

Case Study

The Older Inmate

by Tara Livengood, M.A.

Educational Objectives

1. Present a general overview of elderly inmates, including statistics, characteristics, crimes, mental and medical illnesses, and disabilities.
2. Describe Virginia's only geriatric correctional facility.
3. Explain the practice of release planning, focusing especially on geriatric release.

Background

The number of elderly inmates in state prison systems has increased dramatically during the past decade. This increase reflects several realities. In general, people are staying healthy longer, are living longer, and are capable of committing crimes longer. The combination of the aging baby boomer generation and the crime and sentencing trends of the 1980s and 1990s has led to an older, grayer inmate population. Strict sentencing policies, such as Truth in Sentencing, which requires prisoners to serve at least 85 per-

cent of their sentence, and Three-Strikes sentencing, which calls for third-time felony offenders to serve mandatory sentences of 25 years to life, have also contributed to the increase of elderly inmates (Kerbs, 2000), as have longer sentences associated with the war on drugs. From 1992 to 2001, the number of state and federal inmates ages 50 and older grew from 41,586 to 113,358, a substantial increase of 172.6% (U.S. Department of Justice, 2004, p. 7). In the past five years, the aged 50 and older inmate population within the Virginia Department of Corrections has increased 5% (Virginia Department of Corrections, 2002, p.3). Not all inmates will adjust well to incarceration, and some may become difficult geriatric inmates (McShane & Williams, 1990). The mellow, gentle and calm stereotypes of the older adult do not always apply to elderly inmates.

Chronological age is only one factor used in the definition of aging; aging is also defined by physical, emotional, social, and economic situations. Accelerated biological aging is a rapid decline of health due to, in this case, incarceration

(Kerbs, 2000). The "age" of a typical male inmate is approximately 12 years older than his non-confined counterpart; so, an incarcerated 50 year old would be physiologically similar to a 62 year old person outside of prison. Several factors lead to accelerated biological aging, including unhealthy lifestyles prior to incarceration, unhealthy lifestyles cultivated during incarceration, and the stress of prison life, all of which intensify the aging process (Kerbs, 2000). Unhealthy lifestyles can include risky sexual behaviors and tobacco, alcohol and drug use and abuse.

The U.S. Department of Justice (2004) identifies three types of elderly offenders: first offenders, repeat offenders, and long-term offenders. Each group has its own characteristics and needs. First time offenders include inmates who have committed their crime after the age of 50. Approximately 50% of elderly inmates are first offenders who are incarcerated after the age of 60 (Florida House of Representatives, 1999, p. 12). Their crimes are likely to be serious, considering they have been imprisoned for a first-time offense at an advanced age; crimes

Inside This Issue:

VCoA Editorial, 5
VDA Editorial, 7
VCoA Focus: K. Epperson
and J. Hellerstein, 9

Legislative Breakfast Photos, 10
New River Valley AAA, 12
Alzheimer's Conference, 12
Richmond Needs Survey, 13

Healthcare Plans Toolkit, 14
Happiness Contagious?, 15
Virginia's Edgar Allan Poe, 16
Calendar of Events, 18

of passion are often the cause of incarceration. Within the Virginia Department of Corrections, 81% of inmates over the age of 65 are first time offenders (Celi, 2007, p.7). According to the Florida House of Representatives (1999), first time offenders are incarcerated mainly because of changes associated with aging, such as reduced social interactions or increased stresses placed on primary relationships; these may create conflict, triggering a spontaneous crime or a crime of passion. Biological changes also can influence the high rate of first time offenders, such as any biological change in the brain that would decrease inhibition and impulse control. Loss of ordinary social rules and obstinacy often lead to aggression; consequently, this is a group prone to violence. Their criminal behaviors are often situational and spontaneous, so they rarely see themselves as criminals. Their most common offenses are aggravated assault, including sexual assault, and murder. First-time incarcerated older inmates are frequently severely maladjusted and are especially at risk for suicide, aggression, and other characteristics related to mental illness. They are likely to have problems adjusting to prison since they are new to the environment, which will cause underlying stress and possible health problems related to stress.

Repeat offenders are habitual criminals who have been in and out of prison for most of their lives. They frequently have substance abuse problems that can lead to chronic diseases, such as asthma, heart problems, circulatory problems, and kidney or liver problems. Repeat offenders tend to adjust better to

prison because of their histories of being in and out of prison. Substance abuse, a history of violence, and mental illness often play a part in their re-incarceration and they find life outside of the institution difficult because of these problems (Florida House of Representatives, 1999).

Long-term offenders include inmates who have earned long sentences and have “aged in place.” They are generally the best adapted to prison life because they have been in prison so many years that they have adjusted to the prison environment.

It is clear that older inmates have considerably greater health care needs than younger inmates in the general prison population. Many suffer from chronic illnesses, including but not limited to heart disease, hypertension, diabetes, cirrhosis of the liver, and chronic lung disease. They also experience a number of conditions commonly associated with the normative aging processes, including vision loss, hearing impairment, sleep disturbances, incontinence, mental illness, and gastrointestinal disorders (Florida House of Representatives, 1999). Compounding these health problems, psychological illness, lack of educational skills, and poor social support affect the elderly inmate’s ability to adapt to prison life (Kerbs, 2000). Sabath and Cowles (1988) found that low levels of education, poor health, and intermittent visits from family led to poor adjustment in prison because these factors decrease the inmate’s ability to fill time with activities.

The analysis conducted by the Florida House of Representatives (1999) revealed that older inmates have a higher rate of mental health problems than younger inmates; in general, 15 to 25% of the elderly inmate population has some type of mental illness. Morton (1992) found depression to be the most common mental illness found in elderly inmates, followed by dementia, including Alzheimer’s disease, and drug and alcohol abuse. Aday (1994) conducted a case study of 25 elderly inmates incarcerated for the first time. Reported first reactions to prison in late life included depression, family conflicts, fear of death in prison, and thoughts of suicide.

Deerfield Correctional Center (DFCC)

The original DFCC opened in Capron, Virginia in October 1977 and closed April 1991. After three years of construction, Deerfield reopened in August 1994. Since its initial opening in 1977, DFCC has operated as a medium security facility. Currently, it is classified as a Level II, which is a moderate level facility (Level I is minimum security and Level III is medium security) and has the capacity to house 1,080 inmates: 986 in the general population, 57 in assisted living, 17 in chronic care, and 20 in the infirmary (Deerfield Correctional Center, 2004). Recently, as a result of the Commonwealth of Virginia budget cuts, DFCC has acquired the Men’s Work Camp and Women’s Pre-Release Center, both of which were part of Southampton Correctional Center which closed in 2008. As a component of DFCC’s current mission, inmates who are

assigned to DFCC should be 55 years of age or older or in need of assistance with one or two activities of daily living, such as eating, bathing, toileting, dressing, hygiene, and ambulating. At present, 65% of inmates assigned to DFCC are 55 years of age or older. The main goal of DFCC is to address the long-term health care needs of aging inmates and inmates who have chronic illnesses or conditions which prevent them from caring for themselves (Virginia Department of Corrections, 2007). Deerfield hopes to expand over the next few years to allow for a dementia care unit and/or a hospice program.

DFCC has approximately 165 inmates who are taking psychotropic medication and 19 who are not on medication but receiving direct mental health services. The most common mental illnesses presented are depression, anxiety, bipolar and thought disorders, and dementia. Loneliness, bereavement, isolation, and poor health commonly contribute to a lack of effective coping during incarceration. Currently, DFCC maintains four qualified mental health professional (QMHP) positions on the mental health team who treat and monitor the mental health inmates at DFCC; in addition, a psychiatrist comes in to see patients two to three times a week.

Offender #1

Offender #1 is a repeat offender who is serving the last few months of his 10 year sentence for fraud and grand larceny related to his drug addiction. He is a 51 year old white male who grew up in the western part of Virginia in an area

well known for its seclusion, family cohesiveness, and low socioeconomic status. Typical of inmates from this area, Offender #1 has a limited education and worked on farms or sold items in a flea market to earn a living. Since Offender #1 was a young teenager, he had been using drugs and alcohol to the point that now he is suffering nerve and muscle damage. He has a family history of drug and alcohol problems and, in fact, Offender #1 has siblings incarcerated in Virginia who have similar circumstances; this is not uncommon in the Department of Corrections. His medical problems include a hernia, heart condition, diabetes, hepatitis C, and hypertension. From a mental health perspective, he suffers from depression, anxiety, and psychosis. While his chronological age is 51, Offender #1 appears to be in his mid-60s because of accelerated biological aging. He has a defeated, weary, and depressive disposition reminiscent of one who is hanging onto his last thread. Currently, his only hope is to get out of DFCC alive and never return. He says that he has learned his lesson and states that entering prison has saved his life by getting him away from drug addiction. He says that he hopes to make something better of his remaining years. Offender #1 will be released this year.

Release planning is the process of finding housing and after care services for released offenders. For Offender #1, this process is relatively easy, for he has a home plan, is not a sex offender, and has family members or friends who are still alive. A home plan refers to the place of residence to which the offender will return upon release.

Typically, the home plan will be a family residence but it could also be a friend's house, homeless shelter, halfway house, or other type of private or public facility. Offender #1's home plan was unusually easy to determine, something quite uncommon for offenders being released from DFCC. Many offenders have neither living family members nor friends or, in some cases, family and friends are still alive, they do not want any contact with the offender. If the offender is a sex offender (there are approximately 350 sex offenders at Deerfield) the release planning is much more difficult due to specific legal requirements and facility rules, such as, the distance of child care or school facilities from the home plan, location of the victim, and the placement facility's discretion of allowing a sex offender to reside there. All home plans are verified by the supervising Probation and Parole Officer to determine its appropriateness. The Code of Virginia allows a geriatric offender to apply for geriatric release, under a section called Conditional Release of Geriatric Offenders (53.1-40.01). In order to meet the petition requirement, an offender must be serving a sentence for a felony, other than a Class I felony, be 65 years old or older, and have served at least five years of the sentence or be 60 years old and have served 10 years of the sentence.

All offenders being released who receive mental health services will receive placement assistance by a QMHP. For Offender #1, the QMHP made an appointment with the Community Services Board (CSB) so that the offender will receive mental health services

almost immediately after release. All offenders receive up to 30 days of medication upon release, including all medical and mental health medication. A 30-day prescription for the mental health medication is sent to the supervising Probation and Parole Officer so that the offender will be able to fill a prescription under supervision if the CSB appointment does not occur in time. Offender #1's home plan is at a location he resided previous to incarceration and is near his family's residence. His home plan will need to be approved by Probation and Parole and the QMHP will follow up as Offender #1's release date approaches.

Offender #2

Offender #2 is a long-term offender who entered the Virginia Department of Corrections at the age of 35 for 1st degree homicide, a Class II felony. He has so far served 26 years of a life sentence. He is 61 years old but, due to accelerated aging, he looks to be in his early- to mid-80s. Coincidentally, he too grew up in the western part of Virginia. He has a negative, bitter, resentful disposition and is constantly hassling officers, medical staff, and other correctional staff because of his perception that they have failed to satisfy his needs, whatever they may be at the time. He has a significant number of health conditions and uses a wheelchair. His medical conditions include insulin-dependent diabetes, cirrhosis of the liver, pancytopenia (a disease in which there is a reduction of red and white blood cells), hypertension, and coronary artery disease. From a mental health perspective, Offender #2 suffers from

Major Depressive Disorder and receives medication to aid sleeping and reduce agitated depressive features as noted in the above description. Offender #2 receives quarterly psychiatric evaluations to monitor his mental health. Offender #2 does not require additional services because, although he is diagnosed with a mental disorder, the disorder is not currently at a level which requires additional services such as individual psychotherapy or group therapy. Offender #2 has, in the past, received both of those types of additional services and would be considered again if needed. Offenders like Offender #2 who have numerous medical problems are constantly being evaluated and monitored by medical staff. Medical and mental health staff work jointly to ensure that all offenders, and in our case mental health inmates, are receiving adequate care and medication. If Offender #2 or any other mental health offender needs services between the quarterly psychiatrist visits or psychotherapy visits, medical staff will notify the QMHPs.

Conclusion

Elderly inmates represent a special population of incarcerated offenders. They are at a higher risk for medical complications, depression, loneliness, and bereavement. They pose unusual challenges for correctional, health, and mental health professionals. Those who remain in prison tend to experience an accelerated aging which affects their attitudes and behaviors. Those who are released tend to face difficulties in readjusting to a less structured environment. More states will likely find it necessary to focus further

attention on aging offenders and their need for additional services.

Study Questions

1. What factors influence accelerated biological aging?
2. What are the most common types of elderly offenders? What crimes are they likely to have committed?
3. How are the medical and mental conditions of elderly inmates different from or similar to those of the older adult population not incarcerated?

References

- Aday, R.H. (1994). Aging in prison: A case study of new elderly offenders. *International Journal of Offender Therapy and Comparative Criminology*, 38, 79-91
- Celi, T.S. (2007). [Virginia department of corrections older inmate population] Unpublished data.
- Deerfield Correctional Center. (2004). *Virginia Department of Corrections: Deerfield Correctional Center*. Richmond, VA: Author.
- Florida House of Representatives. (1999). *An examination of elder inmates services: An aging crisis*. Tallahassee, FL: Author.
- Kerbs, J. J. (2000). The older prisoner: Social, psychological, and medical considerations. In M. Rotham, R. Dunlop, & P. Entzel (Eds.), *Elders, crime, and the criminal justice system* (pp.207-228). New York, NY: Springer Publishing Company, Inc.
- McShane, M. D. & Williams, F. P. (1990). Old and ornery: The disciplinary experiences of elderly prisoners. *International Journal of Offender Therapy and Comparative Criminology*, 34, 197-212.

Editorials

Morton, Joann B. *An administrative overview of the older inmate*. (1992). Washington, DC: U.S. Department of Justice, National Institute of Corrections

Sabath, M. J. & Cowles, E. L. (1988). Factors affecting the adjustment of elderly inmates to prison. In B. McCarthy & R. Langworthy (Eds.), *Older offenders: Perspectives in criminality and criminal justice* (pp. 178-196). New York: Praeger.

U.S. Department of Justice. (2004) *Correctional health care: Addressing the needs of elderly, chronically ill, and terminally ill inmates*. Washington, DC: National Institute of Corrections.

Virginia Department of Corrections. (2007). *Mental health services plan: Deerfield Correctional Center*. Unpublished Manuscript.

Virginia Department of Corrections. (2002). Statistical summary FY2001. Richmond, VA: Author.

About the Author



Ms. Livengood is a Qualified Mental Health Professional (QMHP) at Deerfield Correctional Center.

She earned a bachelors degree in Psychology and Criminal Justice at Virginia Commonwealth University, and a masters degree in Forensic Psychology at the American School of Professional Psychology. She worked at the Virginia Center on Aging for four years and remains active in the aging community.

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

My Passage to India

The heat was impressive, about 90 degrees inside an un-air-conditioned auditorium now filled to capacity with thousands of students, faculty, and faithful citizens. Closed doors prevented many more outside from coming in, and added to the heat. An official of Andhra University in Andhra Pradesh, a state in Southeast India, announced that Dr. Abdul Kalam had arrived and exhorted the crowd to show him respect. In saying this, the official was not trying to dissuade them from catcalls and other negative behaviors, but from joyously swamping Dr. Kalam and preventing him from reaching the stage. This was the March 12th convocation which launched a three-day conference that focused on beginning the first gerontology program in all of India. I was privileged to be a witness and the keynote speaker.

Dr. Kalam is the immediate past president (2002-2007) of India. He is enormously popular with just about everyone. A scientist, author of many scientific and popular books and articles, technological innovator (his speech was on his website that afternoon), staunch advocate for India and her advancement in the family of nations, he was a Muslim president elected in a Hindu nation, a man whose closest cabinet members included a Sikh man and a Christian woman. An

Indian colleague described him this way: "He's not a politician but a statesman." He was the perfect choice to call attention to aging in India.

A slight and vigorous 78 year old, Dr. Kalam held the audience spellbound for 30 minutes or so, leading them through an appraisal of the country's values and greatness and of the importance of her elders in achieving this greatness. He reviewed briefly neurobiological findings that brains can sprout new neurons, noted that with young and older persons this sprouting is dependent upon supportive environmental factors, and discussed strategies for making "every experienced citizen mentally alive." He led the audience in fervent promises to lead good lives, to visit those in hospitals and nursing homes, to be a friend to the mentally and physically challenged in order to normalize their lives, and to respect "the sweetest hearts," his wonderful expression for elders. He exhorted the audience to "give, give, and give and receive happiness" and to treat "everyone as a manifestation of God." Coming from someone else, these might have sounded like empty platitudes. But Dr. Kalam has earned the respect of extraordinarily large numbers of Indians, across income and education levels, castes, religions, public and private sectors, and, importantly, across ages. He communicated that India needs gerontology.

From my seat on the dais I watched almost in awe. I sensed that, with such a convocation speech, these three days in conference would be seminal and memorable. So they were. Our work in India is the pro-

Editorials

gression of the “DaVinci Kigatsuku” initiative that began in Japan some years ago and that has been described here in previous issues. This undertaking’s name incorporates DaVinci, the brilliant Renaissance artist and inventor who “saw” in ways that others did not, and Kigatsuku, a Japanese word meaning to do the right thing without being told to do so.

Our collaborations with colleagues in Japan and across Southeast Asia had caused us to ask ourselves:

What if gerontology could be the door through which we come to understand not only human aging but human life? What would we add or subtract in the prevailing curriculum? What and how would we teach?

In preparing to help Southeast Asian colleagues to establish or further their gerontology programs, we assessed what currently constitutes the usual gerontological curriculum. We recognized its strengths and limitations. Some subjects and issues were less relevant in certain cultural contexts. Much of its focus is external and one-dimensional. We also came to realize that our colleagues in these other countries have much to teach us in our quest to appreciate, better understand, and teach about human aging.

In Okinawa in 2007, we acknowledged publicly that a curriculum about gerontology should include more than just an expanded core of subject matter. Adding business, technology, the humanities and the arts augments the subject matter of the core curriculum but may not be equally relevant in every cultural context. Adding an interior focus to

the study of human life and human aging, however, complements and helps to further the approaches to understanding. Meditation, yoga, introspection, Eastern and Western spirituality and more should be part of the array, part of what we are calling the cafeteria curriculum or *the curriculum palette*. With such a curriculum palette at hand, gerontological educators anywhere might select carefully the “colors” most relevant to the cultural canvas on which they work.

In India I encountered among colleagues not only an enviable sophistication in technical and mathematical approaches but also a deep appreciation of the spiritual in the human life course; of music and of yoga as means of relaxation and of meditation and wellness; and of the roles of dance and ritual in binding people of all ages together into a social whole. I met and had conversations with ayurvedic physicians, MDs who emphasize the mind-body-spirit connection and incorporate diet, exercise, meditation, and other “alternative” practices that Western medicine typically does not. An American musician living in India, trained in both Japanese and Indian traditional stringed instruments, recounted the central roles that music has played in conveying the stories, values, and meanings of these cultures. Andhra University officials used the term “yoga gerontology” to describe their orientation to mix East and West. And so it went. The point is that, indeed, different cultures do select different “colors” from the curriculum palette in painting the experience of aging as they see it. Aging is a construct, experienced amid and influenced

by the norms, limitations, expectations, and horizons around us.

Virginia Coalition for the Prevention of Elder Abuse

15th Annual Conference

May 27-29, 2009

Virginia Beach Resort &
Conference Center, Virginia Beach

Keynote speaker:

Lori Stiegel, JD
Undue Influence.

Sessions include:

Protecting Residents' Rights and Investigating Elder Neglect and Abuse in Nursing Homes;
Assessing Competence: The Right to Make Bad Decisions?;
Successful Prosecution of Elder Abuse; Misuse of the Power of Attorney; Getting to Prevention: Social Change and Virginia's Adult Fatality Review Team;
Geriatric Bingo; and more.

Questions:

Registration - contact Joyce Walsh at jwalsh@cityofchesapeake.net.

Agenda, CEUs, programmatic issues - contact Lisa Furr at furrl@vcu.edu.

As in past years, space is limited and registration will be accepted on a first-come-first-served basis. The economy and budget cuts have limited opportunities for training....so please take advantage of this reasonably priced training that has a proven track record!

Editorials

From the Virginia Department for the Aging

Linda Nablo

You know times are bad when you consider something to be “good news” when it is really just bad news that isn’t as bad as you feared. With that definition in mind, the good news coming out of the 2009 legislative session is that the General Assembly did not reduce funding for the Virginia Department for the Aging’s overall core services for FY 2010. State funding for AAA services such as nutrition, care coordination, guardianship, ombudsman services, and others remain at the FY 2008 levels. I consider this to be an acknowledgement by the Governor and the legislature of the critical nature of these programs and a tribute to the hard work of those of you who strive to educate our elected officials about the needs of those we serve.

While there will be level state funding for most services for seniors, there are reductions to the “directed appropriations” (earmarks) that have been funded through the Virginia Department for the Aging (VDA) for several years. These directed appropriations, targeted to certain aging organizations and service providers, were reduced but not eliminated in both the FY 2009 and 2010 budgets.

VDA was also pleased that several bills passed the 2009 session of the General Assembly: HB 1792 and SB 1454 designated the local AAAs as the lead agencies for the No Wrong Door system and the Aging and Disability Resource Centers in

their local service areas. HB 1617 and SB 1109 extended the “sunset” date for the Virginia Alzheimer’s Disease and Related Disorders Commission through the year 2014. There were also a number of other bills that passed the 2009 session that have an impact on older Virginians and their families. To be placed on VDA’s “interested parties” mailing list, or to receive a summary of the 2009 General Assembly session, contact Dr. Bill Peterson at bill.peterson@vda.virginia.gov or (804) 662-9325.

One bit of good news that actually qualifies as “good” is the additional funding for aging services that is contained in the federal stimulus package which passed Congress in February. The American Recovery and Reinvestment Act (ARRA) included \$515,062 for Virginia’s Senior Community Services Employment Program (SCSEP). These funds will be distributed to current SCSEP grantees to support an additional 55 low-income participants in subsidized employment. The wages paid to these workers will provide a direct stimulus to the economies of local communities, which will also benefit from the community service work performed by participants. The stimulus package also contains \$2,285,715 for Older Americans Act meals: \$1,531,658 for Congregate Nutrition Services and \$754,057 for Home-Delivered meals. These funds will be distributed to Virginia’s 25 Area Agencies on Aging to address the waiting lists for these services.

Despite the very welcome stimulus funding, current conditions are pretty dismal. Elected officials, program administrators, and advocates

are all focused on keeping programs viable, trying to do more with less, and dealing with painful reductions where necessary. While no one predicted the depth of the current revenue crisis, we can all clearly see another significant change headed our way. Fueled by the aging of the Baby Boomers, there will be more than two million older Virginians by the year 2030 when one in every four of our fellow citizens will be age 60 or older. According to the U.S. Census Bureau, one out of every nine baby boomers nationwide will live to be at least age 90. Today’s efforts may necessarily be dominated by current economic conditions, but we cannot afford to ignore this reality. Therefore, planning for the future at the community and state levels will be a major theme at VDA during the coming year.

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 on our state agencies. 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 these data from over 80 agencies with the Governor and the General Assembly. An initial report was submitted in 2008 and the upcoming report is due by June 30, 2009.

Additionally, House Bill 674 (2008 session of the General Assembly) required VDA to develop a four-year plan for aging services in the Commonwealth to be submitted

Editorials

to the Governor and General Assembly in November of 2009. This plan will also serve as Virginia's State Plan for Aging Services as required by the Administration on Aging for federal funding. In developing the four-year plan, VDA has been directed to consult various state and local agencies, including, but not limited to, Virginia's Area Agencies on Aging, the Commonwealth's Health and Human Resources agencies, the Virginia Department of Transportation, the Virginia Department of Housing and Community Development, the Virginia Housing Development Authority, and the Virginia Department of Corrections, as well as the Commonwealth Council on Aging, the Virginia Alzheimer's Disease and Related Disorders Commission, and the Virginia Public Guardianship and Conservator Program Advisory Board.

VDA is also directed to consult with businesses, nonprofit organizations, and stakeholders. This four-year plan will include a description of Virginia's aging population, its impact on the Commonwealth, and issues related to providing services to this population at both the state and local levels. The plan will include factors for VDA to consider in determining when additional funding may be required for certain programs or services. VDA has begun the development of this plan with the assistance of an initial steering committee, including the Virginia Center on Aging, which is helping to develop the plan's direction. A larger group of stakeholders will be asked to provide input, identify issues, and develop recommendations.

VDA, working with the Older Dominion Partnership, AARP, and others will sponsor the *Virginia Forum on Age Wave Planning* on May 20, 2009. This forum is an initial step in helping communities prepare for the aging of their population and is targeted to county and city chief administrative officers and elected officials, including local chambers of commerce and business and non-profit leaders. The forum will provide local leaders with information on how the demographic change will impact Virginia communities, how boomers are likely to have different demands and expectations, and will feature "best practices" of several communities in Virginia that have already started to prepare for the impending age wave. Participants will also learn how they can turn this seismic shift into an opportunity to transform their community to better meet the needs of citizens of all ages.

VDA has also embarked upon an internal strategic planning process. In preparation, we conducted surveys of various stakeholder groups, including members of the Virginia General Assembly, local Area Agencies on Aging, and other individuals and organizations concerned with aging in the Commonwealth. Based on the responses to these surveys, VDA has begun developing goals, objectives, and specific strategies for guiding our efforts and activities over the next five years.

2009 is shaping up to be a very busy time for VDA that will result in a combination of plans to help guide VDA, the aging network, and the Commonwealth in meeting the

challenge of our aging population.

In closing, I want to remind you that each spring Virginia designates May as **Older Virginians Month**. Based upon 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 involves an ever expanding and diverse segment of our population. This year's theme is "Living Today for a Better Tomorrow" which continues the focus on health promotion and disease prevention efforts that help older adults have better health as they age and avoid the risks of chronic disease, disability, and injury. VDA will make copies of the Governor's proclamation declaring May as Older Virginians Month available to interested organizations.

**For more information
about the
Virginia Center on
Aging and its
mission and
programs, please
visit our recently
updated web site at
www.vcu.edu/vcoa.**

Focus on the Virginia Center on Aging

Kristin Epperson



Kristin Epperson joined VCoA in August 2008 as an Administrative Assistant. She contributes greatly in organizing and marketing our

Elderhostel programs.

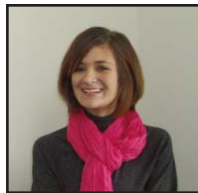
She was raised in Portsmouth, Virginia with two sisters, one her fraternal twin. She values her family (both biological and step) and believes that she would not be as successful as she is today without their love and support over the years.

Kristin enjoys reading every genre available, knitting scarves for her family, learning about behavioral etiology, and volunteering. She has been volunteering for the past 11 years, convinced that volunteering is the best way to connect with the community and make a difference. She is actively involved in Alpha Phi Omega, a co-ed national community service fraternity, with whom she completes over 60 hours of volunteer work each year. She has volunteered with the American Red Cross, Central Virginia Food Bank, Virginia Blood Services, Habitat for Humanity, MCV's Hospital Hospitality House, Home Again, the Children's Museum of Richmond, Henrico County's Operation Paintbrush, Relay for Life, and many other organizations. She says that the most enriching volunteer opportunity she has experi-

enced was with the Cystic Fibrosis Foundation. Her cousin Beau has Cystic Fibrosis (CF) and she supports him each April in the Virginia Beach Cystic Fibrosis Foundation "Walk for a Cure."

Kristin is completing her senior year at Virginia Commonwealth University in the Bachelor of Social Work (BSW) program, with a minor in psychology. She plans to attend graduate school beginning this summer (also at VCU) and earn her Master of Social Work (MSW) in May 2010. She enjoys working with older adults and intends to focus her studies on improving their quality of life.

Jessica Hellerstein



Jessica Hellerstein began working at the Virginia Center on Aging this past November as a Research Assistant. She is a student at Virginia Commonwealth University, soon to complete a Bachelor degree with a double major in Psychology and Sociology and a minor in Women's Studies. She has become a valuable addition to VCoA, being passionate about social justice issues and excited about the different aspects of the research we do here. She says that working on various collaborative efforts with VCoA staff members has sparked her interest in pursuing a Master Degree in Sociology after she graduates next spring.

Jessica was born and raised in Ohio, moving to Richmond only in

December 2007. An avid Ohio State Football fan, she loves watching college football and has fond memories of going to games with 100,000 other fans at the Ohio State Stadium. She is still "learning her way around Richmond" and enjoys eating at different restaurants and cafés with her friends, shopping, and going to the beach.

Jessica values her relationships with her family and friends. She considers people, as individuals and a collective, to be incredibly interesting. Working in a variety of settings, including a summer camp, a library, and a skilled nursing and rehabilitation center has increased her appreciation for the individual perspective and each person's life story.

Jessica enjoys spending time with her parents, younger sister, and Maltese puppy. Summer and holiday vacations with family in Minnesota, Wisconsin, Michigan, Pennsylvania, New York, and Florida have been memorable experiences. She is looking forward to spending time with her cousins, aunts, uncles, and grandparents this summer, but is also excited about exploring all that Virginia has to offer.

The Virginia Center on Aging's Annual Legislative Breakfast

VCoA hosted its annual breakfast on January 28, 2009, at St. Paul's Episcopal Church in Richmond, as it has been doing for more than 20 years. 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: Paulette Bradley, Mary Jones, and Kathy Lane

Top Right: Attendees listen to Dr. Sheldon Retchin, Vice President for Health Sciences at VCU

Bottom Left: Bill Kallio of AARP Virginia and Helen Cockrell of the Shenandoah Area Agency on Aging.

Bottom Right: Bev Soble of the Virginia Health Care Association, Sherry Peterson of the Alzheimer's Association, and Lynne Seward of A Grace Place



Top Left: Attorney General Bob McDonnell and Ed Ansello

Top Right: Carter Harrison of the Alzheimer's Association, and Bill and Gene Davis

Bottom Left: Gloria Cary and Elvira Shaw

Bottom Right: Grace Starbird of the Fairfax Area Agency on Aging, Tim Catherman of VDA, and Senator George Barker of Fairfax



Top Left: Kathy Pryor of the Virginia Poverty Law Center and Erica Wood of the American Bar Association

Top Right: Sallie Morgan of Rappahannock-Rapidan Community Services Board, VCoA's Catherine Dodson, and Senator Emmett of Mount Solon

Bottom Left: State Ombudsman Joani Latimer, David Broder, and Jacquie Woodruff

Bottom Right: Susan Williams of LOA in Roanoke and VDA Commissioner Linda Nablo

New River Valley Protecting Our Adult Population

The National Center on Elder Abuse (NCEA) recently awarded grant funding to the National Committee for the Prevention of Elder Abuse (NCPEA) in order to address gaps in measuring the effectiveness of elder abuse prevention efforts and to promote improved access to elder abuse prevention services.

NCPEA then awarded, through a competitive application process, ten \$10,000 elder justice community collaborations grants “to assist organizations in developing new, local multi-disciplinary elder justice networks to develop strategies to address detection, intervention, and prevention of elder abuse, neglect, and exploitation.” The New River Valley Agency on Aging (NRVAAA) competed successfully for one of these awards, the only recipient in Virginia, and will use the funds to participate in the *Elder Justice Community Collaborations Project* to develop a new elder abuse prevention coalition in the New River Valley.

The NRVAAA’s *Elder Abuse Prevention Program* launched its efforts to unify and strengthen elder abuse prevention in the New River Valley with a training session on February 10th for professionals who share a commitment to preventing elder abuse, neglect, and exploitation. A strategic planning session, held at Claytor Lake, drew 66 professionals from across the district. They represented a diverse group of persons from the fields of health, education, social work,

medicine, local governments, aging services, adult protections, law enforcement, criminal justice, and local business, to name only a few. This was the first step in helping the *Elder Abuse Prevention Program* form an elder justice network to enhance awareness of the increasing need for elder abuse prevention services. The participants developed a plan to establish an elder justice coalition to initiate elder abuse preventions strategies and implement an action plan to increase protections to the victims of elder abuse, neglect, and exploitation.

The coalition, titled *New River Valley Saving Our Adult Population (NRV SOAP)*, held its first meeting on March 19, 2009. The group reviewed the strategic plan, discussed future elder abuse prevention activities throughout the New River Valley, and addressed the gaps in providing elder abuse prevention services. It is hoped that the sustained efforts of the NRV SOAP Coalition will help unify professionals in a comprehensive effort to strengthen the elder justice network, not only in the New River Valley, but throughout the Commonwealth.

For more information on how to become a member of this coalition or how you can support the coalition’s efforts, please contact Janet Brennend, Long-Term Care Ombudsman / Elder Abuse Prevention Specialist, NRVAAA at (540) 980-7720.

Alzheimer’s Conference Targets Early-Onset, Early- Stage

*Convenes May 16 in Richmond’s
West End*

The Alzheimer’s Association will host a conference on **May 16th** in Richmond to focus on Early-Onset and Early-Stage Alzheimer’s. The conference is open to people with Alzheimer’s, caregivers, and concerned family members.

The conference will be held at St. Matthew’s Episcopal Church, 1101 Forest Avenue in Richmond from 8:30 a.m. until 12:30 p.m. Registration is \$20 per person, due by May 12th. To register, call (804) 967-2580.

Speakers include Patricia Slattum, Pharm. D., who will provide an overview of dementia and the importance of clinical trials in developing new medications to combat the disease. Andrew Heck, Ph.D., will discuss “The Other Dementias.” Robert Shaffer, a longtime Alzheimer’s caregiver, will examine the relationship between communication and stress.

The Alzheimer’s Association, the world leader in Alzheimer research and support, is the first and largest voluntary health organization dedicated to finding prevention methods, treatments and an eventual cure for Alzheimer’s. For over 25 years, the Greater Richmond Chapter has served those in the community who face the day-to-day struggles of Alzheimer’s disease and related dementias.

The City of Richmond Assessment of Utilization and Need for Services Report

by Jessica Hellerstein

In September 2008, Drs. Constance Coogle and Sung Hong published a Final Project Report prepared for the City of Richmond Senior and Special Needs Advocate in the Office of the Deputy CAO for Human Services. The City of Richmond Assessment of Utilization and Need for Services Report comprehensively examines the needs of older adults based on an anonymous survey completed by 284 respondents age 55 and older.¹ Dr. Coogle offers an in-depth analysis of the results and provides recommendations for how Area Agencies on Aging and other community organizations can better meet the needs of the aging population in Richmond.

The most frequently cited need among older adults in the City of Richmond was for transportation assistance. Almost half of the respondents indicated that transportation was not always available when needed, and almost 10% reported that transportation was usually unavailable in times of need. Dr. Coogle notes that communities have an obligation to focus on this necessity when the health and well-being of older adults depends on the availability, accessibility, and affordability of transportation. She suggests that the City of Richmond conduct a cost analysis to determine the savings associated with developing

more cost-effective strategies for providing medical transportation. Since many respondents indicated a desire to become involved in community-based senior centers, it would be beneficial to investigate how older adults can gain greater access and how senior centers can be promoted in a more appropriate and vigorous manner. As computer literacy becomes increasingly important in our internet savvy society, Dr. Coogle recommends that the City of Richmond collaborate with churches and other community-based programs to develop a loan program to get computers into the homes of older adults. When there is a lack of access—whether it be transportation access, computer access, or in-home assistance access—all communities, not just the City of Richmond, need to develop creative, cost-effective strategies to engage older adults in community life from both inside and outside of their homes.

The Assessment of Utilization and Need for Services Report is a useful and ground-breaking resource that can be broadly applied through multiple avenues that address the needs of older adults and their family caregivers. With this new report comes an indication that further research in this field is necessary if we are to provide adequate resources and information about the availability of those resources to older adults everywhere. This report can be used as a model for progressive action by many cities, agencies, community centers, in-home services, and caregivers.

The Assessment of Utilization and Need for Services Report can be accessed and downloaded through

the Virginia Center on Aging website: www.vcu.edu/vcoa.

¹ When compared with the 2007 census data of those age 60 or older in the City of Richmond, both African Americans (77.5% vs 47.96%) and females (73.5% vs. 62.40%) were over-represented. Although this non-probabilistic sample limits the generalizability of survey results, the convenience sampling technique was dictated by the short period of time allotted for data collection.

Sexual Violence in Later Life: Meeting the Complex Needs of Elderly Victims

August 13, 2009
Richmond, VA

What are the complex issues surrounding sexual violence in later life? Guest speaker, Holly Ramsey Klawsnik, who researches, writes, and collaborates extensively on this issue, will guide participants through this inquiry. This one-day training will also present a model of how sexual and domestic violence advocates and allied professionals can work together to provide community-based solutions.

Save the date today!
Register in July at
www.vsdvalliance.org.

Be Smart Virginians! Toolkits on Healthcare Plans Available through the Virginia Area Agencies on Aging

In partnership with the Virginia Area Agencies on Aging, the Virginia Senior Medicare Patrol (SMP) has developed a healthcare fraud prevention toolkit for Virginia beneficiaries. The toolkit contains:

- Questions to ask sales persons and yourself
- Facts on Medicare Advantage Plans and how they work
- Red flags to look for when considering a plan
- Four steps to safeguard your Medicare
- Contact list of helpful Virginia health and consumer agencies

The toolkits were funded in part by a grant from the Administration on Aging, Department of Health and Human Services.

In 2007, more than 10,000 volunteers were active in the fight against health care fraud and waste. As part of the SMP program, volunteers contributed 308,000 hours educating beneficiaries. Nearly 140,000 seniors participated in training and outreach sessions conducted by these volunteers. (Source: April 2008 Office of the Inspector General Report).

For more information or to pick up multiple copies, please contact Susan Johnson at sjohnson@thev4a.org or contact your local area agency on aging (www.vaaa.org).

2009 Arthritis Walks



There are 46 million people with arthritis... 46 million reasons to walk.

The Arthritis Foundation is seeking walkers to participate at three locations:

Fairfax, VA - Saturday, April 25, Robinson Secondary School, 9:00 a.m.

Greenbelt, MD - Saturday, May 2, Eleanor Roosevelt High School, 9:00 a.m.

Washington, DC - Saturday, May 30, National Mall, 9:00 a.m.

Held during National Arthritis Month, the Arthritis Walk is the Arthritis Foundation's signature event to raise funds and awareness to fight arthritis, the nation's most common cause of disability. There is no registration fee; although, participants are urged to raise a minimum of \$100 in order to receive a commemorative 2009 Arthritis Walk t-shirt. Those who raise \$250 may choose from a list of fabulous prizes.

To participate in the Arthritis Walk, volunteer or to form a team, please visit www.letsmoveitogether.org or contact Christina Thomas at (202) 537-6800, ext. 3016 or cthomas@arthritis.org.

2009 Best Practices Award Program

The Commonwealth Council on Aging is pleased to announce the 2009 Best Practices Award Program targeted to organizations serving older Virginians and their families.

The Governor's Commonwealth Council on Aging, is composed of 19 citizens from all walks of life who are appointed by the Governor and legislators to represent all geographic areas of Virginia.

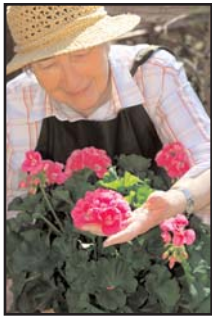
The Council wishes to recognize and encourage model aging programs throughout the Commonwealth. Programs will be judged for their innovation, cost-effectiveness, ease of replication, and their impact on the quality of life of older Virginians, their families, and their caregivers.

As we all struggle to meet the challenges of serving a rapidly aging population during a time of budget cuts and growing demand, we need to share our best practices and applaud our successes. This Best Practices Award program does both.

Instructions and nomination forms may be completed on-line or downloaded by going to the Department for the Aging's website: www.vda.virginia.gov.

Nominations for the 2009 Awards must be received by 5:00 p.m. on Friday, April 17. For more information, please contact Eugenia Anderson-Ellis at (804) 643-3915 or Gene Davis at (434) 971-5538.

Happiness May Be Contagious



Some good news! A recent article in the *British Medical Journal* (December 4, 2008) reports findings from the Framingham Heart Study that people's happiness is largely influenced by the happiness of those they are connected to, whether they know them or not. The research was summarized in *Medscape Medical News* by Caroline Cassels and is quoted in the following.

"We've found that your emotional state may depend on the emotional experiences of people you don't even know, who are two to three degrees removed from you. And the effect isn't just fleeting," said study investigator Nicholas Christakis, MD, PhD, from Harvard Medical School in a statement.

According to the authors, happiness is a fundamental component of human health determined by a complex set of voluntary and involuntary factors. While previous studies have identified a broad range of stimuli identified with happiness or unhappiness, none has examined the happiness of others as a key determinant of human happiness. Furthermore, the authors point out there is evidence that emotional states can be transferred directly from one individual to another by mimicry. "People can 'catch' emotional states they observe in others over time frames ranging from sec-

onds to weeks," they write.

Can Happiness Spread?

However, they note, despite this evidence, little is known about the role of social networks in happiness or whether happiness has the potential to spread.

To examine whether happiness can spread through social networks that include direct as well as indirect relationships, the investigators used data from 5,124 participants from the Framingham Offspring Study to reconstruct the social fabric in which individuals are enmeshed and analyzed the relationship between social networks and health.

The data included all family changes for each study participant, such as birth, marriage, death, and divorce. In addition, there was also extensive information on participants' closest friends, coworkers, and neighbors. Coincidentally, many of these friends were also study participants.

The final analysis included 4,739 individuals and more than 50,000 social and family ties. Using the Center for Epidemiological Studies depression index, the investigators found that when an individual becomes happy, a friend living within a mile experiences a 25% increased chance of becoming happy. A co-resident spouse experiences an 8% increased chance, siblings living within one mile have a 14% increased chance, and next-door neighbors, 34%.

Popularity Leads to Happiness

However, the most surprising find-

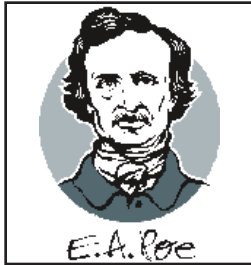
ing, say the researchers, was with indirect relationships. While an individual becoming happy increases his or her friends' chances, a friend of those friends experiences a nearly 10% chance of increased happiness and a friend of that twice-removed friend has a 5.6% increased chance, in other words, a three-degree cascade.

"We found that while all people are roughly six degrees separated from each other, our ability to influence others appears to stretch to only three degrees. It's the difference between the structure and function of social networks," said Dr. Christakis.

With coauthor James Fowler, PhD, from the University of California, San Diego, the investigators also found that popularity leads to happiness and that individuals in the center of their social network clusters are the most likely to become happy.

Virginia's Poe and Poe's Virginia

by Christopher Semtner,
Curator, Edgar Allan Poe
Museum, Richmond



In the pre-dawn hours of September 27, 1849, a lone figure, clad in black, boarded the steamer *Pocahontas* at

Richmond's Rockett's Landing. Although this poet, Edgar Allan Poe, already knew international acclaim, he had spent most of his adult life on the brink of starvation as he struggled to earn a living as a writer. Finally, after years of hardship and the death of his wife, Poe was on the verge of a new life—an advantageous upcoming marriage to a childhood sweetheart and the impending realization of his lifelong dream of owning his own literary magazine. He had also recently given up alcohol in an attempt to overcome a lifelong battle with intemperance. Two days earlier he had told a friend he had never been so happy in his entire life and that he looked forward to a bright future in Richmond. Probably in hopes of a speedy return, he had left his trunk of possessions in the city's Swan Tavern.

Two weeks later he would be dead in Baltimore at the age of 40. Dying in Baltimore, he would be remembered as a Baltimorean, even though he had only spent a few years there in his early twenties. The city in which he had spent more of his life than any other was

Richmond, Virginia, and he proudly boasted, "I am a Virginian...for I have lived most of my life in Richmond."

Poe is remembered as the creator of such tales of mystery and madness as "The Tell-Tale Heart" as well as melancholy poetry like "The Raven," which is among the most popular poems in the English language. He also invented the modern detective story, helped develop the science fiction genre, and revolutionized the tale of psychological terror.

Poe shaped world literature by exploring the darkest recesses of the human mind in his fiction and poetry, but the forces that shaped his own life can be traced to the many years he spent in Virginia. First arriving in Richmond when he was only a year old, Poe began a lifelong association with the city. Over the course of his life, he spent 13 years in Richmond—longer than he lived in any other city. It was in Richmond that Poe was orphaned at the age of two, grew up in the home of wealthy foster parents, fell in love, married, wrote his first poems, and began his literary career. Poe's association with Virginia extended to Charlottesville, where he was part of the second class to attend the University of Virginia. After only one term in college, Poe joined the army, and served the last months of his enlistment in Hampton at Fort Monroe, where he attained the rank of sergeant major, the highest rank an enlisted man could achieve.

Poe returned to Richmond to begin his career in journalism at the *Southern Literary Messenger*,

where he worked as editor while contributing his own short stories to the publication. His scathing book reviews challenged the northern literary establishment while earning him national attention. During this time, he married his 13-year-old cousin, Virginia, in a boarding house facing Capitol Square. After leaving the *Messenger* to work at magazines in Philadelphia and New York, Poe continued to support the cause of southern literature while boasting of his Virginia upbringing. Poe returned to Richmond and Norfolk the last two summers of his life to give poetry readings and to court a Richmond widow.

If Poe was proud of his Virginia roots, the Commonwealth was initially less appreciative of its association with the author. Since his death, all of Poe's Richmond homes have been demolished. When, in 1906, the Poe Memorial Association organized a movement to erect a statue of Poe to stand alongside those of Robert E. Lee and other Confederate notables on Richmond's Monument Avenue, the idea faced open hostility from the local press. A decade later, when the same group attempted to preserve the office in which Poe began his career in journalism, the city condemned and subsequently demolished the structure.

In the face of public opposition and indifference, small groups of Poe admirers continued their efforts to memorialize the author. The University of Virginia made Poe's former dorm room into a shrine and commissioned the sculptor Julian Zolnay to create a bust of Poe for the University. In Richmond, the Poe Memorial Association

reorganized as the Poe Foundation and established a Poe Shrine (now known as the Poe Museum), which opened in 1922. Five years later, UVA's Raven Society commissioned a monument for Poe's mother's previously unmarked grave. Over the course of the twentieth century, preservationists saved and restored such Virginia Poe sites as Monumental Church, where Poe worshipped as a boy; the Elmira Shelton House, where Poe courted his last fiancée; the Craig House, the birthplace of Poe's first love; and Shockoe Cemetery, the final resting place of Poe's foster parents.

This year marks the bicentennial of Poe's birth, and the Virginia sites associated with the author have joined the year-long international celebration of the occasion. The festivities began with the unveiling of a Poe commemorative stamp at the Library of Virginia in January. Throughout the year, the Poe Museum will host a number of special events and activities, including monthly Unhappy Hours and an October performance recreating Poe's final days. From July until October, the Library of Virginia (coincidentally located on the site of the Swan Tavern) will hold the exhibit "Poe: Man, Myth, or Monster?" featuring such rarities as an authentic piece of Poe's coffin. From March until August, the University of Virginia will display over a hundred Poe artifacts, including a manuscript of "The Raven." From January 2009 until January 2010, Fort Monroe's Casemate Museum will feature the exhibition, "A Soldier of Conflict: The Military Life of Edgar Allan Poe," documenting Poe's military career. The Rich-

mond Symphony hosted an evening of Poe-inspired music last January, and the Richmond Public Library will present Poe-inspired paintings in July. Fun family activities include a Poe-themed scavenger hunt, tours of St. John's Cemetery with Poe's mother, and segway tours of Richmond Poe sites. Even Linden Row Inn, located on the site of the garden where a teenaged Poe courted his first fiancée, is offering its guests a "Poe Package." Visit Poe200th.com for a complete list of Poe Bicentennial activities throughout Virginia.

Poe and Virginia Elderhostel

VCU Elderhostel has two fall programs that celebrate and study the life and works of Edgar Allan Poe. Both programs incorporate several topics and include trips to several different program-related locations.

Program #17169, entitled *More Jewels of the City: Richmond's Memorable Museums*, embodies the richness of Richmond's history, culture and diversity. This Elderhostel program, August 23-28, 2009, investigates the life and works of Edgar Allan Poe; explores American Jewish history at the acclaimed Virginia Holocaust Museum; examines artifacts and architecture at Beth Ahabah Synagogue; studies the life of Maggie Walker, who overcame extraordinary odds to found the first African American bank; examines Civil War history, medicine, and culture at Tredegar Ironworks, Chimborazzo military hospital, and the Valentine History Museum; and visits the newly reno-

vated and expanded Virginia Museum of Fine Arts.

In Program #7057, entitled *Mystery, Majesty and Myth*, students will learn much more than they already know about three men whose legacies connect in Richmond: Edgar Allan Poe, whose troubled life and enormous impact on the imagination made him more respected in Europe than at home; Peter Carl Fabergé, master court jeweler to the Romanovs; and Robert E. Lee, who was lionized in the South and vilified in the North, but has achieved enduring respect in America's history. Program dates are October 25-30, 2009.

There are discounted rates for commuters in each of these programs. To register or to find out more about these programs, contact Elderhostel toll-free at 1-877-426-8056 or visit Elderhostel online at www.elderhostel.org.

Telephone Reassurance Program

The Telephone Reassurance program is a new initiative of the Chesterfield County Senior Advocate's office that allows volunteers to verify the well-being of isolated or disabled adults through daily or weekly telephone calls. The program is designed to serve those who live alone or who feel isolated. If you know an older adult who would benefit from this program, call the Senior Advocate's office at (804) 768-7878 or email leidheiserd@chesterfield.gov for an application.

Calendar of Events

April 22, 2009

R U Ready?: The Inspectors Are At Your Door. Presented by the Virginia Association of Nonprofit Homes for the Aging's. Covenant Woods, Mechanicsville. 8:30 a.m. – 3:30 p.m. For more information, visit www.vanha.org.

April 29, 2009

6th Annual A Round to Remember. Golf tournament to benefit the Alzheimer's Association Greater Richmond Chapter. For more information, call (804) 967-2580 or visit www.alz.org/grva.

April 29, 2009

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.org.

May 5, 2009

Senior Resource Fair. Appalachian Agency for Senior Citizens, 216 College Ridge Road, Wardell Industrial Part off of Rt. 19, Cedar Bluff. 9:00 a.m. - noon. For more information, call Neva Bryan at (276) 964-4915.

May 19, 2009

Career Fair for Older Adults and Adults with Disabilities. 10:00 a.m. - 3:00 p.m. Workshops Available 10:00 a.m. - 12:00 p.m. Epiphany Catholic Church, 11000 Smoketree Drive, Richmond. For more information, call Debbie Leidheiser, Chesterfield County Senior Advocate & Disability Services, at (804) 768-7878.

May 19-22, 2009

Virginia Association of Nonprofit Homes for the Aging's 36th Annual Conference & Tradeshow. The Williamsburg Lodge, Williamsburg. For more information, call (804) 965-5500 or visit www.vanha.org.

May 20, 2009

Virginia Forum on Age Wave Planning for Local Governments. Piedmont Virginia Community College, Charlottesville. For more information, call the Virginia Department for the Aging at (804) 662-9312.

May 20, 2009

21st Semi-Annual Geriatrics Symposium. Sponsored by the Eastern Shore Area Health Education Center. Fruitland, MD. For more information, call Jeanne Bromwell at (410) 221-2600 or visit www.aoa.gov.

May 27-29, 2009

Virginia Coalition for the Prevention of Elder Abuse 15th Annual Conference. Virginia Beach Resort & Conference Center, Virginia Beach. For more information, contact Joyce Walsh at jwalsh@cityofchesapeake.net.

June 5, 2009

Asthma and Spirometry Workshop. You Can! Live Well, Virginia! workshop series presented by The Division of Chronic Disease Prevention and Control. Richmond. For more information, contact Judith C. Taylor-Fishwick at (757) 668-6459 or TaylorJC@EVMS.edu.

July 27-31, 2009

Generations United 15th International Conference: Because We're Stronger Together. Washington, D.C. For more information, contact lbradley@gu.org or (202) 289-3979.

August 13, 2009

Sexual Violence in Later Life: Meeting the Complex Needs of Elderly Victims. Richmond. For more information, visit www.vsdvalliance.org.

October 22-25, 2009

34th Annual Meeting and Conference of the National Consumer Voice for Quality Long-Term Care. Hamilton Crowne Plaza Hotel, Washington, DC. For more information, visit www.nccnhr.org.

Age in Action

Volume 24 Number 2
Spring 2009

Edward F. Ansello, Ph.D.
Director, VCoA

Linda Nablo
Commissioner, VDA

Kimberly S. Ivey, M.S.
Editor

Age in Action is published quarterly. Submissions, responses to case studies, and comments are invited and may be published in a future issue. Mail to: Editor, *Age in Action*, P.O. Box 980229, Richmond, VA 23298-0229, fax to (804) 828-7905, or e-mail to kivey220@yahoo.com.

**Summer 2009 Issue Deadline:
June 15, 2009**

Virginia Center on Aging

at Virginia Commonwealth University, Richmond, Virginia

www.vcu.edu/vcoa

Staff:

Director

Edward F. Ansello, PhD

Elderhostel Coordinators

Catherine Dodson, MS - Richmond

Jim Gray, MS - Natural Bridge

Nancy Phelps - Hampton

Barbara Wright - Staunton

Associate Director for Research

Constance L. Coogle, PhD

Assistant Director for Education

Jane F. Stephan, EdD

Research Specialist

Paula Knapp Kupstas, PhD

Lifelong Learning Institute

Monica Hughes

Law Enforcement Liaison

Barbara Walker

Program Manager

Bert Waters, MS

Project Coordinator

Lisa Furr, MA

Research Associate

Sung Hong, PhD

Administrative Assistants

Kristin Epperson

Jessica Hellerstein

Tara Livengood, BS

Editor, *Age in Action*

Kimberly S. Ivey, MS

Advisory Committee:

Thomas C. Barker, PhD

Frank Baskind, PhD

Jean Cobbs, PhD

Cecil Drain, PhD

William F. Egelhoff, Director Emeritus

Jonathan Evans, MD

Patricia Giesen

Hon. Franklin P. Hall

Robert D. Holsworth, PhD

Ronald J. Hunt, DDS, MS

Paul G. Izzo, JD

Richard W. Lindsay, MD

Christopher M. McCarthy, Esq

Linda Nablo

Kenneth J. Newell, MS, Vice Chairman

Mary C. Payne

Martha B. Pulley

John Quarstein

Sheldon Retchin, MD, MPH

Saundra C. Rollins, MSSW

David Sadowski

Robert L. Schneider, PhD

Ralph E. Small, PharmD

Beverley Soble

Alexander Tartaglia, DMin

Marcia A. Tetterton, MS, Chairman

Gordon Walker

Thelma Bland Watson, PhD

E. Ayn Welleford, PhD

Charlotte Wilhelmi, MAEd, CAGS

Victor Yanchick, PhD

Virginia Department for the Aging

www.vda.virginia.gov

Staff:

Commissioner: Linda Nablo

Faye Cates, MSSW, Program Coordinator

Tim Catherman, MHA, Director of Administration

Barbara Childers, MSW, Program Coordinator

Charlene Cole, No Wrong Door Coordinator

Pat Cummins, MA, Program Coordinator

Leonard Eshmont, IT Director

Ben Garrett, Information Specialist

Solomon Girmay, External Financial Auditor

Becky Hunley, Accountant

Janet James, JD, Public Guardianship & Legal Svcs. Coord.

Georgie Lewis, Receptionist

Nancy Lo, MSW, GrandDriver Coordinator

Deb Loving, Info. Systems Specialist

Christy Miller, Bus. Analyst Cert., IT Business Systems Analyst

Kathy Miller, RN, MS, MSHA, Long-Term Care Director

Marica Monroe, CPA, Financial Manager

Ellen Nau, MA, Program Coordinator

Charlotte Peterson, Accountant Senior

Bill Peterson, MSW, PhD, Senior Policy Analyst

Patty Samuels, PMP, IT Project Manager

Cecily Slasor, Information Specialist

Elaine Smith, MS, RD, Program Coordinator

Jane Snead, Contracts/Grants Coordinator

Jackie Taggart, Executive Secretary Senior

Commonwealth Council on Aging:

Members

Eugenia Anderson-Ellis, Vice Chair

Robert B. Blancato

Betty M. Bowden, Secretary

Ann A. Brown

Gene Ecton Davis, Chair

Jeffrey C. Delafuente, MS, FCCP

David M. Farnum

Pete Giesen

Thelma S. Gilley

Judith Koziol

Richard W. Lindsay, MD

Barbara Kelly Nelum

Stephen G. Reardon, Esq.

Elvira B. Shaw

E. Harris Spindle

Donald T. Thorne

Vernon Wildy

Ex Officio Members

The Hon. Marilyn B. Tavenner, *Secretary of Health and Human Resources*

Linda Nablo, *VDA*

Gail S. Nardi, *VDSS*

Terry Smith, *DMAS*

Community Supports: Caregivers and Consumers

A conference offered by the Area Planning and Services Committee (APSC) for Aging with Lifelong Disabilities

June 8, 2009

8:00 a.m. – 4:30 p.m.

**Holiday Inn Select. Koger South Conference Center
Richmond**

Topics include: The Aging Tsunami and Systems Readiness, High Tech and Low Tech Assistive Devices, Dealing with Disruptive Behaviors in Older Adults, Autism in Later Life Adults, Inspiring Recreation in Consumers, the “Aging Together” regional collaboration, Parkinson’s Disease, Pain and Medication Management of Chronic Conditions, and more

Costs: \$35 registration includes materials, lunch, and breaks. Scholarships are available for family caregivers. Advance registration deadline is June 1st. On-site registration (space available) is \$45.

Information: For details, call (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.

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

Nonprofit Organization
U.S. POSTAGE PAID
Permit No. 869
RICHMOND, VIRGINIA

Return Service Requested