care providers feel intimidated and confused by the Aging Network (SeniorNavigator Focus Group Data, 2000, & National Council on Aging survey, 2002).

Virginia's application proposed to implement a model "no wrong

door" approach to long-term care through the creation of decentralized Resource Centers to improve client and community level outcomes for older adults and for adults 18 and over with physical disabilities. These centers will be piloted initially in three regions of the state. The decentralized model will not create new physical centers (bricks and mortar), but will enhance the capacity of existing service providers. By empowering local coalitions with a comprehensive, statewide database of public and private referral programs and a powerful web-based information system that reflects the data gathered through Virginia's Uniform Assessment Instrument (UAI), the three Resource Centers will offer many "right doors" to citizens in need of long-term support, whether they seek information via the Internet, by telephone, or in person.

VDA's application proposed to unite all of the public sector components of Virginia's long-term support system in partnership with the private sector including SeniorNavigator, Dominion Virginia Power, RTZ Associates, three local AAAs, and many local private service providers.

SeniorNavigator, the statewide private sector partner, will help each region coordinate its information and referral function by maintaining and expanding

its online database and by implementing and supporting a web-based information system. The first year of the grant includes the Peninsula (PSA 21), Greater Richmond (PSA 15), and the Central Shenandoah Valley (PSA 6) regions. Each region will demonstrate a public-private partnership model incorporating Virginia's UAI, SeniorNavigator's online database, GetCare (RTZ Associates' web-based care management system), and local multi-disciplinary coalitions of public-private service providers. The second and third years of the project will bring six additional regions into the statewide system being proposed under this grant. The Gerontology Center at Virginia Tech will conduct an ongoing evaluation of the outcomes achieved through this grant.

More information may be obtained by contacting Katie Roeper at SeniorNavigator at [kroeper@seniornavigator.com](mailto:kroeper@seniornavigator.com) or Bill Peterson at the Virginia Department for the Aging at [bill.peterson@vda.virginia.gov](mailto:bill.peterson@vda.virginia.gov).

## Wish You Were Here

Gwendolyn deGeest

*I am sitting in the restaurant having lunch with my husband, Howard. But Howard's not here. We ordered our lunch; Mine-strone soup (Howard's favorite), Caesar salad, panini bread, and tea. Howard excused himself, "I have to go to the bathroom."*

*"Alright," I responded. The soup came; I didn't want to start without Howard, but I was hungry. I finished my soup, still no sign of my husband. The salads arrived, still no Howard.*

*By now, I'm beginning to wonder. I asked our waiter, "Excuse me, would you please check on my husband? He's been in the men's room for a very long time." The young man complied, and reported back to me, "Your husband says to tell you that he has to wait for his friend. In fact, the two of them are engaged in conversation."*

*"I don't understand," I replied. "Howard went to the bathroom alone." By now, the young man could see that I was becoming anxious. With a sigh, he said, "Okay, Madam, I'll check on him once again if you like." And he did so. When he reported back to me, it was the most confusing and frightening message I have ever received. "Your husband is talking to his*

*friend in the mirror. He told me to tell you he can't join you for lunch until his friend is ready."*

Peggy and Howard met nearly 45 years ago at a University dance. Peggy said, "I knew I was going to marry that guy when he offered to take me home from the dance, with a bus ticket he found on the dance floor." They married three years later; two children followed.

"Wish You Were Here" is a true story. Howard is in early stage Alzheimer disease (AD). From the moment of diagnosis, his wife, family members, and friends are thrown into a state of turmoil, attempting to understand and attach meaning to what is happening to this person, Howard, they once knew.

An interview with Peggy follows:

**Q: Talk about how it was for you when Howard was diagnosed with AD.**

A: The first thought I had was fear, but then, as strange as this may sound, the diagnosis almost came as a relief. I now can understand what has been causing Howard's strange behavior. And, I can empathize with some of his fears.

**Q: Can you offer suggestions for other families who are passing through a similar journey?**

A: The scary part of AD is I don't know how Howard is going to react

to different things. He said to me one day, ‘Peg, I can’t remember from one minute to the next what I’ve done and what I haven’t done.’

What has been most helpful is drawing closer with family and friends. We always have been a close knit family and now I feel the children are even closer. I feel blessed to have them. The best thing for us has been to take one day at a time. Some days, Howard is really himself again, and this gives me hope.

**Q: Do you communicate with Howard any differently since the diagnosis of AD?**

A: After 39 years of marriage, Howard and I are sensitive to one another’s body language. I know when Howard is happy, sad, glad, mad. I don’t talk to him any differently, but I find Howard now communicates with feelings, not words. This happened when we were in the restaurant that day. Howard seemed to be getting agitated as soon as we arrived.

**Q: How do you make the transition from being the wife of Howard to being his caregiver?**

A: It’s difficult. This disease is not about me. I know that, and yet some days I feel, ‘Hey, my needs aren’t being met.’ Howard and I have always been very close, and we still are. Howard is still Howard and I love him, whatever my role is. I will always be here for him.

**Q: Do you find that social situations have become awkward?**

Howard and I never have been social butterflies. We have a small circle of friends. However, I do find that we stay at home more now. That day in the restaurant was awkward; I guess because the ‘mirror dilemma’ was so shocking for me.

**Q: Talk about some things in your home environment that you have changed.**

A: Howard is down to basics. I have simplified the environment as much as possible. I find that this eliminates a lot of confusion for him. The fact that Howard was engaged in conversation with ‘a friend in the mirror’ is an indicator that he no longer recognizes himself or others around him. Interesting that Howard isn’t bothered by the mirrors in our home.

**Q: When do you pause to take care of Peggy?**

A: I only give Howard so much of my time. I take good care of me. I maintain a healthy diet for both of us and we take walks together. I love that Howard still likes to hold hands when we are walking. Howard loves to garden; he finds great joy in pruning the shrubs. I join him outside and we both enjoy the fresh air and nature.

**Q: How has AD changed your family relationship and interactions with your children and grandchildren?**

A: The children focus on Howard, their Dad, and their Grampa, and not the tragedy of AD. Some days, Howard doesn’t remember our children’s names. This hurts. We keep our love strong and our family

strong. I do try to keep family gatherings smaller now.

**Q: What lessons have you learned from caring for your husband?**

A: AD has robbed Howard of our memories. One can still be someone without memories. We can still have a life without our memories.

Howard lacks judgment. The other day, he had his best suit jacket on to go out and wash the car. I have resolved that if the behavior isn’t hurting him or others, then I let it go.

Howard gets upset with me when I try to do too much for him. So, I focus on what he still does really well. Howard makes a ‘dynamite pasta sauce,’ and when we work together in the kitchen, I make sure that I chop the veggies.

I find that Howard lives in the moment. I know that Howard ‘is still in there.’ And I know Howard is still a beautiful human being.

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Gwendolyn deGeest, RN,BSN, MA is the author of “Wish You Were Here.” Her thesis, “The Relation Between the Perceived Role of Family and the Behavior of the Person with Dementia” is published in the *American Journal of Alzheimer’s Disease*, May/June, 2003. Gwendolyn welcomes your questions/comments at [gmdegeest@cruiserespice.com](mailto:gmdegeest@cruiserespice.com).

For information on Alzheimer’s disease, contact the Alzheimer’s Association at 800-272-3900.

## Lifelong Learning Institute (LLI) Fall Kick Off

The LLI launched its second fall semester with a celebratory Open House at its Midlothian location on September 19th. About 100 older adults listened to guest speakers and participated in discussions, as well as enjoying desserts and refreshments, in an event billed as "food for mind and body." Featured speaker Dr. Billy Cannaday, Superintendent of Chesterfield County Public Schools, encouraged lifelong learning and intergenerational contacts, noting that learning is never complete or one-directional. The LLI is a public-private partnership among VCoA, the Brandermill Woods Foundation and Retirement Community, and Chesterfield County Public Schools as founding sponsors, and has grown rapidly through the assistance of a number of community organizations. Adults ages 50 and better may join for a nominal tuition of \$150 a year (three terms) by calling (804) 521-8282.



*Above Left:* Dr. Billy Cannaday addressing a full house. *Above Right:* LLI Board members and staff Ed Ansello, Jane Stephan, Debbie Leidheiser, Laurie Clements, and Jim Kelly.

## ARDRAF Peer Review Team Evaluates Proposals

VCoA's Dr. Connie Coogle, Administrator of the Alzheimer's and Related Diseases Research Award Fund, assembled a team of expert reviewers from across Virginia for a day-long assessment of applications for awards in the 2005-2006 competition. Some appear below.



*Left:* Peter Kennelly, Ph.D., Dept. of Biochemistry, Virginia Tech and Russell H. Swerdlow, M.D., Dept. of Neurology, UVA Health System

*Above Left:* Left to right: John W. Bigbee, Ph.D., Dept. of Anatomy and Neurobiology, VCU; Bernice Marcopulos, Ph.D., Western State Hospital; Jason Rachel, Dept. of Gerontology, VCU Medical Center; Colleen Jackson-Cook, Ph.D., Dept. of Human Genetics, VCU Medical Center; Constance Coogle, Ph.D., Virginia Center on Aging, VCU; Douglas M. Gross, Ph.D., Dept. of Psychology, College of William & Mary; JoAnne Kirk Henry, Ed.D., R.N., C.S., School of Nursing, VCU Medical Center; Richard Lindsay, M.D., Div. of Geriatrics, UVA Health System

## Calendar of Events

### October 25, 2005

*Coping and Caring: Alzheimer's Association Annual Caregiver Conference.* 8:30 a.m. - 4:30 p.m. Sheraton West Hotel, 6624 W. Broad Street, Richmond. For more information, call (804) 967-2580 or visit [www.richmondalzheimers.org](http://www.richmondalzheimers.org).

### November 1, 2005

*Lighting the Flame: A Culture Change Workshop.* Presented by Virginia Culture Change Coalition. Holiday Inn Select, Koger Center, Richmond, VA. Join long-term care providers from across the state to embrace elder care for the future. For more information, contact (804) 965-5500.

### November 18, 2005

*Legislative Forum.* Presented by the Virginia Elder Rights Coalition. Location being determined. For more information, contact Jay Speer at (804) 782-9430, x12 or [jay@vplc.org](mailto:jay@vplc.org).

### December 11-14, 2005

*White House Conference on Aging.* For more information, visit [www.whcoa.gov](http://www.whcoa.gov).

### January 10-February 14

*Classes for Caregivers.* Northern Virginia. Free six-part series designed to help family caregivers grow into their caregiver role. For more information, contact Alzheimer's Family Day Center at 703-204-4664 or [afdc@alzheimersFDC.org](mailto:afdc@alzheimersFDC.org).

### January 25, 2006

*Virginia Center on Aging's Annual Legislative Breakfast.* St. Paul's Episcopal Church, Richmond. For information, call (804) 828-1525 or [eansello@hsc.vcu.edu](mailto:eansello@hsc.vcu.edu).

### March 23, 2006

*Connecting the Dots between Spirituality and Resident Care: Finding Meaning and Purpose in Long-Term Care.* First Annual Richmond Conference on Aging and Spirituality in Long-Term Care. For more information, call Keith Nesbitt at Our Lady of Hope Health Center at (804) 360-1960 x47.

**Did you know?**

**VCoA has over 150 aging-related videos to loan to fellow Virginians. Visit [www.vcu.edu/vcoa](http://www.vcu.edu/vcoa) for a complete listing.**

### **Age in Action**

Volume 20 Number 4  
Fall 2005

**Edward F. Ansello, Ph.D.,**  
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**J. James Cotter, Ph.D.,**  
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**Kimberly A. Spruill, M.S.**  
Editor

*Age in Action* is published quarterly. Submissions, responses to case studies, and comments are invited and may be published in a future issue. Mail to: Editor, *Age in Action*, P.O. Box 980229, Richmond, VA 23298-0229, fax to (804) 828-7905, or e-mail to [spruill\\_kimberly@yahoo.com](mailto:spruill_kimberly@yahoo.com).

**Winter 2006 Issue Deadline:  
December 15, 2005**

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at Virginia Commonwealth University,  
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## **Mark Your Calendars! Recognition, Respect, Responsibility: Enhanced Care Assistant Training**



The Virginia Department of Medical Assistance Services and the Virginia Geriatric Education Center are proud to announce our newly revised "Recognition, Respect, and Responsibility: Enhanced Care Assistant Training (ECAT)," an upcoming 40-hour training opportunity for Personal Care Assistants providing Medicaid Waiver Services. Each training day will be from 8:30 am to 4:30 pm.

### **Mark your calendars for the following dates:**

Thursday, October 20, 2005 ECAT Module 1  
Thursday, November 3, 2005 ECAT Module 2  
Thursday, November 17, 2005 ECAT Module 3  
Thursday, December 1, 2005 ECAT Module 4

If you have any questions or would like more information regarding this new and exciting opportunity for your home health agency and staff, please call Jason Rachel at the Virginia Geriatric Education Center at (804) 828-9060.

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