

Case Study

Senior Meal Programs: Feeding a Crowd with Local Foods

by Gordon Walker and
Elyse Thierry

Educational Objectives

1. Examine reasons for an institutional meal program to consider incorporating local food.
2. Identify potential community partners who might assist in moving such a program forward and the mutual benefits.
3. Describe the possible changes that an institution's local food program can foster in the community at large.

Background

This is a story about one of our most basic needs and pleasures, food. Not the processed, homogenized, flavorless parodies that so many associate with institutional meals, but beans that literally snap when you break them, tomatoes that taste of summer, and eggs fresh from hens who can stretch their wings and feel the sun on their

backs. This type of fresh local food, and assuring community access to it, was on the minds of staff at the Jefferson Area Board for Aging (JABA) when in the fall of 2007 the agency set out to add locally grown ingredients to the meals that the agency serves.

As the area agency for aging (AAA) in Charlottesville, Virginia, JABA serves close to 200,000 meals annually to its five-county clientele of senior citizens. The nutrition program, which has been one of JABA's core services since the organization's inception in 1975, produces hot meals for our eight Community Centers and our assisted living facility Mountain-side Senior Living in Crozet, as well as a portion of our home-delivered meals. JABA has always striven to maintain a healthy nutritional balance in its meals. In recent years, as research continued to reveal the higher nutrition and lower toxic chemical contents of local produce, the agency began to explore the feasibility of giving our clients access to these health benefits by incorporating local produce into the existing meal program.

Why Local Food?

There were several motivators behind JABA's move towards local food, chief among them the higher nutritional value. Produce given time to ripen on the vine has a more robust nutrient content than produce picked early and ripened during transport to distant markets (George et al., 2006). Poor access to fresh food, an especially prevalent problem in less affluent neighborhoods, contributes to a plethora of ailments, including chronic conditions such as high blood pressure, obesity, and diabetes. Poor health, in turn, is a drain on the quality of life and productivity of individuals in their communities, as well as our national healthcare system. Adding to the argument for "going local" was growing public concern about the use of chemical fertilizers and insecticides, along with the environmental hazards of industrial agriculture and long-haul sourcing

Local economies stood to gain, as well. According to the Virginia Cooperative Extension, in the Thomas Jefferson region of Central Virginia, the area which JABA serves, \$50,660,480 in community

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food dollars could be generated if each household in the region spent only \$10 per week of their food budget on local food and farm-based Virginia products (Bendfeldt and Love, 2009). That \$50 million would stay within the local economy, helping small farmers to hold onto the family farm and preserving the natural beauty of the countryside, a major attraction for tourists whose dollars further aid the local economy.

Where to Start

To frame the project appropriately and to guide in development of a plan of action, JABA turned to a valued resource it had helped publish and has used to great advantage, the Viable Futures Toolkit (VFT). A product of the Viable Futures Center, the Toolkit offers concrete examples that address how decision-makers of organizations can attend to needs of an aging population with strategies that support all generations. JABA has come to rely on the VFT to identify where and how community challenges and opportunities are likely to uncover multiple stakeholder and constituents' interests.

From the beginning, JABA had made two major commitments: first, to start where it could within its own organization, and second, to see what it could do to bring about the community infrastructure needed for greater local food production and distribution. The team then applied the Viable Futures Toolkit's seven-step worksheet to each goal, beginning with step one: assess your community's strengths and needs, and prioritize next steps. Moving in that direction, JABA

staff went out to have conversations with local farmers, consumers of local produce, and local institutions with meal programs to learn what it would take to start incorporating locally sourced produce into meals. The team found that a number of local food programs and events already existed but that the majority supported individuals and families, not large meal programs. JABA also discovered a growing desire by restaurants and institutions to tap into the local food market

During the community research phase, JABA worked with a group of interested local individuals and organizations to pinpoint major challenges to the program; for instance, the potentially higher cost of local food, the scarcity of institutional meal programs using local food in the area from which to learn, and the lack of a year-round supply, along with the absence of a satisfactory infrastructure to ensure product availability. In addition, because nutrition is a core service of every AAA, JABA wanted the system it would develop to be replicable, allowing other interested organizations to benefit. (This last goal was recently achieved through the publication of a teaching case study and instructional video developed by, and available from, JABA.) With the obstacles clearly defined, JABA and our increasingly enthusiastic supporters were able to prioritize the next steps and begin finding solutions.

Potentially Higher Cost

JABA chose to launch carefully, setting a goal of incorporating 20% local food into its meals, with the initial focus on a defined segment

of the food program, starting with the kitchen at our Hillsdale facility (an adult care center) that prepares 18 percent of JABA's total meals. These modest parameters allowed the nutrition manager to meet with a few farmers and coordinate plans to buy enough vegetables to accommodate one entree a week at Hillsdale as an initial experiment.

Upfront communication with the board was essential to achieve buy-in on the possible additional cost. JABA's nutrition program manager and CEO were, and remain, passionate about adding local produce to the diets of our clientele. These factors combined to assure management's commitment to added costs and to establish cost conditions. To help underwrite costs, JABA pursued multiple funding sources. A USDA grant provided early support, as did a small grant from a local foundation. Eventually, costs came down as farmers were quick to help a program serving predominantly persons of low income. Patience and persistence played their roles, as well. Because the nutrition manager spent numerous hours one-to-one with local farmers, she was able to make gleaning arrangements for the donation of unsold produce at local farmers markets.

We quickly learned that most large food distributors did not want to deal with the extra work or supply vagaries that come with purchasing from smaller farms. While the nutrition manager was developing excellent relationships with the farmers, the latter differed in their abilities to supply the needed volume and in their preferences of delivery and payment methods. Our

answer was to set up payment systems to match each farmer's needs. JABA's finance department established a petty cash account for the nutrition manager to use for farmers who needed payment on delivery. All of the others submitted invoices to be paid through our normal process.

Delivery presented another problem. Traditional canned and prepackaged foods are designed for shelf life and can sit at a kitchen backdoor until the staff has time to attend. The possibility of perishable produce going to waste because no one was there to put it away required coordinating deliveries by farmers with staff availability.

Farmers and staff were not alone in needing help to adapt. Incorporating local food into institutional meal programs is new. The rules and regulations that organizations such as the health department work with to protect consumers have not yet adapted. Collaboration and conversations with the health inspector throughout the program's development were critical to retaining momentum.

Learning Curve

In return for its many health benefits, fresh produce demands more preparation time than does opening a can and emptying its contents. Constant communication, collaboration, and hands-on involvement between the nutrition manager and the kitchen staff strengthened JABA's capacity to do the extra work involved. As they worked together, they noted how using more fresh produce changed the meal preparation process and found

ways to make the process more efficient. The nutrition manager shared her findings with the kitchen manager at JABA's assisted living facility, Mountainside, which enabled him to increase the use of local food in his menus.

Seasonal Challenges

Virginia's four-season climate presented perhaps the most visible challenge. While a 20-percent goal for local food was fairly easy to achieve during harvest month, winter was sure to come. Space limitations made freezing large quantities of local produce for winter use difficult. To compensate, the kitchen focused on sourcing meat locally during the winter and worked to exceed the 20-percent goal during the growing season in order to achieve the desired year-round average. Work is now underway to develop flash freezing and canning to provide further options for year-round local food.

Community Benefit for All Ages

A welcome expansion of the original program has been the emergence of initiatives within the community that are giving youth a healthy head start on aging. Heading the list is a three-prong approach of 1) food stamps, 2) gleaning, and 3) local currency; together, they are improving local food access for residents in public and subsidized housing. For the food stamp (SNAP) recipients, JABA brought together farmers markets, USDA, and city officials to enable SNAP benefits to be redeemed at the market through the addition of electronic balance transfer (EBT) technology. The EBT

machine can also be used for debit card purchases. This will mean more sales and more income for farmers. A grant from the Wholesome Wave Foundation helped move the EBT program forward.

JABA arranged its gleaning program through a partnership with the Charlottesville Farmers Market, which qualifies farmers for tax deductions and tax credits for leftover produce they donate to JABA at the end of the market day. Lastly, JABA received a matching grant from the Charlottesville City Market to conduct a pilot program which offered locally designed currency to persons of any age living in public housing so they might purchase food from the farmers' market. The currency is also distributed by agencies serving children, youth, and families. This program started small and was funded the first year by JABA and the City of Charlottesville. Plans are to increase the amount of local currency in 2010, as well as the number of recipients.

The list of offshoots from JABA's local food initiative goes on. A number of degree programs at the University of Virginia now incorporate into the curriculum student projects at JABA to study nutrition and the ongoing process of developing the local food system. JABA initiated a Community Supported Agriculture (CSA) in the form of an internal farmers market on Mondays. Employees within JABA make purchases using payroll deduction, bringing local produce home to their families, while making money for the senior meal program. Teens were drawn into the effort when JABA partnered with

the culinary program of a local technical school to have students come to the Hillsdale kitchen for on-the-job trainings. Also, JABA's nutrition manager and CEO serve on the steering committee for a Community Obesity Taskforce facilitated by the local public health department. There is no question that JABA's local food activities and its role as a catalyst for local food expansion have brought more people to the "aging table," thereby expanding JABA's base of partner organizations.

Case Study #1

Walter L. is an 83-year-old male with mild cognitive impairment, arthritic knees and hands, and high blood pressure exacerbated by borderline obesity. His youngest son, with whom he lives, brings him to JABA's Adult Care Center (ACC) in Charlottesville three days a week. While he enjoys the music programs, he prefers quietly watching to joining the various organized exercise options. He particularly looks forward to lunch and snack times. His doctor has advised him to lose weight, but a hardscrabble childhood left Walter with a love of heavy food in large portions and a reluctance to leave anything on his plate. Doing without or with very little was a constant during Walter's early rural upbringing; however, his family always managed to maintain a kitchen garden that kept fresh vegetables on the table during the growing season.

When JABA began adding local produce to the ACC's meals, Walter was among the first to appreciate the difference in taste, at one point telling the staff that he had not tast-

ed a real tomato since he left home to find work in the city when he was 16. Although still prone to overeating, he prefers the new minimally processed offerings to heavier fare. Group discussions about the local produce have spurred happy memories of working in his family's garden. He is moving more, as well. He has taken an interest in helping with the raised garden beds in the ACC's courtyard. When the Hillsdale kitchen needed to prepare several bushels of beans for freezing, he volunteered to snap beans despite his stiff fingers. The combination of fewer calories, less salt, and more exercise is starting to pay dividends. His doctor reports a modest yet significant decrease in his blood pressure. At the ACC, Walter is more content and involved, stating that his days at JABA are the best of the week.

Case Study #2

Cassandra M. is a 22-year-old, single mother, and SNAP recipient who lives with her young daughter in city-subsidized housing within a five minute walk of Charlottesville's downtown. Cassie works part-time at a local hospital, to which she travels by bus. A self-professed lifelong "city girl," Cassie's food shopping experience has been limited to small stores offering little in the way of fresh produce. The selection that is available is often unappealing and expensive. She uses the SNAP food stamp benefits she receives to buy familiar basics. She and her daughter enjoy walking to downtown Charlottesville on Saturdays. The farmers market has intrigued them both and Cassie has noted the greater variety and quality of food,

as well as the often lower price. However, because she could not use her SNAP card at the market, she had not shopped there.

In the fall of 2009, Cassie became part of a pilot program developed by JABA and the City Farmers Market that gave and tracked the usage of locally designed currency usable only at the Charlottesville farmers markets by individuals of all ages living in public housing. Cassie reported she enjoyed finally being able to shop the market and that her daughter has approved of the fresh items (with the exception of Brussels sprouts!). By the end of the pilot, she had begun to ask questions of the vendors about how to prepare the less familiar produce. The farmers were also pleased with having new regular customers and the ease of the system. Vendors' experiences with the pilot program have led to ready acceptance of JABA's plans for an EBT/debit card system at the downtown market.

Conclusion

JABA continues to increase the amount of local food in its meal program, fulfilling one of its core mandates of providing quality nutritious meals to older adults in Central Virginia. The program's success goes beyond the doors of JABA's Hillsdale kitchen, highlighting the power of community-based nonprofits, such as AAAs, to act as catalysts for change. By bringing others concerned about the wellbeing of our citizens, economy, and environment under the aging-well tent, each AAA can be viewed as a contributor to economic development, one who offers a handshake in partnership rather than

asking for a handout.

Study Questions

1. What are some of the challenges facing institutional feeding programs seeking to incorporate local food into their current meal system?
2. Is it helpful for aging service organizations to define aging as a lifelong process when identifying its client base?
3. Can nutrition programs for older adults set an example for incorporating local food into institutional feeding programs?

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Resources

Jefferson Area Board for Aging (JABA): www.jabacares.org

Programs: Feeding a Crowd with Local Foods, a case study and instructional video: www.viablefuturescenter.com

Policy Guide on Community and Regional Food Planning, American Planning Association (APA), an excellent and thorough report on local food systems: myapa.planning.org/poicyguides/food.htm

Viable Futures Center; the Viable Futures Toolkit: www.viablefuturescenter.com

About the Authors



Gordon Walker has been the chief executive officer of the Jefferson Area Board for Aging since 1982, presiding over all its activities and those of its nine subsidiaries. JABA's affiliated entities, including nonprofit and for-profit organizations, provide home healthcare, housing and community center development, and assisted living management. He is an adjunct professor in the School of Nursing at the University of Virginia. He has served as president of several local and state nonprofit organizations and was chair of the Albemarle County School Board.



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Editorials

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

The Blank Tablet of Aging

Two conferences within days of each other this spring demonstrate the remarkable diversity of the experience of aging, its capacity for good and for bad. The first is the 16th annual conference of the Virginia Coalition for the Prevention of Elder Abuse (VCPEA), to be held June 2nd-4th in Virginia Beach. Concern years ago within the adult protective services community about the mistreatment of older Virginians prompted formation of a coalition to do something about it. Joy Duke of the Virginia Department of Social Services (VDSS) convened an assemblage in Richmond in 1993. The first meetings drew prominent attorneys, state agency representatives, housing and health care professionals from both private and public sectors, people from the faith community, university faculty, advocates from AARP, and others. Physical abuse of older adults had been so sensationalized that little attention was being paid to the more common experiences of elder abuse, namely, self-neglect, neglect by others, and exploitation. There was little recognition of elder abuse, in this truer sense, as a social problem.

VCPEA decided to focus its first efforts on education of the general public, and on increasing awareness of issues of elder abuse among those most likely to be able to prevent or respond to them, specifical-

ly, people in health professions, the criminal justice system, and the adult protective services and aging-related services networks. The fledgling VCPEA scripted and studio-recorded a series of public service announcements, targeted to family caregivers, care recipients, and older adults at risk of self-neglect, that identified the terminology of elder abuse and available community resources for help. AARP in Washington, DC underwrote the cost of producing hundreds of disks of these radio spots which were distributed to every radio station in Virginia. Members of the VCPEA constructed a training curriculum for police officers that was delivered for the first time in July 1994 at the Richmond Police Academy; wrote an article for physicians in that fall's issue of the Virginia Medical Society newsletter; launched local meetings in Roanoke and Warrenton; and developed a coherent vision statement and objectives to guide its actions. Its first "annual meeting" in June 1994 was little more than a half-day workshop in the basement of the VDSS building in Richmond, the same building where, ironically, I now have my office.

Over the years VCPEA, incorporated as a not for profit organization, has worked steadily to prevent and respond to the mistreatment of elders through annual conferences, regional training, improved legislation (e.g., broadened mandated reporters), special projects (e.g., regional conferences across Virginia on sexual abuse), a website (www.vcpea.org), and much more.

This June 2nd-4th VCPEA will host

its annual conference in Virginia Beach. In confronting the bad, there's never a let up. Appropriately, VCPEA has evolved to incorporate a wider perspective of potential partners, community and institutional settings, and approaches in meeting its objectives. This year's conference addresses the same types of issues VCPEA has tackled since its beginning, but with a more encompassing embrace. The June presentations include the basics of geriatric crisis assessment, depression and suicide among older adults; alcohol and medication misuse; older prisoners; training faith and community-based leaders to respond to domestic violence in later life; and brain injury in later life as a precipitant or a consequence of mistreatment. While the underlying issue acknowledges the darker side of aging, the concerted efforts of so many people who care bring light.

The second conference highlights the promise of the gift of time. It occurs June 7th in Richmond. Called *Creative Roads to Inclusion*, it's the annual conference of the Area Planning and Services Committee (APSC) on Aging with Lifelong Disabilities, an unincorporated "coalition of the willing." The wondrous changes in longevity experienced by persons with such lifelong disabilities as intellectual disabilities (formerly called mental retardation) and cerebral palsy caught most everyone off guard when they began to manifest over 25 years ago. The then-named mental retardation services system was aimed at children, with the understandable conviction that intervention early in life could improve the years that followed. Health care providers,

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social services systems, treatment centers, and various facilities from vocational to long-term care institutions had trained staffs and organizational attitudes that were pediatric, not geriatric. To a significant degree, they still do. But along the way, the developed world had succeeded in extending the life course of individuals with lifelong disabilities, catching providers, policy makers, and families relatively unprepared.

The APSC grew from a Henrico-based project originated by Debbie Burcham about eight years ago into a multi-jurisdictional coalition of some three dozen highly committed individuals. They represent intellectual disabilities, physical disabilities, parks and recreation, aging, business, residential and day care services, higher education, assistive technology, and more; a number are themselves caregivers of their aging children with lifelong disabilities. Basing its activities on an evidence-based model for intersystem coalition building first funded by the U.S. Administration on Aging (the Partners I, II, and II Projects, 1987-1997) and field-tested in Maryland and Virginia, the APSC has established objectives, lines of communication to members' home agencies, purposive committees, and monthly meetings. These have helped it to continue its creative responses to matters that fall between the cracks that separate systems.

As we have noted before (*Public Policy & Aging Report*, 14 (4), 2004), coalitions at the intersection of aging and lifelong disabilities "function as *de facto* laboratories for emerging public policy." Such

coalitions produce more than the sum of their parts, conceiving creative approaches to issues that have not existed before or for which rules and regulations seem less than adaptive. What if someone is functionally old but below the threshold age of 60 for Older Americans Act services? What if family caregivers who have devoted their lives to their children's care find themselves less able to continue this care in advancing age? Can individuals with lifelong disabilities "retire" from training services when they are old? If adults with lifelong disabilities, in fact, tend to live among us in our communities, rather than in institutions, how can the communities adapt to ensure meaningful and productive lives for them as they age?

The June 7th APSC conference in Richmond will recognize the values, opportunities, and challenges associated with growing older with lifelong disabilities. The keynote will speak to "honoring the person within," no mean task in a society obsessed with youth, power, and influence. Other sessions will discuss self-advocacy, good examples of enjoyable inclusive activities in the community, cultural competency, behavioral supports, the ADA, and more.

In some ways, the gift of added years of life is a blank tablet upon which can be written the best and the worst of stories. These two conferences symbolize how we as a people can celebrate the good and confront the bad.

From the Commissioner, Virginia Department for the Aging

Linda Nablo

May and the Older Americans Act

May is Older Americans Month, a time to remember and recognize the value of older adults in Virginia and the contributions they make in strengthening our families and communities. It is also a time to applaud the important work of the providers who serve older adults and their families. This year's theme of "**Live Strong! Live Long!**" both recognizes the diversity and vitality of today's older Americans who span three generations and speaks to the opportunities we have to create more effective home- and community-based programs. Both reinforce a healthier society for all ages. Governor McDonnell will issue a proclamation recognizing May as Older Virginians Month. (See the Department's website: www.vda.virginia.gov.)

As we celebrate Older Americans Month, it is an excellent time to acknowledge the great strides that the aging network has made to support older adults in Virginia and to recognize the changes that will be necessary to meet the needs of our growing population in the future. Fortunately, we have a process and venues, through the upcoming reauthorization of the Older Americans Act (OAA), to share our thoughts, ideas, and concerns.

Since 1965, the OAA has gained recognition as a highly regarded

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statute that has stimulated the development of a comprehensive and coordinated service system on both the state and community levels. This system has contributed greatly to enhancing the lives of older individuals, family caregivers, and persons with disabilities. The Act, which was passed as a component of President Lyndon B. Johnson's "Great Society" legislation along with Medicare and Medicaid, followed closely behind the Civil Rights Act and the Economic Opportunity Act and was included in a structure of funding for a decentralized (community level) service delivery system. The OAA itself was a response to Congressional concerns about the lack of community social services for older Americans and to older citizens' reluctance to apply for "welfare" as a way to receive assistance.

The OAA includes broad and idealistic statements that address adequate income in retirement, the best possible physical and mental health services without regard to economic status, suitable housing, restorative and long term care services, employment opportunities, educational and recreational opportunities, accessible community services, benefit from proven research knowledge, protection against abuse neglect and exploitation, and the exercise of self-determination. Although individuals may receive services under many other federal programs, today the OAA is considered to be the major vehicle for the organization and delivery of social and nutrition services older adults and their caregivers.

The OAA authorizes a wide array of service programs through a

national network of 56 State Units on Aging (including the Virginia Department for the Aging), 629 Area Agencies on Aging (25 of which are in Virginia), nearly 20,000 service providers, 244 Tribal organizations, and two Native Hawaiian organizations representing 400 Tribes. The OAA also includes community service employment for low-income older Americans; training, research, and demonstration activities in the field of aging, as well as actions to protect the rights of vulnerable elders.

Congress will reauthorize the Older Americans Act in 2010 with changes that will better align it with 21st century lifestyles and needs. The reauthorization process allows the Administration on Aging (AoA) and the aging network to build upon successes that have been achieved over the past four decades. In anticipation of the review and reauthorization process, AoA is currently soliciting input through three mechanisms: (1) AoA-Convened National Listening Forums; (2) OAA Reauthorization Input Events; and (3) comments via the AoA website or mail.

AoA scheduled three National Listening Forums in February and March, one each in Dallas, Alexandria, and San Francisco. Staff from the Virginia Department for the Aging and several Virginia AAAs joined hundreds of representatives from the aging network across the country to participate in the Alexandria session. Changes to the Act that service providers and advocates are discussing include:

- Raising the age for eligibility for services under the OAA. Currently

persons aged 60 and older are eligible to receive services. Some advocates recommend raising the age to 70 or older to reflect the reality that "boomers" are entering their 60s with greater health and vitality than did their parents or grandparents. While the Act at present does target low-income individuals, it requires no means testing.

- Recognizing that older adults and adults with disabilities may require similar services and supports to maintain their independence in the community and avoid institutionalization. Current language in the Act does not reflect this trend in service coordination between aging-related providers and disability-related services. Many AAAs across the country have advocated adding language that supports continued funding of the Aging and Disability Resource Center Systems, which in Virginia is known as *No Wrong Door*.

- Acknowledging that the Act's current funding streams do not reflect completely the range of services currently needed at the community level. Recommendations suggest that language in the Act be changed to provide greater flexibility by eliminating specific funding streams or Titles and also by giving states funding under a block grant approach.

- Recognizing that the Alzheimer's Disease Supportive Services Program grant (called ADSSP), which is funded through from the Administration on Aging, has been a valuable support to families providing care for persons with Alzheimer's disease. Advocates recommend that the federal government

incorporate this program and its funding into the Act when it is reauthorized.

Besides sponsoring these events, the Administration on Aging is also sanctioning Reauthorization Input Events to offer an opportunity for states and communities to host their own listening sessions. Virginia's Commonwealth Council on Aging has scheduled an AoA-approved listening session to be held concurrent with their meeting on Wednesday, April 28, 2010, in Richmond. This session provides Commission members and citizens with an additional opportunity to speak to the need for changes in the Act.

Individuals unable to attend the national or state events will still have an opportunity to share comments and voice their opinion through the website: www.aoa.gov. Recommendations and input may be topic-related or may be specific to particular citations of the current OAA. A reauthorized Act can strengthen the safety net for older Virginians in the face of sagging revenues and painful budget cuts at the state and community levels. An updated Act will help Virginia continue to provide services to the generation that Tom Brokaw has dubbed "the greatest generation," as well as the baby boomer generation as it grows older. These listening sessions and the online survey provide opportunities for each of us to affect change on a national level. I encourage you to share your thoughts, ideas, and concerns by attending a session or commenting online. Help make Virginia's voice heard.

Project Lifesaver International



Project Lifesaver International is a non-profit organization that is committed to helping families quickly find their loved ones who wander because of Alzheimer's, Down syndrome, dementia, autism, and other cognitive conditions. According to the Alzheimer's Association, nearly 60% of those with Alzheimer's disease will wander at some point during the progression of their disease, and many will wander repeatedly. Additionally, according to a recent survey by the National Autism Association, nearly 92% of parents said they felt their autistic child was at risk of wandering. Over the next few years, the growing number of elderly individuals, as well as children being diagnosed with cognitive conditions, will continue to place enormous physical, emotional, and financial pressure on a growing number of families and their communities.

Formed from the ranks of the 43rd Virginia Search and Rescue of the Chesapeake Sheriff's Office, Project Lifesaver trains agencies on how to search for individuals who become lost by utilizing search and rescue techniques and equipment, as well as how to interact with individuals once they are found to help facilitate a safe escort home. Clients enrolled in the program wear a small, wrist-watch sized radio transmitter that emits a radio tracking signal; and should the indi-

vidual wander, public safety agencies are able to locate them rapidly. These efforts have reduced search times drastically for public safety officials, and they have helped find loved ones quicker and easier, the average search time being only 30 minutes. To date, Project Lifesaver agencies have rescued nearly 2,100 cognitively impaired individuals successfully, with over 1,100 public safety agencies participating in **45 states, D.C., Canada and Australia.**

Project Lifesaver is endorsed by the National Sheriffs' Association, the Alzheimer's Foundation of America, the National Autism Association, and many other leading organizations.

Project Lifesaver recently received a federal grant through the Bureau of Justice Assistance as part of the Missing Alzheimer's Patient Assistance program. Funding will be provided to agencies to start the program in communities that do not currently operate the program, and assistance will also be provided to existing agencies to help more individuals join the program in their communities. To find an agency in your area, please view the Project Lifesaver Website (www.projectlifesaver.org) and click on "Where We Are."

For more information on Project Lifesaver, please contact (877) 580-LIFE (5433).

The Virginia Center on Aging's 24th Annual Legislative Breakfast

VCoA hosted its annual breakfast on January 27, 2010, at St. Paul's Episcopal Church in Richmond. 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: Secretary of Health and Human Resources Dr. Bill Hazel, Jr., Carter Harrison of the Alzheimer's Association, and Bob Blancato of the Commonwealth Council on Aging

Top Right: Joani Latimer Fergusson, State Ombudsman; Bill Lightfoot, AARP; Marian Dolliver, Senior Connections; and Kathy Pryor, Virginia Poverty Law Center

Middle Left: Paul Izzo, Esq., Chairman of VCoA's Advisory Committee, welcomes attendees

Middle Right: Senator John Watkins of Chesterfield and Virginia Cowles, League of Women Voters

Bottom Left: The house was full

Bottom Right: Delegate Algie Howell, Jr. of Norfolk, Delegate Matthew James of Portsmouth, and John Skirven of Senior Services of Southeastern Virginia



Top Left: Dr. Jane Stephan of VCoA and Senator Emmett Hanger, Jr., of Mt. Solon

Top Right: Catherine Dodson of VCoA and Senator Harry Blevins of Chesapeake

Middle Left: Chesterfield TRIAD members Lawrence Taylor, Mary Jones, Tim Lamb, and David Hutton

Middle Right: Dr. James Bennett of VCU Neurology, Dr. Connie Coogle of VCoA, and Delegate Ken Plum of Reston discussing Alzheimer's research

Bottom Left: Dr. Sheldon Retchin, VCU Vice President for Health Sciences, discusses VCoA's work in calendar year 2009

Bottom Right: Mike Guy of District Three Governmental Cooperative in Marion and Tina King of New River Valley Agency on Aging in Pulaski

Focus on the Virginia Center on Aging

Julie Link



VCoA welcomes its newest staff member, Julie Link. She is a program assistant for Paula Kupstas

and Lisa Furr, working on two projects, the Central Virginia Training Alliance to Stop Elder Abuse, Neglect and Exploitation, and the Central Virginia Task Force on Domestic Violence in Later Life. She brings a history in education and human services, a desire to help the underserved and those in need, and far-ranging experience working with special needs populations. Her resume is broad and deep.

Born in Ohio, but raised in Delaware by displaced southern parents, it seemed only natural that Julie would move south for college and has remained in Virginia ever since. Attending Lynchburg College, she earned a BA in fine arts. After working as an art assistant first in Lynchburg College's art department and then at a local printing company, she returned to school and earned her masters degree in special education.

Her interest was not to be a traditional public school teacher, but rather to work with and teach those in crisis and non-mainstream environments. Thus began a long career in residential and group home facilities in the Richmond area. The students in these environments were typically male, ages 11-20, emotionally disturbed, with

learning disabilities, and having very little family or "home" options available to them. The majority had backgrounds of abuse or neglect and had many unsuccessful placements in both traditional foster care and public school programs. Immediate goals were to help each youth learn the skills necessary to attend public school, experience academic, vocational, and social success, and ultimately move into a less restrictive environment.

Working in the on-campus schools, Julie was one of a core group of teachers providing instruction to students of varying degrees of proficiency. Some were non-readers, others were at grade level, but all had significant obstacles preventing them from experiencing success in their lives. While academics were a large part of the focus, social skills and vocational planning were integral parts of instruction. Teaching appropriate behavior and relationship skills was a priority, as it was often maladaptive behavior that interfered most with a youth's success in every day life.

Julie was dedicated to these youths, understanding them as good kids who have experienced more bad in their lives than most of us care to imagine. Many suffered from post traumatic stress syndrome, as well as a host of other challenges and disabilities. Trying to "make up" for damage done does not work; but building new skills, a feeling of success and worth, and hope for the future, can make a big difference in a child's motivation in life. These lessons transfer to Julie's current work at VCoA on elder abuse and domestic violence in later life.

During her work life, Julie has been an English, Science, Social Skills, and GED instructor, activity coach, and vocational planner. Within the group home setting, she was a medication manager, crisis counselor, and home manager. Planning and collaborating with staff, teachers, social workers, physicians and psychiatrists, advocates, and other professionals was a routine part of each day, all with the goal of helping the student plan for and achieve success.

Julie is very close to her two sons, ages 21 and 23, who live, work, and attend school in the area. For many years they have enjoyed camping together, progressing from tent to pop-up and finally to travel trailer. She loves animals and currently has "only" two dogs, a beagle and an adopted hound dog. At various points she and her boys have had a menagerie of adopted cats, dogs, gerbils, snakes, fish, amphibians, and lizards as pets. At times, she would tell people "My life is very full. I have two boys, two dogs, two cats, two snakes, and various assorted fish." Life now is much calmer with "only" two dogs.

Julie is an outdoors person. She loves running, having completed two marathons, several half marathons and 10Ks, and volunteers at race events. She also enjoys home improvement projects, biking, hiking, reading, and kayaking. She derives pleasure from tending her yard, garden, and outdoor fish pond, and feeding the birds in her backyard. She is a regular platelet donor, and belongs to and is active in Seal Team Physical Training, Richmond Road Runners, and the YMCA.

Those Amazing Elders?

by Ronni Bennett

Creator & Host of *Time Goes By*



He is not the oldest skydiver, but former President George H.W. Bush may

be bucking for the title. He jumped out of an airplane on his 85th birthday, and it wasn't the first time. He celebrated his 75th birthday with a sky dive and now, creaky old bones or not, promises to do it again on his 90th in 2014.

In early January, *The New York Times* published a feature story about old age as a never-ending adventure, "adventure" defined as extreme sports or, rather, extreme for elders. The reporter cited a 74-year-old who made it to within 1,000 feet of the top of the Mt. Everest before turning back; an 89-year-old on a visit to the South Pole; and another 89-year-old, Tom Lackey, who took up wing-walking.

"Last summer, he strapped his feet to the top of a single-engine biplane, like the daredevils of aviation's early days, and flew across the English Channel at 160 miles per hour — with nothing between him and the wild blue yonder but goggles and layers of clothing to fight the wind-chill."

Hardly a week goes by without a human interest story about another "amazing elder." Eighty- and 90-year-old marathoners (senior-fitness.suite101.com/article.cfm/senior_citizen_runs_marathon) turn up every two or three months. A 75-year-old salsa

dancer becomes a YouTube sensation (www.youtube.com/watch?v=4GolABxxo6c). Three 60-somethings make it to the very tip-top of Mt. Everest prompting this assessment from a mountain climbing blogger: "Good for these three oldsters. Instead of sitting around playing cards, hanging at the shuffleboard court, or taking a brisk walk around the local mall, they're getting out there and breathing thin air and suffering and having a great time redefining old age in the mountains." (climbing.about.com/b/2009/06/30/three-us-senior-citizens-summit-mt-everest.htm)

"Redefining old age." No report about elders engaging in extreme sports is complete without this cliché.

Before I go any further, let me assure you: I believe anyone who wants to take up parasailing, free climbing, bungee jumping or any uncommon sport should do it no matter what their age, that is, so long as their possible need for extra help or attention does not unduly burden or endanger other people who are with them.

Nevertheless, the more such elders are proclaimed to be redefining old age by participating in what are usually young people's activities, the more ambivalent I become about it.

Sometimes, as with the 75-year-old salsa dancer, the video feels more like exploitation than celebration. "Look at that old granny," it seems to say, "trying to be sexy at her age — ho, ho."

Other times, there is a whiff of con-

descension in reporting on the pluck of old people who try operating out of expected range. When 90-year-old Ilse Telesmanich sprained her ankle hiking in South Africa, the *Times* story noted that "she tried to keep going on the three-week trip...hobbled as she was."

And when stories and video about 11 elder overachievers are pulled together into one website (www.seniorsforliving.com/blog/2010/01/11/11-extremely-old-athletes-seniors-who-athletically-defy-their-age/), featuring a 92-year-old barefoot water skier, a 70-year-old snowboarder, and an 80-year-old surfer, it feels like any elders not "defying their age" by risking life and limb are failing to uphold the cultural exhortation to maintain a pretense of youth until the day we die.

What concerns me, as the number of stories of elders in extreme sports proliferate, is that old people who are content to play cards, read a book or teach a grandkid how to ride a bike will come to be seen as slackers, that if they are not biking the equivalent of the Tour de France, it must be their fault if they suffer a stroke or fall ill with cancer or heart disease.

It is interesting that among all these stories, there are no reports of failure for age-related reasons, such as a 90-year-old who collapses halfway through the marathon, or a 75-year-old motorcycle racer who causes a crash, or a ski jumper who is paralyzed in an accident. I don't believe it doesn't happen.

- continued on page 15

Gateway to Health: The Oral-Systemic Relationship and Its Impact on Older Adults

by Patricia Brown Bonwell,
RDH, BSDH, MSG,

The mouth is the gateway to health, the chief conduit for nutrition and maintaining the bodily system. The “oral-systemic relationship” refers to this continuous and mutual interaction. In later life, oral/mouth infections have a more profound effect on health than is generally the case earlier. Co-morbidities, the simultaneous existence of two or more disease processes such as heart and cardiovascular disease (CVD), diabetes, or arthritis, are common with age; but maintaining oral health will assist in controlling such chronic disease conditions. How?

The inflammatory process associated with periodontal (gum) disease affects the control of diabetes and arthritis. Research studies have shown that maintaining periodontal health helps to maintain blood glucose (sugar) levels and reduces arthritic “flare-ups.” Oral plaque or bacteria, if not properly removed, can circulate systemically (throughout the body) through the bloodstream and attach to fatty plaques (deposits) in the coronary arteries. So, maintaining gum health also aids in controlling CVD. Impaired oral health may adversely affect diet, nutrition, sleep patterns, psychological status, social interactions, and other activities of life in some older adults, thereby decreasing quality of life.

Older adults in greater numbers are retaining their natural dentition (teeth), leading to a shift in oral/dental care paradigms. Care for this population needs to focus on reducing cervical decay (cavities) and on maintaining or improving periodontal health to prevent or control gum disease. There is a high prevalence of gum disease among older adults, making oral-systemic interactions an important issue to address. Proper removal of oral plaque or bacteria greatly improves gum health and controls gum disease. This, in turn, helps in controlling systemic conditions and diseases. There needs to be more focus on adequate dental/oral hygiene techniques, such as proper brushing and flossing, how to perform oral self-exams, how nutritional deficiencies affect the oral cavity or are detected by signs displayed within the oral cavity, and on how routine dental exams and cleanings are important, not only in preventing and treating cavities and gum disease, but also in detecting oral cancer. Some 15,000 older adults are affected by oral cancer each year. The CDC reports that oral cancer is responsible for nearly 8,000 deaths annually, more than half of these among those aged 65 and older.

Daily oral hygiene must be tailored to meet the needs of the independent older adult, the independent older adult with special needs, and the older adult within care facilities with varying degrees of dependency. From an interdisciplinary perspective, occupational therapists and physical therapists may also play important roles in assisting older adults in regaining or maintaining their ability to perform

proper oral health care. With conditions such as arthritis, Parkinson’s disease, and stroke, along with impaired coordination and decreased grip strength, dexterity is greatly affected and older adults may need to use specialized aids to continue practicing proper oral health techniques.

At present, Medicare does not cover routine dental/oral health care; so many older adults who transition into retirement will lose the dental insurance they had through their previous employers. Because there is no dental coverage provided under Medicare, these individuals may opt not to seek routine dental care. This places responsibility on other health care providers, especially primary care physicians, to become more aggressive in addressing dental/oral health issues by performing oral exams and by referring and encouraging older adults to seek appropriate dental/oral health care.

Medications, of course, affect the oral-systemic relationship. Health care providers who prescribe a medication for an older adult should inform that individual of oral side-effects that may occur as a result of taking the medication. One significant example of an oral side-effect is xerostomia or dry mouth; not surprisingly, this condition is common among older adults, stemming primarily as a side-effect of prescribed medications being taken for chronic conditions such as hypertension. Dry mouth means less saliva; saliva acts as a flushing mechanism; dry mouth leads to increased decay. Dry mouth is not a normal consequence of aging, for in healthy adults, changes in

salivary composition and flow are minimal to nonexistent. Interventions such as home fluoride can prevent or reduce the decay caused by dry mouth.

No less a health care luminary than Charles H. Mayo, one of the famous Mayo Clinic Brothers, recognized the critical role of oral health almost 100 years ago, publishing "Mouth infection as a source of systemic disease" in the *Journal of the American Medical Association* (Vol. 63) in 1914. While recognition of the oral-systemic relationship is not new, there needs to be more attention placed on its role in the overall health and well being of older adults. Appropriate action steps will include encouraging specialists across disciplinary backgrounds to work together to address this issue and achieve a common goal.

Ms Bonwell is a doctoral student in Health Related Sciences, VCU School of Allied Health Professions.

Amazing Elders, continued

On the other hand, I might be persuaded that these elder adventurers are an inspiration to couch potatoes to at least take a walk. They might even be an inspiration to young people.

But I'm not sure. I just know I'm increasingly uncomfortable about what the message is becoming with each new story about an elder's extraordinary physical feat.

Visit Time Goes By at www.timegoesby.net

Recent Data Confirm the Need for Alcohol and Aging Education in Virginia

by Constance Coogle, Ph.D.
and Jessica Hellerstein

Data from the 2009 Best Practices Conference, *The Hidden Epidemic: Alcohol, Medication and the Older Adult*, sponsored by the Alcohol and Aging Awareness Group in Virginia showed that there is a substantial need for educational programs about alcohol and aging. Prior to the conference, participants ($n = 122$) were asked to indicate their level of agreement with the following statement "I have adequate knowledge in this topic area," overall responses were not statistically different from the neutral midpoint ("Neither Agree or Disagree"). In addition, those employed in the addiction field were no more likely than those employed elsewhere to agree that their knowledge levels were adequate. Moreover, they had no greater expectations about their ability to use the information gained from the conference. A further examination of conference attendees currently employed in the field ($n = 43$) revealed that the extent of their experience ($M = 15.15$ years; $SD = 10.62$) was also unrelated to their self-reported effectiveness or confidence in their skill levels when working with older adults at risk.

Clearly, many substance abuse and mental health counselors have not had sufficient experience in dealing with the special problems of addiction and abuse among older adults. Regardless of their experience

level, these professionals expressed a desire to increase their skill set with respect to alcohol abuse and misuse in the elderly population. The increase among middle-aged adults misusing and abusing alcohol is only now beginning to receive attention. The problem is expected to grow exponentially as the baby boomer population continues to enter later life. Certainly, professionals in the field of addiction counseling need to develop their knowledge and skill set. In addition, professionals in the broad field of aging require expanded training in order to recognize and screen those in need properly. Binge drinking is not a problem confined to college-age students. It traverses the life course. As those in the leading edge of the age wave begin to enter assisted living facilities and nursing homes, they will bring such problems with them. Staff in these facilities will face and have to respond to these new problems. It is imperative that substance abuse counselors, aging service providers, family caregivers, and older adults themselves are equipped with the knowledge, resources, and social vocabulary needed to deal with this underappreciated yet burgeoning problem.

We gratefully acknowledge Drs. Paula Horvatich and Janet Knisely for their expert assistance with the conference evaluation.

The Shenandoah Valley Bach Music Festival

by Jane Stephan, Ed.D.



Many of the mid-Atlantic's top festivals are in Virginia, and one of

the premier occasions is the Shenandoah Valley Bach Festival, held in mid-June in Harrisonburg. Now in its 18th year, this acclaimed week-long musical fantasia is devoted to promoting the appreciation and understanding of the music of J.S. Bach and other composers. The Festival's orchestra includes celebrated professional instrumentalists and featured artists from the U.S. and other countries who travel to Harrisonburg each June for intensive rehearsals and vibrant performances. The Festival's first-rate choir also blends singers in choral productions, and open rehearsals provide opportunities to observe the shaping of the music.

This year's Festival features works by Bach, Mahler, Barber, Schumann, Golijov, Chopin, and others. A series of rehearsals and splendid concerts begins on Sunday afternoon, June 13th, at Lehman Auditorium on the campus of Eastern Mennonite University (EMU). Evening festival concerts are on Friday, June 18th, and Saturday, June 19th; and free noon concerts are offered each weekday and Saturday at Asbury United Methodist Church. The Festival culminates with the popular Leipzig Service on Sunday morning, June 20th. Fea-

tured artists include composer-singer-balladeer John McCutcheon; soprano Anne Gross; mezzo-soprano Heidi Kurtz; countertenor Joel Ross; baritone James Richardson; and an extensive group of supporting artists, all under the artistic direction of conductor Kenneth Nafziger.

You can find a full schedule, biographies of Festival artists, and details of the concerts at www.emu.edu/bach/2010. Or better yet, leave the planning to us and enjoy a true early-summer get-away by joining our VCU Elderhostel/Exploritas program, *The Shenandoah Valley Bach Festival: A Study in Making Beautiful Music*. This program includes classes taught by Festival artists and musicians, attendance at rehearsals and noon chamber performances, two evening concerts, a private dinner in a Mennonite home, and, of course, all of your lodging, meals, and transportation to venues. To learn more about our Exploritas program, offered from June 16-20, call us at the Virginia Center on Aging, 804-828-1525, or view details of the program and register at www.exploritas.org (enter Search for #2016). Our Exploritas program has been carefully crafted by Ellen Nash, its coordinator, and Mary Kay Adams, the Bach Festival executive director and its principal flutist. Ellen, an expert planner and tireless Festival volunteer, is also a Bach Festival Board member and an experienced Elderhostel participant.

A brief history about Harrisonburg and the development of the Bach Festival comes from Ellen Nash: The Festival evolved from a dinner-

table conversation in the 1990s, in which Ken Nafziger's (the Festival's artistic director and conductor) depiction of a music festival in Chelan, Washington spiraled into a conversation about the potential for a music festival in Harrisonburg. Because his companions were energetic and all were Bach enthusiasts, the concept of a Bach celebration was quickly born, developed and carried out, resulting in the first Shenandoah Valley Bach Festival in 1993. Festival Board and staff at EMU work year-round to enhance the creative programming and raise the necessary funds to produce this high-caliber cultural event.

The Festival is anchored by the music of J.S. Bach. Each year, concerts pair his music with that of other composers, eras, styles or countries. This has included works by Handel, Schubert, and Mendelssohn, as well as music from Cuba, the Americas, Russia, and even jazz. The Featured Artist for this year's Festival is the well-known national folk artist and balladeer, John McCutcheon. Ellen remarked that, although McCutcheon and Bach might be seen as an unusual fit, Nafziger's artistic talents and musical creativity see relationships that not only work, they also complement and enhance each other, to the audience's delight.

The Leipzig Service on Father's Day is an unusual treat. Modeled on the 18th century services in Leipzig, Germany in which Bach participated as a professional church musician, this special Service combines the glorious choral, orchestral and organ music of Bach's cantata and other music with

a liturgy and homily that are carefully coordinated with the music.

While you're in Harrisonburg, take some time to explore the city and its surroundings. Located in the central Shenandoah Valley, Harrisonburg provides entry to the famous Skyline Drive and the beautiful Blue Ridge and Appalachian Mountains. Eastern Mennonite University (EMU) and James Madison University (JMU) are both located in Harrisonburg. The gardens and arboretum on the JMU campus are well worth visiting. Wander into town to view historic buildings, art galleries and shops on Main Street, or take a guided tour of downtown. And don't miss Mrs. Hardesty's Tea Room, located inside the Hardesty-Higgins House Visitor Center on Main Street, where you can deliberate for some time before making a choice of the 60-70 different types of tea, scones, and luncheon fare. Visit the Valley Brethren-Mennonite Heritage Center (Crossroads) to learn about the history of people who migrated to and still live in this area, or explore Civil War Trails locations that extend to New Market and Front Royal.

The Bach Festival Board plans to expand its music education and enjoyment beyond the immediate region to the entire mid-Atlantic area with intergenerational programs, programs for retirement communities, and a greater reach for its chamber music performances. VCU Exploritas is delighted to be a part of the outreach by offering its unique program for adults of all ages, in tandem with Eastern Mennonite University's Bach Festival.

New Resource about Osteoarthritis

The Centers for Disease Control and Prevention (CDC) and the Arthritis Foundation have joined forces with more than 75 stakeholders to release "A National Public Health Agenda for Osteoarthritis," the very first national public health initiative that addresses the health and well-being of the 27 million adult Americans who have osteoarthritis, the most common form of arthritis. But this website is loaded with information on various forms of arthritis and related conditions, from fibromyalgia to lupus to ankylosing spondylitis. It contains information on the basics of arthritis, risk factors, arthritis and the flu, interventions, state programs, research summaries, clinical trial findings, and more. You can access the National Public Health Agenda for Osteoarthritis at: action.painfoundation.org/site/R?i=LncQd9FtDGfmRKH8wfYMcg.

Arthritis Resources

General Arthritis Information
www.vahealth.org/cdpc/arthritis

Virginia Arthritis Action Plan
www.vcu.edu/vcoa/index/vaac09.pdf

Virginia Arthritis Action Coalition
Contact Ed Ansello at (804) 828-1525 or eansello@vcu.edu.

Appalachian Agency for Senior Citizens Receives Federal Funding for Mental Health Initiative

Appalachian Agency for Senior Citizens (AASC) received a federal grant totaling \$375,000 to develop a mental health program for frail elderly residents in Buchanan, Dickenson, Russell and Tazewell counties. The program is operated through AASC's AllCARE for Seniors PACE program.

Community partners contributing to the mental health project include Cumberland Mountain Community Services, Dickenson County Behavioral Services, and the Appalachian College of Pharmacy.

Through the grant, AllCARE added a mental health specialist to its Interdisciplinary Team of health-care providers. This counselor provides assessment and counseling services to PACE participants and educational support to family members.

Particular areas of concern for the elderly include depression and anxiety. This specialist will work closely with participants to tackle these issues and to address matters pertaining to medication management and substance abuse.

For more information, contact Neva Jean Bryan, MPW, Director of Public Relations, at (276) 964-7115.

Calendar of Events

April 23, 2010

7th Annual A Round to Remember Golf Tournament. Benefits the Alzheimer's Association Greater Richmond. The Hollows Golf Club, Montpelier. For information, sponsorship opportunities, or to register a team, call (804) 967-2580.

April 26-27, 2010

Annual Virginia Guardianship Association/Virginia Elder Rights Coalition Joint Conference. Sheraton West Hotel, Richmond. For information, visit www.VGAVirginia.org.

April 26-28, 2010

NIH State-of-the-Science Conference: Preventing Alzheimer's Disease and Cognitive Decline. Natcher Conference Center, NIH Campus. Bethesda, Maryland. For information, visit www.consensus.nih.gov.

May 1, 2010

Third African-American Forum: The Journey Continues: Exploring Alzheimer's and Dementia in African-American Families. Presented by the Alzheimer's Association. 8:30 a.m. – 3:00 p.m. Trinity Family Life Center, 3601 Dill Road, Richmond. Pre-Registration and \$20 fee. Register by calling (804) 967-2580.

May 9-15, 2010

National Women's Health Week. This year's theme is "It's Your Time." The initiative encourages women to take steps to ensure a long and healthy life. For more information, visit www.cdc.gov/women/nwhw/.

May 16-18, 2010

Transforming Lives: A Wellness Approach. 34th Annual Conference of the Mideastern Symposium on Therapeutic Recreation. Omni Hotel Richmond (www.omnihotels.com/FindAHotel/Richmond.aspx). For information, visit www.mideastsymposium.com.

May 22, 2010

Arthritis Walk Prince William. Arthritis Foundation Fundraiser. For information, call (804) 359-1700.

May 24-25, 2010

Virginia Association for Home Care and Hospice Leadership Conference. Wyndham Virginia Beach Oceanfront. Virginia Beach. For information, contact Debbie Blom at (804) 285-8636 or dblom@vahc.org.

June 2-4, 2010

Virginia Coalition for the Prevention of Elder Abuse 16th Annual Conference. Virginia Beach Resort & Conference Center. For information, contact Joyce Walsh at jwalsh@cityofchesapeake.net.

June 7, 2010

Creative Roads to Inclusion. Annual conference on aging with lifelong disabilities. Holiday Inn Koger Center, Richmond. For information, contact Ed Ansello at (804) 828-1525 or eansello@vcu.edu.

June 8, 2010

Aging Well in Mind, Body, and Spirit. Sponsored by Beard Center on Aging at Lynchburg College in partnership with Centra. Lynchburg College, Lynchburg. For information, visit www.lynchburg.edu/agingwell.xml or contact Denise Scruggs at scruggs.dr@lynchburg.edu or (434) 544-8456.

July 17-21, 2010

National Association of Area Agencies on Aging's 35th Annual Conference & Tradeshow. Hyatt Regency St. Louis at The Arch, St. Louis, MO. For information, visit www.n4a.org.

October 25-26, 2010

Virginia Association for Home Care and Hospice Annual Conference and Trade Show. Holiday Inn Koger Center, Richmond. For information, contact Debbie Blom at (804) 285-8636 or dblom@vahc.org.

Age in Action

Volume 25 Number 2
Spring 2010

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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 2010 Issue Deadline:
June 15, 2010

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Creative Roads to Inclusion

***The annual conference of the Area Planning and Services Committee
on Aging with Lifelong Disabilities (APSC)***

June 7, 2010
8:00 a.m. to 4:30 p.m.

Holiday Inn Select, Koger South Conference Center
1021 Koger Center Boulevard, Richmond

Conference content includes:

- Honoring the person within
- Communication and behavior: What's the connection?
- Opening the doors: Best practices in the community
- Self-advocacy for those who missed it
- Cultural competency and person-centeredness
- Finding the fun: A hands on session
- Access and the Americans with Disabilities Act

The conference fee of \$35 (due by June 1st) includes registration, materials, luncheon, and breaks. Scholarships are available for family caregivers of individuals with lifelong developmental disabilities. To register, contact Ed Ansello at (804) 828-1525 or eansello@vcu.edu.

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