

## Case Study

### Living Well with Chronic Health Conditions: Chronic Disease Self-Management Education in Virginia

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#### Educational Objectives

1. Review the impact of chronic disease on population health and health care costs.
2. Describe Chronic Disease Self-Management Education (CDSME) programs.
3. Discuss research findings that demonstrate how the Chronic Disease Self-Management Program addresses the triple aims of better care, better health, and lower costs.
4. Explain how CDSME programs are delivered through the *Live Well, Virginia!* Network.
5. Highlight initiatives to expand CDSME to new target areas and populations.

#### Introduction

Chronic disease is a significant issue in this country and elsewhere across developed nations, with aging populations and adults with disabilities especially vulnerable to its effects. In the United States, approximately 80% of older adults have one chronic condition (CDC, 2011) and nearly 70% of Medicare beneficiaries have two or more (Lochner et al, 2010). This can result in higher risk for premature death, poor functional status, unnecessary hospitalizations, adverse drug events, and nursing home placement (Kramarow E. et al., 2007; Parek, A.K. et al., 2011).

About 95% of health care costs for older Americans can be attributed to chronic diseases (CDC, 2013). Additionally, adults with disabilities experience health disparities when compared with the general population. For instance, adults with disabilities are more likely to have chronic health conditions, such as having high blood pressure, being overweight or obese, not engaging in fitness activities, and receiving less social-emotional support, than adults without disabilities

(CDC, 2010). Further, in a 30-day period, people with disabilities experience an average of nine days of restricted activity due to poor health, more than four times the rate of their counterparts without a disability (CDC, BRFSS 2007-2009).

#### Chronic Disease Self-Management Education

Clearly, chronic disease affects not only individual well-being but the nation's culture and economy. Through the *Live Well, Virginia!* Chronic Disease Self-Management Education program, individuals coping with chronic diseases can take steps to improve their overall health, feel better, and live life to the fullest.

Why self-management? Kate Lorig, one of the program's developers, explains: "*People spend 99 percent of their time outside the health care system, and what they do outside largely determines their quality of life. This prepares them for the 99 percent.*"

Chronic Disease Self-Management Education (CDSME) is an umbrella

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term covering a range of programs originally developed at Stanford University. The core program of the CDSME is the Chronic Disease Self-Management Program (CDSMP), a six-week, 2.5 hours a week workshop that offers tools and information to help participants manage their chronic illnesses and engage more fully in life. CDSMP is the generic workshop designed for adults living with any kind of chronic health conditions. This is because there are several common issues and strategies that cross the lines of diagnosis, such as medication management, working with healthcare professionals, getting a good night's sleep, and healthy eating.

Workshops are highly interactive and include many opportunities for contributions by participants. The curriculum includes “lecturettes,” where leaders share basic information on relevant topics like healthy eating and physical activity, but the essential element of CDSME is the involvement of group members. In fact, many of the best ideas come from participants.

Two key activities are brainstorming and problem-solving. During brainstorming, a question is posed to the group to which participants “shout out” responses. Examples of brainstorming questions include: “What are some of the ways to get a good night's sleep?”; “What are some ways to deal with difficult emotions?”; “What are some of the things you can do to manage or avoid shortness of breath?” The purpose is to generate as many ideas as possible in a short period of time. Leaders do not offer suggestions until the group has fin-

ished. Through this process participants see that they and their peers have many useful ideas on managing their health. Problem-solving offers a way to address challenges that arise, through a structured process that involves clearly identifying the problem, then listing and choosing from possible solutions. These and other activities underscore the emphasis on offering an array of tools from which participants can select to manage their conditions.

Action planning is a central, ongoing activity in the CDSMP. Each leader and participant, working together, develops a weekly action plan and reports the next week on how well it was accomplished. An action plan describes something that the person wants to do (rather than what someone else decided he or she should do) in very concrete terms. Because it is important for each participant to feel confident that his or her plan can be accomplished in the next week, a reasonably high confidence level is also part of the action plan. Very briefly, the idea behind the action planning process is to break things down into small, achievable pieces so participants can experience success rather than be overwhelmed with the tasks and challenges they face.

If a participant encounters a snag in completing the action plan, such as when rain all week prevents a walk outside, leaders help the person to focus on finding solutions to the problem. The participant may think of solutions, but if not, the group can help brainstorm options from which that person can select one to try, like walking on an indoor track.

An important takeaway from this process is that, although barriers and challenges are common, they do not have to be insurmountable.

### Other Topics Addressed in the CDSMP

The other topics covered in the workshop series are diverse and comprehensive. They include: using your mind to manage symptoms, getting a good night's sleep, dealing with difficult emotions, doing physical activity and exercise, preventing falls, making decisions (where a structured decision-making process is practiced), pain and fatigue management, better breathing, healthy eating, communication skills, medication usage, making informed treatment decisions, dealing with depression, working with your health care professional and organization, weight management and future plans. A companion book, *Living a Healthy Life with Chronic Conditions*, supplements the workshop content and is available to all participants.

The CDSMP employs a train-the-trainer model to assure fidelity (adherence to the program). The national Self-Management Resource Center trains “T-trainers” who train Master Trainers from communities, who in turn train workshop leaders. Two leaders facilitate each workshop, preferably with personal experience with chronic health conditions so they can serve as positive self-management role models. The program has been developed based on proven research, so it is essential that all of the workshops within a type (e.g., CDSMP) adhere to program guidelines regardless of where they are

offered. There are standardized materials and training, as well as protocols for leading activities like how to conduct a brainstorming activity or how to facilitate action-planning. Fidelity monitoring of workshops helps to assure that workshops meet these standards.

If CDSME was developed to improve outcomes for individuals with chronic health conditions, how well does it work? A recent study offers supportive findings. Ory et al. (2013) conducted a CDSMP National Study with some 1,170 participants who enrolled in CDSMP workshops from 2010-2011. The researchers collected socio-demographic, health status, and behavioral data from participants at baseline, six, and 12 months, with 825 participants providing 12-month data. Participants reported improvements in meeting the Institute for Healthcare Improvement's *Triple Aims* of better care, better health, and lower cost. Findings included:

- **Better Experience of Care:** Increased minutes of exercise, improved communication with health care team, better medication compliance, and improved health literacy.
- **Better Health:** Reduced symptoms of depression, less fatigue/improved sleep, improved quality of life, fewer unhealthy physical days, fewer unhealthy mental health days, and improved self-assessed health.
- **Lower Costs:** Reduced emergency room visits (5%) at six and 12 months and reduced hospitalizations (3%) at six months. Taking into account the average cost of a workshop, the researchers calculat-

ed a potential net savings of \$364/participant. This could result in a national savings of \$3.3 billion if just 5% of adults with chronic conditions participated in a workshop.

In Virginia, four different types of workshops are offered in the *Live Well, Virginia!* initiative offered through the Department for Aging and Rehabilitative Services (DARS). The most commonly available is the Chronic Disease Self-Management Program, with the Diabetes Self-Management Program being next. Cancer: Thriving and Surviving, and the Chronic Pain Self-Management Program are also available in limited areas. Area Agencies on Aging (AAAs) throughout the Commonwealth coordinate and deliver these four programs. Since 2010, AAAs have hosted 1,066 workshops with 13,499 enrollees. Of these, 10,326 have completed the workshops, attending at least four of the six sessions. In most areas, the workshops are offered at no charge to participants.

AAAs deliver these workshops that fall under the Chronic Disease Self-Management Education (CDSME) umbrella to diverse audiences in a wide range of sites throughout Virginia, including: hospitals and clinics; faith based organizations, like churches and mosques; senior centers; senior living complexes and other residential settings; homeless shelters and programs; Centers for Independent Living; behavioral health programs; substance abuse recovery programs; prisons and adult detention centers; clubs and community programs; and the Wilson Workforce and Rehabilitation

Center.

### Chronic Disease Self Management with Persons with Dementia

DARS is also reaching out to individuals with early stage dementia and their care partners in collaboration with Virginia's four regional chapters of the Alzheimer's Association: Central and Western Virginia, Greater Richmond, National Capital Area, and Southeastern.

Providing background and impetus for this initiative are the findings of a 2010 joint study by the Centers for Disease Control and the Alzheimer's Association, entitled *Chronic Disease Self-Management Programs: Relevance for Persons with Dementia* (Silverstein et al., 2011). Silverstein's research team distributed a survey to CDSMP Master Trainers in 39 states, the District of Columbia, and five other countries.

Some 353 Master Trainers responded, each having had participants who they suspected as having dementia. The overwhelming opinion of respondents was that CDSMP is helpful for persons with dementia (PWD), particularly for persons with early stage dementia and when accompanied by a care partner. The Master Trainer respondents noted that opportunities to brainstorm with other participants facing the same challenges and to receive peer support were especially helpful.

The Master Trainers further suggested a number of adaptations to make the workshop a positive and constructive experience for persons with dementia, including buddy and

pairing activities, and providing extra attention from leaders (during breaks, before/after, calls). They also suggested reducing distractions (e.g., arranging for the person to sit in front or near the leader), redirection, cueing, reinforcement (praise, encouragement, modest expectations), extra repetition, using a slower pace, simplified action plans, and encouraging writing.

The Master Trainers also reported many benefits for the care partners. These included: seeing the PWD as more capable; better understanding the concerns and fears as well as the limitations and needs of the PWD; learning how to work with and support the PWD; understanding the importance of self-care; having tools for caregiver stress (muscle relaxation, better breathing, guided imagery); acquiring skills to manage difficult emotions; developing action plans to cope with stress; brainstorming and problem-solving caregiving challenges; and learning how to navigate the health-care system and access resources.

There are several potential long-term benefits to the DARS, Alzheimer's Association chapters, and AAA collaboration in bringing CDSMP to persons with early stage dementia and their care partners: 1) Persons with early stage dementia will be encouraged to focus on their health overall rather than becoming discouraged by the diagnosis; 2) Care partners will learn to focus on taking care of themselves earlier in the disease progression to help reduce burn out; 3) Those with other chronic conditions who attend the workshops will have the opportunity to observe participants with early stage dementia being engaged

in a community activity, promoting a more positive perception, and reducing the stigma around the diagnosis; and 4) Persons with early stage dementia and their care partners will have an opportunity to share and socialize, keeping them connected to the community.

DARS has managed the statewide CDSME initiative since 2010, due in large part to generous support from the U.S. Administration on Aging, initially through the American Reinvestment and Recovery Act funds and later through the Prevention and Public Health Fund of the Affordable Care Act. Support through these grants has enabled DARS and local partners to expand CDSME programs to previously unserved or underserved populations and to reach all Area Agencies on Aging in Virginia by July 2018.

In addition, Health Quality Innovators (HQI) a Quality Innovation Network funded by the Centers for Medicare and Medicaid Services, also provides support. Through its Everyone with Diabetes Counts initiative, HQI reimburses AAAs for program deliverables. DARS and the AAAs will soon receive referrals and reimbursement from Virginia Premier for its members participating in CDSME through the Managed Long Term Services and Supports program for Medicaid beneficiaries. This is an exciting new era in Virginia's CDSME program where managed care organizations pay for beneficiary participation in order to improve member wellbeing and reduce healthcare costs.

## Case Study #1

Shelly, a 64-year old female, attended a Chronic Disease Self-Management Program (CDSMP) workshop. The chronic conditions she listed were Type 2 diabetes, high blood pressure, and obesity. She also stated that she struggles with anxiety and depression and has recently been homeless for two years.

While homeless, Sheila occasionally stayed at a Salvation Army Homeless Shelter. While there, she was invited to attend a Diabetes Self-Management Program (DSMP) workshop but was reclusive and hesitant and chose not to participate. However, she heard positive feedback from other workshop participants and expressed some regret that had not participated. She was in poor health and was making unhealthy food choices, including often drinking two liters of Coke every day.

Shelly began to take advantage of support services and qualified for housing in a new subsidized unit for people who were previously homeless. During this time, she heard about another CDSMP workshop being offered at Our Community Place; she decided to enroll. One of the workshop Leaders had worked with her while she stayed at the Salvation Army shelter and they had formed a positive connection that made it easier for Shelly to commit to attending.

Action plans were a completely new concept for Shelly, but she totally embraced the idea, setting small but achievable goals each week and successfully completing

them. Again, an action plan is something the individual wants to do that is achievable, action specific, and answers the questions what, when, how much, and how often. Six months later she is still making and completing action plans.

One of Shelly's action plans was to decrease the amount of Coke she was drinking. During the six-week workshop she was able to cut back to one 20-ounce bottle every two days; she says she now drinks Coke only occasionally. Action planning has also helped her get her finances under control; her rent is paid up six months in advance. She is currently working on issues with hoarding and reports that the urge to hoard items she doesn't need or use is decreasing.

Shelly's A1C level (measuring blood glucose) has been reduced and is close to 7, the level that her health care provider recommended. She has been able to lose some weight and continues to be interested in taking better care of herself. She is doing much better with managing her anxiety and depression, since she is no longer homeless and continues to use support services.

Shelly appreciated the group support during the workshop and continues to use the book *Living a Healthy Life with Chronic Conditions* as a resource. She would like to take the DSMP workshop when it is available.

## Case Study #2

Charles is an 81-year old male diagnosed with early stage dementia, Alzheimer's type, as well as high cholesterol and hypertension.

He had been struggling with being able to plan and follow through with activities that he used to enjoy, such as golfing and travel. His mood suffered and eventually he became depressed.

After being referred by his neurologist, Charles and his wife Judy attended a CDSMP workshop near their home. They weren't sure what to expect, but felt confident that the workshop would be useful because Charles' doctor had recommended it.

After attending the workshop, Charles stated that the action planning was the most significant tool in helping him to manage symptoms. He said that writing weekly plans and having the accountability of reporting out to the group aided him in staying on task and renewed his interest in traveling because it focused on what he wanted to do. He and Judy used action planning to help with trip logistics, and in fact are planning a trip to Europe in the fall. The process of action planning enabled Charles to see that he still is able to do the things that he always enjoyed; it was just a matter of breaking things down, so they felt manageable and doable. As a result, he felt more positive overall about managing his conditions.

Judy found that the activities that involve pairing up and sharing concerns gave her an opportunity to connect with another care partner who was experiencing the same issues as she. She felt validated with many of the emotions she was experiencing since her husband's diagnosis. As a result, she has maintained contact with some of the members of the group.

Overall, Charles and Judy found the support of others in the group to be invaluable. It gave them a sense of not being alone. Both said that they appreciated the group's willingness to share experiences and items of interest. They enjoyed the workshop so much that they are registered to take it again next month.

## Conclusion

The DARS *Live Well, Virginia!* Chronic Disease Self-Management Education initiative includes a series of evidence-based workshops for individuals living with a variety of chronic illnesses and conditions. The workshops are powerful in their effect, improving outcomes in three key areas called The Triple Aim of Healthcare Reform, namely, better experience of health care, better health for participants, and lower health care costs. Workshops are available throughout Virginia in a wide array of settings and are beneficial for diverse populations, such as veterans, offenders, individuals in recovery, homeless populations, and people with early stage dementia and their care partners. For more information about the *Live Well, Virginia!* workshops and/or the initiative to reach persons with dementia and their care partners, contact April Holmes at [april.holmes@dars.virginia.gov](mailto:april.holmes@dars.virginia.gov).

## Study Questions

1. Why is chronic disease a serious public health issue?
2. What are the characteristics of Chronic Disease Self-Management Education that make it uniquely effective for individuals living with chronic health conditions?
3. Why would it be a wise invest-

ment by organizations, governments, and private insurers to support CDSME for their constituents?

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## About the Author

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## Editorials

### From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

#### *Abuse and Neglect of Animals and People, An Update*

We wrote about the growing public awareness of a connection between animal and human abuse and neglect in an editorial several months ago (*Age in Action*, Winter 2016). Veterinarians anecdotally have noticed for quite some time that individuals who mistreat their animals may not stop there, carrying over their behavior to spouses, parents, and others. Research articles and “overview” publications have increased in number, as have advocacy groups and just the beginnings of connections between domestic violence and animal rights groups.

Now, the most recent issue of *The LINK-Letter*, a newsletter of the National Link Coalition devoted to the relationship between animal and human abuse and neglect, contains an impressive 30 pages of developments related to this topic, from legislative initiative to stories, both positive and not so. Here is a sample.

A Portuguese graduate student wrote her thesis on how Portuguese veterinarians respond to mistreatment of companion animals and appreciate the link to mistreatment of humans. The LINK-Letter noted: “While recognizing the existence of a link between animal and human abuse, responding practitioners felt less comfortable about

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issues of human abuse, often due to their lack of knowledge of how to offer help. Her findings mirror earlier reports from the U.S. and other Western nations in which practitioners were initially reluctant to get involved in the recognition and reporting of animal abuse and other forms of family violence for similar reasons. Additional training in recent years, combined with legislation and professional policies mandating or permitting reporting of suspected abuse without fear of criminal or civil liability, have dramatically helped to reduce these barriers.”

The *New York Times* (August 28, 2017) featured Connecticut’s pioneering criminal justice procedure whereby courts can appoint *pro bono* attorneys and law school students to represent the interests of animals in cruelty cases, both to deliver better justice for the animals and prevent future crimes against persons. The article focused on a case in Superior Court in Manchester (CT) involving eight pit bulls. Several members of “Desmond’s Army,” purple-shirted volunteers who assist with the legal defenses, were present. As LINK-Letter stated:

“The volunteers, and the law creating the legal defense process, were named for a dog that was brutally beaten, starved and strangled; its owner served no jail time and received only accelerated rehabilitation. ‘This is not just about animals,’ said Christine Kiernan, founder of Desmond’s Army. ‘It’s about stopping the cycle of violence, but it usually starts with animals.’ The law was the brainchild of State Rep. Diana Urban who

argued that violence against animals often has close ties with violence against people, either as a precursor to escalating crimes or as an indicator of a home environment where other crimes, such as domestic violence, may be occurring.”

Canada will hold its first nationwide LINK Conference, in Ottawa on December 4-6, 2017. It intends to bring together for the first time “leaders from across North America to examine the Link between violence against humans and animals, vulnerabilities in both populations, and how various sectors can learn from each other and gain the necessary tools to stop the cycle of violence.”

A just-published study on the relationship between childhood animal cruelty and future interpersonal violent acts disclosed the importance of how often the former occurred. Researchers collected data from 257 inmates at a medium security prison in the Southern USA to examine the “recurrency” of the animal cruelty. They found that recurrent childhood cruelty against animals significantly predicted recurrent adult interpersonal violence. “Inmates who engaged in recurrent childhood animal cruelty were more likely to commit recurrent adult interpersonal violence. Respondents’ race, education, and childhood residence were not significant predictors of the outcome variable.” The research citation is: Trentham, C. E., Hensley, C., & Policastro, C. (2017). Recurrent childhood animal cruelty and its link to recurrent adult interpersonal violence. *International Journal of Offender Therapy and Comparative Criminology*. Published online July

14, 2017.

The South Florida Link Coalition has published its first newsletter; it’s intended to help survivors of domestic violence find foster care for their animals and to foster community change. The Oklahoma Link Coalition is planning an affordable conference entitled “Link” for November 7, 2017 in Oklahoma City, with an array of knowledgeable speakers. Well over a dozen states have pending legislation that addresses domestic violence and pet protection, animal and elder abuse, psychological status of animal abusers, and other related matters.

Awareness and action have ratcheted up. To read the current September issue and to learn more about the LINK, go to: <http://nationallinkcoalition.org> and click on *LINK-Letter* archives or any of several helpful resources nationally and internationally.

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

Marcia C. DuBois, Director,  
Division for the Aging,  
Kathy Miller, Director of  
Aging Programs, and  
Devin Bowers, Dementia  
Services Coordinator

#### ***Great Grants***

The Department for Aging and Rehabilitative Services (DARS) is pleased to announce two new grants that will benefit older Virginians. The first is an exciting new falls prevention grant and the second is a continuation grant for the Virginia GrandDriver program.

#### **Falls Prevention**

Of the many challenges that some older adults face, such as chronic conditions and dementia, no discussion is complete without addressing falls. The Centers for Disease Control and Prevention (CDC, 2016) report that each year more than one out of four older adults (65+) in the U.S. falls. Data collected by the Virginia Department of Health (2014a) showed that 24% of citizens aged 45 and older had experienced at least one fall within the last year. For older adults aged 65 and older, the percentage was slightly higher at almost 26%. Among citizens aged 45 and older with an income of \$15,000 or less, the percentage increased to an alarming 40%.

We know that falls have severe con-

sequences that include traumatic brain injuries and hip fractures, which lead to emergency room visits, hospitalizations, and even death in some cases. In 2005, 358 Virginians died due to a fall. Over the span of nine years the number of deaths due to falls increased by 54%. In 2014, falls caused 781 deaths and 16,647 people were hospitalized, according to the Virginia Health Department (2014b). Research shows one fall doubles the risk for another. Older adults who have fallen become fearful of falling again, causing them to decrease their physical activity and become weaker (CDC, 2016).

Recognizing that a coordinated, statewide effort is needed to address this public health issue, DARS applied for and was recently awarded just under \$555,000 from the Administration for Community Living, USDHHS, to implement an evidence-based falls prevention program in various regions across the Commonwealth over the next three years. The program is called *A Matter of Balance* (MOB). Over an eight-week period participants learn practical strategies to reduce their fear of falling and increase physical activity.

Building upon existing infrastructure, MOB will be integrated into *Live Well, Virginia!*, a partnership between DARS and Virginia's Area Agencies on Aging (AAAs) to offer Chronic Disease Self-Management Education. AAAs will coordinate MOB workshops in partnership with organizations in their local communities, targeting healthcare providers, long-term care facilities, community-based aging services providers, and faith-based commu-

nities. Over the three-year grant period, 1,950 participants will complete the program.

MOB will make special efforts to target persons with early-stage dementia (PWED) and their caregivers. Individuals living with dementia experience changes in gait and vision, leading to an increased risk of falling. Among older adults aged 65 and older living in the community, 30% experience one or more falls each year. For older adults with dementia, the rate of falls is much higher, between 50 to 80% (Burton et al., 2015). Loss of independence for an individual with dementia is inevitable, but a fall can accelerate this loss. Emergency department visits and hospitalizations due to falls can cause delirium and premature placement in a long-term care facility.

Virginia's *Dementia State Plan* seeks to expand the availability of supportive services for individuals with dementia, allowing them to live in their environment of choice for as long as possible. Implementation of MOB reinforces this initiative. AAAs will target PWED and their caregivers for joint participation in workshops. PWED will be characterized as individuals who are still at a stage where their cognitive abilities allow them to benefit from attending a workshop, meaning they have the ability to participate in the discussion and exercise components, and set goals, with or without the support of their caregiver. The caregiver will be able to help support the PWED during the workshop, in addition to learning valuable information and skills to help their own safety and the safety



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of their loved one.

A statewide falls prevention coalition is another major component of the project. With assistance from regional coalitions housed at Marymount University and Radford University, and in partnership with LeadingAge Virginia, DARS will provide staff support for statewide and regional meetings, and an annual falls prevention conference. The statewide coalition will enable different regions of the Commonwealth to share their experiences, successes, challenges, and best practices, and ultimately join in a collective discussion about sustaining falls prevention programs into the future.

### Older Drivers

DARS also received another DMV Highway Safety Grant in August for \$312,760 to continue the *Virginia GrandDriver* program through September 30, 2018. This grant funds a variety of ongoing activities.

Virginia GrandDriver is a statewide education and public awareness campaign of the Department of Motor Vehicles (DMV) Virginia Highway Safety Office. This initiative is designed to provide resources to mature/senior drivers, their caregivers, and their healthcare practitioners. It encourages individuals to plan ahead for safe mobility as they age and offers suggestions for alternative forms of transportation to help them maintain their mobility and independence following driving cessation. Virginia GrandDriver is not a law enforcement or regulatory authority designed to “take away the keys” of

older Virginians.

The GrandDriver model was created by the American Association of Motor Vehicle Administrators (AAMVA). In 2004, Virginia was the first state to adopt the model. Funded through a National Highway Traffic Safety Administration (NHTSA) grant, the Virginia GrandDriver campaign kicked off during Governor Mark Warner’s administration. It has continued to be funded by NHTSA grants administered through DMV. Although funding waned in recent years, interest in mature drivers was renewed in 2013 when the General Assembly directed DMV to conduct a study on mature drivers and licensing laws.

Why is Virginia GrandDriver important? According to a 2015 study, motor vehicle accidents are the leading cause of unintentional, injury-related deaths among those ages 65 and older after falls (CDC, 2015). In 2016, the most recent year for which crash data are available, 107 Virginians, age 66 and older, died in mature driver-related crashes, which represented 23% of all fatal crashes (TREDS, 2016).

Transportation is a major issue for older adults. According to DMV, there are approximately 1.5 million mature drivers, age 60 and older, in Virginia, comprising 27% of all licensed drivers. When there is a lack of affordable and accessible transportation options, driving is an essential activity for healthy aging. To maintain health and quality of life, older adults must drive to medical appointments, pharmacies, grocery stores, banks, recreational activities, etc. This can lead to

over-extension of driving beyond capabilities. Men over-extend their driving by approximately seven years before their driving retirement; women over-extend by 10 years.

Baby Boomers are living longer, keeping their licenses, and driving more. A large majority of mature drivers will self-regulate their driving by time of day, inclement weather, traffic conditions, distance, and type of roadway. Education and information for active, independent boomers will promote this trend for self-regulation and empower them to meet their own mobility needs.

Virginia GrandDriver offers numerous resources, including a web-based information portal, [www.granddriver.net](http://www.granddriver.net), that provides safety tips, self-assessment tools, a calendar of statewide outreach events, resources for alternative transportation providers, and publications. It also has information specifically for healthcare professionals, law enforcement and the judiciary. The website continues to be a central hub for all mature driving information. Website traffic has increased significantly since 2014 as a result of increased broadcast, print and social media outreach, with over 21,000 new users annually.

Since 2006, Virginia GrandDriver has incorporated the CarFit program and trains CarFit technicians and event coordinators to hold public safety clinics across the state. CarFit is a national program created by the American Society on Aging in partnership with AARP, the American Occupational Therapy

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Association (AOTA), and the American Automobile Association (AAA). It helps drivers fit into their vehicles to reduce injuries during a crash by utilizing safety equipment properly. It is a drive-through process utilizing a 12-point checklist that evaluates such things as the driver's distance from the steering wheel and mirror adjustments to avoid blind zones. Virginia GrandDriver partners with DMV, local area agencies on aging, TRIAD, AARP, AAA Mid-Atlantic, and local businesses to provide CarFit events.

Virginia GrandDriver provides mini-grants to seven comprehensive driver assessment centers in various regions around the state. These grants enable the centers to offer low cost or free assessments to over 200 mature drivers annually who are referred by physicians, DMV Medical Review, family members, and the drivers themselves to determine their ability to continue driving safely. These assessments are not covered by insurance and are very expensive for individuals with limited incomes. Testing results have shown an average failure rate of 40%, with an additional 36% passing with specific driving restrictions.

DARS appreciates the funding made available through the Administration for Community Living to implement an evidence-based falls prevention program and the continuing support from DMV to offer the Virginia GrandDriver program.

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## Debbie Leidheiser LLI Dedication

The Lifelong Learning Institute of Chesterfield (LLI) in Midlothian, co-sponsored by VCoA, Chesterfield County Public Schools, and Chesterfield County, witnessed a significant passage this summer. Debbie Leidheiser, the LLI's first Executive Director and later Chesterfield County's first Senior Advocate, retired from service. LLI members with 10 or more years of membership gathered to honor Debbie in the largest meeting room. Rachel Ramirez, LLI's current Director, and John Lemza, PhD, LLI's President, presided over a festive ceremony to dedicate this room as the "Leidheiser Lecture Room." Debbie and her husband Henry greeted long-time members and friends (most often, one in the same). Many recalled the earliest days of LLI when Debbie helped to establish the supportive characteristics that make it an immensely positive place to learn and grow.



Henry and Debbie Leidheiser, Rachel Ramirez, Ed Ansello, and John Lemza

## 2017-18 DARS Meeting Calendar

### Commonwealth Council on Aging

April 11, July 11, September 19, and December 19, 2018

### Alzheimer's Disease and Related Disorders Commission:

December 12, 2017; April 11, June 19, August 21, and December 11, 2018

### Public Guardian and Conservator Advisory Board

November 9, 2017; April 11, June 21, September 6, and November 8, 2018

## VCU Road Scholar Programs on the Valley Trail

by Jeffrey Ruggles, MFA,  
Administrator, VCU Road Scholar

Those of us from other places often think first of the Shenandoah Valley for its landscapes. When VCU (Virginia Commonwealth University) Road Scholar gathers in the Valley, the vistas are surely there but our programs are also about culture. The culture can be summarized as music, theater, and history.



Road Scholar participates in two summer music festivals in the Valley. Each of these events has become something like a community itself, for many of the musicians have been both performing in them and staying with the same hosts for years. Road Scholar does not attend all events at either festival but both programs offer plenty of classical music. *The Shenandoah Valley Bach Festival* in Harrisonburg takes place in mid-June. The “Bach” in the title is inspirational: performances include music by Bach and also by many other composers who embody his musical spirit. Chamber music concerts at a downtown church each day at noon feature a variety of ensemble groupings. The groups are nicely matched to the space and the pieces can be pro-

found, fun, and sometimes surprising. The evening concerts present the festival orchestra at the hall at Eastern Mennonite University.

*The Staunton Summer Music Festival* takes place in mid-August, offering noon and evening performances mostly at downtown churches. The festival typically has a resident composer and a guest composer, so new music is a featured element. The music director plays and favors early keyboard instruments so that music is sure to be heard. The Staunton Festival programming is imaginative and perhaps the more adventurous of the two events. A fine feature of the Staunton festival is printed programs for every concert packed with material on the music about to be performed. For several years, the Road Scholar attendance at the Valley festivals has been at or near program capacity.

The Blackfriars Playhouse in Staunton, a recreation of an Elizabethan theater operated by the American Shakespeare Center, is well known. Road Scholar provides a great way to attend Blackfriars. Each Shakespeare program includes three performances, plus classes taught by the Shakespeare Center about the company’s interpretive approach; there’s a specific class each day about the play to be performed that evening. VCU works with the theater company to schedule dates that feature at least two Shakespeare titles among the three plays. The lodging is convenient and at a good rate, and there’s time, as well, to poke around downtown Staunton.

The program that began at Natural

Bridge as Chautauqua has a new name and site. It’s now called the Shenandoah Colloquium and is based at Staunton. In 2018, the program will include a field trip for the first time. The main structure remains as before: a rich array of 10 talks on a variety of topics, a ticket to a theatrical performance at Blackfriars Playhouse, and a musical performance. The subjects for talks have included Shenandoah Valley culture, Shakespeare, American and Civil War history, art and architecture, and the natural world. It is a stimulating few days.

VCU offers two Road Scholar programs about Civil War topics, one based in Richmond and the other in Shenandoah Valley at Staunton. For 2018, the Staunton program will move its emphasis to the Valley Campaigns of 1862 and 1864. This subject has always been part of the Valley Civil War program, and the main focus of the field trip. For 2018, there will be a second field trip, which will allow Road Scholar to visit not only Harrisonburg, Cross Keys, Port Republic, and New Market, but also sites to the north, down the Valley, such as Cedar Creek.

Overlooking the Valley, the Road Scholar program at Shenandoah National Park is redesigned for 2018. The redesign is based on Road Scholar headquarters’ experience with National Park programs, namely, that participants are interested in more hiking and less of other kinds of activities. Our Shenandoah National Park program will continue to be based at Big Meadows Lodge, where the 1939

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## COMMONWEALTH OF VIRGINIA

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

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#### 2016-2017 FINAL PROJECT REPORT SUMMARIES

The Alzheimer's and Related Diseases Research Award Fund (ARDRAF) was established by the Virginia General Assembly in 1982 and is administered by the Virginia Center on Aging at Virginia Commonwealth University. The awards this year were enhanced by a \$25,000 donation from Mrs. Russell Sullivan of Fredericksburg, in memory of her husband who died of dementia. Sullivan awards are indicated by an asterisk (\*). Summaries of the final project reports submitted by investigators funded during the 2016-2017 round of competition are given below. To receive the full reports, please contact the investigators or the ARDRAF administrator, Dr. Constance Coogle ([ccoogle@vcu.edu](mailto:ccoogle@vcu.edu)).

**VCU Jennifer Inker, MBA, MS, Tracey Gendron, PhD, and J. James Cotter, PhD\***

#### *Use of Antipsychotic Medications by Residents with Dementia in Assisted Living Facilities*

The aims of this research project were to: 1) establish a baseline rate of off-label antipsychotic medication use in residents with dementia but without a serious mental illness (SMI) in Virginia's assisted living facilities (ALFs); 2) explore what ALF characteristics correlate with the off-label use of antipsychotic medications; and 3) investigate reasons why antipsychotic medications are used off-label in ALF residents with dementia but not SMI. With oversight from an interdisciplinary, interagency research advisory committee, VCU used a mixed methods approach with a quantitative survey followed by a qualitative phase involving face-to-face interviews with administrators, directors of nursing, registered medication aides, and certified nursing aides in three ALFs. Fifty-five ALFs returned completed surveys (11.7%). The mean percentage of residents with a diagnosis of dementia but not SMI who were prescribed at least one antipsychotic medication was 40.3% ( $SD = 30.4$ ), a level considerably higher than the estimated rate nationally (22%) and in Virginia nursing facilities (15.8%). For-profit status was the only significant correlation detected ( $r_{pbi} = .355$ ,  $p < .009$ ) with off-label antipsychotic medication use, with higher rates in for-profit ALFs ( $48.72 \pm 30.1$ ) than non-profit ALFs ( $26.6 \pm 26.2$ ). Interviews revealed that ALF staff are resourceful in responding to the needs of individuals living with dementia, but could benefit from guiding protocols, policies, procedures, training, and access to behavioral health specialists. (Ms. Inker may be contacted at (804) 828-1565, [inkerjl@vcu.edu](mailto:inkerjl@vcu.edu).)

**VCU Rory McQuiston, PhD\***

#### *AAV-Induced Tau Pathophysiology in Interneurons of the Mouse Hippocampus*

The tau protein has been implicated in Alzheimer's disease (AD) in which its transcortical spread follows Braak staging. There is substantial evidence indicating that spread of the disease involves pathogenic tau transmission between connected neurons, suggesting that soluble oligomers of tau contribute significantly to the disease. Neurodegeneration in AD is initially observed in layer 2 entorhinal cortex projection neurons and then spreads to the hippocampus and other regions of the temporal cortex. To investigate how neural networks may be impaired at the initial stages of the disease, we investigated the effect of pathogenic tau expression in medial entorhinal cortical neurons (MEC). The results of these studies have provided two important insights. First, using our adeno-associated viral approach to express pathogenic tau variants in cell types of interest, we could rapidly assess the impact of pathogenic tau expression on neurons and synapses in a time period of weeks. This provided a superior model compared to transgenic models in which months to years are required to assess pathogenic molecular dysfunction. Second, our data, for the first time, has shown that the effect of pathogenic tau expression on synaptic transmission depends on the identity of the postsynaptic partner. More specifically, the same presynaptic input (MEC LII) can be selectively altered when contacting a specific cell type (DGCs) but not on other neurons

(PV interneurons) of the same brain region. Thus, the data highlight the need to examine the impact that pathogenic molecules associated with AD have on different subtypes of cells and synapses in the central nervous system. Such studies may identify novel potential therapeutic targets at varying stages of the disease. (Dr. McQuiston may be contacted at (804) 828-1573, [amcquiston@vcu.edu](mailto:amcquiston@vcu.edu).)

**UVA                    Andrés Norambuena, PhD\***  
***Amyloid Beta Peptides, Nutrient Signaling and Mitochondria Dysfunction: An Unholy Triad in Alzheimer's Disease***

Evidence suggests that the memory decline in AD is due to the accumulation in the brain of protein fragments called amyloid-beta ( $A\beta$ ). Emerging evidence suggests that AD may also be attributed to a progressive deterioration of the capacity of mitochondria, the cell powerhouse, to produce energy in the form of adenosine triphosphate (ATP). Besides, AD development has been linked to a progressive impairment in brain's ability to respond to insulin, known as brain insulin resistance. This study asked: "Is there any connection between the accumulation of  $A\beta$ , mitochondrial function, and insulin resistance in the AD brain?"  $A\beta$  disrupts neuronal functions by affecting mitochondrial dynamics and insulin signaling. Even though these studies have provided valuable information for understanding the molecular players involved in AD pathogenesis, the intimate molecular mechanisms involved are still poorly understood. The investigators developed a two-photon fluorescence lifetime imaging assay which allowed the detection of changes in mitochondrial activity in live cells in culture. By using human neuronal progenitors, it was found that mitochondrial activity is directly regulated by the hormone insulin and nutrients such as the amino acids arginine and leucine. This process involves a specific nutrient-mediated activation of the lysosomal associated mechanistic target of rapamycin complex1 (mTORC1). Importantly, this process was found to be blocked by  $A\beta$ . These results unveiled a novel nutrient-dependent regulation of mitochondrial activity and establishes a novel molecular link connecting insulin resistance, mitochondrial dysfunction, and AD. This pathway may represent a new treatable target for clinical applications. (Dr. Norambuena may be contacted at (434) 982-5809, [an2r@virginia.edu](mailto:an2r@virginia.edu).)

**VA Tech             Jyoti S. Savla, PhD, Karen A. Roberto, PhD, and Rosemary Blieszner, PhD\***  
***Families in Rural Appalachia Caring for Older Relatives with Dementia***

The primary aim of this study was to learn from families in Appalachia about their approaches to caregiving and uncover whether they need and use community services currently, as well as their views of formal service use. The study was employed in two phases to gather information. In Phase 1, 10 family caregivers participated in an in-person interview to provide insight about their caregiving situation, their needs, and difficulties in receiving informal and formal help. Guided by the themes of these interviews, in Phase 2 an in-depth telephone survey followed by seven daily diary interviews was administered to 39 family caregivers. Findings suggest that spousal caregivers are more reluctant to use paid services than adult children. Filial obligations and negative attitudes toward paid services contributed to the reluctance of using paid help from outsiders. However, when caregivers experienced greater burden and stress, they were more likely to use formal services. The daily diary interviews further revealed that paid services were especially beneficial in reducing caregiver's distress on days when the person with dementia exhibited more memory and behavior problems. These results point to the circumstances under which caregivers may get relief, despite their attitudinal reluctance to use paid services. As service providers and policy analysts consider how best to meet the needs of their aging populations, these findings demonstrate the importance of considering personal values, beliefs, and community attributes of residents of rural Appalachia to ensure optimum uptake of programs and services. (Dr. Savla may be contacted at (540) 231-2348, [jsavla@vt.edu](mailto:jsavla@vt.edu).)

**Christopher  
Newport  
University**

**Lisa S. Webb, PhD, and Darlene A. Mitrano, PhD**  
***Comparative Biochemical and Behavioral Analysis of the 3xTg-AD Mouse Model of  
Alzheimer's Disease***

This research project was designed to better define the 3xTg-AD mouse line as a valuable model of human AD by seeking answers to the following two questions: (1) *Is the blood lipid profile of the 3xTg-AD mice altered as it is in humans with AD and, if so, at what point in the mouse's lifespan does the alteration occur?* and (2) *Does this mouse model experience a decline in olfactory abilities similar to that seen in humans with AD?* The blood biochemistry has not yet been completed on the mice; however, preliminary histology results indicate that A $\beta$  plaques form in the olfactory bulbs of 3xTg-AD mice, but not in the (non-AD) control mice. These plaques are clearly visible by the time the mice have reached one year of age and are not present in control mice. The histology results are supported by results from behavioral testing, using a buried food test (BFT) to assess olfaction. Preliminary results from the BFT indicate that the 3xTg-AD mice have significant deficits in olfaction compared to the control mice. (Dr. Webb may be contacted at 757/594-7056, [lwebb@cnu.edu](mailto:lwebb@cnu.edu); Dr. Mitrano may be contacted at (757) 594-8093, [darlene.mitrano@cnu.edu](mailto:darlene.mitrano@cnu.edu).)

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## **Don't Just Sit There!**

Elderly women who sit for long periods of time have cells that are biologically eight years older than those of their less sedentary counterparts. This conclusion, drawn from the work of researchers at the University of California at San Diego School of Medicine, appeared online in January in the *American Journal of Epidemiology*.

The research team, led by Aladdin Shadyab, PhD, in UCSD's Department of Family Medicine and Public Health, found that elderly women with less than 40 minutes of moderate-to-vigorous physical activity a day and who remain sedentary for more than 10 hours a day have shorter telomeres; these are caps found on the ends of DNA strands within the nucleus of our cells, like the plastic tips of shoelaces, that protect chromosomes in our cells from deteriorating.

Cell divisions are necessary for life. As a cell ages, its telomeres nor-

mally shorten and fray over time as more and more cell divisions occur; indeed, one theory of aging is that these shortened telomeres result in imperfect cell divisions over the life span, a bit like making photocopies of photocopies that result in a poorer product. The result of aging cells is an aging body.

Health and lifestyle factors, such as obesity and smoking, may accelerate that process; but there are no confirmed interventions that have been shown to reverse the shortening of telomeres in humans. Shortened telomeres are associated with cardiovascular disease, diabetes, and various cancers.

"Our study found cells age faster with a sedentary lifestyle. Chronological age doesn't always match biological age," said Shadyab. He and his research team believe that they are the first to measure how the combination of sedentary time and exercise can affect the aging biomarker.

The study, funded in part by the

National Institute on Aging, assessed data on almost 1,500 women, ages 64 to 95, who are part of the larger Women's Health Initiative (WHI), a national, longitudinal study investigating the determinants of chronic diseases in postmenopausal women. The participants completed questionnaires and wore an accelerometer on their right hip for seven consecutive days during waking and sleeping hours to track their movements.

"We found that women who sat longer did not have shorter telomere length if they exercised for at least 30 minutes a day, the national recommended guideline," said Shadyab. "Discussions about the benefits of exercise should start when we are young, and physical activity should continue to be part of our daily lives as we get older, even at 80 years old."

Again, get up and move.

## Hospitalization and Dementia: The Role of the Caregiver

by Sandra O'Connell

*This article highlights the vigilance that caregivers need to employ when a loved one with dementia is hospitalized. It accurately notes the loved one's increased risk of injury, delirium, and other untoward events, as well as the documented correlates of transitions of care, including staff rotations that frustrate consistent care, too-frequent medication errors, and more. It is reprinted by permission from Today's Caregiver eNewsletter, September 12, 2017.*

Inevitable as the progression of the disease itself, hospitalization will happen to a person with Alzheimer's disease or related dementia. Physical problems increase with age; studies show that one-third of the people discharged from the hospital are 65 or older. With a diagnosis of Alzheimer's disease, the chance of hospitalization increases dramatically. Older individuals are more likely to have multiple conditions and weak immune systems. Whether a planned stay or the result of an emergency, the caregiver needs to be prepared to manage a stay in the hospital. Hospitalization is disruptive and frightening for everyone; for someone with Alzheimer's, the hospital is, indeed, a scary place.

You might assume that a hospital staffed by healthcare professionals is a safe environment. Unexpectedly, the hospital requires more vigilance and special skills by the care-

giver. The very nature of a hospital and the needs of a person with dementia are not highly compatible.

Hospitalization requires even more care than normal from the family; the following guidelines should help you to prepare for and survive a hospital stay. They are derived from my personal experience during 14 years of caregiving for my husband that included three hospitalizations, two stays in rehab nursing homes and seven trips to the emergency room. My experience is supplemented with that of my Alzheimer's support group and the current literature.

**Provide coverage 24x7; do not leave the person alone, even (especially) at night.**

The hospital routine runs 24x7, and as anyone who has ever been hospitalized knows, does not respect sleep or night time hours. Ask for the rules for overnight visitors and if needed, have the doctor write an order that allows you to have someone with the patient at all times. Some families hire a caregiver to cover the night shift for them; others rotate the responsibility among siblings or a few close friends. I planned coverage for the early evening so that I could go home to eat dinner, nap and shower; then I was prepared to sleep in the hospital room right next to his bed. Remember the patient is already in a world he or she cannot manage; now he or she is in an alien environment with strangely garbed creatures who glide in and out of the room at all hours.

**The person with Alzheimer's Disease or related dementia needs an**

**advocate at all times.**

Every common hospital routine such as drawing blood, hooking up an IV, going to the bathroom, or being transferred to go for an X-ray is bewildering to the person with dementia and may result in anxiety driven behavior. Pulling out the IV, getting out of bed with a catheter inserted, or refusal to cooperate with treatment may result. Toileting is a challenge in the hospital as there may be a catheter or an IV that involves special care.

A person with Alzheimer's is not going to remember that he or she needs help to get out of bed. This can result in falls, torn IVs, and urinary tract infections. During one hospitalization, a technician insisted on doing a test that I had not discussed with my husband's doctors. Only my staunch refusal persuaded the person to leave. As it turned out, she was in the wrong room. Incidents like these may happen during a hospital stay. An advocate who is able to talk with staff and solve problems should be ever-present. If you are fortunate enough to have others helping you as a patient advocate, be sure to leave the records and doctors' names with them.

**Do not assume that the staff understands the realities of caring for someone with dementia, much less the specifics of your loved one.**

The call button, the device that alerts the staff to come to the room, is useless to a person with dementia. A nurse carefully explained to my husband how to use the call button if he needed anything. He

smiled his charming smile and nodded, but did not understand. When I used the button to ask for help to take him to the bathroom, a disembodied voice came from the headboard asking what he needed. I realized then that he would not be able to connect the need for help with the voice, much less articulate that he had to go to the bathroom. Learning to use a call button is typically beyond the learning of anyone with dementia, except in the earliest stage. An advocate has to be there to interpret your loved one's needs and to actively get help.

Fortunately, this situation is starting to change. An article in the *American Journal of Nursing* described how to recognize dementia in the hospital setting and the impact it has on treatment. "Hospital patients with dementia as compared with other hospital patients experience higher rates of delirium, falls, new incontinence, pressure ulcers, untreated pain...inadequate food and fluid intake, and sleep disturbances."

### **Keep a written record of all medical information.**

The hospital thrives on records; be ready to provide all the information they need, repeatedly. Keep a list of medications, dosage levels, doctors' names and phone numbers, past hospitalizations, and current conditions. Your documents help to insure that accurate information is in the records. Realize that each time medical information is transferred, the possibility for error increases. When going from the emergency room to a regular bed, coming from a nursing home to the hospital, whatever the route, verify

each time that the medical record is correct. After an illness that involved three transfers and several doctors, I found five errors in my husband's medication records. One of the advantages of an advocate is that you are there 24x7, so it is likely you will be there when the doctors make rounds. Take notes with each visit, as most likely you will need to coordinate issues among various specialists. This is a critical aspect of the caregiver-advocate role. Keep track of questions as they arise and have your notes available when the doctor arrives, which may be at 7:00 a.m. or 10:00 p.m. or anytime in between.

### **Personalize and manage the hospital environment.**

Routine and familiar surroundings are essential to a person with dementia struggling to make sense out of a strange place. The first request should be for a private room; another patient in the room will be incredibly distracting and difficult. Look for ways to personalize the space and provide comfort to your loved one. Bring in a favorite coverlet or pillow, tape large photos on the wall or cabinet; ask if you may provide a drink or food that Mom especially likes. With hospitalization, families may find an outpouring of concern which may result in a lot of visitors. Given the already confusing surroundings, experts recommend limiting visitors. Let people know that your loved one will rest and heal best with quiet and calm.

Since you are staying in the hospital for possibly days or weeks, pack your own bag with maintenance and comfort items which may

include: lots of change for the vending machines, toothbrush, reading material, comfortable pillow, a change of clothes, water, and snacks. Do remember that hospitals limit the use of cell phones to areas where they will not interfere with equipment.

### **Take time to get to know the nursing staff.**

Many hospitals will be grateful for your ongoing presence as it can make their job easier. Help the staff to understand your loved one's preferences: limits as well as capabilities. Be direct about the person's abilities and limitations and identify any specific needs.

*"Dad will try to remove the IV, so please put extra tape over the needle."*

*"My uncle likes cranberry juice rather than apple juice."*

*"Mom will need to eat more than applesauce before she takes her meds."*

Be respectful of the times for bathing, medication, and other hospital routines. Of course, just as you get one nurse familiar with your situation, the shift for the week will change and you start all over. Bring a treat or flowers now and then for the nursing station. Show your appreciation and acknowledge the job they are doing.

As a caregiver for a person with Alzheimer's disease, recognize that a trip to the hospital is highly likely. Prepare in advance as much as possible; have the medical records up to date, be ready with a family



member or back-up caregiver who can be an advocate, and pack your bag as you are the constant in your loved one's care.

#### **Highly Recommended Reading:**

Acute Hospitalization and Alzheimer's Disease: A Special Kind of Care, a resource maintained by [DementiaCare Central.com](#) and funded by the National Institute on Aging of NIH.

## **Greater Richmond Age Wave Announces Scholars Program**

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A group of VCU Gerontology master degree students have been named as the first Greater Richmond Age Wave Scholars. The Age Wave Scholar program connects students with opportunities to affect the community, contribute gerontological expertise, and expand their professional network and portfolios.

**Emily Daidone, Age Wave Community Advocate Scholar**, is utilizing her gerontological expertise to develop evaluations, criteria, and reports on the topic of social isolation by identifying locations that would benefit from analysis. Emily's work will also emphasize transportation and advocacy opportunities.

**Annie Rhodes, Age Wave City Council Scholar**, is working with Richmond City Councilwoman Cynthia Newbille on budget planning related to aging in place and medical/wellness issues for older adults, as well as thought leadership

on policy and practices.

**Raleigh Priddy, Age Wave Community Planning Scholar**, is collaborating with Homeward and Age Wave in developing a regional task-force to connect homeless service systems with the aging services network. The project will identify senior housing resources, pathways, and prevention strategies to synthesize solutions for older adults experiencing or at-risk of homelessness.

Visit [agewellva.com](#) for more information.

## **LeadingAge, VCU Gerontology Launch #DisruptAgeism Video Project**

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LeadingAge and VCU Gerontology are tackling ageism with a joint video training project they hope will stamp out negative stereotypes, assumptions, and judgements about older people.

The training video, designed for health care professionals, will discuss why ageism is detrimental to quality care delivery, how stereotypes are perpetuated, and how to be a leader against ageism. VCU Gerontology began filming in August at the Lifelong Learning Institute in Chesterfield.

Dr. Tracey Gendron, associate professor in the Department of Gerontology in the School of Allied Health Professions at VCU, is working with two master degree candidates to bring the LeadingAge

and VCU Gerontology project to the screen. Dr. Gendron said, "Bridging our work represents a significant effort to raise awareness of our ageist language and actions within our own professional culture. This partnership is raising the bar for how we educate about aging and advocate for older individuals."

"This unique collaboration enables us to impact aging services by developing a resource that educates people about ageism," said Katie Smith Sloan, LeadingAge president and CEO, in a press release. "We need more tools to facilitate important discussions about ending ageism."

VCU Gerontology master degree students Rachel Andricosky and Annie Rhodes are the students collaborating with Gendron on the project. The training video, funded by LeadingAge, is expected to be available in summer 2018.

## **Road Scholars, continued**

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main lodge has been restored to much of its original state. A new feature will be a Choose Your Pace program, with two options offered for each daily hike. Overall, the program for 2018 will have a higher activity level than previously, with hikes that are longer and more strenuous than those previously offered.

Register for any of these Virginia Commonwealth University (VCU) Road Scholar programs online at [www.RoadScholar.org](#).

## Calendar of Events

### October 25-26, 2017

#### *Intergenerational Leadership.*

Training workshop on establishing intergenerational leadership programs. Penn State, State College, PA. For information, visit [www.cvent.com/events/establishing-an-intergenerational-leadership-institute-ili-chapter-in-your-locality/event-summary-27edc3d1732e407fad607944128b233e.aspx](http://www.cvent.com/events/establishing-an-intergenerational-leadership-institute-ili-chapter-in-your-locality/event-summary-27edc3d1732e407fad607944128b233e.aspx).

### November 3-4, 2017

#### *Graceful Aging: Embracing the Journey.*

Drew Leder leads this ElderSpirit Community Autumn Retreat. Themes include: the inward journey; joy and creativity; and learning to flow with loss and change. Abingdon, VA. For information, contact Monica Appleby at (276) 698-3289 or visit [www.elderspirit.net](http://www.elderspirit.net).

### November 14, 2017

*34th Annual Conference of The Virginia Association for Home Care and Hospice.* The Stonewall Jackson Hotel, Staunton. For information, visit [www.vahc.org](http://www.vahc.org).

### November 21, 2017

*Living with Alzheimer's for People with Alzheimer's.* Presented by the Alzheimer's Association in partnership with Carilion Center for Healthy Aging. Held at the Carilion Center for Healthy Aging, Roanoke. 12:30 p.m. - 2:30 p.m. For information, contact (800) 272-3900 or [aclark@alz.org](mailto:aclark@alz.org).

### November 28, 2017

*Teepa Snow: Journey of Dementia.* 16th Annual Education Conference of the Alzheimer's Association, Central and Western Virginia Chapter. Holiday Inn Valley View,

Roanoke. 8:00 a.m. - 4:00 p.m. For information, contact Ellen Phipps at (434) 973-6122 ext 8506 or [ephipps@alz.org](mailto:ephipps@alz.org).

### December 12, 2017

*Putting the JOY back in the Holidays.* Program provided by the Alzheimer's Association for anyone whose life is being affected by Alzheimer's or dementia. 6:30 p.m. - 7:30 p.m. Petersburg Public Library, Petersburg. For information, call (804) 446-5860.

### January 24, 2018

*Virginia Center on Aging's 32nd Annual Legislative Breakfast.* St. Paul's Episcopal Church, Richmond. 7:30 a.m. - 9:00 a.m. For information, call (804) 828-1525 or email [eansello@vcu.edu](mailto:eansello@vcu.edu).

### March 1-4, 2018

*The Global Business of Aging.* 44th Annual Meeting and Educational Leadership Conference of the Association for Gerontology in Higher Education. Sheraton Atlanta Hotel, Atlanta, GA. For information, visit [www.aghe.org](http://www.aghe.org).

### March 15, 2018

*The Future of Healthcare with Deborah Davis, CEO VCU Health System Hospitals and Clinics and Vice President for Clinical Affairs.* Sponsored by the Greater Richmond Age Wave Coalition in partnership with the MCV Hospitals Auxiliary and the Osher Lifelong Learning Institute at the University of Richmond. 1:00 p.m. - 3:00 p.m. University of Richmond Ukrop Auditorium. This event is free, but registration is required: <http://spcs.richmond.edu/osher/events.html>.

### March 26-29, 2018

*Aging in America.* Annual conference of the American Society on Aging. Hilton San Francisco Union Square, San Francisco, CA. For information, visit [www.asaging.org](http://www.asaging.org).

### April 11-14, 2018

*Moving Forward Together: Linking Research, Policy, Practice.* 39th Annual Southern Gerontological Society Meeting. Legacy Lodge and Conference Center, Buford, GA. For information, visit [southerngerontologicalsociety.org](http://southerngerontologicalsociety.org).

### May 30-June 1, 2018

*24th Annual Conference of the Virginia Coalition for the Prevention of Elder Abuse, Inc.* Kingsmill Resort, Williamsburg. For information, visit [www.vcpea.org](http://www.vcpea.org).

#### **Age in Action**

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Director, VCoA

**James A. Rothrock**  
Commissioner, DARS

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## **Exploring Diversity across Culture, Spirituality, and Disability**

Presented by  
The Area Planning & Services Committee on Aging with Lifelong Disabilities (APSC)

**November 9, 2017**  
Deep Run Recreational Center  
9900 Ridgefield Parkway, Henrico  
8:30 a.m. - 3:15 p.m.

Featuring Bill Gaventa, M.Div., Director of the Collaborative on Faith and Disability and the Summer Institute on Theology and Disability, and President of the American Association of Intellectual and Developmental Disabilities (2016-2017).

Do individuals with lifelong disabilities have unmet spiritual needs? If so, how do these differ across cultures? How can we help these individuals meet their needs? This workshop will address how to accommodate differences in ability, culture, and spirituality. Participants will explore tools and strategies for meeting individual's needs and for building bridges across communities and developing or strengthening inclusive supports.

Registration fee is \$20, including lunch.  
To register, visit <https://apscworkshop17.eventbrite.com>.

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