

Case Study

Confident Living Program for Senior Adults Experiencing Combined Vision and Hearing Loss

by Paige Berry, MS,
Mia Kelley-Bock, LCSW,
and Christine Reid, Ph.D.

Educational Objectives

1. Identify needs common among older adults who have combined vision and hearing loss.
2. Describe a model program that provides information, resources, and training to older adults experiencing combined vision and hearing loss.
3. Describe how the program benefits not only consumers, but also family, friends, caregivers, students, and service providers.

Background

Over the past few years, the Helen Keller National Center for Deaf-Blind Youths and Adults (HKNC) headquartered on Long Island, New York has seen an increase in the

number of older adults, age 55 and better, requesting services as a result of their combined loss of vision and hearing. Family members, caregivers, and service providers have also been seeking resources and strategies to help these adults cope with the life changes they experienced as they faced these new challenges. Major ramifications of loss of vision and hearing include the extreme difficulty an individual encounters trying to access everyday information from the newspaper, television, radio, computer, a lecture, and in social gatherings, and knowing when the telephone is ringing, the smoke alarm is activated, the doorbell is ringing, or there's a knock at the door, all critical to maintaining one's independence. When unable to access such information, older adults often see themselves as dependent, with nothing more to contribute to society and their community. In short, they may grieve the loss of their dreams for the "golden years."

National Statistics

Berry, Mascia, and Steinman (2004) cited a 2002 study published by

Lighthouse International showing that one in five people over the age of 70 (21%) experiences dual sensory losses. Sansing (2006), in an overview analysis of the National Health Interview Survey on Disability (NHIS-D), noted that there were 1.134 million individuals age 55 and older in the U.S. with combined loss of vision and hearing in 1994-1995, with projections of a rise to 1.214 million by 2010. He also analyzed 2004 statistics from the Federal Title VII, Chapter 2 program, "Independent Living for Older Blind," indicating that it served a total of 64,916 individuals nationwide; of this number, 12,173 (22%) reported a hearing loss, an underestimate according to service providers of this program (Sansing, 2006).

The Program

The *Confident Living Program for Senior Adults (CLP)*, as described in Berry, Kelley-Bock and Reid (in press), revolves around a peer support group model in which the ultimate goal is for participants to re-attach to activities and relationships that have been abandoned because of their vision and hearing loss.

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Basically there are two components to the program, 1) **Daily Support Group**, which provides emotional support and coping strategies in a peer environment, and 2) **Skill Development Training and Information Gathering** in activities of daily living, such as communication, audiology, low vision, leisure activities, activities of daily living, orientation and mobility, computer, elder law issues, and medical and medication concerns.

To ensure that program participants receive one-on-one attention and that individual needs and concerns are adequately addressed, the number of participants in each program is between six and 10. They attend from across the United States, and the average age is 75. The group is co-facilitated by HKNC's directors of older adult services and of mental health services. Additional instructors at HKNC or from the community provide information, assessment, and skill development training.

For older adults who cannot or choose not to come to the training in New York, HKNC offers an "On the Road Confident Living Program." This program is staffed by the same two facilitators from HKNC; however, skill training is provided by local case managers, rehabilitation teachers, orientation and mobility specialists, and other professionals from the community. A venue such as a local camp for the blind, resort, college campus, or rehabilitation center might be used. This model serves not only as a skill development program for consumers, but also as a training opportunity for direct service staff who are not skilled in serving indi-

viduals with combined vision and hearing loss. Both programs are flexible in that the agenda is fluid and allows changes to meet the needs and goals of the individuals and of the group.

Clear communication is the foundation of the CLP. There are four basic rules related to clear communication that all participants are expected to follow during this program:

1. Only one person speaks at a time.
2. Raise your hand before you speak.
3. Identify yourself before you speak.
4. Everyone will be provided an environment to maximize their ability to see and hear.

1. Daily Support Group

Older adults, by definition, have lived through many of life's challenges and experiences. It is the belief of the facilitators that each participant has a life story that is rich and meaningful, one that they want to share. Having the opportunity to tell one's story in a supportive and attentive environment has many benefits. Social interaction and peer support are key components of the support group, and, again, clear communication is a priority. CLP staff members strive diligently to create an environment that accommodates each participant's vision and hearing loss. Bluffing and smiling and shaking your head that you understand are not always acceptable. The facilitators might ask, for example, "Did you understand (not hear) what was said?" (hearing and understanding are quite different) or "Was the pace of the speaker too fast, too slow, or

just right?" Participants quickly learn that this form of self-advocacy is reasonable and acceptable no matter what environment they are in. The process of gaining the cooperation of all members of the group can take significant time, requiring patience, a slowing-down of the pace, and a full "buy-in" on the part of all participants.

2. Skill Development Training and Information Gathering

Participants have an opportunity to learn more about their own visual condition by meeting with an **optometrist and low vision specialist**. CLP exposes them to the latest low vision aids and devices, such as magnifiers and screen enlargement, and brings up to date information on vision-related research. An **audiologist** meets with the group to discuss hearing loss and to identify strategies to improve communication. CLP demonstrates the latest assistive listening devices to enhance communication, one-to-one, on the telephone, as well as in group settings. **Medical** staff members offer participants information to encourage greater understanding of medication interaction and their own health issues, such as diabetes, hypertension, and heart disease, as well as other age-related conditions. CLP exposes participants to **communication** aids and devices, such as writing guides, large print address books, and check registers. They are introduced to alternative communication strategies, such as Print-On-Palm, Braille, the manual alphabet, and sign language. They have the opportunity to use regular print, large print, and Braille Teletypewriters (TTYs); telephone

relay and voice carry over; computers with Braille/speech access; internet/e-mail, and instant messaging. Participants have the opportunity to check out the latest devices in a non-intimidating environment, thus being able to identify technology that is the most accessible and useful to them. An important goal of the program is that when each participant leaves, that person is using the communication method most effective for him or her.

Being able to live as independently as possible is always a goal for each participant. CLP exposes each to safe techniques for cooking, organization skills for monthly bills, and methods for effective cleaning. Being aware of sounds around one is critical to living independently. Usually we are alerted to sounds in three ways: auditorily, visually, and tactually. Participants must demonstrate ability to access an alarm clock, doorbell, telephone, and smoke alarm. They must demonstrate this ability if they are not in the same room with the devices and when they are not wearing a hearing aid or assistive listening device. Because most individuals do not sleep with their hearing aid in, it is important to have an alternate method of being aware of sounds. There are times when someone may need an auditory or visual device during the day to alert them to sounds, and a tactile device like a pillow vibrator while sleeping. Many participants report that prior to attending the CLP they were unaware that these types of devices existed.

The group also meets with an elder law attorney and an emergency preparedness professional to discuss

pertinent issues. In addition, orientation and mobility staff members introduce participants to techniques that help them find their way more easily and safely. They teach participants how to use a human guide most effectively, as well as how to request assistance when needed. Alternate travel aids, such as a guide dog, GPS, and electronic aids, are discussed.

CLP recognizes the importance of leisure and recreation: All activities in this program have the dual purpose of skill acquisition and development and of acquiring confidence and re-attachment to community. Laughing, having fun, and feeling good are vital to good emotional and physical health. The program strives to provide an environment where participants feel at ease again in social and community situations and are reintroduced to many of the activities in which they once participated but had stopped as vision and hearing deteriorated.

Program Cost

Room and board and program material costs for the residential program at HKNC are currently \$800. A variety of funding sources is available to participants.

VCU/HKNC Partnership

A unique feature of this program is the relationship between the Helen Keller National Center and the Departments of Rehabilitation Counseling and Gerontology at Virginia Commonwealth University in Richmond. Each spring, the University offers a three credit semester-long course on *Aging with Vision and Hearing Loss*. Each

summer and fall, classes are offered in American Sign Language. Students enrolled in these classes learn in the classroom how to become sensitive to the needs of older adults with combined vision and hearing loss, and then have the opportunity to put their knowledge and skills into practice through serving as Support Service Providers (SSP) to participants in the week-long program in New York and in the community. Some funding for the students' travel and participation in this opportunity is provided through the grant supporting VCU's affiliate relationship with HKNC. These university courses are available to the general public as well as to VCU students.

Case Study #1

Mrs. Wells is 76 years old, deaf and blind, and lives in a nursing home because she is diabetic and cannot monitor her own blood sugar. She cannot walk very well due to spinal stenosis, so she uses a wheelchair most of the time. She has had no usable vision or hearing for over 50 years. Recently she had a cochlear implant and is now able to understand some speech in a quiet environment. Her primary means of communication is tactile sign language. She misses visiting with friends and doing crafts and other leisure activities. She feels extremely isolated because staff at the nursing home do not take the time necessary to communicate with her. As a result of participating in a local CLP, Mrs. Wells met students from VCU sign language and *Aging with Vision and Hearing Loss* classes. The students were able to communicate with her in her preferred mode of communication.

They also were able to assist her in better understanding speech by talking and signing to her at the same time. They took her to church and to local restaurants. Mrs. Wells acquired a Braille TTY (teletypewriter), so she is now able to call her friends and vice versa. She acquired a tactile pager, which lets her know when her telephone is ringing, a Braille watch, Braille calendar, and a portable Braille communicator. Students act as a guide and support service providers (SSP) for her to attend various activities in the nursing home, like Bingo, crafts, and special holiday events. Mrs. Wells says she feels much less isolated and has a “purpose for living.”

Case Study #2

Mr. Palmer is 85 years old, legally blind and severely hard of hearing. He is a former school teacher who lives alone. He loves exercise but is afraid to venture out of his apartment because of his vision and hearing losses. He has no stove and no bed, and he sleeps on the floor. He eats frozen vegetables for most meals. He has no close family. His clothes are soiled, his hair needs trimming, and he needs a shave. After attending the HKNC Confident Living Program, he learned techniques he could use to prepare a more healthy diet. CLP connected him with the local social services agency where he received some assistance with cleaning his apartment and doing his laundry. A support service provider (SSP) helped to take him shopping for clothes and food, and to get a hair cut. He can now call upon an SSP to help him access other activities in the community, such as lectures

and museums. Mr. Palmer learned to use an assistive listening device to better understand what people were saying. Getting back into the community helped him to feel less isolated and more attached.

Study Questions

1. How is acquisition of information different for older adults experiencing combined vision and hearing loss?
2. How does the Confident Living Program for older adults differ from traditional support groups?
3. How can you use the information in this article to help seniors with combined vision and hearing loss re-attach to their dreams?

Conclusion

Participants have consistently reported that the Confident Living Program provides positive experiences that give them a renewed feeling of confidence and self-worth. These experiences, combined with new skills and techniques, help to empower them to make choices that can lead to the retaining their independence and maintaining an improved quality of life. The following quotes from participants of past Confident Living Programs are typical:

This program gave me back my life. Being with others who have both vision and hearing loss lets me know I am not alone. I have hope again!

Although my vision and hearing are very poor, you have helped me regain quality to my life.

I no longer want to give up and die. I now know there are things that can help me be more independent.

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Choices: The Future Is Now Conference

The Area Planning and Services Committee on Aging (APSC) with Lifelong Disabilities is hosting its annual conference on **Monday, June 9, 2008** at the Holiday Inn Koger Center in Richmond. APSC's conferences and workshops are noted for both first-rate speakers and sessions and very inexpensive registration fees. The 2008 conference will feature Ed Turner, advisor to Gov. Kaine, as keynote speaker on self-advocacy and Debbie Burcham of VDA in the closing plenary on Virginia's *No Wrong Door* initiative to clarify consumer choices. Breakout sessions address: Power of attorney and special needs trusts; Human rights and choices in crisis; Micro boards and circles of support; Dual diagnosis of mental retardation and mental illness; Hospice; and Home modifications and adapting your environment. For more information, call 804-828-1525 or e-mail eansello@vcu.edu.

Editorials

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Geriatric Training and Education (GTE) Projects

The Virginia Center on Aging administers an annual appropriation from the General Assembly to help build up the Commonwealth's capacity to respond to the health and wellness needs of older Virginians and their families. Called the Geriatric Training and Education (GTE) initiative, it is supporting 15 different projects in the current fiscal year that are affecting people in each region, from certified nursing assistants to family caregivers of relatives with dementia to long-term care staff helping elders at the end of life. Each project receives modest support (\$1,000 to \$37,000) but collectively they make a big difference. GTE funds are:

- Fostering interdisciplinary geriatric team training (physician, nurse practitioner, APS, social worker, pharmacist, and others) at UVA, and promoting health literacy in the surrounding communities; the UVA team also hosted a two-day conference in February in Charlottesville for nursing and assisted living facility staffs on such issues as pain management, nutrition, preventing falls and pressure ulcers, and end-of-life care; this conference, in turn, is spinning off follow-up work-

shops being transplanted to Farmville and Richmond

- Training rural pharmacists in advanced medication therapy management (MTM) for geriatric populations, through approved continuing education programs conducted by the VCU School of Pharmacy in and near the Northern Neck, Eastern Shore, Danville, and Emporia.

- Addressing the critical shortage of geriatricians by furthering two physicians, one each at the McGuire Veterans Affairs Medical Center and Eastern Virginia Medical School (EVMS), to continue their training to become geriatric educators and researchers; and by enabling up to 50 non-geriatrician physicians to attend the Virginia Geriatrics Society annual conference, many for the first time, where they will be exposed to three days of aging-related lectures and presentations.

- Helping family caregivers of relatives with dementia in Southwest Virginia learn to navigate the Internet to find relevant available resources, in a replication by Mountain Empire Older Citizens (MEOC) of an earlier ARDRAF project, this time teaching community college students about dementia who then teach the caregivers about computers.

- Funding the Alcohol and Aging Awareness Group (AAAG), an initiative of the Virginia Department of Alcoholic Beverage Control, to undertake a variety of trainings, including an April conference on

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medications and alcohol; extensive on-line medication management training for nurse aides, prioritizing those who work in smaller facilities, through a public-private partnership with the Adult Care Education Center; and reprinting pamphlets on alcohol and aging for the public.

- Training long-term care nursing staff in palliative care with the End-of-Life Nursing Education Consortium (ELNEC) program, in a train-the-trainer conference in April.
- Assisting the Central Virginia Task Force on Domestic Violence in Later Life, a cooperative affiliation of agencies, to obtain technical help with website development in order to increase member and public awareness and use of available resources.
- Supporting the Area Planning and Services Committee (APSC) for Aging with Lifelong Disabilities in conducting two workshops for service providers, family caregivers, and consumers, one on diabetes with lifelong disabilities last November and one on arthritis with lifelong disabilities, in April.
- Improving teamwork and communication skills within new inter-setting teams of hospital and nursing home staffs in order to better elders' transitions between these levels of care; the Virginia Health Quality Center (VHQC) is using a proven training tool, TeamSTEPPS, developed by the federal Agency for Healthcare Research and Quality and the Department of

Defense.

- Addressing long-term care environments in a statewide conference this summer for facilities, hosted by the V4A and the Virginia Culture Change Coalition, with subsequent mini-conferences in other sites focusing on components of this conference.
- Reaching older Virginians with arthritis through an Arthritis Foundation public awareness campaign with complementary exercise training in Richmond and Williamsburg.
- Offering four two-hour web-based training teleconferences statewide in geriatric social work, whose content will become continuing education modules.
- Training physicians in the Tidewater area to recognize and identify medically at-risk older drivers, e.g., those with sleep apnea, multiple medications, dementia, by means of video instructional materials developed by EVMS.

We can be justly proud that the Governor and the General Assembly have the foresight to encourage these initiatives and that these funds have been put to such productive use.

From the Virginia Department for the Aging

Linda Nablo

Each spring we designate May as **Older Virginians Month**. Consistent with the national Older Americans Month designation given each May by the President, Virginia also sets aside this special time to recognize and honor our older citizens. What was once viewed as a unique accomplishment, living into old age, has today become a demographic imperative that embraces an ever-expanding and diverse segment of our population. I was faced with direct evidence of this societal shift last month when I took my 94 year old mother to Radford for the 110th birthday celebration of our oldest Virginian, Mrs. Epsie Wilson.

But we all know that planning birthday celebrations for centenarians is only a tiny piece of how we need to prepare for an aging population. So many Virginians will be reaching "senior citizen" status during the next decades that we all need to be planning now for the impact this change is likely to have on our society. In fact, planning for the future at all levels (individual, community and state) will be a major theme promoted by the Virginia Department for the Aging (VDA) in the coming months.

While we continue to serve today's older Virginians and look for cost effective ways to provide essential services to this increasingly diverse group of citizens, VDA is also engaged in several initiatives that

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look to the future. For example, at the state level VDA has been designated by the General Assembly as the lead agency for planning for the impact of a rapidly aging population. House Bill 2624 (2007 session of the General Assembly) required all state agencies to report on the impact of the aging population on their ability to provide services. The legislation tasked VDA with collecting, summarizing, and sharing data from over 80 agencies with the Governor and the General Assembly by June 30, 2008.

As Commissioner of the Department, I also serve on the Implementation Team for the Older Dominion Project, a research and planning project comprised of Virginia's business leaders, government, universities, organizations serving older adults, and philanthropic organizations. Facilitated by Southeastern Institute of Research (SIR) and currently funded by the Richmond Memorial Health Foundation, this exciting research-based initiative is bringing together all sectors to examine Virginians' "state of aging preparedness" and to discuss and recommend potential long-term strategies to get Virginia ready for the inevitable demographic tsunami.

This year's theme for Older Virginians Month, *Working Together for Strong, Healthy, and Supportive Communities*, speaks to the need for local level planning as well. This theme challenges us to rethink our communities. It has been said that most of our neighborhoods, towns, and cities have been designed – and are still being designed - for Peter Pan and the lost boys, who will never grow old.

Instead, we must create ways to make communities livable for people of all ages and all abilities. This "livability" factor involves infrastructure, such as housing, transportation, roadways and sidewalks, and the convenience of medical offices, pharmacies, grocery stores, and other services. It also involves a coordinated network of programs, services, and supports that allow people of all ages to maintain their independence and remain active and contributing members of their community. Some Virginia localities are leading the way in designing models of community planning for an aging population, while others have barely begun. VDA will be finding ways to help share best practices and encourage local level planning all across the Commonwealth.

Finally, and most importantly, there is the need for the individual to plan. We know that healthy lifestyle choices can make an enormous difference in how long we live and how well. There is now strong scientific evidence that it is never too late for healthy life-style choices that affect positively, and often greatly, our physical, emotional, and mental health as we age. VDA, in partnership with many other organizations, is working to help promote and support healthy lifestyles for older Virginians.

VDA is also working to promote awareness of the responsibility we all have to plan for a financially secure future. Virginia is collaborating with the federal department of Health and Human Services to encourage the Commonwealth's baby boomers, and adults of all ages, to begin planning now for

their future long-term care needs. Research shows that many persons do not want to think about needing long-term care and therefore fail to plan appropriately. If individuals and families are more aware of their potential need for long-term care support and services as they age, they are more likely to take steps to prepare for their future. From a public policy perspective, increased planning by individuals will likely increase private financing for services, which may reduce the burden on publicly-funded programs.

Last Spring, Governor Kaine initiated the second phase of Own Your Future, Virginia's long-term care awareness campaign. The campaign included personal letters from the Governor sent to all Virginians ages 50 to 52, encouraging them to make plans for their long-term care and providing them with a DVD, a toll free number, and VDA's Own Your Future web site where they can learn more details. As a result, long-term care insurance representatives are reporting a significant increase in the numbers of callers seeking such information.

Clearly, we each have a role to play in making sure we are ready for our changing world. To this end, VDA is engaged in a strategic planning process that will better position the department to meet both current and future needs of our rapidly aging Commonwealth. In light of these dual challenges, I am pleased to take this opportunity to announce our new mission statement:

"The Virginia Department for the

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MaryEllen Cox, A Remembrance



I am sure that I was not alone in thinking that MaryEllen Cox would somehow always be with us.

When I took on the directorship of VCoA in late 1989, MaryEllen was already a well-established and valued member of our Advisory Committee. She was, still, at the time of her death in early March 2008. There seemed to be no end to her giving.

MaryEllen served on the boards of many organizations and initiatives that have good hearts. Having a great heart herself and an immense capacity to act on her love for others, she could not say no to a request for her involvement. She might first have to check the large appointment calendar she carried everywhere to find a date when she was not already overcommitted, but once she committed herself, “involvement” meant her energy, encyclopedic knowledge of contacts, and almost radiant good grace and willingness to help. When others recognized her for these qualities and for the accomplishments in the community that these lead to, she was typically self-effacing. More than once we heard her say “Gracious!” or “My lands!”, as if the recognition were not deserved. Yet MaryEllen Cox was one of the only people I have ever met about whom I have never heard a negative comment.

Bishop Walter Sullivan, who has known MaryEllen since 1975, offered the eulogy at her funeral

liturgy at the Cathedral of the Sacred Heart in Richmond, mother church of the Catholic diocese.

Among his thoughtful comments, he remembered her “quiet, unassuming way” with words like this:

“For 30-plus years it has been a glorious journey for me to have the support, interest and commitment of MaryEllen, who was soon to become a household name around the diocese in ministry to the elderly. We began with elderly housing. Altogether, about a dozen have been built in various areas of the diocese. MaryEllen was chairman of the Diocesan Housing Corporation which oversees each project.Local boards were formed and MaryEllen was chairman of several. Many of the facilities included assisted living, nursery care, and care for those suffering from dementia. The spiritual needs of the elderly were uppermost in the vision of MaryEllen. People were not simply warehoused but given loving care and attention and spiritual guidance. The elderly came not to die but to live as fully as possible until they die.”

MaryEllen went on to organize Days of Recollection for the elderly in the diocese, form the Commission for Older Adults, develop an aging-related column for the diocesan newspaper, and establish an adult day care center in Virginia Beach that Bishop Sullivan subsequently dedicated as the M.E. Cox Center for Elder Day Care. At the time of her death she was Director of the Office of Older Adults.

As prodigious as was her church ministry, her secular actions were

phenomenal. Five Virginia governors appointed her to their advisory boards on aging; she served on community boards for housing, dementia care, aging, human services, disabilities, elder rights, and more. If lives were being challenged or diminished, MaryEllen was there to lend her tiny frame and gigantic heart.

Inevitably, many came to recognize this remarkable woman: The Commonwealth, the City of Virginia Beach, the General Assembly, our own Virginia Center on Aging, Senior Connections, advocacy groups, coalitions, and others. The American Association of Homes and Services for the Aging (AAHSA) gave MaryEllen its highest award for a lifetime of service. The Pope honored her with a papal medal, *Bene Merenti*, well deserving. President G. W. Bush named MaryEllen as one of his Thousand Points of Light in the service of our nation.

Maybe we all simply hoped that she would go on forever. Perhaps we feared that we would not see another like her again.

Discover More – Travel Less!

by Jane F. Stephan, Ed.D.

Great things are afoot – and we do NOT want this to be a well-kept secret! Our VCU Elderhostel life-long learning program offers many exciting opportunities, but this year we have two unique programs at two distinctive destinations. For short and exciting getaways this summer and fall, we invite you to the mountains and the Shenandoah Valley to enjoy cooler summer temperatures and mesmerizing views of the Blue Ridge at beautiful Natural Bridge in August, or to the fall foliage and crisp mountain air in the splendid little city of Staunton. The costs are so reasonable, and the programs are so diverse, that you might want to come to both locations.

Join us to re-create the spirit of learning in community in *A 21st Century Elderhostel “Chautauqua”* at Natural Bridge on August 17-21, 2008 (Program #16228AU). “Chautauqua” refers to a summer retreat in upstate New York which began hosting educational events in the 19th century; these became so popular that the name has become generic for a lively and varied community learning setting. There’s something for everyone in our one-of-a-kind experience. Top instructors from all of Virginia Commonwealth University Elderhostel sites will present 12 tantalizing and thought-provoking classes on history, literature, mythology, science, music, Shakespeare, and more. Plus two

evenings of superb music and entertainment, an evening laser-light show at the Bridge, and a five-day ticket to explore this National Historic Landmark that was sacred to the Monacan Indians and that Thomas Jefferson called “the most sublime of Nature’s works.” You’ll have outstanding classes, all meals and excellent accommodations at the Natural Bridge Inn, where Southern charm and hospitality still exist. The Chautauqua program is structured to allow three Elderhostel groups, each with its own coordinator, to attend each of the classes and seminars on a rotating basis, while enjoying meals and evening performances together. We hope to fill the entire hotel with Elderhostel!

Brush up your Shakespeare, in an entirely different way than you did in your schooldays, at *The American Shakespeare Center: Blackfriars and the Bard* (Program #14828AU) in Staunton, which you can experience on June 3-6, September 23-26, October 7-10, or November 4-7, 2008. Revive the thrill of the Renaissance stage and recover the joy of language at the American Shakespeare Center’s Blackfriars Playhouse, the world’s only re-creation of Shakespeare’s original indoor theatre. In this program, you’ll study two plays, attend two full evening performances, engage in wordplay and swordplay, learn about staging and make-believe, and go behind the scenes with actors and scholars as you examine enduring themes of love, hate, jealousy, and madness in Shakespeare’s comedies and tragedies. Enrich your

understanding of the original meanings of words and phrases that are now part of everyday vocabulary as you discover the delights of “speaking Shakespeare.” You’ll have fascinating and intriguing classes, meet fantastic actors in two different evening plays, enjoy delightful lunches and dinners at a medley of restaurants, and reside in an award-winning B&B-style hotel with the best breakfasts in town. The performance schedule for the program above is available upon request, by calling (804) 828-1525.

Elderhostel is a not-for-profit organization, dedicated to providing exceptional learning adventures at affordable value. If you are ready for something different and exciting, and ready to join some of the most interesting people you will ever meet, then you are ready for an Elderhostel program. The only requirement for enrollment is that you are at least 55 or that you are accompanied by someone of that age. To register for any of the programs above, call Elderhostel toll-free at (877) 426-8056 M-F, 9am-6pm ET. You may also go online to www.elderhostel.org. If you would like a program brochure or if you have questions, please call us at the Virginia Center on Aging (804) 828-1525.



The Virginia Center on Aging's Annual Legislative Breakfast

If it's January, it's Legislative Breakfast time. VCoA hosted its annual breakfast on January 23, 2008, at St. Paul's Episcopal Church in Richmond, as it has been doing for the last 20 years or so. The year 2008 marks 30 years since Governor Dalton signed the action establishing VCoA in the Code of Virginia. This year we drew a large attendance, including Senators, Delegates, their staffs, members of the Commonwealth Council on Aging, the Virginia Department for the Aging and other state agencies, and colleagues from various Area Agencies on Aging, Virginia Commonwealth University, and other organizations from across the Commonwealth.

VCoA hosts this breakfast to inform the General Assembly, which created it in 1978, of its progress in meeting its three fundamental mandates: interdisciplinary studies, research, and information and resource sharing.



Top Left: VCoA staff at the welcoming table. From left to right: Jane Stephan, Catherine Dodson, Tara Livengood, Lisa Furr, Bert Waters, Kim Ivey, Paula Kupstas, and Bill Lightfoot.

Top Right: VCoA's Ed Ansello and Bill Lightfoot greet Delegate David Poisson.

Middle Left: LLI Director Monica Hughes, Chesterfield Senior Advocate Debbie Leidheiser, VCoA's Jane Stephan, and VCU Dean Cecil Drain

Middle Right: Bill Kallio of AARP and Katie Roeper of SeniorNavigator

Bottom Left: Former Commissioner Bill Lukhard, Marian Dolliver of Senior Connections, and Raymond Carney of VCU Social Work



Top Left: VCU Vice President Sheldon Retchin gives the welcome and recognizes VCoA's 30 years.

Top Right: Lory Phillippo of Circle Center Adult Day Services, VCoA's Connie Coogle, Cathy Saunders of Long and Foster Realtors

Middle Left: Delegate Ken Plum, Elvira Shaw of the Commonwealth Council on Aging, Gerri Holmes of AARP Virginia, Delegate Joe Morrissey

Middle Right: Attorney General Bob McDonnell

Bottom Left: Senator John Miller and VCoA's Catherine Dodson

Bottom Right: Diana Allin of Chesterfield County Mental Health Support Services and Jennifer Aulgur, TRIAD Director, OAG

Dr. Ryo Takahashi Visits Virginia

Age in Action readers may know the name of Dr. Ryo Takahashi of Tokyo. We have mentioned him as the inspirational leader of the *DaVinci Kigatsuku* initiative that is re-conceptualizing the educational gerontology curriculum, as he and other leaders are working to establish gerontology programs in universities in Southeast Asia. Dr. Takahashi envisions a gerontology curriculum that not only describes the processes of aging but also better captures the meaning of later life. He visited Virginia in late February to attend a geriatric care conference in Charlottesville cosponsored by UVA and VCoA and to interview VCoA staff in Richmond. At press time he is moving to India to help launch a program at Andhra University.



Top photo: Dr. Takahashi at dinner in Charlottesville with Drs. Jonathan Evans, Dick Lindsay, and Ed Ansello



Bottom photo: Dr. Takahashi at VCoA with Bert Waters, Lisa Furr, and Ed Ansello

Alcohol, Medications and the Older Adult

Alcohol and medication misuse is a growing problem facing older adults today. Substance abuse among adults 60 and older is one of the great health challenges in the country. More attention to these issues among older adults can greatly improve the quality of their lives. For this reason, the Virginia Department of Alcoholic Beverage Control (VA ABC) has partnered with several state agencies and private organizations to promote prevention through education. The partnership is called the Alcohol and Aging Awareness Group (AAAG).

VA ABC, with the support of the AAAG, is distributing a brochure entitled, "The Best Is Yet to Come." It promotes older adults' maintaining a healthy lifestyle and emphasizes obtaining knowledge about alcohol and medication interactions, the effect alcohol may have on older adults, and resources available if help is needed.

In addition, the AAAG provides educational presentations for older adults, as well as training sessions for health professionals and other service providers. Speakers presenting on the topic of alcohol and aging are available to inform lay audiences about how taking medications or having particular lifestyles may trigger unusual responses to alcohol and pose special risks in older adults.

The AAAG is also presenting a one-day training conference for those who give direct care to older

adults. This conference will provide education about alcohol and medication misuse among older adults. Attendees will be given available resources and will learn how to address this topic with clients, staffs, and families. "The Hidden Epidemic" conference will be held **Tuesday, April 29, 2008** from 9:00 a.m. – 4:00 p.m. at VCU Student Commons on the Monroe Park Campus in Richmond. This conference is sponsored by the Virginia Center on Aging, VCU, VA ABC, and the AAAG.

For free brochures, to schedule a speaker, or to register for the training conference, please visit www.abc.virginia.gov/education.html or e-mail education@abc.virginia.gov, or call (804) 213-4688.

Mary Washington Hospital & MediCorp Health System Present

Navigating the Waves of Aging

**Thursday, April 24, 2008
7:45 a.m. - 4:15 p.m.**

Jepson Alumni Executive Center
University of Mary Washington
Fredericksburg, Virginia

For information, contact Courtney Howell at (540) 741-2081 or Noreen Collins at (540) 741-4534.

Legal Assistance for Older Adults and “Project 2025”

by Janet James, Esq., State Legal Services Developer Virginia Dept. for the Aging

What is Project 2025?

In 2006, Governor Kaine authorized a three-year grant proposal to the Administration on Aging (AoA) entitled *Project 2025: Enhanced Access to Legal Assistance for Older Americans in Virginia* for the development of statewide legal assistance planning targeted toward current and future older adults in Virginia. This proposal was accepted by AoA and successfully implemented with significant assistance from public and private organizations across the Commonwealth (listed below).

The goal of the project is two-fold. First, Virginia will strengthen its existing program by involving stakeholders in statewide planning and collaboration. Second, Virginia, in conjunction with the stakeholders, will create statewide standards to define measurable units of legal assistance for individuals ages 60 years and older in greatest social and economic need. The objectives are to: 1) enhance the relationship between Area Agencies on Aging (AAAs) and Legal Aid Programs; 2) foster collaboration among legal aid programs and the public and private bar; 3) establish a system to reach specific target populations including rural, non-English speaking, and those in long term care facilities; 4) develop a statewide system to collect data and report

performance results; and 5) firmly establish the role and benefits of this program and obtain funding to continue after the grant period ends (5/31/09). Expected outcomes of this project include statewide planning and coordination of legal assistance services for older adults (thereby increasing Virginia’s capacity to serve more people) and integration of other federal and state funded initiatives targeted towards Virginia’s aging population, i.e., *P.A.C.E. – Program of All Inclusive Care for the Elderly, Own Your Future, No Wrong Door, Virginia Caregiver Coalition, Virginia’s Systems Transformation Grant* and *Virginia’s Long Term Care Partnership*.

What Has Been Accomplished So Far?

Virginia’s progress to date is exciting and historic. A project of this magnitude has never been successfully undertaken before and significant results are occurring. Tangible outcome measures to date include: a firmly established Elder Law Task Force and Elder Law Listserv; two pilot programs targeted to increase *pro bono* participation by private attorneys in Virginia; strategic and statewide planning to improve the current legal services delivery system; website development and online tools to assist service providers in locating legal assistance for their clients; and other strategies designed to increase efficiency and protect the rights and independence of older adults.

Why the Long Term Care Focus?

The Project 2025 Stakeholders Committee agreed to focus its

efforts on two substantive areas of law, namely, Long Term Care, and Advance Planning and End of Life Decision Making. While other areas of the law also affect elderly Virginians, these two areas have particular import to the most vulnerable seniors who are in the greatest economic and social need, including those in nursing homes, assisted living facilities and those who receive community-based care. A future report will elaborate on the productive partnerships, case studies, and collaborative efforts involving legal aid programs, long term care ombudsmen, and other Area Agency on Aging staff.

Project 2025 partners and major participants include: Office of the Governor, Commonwealth of Virginia; Secretary, Health and Human Resources; Office of the Attorney General; State Long-Term Care Ombudsman; Virginia Department for the Aging; Virginia Poverty Law Center; Virginia Elder Rights Coalition; U.S. Administration on Aging; AARP; Alzheimer’s Association; American Bar Association; Area Agencies on Aging and the Virginia Association of Area Agencies on Aging; Legal Services Corporation of Virginia and Virginia Legal Aid Programs; Commonwealth Council on Aging; Housing Opportunities Made Equal; J. Sergeant Reynolds – Legal Assistance Program; Legal Information Network for Cancer; Old Dominion Bar Association; SeniorNavigator; The Center for Social Gerontology; Virginia Bar Association; Virginia Guardianship Association; Virginia State Bar; Washington & Lee Law School (Senior Legal Assistance Project-Oliver White Hill Foundation)

Senior Alert Program



Attorney General Bob McDonnell's legislative agenda last year featured the *Senior Alert*, patterned after the *Amber Alert* for missing children.

Supported by AARP Virginia, The Alzheimer's Association, and the State Police, it became law July 1, 2007, after receiving complete bipartisan support, passing both the House and Senate unanimously.

Senior Alert assists state and local authorities in locating missing older adults who suffer from dementia or other cognitive impairments, through a voluntary program with media agencies. *Senior Alert* covers those who are over age 60 and have defined cognitive impairments, such as Alzheimer's disease.

"Increasingly, Virginians are living longer, and with increased life expectancies come new issues to address," McDonnell said. "I know this first-hand, as my 90-year-old dad is an Alzheimer's patient. The idea that he could wander away from his home, and there would not be a comprehensive system in place to help authorities locate him, concerns me as a son, and motivates me as Attorney General to act. *Senior Alert* will result in saved lives, and this is an important new public safety tool for Virginia authorities."

"The Alzheimer's Association appreciates the leadership of Attorney General McDonnell on

this issue," said Carter Harrison of The Alzheimer's Association. AARP Virginia State Director Bill Kallio added, "The Senior Alert bill is an important element in helping protect our vulnerable elderly."

Attorney General McDonnell also focuses on senior protection through a program overseen by his office called TRIAD. TRIAD comprises law enforcement, older adults, and service providers working together to address crime prevention and other quality of life issues as they relate to older citizens. What makes TRIAD work in a community is its S.A.L.T. Council: Seniors And Law enforcement Together, the advisory council that oversees programs and activities. TRIAD has been coordinated by the Attorney General's Office since 1995. The office develops Senior Citizen Resource Manuals, holds regional workshops for seniors, trains local crime prevention officers and senior leaders, and publishes TRIAD handbooks, brochures, tip sheets, and many other resources. For more information, visit www.vaag.com/CONSUMER/TRIAD/index.html.

The Attorney General's Office is also active in protecting older consumers, from prosecuting identity theft, to publishing educational materials and giving presentations across the state on topics like computer safety. It also releases a Consumer Alert of the Month, which is carried in dozens of media outlets across the state. These tools are available online at www.vaag.com/CONSUMER. You can reach Attorney General McDonnell's office at (804) 786-2071 or www.vaag.com.

SOS -Strategies, Opportunities, Success-After Stroke

A free seminar focused on the power to overcome stroke
May 15, 2008

Are you interested in learning about new stroke rehab technology, and how to stay emotionally healthy and physically active after a stroke? If so, call and register for a FREE community education program on Thursday, May 15th from 11:00 a.m. - 2:00 p.m. for stroke survivors and caregivers. It will take place at the Science Museum of Virginia in Richmond.

Topics include:

- Successful Medical Management Post Stroke
- Opportunities - New Technology in Rehab
- Strategies for Physical Activity Post Stroke: Functional Gains You Must Maintain
- Strategies for Minimizing Depression and Enhancing quality of Life
- Recreation + Leisure = Quality of Life

Sheltering Arms is hosting this important event in honor of Stroke Awareness Month. In addition to powerful and informative presentations, the afternoon will include informational booths and free lunch for all attendees! Space is limited and will likely fill fast.

Registration required. Call (804) 764-5275 to register today!



Virginia Tech's Gerontology Center Celebrates 30 Years

We note an anniversary. The research, education, and outreach programs of the Virginia Tech Center for Gerontology have enriched the lives of life of older adults for 30 years, not just in Virginia, but across the country.

"The Center focuses primarily on family gerontology, health and aging, and elder rights," said professor and Center director Karen Roberto, who is also the interim director of the Institute for Society, Culture, and Environment at Virginia Tech.

On-going research embracing both family gerontology and health and aging includes the Center's study of families of people with mild cognitive impairment, funded by the Alzheimer's Association. The research revealed that families need information about changes in memory, help to identify effective coping strategies, and support for the social and emotional changes they are experiencing. As a result, the Center created a research-based guide for elders and families on mild cognitive impairment (available at www.gerontology.vt.edu/docs/Gerontology_MCI_final.pdf). The Center's work in elder rights includes focus on policy to address abuse and the provision of community services. For example, Pamela Teaster, who was a doctoral student and then a faculty member with the Center, drafted the public guardianship legislation for Virginia. Further, the Center assessed current and future needs for public guardians, in an initiative undertak-

en for the Virginia Department for the Aging (VDA), and is also assisting VDA by evaluating the "No Wrong Door/Aging and Disability Resource Center" program to improve how information is gathered from clients who need more than one service.

In addition to its core faculty, the Center has more than 70 affiliates throughout the university, such as Toni Calasanti, professor in sociology, who is doing research funded by the Virginia Center on Aging on gender differences in informal care work for persons with Alzheimer's disease, and Thurman Lockhart, associate professor in industrial systems engineering, who conducts research on slips and falls in late life.

The Center for Gerontology provides seed money to help researchers obtain the data they need to apply for larger grants. For example, it funded Mike Madigan, associate professor of engineering science and mechanics, to conduct preliminary work on age and balance so he could submit a proposal to the National Institutes of Health. He subsequently received \$139,844 from the National Institute for Occupational Safety and Health for a study on "Muscle strength and age effects in balance recovery." In three decades, research by the Center and affiliate faculty members has contributed to disease prevention and management, better health care delivery, improved family relationships, suitable housing, consumer products that meet the needs of the older adults, reduction of fraud and abuse, and more.

The Center's core and faculty affili-

ates have received numerous national and international honors and awards for their work. For example, Calasanti, human development professor Katherine Allen, and the Center's associate director Alumni Distinguished Professor Rosemary Blieszner, have been named Petersen Fellows in Family Gerontology at Oregon State University. These nationally competitive appointments represent 25 percent of Petersen Fellow awards; no other university has had more than one appointment.

The Center's research often has outreach and educational components. "Our outreach efforts provide research-based education and consultation to individuals, families, organizations, and communities throughout Virginia and beyond," Roberto said. "We have been awarding graduate certificates since 1985," added Blieszner. "The Center's graduate certificate is one of the first programs awarded the Program of Merit distinction by the Association for Gerontology in Higher Education. Students in many majors across campus, such as architecture, urban studies, psychology, hospitality, education, human development, sociology, and biomedical science, enroll in a program of graduate study and conduct research that helps them connect their major to gerontology. In any given year, we have 15 to 20 certificate students."

Many students are supported with scholarships. Virginia Tech students received three \$10,000 AARP scholarships in 2005 when only 30 were awarded nationwide. Student

- continued on page 17

AgrAbility Project: Helping Farmers with Disabilities Succeed in Agriculture

Agricultural production is one of the nation's most hazardous occupations. Each year hundreds of thousands of people working in agriculture experience injuries that limit their ability to perform essential farm tasks. Tens of thousands more become disabled as a result of non-farm injuries, illnesses, and other health conditions. Like their urban counterparts, approximately 20% of farmers, ranchers, and other agricultural workers have disabilities that interfere with their work. The numbers rise with advancing age.

For many, the presence of a disability jeopardizes their rural and agricultural futures. Rural isolation, a tradition of self-reliance, and gaps in rural service delivery systems frequently prevent agricultural workers with disabilities from taking advantage of growing expertise in modifying farm operations, adapting equipment, promoting farmstead accessibility, and using assistive technologies to safely accommodate disability in agricultural and rural settings. Yet, with some assistance, the majority of disabled agricultural workers can continue to earn their livelihoods in agriculture and participate fully in rural community life.

The AgrAbility Project was created to assist people with disabilities employed in agriculture across the country. It links cooperative extension services with nonprofit disability service organizations (Virginia

Cooperative Extension and Easter Seals Virginia, respectively, for Virginia) to provide practical education and assistance that promote independence in agricultural production and rural living.

AgrAbility projects offer training, technical assistance, peer support, and resource identification. AgrAbility Virginia partners with Virginia Tech, Easter Seals Virginia, the Department of Rehabilitation Services, Woodrow Wilson Rehabilitation Center, Centers for Independent Living, Virginia Arthritis Action Coalition, the Virginia Rural Health Association, Virginia Assistive Technology System, and the Farm Bureau. The AgrAbility Project has emerged as one of rural America's most valuable and cost-effective resources.



Congress authorized the AgrAbility Project in the 1990 Farm Bill, and the U.S. Department of Agriculture's Cooperative State, Research, Education & Extension Service (USDA-CSREES) began the AgrAbility Project in 1991.

The AgrAbility provision of the 2002 Farm Bill promotes the combination of agricultural know-how and disability expertise to provide farmers, ranchers, and farm workers with disabilities the specialized services they need to accommodate

their disabilities in everyday farm or ranch operations. As authorized, the program engages extension educators, disability experts, rural professionals, and volunteers in offering an array of services, including:

- Identifying farmers, ranchers, and farm workers with disabilities and referring them to appropriate resources;
- Providing on-site technical assistance on adapting and using farm/ranch equipment and tools, and on modifying farm/ranch operations and buildings;
- Delivering agriculture-based education to help prevent further injury and disability;
- Conducting training to help extension educators and other rural professionals to upgrade their skills in assisting farmers with disabilities; and
- Developing and coordinating peer support networks.

AgrAbility Projects provide information and assistance annually to nearly a thousand new and established clients, farmers and ranchers with disabilities, which allow them to continue their agricultural endeavors and remain vital rural business and community members.

Each AgrAbility Project works to build the rural capacities needed to help foster the success of these individuals with disabilities and their families by educating thousands of rural health care and agricultural professionals, developing dozens of peer support networks, and conducting hundreds of public awareness events.

Currently, state-level USDA-funded AgrAbility projects serve clients in

24 states. For an up-to-date list of contacts for the state projects visit www.agrabilityproject.org or call toll-free 1-800-914-4424.

A six-minute, open-captioned AgrAbility videotape is available in standard, 1/2" VHS format in English. Two 16-minute versions are also available in English, one with open captions and one with closed captions. A non-captioned version is available in Spanish. For information on AgrAbility or the videos, please contact Taylor McLean at tmclean@easterseals.com or (800) 914-4424.

The contact person in Virginia is Kirk Ballin, 201 E. Main St., Salem, VA 24153; 1-800-365-1656; kballin@va.easterseals.com. In addition, there are two websites, the first national (www.agrabilityproject.org/) and the second for Virginia (www.agrability.ext.vt.edu/).

Age in Action

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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 kivey220@yahoo.com.

**Summer 2008 Issue Deadline:
June 15, 2008**

Virtuoso, A Film by Biana Kovic



On March 1, 2006, an 89-year-old woman named Matty Kahn volunteered for a *Never2Late* project. She would begin learning to

play the cello in a month's time. Having no prior musical knowledge, she is bravely embarking on the path of musical training to rediscover the strong connection between life and music.

From Biana Kovic, cellist and filmmaker, comes this inspirational, gripping story that offers powerful insight into the secrets of aging.

"This short, brilliant film packs more inspirational punch than many full-length features. Kovic's theme of renewal and discovery through music is handled with subtlety and skill. When it was over the first thing I wanted to do was pick up a cello." Larry Hott, Florentine Films/Hott Productions

For more information, visit www.virtuosodocufilm.com.

VDA Editorial, continued

Aging fosters the independence and well-being of older Virginians and supports their caregivers through leadership, advocacy, and oversight of state and community programs, and guides the Commonwealth in preparing for an aging population."

Our strategic planning process also includes a survey to which we will be asking our many stakeholders to respond, so that we might have input on the role of VDA and priorities for planning. We are eager to hear from many of you as we prepare for a future rich with challenges and opportunities.

VA Tech, continued

activities have been hands-on from the beginning, when a three-credit Project Home Repair Field Experience course was conceived as the best way to inform students of the social issues, underlying poverty, and aging-related problems in Appalachia. For more information, contact the Center at (540) 231-7657.

Annual Gerontology Spring Symposium April 22, 2008; 6:00 - 9:00 p.m. MCV Alumni House, 1016 E Clay Street.

Join us to hear from professionals in: Long-term Care Administration, Adult Day Centers, Policy and Advocacy, Education, Geriatric Care Management, Home Care, Area Agencies on Aging, and Health and Wellness.

RSVP to Katie Young at (804) 828-1565 or agingstudies@vcu.edu.

Calendar of Events

April 23, 2008

Maintain Your Brain. Workshop by the Alzheimer's Association, Greater Richmond Chapter, 10:00-11:00 a.m. Hosted at Beaufont Towers, Richmond. Free. For information, call Kim Schneck at (804) 320-1412.

April 30, 2008

A Round to Remember. Annual Golf Tournament benefits the Alzheimer's Association - Greater Richmond Chapter. Royal New Kent and Golf Club at Brickshire, Providence Forge. For information, contact (804) 967-2580.

April 30, 2008

The Commonwealth Council on Aging's regularly scheduled meeting. 10:00 a.m. - 2:00 p.m. Virginia Department for the Aging conference room. The public is invited to participate. For more information, contact Bill Peterson at (804) 662-9325 or bill.peterson@vda.virginia.gov.

May 7, 2008

Chesterfield TRIAD Senior Day, "Mayberry: Make Senior Safety Great in 2008". Over 50 businesses and nonprofit agencies focused on making your life safe, active, and more enjoyable. 8:30 a.m. to noon, Victory Tabernacle Church, Midlothian. For more information, call (804) 768-7878.

May 8, 2008

ABCs of Alzheimer's Disease. Sponsored by the Alzheimer's Association, Central & Western Virginia Chapter, 7:00-8:00 p.m. at EverGreene Nursing, Stanardsville. Dinner included. For information, call Michelle Pitts at (434) 985-4434.

May 14, 2008

Chesterfield Council on Aging's Legislative Forum with Chesterfield County Legislators in the General Assembly. Brown bag lunch at 11:30 a.m., Forum from 12:00 - 1:30 p.m. Lifelong Learning Institute, Midlothian. For more information, call (804) 768-7878.

May 20, 2008

Aging and Memory: What's Normal and When Should I Be Worried? Lecture with Ellen Phipps, sponsored by the Alzheimer's Association, Central & Western Virginia Chapter, 6:30-8:00 p.m. Winterhaven Assisted Living, Charlottesville. Free. For registration, call Ellen Phipps at (434) 973-6122.

May 22, 2008

Container Gardening for Older Adults. Sponsored by the Chesterfield Council on Aging, 9:00 a.m. at Lucy Corr Village, Chesterfield. For more information, call (804)768-7878.

May 29, 2008

Disaster Preparedness for Caregivers. Presented by the American Red Cross, 4:00- 4:45 p.m., hosted at Circle Center Adult Day Services, in Richmond. Seating is limited, so please call Lynda at (804) 355-5717 or email lgormus@circlecenterads.org.

June 10, 2008

The Virginia Alzheimer's Disease and Related Disorders Commission's regularly scheduled meeting. 10:00 a.m. - 2:00 p.m. Virginia Department for the Aging conference room. The public is invited to participate. For more information,

contact Bill Peterson at (804) 662-9325 or bill.peterson@vda.virginia.gov.

June 15, 2008

World Elder Abuse Awareness Day. What is your organization doing? Contact the National Center on Elder Abuse at ncea-info@aoa.hhs.gov.

June 17, 2008

Medications and Memory. Lecture with Jonathan Evans, MD, Geriatric Medicine at UVA, sponsored by the Alzheimer's Association, Central & Western Virginia Chapter, 6:30-8:00 p.m., at Winterhaven Assisted Living, Charlottesville. Free. For registration, call Ellen Phipps at (434) 973-6122.

June 25, 2008

The Commonwealth Council on Aging's regularly scheduled meeting. 10:00 a.m. - 2:00 p.m. Virginia Department for the Aging conference room. The public is invited to participate. For more information, contact Bill Peterson at (804) 662-9325 or bill.peterson@vda.virginia.gov.

June 26, 2008

Forgetfulness: When Is It a Problem? Presented by the Alzheimer's Association, Greater Richmond Chapter, 4:00-4:45 p.m. Hosted at Circle Center Adult Day Services, Richmond. Seating is limited. Call Lynda at (804) 355-5717 or email lgormus@circlecenterads.org.

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**Virginia Coalition for the Prevention of Elder Abuse (VCPEA)
14th Annual Conference
May 29-30, 2008
Virginia Beach Resort & Conference Center**

VCPEA is a coalition of individuals and organizations working cooperatively through public awareness, advocacy, and education to assure older Virginians a life free of abuse, neglect, and exploitation. Its annual meeting is a common ground for colleagues from social services, adult protective services, law enforcement, health care, aging-related services, education, public policy, and other areas to learn in an informal multidisciplinary setting. This year's conference topics include:

- Right to refuse treatment
- Financial exploitation
- No Wrong Door
- Strengthening family caregiving
- Olmstead, Money Follows the Person, Systems Transformation
- Fair housing and reasonable accommodation
- Collaborating with health care providers
- Hoarding
- Elder Justice Act
- Mental illness in the elderly
- Elder abuse shelter in long-term care

VCPEA has reserved lodging at the special rate of \$99.00 a night, single or double occupancy. For more conference information, contact Joyce Walsh at 757-382-6883 or jwalsh@cityofchesapeake.net or Ed Ansello at 804-828-1525 or eansello@vcu.edu.

Virginia Commonwealth University is an equal opportunity/affirmative action institution and does not discriminate on the basis of race, gender, age, religion, ethnic origin, or disability. If special accommodations are needed, please contact Dr. Edward F. Ansello, VCoA, at 804/828-1525.

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