

Case Study

Protecting the Vulnerable: Free Ways to Prevent Financial Exploitation

by Christopher Desimone,
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Educational Objectives

1. Relate recurring patterns of perpetrators who exploit older adults.
2. Describe no-cost actions to protect assets from financial exploitation.
3. Explain differences among types of power of attorney.

Background

Providers, educators, health care professionals, family members, older adults, and others are witnessing troubling increases in the exploitation of our most vulnerable citizens. And the worst is yet to come. There are two primary reasons for the dramatic growth in the exploitation of older adults. First, the growing prevalence of Alzheimer's Disease and dementia-related disorders has resulted in a spectrum of stages regarding capac-

ity, and these various stages have become a breeding ground for mischief. Second, we are currently in the midst of the largest wealth transfer in the history of the nation. This combination is a recipe for massive financial exploitation.

Steps to Prevent Financial Exploitation

The good news is that protecting older adults from financial exploitation is manageable if one knows the steps to take. Here are seven simple and free steps:

1. Use Direct Deposit/Debit. Setting up direct deposits and debits to manage financial transactions will ensure that an older adult's bills are paid on time, even if the individual is unable to write checks. This practice also substantially reduces the chances of various types of theft, including mail theft. More importantly, direct deposits and debits act as a tracing mechanism in the event records need to be reconstructed, and help prevent opportunities for exploitation. And it is free.

Many of us working with older

adults in years past likely witnessed the grandmother who would sign her Social Security check, or the like, and hand it to her grandson for deposit into her bank account. He would dutifully travel to the bank to make the deposit. Today, that grandson, because of his own financial circumstances, may feel compelled to place the signed check into his own account. Many months may pass before his aging grandmother, or another family member, discovers this. Will his grandmother insist on prosecuting her grandson when it is discovered? Of course not. Simple direct deposit and debit can prevent temptation and keep a clear record.

2. Never Make Checks Payable to Cash. Perpetrators of financial exploitation follow recurring patterns. Under Virginia Code Section 63.2-1606, bank employees are permitted to report suspected exploitation to the authorities, and making checks payable to "cash" is one of the most common reasons.

In a recent case where a substantial number of checks were made payable to "cash," I spoke with the older adult's caregivers and quickly

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realized they were structuring compensation this way because they were receiving Social Security disability payments and could only have limited additional income. Many types of government benefit programs are income-based, such that disability benefits would have been reduced substantially if there were extra income. After I informed these caregivers that failure to claim the income could be income tax evasion, they changed their story and stated that all income was being reported. In response, I informed them that, if this were the case, they were committing Social Security fraud since they were not disclosing the compensation. I said that they could “pick their poison.” There are very few reasons for ever making checks payable to “cash.” It is always a red flag.

3. Avoid Jointly Owned Bank Accounts. One of the most common ways to increase the potential for financial exploitation is to have jointly owned bank accounts. For example, if Mom places Son’s name as a co-owner of her bank account, it doesn’t protect the money in any way. There is nothing whatsoever that prevents the mother from signing checks or distributing money to whomever she wants without the joint status.

Jointly owned bank accounts actually put the money at greater risk, not only because Son has complete and unfettered access to the money, but because Mom is thereafter subject to all of her son’s potential liabilities. If Son gets into a car accident or any other type of lawsuit, including a divorce, has creditor or bankruptcy problems or too many medical bills, then Mom stands to

lose her money, because she added her son’s name onto her account. Adding an individual on a financial or bank account can do much more harm than good.

4. Ensure the Power of Attorney Says What It Should. There are generally two types of powers of attorney. The first is a medical power of attorney in accordance with an advance medical directive. The second is a financial power of attorney that allows a designated person (called an “Agent”) to act on behalf of another for financial matters.

There are countless times a family member, while firmly clutching a power of attorney in her hands, will ask how it came to be that their uncle just signed away the deed to his house to the least favorite cousin, while lying in a hospital bed. The answer is simple: a power of attorney does not itself prevent an older person from signing a check or document or deed. What is more important is whether the financial power of attorney authorizes the Agent to take the necessary steps to protect the assets, and whether the Agent took those steps.

5. Choose The Right Fiduciary. Properly protecting assets from financial exploitation begins by choosing the right fiduciary. A “fiduciary” is someone who has a legal duty to act in the best interest of another. An Agent under a financial power of attorney, or a Trustee of a Trust, is an example of a fiduciary.

I assert that 99% of all types of exploitation are preventable if the right fiduciary is chosen. I have

always found it fascinating when I listen to older adults take such pride in never allowing an electrician or plumber to “set one foot in their house unless they are licensed, bonded and insured.” And although there is certainly plenty of merit in this mantra, the irony is that, while they subject their plumber to a reasonable standard, they do not do the same for their own fiduciary, who is responsible for protecting everything they own. Choosing the right person as the fiduciary can result in the protection of an older adult’s entire life savings. Or do serious damage.

6. Examine Tax Returns and Credit Reports. An older adult’s individual income tax return can provide a wealth of information and is an overlooked tool. If you suspect an older adult may have been a victim of financial exploitation, Schedule B on IRS Form 1040 is a great place to start. Interest and dividends are reported on Schedule B, so it is easy to compare information from the current year to prior years in order to determine if there are any irregularities or unusual asset depletion. In addition, credit reports can contain a treasure trove of information regarding transactions and financial activities undertaken in the name of an older adult. Credit reporting agencies typically allow a free report.

7. Take Action Before Incapacity. The more an older adult plans ahead, the more secure he or she will be from financial exploitation. Every older adult has a current range of decision-making ability, but that same ability is not guaranteed tomorrow. It is obvious that the time to set plans in place is now.

Using legal documents to set forth financial arrangements will prevent misunderstandings and abuse; without these documents in place, opportunities to resolve such issues become severely restricted.

Case Study #1: The Nice Neighbor

Mr. and Mrs. Brown were married for more than 60 years. They lived in a small town in the Blue Ridge Mountains. They had no children. They owned a small house and a checking account. Mr. Brown died one year ago. Mrs. Brown is 90 years old. Shortly after Mr. Brown died, Ted, a 67-year-old neighbor who lived a few blocks away, volunteered to come and fix her porch. Mrs. Brown made him some lemonade. They went out for lunch.

Mrs. Brown started spending more time with Ted. I started to receive phone calls from a concerned neighbor and a financial advisor. What would you do in this case based on these facts? I know some would say "call the authorities." Sounds reasonable, right?

Protecting assets is similar to a complex chess match; it is important to understand how each piece on the board can move, but also how to make the right "sequence" of moves. Anticipating the sequencing strategy, more than anything else, ultimately determines whether or not assets are protected. Keep in mind that the primary goal here is to make sure that Mrs. Brown and her assets are not separated. Despite the chess analogy, it is not a game, and it is critically important that older adults in our communities have funds available

to care for themselves when necessary.

Let's start with a basic notion that Ted is up to no good. This may be incorrect, but I believed this was true based not so much on any concrete evidence but rather on my "gut" experience in dealing with these situations. And Mrs. Brown's friends and neighbors seemed to agree. So did I call the authorities and report Ted? No, of course not. Because if you look five or six "chess" moves ahead of Ted, you will realize that this particular move can backfire, sometimes badly, and substantially jeopardize the overall mission.

Set aside the fact that a 90-year-old woman, particularly in that small town, may not take kindly to having the "government" involved. Set aside the fact that Mrs. Brown may ostracize her neighbor, friend, advisor or attorney if she believes they have initiated what she considers an intrusive and unnecessary process. In fact, Ted did nothing wrong at all. He was simply a neighbor who fixed a porch and established a close relationship with Mrs. Brown. Ted had not taken a penny from Mrs. Brown.

Had I acted precipitously, Mrs. Brown would have been furious and insulted, driving her directly into the waiting arms of the very person that we distrusted the most, Ted. Fortunately, Mr. and Mrs. Brown had appointed me as their fiduciary, so I thought the better first move would be to send the fiduciary documentation to her bank and request duplicate statements. It took a total of two minutes to send this request and there

was no cost to it. I received a copy of the bank statement the following month. It showed no misconduct by Ted. After eight months went by, I had to face the fact that perhaps my gut was wrong in this case.

The following month, however, I opened a copy of Mrs. Brown's bank statement to find enormous amounts of activity and transactions, including new credit cards linked to the account under Ted's name, direct debits on his behalf for his expenses, etc. When he thought no one was watching, he had hit the account hard. Sometimes the chess match calls for immediate action. Sometimes it calls for patience. In this case, it was only the latter that prevented Ted from having free reign on Mrs. Brown's checking account. I got into my car and drove to that town, and confronted Ted face-to-face. With documentary evidence, we were able to undo everything Ted had done and to show proof to Mrs. Brown, as well. Mrs. Brown's assets were protected, and Ted was out of the picture.

Case Study #2: The Fox Guarding the Henhouse

Mr. Black loved his wife dearly since the day they met. They had two daughters, although neither had a close relationship with their parents. Mrs. Black died two years ago. Immediately following her death, the eldest daughter, Barbara, came back into town. Mr. Black named Barbara as his Agent under his medical power of attorney. Because he was very vocal about his desire to remain in his home, Barbara hired a caregiver from a reputable home health care agency to assist him. All was well for sev-

eral months. Or so everyone thought.

Mr. Black's health continued to decline. Barbara began showing glimpses of a controlling, impulsive behavior. She became extremely close to the caregiver and together they regulated everything about Mr. Black, including contact with others. One day I received a phone call from Mr. Black's financial advisor informing me that Mr. Black kept requesting telephonically more money to be transferred out of his brokerage account and into his personal bank account, seemingly at the direction of his daughter. Keep in mind that there is nothing wrong with Mr. Black transferring funds between his accounts. Nor is there anything wrong with a devoted daughter's helping her father with such requests.

In addition, whether or not an older adult has legal capacity to manage his or her affairs is determined by a professional medical evaluation. In this case, despite my suggestions to the daughter, she would have none of it. The controlling caregiver echoed the same sentiment. Worse, she was appointed as the medical power of attorney and had the formal legal right to do exactly what she was doing and block everything I was attempting to do.

The conundrum was that I could not fully piece together the financial puzzle without Barbara agreeing to have a geriatric care physician evaluate Mr. Black. And no one was alleging Mr. Black was incapacitated or abused in any way. Although there was no proof to the contrary, my gut told me something was amiss.

Typically, I would have been powerless to take any meaningful action, but Mr. and Mrs. Black had previously appointed me as their fiduciary. It was quickly obvious that the sequencing strategy in this “chess match” would be critical. The mission here was not only to protect Mr. Black’s money, but also to ensure that he live in peace in his home.

What would you do under these circumstances?

In this case, there was one, and only one, move: follow the money. It is important to understand how financial institutions operate. There are entities known as compliance divisions within brokerage houses that are very sensitive to matters regarding potential coercion of customers. As Mr. Black’s fiduciary, I requested the ceasing of transfers out of Mr. Black’s brokerage account, based on the concerns that the investment broker had initially raised. I then immediately contacted Barbara and informed her that if she permitted a geriatric care physician to examine Mr. Black, then either (1) unlimited transfers would resume, if Mr. Black had capacity; or (2) if Mr. Black did not have capacity, then transfers could still resume so long as they went through the fiduciary.

Barbara clearly understood that the financial well was dried up. So she relented. The geriatric care physician examined Mr. Black despite overt animosity from both from the daughter and the caregiver, with the latter attempting at one point to cut the evaluation short and remove the physician.

The physician completed the examination and stated in his report that Mr. Black should no longer manage his own financial affairs because he lacked sufficient capacity.

This step allowed me to request from the brokerage account something known as “tracers.” Tracers are very effective in locating precisely the origin and destination of financial transactions. This took all of three minutes to request and there was no cost involved. After tracing the account transactions, it turned out that \$250,000 was transferred from Mr. Black’s brokerage account to his bank checking account. So I then forwarded the fiduciary documentation to the bank branch where all the money had been sent. I learned that Mr. Black had only \$10,000 left in his checking account.

An account analysis revealed that \$135,000 was spent on his round-the-clock care and other expenses. The remaining \$105,000 was slowly transferred out of the checking account through credit card cash transfers on a near daily basis, month after month. It became apparent that Barbara had been siphoning money from her father, in such a way that no one would know.

I acknowledge that many might expect the next step would be to report this to the authorities. It was, after all, a clear case of theft, right?

Not so fast. As a former prosecutor, I can assure you that this case involving financial transactions is not as clear cut as it seems. For example, there was certainly no impropriety in Mr. Black's transfer-

ring his brokerage account into his bank account, nor with Mr. Black's linking a credit card in his name (or even his daughter's, for that matter) to his bank account. Can't a doting father hand his credit card to his daughter and request that she use the funds for herself since she was in financial hardship?

I knew the daughter would claim that she had that specific authority, and that the caregiver would corroborate her story. In fact, Mr. Black loved his daughter and would not cooperate in any action taken against his daughter.

I acknowledge that many of us who devote ourselves to protecting older adults are often dismayed by the lack of prosecutions in this arena, but the hard truth is that it can be extremely difficult, particularly where family members are involved. Would calling the authorities accomplish the mission of protecting Mr. Black's assets or his living in peace in his home? No.

Instead, I called Barbara. She came to my office and we sat down together.

With a large, detailed transaction history sitting next to me, Barbara buried her head in her arms, sobbed, and told me everything, including her severe financial predicament. Keep in mind that my client in all of this is Mr. Black, and only Mr. Black. My duty is to him, so I did what I thought he would have wanted: we resolved the issues. Barbara agreed (1) to have no connection whatsoever to any of Mr. Black's money; (2) to forfeit her share of the inheritance, an amount that would have been greater than what she had received

through her "theft"; and (3) to immediately replace the caregiver. She called the next day to tell me she also felt compelled to personally tell her father everything that she did. Over the following six months, however, something extraordinary happened. The entire family became much closer. Not only were they all spending time together, including Barbara's sister, but Barbara began caring for her father herself and saving a substantial amount of money for him in doing so.

When I met with Mr. Black recently, he was extremely lucid and well-cared for; we talked in detail about his finances and other matters. At the end of our conversation, he leaned over and said "I want you to know that you did the right thing with Barbara. You did exactly what I would've done. Somehow, my family has become close again and we hadn't been for a long time." He is still at home and lives in peace.

Conclusion

Good planning protects everything an older adult owns and, by extension, everyone they love. But make no mistake: the proper steps must be taken, and in the right order, to prevent exploitation.

Study Questions

1. What no-cost actions can you take to help prevent financial exploitation?
2. Are there times when the actions you are about to undertake may hurt rather than help the mission?
3. What are the benefits of having power of attorney?

Recommended Resources

Dementia State Plan: *Virginia's Response to the Needs of Individuals with Dementia and their Caregivers*. (December 2011).

Alzheimer's Disease and Related Disorders Commission, Department for the Aging, Commonwealth of Virginia. <http://act.alz.org/site/DocServer/VASStatePlan.pdf?docID=18441>

Virginia Department for Aging and Rehabilitative Services. (800) 522-5019; TTY (800) 464-9950; www.vadrs.org

About the Author



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Editorials

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Virtual Villages for Aging in Place

Just before the turn of this century a group of older residents of Beacon Hill in Boston found an answer to how they would stay active and meaningfully engaged in their own neighborhoods as they aged. They wanted to continue to direct their own lives and sought to create some type of multi-focus entity that addressed the various aspects of community living.

They decided to form a grassroots organization of their neighbors for mutual benefit, one that encompassed a broad area that included not only Beacon Hill but also nearby Back Bay, the North End, and the South End of downtown Boston. It would be not for profit, have an executive director, and would seek and train volunteers to help with driving, administration, community outreach, technology assistance, friendly visits, and more. Services would help members to meet their needs, whether these were for personal growth through cultural arts and classes, managing their households, obtaining minor repairs in their homes, getting transportation, or referral to a good health care provider.

They established Beacon Hill Village and enrolled their initial members in January 2002, the first Village in what has grown into a small scale national movement. The Village concept has gained much

attention as a model for aging in place. Villages are community-based, self-governing, not for profit organizations whose members pay an annual fee, from several hundred dollars to a thousand or more, to obtain access to an array of services that may assist them to maintain their physical health, keep up their property, manage their resources, continue to grow intellectually and engage socially. In short, to remain part of the community in their homes.

Villages are virtual constructs that are superimposed over a fairly defined geographic area, such as a group of buildings, neighborhoods, or a district of several miles. Mount Vernon At Home in Virginia covers 14 square miles in Fairfax County. In more densely populated areas the Village may define a smaller geography or reach vertically through high rises.

There are currently about 125 Villages across the country, with about 100 in development, including about 40 either operating or in development in the Washington, DC area, which saw its first, the Capitol Hill Village, begin just in 2007. There are 13 Villages in Virginia, either open or in development. You can see where Villages operate by visiting the Village to Village Network at www.vtvnetwork.org.

Services can include social, recreational, cultural, and educational programs; technology classes; financial and medical planning; care management; information and referral to vetted providers, from dry cleaners to plumbers to health care; temporary house sitting, and

more. For example, Foggy Bottom West End Village has a quick response team of trained volunteers for people with special needs.

How viable is the Village model? In March 2014 the University of Maryland School of Social Work released the findings from its two-phase national survey of Villages. Researchers Amanda Lehning, Joan Davitt, Andrew Scharlach, and Emily Greenfield sought to investigate sustainability and inclusiveness. Could they maintain operations after the initial burst of enthusiasm? Were there obstacles in common that each Village likely faced? To answer these and other questions the research team noted changes in membership size and funding over 2011-2013, challenges to sustainability, and strategies to overcome these challenges, such as recruitment and marketing. The report is available at www.agingandcommunity.org/publications.

The University of Maryland researchers conducted their initial survey during January-June 2012, with a second wave during June-September 2013. The initial survey was of those Villages operating in the beginning of 2012 that self-identified as a Village and were providing services to members; 69 of 80 villages (86%) responded. The follow-up wave examined changes in sustainability indicators from 2012 to 2013 and explored challenges to sustainability, as well as recruitment efforts to obtain more diverse membership; 58 of the 69 (84%) responded.

They found that the Village concept was catching on. The average num-

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ber of members in a Village grew from 134 in 2012 to 155 in 2013. Overall, about 75% of the Villages had membership increases. Of 54 Villages that provided financial data, total annual budgets increased from 2011 to 2012, from an average of \$118,671 to \$134,567 a year. These figures are somewhat misleading, however, being skewed by a few well-endowed Villages; the majority of all Villages had modest annual budgets under \$100,000.

Lehning and colleagues found that confidence in sustainability remained fairly high on average during the two phases of surveys, but individual Villages had substantial changes up or down, principally due to the success or failure of funding efforts and recruitment of new members. But other factors also affected confidence in continuity. Respondents identified levels of community awareness of the Village's offerings, community's needs for its services, and degree of self-identification with the Village's membership (such as seeing oneself as younger or healthier than the members or misperceiving that Villages are only for the very old and frail) as important contributors to the Village's sustainability. Pointedly, the report states that some "Villages had less confidence in sustainability because of the aging of their membership and their difficulty recruiting younger members."

How will Villages grow and continue? The majority (60%) see funding as the most important contributor to their future existence. Obtaining enough volunteers to provide services, staffing, and offering services adequate to members' changing needs were far down the list of

challenges. Questions in the surveys about strategies for sustainability revealed an important obstacle: the principal way Villages recruit new members is through "word of mouth." For some Villages, this tends to suppress recruitment of more men and minorities, since most Village members are white females. New members tend to reflect current members, continuing the same racial, ethnic, gender, age, and income profiles. Eager for more diversity within their membership, over seven in 10 Villages offered discounted membership fees in 2012 and 2013, but, ironically, this feature may further jeopardize the sustainability of Villages that are precarious financially.

Respondents identified recruiting more males and offering more male-centric activities as potential strategies for growth, along with making the surrounding community more aware of the range of services and opportunities that the Village has to offer. Many Villages now have the option for non-Village members to sign up for the Village's social and cultural events, like museum and travel tours, as a way of introducing people to who Village members are and what opportunities the Village can offer.

At a dozen years in, the Village concept has demonstrated its worth. It seems to adapt to local characteristics, while maintaining its essential grassroots, self-governing core. Doubtless there will be ups and downs for individual Villages, but the Village model provides a considerable option for remaining in one's home.

From the Commissioner, Virginia Department for Aging and Rehabilitative Services

Jim Rothrock

Can Common Ground Be Found?

As we slush through the final days of a long winter into spring, hope abounds! Early budget projections are good and all at DARS is going well. Our new Governor, Terry McAuliffe, has infused energy and enthusiasm into state government, and we are fortunate to have the solid, ongoing leadership offered by Dr. Bill Hazel, Secretary of Health and Human Resources.

Examining the budget notes, we find that services for older adults and those with disabilities fared pretty well this year. Governor McDonnell provided in his proposed budget funds for: nutrition programming through Virginia's Area Agency on Aging network, \$1.2M to offset Sequestration cuts; public guardianship efforts, \$99,000; brain injury programs, \$150,000; and other fund transfers from the Department of Behavioral Health and Developmental Services (DBHDS) that will make our budgeting more effective in guardianship and vocational rehabilitation.

During the session, our advocacy teams found success and, as a result, the House reported an additional \$319,000 for guardianship, and the Senate added \$500,000 for job coaching, \$306,000 for our independent living network, \$350,000 for Brain Injury, and an

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additional \$100,000 for one of our supported employment partners, Didlake in Prince William County. The Senate also offered an amendment to rekindle the Virginia Caregiver Grant Program to support some of our unpaid family caregivers who maintain Virginians with impairments, from infant through toddler to adolescence and adulthood and onto the Vintage years: Virginians who are dependent on a caregiver for day to day in-home supports. And there are also a wide array of other additions to the state's budget which will augment services for those who look to DARS and other state agencies for long term services and supports, including Medicaid slots, rate increases, etc.

We are also responding to directives from the General Assembly to look into issues around dementia best practices and staff development, and also consider the range of issues associated with adult abuse which, unfortunately, is on an all too upward trend.

But the budget is not finished. A special session is scheduled and hopefully common ground can be found. Governor McAuliffe has, from Day One, supported some health care reform to close the insurance gap and offer health care, including disease prevention, to up to 400,000 Virginians who do not have coverage and often rely on costly emergency room care.

As supportive as our Governor is, there are members of the General Assembly who are equally opposed to such care.

I am not an expert in health care

reform by any means, but I am moved by some of the following factors which place me as a supporter:

- Each day that we do not accept federal financial aid for health reform, we do not draw down five million dollars, that's each and every day \$5 million does not come into the Commonwealth;

- As the head of an agency that helps folks with disabilities find jobs, I see the potential job market shrinking by 30,000 jobs. Jobs could be created by this federal support and funding; many in the health care industry where we are realizing marked success in helping our clients with disabilities to obtain caregiving positions;

- As a nation, we are already realizing a positive bend to the health care cost curve. My primary source of information, *Morning Joe* on MSNBC, noted recently that Obama Care is covering more than seven million Americans who had no insurance, offering preventive care, and as a result, costs are going down. Our nation's economy will not survive unless we realize some cost containment in health care. Yes, there are incidents of care changes that individuals might not appreciate, but something has to give for us to survive. This federal effort offers hope of this change.

- If people are not covered, they have little, if any, familial stability and, in some cases, they may die.

For these and many other reasons that people wiser than I can offer, it's time to take steps to improve our health care system and work-

with the federal government to bring about the changes that, in the end, will benefit us all.

2014 VDARS Meeting Calendar

Commonwealth Council on Aging

(Wednesdays)

July 9, 2014

September 24, 2014

Alzheimer's Disease and Related Disorders Commission

(Tuesdays)

May 20, 2014

August 5, 2014

December 2, 2014

Public Guardian and Conservator Advisory Board

(Thursdays)

June 12, 2014

September 18, 2014

November 20, 2014

For more information about these meetings, call (800) 552-5019 or visit <http://vda.virginia.gov/boards.asp>.

Visit Our Websites

The website for the Virginia Center on Aging is www.sahp.vcu.edu/vcoa. Visit to learn about programs from lifelong learning to geriatrics training, to access the archives of issues of *Age in Action*, ARDRAF reports, and more. The website of the Virginia Department for Aging and Rehabilitative Services is www.dars.virginia.gov. Visit to learn about services, commissions, boards, and councils on adult protective services, aging, Alzheimer's, guardianship, independent living, and more.

Conflicts on Caloric Restriction



For at least 30 years there's been health care advice that cutting our daily intake of calories "caloric restriction" raises the likelihood of better health and longer life. Well, not exactly, some say. There have been opposing factions almost as long regarding caloric restriction and the debate has intensified. Differences in the designs of two major studies, however, may ultimately strengthen the "leaner is better" position. The following is excerpted from the New York Times of April 2, 2014.

Two rival research groups set out in 1987 to answer a tantalizing question: Could a diet kept meager in calories pay off in longevity? Both teams, one at a National Institute on Aging laboratory in Baltimore and the other at the University of Wisconsin, studied colonies of rhesus monkeys, which can live past age 40, and it was 22 years before the first results were released. The restricted diet, the Wisconsin team reported in 2009, seemed to be working. But three years later, the Baltimore team said that its monkeys on reduced-calorie diets were living no longer than those given a normal diet. The differing results puzzled the researchers.

Now, the Wisconsin team has struck back, asserting on Tuesday in the journal *Nature Communications* that the Baltimore study was effectively in error because its control monkeys were also fed a leaner than normal diet.

The studies are immensely expensive because the monkeys must be followed for their lifetimes and given almost the same standard of health care as human beings. But these long-running experiments are also of great importance. In laboratory mice, reducing the calories in a normal diet increases longevity by up to 40 percent, and it does so by postponing the onset of age-related diseases. The monkey studies are the most direct way of determining whether the same would be true of people. Though few people can stick to a diet with 30 percent fewer calories than normal, drugs designed to mimic caloric restriction are being developed and could in principle have far-reaching effects on a population's health and longevity.

In 2009, the Wisconsin team, led by Richard Weindruch, reported that caloric restriction had reduced diabetes, cancer, cardiovascular disease and brain atrophy in the monkey subjects. Mortality was also slightly lower than in the comparison group of monkeys, known as controls, which were allowed to eat as much as they wanted.

Round two came in 2012 when the National Institute on Aging team issued a much less enthusiastic report. In one group of its monkeys, which were already adults when caloric restriction was started, the diet did not improve health or longevity compared with control monkeys. Monkeys that started the diet at an earlier age had fewer incidents of cancer, but they died at the same rate as the controls. Caloric restriction "has not improved survival outcomes," was the verdict of the team, led by Rafael de Cabo.

How could the two studies arrive at such different conclusions?

At the beginning of the Wisconsin experiment, its designers decided the control monkeys should eat like the American population at large, as much as they wanted of a not particularly healthy diet, loaded with sucrose, and in which all foods were laboratory purified. At the National Institute on Aging, by contrast, the control monkeys were fed whole foods and were given fixed portions, based on what they naturally ate before the study started. The upshot is that even their control animals had a diet that was restricted in calories, at least to a moderate extent, Rozalyn M. Anderson and colleagues from Dr. Weindruch's Wisconsin team say in the new report. So no wonder the Baltimore test monkeys fared little better than the controls, both were benefiting from caloric restriction, Dr. Anderson says.

Moreover, the Baltimore study indicates that the minor restriction of calories may be just as effective as significant restriction. If so, "this would be an extremely important discovery," Dr. Anderson writes. Dr. de Cabo (Baltimore) said in an interview that it was appropriate for the Weindruch team to write such a paper, but that it confused the issue. The two teams are working on a joint report that he hopes will better explain the differing results.

The best way to design a feeding study is to have healthy controls, Dr. de Cabo said, and his animals were much healthier than the Wisconsin control monkeys.

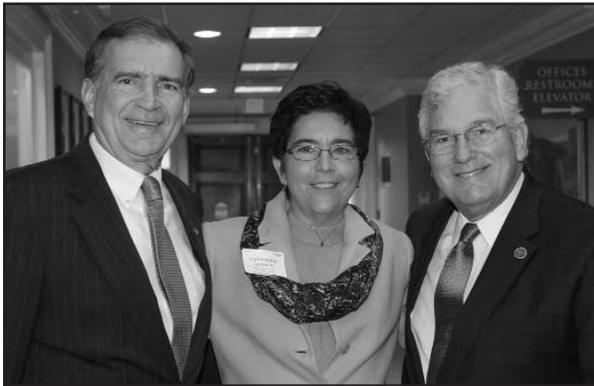
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The Virginia Center on Aging's 28th Annual Legislative Breakfast

VCoA hosted its 28th annual breakfast on January 22, 2014, at St. Paul's Episcopal Church in Richmond. Again this year, we drew attendance from 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.

This year adverse weather seriously affected attendance, for the first time since we began these Breakfasts. Snow, ice, and a nine degree temperature that morning kept many away. Schools and offices were closed, and driving was treacherous. Nonetheless, a few hardy souls, including Delegates and Senators, braved the elements to join us for our customary informal and informative review of our activities in the year just completed.

You can see our Legislative Breakfast Power Point presentation by visiting our website at www.sahp.vcu.edu/vcoa.



Top Left: Senator Emmet Hanger; Catherine Dodson, VCoA; Senator John Miller

Top Right: Delegate Rob Krupicka; Myra Owens, VCoA; Kathy Pryor, Virginia Poverty Law Center; Lisa Furr, VCoA

Bottom Left: Senator Henry Marsh; Delegate Betsy Carr; Connie Coogle and Ed Ansello, VCoA

Bottom Right: Jim Warns, Security 1 Lending; and Jeffrey Ruggles, VCoA



Top Left: Priscilla Owusu-Mensah and Catherine Dodson, VCoA; Delegate Betsy Carr; Senator Henry Marsh; Ed Ansello

Top Right: Lory Phillippo, Circle Center Adult Day Services; Delegate Betsy Carr; Ruth Anne Young, VCoA

Middle Left: Former Delegate Jack Reid and Paula Kupstas, VCoA

Middle Right: Jeffrey Ruggles and Bert Waters, VCoA; Tim Catherman, DARS

Bottom Left: Martina James, Senior Connections, Capital Area Agency on Aging; and Lory Phillippo

COMMONWEALTH OF VIRGINIA

Alzheimer's and Related Diseases Research Award Fund

THE VIRGINIA CENTER ON AGING VIRGINIA COMMONWEALTH UNIVERSITY

Delayed 2012-13 Final Report

UVA Carol Manning, PhD, ABPP-CN, Steven DeKosky, MD, and Ishan C. Williams, PhD "Vascular Risk Factors and Cognition in African Americans"

Vascular risk factors are associated with dementia. African-Americans have high rates of vascular risk factors and have high rates of dementia. However, dementia and Mild Cognitive Impairment (MCI), often a sign of early dementia, may be under-recognized in African-Americans coming in for general medical appointments. In this study, 96 African-Americans who were coming in to see their primary care physicians had cognitive testing immediately. None of the participants were coming to see their doctors because of cognitive complaints. Vascular risks were identified through the participants' medical records. Vascular risk factors included high blood pressure, diabetes, high cholesterol, history of stroke and cigarette smoking. Cognition was examined in relation to vascular risk factors. Concern about cognitive functioning in participants and physicians was also examined. Data revealed that vascular risks had a negative impact on cognition. According to our cognitive test results, 41% percent of our sample had MCI, despite a lack of cognitive complaints. In addition, neither the patients nor the physicians were aware of the degree of cognitive impairment. African-Americans, coming to see their primary care physicians for reasons other than memory, had high rates of cognitive impairment and vascular risk factors. Vascular risks were correlated with cognitive impairment. These findings indicate high rates of unrecognized cognitive impairment in this population and suggest that patients and physicians may be unaware of these difficulties. Lack of awareness may be secondary to limited appointment time and poor knowledge of risks for cognitive change.

May is Older Americans Month

Each May, the nation celebrates Older Americans Month to recognize older Americans for their contributions and provide them with information to help them stay healthy and active. This year, the federal Administration for Community Living (ACL), which includes the Administration on Aging, is focusing on injury prevention with the theme: **Safe Today. Healthy Tomorrow.**

ACL notes that *"Older adults are at a much higher risk of unintentional injury and even death than the rest of the population"* and that *"Unin-*

tentional injuries to older Americans result in at least six million medically treated injuries and more than 30,000 deaths every year."

With a focus on safety, the ACL plans to use this opportunity to suggest ways to raise awareness about injury prevention.

Information to help organizations celebrate Older Americans Month is available on ACL's website. Much of it is relevant to individual older adults. The following information and products are available online at www.acl.gov/NewsRoom/Observances/oam/2014/Index.aspx:

- Logos, Posters, and Web Banners
- Articles and Activity Guide
- Sample Proclamation

- Sample Event Flyer Templates
- Social Media Tip Sheet
- Safety Tip Sheet
- History of Older Americans Month

There is a wealth of helpful information on the website for both organizations and individuals. For instance, the Safety Tip Sheet contains basic suggestions for older adults about communicating with health providers, preventing falls, and managing medications; while the Safety Guide offers steps for organizations to plan and host a Safety Day, with emphases on Medication Safety, Driving, Falls Prevention, Consumer Product Safety, and more.

The Creative Age: Exploring Potential in the Second Half of Life

The National Center for Creative Aging (NCCA) is presenting a National Leadership Exchange and Conference on Creative Aging on **June 10-14, 2014**, in Washington, DC. NCCA is dedicated to fostering an understanding of the vital relationship between creative expression and healthy aging, and to developing programs that build upon this understanding.

The time has come for a national conference to elevate the field of creative aging through the provision of professional development to domestic and international leaders across the sectors of aging, arts, health, and social services who are dedicated to promoting and sustaining creative expression as vital to healthy aging. The intention is to build capacity, as well as to showcase creative aging programs in the greater metropolitan Washington, DC area.

Attendees will experience breakout sessions along four tracks: health and wellness, lifelong learning, community engagement, and research and policy. In addition to the main conference, attendees can participate in trainings on: how to build arts and aging programs from the ground up; the tools you need to work with adults, from well to those with Alzheimer's, using the arts; and the TimeSlips storytelling method.

For more information about NCCA and this conference, please visit <http://conference.creativeaging.org>.

Elder Abuse Annual Conference

Since 1993, the Virginia Coalition for the Prevention of Elder Abuse (VCPEA) has been a leader in promoting awareness, training, and advocacy on behalf of Virginia's abused, neglected, or exploited adults. Join them for their 20th Annual Conference, to be held on **May 28-30th, 2014**, at the Virginia Beach Resort & Conference Center.

This year's workshop topics include: Nuts and Bolts of Elder Abuse Prosecution; Solutions to Financial Exploitation: Western Union's Consumer Protection Program; and Elder Abuse, Capacity and the Brain. Breakout session topics include: Elder Abuse within Families - How to Prevent it from Happening to Your Loved Ones; How Polyvictimization Affects Your Practice; Planning to Prevent Financial Exploitation of Mentally Incapacitated Persons; and Elder Suicide: Preventing Late Life Tragedy.

The conference registration fee is \$125 for members and \$165 for non-members. Annual membership fees range from \$10 for student members to \$75 for agencies. Please visit www.vcpea.org for more information.

The hotel room rate is \$105 a night. Make reservations directly with the hotel by calling (800) 468-2722 and requesting the VCPEA conference rate. Reservations must be made by May 16th in order to receive the conference rate. Hotel information is available at www.virginiabeachresort.com.

Upcoming Conferences on Dementia

The Virginia Geriatric Education Center (VGEC), a consortium of VCU, Eastern Virginia Medical School, and the University of Virginia funded by the federal Health Resources and Services Administration of USDHHS, is co-sponsoring two conferences focused on inter-professional identification and treatment of dementing illnesses, especially Alzheimer's Disease.

The first, on April 29th, involves a partnership with George Mason University and its multi-member planning committee, including the GMU School of Nursing's Partners for Education in Gerontology (PEG-B), the National Capital Area Chapter of the Alzheimer's Association, and several other individual and organizations. The second, on June 26th, involves a partnership with The Ethelyn R. Strong School of Social Work, Norfolk State University, and its multi-member planning committee from area organizations.

April 29, 2014
Dementia, Depression, Delirium: Managing the Three Ds in Older Adults with Multiple Chronic Conditions. 8:00 a.m. - 4:30 p.m., George Mason University, HUB Ballroom, Fairfax.

Topics and sessions include: Chronic Care Management: A Federal Imperative (Anand K. Parekh, MD, MPH); Assessing and Managing Psychiatric and Behavioral Care

- continues on page 14

for Older Adults (Thomas N. Wise, MD); Assessing Multiple Chronic Conditions and the 3 Ds: Interdisciplinary Assessment and Development of a Care Plan (Angela Catic, MD); The Bridge Model and Transitional Care: A Psychosocial and Social Work Approach (Robyn Golden, MA, LCSW, ACSW, DCSW); Building Your Toolkit: Differentiating Delirium from Depression and Dementia (Pamela Cacchione, PhD, APRN, GNP, BC, FAAN); Best Practice Workshop: Differential Diagnosis and Managing Multiple Chronic Conditions and the 3 Ds (Angela Catic, MD); and Closing Remarks (Thomas Prohaska, PhD).

Registration fee of \$75 includes materials, lunch, and refreshments. For information, visit: <http://chhs.gmu.edu/events/three-ds>.

June 26, 2014

Dementia through an Interdisciplinary Lens. 8:00 a.m. - 4:30 p.m., Norfolk State University, Virginia Beach Higher Education Center, Virginia Beach.

Topics and sessions include: Alzheimer's Disease and Traumatic Brain Injury: A "Hands on Experience"; Alzheimer's: What about Preventions?; Investigating Clues: Stages of Dementia and Patient Supportive Treatment; Interdisciplinary Care and Team Collaboration for Patients with Dementia; and more.

Registration fee of \$20 includes materials, lunch, and refreshments. For information, call (757) 368-4150 or (757) 823-8122 or e-mail mbsawyer@nsu.edu.

Teaching Group Work in Iceland

by Kathie Erwin, Ed.D.

Discovering fresh ideas for elder care may begin by looking beyond one's borders. What began as professional inquiry, led me five thousand miles away for the adventure of a lifetime. My research identified the Icelandic Social Services system as being remarkably attentive to the needs of older adults, particularly in providing support for caregiving families. This prompted my curiosity about their forward thinking attitudes. The best way to learn is to ask those who know, which led me to the Department of Social Work at the University of Iceland.

My ongoing communication with Dr. Sigurveig Sigurdadottir, Associate Professor at the University of Iceland and a Board Member of the NordMag Program, resulted in an invitation to teach in the 2013 NordMag Intensive in Reykjavik. NordMag is a 120 ECTS specialty certificate within the Master of Gerontology as a collaborative study with University of Iceland, Lund University (Sweden), and University of Jyvaskyla (Finland). The European Credit Transfer and Accumulation System (ECTS) is a standard for comparing the study attainment and performance of students of higher education across the European Union and other collaborating European countries. One academic year corresponds to 60 ECTS credits that are equivalent to 1,500 to 1,800 hours of study. The week intensive in which I taught was a capstone experience. My primary contribution was to teach the group

modalities from my latest book, *Group Techniques for Aging Adults, 2nd Edition (2013)*.

On the opening day of NordMag, I was grateful to be an observer with time to assimilate how class presentation and interaction were done at University of Iceland. Students attending this NordMag session were from Sweden, Finland, and Iceland. Classes were held in English because Icelandic is a unique language, essentially the same as that spoken by the Vikings and unlike any other language on earth. It was fascinating to learn that students from other Nordic countries could somewhat understand each other, but related few words to the Icelandic language.

To get a real life perspective on the Nordic approach to geriatric care, I accompanied the class on a field trip to the largest elder care home in Reykjavik. The Director, a graduate of the NordMag program, took us on an extensive tour of this facility designed in the Eden Care model. Her enthusiasm was not mere marketing. Watching her stop to make lively conversation with elder residents and offer encouragement, it was apparent that the positive attitude seen in the staff was a reflection of her leadership.

This expansive home offered an indoor pool, a gym, physical therapy services, comfortable living spaces, and a coffee or wine bar to share an evening with visiting family. The craft area was actually a workroom for resident artists, sewers, knitters, and sculptors whose creations are sold in the "store," with the proceeds paid to the maker. This is another aspect of the Eden

Model to show value for individual creative efforts.

Starting the full day that was designated for me to work with the students on how to design groups, I discovered that the type of group modalities from my research and practice was a new concept for them. The students were familiar with having groups in facilities for conversation, crafts or events, but less so for therapeutic goals.

At that point, I stretched my memory banks to set the foundation with an overview of the group process “classics,” that is, Corey & Corey, Yalom, Tuckman. I shared with them how I was inspired by works of my Gerontology heroes: Dr. Robert Butler, physician proponent of Life Review, and Dr. Irene Burnside, nurse practitioner and author of many editions of *Working with Older Adults: Group Process and Techniques*. Moving forward, I related my holistic group approach by leading the students to experience a modality from each category: mind, body, social, and spirit.

My original plan was to divide the class into small groups and let them work together to develop and present a group modality. Students looked quizzical, causing me to wonder if my brilliant idea was about to fall flat. They asked to work independently on a group design in order to get my feedback and fine-tuning for their ideas. While these students had been primarily conducting social, craft, or activity groups, it was apparent that they desired to do more.

Students were so involved in their group design and sharing ideas with

each other, that they asked to reduce the lunch hour for more work time.

While it can be challenging to get some classes to start an academic exercise, in this case it was almost harder to persuade this group to pause and review what they had done. Each student gave a thoughtful group idea that fit the framework of the present eldercare work setting. Rather than give a teacher-style critique, my approach was more Socratic, involving the class in providing feedback. When offering suggestions, I was mindful of the cultural differences, asking the students how a certain approach may or may not be received by their populations.

At the end of a powerful workday, the students had a well-defined group modality to bring back to their workplaces. My excitement in watching these students grab a new idea and run with it was so heartwarming that walking back to my apartment in a snow storm could not dampen my spirits.

On the final day of NordMag, while students met with their advisors on thesis details, my attention turned to being part of Malstofur Haustid 2013, or simply stated, the Autumn Seminar series. Walking into the Student Center for my daily Skyr smoothie, it was fascinating to see my photo on the university events TV promoting this lecture in a place so far away from home. My presentation was on holistic elder group modalities, which was attended by local elder care administrators and social services officials. Like the students, these progressively minded administrators had exceptional

questions showing their interest in the differing modalities possible for elder enrichment or therapeutic group.

As often happens with a motivated class, I learned as much from other faculty and students in NordMag as I taught. It was further affirming to find that my group work can become a launching point for ideas that are adaptable in Nordic cultures. The University of Iceland is a vibrant, urban campus with a rich history and a plethora of studies ranging from undergraduate to graduate to doctoral programs. Being part of NordMag Intensive week was an honor and a pleasure. Much as this Floridian loves tropical living, I look forward to returning to Reykjavik to learn, share, and further explore the wonders of Iceland.

Kathie Erwin, Ed.D., is Assistant Professor in the School of Psychology and Counseling at Regent University. Dr. Erwin is a Licensed Mental Health Counselor, National Certified Counselor, and National Certified Gerontological Counselor. She is the author of six professional books and a novel, and is a member of the Southern Gerontological Society. She may be contacted at kerwin@regent.edu.

Road Scholar Adventures in Lifelong Learning, in the Scenic Shenandoah

by Jeffrey Ruggles

VCoA at Virginia Commonwealth University (VCU) is offering learning adventures this summer and fall up and down the verdant Shenandoah Valley. Our Road Scholar courses are generally five or six day experiences that build on the history, culture, and welcoming spirit of the region. Here are just two programs, each based in Staunton, Virginia, founded in 1747, and a delightful blend of urbanity and small-town ambiance.

Music Festival! Great Classical Music & World- Class Theatre: Staunton Music Festival and American Shakespeare Center



Join us for the acclaimed Staunton Music Festival, presenting new and old classical music in Historic District venues throughout this lovely town, from chamber music to medieval chant, baroque to classical orchestra masterpieces, emerging composers, and world premieres. Study Shakespeare's craft with American Shakespeare Center scholars and attend an evening performance at the unique Blackfriars

Playhouse.

- Lodging at the classic 1926 Stonewall Jackson Hotel, just next door.
- Program Dates: August 17–22, 2014
- Program price per person: \$739
- Single occupancy per person: \$969
- Program: #19901AU

Shakespeare! American Shakespeare Center: Will's World With Three Outstanding Performances



Casual fans and devotees alike will delight in this unique program. Gain insight from American Shakespeare Center (ASC) scholars into Shakespeare's history, language, and stage-craft. Discuss three plays and then attend each one's performance under the lights at the splendid Blackfriars Playhouse! Experience for yourself why Shakespeare still speaks to each generation.

- Lodging next-door to the Blackfriars Playhouse at the historic Stonewall Jackson Hotel.
- Program Dates: September 23–27

or November 4-8, 2014

- Program price per person: \$645
- Single occupancy per person: \$829
- Program: #19279AU

To register for these programs or to gain more information about these or other VCU Road Scholar programs across Virginia, call Road Scholar toll free at (877) 426-8056, Monday-Friday, 8:00 a.m. to 7:00 p.m., or visit the website at www.road scholar.org. Note the Program number of each course above.

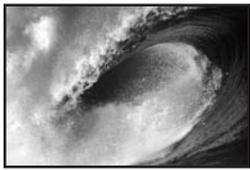
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Age Wave Readiness



On December 13, 2013, the Greater Richmond Age Wave Leader-

ship Committee had a kick-off implementation strategy meeting at United Way of Greater Richmond and Petersburg, bringing together 27 partners with new strategic alignment and development of four project-based Work Groups. Work Groups are chaired by an individual or individuals from the Age Wave Leadership Committee. The primary goal of these Work Groups is to move adoption and/or implementation of the Plan through key project-based deliverables in the following areas:

- Regional Scorecard that monitors and evaluates progress of the community. Michele Chesser, Joint Commission on Health Care, chairs this Work Group.
- "Welcome to Aging" Toolkit that provides individuals with an array of community-based resources designed to empower them as social engagement opportunities and critical supports. Jay White, VCU Department of Gerontology, and Marge Boynton, Senior Connections, The Capital Area Agency on Aging, co-chair this Work Group.
- Age-Friendly Business Strategy that will craft key messages that speak to older consumers (and their buying power e.g. tourism) and workplaces that support a seasoned workforce. Beth Ludden, Genworth Financial, chairs this Work Group.

• GeroTrifecta (students + elders + community leaders) is an advocacy and community canvassing project that will be intergenerational by engaging students, seniors, and community leaders to conduct walkability audits and to recognize neighborhood challenges and report these to the City of Richmond's Impact program. James Brooks, AARP, chairs this Work Group.

We are thrilled to report that each Work Group is actively meeting and is moving forward on their components of the Plan's deliverables. We are also thankful for the continued participation of our growing list of regional community partners.

To learn more or become involved, please contact the VCU Department of Gerontology at (804) 828-1565 or agingstudies@vcu.edu.

New Aging Electives at VCU

The VCU Department of Gerontology is looking forward to the Summer 2014 semester. It will be offering elective courses in GeroPharmacology and Career Planning. Additional courses in Entrepreneurial, Administration, and Interprofessional Teamwork are also anticipated. To learn more about electives offered by the Department of Gerontology in the VCU School of Allied Health Professions, please e-mail agingstudies@vcu.edu.

Caloric Restriction, *continued from Page 9*

Caloric restriction does not work all the time, in his view, but is context dependent, meaning it works with some individuals and some diets, so the task ahead is to find out who will benefit. There is no doubt that with an overweight population, a 10 percent reduction in body weight would have tremendous health benefits. "But will that improve longevity?" Dr. de Cabo asked. "That's a question that remains to be seen."

The varying conclusions drawn by the two teams put emphasis on a difference in their studies' designs. Is it better to have healthy monkeys as controls, or ones that are allowed to get obese and prone to diabetes? Dr. Anderson (Wisconsin) said that "in hindsight, it's great that the studies differed in design," because more can be learned from them.

But Steven Austad, an expert on aging at the University of Alabama at Birmingham, said it would have been better if both studies had used the same kind of controls, whether healthy monkeys or those allowed to feed until obesity. "Science depends on replication, and if you don't have replication, there's always a question," he said.

The joint paper being worked on by the two groups can be seen as an effort to construct a unified and useful conclusion out of two multi-million-dollar experiments.

Calendar of Events

May 6, 2014

Women at the Epicenter of Alzheimer's: An Educational Workshop. Presented by the Alzheimer's Association Central and Western Virginia Chapter. 8:45 a.m. – 4:00 p.m. University Holiday Inn, Charlottesville. For information, call (800) 272-3900 or visit www.alz.org/cwva.

May 7, 2014

Mayberry Comes to Chesterfield: 15th Annual Chesterfield Triad Senior Day. Victory Tabernacle Church of God, 11700 Genito Road, Midlothian. 7:30 a.m. - 12:45 p.m. For information, call (804) 751-4135 or (804) 768-7878.

May 15-17, 2014

Annual Scientific Meeting of the American Geriatrics Society. Walt Disney World Swan and Dolphin, Orlando, FL. For information, visit www.americangeriatrics.org.

May 19-22, 2014

Assisted Living Federation of America (ALFA) Annual Conference and Expo. Session proposals are now open. Phoenix, AZ. For information, visit www.alfa.org.

May 22, 2014

Holding Them Close: Providing Spiritual Care for People with Dementia and Their Caregivers. Presented by the Alzheimer's Association Greater Richmond Chapter. 8:30 a.m. - 2:00 p.m. Stratford University, Henrico. No charge; pre-registration required. For information, call (804) 967-2580 or e-mail ffoster@alz.org.

June 3, 2014

Aging Well in Mind, Body, and Spirit. Presented by the Beard Center on Aging at Lynchburg College and Centra Health, Lynchburg College, Lynchburg. 8:00 a.m. - 4:45 p.m. For information, call (434) 544-8456 or visit www.lynchburg.edu/beard.

June 4, 2014

National Council of Certified Dementia Practitioners Alzheimer's and Dementia Class. needed to become a Certified Dementia Practitioner. Presented by the Beard Center on Aging at Lynchburg College. 8:00 a.m. - 5:00 p.m. For information, email scruggs.dr@lynchburg.edu, visit www.lynchburg.edu/beard, or call (434) 544-8456.

June 10-14, 2014

The Creative Age: National Leadership Exchange and Conference. Presented by the National Center for Creative Aging, Washington, D.C. For information, visit <http://conference.creativeaging.org>.

June 11-14, 2014

2014 Annual Conference and Trade Show of the Virginia Association of Nonprofit Homes for the Aging (VANHA). The Williamsburg Lodge, Williamsburg. For information, visit www.vanha.org.

June 12, 2014

Dementia Care My Way: A Person Centered Approach. Presented by the Virginia Mennonite Retirement Community and Alzheimer's Association Central and Western Virginia Chapter. James Madison University, Harrisonburg. For information, visit www.alz.org/cwva or call (800) 272-3900.

July 24, 2014

2014 Joint Conference on Adult Guardianship and Elder Rights. Presented by the Virginia Guardianship Association and the Virginia Elder Rights Coalition. The Westin Richmond. For information, visit www.vgavirginia.org.

October 5-8, 2014

65th Annual Convention and Expo of the American Health Care Association and the National Center for Assisted Living. Gaylord National Resort and Convention Center, National Harbor, MD. For information, visit www.eventscribe.com/2014/ahealthcare.

Age in Action

Volume 29 Number 2
Spring 2014

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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: (804) 828-7905. E-mail kivey220@yahoo.com.

**Summer 2014 Issue Deadline:
June 15, 2014**



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Cutting Edge Breakthroughs for Aging with Lifelong Disabilities

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

June 2, 2014

8:00 a.m. - 4:30 p.m.

Doubletree by Hilton Richmond-Midlothian
1021 Koger Center Blvd.

Topics include: Keynote on Smart Technologies for Everyday Living; Housing Opportunities for Individuals with Lifelong Disabilities; the Medical Home in Concept and Practice; Freedom and Safety (panel of providers and consumers on deinstitutionalization and community living); Smartphones and Tablets as Aids to Healthy Aging; Medicaid and the Affordable Care Act; Employment Opportunities; Closing Plenary on the YMCA Growing Younger Program and the Visual Arts Center initiative.

Costs: \$35 registration includes materials, lunch, and breaks. Scholarships are available for family caregivers. Advance registration deadline is May 30th. On-site registration (space available) is \$45.

Information and registration: please visit www.apsc14.eventbrite.com

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