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Activities in geriatrics and gerontology education and research
Virginia Center on Aging
and
Virginia Department for the Aging

Case Study

The Fairfax County Hoarding Task Force

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Educational Objectives

1. Describe the reasons for forming the Fairfax County Hoarding Task Force.
2. Explain the organizational make-up of the Hoarding Task Force.
3. Understand the risk factors in hoarding and what is being done to address them.

Background

Hoarding is the excessive collection and retention of possessions (inanimate or living) to the degree that it may interfere with day-to-day functions, such as home, health, family, work, and social life, and with the safety of others. In 1998, four homeless persons seeking shelter entered a vacant, two-story, brick dwelling on Mount Vernon Highway in Fairfax County, Virginia, and set up house. The dwelling was already littered with so much debris that a safe exit in an emergency was questionable. Nevertheless, they settled in and began using an open fire as their main source of heat and light; and they accumulated more. Excessive accumulation of papers and possessions, combined with unsafe heating practices, eventually resulted in a structure fire which took the lives of the four people. In consequence, Fairfax County created the Hoarding Task Force.

Shortly after this tragedy, in early 1999, a second event took place at a home in the Annandale area of Fairfax County that involved a family of six: two adults and four children. In response to a 911 call, police officers found a home with an excessive amount of combustible materials and personal possessions that blocked the egress and rendered the structure unsafe for human habitation. They notified the Fire and Rescue Department, because Fire and Rescue personnel may, under the Statewide Building Code, enter a property without either consent or under exigent (emergency) circumstances, if life-safety issues are in question.

The on-duty Fire Marshal determined that the current prevention statutes and codes required that the premises be vacated. Fire and Rescue Department staff coordinated with other County agencies to provide relief services to the family. Child Protective Services assisted in obtaining shelter for the children, and the Health Department tackled the issues of open food containers, unsanitary conditions, and lack of house maintenance. Zoning Enforcement stepped in to address the poor exterior condition of the dwelling, as well as the excessive storage. Agencies such as the Department of Public Works and Environmental Services and Adult Protective Services also played a role in ensuring the safety of the occupants. In this case, a quick and well-coordinated response meant that a tragedy was averted.

The Task Force Begins

In 1998 and 1999, agencies were only beginning to understand the scope of the hoarding problem in Fairfax County. Although many agencies dealt with issues of poorly maintained properties, cluttered living conditions, and persons in stressful living situations, each agency had generally pursued

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compliance or intervention within the constraints of its own agency and authority. As the lead agency on hoarding matters, the Fire and Rescue Department realized that a multi-agency task force would be a better way to address this growing problem. It identified the following as key principles to having a successful hoarding task force, and these continue today:

1) Each agency that has an interest in a hoarding incident must have an understanding of the services and capabilities of other responding County agencies.
2) Hoarding behavior patterns can create extremely unsafe living conditions for the owner/occupant and affect the surrounding neighbors. In many cases, by the time authorities become aware of a hoarding incident, extreme action is often warranted to protect life, health, and safety.
3) A comprehensive, multi-agency approach would best serve the interests of the owner/occupant and other citizens.
4) Significant staff resources and assets are needed for even the most minimal involvement in an incident. Enforcement, follow-up, remediation, and court action require many more hours than a typical violation and there is no guarantee that the hoarding behavior will not reoccur.
5) To provide a reasonable chance that intervention will benefit both the owner/occupant and the community; a compassionate, professional, and coordinated approach must be developed.

And so, the Fairfax County Hoarding Task Force was created in 1998 as an ongoing interagency team whose mission is to coordinate all County actions related to severe hoarding cases in Fairfax County. The Hoarding Task Force must balance the rights of the individuals against the safety of the community in developing strategies to deal with hoarding cases and ensure consistency in approaches among all entities involved in these cases.

Hoarding Task Force Objectives

- Develop and maintain procedures for dealing with moderate to severe hoarding that assertively use compliance strategies to deal with properties that, because of hoarding behavior by occupants, may be in violation of safety codes.
- Develop approaches or procedures for managing hoarding cases after initial intervention in order to monitor recurrence of unsafe conditions and take appropriate steps when warranted and feasible.
- Address and recommend solutions to related issues and concerns, such as how to obtain initial evidence to secure an affidavit and obtain a warrant, and how to clean up properties where owners will not take action.
- Recommend training and education for staff, as well as outreach and education to the general public about what County services are available.

Member Agencies in the Task Force

Department of Code Compliance (DCC) is responsible for enforcing the Virginia Maintenance Code Chapter (VMC), which establishes minimum housing standards, occupancy limitations, and other requirements and enables DCC to cite violations of the VMC, obtain inspection warrants, if required, and declare dwellings as unsafe or unfit for habitation.

Fire and Rescue Department is responsible for enforcing the Virginia Statewide Fire Prevention Code, which grants fire marshals the authority to evacuate an unsafe structure, take actions to help bring a structure into compliance, and ensure the safety of the public and emergency response personnel.

Department of Family Services' Adult Protective Services (APS) and Child Protective Services (CPS) and social workers interview and assess the risk and needs of children and adults.

Community Services Board, Office of Mental Health Services Mobile Crisis Unit (MCU) provides clinical consultation to the Hoarding Task Force. When a case can be made that a person has a mental illness and there exists a substantial likelihood that the person will, in the near future, cause serious physical harm to himself or others or suffer serious harm due to lack of capacity to protect himself from harm or to provide for basic human needs, MCU can facilitate involuntary psychiatric hospitalization.

Program for Older Adults and Families offers outpatient mental health evaluation, treatment, and case management to persons age 60 and older who voluntarily want help to stop their own hoarding behavior.

Adult Clinical Services Program provides an ongoing psycho-educational therapy group for adults ages 18-59 who suffer more serious

mental illness. These individuals have a psychiatric diagnosis, hoard to an extreme degree, and voluntarily want help to stop hoarding.

Department of Neighborhood and Community Services (NCS) is the clearinghouse that assists in coordinating services provided by non-profit and faith-based organizations to persons or families involved in a hoarding situation. NCS can provide emergency and basic services, such as food, clothing, shelter, and financial assistance on a temporary basis.

Department of Housing and Community Development (DHCD) administers the Home Improvement Program, which provides a residential owner with home loan assistance and/or contact information for home repair contractors.

Health Department enforces Chapter 46 of the Fairfax County Code, "Health or Safety Menaces," which addresses a number of conditions that might endanger the health or safety of residents, such as rat and rodent infestations, improperly stored or disposed garbage, and insect infestations of public health importance.

Department of Public Works and Environmental Services (DPWES) becomes involved when a property condition is considered unsafe. When occupant safety is in question, the Building Official must be notified and an engineer must make a determination as to the structure's integrity. DPWES provides on-site engineering and code knowledge to assess the immediate and long-term integrity of a structure, which are critical in determining the necessary corrective measures to ensure safe use. DPWES also provides the needed resources to implement immediate compliance measures; e.g., heavy equipment is often necessary to remove the accumulation of waste and debris. During emergency intervention, DPWES's labor force is able to remove environmental or physical hazards that pose an immediate threat.

Office of the Sheriff ensures the safety of other County staff with on-site law enforcement, assists in the documentation phase, identifies criminal activity, and provides resources not available to or beyond the scope of other participating agencies.

Office of the County Attorney provides the vital link between the response, enforcement, and the law. The County Attorney's Office ensures that the Hoarding Task Force members are aware of and sensitive to the rights of the individual. If court action is necessary, participation by the Office of the County Attorney in the early stages of a hoarding response protects the individual's rights.

Office of Public Affairs receives information on high profile cases from the Hoarding Task Force and then disseminates the information to the media.

Animal Services Division, Fairfax County Police Department (ASD) supplies situation control at a hoarding site through the management of animals whose disposition is suspect, protection of the public from feral animals, and reassurance to the owner/occupant on the care of their "pets" during transition and treatment.

Police Department can provide both a safety role and historical information on the property and its owner/occupant.

Board of Supervisors (BOS) is represented by several supervisor staff aides on the Hoarding Task Force.

Town of Vienna Police Department and Zoning Enforcement staff participate on the Hoarding Task Force as relevant and needed.

Town of Herndon participates in inter-jurisdictional matters and information sharing, as needed.

Why Is Hoarding a Public Safety Issue?

Fairfax County recognizes hoarding as both a mental health issue and a public health issue. The County experiences almost 200 official reports of hoarding annually. Hoarding seems to occur across socioeconomic levels, races, genders, and ages. Hoarders who are older may have accumulated for a lifetime or may have become hoarders in later life after some event or crisis. At its most extreme, hoarding presents life-safety and health challenges that should not be ignored. Cluttered living spaces impede day-to-day activities. There is often no uncluttered place to sleep, move, cook, or toilet. Hoarders acquire and fail to discard a large number of possessions, such as a massive collection of newspapers, magazines, clothing, household trash, and animals. They become emotionally attached to their belongings. Ironically, those who hoard are often signifi-

cantly distressed or impaired by the conditions in which they live. The accumulation of combustible material, trash, food, and/or animals creates serious personal safety, fire, and health hazards and can cause disease, vermin, and/or insect infestations. These life-safety and health issues affect the hoarder, but can also endanger neighbors, public safety personnel, and the general public. The excessive weight of belongings in a hoarder's townhouse, for example, has caused structural damage to roof beams and floor joists in adjoining town houses.

The most common impacts to health and safety resulting from long-term hoarding are those that violate laws and ordinances that were enacted to ensure the safety of the public and the preservation of property. In Fairfax County, those laws and ordinances are found in the Statewide Fire Prevention Code, Virginia Maintenance Code, the Health and Safety Menace Code, Zoning Ordinance, and animal control laws and regulations.

Large amounts of combustible material limit not only an occupant's means of escape during an emergency, but also the ability of public safety or rescue personnel to get inside the home. Homes with severe hoarding conditions suffer far more extensive damage during a fire emergency, because the amount of combustible material inside obstructs doorways and windows and causes a significant time delay in firefighting. In many hoarding cases, the heating equipment no longer functions because heating vents and equipment are blocked. Occupants may then use kerosene or space-heaters for warmth. These, in turn, placed amidst the debris, pose an immediate fire hazard. Hoarders tend to store things throughout the house. In kitchens, hoarders may place newspapers, trash, mail, new unopened purchases, bags of plastic bags, and other things atop stoves, tables, refrigerators, chairs, and any available space, making seating and food preparation difficult. Some hoarders cook on stove tops, nonetheless. The accumulation of grease, food items, and trash greatly increases the potential for a fire and encourages rodent and insect infestation. As mentioned, hoarding cases almost always involve structural overload conditions. The volume and weight of newspapers, boxes, and magazines, can lead to severe overstressing of structural members, such as joists and beams. One room with stacked newspapers can cause floor systems to sag, crack, or even collapse.

Lastly, animal hoarding poses a serious health hazard to a home's occupants and to the animals that may have been collected, such as cats, dogs, rabbits, and other pets. An overpopulation of animals in a small environment, such as a single-family dwelling, can lead to starvation, disease, accumulation of feces, and the decomposition of the remains of dead animals.

Case Study #1

Mr. and Mrs. G. lived alone in a single family dwelling in a semi-rural part of Fairfax County. Mr. G., 87 years old, was in poor health with cardiovascular issues that limited his mobility. Mrs. G., 85 years old, was relatively healthy and alert. They have a son within the county but see him infrequently. The Hoarding Task Force became involved after a 911 call to the Fire Department for a medical emergency involving a cardiovascular event of the male occupant in the early morning hours. The public safety responder to the scene identified the hoarding situation and reported it to the Department of Code Compliance (DCC). Most of the dwelling was filled with a variety of goods, trash, and newspapers with limited access ways to the front and rear doors. The DCC forwarded this report to the Hoarding Task Force for review. Based on an inspection of the dwelling by the staff and a report of the residents' physical health, it was determined that Mr. and Mrs. G. did not have either the physical capacity or sufficient funds to initiate a thorough clean-up of the property. As a result, the DPWES, in coordination with the local member of the Board of Supervisors, arranged to have a roll off container located on the property for several days as part of a community clean-up effort. During this time friends/family of the couple contacted by the son were able to clear out much of the debris in the dwelling to a level to make the dwelling fit for habitation. The roll off was removed and staff from APS met with the couple to arrange counseling as to the dangers of hoarding.

Case Study #2

Ms. V. was a middle aged woman, a periodically employed professional, who lived alone in a large and expensive town house in eastern Fairfax County. Based on complaints of debris and trash in the

house, seen both on the porch and grounds and clearly through the windows, the DCC and the Fire Department responded to the dwelling and found an extreme hoarding situation, with a large accumulation of debris and trash. The DCC forwarded this situation to the Hoarding Task Force for review. Due to her age (over 18 and under 60), Ms. V. was not eligible for assistance from APS and she refused any assistance from mental health providers. Several re-inspections of the town house by the staff confirmed that that the resident could best be served by establishing a long-term one-on-one relationship with staff of the DCC and the Fire Department. This long-term relationship witnessed some progress, some regressions, and progress again, with the staff inspecting the property on a regular basis and monitoring trash removal. These joint efforts resulted in her cleaning up the dwelling to a livable condition in about a year.

Conclusion

The multi-agency Fairfax County Hoarding Task Force has fostered stronger lines of communication among many relevant entities and a better understanding of the available resources and limitations that each brings to the task of hoarding abatement and regulatory compliance. Moreover, the Task Force has improved the abilities of its members to identify residents at risk, i.e., a blighted property report received by DCC may be the first indication that other quality of life issues may need to be addressed. While the Hoarding Task Force allows the County to mount a coordinated, organized response to hoarding cases, the County must turn to the judicial process at times for final resolution. Staff always works with residents to gain voluntary compliance first, but in some cases court action is required. Many County agency missions mandate that they address the concerns of displaced and destitute residents; however, agencies are seldom able to assist where assistance is not welcomed or wanted. Unless an investigator can impress upon the owner/occupant the need for assistance, compliance must be achieved through the court system. Safety and the eventual return of the resident to the dwelling are the primary goals of the Hoarding Task Force.

The Fairfax County Hoarding Task Force began operations in 1998 and embarked on a path to improve services by enhancing intake processes, cross-training technical staff to promote code efficiencies, improve collaboration with numerous sister agencies, and promote code compliance in the community by outreach and education. Hoarding is a multifaceted problem that has psychological, physical welfare, and public safety implications. The formation of a multi-agency task force allows for consolidated resources and ensures an integrated approach to the physical, emotional, health, and safety issues associated with hoarding, and assists in the general well-being of all residents of Fairfax County.

Study Questions

1. What characteristics of hoarding behavior can make hoarding a risk for the hoarder and for the hoarder's neighbors?
2. Why did Fairfax County decide to develop a multi-agency Hoarding Task Force?
3. How does the Hoarding Task Force try to achieve a balance between the rights of the individual and the safety of the community?

About the Author

Michael Congleton is Strategic Initiatives Manager for the Fairfax County Department of Code Compliance and a long-time member of the Hoarding Task Force. Read more about the Task Force at www.fairfaxcounty.gov/code/hoarding/hoarding-task-force.htm.

AGE Virginia Awards

April 28, 2012

Join the VCU Department of Gerontology for the Awards in Gerontological Excellence (AGE) Virginia Awards. This event will be held 6:00 p.m. - 8:00 p.m. at the Hilton Richmond Hotel & Spa. Awards will include our *Student of the Year*, *Alumnae of the Year*, our *ACE Award* which honors community engagement, our *TIME Award* which honors theoretical innovation and evidence-based practice, and our new *Commonwealth Award*, which honors an older adult who personifies optimal aging.

Tickets are free, but an RSVP is required. Call (804) 828-1565 or email agingstudies@vcu.edu.

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Geriatric Home Makeover

Maybe you've seen the shows on television that transform plain houses into something more, such as *Extreme Makeover* and *This Old House*. We were talking about falling and risk factors for falls by older adults recently during a session of the Faculty Development Program of our Virginia Geriatric Education Center. Evidently, our houses pose substantial risks for falling. About 80% of homes have at least one hazard for falls and almost 40% have as many as five hazards. Over half of all falls by older adults happen in their homes. So, tongue in cheek, we proposed a new show, *Geriatric Home Makeover*. (We could get the sponsors, but could we get people to identify as "older"?)

We define a fall as an unplanned descent to the floor or an extension of the floor (e.g., a bed or ottoman), with or without injury. The person did not *intend* to change position. Risk factors for falls are many but fit into two global categories: intrinsic and extrinsic. Older adults who fall may have several risk factors in each. Intrinsic factors include such characteristics as age (over age 80), gender (female), and chronic disease. As you can see, these are not readily changeable. Extrinsic factors include medications and home hazards. The risks at home are so important and so potentially correctable that the American Geriatrics Society rates adaptation or modification of home environment as an "A" in importance in preventing falls, right up with exercise, particularly balance, gait, and strength training.

Falls are common; almost a third of us over 65 and about half of us over age 80 may fall in a year. Falls have consequences, including injury and fear. Research shows that most older adults who fall do not injure themselves and those who do injure themselves tend to sustain minor injuries. But many fear the injury and fear that an irreversible cascade of decline would follow a fall that might produce a major injury like a broken hip. Geriatric health care practitioners increasingly are recognizing fear of falling as an important contributor to diminished socialization, life satisfaction, and self-concept, and to a tentativeness in behavior that may actually increase physical deconditioning and the risk of falling. Ironically, not only those who have fallen but also those who have not yet fallen fear the possibility; and so they limit their activities, thinking that they are limiting their risks. But staying home, without addressing risk factors in the home, may be problematic.

The current reality that about 30 percent of older Americans live alone compounds the risks, for this means that there is not another person, in effect, monitoring the conditions of the house, noticing slippery rugs or dislodged handrails, for instance. Recent European research suggests that living alone may be as much a risk factor for falls as having a drug regimen of four or more medications. Other current "styles" may also contribute to risk: the vogue for so-called pillow top mattresses means beds are higher off the ground; if a person cannot swing her feet around from the bed to reach the floor, the extra gap increases the chances of falling. Now add a middle of the night scenario with an urge to toilet, and this extra tallness can spell trouble. Similarly, the "green" trend toward compact fluorescent bulbs (CFL) to save energy may mean less brightness in a room or hallway. To my eyes, CFL light seems dimmer, even while the light output claims to be the same as that of the incandescent bulb.

With age, eyes tend to change. The lens thickens and there is a decreased pupillary response to changes in light, the net result of these changes being a tendency to have more problems seeing in dark and the correlated need for increased lighting. Older adults with vision impairment are 2.5 times more likely to sustain a fall. The vision impairment may require cataract surgery or extensive medical intervention. But floor lamps, being closer than ceiling lighting to what one may wish to read or where one may want to walk, are good additions to the "geriatric home," as are night lights and overall boosts in lighting.

There's a common sense list of environmental hazards for falling in and around the home. These include having extension cords across pathways; cluttered areas; loose throw or scatter rugs that are not secured in place with tacks, double-sided tape or a gripping pad; well-worn and unstable furniture; dark or steep stairs; light switches that are diffi-

cult to reach; dim lighting at the house's entry; uneven external steps; cracked or sloping sidewalks; a poorly marked raised threshold. Sure, we all live with some of these "need to get to" situations, but they become more important with age. More subtle concerns include the need for a resident to be able to distinguish one step from another in a stairway; installing color strips on the edges of stair treads helps. The same can be said for increasing the color contrast between walls and floors, in order to aid perspective, and installing inexpensive plug-in motion sensing LED lights that come on whenever movement is detected.

Bathrooms and kitchens also need attention. With age, it may be difficult to rise from the standard toilet seat that is just 15 or 16 inches from the floor, without the aid of grab bars or a raised seat. Tub sides pose similar challenges, with the additional threat of a potentially slippery surface. Again, installing grab bars, vertical and/or horizontal, at the tub and non-slip bath mats for the tub bottom can be lifesavers, literally. Kitchen cabinet shelves may become difficult to reach without using a stool or chair; the latter may unthinkingly be placed upon loose rugs, jeopardizing stability. Two- or three-step ladders with side bars, the type that fold up, offer help, as do small hand-held extension grabbers to reach and grip shelf items.

Basically, *Geriatric Home Makeover* (coming to a theater near you) would encourage all of us to reassess our homes for safety, considering each room's accessibility, traffic pattern, lighting, and usability as we grow older. There are a number of resources already available to help us in this job. These include a comprehensive guide developed by the Occupational Therapy Geriatric Group at the University of Buffalo called the Home Safety Self Assessment Tool (HSSAT) available on-line at www.agingresearch.buffalo.edu/hssat/hssat_v3.pdf. The Centers for Disease Control and Prevention (CDC) website contains results of interventions by various professions (e.g., occupational therapists) under the listing of home modifications, but these are more for researchers than for lay people. Lastly, the University of Newcastle in Australia has online the Home Falls and Accidents Screening Tool (HOME FAST) which asks the reader 20 questions that help to identify potential sources of risks for falling: www.alswh.org.au/substudy_analyses/HOMEFAST-SELFREPORT.pdf.

When older adults fall, it is often the result of a complex interaction of contributing risk factors. Reducing hazards in the home addresses just one set of the several. Someone who has fallen before or who has lower extremity weakness, slow gait speed, or unreliable balance has significant risk and should seek an interprofessional assessment by medicine, physical and occupational therapy, pharmacy, etc.

A thorough drug regimen review is absolutely the most important screening to identify medications that can cause falling. But reducing home hazards makes sense in any event, and it's wise to start a *Geriatric Home Makeover*.

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

Jim Rothrock
Commissioner, Virginia Dept. of Rehabilitative Services (DRS)
and
Catherine Harrison, DRS, Director of Community Integration

Since the last issue of *Age in Action*, our state has survived yet another session of the General Assembly (GA), and the impact on our readers is historic. As noted in earlier issues, there has been an effort to develop a service delivery capacity to streamline services to *Vintage Virginians* and Virginians with disabilities who can benefit from services that support their independence, employment, and community living. After much debate, the GA passed legislation that creates a new state agency, likely to be named the Department for Aging and Rehabilitative Services. As the current administrator of both of these agencies, VDA and DRS, I am excited about the opportunities to eliminate the silos that are found in both programming and in planning that can have a negative impact on how we serve this growing population. With the elements to be added to this new agency in July 2013 from the Department of Social Services, our Commonwealth will have an increased capacity to improve the safety and quality of life for this population that our readership knows so well.

What follows is an overview of some of the key issues that were addressed during the recently

completed GA session, acknowledging that our state's budget was still a work in progress as we write; but early indications are that our network of services will be supported not only in policy but also with funds.

Government Restructuring

As a result of the Governor's Government Reform and Restructuring Committee, Delegate Gilbert and Senator McDougle introduced HJ 49, HB 1291, SJ 66, and SB 678 in their respective chambers. As introduced, the bills sought to create a new state agency combining DRS, VDA, the Department for Deaf and Hard of Hearing (DDHH), and adult services from the Department of Social Services (DSS), and to consolidate the VDA-staffed Public Guardian and Conservator Board and the Alzheimer's Commission into the Commonwealth Council on Aging.

While working its way through the legislative process, the House added the Department for the Blind and Vision Impaired (DBVI) to the list of agencies to be combined, while removing the Alzheimer's Commission from the consolidated boards. The Senate removed DDHH from the new agency structure leaving VDA, DRS, and parts of DSS. The Senate also restored the VDA boards and councils to their standing as three separate entities. After "cross-over" and the rejection of the amended bills by the opposite chamber, the conference committee's reports created a new agency, which included DRS and VDA, with portions of DSS to be added in July 2013, and the three VDA-staffed boards and commissions remained freestanding. Both chambers agreed to the conference reports.

Aging

HB 595 (Crockett-Stark), as passed by the GA, aligns state deadlines for the four-year plan on aging services with federal deadlines for such plans by changing the deadline for submission of the plan from June 30, 2013, to October 1, 2015, and the deadline for submission of an update to the current plan from October 1, 2011, to October 1, 2013.

Auxiliary Grant

Delegate O'Bannon and Senator Howell introduced HB 1211 and SB 596 respectively. The amended versions of the bills that passed the GA allow assisted living facilities (ALFs) and adult foster care homes to accept payments from third parties for certain goods and services provided to auxiliary grant (AG) recipients under certain conditions. These additional payments are not to be counted as income for purposes of determining eligibility or for calculating the amount of the AG. ALFs and adult foster care homes are required to provide each AG recipient with a written list of goods and services that are covered by the AG.

Disability Commission and Studies

HB 79 (Orrock) sought several changes for the Disability Commission. The introduced version sought to codify workgroups related to housing and transportation, education and employment, and publicly funded services, as well as repeal the sunset date of the Commission. Delegate Orrock, Chairman of the Disability Commission, also introduced HB 1229, which directed the Secretary of Health and Human Resources to convene a workgroup composed of stakeholders to develop a plan to address the housing and transportation needs of Virginians with disabilities. Ultimately, HB 1229 was incorporated into HB 79 which passed unanimously.

Education

HB 382 (Pogge) sought to remedy a long-standing issue regarding the conveyance of assistive technology (AT) once a student exits a school system. The bill, as amended and passed, allowed a school division to transfer assistive technology devices purchased by the division to a different school division that the child transfers to and to a state agency that provides services to a child with a disability upon the child's graduation or when a school division ceases to provide special education services for the student. Recognizing the need, as well, to allow the transfer of AT to the child with a disability or the parents, as originally included in the bill, the Governor recommended amendments to this effect which were adopted by the GA.

Employment

Two resolutions dealt specifically with Employment First. HJ 23 (Morrissey) requested the Secretary of Health and Human Resources to develop and implement an Employment First initiative whereby individuals with intellectual and

developmental disabilities receiving services through state agencies would be employed in an integrated, community setting, earning an amount that is equal to or greater than minimum wage. The resolution was left in House Rules. Senator Hanger's SJ 127, adopted by the House and Senate, encourages the Secretary of Health and Human Resources and the Superintendent of Public Instruction to adopt and implement Employment First practices in providing and coordinating services to Virginians with disabilities.

Updated Code language was approved with the passage of HB 1222 (Hope) in its amended version. Outdated language referring to "sheltered workshops" and "handicapped" was replaced with the terms "employment services organizations (ESOs)" and "individuals with disabilities." ESOs were also defined.

Senator Hanger also introduced SB 523. As amended and passed, the bill authorizes the Department of Minority Business Enterprise to certify employment services organization for the purposes of participation in state contracts and purchases. The ESO must be an approved Commission on Accreditation of Rehabilitation Facilities (CARF)-accredited vendor of DRS.

Guardianship

SB 8 (Lucas), as amended and passed, grants both public and private guardians authority to make arrangements for the funeral and disposition of remains, if the guardian is not aware of any person that has been otherwise designated to make such arrangements. The bill also clarifies that a guardian may make such arrangements, if, after a good faith effort, the next of kin cannot be located or does not wish to make the arrangements.

HB 270 (Peace), as amended and passed, requires VDA to adopt, as part of the public guardianship and conservator program, person-centered practice procedures.

Transition from Institutions

HB 159 (Hope), HB 1087 (O'Bannon), and SB 92 (Howell) all required written notification of the State Long-Term Care Ombudsman when a nursing home resident is involuntarily transferred or discharged. The House bills were continued to 2013 in the Health, Welfare, and Institutions Committee, with the Senate bill continued to 2013 in the Education and Health Committee. In addition, Delegate Hope introduced HB 1274, which, as amended and passed, creates a workgroup to help clarify requirements and develop guidelines applicable to nursing homes when transferring or discharging residents.

HB 496 (Dance), as amended and passed, requires community services boards (CSBs), as part of the discharge planning process for individuals leaving a state hospital or training center, to inform the individual transitioning to the community or the individual's legally authorized representative that the individual may choose to return to the locality in which he or she lived prior to admission or to any other locality in Virginia. Upon request, the CSB serving the locality where the individual chooses to reside will be responsible for arranging transportation.

It was a busy session and one that holds great promise for Virginia's future, particularly in serving Vintage Virginians and Virginians with disabilities. A *Commonwealth of Opportunity* is now a much more attainable goal.

The Virginia Department for the Aging has three advisory boards. Upcoming meetings in 2012, which are open to the public, include:

The Alzheimer's Disease and Related Disorders Commission
June 12th, September 11th, December 11th

The Commonwealth Council on Aging
June 20th, September 19th

The Virginia Public Guardian & Conservator Board
June 7th, September 6th, December 6th

For more information, visit http://vda.virginia.gov/boards.asp.

The Virginia Center on Aging's
26th Annual Legislative Breakfast

VCoA hosted its 26th annual breakfast on January 25, 2012, at St. Paul's Episcopal Church in Richmond. Again this year, we drew a large attendance, including members of the General Assembly, their staffs, the Executive Branch, state departments, Councils, and colleagues in agencies and organizations across Virginia.

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: Juanita Bailey (Commonwealth Council on Aging), Janet James (Virginia Department for the Aging), and Lynne Seward (A Grace Place)
Top Right:VCoA staff assisting the registration line coming into the Legislative Breakfast
Bottom Left: Ed Ansello (VCoA) and Delegate Gordon Helsel, Jr.
Bottom Right: Dot and Bill Egelhoff (VCoA Director Emeritus) greeted by Connie Coogle (VCoA)

Top Left: Altamese Johnson and Elvira Shaw (AARP) and Thelma Bland Watson (Senior Connections) **Top Right:** Susan McCammon and Beckie Brock (Commonwealth Council on Aging), and Betty Ford **Bottom Left:** Paula Kupstas (VCoA), Susan Edwards and David Broder (Virginia Association for Personal Assistants), Terri Lynch (Arlington Agency on Aging) **Bottom Right:** Monica Hughes (Lifelong Learning Institute) and Lisa Furr (VCoA)

Top Left: Courtney Tierney (Prince William Area Agency on Aging), Carter Harrison (Alzheimer's Association), and Roberto Quinones (Commonwealth Council on Aging) **Top Right:** Erica Wood (Northern Virginia Aging Network and American Bar Association) and Paul Izzo (Thomson McMullan and VCoA Advisory Committee Chairman) **Bottom Left:** Delegate Riley Ingram and VCoA's Catherine Dodson **Bottom Right:**Bert Waters and Ed Ansello (VCoA) and Marilyn Maxwell and Ray Moore (Mountain Empire Older Citizens)

A Little Brings a Lot: Exercise and Health

The *Physical Activity Guidelines for Americans*, a consensus report published by the U.S. Department of Health and Human Services in 2008 following analyses of various research studies on the health benefits of physical activity, concluded:

1) Regular physical activity reduces the risk of many adverse health outcomes.
2) Some physical activity is better than none.
3) For most health outcomes, additional benefits occur as the amount of physical activity increases through higher intensity, greater frequency, and/or longer duration.
4) Most health benefits occur with at least 150 minutes (two and a half hours) a week of moderate intensity physical activity, such as brisk walking. Additional benefits occur with more physical activity.
5) Both aerobic (endurance) and muscle-strengthening (resistance) physical activity are beneficial.
6) Health benefits occur for children and adolescents, young and middle-aged adults, older adults, and those in every studied racial and ethnic group.
7) The health benefits of physical activity occur for people with disabilities.
8) The benefits of physical activity far outweigh the possibility of adverse outcomes.

The Guidelines are available on-line at: www.health.gov/PAGuidelines.

A recent study in Taiwan (Wen, Wai, Tsai et al., *The Lancet*, October 2011) reaffirms, metaphorically, that half a loaf is better than none. Even 15 minutes a day of moderate exercise produces measurable benefits for health. As referenced by *Medscape Education Clinical Briefs*, the Taiwanese researchers noted that East Asians tend to be less physically active than their Western counterparts, with only 14% of Taiwanese adults meeting national recommendations for physical activity levels. Limited formal education and a low paying job were risk factors for physical inactivity.

With these facts in mind, the researchers asked if at least a modest amount of physical activity could promote significant reductions in mortality risk. So, the Taiwanese study, supported by units of the Taiwanese government, examined the effects of different levels of physical activity on the risk for mortality. The study sample consisted of 416,175 persons in Taiwan (199,265 men and 216,910 women) who were evaluated between 1996 and 2008 in a standard medical screening program. Average duration of follow-up was eight years. Participants recorded their leisure-time physical activity (LTPA) on a questionnaire and the researchers categorized participants according to the amount of weekly exercise self-reported as: inactive, low, medium, high, or very high activity. For each group, the researchers calculated life expectancy and hazard ratios (HRs) for mortality risk, with use of the inactive group as the standard. The main study focus was the relationship between LTPA status and the risk for mortality and cancer incidence.

The average amount of exercise in the low-activity group was 92 minutes a week (95% confidence interval [CI], 71 - 112) or 15 ± 18 minutes per day. Risk for all-cause mortality was 14% lower (HR, 0.86; 95% CI, 0.81 - 0.91), and life expectancy was three years longer in the low-volume activity group compared to the inactive group. "Exercising at very light levels reduced deaths from any cause by 14 percent," said research team member Xifeng Wu, MD, PhD, professor and chair of the University of Texas MD Anderson Cancer Center Department of Epidemiology, in a news release. "The benefits of exercise appear to be significant even without reaching the recommended 150 minutes per week based on results of previous research."

Beyond the minimal amount of 15 minutes of daily exercise, each additional 15 minutes was associated with a further reduction in all-cause mortality risk by 4% and in all-cancer mortality risk by 1%. These benefits of exercise were seen in all age groups, in both sexes, and in persons at risk for cardiovascular disease. Compared with individuals in the low-volume group, inactive persons had a 17% increased risk for mortality (HR, 1.17; 95% CI, 1.10 - 1.24).

“Fifteen minutes a day or 90 minutes a week of moderate-intensity exercise might be of benefit, even for individuals at risk of cardiovascular disease,” the study authors write.

The researchers stated that the limitations of this study include its observational design, reliance on

self-report to determine exercise amount, lack of generalizability to other populations, and possible loss to follow-up. Nonetheless, in an accompanying editorial, Anil Nigam and Martin Juneau, from Montreal Heart Institute and Université de Montréal in Quebec, Canada, noted that “this is the first observational study of this size to report important and global health benefits at such a low volume of leisure-time physical activity [LTPA] with this degree of precision.” They continued, “The knowledge that as little as 15 minutes per day of exercise on most days of the week can substantially reduce an individual’s risk of dying could encourage many more individuals to incorporate a small amount of physical activity into their busy lives..... Governments and health professionals both have major roles to play to spread this good news story and convince people of the importance of being at least minimally active.”

Invitation to Switch to E-Mail Delivery of *Age in Action*

Age in Action is transitioning over time to an electronic version only. We currently publish the same issue in identical print and PDF versions; we plan to move to an exclusively electronic format.

If you now receive *Age in Action* as a hard copy by postal mail, please consider switching to email distribution. Send an email listing your present postal address and best e-mail address for future deliveries, to Ed Ansello at eansello@vcu.edu.

Gateway to Health: An Interdisciplinary Approach to Oral Health Care in the Geriatric Population

June 1, 2012
Lucy Corr Village, Chesterfield
(Also offered via webinar)

This course will provide lecture-based training for a range of health care professionals and direct care providers pertaining to oral health care in the geriatric population.

The course’s interdisciplinary approach will: 1) increase clinical knowledge related to maintenance of oral health for elders in long term care settings and in private practice, and 2) increase awareness of the importance of interdisciplinary oral care on the impact of overall health status and quality of life for elders.

CE credits are available.

This program was made possible in part by Geriatric Training and Education (GTE) funds appropriated by the General Assembly of Virginia and administered by the Virginia Center on Aging at Virginia Commonwealth University.

For information, contact (804) 748-1511, Ext. 2102 or pbonwell@lucycorrvillage.com. You may also visit http://events.r20.constantcontact.com/register/event?oeidk=a07e5m731qt1dd5a30d&llr=6rhguwcab.

Richmond Area Compassionate Care Pharmacy

We are pleased to announce the opening of the Richmond Area Compassionate Care Pharmacy (RACCP), a non-profit 501(c)(3) corporation designed to assist uninsured and underinsured patients who are unable to afford necessary brand name only prescription medications. There are over 1,838 medications available through patient assistance programs, including most chronic drug treatments and many cancer therapies. In some cases, they are able to help provide diabetic meters and test strips.

This innovative practice model meets an unmet need in our community. Helping local older adults afford brand name medications, this non-profit pharmacy not only helps them through the Patient Assistance Program application process, but also offers each enrollee a complete Medication Therapy Management review, blood pressure check, and blood glucose screening. All of these services are available in a central location adjacent to the new Riverside PACE facility on MacTavish Avenue in North Richmond.

The RACCP is collaborating with students at the VCU School of Pharmacy and plans to be involved in precepting and including students in all facets of operation.

To enroll at the RACCP, patients must call (804) 977-5981 for a screening appointment.

An Alzheimer's Story: When Life and Work Merge

by Ed Menaker, Development Director, Terra Nova Films

Terra Nova Films in Chicago has for more than 30 years been the company that professionals in the aging field have turned to for visual educational materials on issues related to healthcare and growing older. I came to work at Terra Nova in 2005, shortly after my father had passed away from Alzheimer's. At that time, I understood little about the disease or how to deal with it. How could he not know me as his son? Why is he so mean to my mother after more than 60 years of marriage, and as she now cared for him as if he were a baby, bathing, dressing, and feeding him? We just didn't understand what we were facing.

What Terra Nova helped me to understand, was that we were not alone. Millions all over the world struggle in coping with this disease that claims not one victim, but many: the person with Alzheimer's as well as those who must take care of that person. And, more importantly, I grew to understand that though the people with Alzheimer's may exist alone in their own world, they still are human beings worthy of respect and dignity and that their lives still matter. And, with this understanding, it became not only a personal interest of mine, but also a professional one, to share what I had learned with the countless others dealing with Alzheimer's Disease.

Among the ways in which I was able to do this, was by working to create a new website that took many of the videos that had helped train tens of thousands of professionals and adapt them for use by family caregivers, with a big emphasis on Alzheimer's. That site exists today as www.videocaregiving.org. In a strange way, by helping others, it helps me to believe that it is part of the legacy left behind by my father.

What makes this achievement so special to me is being able to touch the lives of so many people with visual materials that can help them in caring for a loved one. Family caregivers go mostly unrecognized and are considered to be the army of the invisible, yet their unpaid work accounts for 80% of the long term care in this country, helping to prop up our nation's healthcare system. Rarely does a day go by that I am not reminded through feedback from users of the site of the importance of our human connection to so many people facing so many obstacles.

"Having real people made the difference. You can read all you want and it doesn't compare to real people talking…." Terry in CT caring for her mother with dementia.

"I could relate to all of it. The videos reinforced that I am normal. The video of the man that had to put his wife in the nursing home validated my feelings when I had to do the same thing. You feel like you are giving up, but you are really not because it is what you have to do for both of you …" Ann in IL caring for her parents.

When you read words like these, how can you not be proud of the importance of your work. And, its importance will only grow as the first wave of nearly 80 million Baby Boomers turns 65 next year, a generation living longer now than ever before and, in many instances, faced with the reality of being sandwiched by the need to care for their parents as well as their own children.

What makes this work even more special to me now is that over the past year, we've translated and subtitled all of the content on the site into Spanish for use by caregivers in the Hispanic community. The U.S. Census bureau projects that by 2050, Hispanics will have the greatest life expectancy of any ethnic group in the United States, averaging 87 years. With increasing age being the single greatest risk factor for Alzheimer's Disease and with an earlier onset of the disease seen in Latinos, the situation is "reaching epidemic proportions," says Yanira Cruz of the National Hispanic Council On Aging. The need for resources to better understand and to help deal with this looming crisis in the Latino community is even more significant because of, oddly enough, one of the community's greatest strengths, the strong cultural value of family responsibility with the desire to care for elders and loved ones in the home.

Over and over as we followed through in our work on the Spanish language site at www.videoasistencia.org, we

learned of caregivers' unquestioning commitment to the caregiver role and how it stood as a way for them to return the love and care that they received while growing up. This community cherishes the idea of caring for elders in the home.

Chris Guzman is a postal worker in Chicago who has dedicated his life to caring for his mother. She is 85 years old and has been suffering from Alzheimer's for the past 11 years.

"…it's important that you realize that we're family and that, as Latinos, we're that way, it's very important that we care for our parents. It's important that we don't abandon our parents; we don't do it. And I can't put her anywhere because she's my mother; she cared for me… raised us all, she was the one who glued us together and the pillar of the family. She's the one who was close and gave me advice, 'Son, don't do that. Behave. Don't talk like that about the kids.' And when I grew up I told her, 'I'll take care of you'."

So while the work is helping so many, it is, at the same time, also helping me to understand, appreciate, and connect with the struggle that we went through with my father and how now it does not seem to have been done in vain. What's also important for me is that the work reflects what Terra Nova is as a company. What speaks best to what it is about is its ability to merge art with education to tell the stories of real people facing real challenges and to use care and sensitivity in exploring the issues having to do with aging. My dad would have liked that.

TSA Helpline for Travelers with Disabilities

The Transportation Security Administration (TSA) has launched TSA Cares, a new helpline number designed to assist travelers with disabilities and medical conditions, prior to getting to the airport. Travelers may call TSA Cares toll free at 1-855-787 2227 prior to traveling with questions about screening policies, procedures, and what to expect at the security checkpoint.

"TSA Cares provides passengers with disabilities and medical needs another resource to use before they fly, so they know what to expect when going through the screening process," said TSA Administrator John Pistole. "This additional level of personal communication helps ensure that even those who do not travel often are aware of our screening policies before they arrive at the airport."

Since its inception, TSA has provided information to all travelers through its TSA Contact Center and Customer Service Managers in airports nationwide. TSA Cares will serve as an additional, dedicated resource for passengers with disabilities, medical conditions or other circumstances or their loved ones who want to prepare for the screening process prior to flying.

When a passenger calls TSA Cares, a representative will provide assistance, either with information about screening that is relevant to the passenger's specific disability or medical condition, or the caller may be referred to disability experts at TSA. TSA recommends that passengers call approximately 72 hours ahead of travel, so that TSA Cares has the opportunity to coordinate checkpoint support with a TSA Customer Service Manager located at the airport, if necessary.

Every person and item must be screened before entering the secure area of an airport and the manner in which the screening is conducted will depend on the passenger's abilities and any specific equipment brought to the security checkpoint. TSA works regularly with a broad coalition of disability and medical condition advocacy groups to help understand their needs and adapt screening procedures accordingly. TSA holds quarterly meetings with this coalition to inform them about current training and screening procedures used in airports.

All travelers may ask to speak to a TSA supervisor if questions about screening procedures arise while at the security checkpoint. The hours of operation for the TSA Cares helpline are Monday through Friday 9:00 a.m.- 9:00 p.m. EST, excluding federal holidays. After hours, travelers can find information on TSA's website.

All travelers can contact TSA using Talk To TSA, a web-based tool that allows passengers contact an airport Customer Service Manager directly, and the TSA Contact Center, 1-866-289-9673 and TSA-ContactCenter@dhs.gov. Travelers who are deaf or hard of hearing can use a relay service to contact TSA Cares or can e-mail TSA-contactCenter@dhs.gov.

Adult Learners Storm Heights of Culture in the Great Valley

For **VCU Road Scholars**, neither the swift waters of the meandering Shenandoah, nor the soaring raptors and sunning rattlesnakes atop the mountain ridges, shall keep them from experiencing the rich culture of the Great Valley of Virginia.

Road Scholars is a well-established lifelong learning enterprise that operates around the world. Informal and informative, Road Scholars programs are often five-to-seven day hotel-based adventures in learning. VCU Road Scholars (formerly called Elderhostel) is administered by the Virginia Center on Aging.

From June 13-17, it's the **Shenandoah Valley Bach Festival** in Harrisonburg, celebrating its 20th anniversary. Hear four-time Grammy winner, cellist and composer Eugene Friesen premiere his written-for-the-occasion cantata, "Glory," and also his "Celloman" program for children of all ages. The festival features the best of Harrisonburg and many talented friends who return each year. The full festival program is described at <www.emu.edu/bach/>. (VCU Road Scholar program #2016)

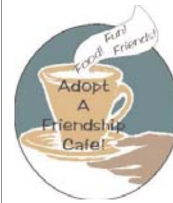
Enjoy the many facets of the historic and **revitalized city of Staunton** from June 18-22. While based downtown at the classic 1924 Stonewall Jackson Hotel, learn about the settlers of the Valley through the Frontier Culture Museum, be re-introduced to Shakespeare and take in a performance at the Blackfriars Playhouse, and discover the homeplace of Staunton-born Woodrow Wilson. (VCU Road Scholar program #17692)

From August 12-16, VCU offers a **Chautauqua** program at **Natural Bridge**, at the lower end of the Great Valley. Chautauqua was a popular education movement that began on New York's Lake Erie coast and by the early 20th century spread across much of the U.S. The well-attended Natural Bridge Chautauqua revives the concept with a dozen instructors on varied subjects touching history, culture, literature, music, and the Great Valley of Virginia—and see the famous arch, too.

Another great time to visit **Staunton** is August 20-24, during the **Summer Sounds** programs of the Staunton Music Festival. Listen to noon concerts in beautiful downtown churches, attend music workshops, hear more expansive programs at evening concerts, and dig into Shakespeare with a day at the Blackfriars Playhouse. The Summer Sounds program is described at <www.stauntonmusicfestival.com/events_ss.shtml>. (VCU Road Scholar program #19901)

To learn more about VCU Road Scholar programs or to sign up, search by program number or location at www.roadscholar.org.

Adopt a Friendship Café Initiative



Friendship Cafés are neighborhood gathering places where older adults can benefit from nutritional lunches, fun social events, exercise, recreation, lifelong learning, artistic activities, as well as health and wellness programming. The Cafes are provided by Senior Connections, The Capital Area Agency on Aging. There is no charge for eligible seniors to participate, though contributions are encouraged.

The ***Adopt a Café Initiative*** is a community outreach effort designed to raise much-needed funds for programming at 20 Friendship Cafés located throughout the Greater Richmond Area. This initiative provides the community the opportunity to support their neighborhood Friendship Café by adopting a café or becoming a "friend or sponsor" of the café program. It also gives our supporters the opportunity to volunteer, if desired.

Your donation makes a difference!

$400 takes 25 seniors on a field trip
$200 buys arts and craft supplies for 40 seniors
$150 provides a café with a games package like bingo, cards, dominos and other board games
$100 gives four yoga classes a month
$50 buys exercise DVDs and equipment

For information, call Colleen Wilhelm at (804) 672-4497 or email cwilhelm@youraaa.org.

Mature Options Expands Behavioral Health Services to Older Virginians

by Elizabeth Kirkland, LCSW, and Angie Phelon, CAO

"Older people with significant behavioral health issues are at greater risk of preventable, adverse events."

The intricate connection between mental health and medical issues is well documented in professional journals, and an exacerbation in one can sometimes lead to a chain reaction in the other. Whether prompted by a new medical event or a slow decline in functioning, an underlying mental health issue can arise in later years, seemingly for the first time. Likewise, deterioration in someone's mental health status can lead to a decrease in self-care, or outright neglect of medical needs. Either may necessitate a new degree of intervention to help the individual regain some type of equilibrium. Both can result in decreased quality of life for the individual and the caregiver, and if these conditions continue, they can lead to caregiver worry and exhaustion, poorly understood medical treatment plans, and inadequate safety nets around the elder. While each individual's case is unique, most have elements of these themes.

The home care industry is usually well positioned to cope with medical issues, but some agencies are not equipped to deal with those individuals who have co-morbid mental health issues. According to a report from the Surgeon General's office, "Estimates generated from the ECA [Epidemiologic Catchment Area] survey indicate that 19.8 percent of the older adult population has a diagnosable mental disorder during a one-year period. Almost four percent of older adults have SMI [serious mental illness], and just under one percent has SPMI [serious or persistent mental illness]; these figures do not include individuals with severe cognitive impairments such as Alzheimer's disease."

Not only can this type of comorbidity lead to increased problems in both arenas, but it can also lead to earlier mortality. The October 2007 issue of *SeniorJournal.com* (http://seniorjournal.com/NEWS/Alzheimers/2007/7-10-17-LiveExpectancyCut.htm) noted that the American Medical Association found patients with SMI "lose an average of 25 years or more of life expectancy due largely to CVD [cardiovascular disease] and disparity in care." While socioeconomic variables may affect these statistics, the implication is sobering: without skilled intervention, older people with significant mental health issues are at greater risk of preventable, adverse events.

So, what is a concerned family member to do? Be vigilant to changes in mental status, medical condition, and functional level. Make sure that regular visits to physicians take place, and that the older person follows physicians' recommendations. Monitor medications to be sure they are taken correctly. Unfortunately, the list goes on. For those who do not have time to do this, a referral to a geriatric care management agency is often in order. Geriatric care management operates from a simple but powerful idea: connect families struggling with complex elder care issues with professionals who are experts at planning and problem solving. This partnership helps frail elders and their families make difficult decisions with a greater sense of security and confidence.

Mature Options is a geriatric care management and home care agency located in Richmond, Virginia which specializes in helping older adults and their families with complex elder care issues. The organization began in 1991 providing geriatric care management services. As the practice developed, it became apparent that there was a need for home care services to further support the frail elders and their caregivers. The home care agency was added in 1999 and has since become an integral part our service.

Continuing our efforts to enhance our services for older adults, Mature Options hired Elizabeth Kirkland, LCSW, as Director of Behavioral Resources and Community Relations. Her skills and experience in providing mental health services will promote improved coping for the client and the family, while the Mature Options team helps them navigate the complexities of each individual's needs. We can be found at www.matureoptions.com, or by calling (804) 282-0753.

Calendar of Events

April 24-May 22, 2012
Caring for You, Caring for Me. A program from the Rosalynn Carter Institute for Caregiving. Five consecutive Tuesday evenings. 5:30 p.m. - 7:45p.m., April 24 - May 22. Circle Center, Richmond. $50, including five light dinners. For information, call (757) 220-4751 or cjensen@excellenceinaging.org.

April 27-29, 2012
Riding the Leading Edge of the Age Wave. 23rd Annual Virginia Geriatrics Society Conference. Hilton Hotel & Spa (Short Pump), Richmond. For information, visit VirginiaGeriatricsSociety.org.

April 28, 2012
Reflections of Caregiving: What Do You See? 2012 Spring Caregivers Conference. Hosted by the Prince William Area Agency on Aging. 8:30 a.m. - 3:30 p.m. Westminster of Lake Ridge, Woodbridge. For information, call (703) 792-6374 or e-mail leckhardt@pwcgov.org.

May 3-4, 2012
Innovations in Aging 2012 Professional Conference. Presented by The Maryland Department of Aging, District of Columbia Office on Aging, and the Virginia Department for the Aging. For information, visit www.innovationsin aging2012.com/index2.php.

May 3-5, 2012
2012 Annual Scientific Meeting of the American Geriatrics Society. Seattle, WA. For information, visit www.americangeriatrics.org.

May 22, 2012
Aging Well in Mind, Body, & Spirit. Annual Conference on Aging presented by the Beard Center on Aging at Lynchburg College and Centra Health. Lynchburg College. For information, contact (434) 544-8456 or scruggs.dr@lynchburg.edu.

May 30- June 1, 2012
18th Annual Conference of the Virginia Coalition for the Prevention of Elder Abuse. Virginia Beach Resort & Conference Center. For information, visit www.vcpea.org or call Lisa Furr at (804) 828-1525.

June 14, 2012
Three Old Ladies on a Bench: Dementia Training for the Professional through the Eyes of the Person with Dementia. Presented by the Alzheimer's Association Greater Richmond Chapter. Salem Fields Community Church, Fredericksburg. For information, contact Lori Myers at (540) 370-0835 or lori.myers@alz.org.

June 15, 2012
World Elder Abuse Awareness Day. For information, visit www.inpea.net/weaad.html.

June 15, 2012
Learn More, Do More. Mini-Conference on Elder Abuse Prevention. Staunton. For information, call Lynn Harris at (540) 886-4634.

June 18-20, 2012
Virginia Association of Nonprofit Homes for the Aging's Annual Conference and Trade Show. The Cavalier Hotel, Virginia Beach. For information, visit www.vanha.org.

July 26, 2012
2012 Virginia Guardianship Association/Virginia Elder Rights Coalition Conference on Adult Guardianship, Elder Rights, and Disability Services. Wyndham Richmond Airport. Commissioner James Rothrock will provide the keynote address and Steve Gurney, *Guide to Retirement Living Source-Book*, will be the luncheon speaker. For information, visit www.vgavirginia.org or call (804) 261-4046.

November 8, 2012
Best Practices in Dementia Care. 11th Annual Education Conference of the Alzheimer's Association Central and Western Virginia Chapter. Hotel Roanoke & Conference Center. For information, call (800) 272-3900 or visit www.alz.org/cwva.

Age in Action
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Interim Commissioner, VDA

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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.

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at Virginia Commonwealth University, Richmond, Virginia

www.vcu.edu/vcoa

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The Area Planning and Services Committee on Aging with Lifelong Developmental Disabilities (APSC) presents its 2012 conference

Later Aging: For Persons Growing Older with Lifelong Disabilities

June 4, 2012
8:00 a.m. - 4:30 p.m.
Holiday Inn Select, Koger South Conference Center, Richmond

Keynote Address:
Philip McCallion, PhD, ACSW, Co-Director of the Center for Excellence in Aging and Community Wellness, University of Albany, and Co-Investigator for the Intellectual Disability Supplement to the Irish Longitudinal Study of Ageing (IDS-TILDA) in the Republic of Ireland

Breakout Sessions Include:
- Maintaining Adults with Intellectual Disabilities and Dementia in the Community
- Legal Decision-Making, Special Needs Trusts, and Permanency Planning for Caregivers
- Live Well, Virginia! Collaborating across Disability and Aging to Address Chronic Disease
- Managing the Difficult Conversations of Later Life
- Identifying and Responding to Changing Sensory Needs

Cost: $35 early registration; $45 on-site registration.

For more information, please e-mail eansello@vcu.edu.
Register online at www.apsc2012.eventbrite.com.

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