

Case Study

Averting Financial Exploitation and Undue Influence through Legislation

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Objectives

1. Explain what financial exploitation is.
2. Examine the elements of undue influence through case studies.
3. Consider the reasons undue influence is so difficult to address legislatively.

Background

Financial exploitation is the illegal or improper use of someone else's money or belongings for the user's own personal benefit. Virginia Code § 63.2-100 defines "adult exploitation" as "the illegal use of an incapacitated adult or his resources for another's profit or advantage." In fiscal year 2014, Virginia's Adult Protective Services substantiated 1,079 complaints of financial exploitation. Too often, exploita-

tion occurs at the hands of a trusted family member, caregiver, agent under a power of attorney, or others abusing a position of trust. For many years, advocates and legislators have attempted to craft laws which would deter those who would victimize vulnerable Virginians through new or enhanced criminal penalties, or which would improve the ability of victims to recover their lost resources from the exploiter through the civil courts.

Existing criminal law does not protect the victim who has capacity but is, nonetheless, manipulated or induced to act in ways that she would not otherwise act by someone in a position of influence or trust who takes advantage of the victim's vulnerability and trust in order to obtain the victim's money or property. The civil law does address this problem, but cases are difficult and time-consuming to bring and it is often difficult to find an attorney willing to represent these victims. The problem, often referred to as "undue influence," has been a particularly 'difficult nut to crack' legislatively. A victim's competency or capacity, that is, her ability to understand the nature and

consequences of whatever document she is signing or whatever transaction she is entering into, may be fairly clear. Undue influence, however, is far less precise. Technically, the victim may understand what she is doing, but she may act out of fear of the consequences of not acting as the exploiter wishes or out of trust that the exploiter must be acting in her best interests.

When the exploiter is a close family member, the line between receipt of a "gift" and a criminal or improper act of exploitation becomes blurred and difficult to prove. A victim's ambivalence about bringing criminal charges against a beloved relative or trusted advisor makes criminal charges challenging to sustain and prove. In addition, legislators are especially reluctant to pass laws which create a new crime or enhanced criminal penalties in situations where the lines between a good actor and a bad one are indistinct and subjective.

Case Study #1

One month after the sudden death of his wife of more than 50 years, Mr. Jones' daughter Sarah offers to move in with her father and care for

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him, if he would first deed his home to her. Sarah had helped her parents with transportation to the doctors and with their finances for the last five years because his vision had deteriorated due to glaucoma. Mr. Jones, age 83, had depended on his wife for his care for several years. In addition to glaucoma, he has breathing difficulties from emphysema, severe arthritis that limits his ability to get around, and he uses a wheelchair. Before moving in, Sarah insists that her father go with her to her attorney to have a deed drawn up. Fearful of living alone, he agrees and signs the deed. Six months later, Mr. Jones contacts an attorney after being served with an unlawful detainer: his daughter Sarah is trying to evict him.

Case Study #2

Mrs. Smith, an 85 year old widow, goes to live with her son and his wife because she is no longer able to live independently in her own home. She is unable to read or write; she has completely lost sight in one eye and has lost several of her toes to diabetes; and she suffers with high blood pressure. She cannot walk, prepare her own meals, or leave the house without assistance, and she is totally dependent upon her son and daughter-in-law for food, transportation, medical care, and many other essential and non-essential needs. Mrs. Smith owned her own home and had paid it off before she moved in with her son. While she was living in her son's home, he asked her to sign a paper which he said was needed so that he and his wife could handle her checks and help her pay her bills. No one read the document to Mrs.

Smith and she signed with an 'X', not realizing that she was in fact signing over the deed to her home to her son and daughter-in-law. Only several months later when her son began talking about boarding up her home did Mrs. Smith learn that her home was no longer in her name but was in her son and daughter-in-law's names. While she fully intended to leave her son the home at her death (and had drawn up a will to that effect), she never intended to convey the home to him during her lifetime.

Common Elements of Undue Influence:

The cases of Mr. Jones and Mrs. Smith demonstrate some elements that are often present in financial exploitation cases in general, and in undue influence cases in particular. These include:

- Both victims had one or more serious physical or mental impairments. Mr. Jones had also experienced the sudden significant loss of his wife just a few weeks before his daughter insisted that he sign over the deed to his home. Both victims had limited education and restricted vision, making them even more vulnerable to exploitation.
- Both victims were fully dependent upon the "exploiter" to supply their basic needs.
- Each exploiter was in a unique position to isolate the victim, since the parent lived with and depended upon the exploiter to provide transportation to leave the house.
- In each case, the victim had a special relationship with the exploiter. Both victims trusted their exploiter and relied upon him or her to act in the victim's best interests. Both

exploiters, then, held a position of trust with respect to the parent-victim.

- In each case, the exploiter took advantage of that trust and dependency to manipulate the parent-victim into signing a deed which the parent would not otherwise have signed, to the benefit of the exploiter and to the detriment of the parent-victim.

Legislative Approaches: "The Art of the Possible"

A. Making Financial Institutions Mandated Reporters

For many years up until 2009, advocates' primary approach to the problem of financial exploitation was to seek a law to make financial institutions mandated reporters, requiring them to report suspected financial exploitation to Adult Protective Services. Every year, the banking lobby strenuously opposed these bills, claiming that protection of their customers' privacy precluded them from reporting suspected financial exploitation. The bills died in committee every year, despite the support of such heavy hitters as AARP.

Eventually advocates turned to other, less strongly opposed measures which would offer either a "stick," namely, enhanced criminal penalties against the exploiters, or a "carrot," enhancing the ability of victims to recover their lost assets civilly by improved access to the courts. Both approaches have met with some success, though never swiftly or without compromise. Legislation is, if anything, the "art of the possible."

B. Criminal Penalties

Starting in 2009, advocates turned to fighting financial exploitation by seeking to deter exploiters through imposition of tougher criminal sanctions. Some bills approached the problem by setting out enhanced penalties when the victim of certain crimes, such as larceny or identity theft, was an adult over age 60 or incapacitated and the perpetrator had reason to know that the victim was incapacitated or older. Year after year, despite patrons from both parties, these bills failed to pass.

Another approach, more to the liking of many elder rights advocates, would create a crime of financial exploitation when a person knowingly, by deception, intimidation, undue influence, coercion, harassment, duress, or misrepresentation, obtained an elderly or vulnerable adult's property with the intent to deprive the adult of its use. Violation by a caregiver or a person with a fiduciary relationship to the vulnerable adult would carry an increased penalty. Though supported by many advocacy groups, these bills generally died in the House Courts of Justice committee, primarily because legislators could always envision an outlier situation where a well-meaning relative might be charged criminally under the proposed law, e.g., an adult child takes away the parent's car because the parent is no longer able to drive safely; an adult child closes the mother's bank account and prevents her access to the new account because the mother, suffering with dementia, has been the victim of numerous scams and financial manipulation. In 2012, such a bill

passed the Senate unopposed and actually was reported out of House Courts, yet still failed to emerge from the House Appropriations committee and, therefore, failed to become law, despite bi-partisan co-patrons, widespread support, the backing of the Attorney General's office, and money in the Governor's budget to offset the fiscal impact.

Finally, in 2013 a narrower, some would say watered-down, approach was taken. Instead of trying to address the problem of undue influence and vulnerable victims who are manipulated into giving away property against their will, the 2013 bill addressed the problem of crimes against victims who are actually mentally incapacitated. The proposed new Code §18.2-178.1 would make it unlawful for someone who knows or should know that a person suffers with mental incapacity to take advantage of that mental incapacity in order to deprive the mentally incapacitated person of something of value. "Mental incapacity" was defined as the condition of the victim at the time of the offense which prevents the person from understanding the nature and consequences of the transaction or disposition of money or other property. This bill, again with multiple bi-partisan patrons, unanimously passed both Senate and House, was signed by the Governor, and became law July 1, 2013. Significantly, the new law does not address the circumstance of a person who does understand the nature and consequences of the transaction, but who is manipulated and unduly influenced by a trusted person who takes advantage of his vulnerable state to push him to take an

action he would not otherwise take. But it does provide prosecutors with another tool to take action against those who prey upon those who are vulnerable due to mental incapacity. Legislation is the art of the possible.

C. Civil Remedies

Even as legislators and advocates were seeking improved criminal penalties to deter exploitation and punish exploiters, there was awareness that not all perpetrators can be found, charged, and convicted and that not all victims actually want their exploiter to go to jail. Often, all the victim wants is to get back what was taken away and to put the betrayal of trust in the past and move on.

To address the civil side of the problem, the Virginia Vulnerable Adult Protection Act was proposed in 2013. This bill would prohibit an individual in a position of trust to a vulnerable adult from using the vulnerable adult's property or assets for his own purposes. An individual who violated this act would be liable for actual and possibly punitive damages and could be barred from inheriting from the vulnerable adult and from serving in a fiduciary capacity to the vulnerable adult. The bill sought to impose a duty on responsible persons in a position of trust to use the vulnerable adult's assets solely for the benefit of the vulnerable adult; to enhance recovery by the vulnerable adult from the exploiter; to deter exploitation by responsible persons; and to prevent further loss of assets by enabling a court to revoke any property disposition or fiduciary nomination. Because it was a short session of

the General Assembly which provided less time to negotiate substantive language changes and possibly because the criminal financial exploitation bill (which was ultimately successful) was moving through the same committee at the same time, the full House Courts committee tabled this bill despite the subcommittee's recommendation to report it out.

In the interim between legislative sessions, advocates considered other civil remedy approaches that might pass General Assembly muster. A law which had been in effect in Maine for more than 25 years came to our attention and we drafted a bill based upon that law and began to vet it among elder law advocates. This bill was intended to address the situation where an older person, who is not incapacitated but is dependent on another, conveys real estate or a significant portion of his estate to a person in a fiduciary or confidential relationship with him. The Maine law, and our proposed bill, would have created a statutory presumption of undue influence if five elements were proven: (1) that the victim is over 60; (2) and is wholly or partially dependent on one or more persons for care or support because the elderly person is suffering from a significant limitation in mobility, vision, hearing, emotional or mental function, or the ability to read or write, or is suffering or recovering from a major illness or major surgery; (3) the dependent elder transfers for less than full consideration any real estate or more than 10% of the dependent elder's estate; (4) the transfer is to a person with whom the dependent elder has a confidential or fiduciary relation-

ship, including a family relationship, a fiduciary, a health care provider, an attorney, minister, caregiver, friend or neighbor; and (5) occurs without independent counsel to represent only the dependent elder's interests. If those five elements are proven, a presumption of undue influence arises and, if not rebutted by the transferee, the dependent elder can reverse the transfer and potentially obtain rescission of a deed, actual damages, attorney's fees and costs, and in some circumstances punitive damages.

While we were vetting this bill, the Virginia Supreme Court rendered an opinion in the case of *Ayers v. Shaffer* which clarified Virginia's undue influence legal standard. The Supreme Court held that, in Virginia, a person can prove undue influence either by showing great weakness of mind and that the defendant obtained the bargain for grossly inadequate consideration or under other suspicious circumstances OR by showing that a confidential relationship existed between the parties at the time of the transaction beneficial to the defendant (even in the absence of other suspicious circumstances). In other words, it is not necessary to prove both that the defendant overcame the will of the victim because of her weakness of mind and that the defendant took advantage of a confidential relationship. With this case decision, it became clear that pursuing the bill based on the Maine law might simply confuse Virginia's undue influence standard and might actually serve to make recovery by victims more not less difficult.

After *Ayers v. Shaffer* and with the 2014 General Assembly session fast approaching, advocates regrouped and decided upon a very targeted approach to help victims recover their lost assets by simply enabling them to recover from the exploiter reasonable attorney's fees and costs when the victim could prove that a deed or other instrument was obtained by fraud or undue influence. The hope was that such a targeted approach would be achievable and that a law to that effect would encourage more private attorneys to take these difficult, time-consuming cases if they thought there was the possibility of recovering their fees and costs. If more victims could obtain representation, then more people would be able to recover their homes or other lost assets. Moreover, if the exploiter stood to lose the fruits of his crime and to be required to pay the attorney's fees and costs incurred by the victim, perhaps he would be less inclined to exploit vulnerable Virginians in the first place. This bill passed and became law July 1, 2014, adding Virginia Code § 8.01-221.2 to provide that in any civil action to rescind a deed, contract or other instrument, the plaintiff can be awarded reasonable attorney's fees and costs of bringing the action, if the court finds, by clear and convincing evidence, that the instrument was obtained by fraud or undue influence. By encouraging more private attorneys to take these cases, this law should enable more victims of fraud and undue influence to recover their assets.

Case Studies and the New Laws

So would these two new laws have

had any impact on the cases of Mr. Jones and Mrs. Smith? It is unlikely that either Mr. Jones or Mrs. Smith would have benefited from the new criminal Code § 18.2-178.1 because neither would be considered “mentally incapacitated”; they both understood the nature and consequences of the transaction into which they thought they were entering. It is unlikely that either Sarah or Mrs. Smith’s son would be charged with larceny under the new statute.

However, both Mr. Jones and Mrs. Smith could benefit from the civil remedy in § 8.01-221.2. It is very likely that a court would find that Sarah had obtained the deed to Mr. Jones’ home through undue influence. If so, Mr. Jones should be able to recover his attorney’s fees and costs from Sarah, as well as rescission of the deed to his home. Without this provision, Mr. Jones might have had difficulty finding a private attorney willing to invest the time and cost of handling such a case without any realistic hope of being paid. Similarly, Mrs. Smith would also benefit from the new code section allowing the court to require the exploiter to pay her attorney’s fees and costs. Not only did her son manipulate her into signing the papers but he also defrauded her, telling her that the document she was signing was to enable him to handle her checks, when in fact it was a deed to her home.

While neither of these victims would likely benefit from the new criminal statute, other perpetrators who target mentally incapacitated victims could more readily be prosecuted for taking advantage of the

mental incapacity of their victim to deprive them of their property.

Conclusions

So what are the takeaways from this history of legislative advocacy around the issue of financial exploitation in general and undue influence specifically? One is that legislative advocacy is often a long, difficult process with many bends in the road: compromise on language, change in approaches, gathering of additional support, neutralization of opposition, sometimes over several General Assembly sessions. It can be challenging to discern when it simply requires several years to be successful, as opposed to when it is time to try a new approach rather than continuing to ‘beat a dead horse.’ Approaching a problem from different directions at the same time can be helpful but it can also be a distraction. For example, it ultimately was helpful to attack this problem from both the criminal and civil sides, but, at times, legislators would point to the other (criminal) bills as a reason not to take action on this (civil) bill. Another lesson is that legislative advocacy is often “the art of the possible” and that advocates must recognize that the perfect can sometimes be the enemy of the good. We certainly have not achieved the perfect result in our attempts to find new ways to deter and punish exploiters or to afford more victims the ability to recover their losses. We have, however, advanced the ability of prosecutors to charge and convict those who exploit and victimize the mentally incapacitated, and we have improved victims’ access to the courts to recover their homes or other assets when those

were obtained by fraud or undue influence. Two small but not insignificant steps forward for victims of financial exploitation.

Study Questions

1. How would you define financial exploitation?
2. What are some of the elements of undue influence?
3. Can you identify some of the legislative challenges in addressing the problem of undue influence?

Resources

<http://law.lis.virginia.gov/vacode/title63.2/chapter16/section63.2-1606/> sets out those groups that are mandated reporters under Virginia law.

<http://law.lis.virginia.gov/vacode/title18.2/chapter6/section18.2-178.1/> is the mental incapacity statute.

Postscript

This article was written prior to the 2016 General Assembly. During the 2016 session, there was continuing interest in financial exploitation and in some of the issues raised above. Ten financial exploitation bills of various types (including five virtually identical bills brought by five different legislators) were introduced. Of these, two bills passed out of the legislature and have been approved by the Governor. One bill (HB 248/ SB 249) requires that the local department of social services or adult protective services immediately refer any financial exploitation report to local law enforcement for investigation, if the losses are suspected to be greater than

\$50,000. The second successful financial exploitation bill (HB 676) directs the Department for Aging and Rehabilitative Services (DARS) to form a workgroup to study financial exploitation, determine the cost of financial exploitation of adults in the Commonwealth, and develop recommendations for improving the ability of financial institutions to identify and report financial exploitation.

About the Author



Kathy Pryor, J.D., is a staff attorney specializing in elder law with the Virginia Poverty Law Center, the statewide support center for legal aid programs throughout Virginia. She worked as a paralegal for older adults at Central Virginia Legal Aid Society for seven years before going to law school. After obtaining her law degree from the University of Virginia in 1989, she soon returned to Central Virginia Legal Aid to represent low-income elderly clients in various civil matters, staying 13 years before moving to the VPLC in 2005. At VPLC, Kathy provides technical assistance, training, and co-counseling to legal services advocates and long term care ombudsmen around the state on elder law issues, and is an advocate for systemic change around elder law and long term care issues in the legislative and administrative arenas. You may reach her at kathy@vplc.org.

Editorials

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

What Are the Needs of Older Adults?

We recently had an outside agency hold four focus group meetings for us, one on each of our primary program areas (lifelong learning, geriatric education, dementia research, and elder abuse/domestic violence in later life). The convener began each focus group session with the same question: “What are the needs of older adults?” Ask this question, and you’ll get, as we did, as varied a set of answers as there are people replying. Not surprisingly, those in each of the four program-focused groups began with a different first response: some first and subsequent answers related to the older person’s vulnerability; some to countering social isolation and loneliness; some to family continuity; some to health declines. Often, the identified needs referenced a problem. Discussion ensued that touched upon health care, interdependence, mobility, lifelong learning opportunities, having caregivers/care takers, safety, feeling loved, financial exploitation, legacy, dealing with losses, maintaining connections, and so on.

As the convener said, with a deeper level of gerontological expertise than she may have realized: there are no wrong answers.

Growing older brings with it the individuation that characterizes human development in later life.

Each of us becomes more and more ourselves. As individuals in later life, we have our own experiences, our own talents, our own histories of connections, successes, perspectives, and needs. Try to find the needs of older adults and you are doomed to failure, especially if you intend to broadcast some short list as the definitive list. Look at how some “experts” purport to speak for older adults, saying with great self-importance and sense of authority that “older adults need” this or that. Never mind that many times it’s an older adult himself/herself who’s speaking. We should know better.

Again, the reality is that aging increases variability within a birth group. Group membership (older adults, senior citizens) actually means less as we age, at least in terms of being able to make grand generalizations. Time and again research has shown that we grow less like our age mates over time, in physiological functioning like heart, liver, and organ abilities; in abstract reasoning, vocabulary, and various cognitive functions; in acquired likes and dislikes; in socioeconomic characteristics as diverse as income and social status; in formal education attained; in employment histories, interests, hobbies; and so on.

As I sat in these various focus groups, I remembered some telling research from years ago in Northwest Iowa. Researchers interviewed older adults there to try to determine the needs of older residents regarding transportation. Extensive interviews followed, with each respondent answering what older adults needed. As a result, a transportation system was developed

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that virtually no one used. Follow up surveys revealed that respondents tended to project what they thought others their age needed, even when they themselves had no need for what they were suggesting. There was a disconnect between self and others. Each person was speaking from his or her acquired perspective. As we grow older, our perspectives are shaped by our individual life histories.

Just recently, I heard a famous professor of internal medicine say that “treating geriatric patients is an N of 1 experiment, because of the great variability.” He meant that the number (N) of subjects in the experiment is one, the individual himself, and the outcome of the experiment (his medical treatment) couldn’t be predicted. I’ve been saying this another way for years: “One to the 100th power is still one.”

Back in the focus group, I realized that many of the needs that the various focus group members proposed had at least one thing in common: assisted autonomy. Let me explain what this term means. While the group members spoke often of older adults needing to maintain their “independence,” I wonder if any of us were or are truly independent at any point in our lives. Certainly, we’d like to think that we were or we are. But in all likelihood, we were and are interdependent, depending on the assistance of others in our education, upbringing, careers, and relationships to accomplish what we value.

“Autonomy” is another thing, like “independence,” that some people champion for themselves and for

older adults. But autonomy, the right of a person to make a decision, has at least two characteristics: having choices to make and being able to exercise those choices. In the second part especially, the help of others is often needed. Someone with a mobility challenge can be autonomous if, first, she can choose to go downtown to a nice restaurant and, second, if she has the means of transportation to get there and there are curb cuts and ramps, let’s say, that allow her wheelchair ready access to public sidewalks and the restaurant. Choosing to eat downtown is rather meaningless if others don’t help to make the choice feasible.

So, in my mind, mobility, social connections, health declines, lifelong learning, safety, caretakers or caregivers implicitly or explicitly speak to interdependence or assisted autonomy, rather than to independence. Others help us to be mobile, socially connected, healthier, lifelong learners, safe, and taken care of. We can, for sure, be lifelong learners holed up in our homes with books and Internet, or be safe behind triple-bolted doors and windows. But, generally, realizing the best of ourselves has meant and continues to mean that we are engaged or interdependent with others. Assisted autonomy.

Visit Our Websites

Virginia Center on Aging
www.sahp.vcu.edu/vcoa

Virginia Department for Aging
and Rehabilitative Services
www.dars.virginia.gov

From the Commissioner, Virginia Department for Aging and Rehabilitative Services

Jim Rothrock, Tim Catherman, and Joani Latimer

What’s Happening in Our Commonwealth

We’d like to offer an overview of some important information from our Area Agencies on Aging and our State Long Term Care Ombudsman.

With seemingly record speed, our General Assembly finished its business and we have a budget. From Governor McAuliffe’s introduced budget and continuing through deliberations by both chambers, consumers of DARS services benefitted with priority programs being supported.

Some of these budget priorities are as follows:

- Public Guardian services to vulnerable adults: \$425,000 FY2017/\$1.01 million FY2018, with one additional DARS staff
- Public Guardian services to those transitioning from training centers to the community: \$500,000 FY2017/\$975,000 FY2018
- Monitoring for the Auxiliary Grant: \$87,000 FY2017/\$87,000 FY2018, for one additional DARS staff
- Contracted services to provide in home care to low-income seniors who have experienced trauma: \$100,000 FY2017/\$100,000 FY2018

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- Increase support for Brain Injury Programs: \$375,000 FY2017/\$375,000 FY2018
- Fund Transition Services at CILS: \$200,000 FY2017/\$200,000 FY2018
- Provide bridge funding for Eastern Virginia Care Transitions Partnership: \$250,000 FY 2017
- Report on Interdisciplinary Memory Assessment Clinics

We were also pleased with House Bill 676 that directs DARS to examine adult financial exploitation and offer recommendations to be considered for the next GA session. Delegate Chris Peace, an emerging leader with solid support for elder rights and human services, was our patron. The bill reads:

1. § 1. That the Commissioner of the Department for Aging and Rehabilitative Services shall, together with the Director of the Department for Planning and Budget or his designee, representatives of the Department for Aging and Rehabilitative Services' Adult Protective Services Unit and local department of social services' adult protective services units, law enforcement agencies, financial institutions in the Commonwealth, and organizations representing elderly individuals and adults with disabilities, determine the cost of financial exploitation of adults in the Commonwealth and develop recommendations for improving the ability of financial institutions to identify financial exploitation of adults, the process by which financial institutions report suspected financial exploitation of adults, and interactions between financial institutions and local adult protective services units investigating reports

of suspected financial exploitation of adults. The Commissioner shall develop recommendations for a plan to educate adults regarding financial exploitation, including common methods of exploitation and warning signs that exploitation may be occurring. The Department for Aging and Rehabilitative Services' Adult Protective Services Unit shall provide information about founded cases of financial exploitation of adults and any related compiled information to the Commissioner, who shall maintain the confidentiality of such information, for his review upon request. The Commissioner shall complete his work and report on his activities and recommendations to the Governor and the General Assembly by January 1, 2017.

We are excited to address this important topic and to work with interested parties for common goals.

Update on Area Agencies on Aging

The Department has completed several federal reports for the year ending 2015 which demonstrate the work we performed internally or through our partner agencies.

The local Area Agencies on Aging (AAAs) spent over \$50 million to provide services for older Virginians, an increase of 3.7% compared to last year, with the local AAAs themselves generating over \$10 million of the funds. Moreover, many AAAs offer other programs to support individuals in the community. These efforts demonstrate the ability of the AAAs to leverage substantial support through local

governments, other grants (public and private), local donations, and fee for service programs to expand their reach to provide more services.

This year, home delivered meals increased 8% to 2,317,309 meals and congregate meals were up 2% to 672,404 meals. Between them, AAAs served approximately 25,000 individuals through their nutrition programs. The increase is largely attributable to the \$1,231,000 in additional General Fund appropriations proposed by the governor to increase nutritional support for older Virginians. Even with this expansion in service, food insecurity among the elderly continues to be a concern, with a 10% increase in individuals identified at high nutritional risk.

The AAAs also expanded their personal care and homemaker programs, providing services to 20% more individuals. These programs, along with adult day services, allowed 250 individuals to remain in their communities.

The Virginia Public Guardianship and Conservator Program has also seen substantial growth. An additional appropriation of \$500,000 last year made it possible to expand the program statewide and to provide guardianship services to 100 more individuals.

Office of the State Long-Term Care Ombudsman (OSLTCO)

Despite a 30% turnover in local ombudsmen, the OSLTCO saw case volume increase by 8%, with an 84% resolution rate. Leading complaint categories were largely

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similar to FY 2014: (1) resident care issues (not following physician orders/care plan, lack of response to call lights/staffing, symptoms/changes not responded to, medication errors, pressure sores, lack of assistance with hygiene, toileting; etc.); (2) admission, transfer, discharge/eviction (improper discharge, reason/notice/planning access to appeals, admission process/contract); (3) environment/safety (temperature, cleanliness/safety, infection control, equipment maintenance/ safety, supplies). The most frequent specific complaint type was admission/transfer discharge/eviction.

OSLTCO's systems advocacy focused on ongoing concerns due to improper transfer/discharge of residents from LTC facilities, often related to a general lack of training of LTC staff to ensure dementia competent, person-centered care.

Key Points:

- OSLTCO worked collaboratively with stakeholders to identify service gaps and strengthen training across the board to address mental health and dementia care needs of LTC recipients.
- The program has worked with public and private entities to strengthen individual advocacy for residents improperly evicted from their nursing homes or assisted living facilities.
- Case work data repeatedly demonstrated that many residents who should be able to be well maintained in nursing homes find themselves involuntarily discharged to hospital emergency rooms, to homes of family members unable to provide care, or to other inappropriate settings.

ate settings.

- Not infrequently, improper transfer/discharge occurs when behaviors that may be the natural sequelae of brain injury or dementia become exacerbated by lack of staff training in person-centered care for such residents, who are then labeled 'unmanageable.'
- Residents transferred to hospitals, stabilized, and deemed appropriate for readmission to the LTC facility may be refused readmission, often leading to protracted dislocation that can lead to further disorientation and decline.
- OSTLCO continues to have concerns about the lack of appropriate and available resources for those residents who may, even temporarily, need mental health treatment and stabilization support beyond what a particular nursing home or assisted living facility can provide.
- The situation is further exacerbated by the increasing trend among LTC facilities to better position themselves financially by re-balancing their patient/resident mix, focusing primarily on provision of short-term/higher-reimbursement rehabilitative care. The needs of residents whose long-term care is best managed in a nursing home (and who may lack realistic alternatives) are increasingly eclipsed in this changing landscape.

Readers should learn more about OSLTCO, as current population trends make it more germane to all of us. We will be featuring other program overviews in the coming months.

Conversations About Alzheimer's and Dementia

Presented by the Alzheimer's Association. Petersburg Public Library, 201 W. Washington St. 6:30 p.m. – 7:30 p.m. Questions or RSVP to (804) 526-2359 or chamlin@alz.org. Light refreshments will be provided. Upcoming 2016 dates and topics:

June 14: Living with Alzheimer's Disease: Early Stage

July 12: Living with Alzheimer's Disease: Moderate Stage

August 9: Living with Alzheimer's Disease: Late Stage

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Send requests to Ed Ansello at eansello@vcu.edu.

The Virginia Center on Aging's 30th Annual Legislative Breakfast

VCoA hosted its 30th annual breakfast on January 27, 2016, at St. Paul's Episcopal Church in Richmond. Attendance was large and lively. We welcomed members of the General Assembly, their staffs, the Executive Branch, state departments, Councils, and colleagues in agencies and organizations across Virginia. Lieutenant Governor Ralph Northam gave the welcome, drawing parallels between his work as a pediatric neurologist and that of geriatrics and sharing personal stories of family caregiving.

VCoA hosts this annual breakfast to inform the General Assembly, which created it in 1978, of progress in meeting our three fundamental mandates: interdisciplinary studies, research, and information and resource sharing. We take this opportunity each January to review our activities in the calendar year just concluded. As has been the case for so long, partnerships with many others enabled us to achieve success in helping older Virginians and their families. VCoA trained, consulted, researched, or collaborated in every region of the Commonwealth in calendar year 2015.

We are saddened to note that our long-time friend and advocate for older adults, Virginia Senator John Miller, who represented the 1st District (Williamsburg, Hampton, Newport News, and the Peninsula) since 2008, passed away on April 4th. John graced us with his presence at this Breakfast and was a consistent supporter of our work. We will truly miss him.

You can see our 2016 Legislative Breakfast Power Point presentation by visiting our website at www.sahp.vcu.edu/vcoa.



Top Left: Amy Marschean, DARS, and Delegate Steve Heretick

Top Middle: Bert Waters, Devanee Beckett, Ben Blake, and Courtney O'Hara, all of VCoA

Top Right: Bob Brink, Governor's Office, Ed Ansello, VCoA, and Lt. Governor Ralph Northam

Bottom Left: Bob Schneider, Chairman, VCoA Advisory Committee, welcomes attendees

Bottom Center: Catherine Dodson, VCoA, and Delegate Chris Head

Bottom Right: Colleen Wilhelm, Family Lifeline, and Ruth Anne Young, VCoA



Top Left: Debbie Leidheiser, Chesterfield Senior Advocate, Rachel Ramirez, LLI and VCoA, and Sorana Blackfoot, Chesterfield Council on Aging

Top Center: Devin Bowers, DARS, and Patty Slattum, VCU and VGEC

Top Right: Ed Ansello, VCoA, and Delegate Ken Plum

Middle Left: Jenni Mathews, VCoA and VGEC, and Sheryl Finucane, VCU and VGEC

Middle Center: Mary Jones, Chesterfield Council on Aging, and Catherine Pemberton, VDSS

Middle Right: Sandra DeLoach, Chesterfield TRIAD, and Kathy Brown, Chesterfeld Council on Aging

Bottom Left: The late Senator John Miller and Catherine Dodson, VCoA

Bottom Center: Thelma Watson, Senior Connections, and Jim Rothrock, DARS

Bottom Right: Tim Catherman, DARS, Bill Massey and Maria Santarsiero, Peninsula Agency on Aging, Delegate Monty Mason

Ageism: A Cultural Conundrum

by Kathie Erwin

In preparing the keynote address on “Counseling the Elderly in Crisis” for the Mexican Association of Counseling and Psychotherapy (AMOPP), I reviewed my usual opening that highlights ageism at the heart of many such crises. Customarily, I enter into this subject by contrasting two octogenarian women. Both are strong willed, opinionated, and refuse to be ignored. After describing them, I show their photos. One is an unknown woman, while the other is Supreme Court Justice Ruth Bader Ginsberg. Why is one of them so easily characterized as a difficult old woman, while the other is heralded for her opinions? It’s more than the prestige of the office; it’s about ageism that causes a society to dismiss arbitrarily an older woman, unless she possesses power or status sufficient to trump ageism.

While my translator was reviewing my text, I walked around Puebla near Iberoamericana University. I saw families, including several multigenerational groups. I began to question my emphasis on the impact of ageism as a common denominator in crises like natural disaster relief, crime, disability and caregiving; was it right for this conference? Multicultural studies tend to show the Hispanic family as having stronger generational bonds and respect for elders. While the attendees at this conference were predominately professional counselors and counselor educators, this was their nation, after all, and who was I

to bring my “gringo” assumptions into their world? I returned to the hotel ready to moderate my ageism emphasis.

Meeting with my translator, I showed him where I planned to make edits to the presentation. To my surprise, he insisted that the message needed to go out as written. He suggested that I talk with the conference academic advisor before making any changes. Fortunately, I took his advice. To my surprise, the academic advisor assured me that my translator’s advice was correct. He told me that influences from the Internet, travel, and generational changes have had the same impact in major cities of Mexico as in the United States. Sadly, he said, attitudes of ageism are rising and changing intergenerational rapport in many negative ways. He asked me to stay with my initial emphasis on ageism as being at the heart of crises for older adults. He considered my idyllic view of the Hispanic family connections as a fond memory of an earlier time but not prevalent today in most of his beloved nation.

Launching into my keynote the next day, I watched the faces of the audience. What felt to me like a cultural conundrum actually resonated with the attendees. Afterward, a government official told me that he had never considered how ageism could have an impact on the way older adults are treated in disaster relief. A professor commented that she needed to spend more time in class talking about ageism. A young student who emigrated from a war torn nation to attend Iberoamericana University said that he did not previously understand that the ageist

attitudes that older adults face daily are as significant as prejudices he has faced.

Speaking of ageism, I learned something, too. Perhaps the unconscious reason that I initially doubted the advice of my translator was because of his youth compared with the advice of an academic colleague. It was a reminder that even those of us who teach about ageism need to check ourselves, as we relate to others both older and younger than our peers.

Kathie Erwin, Ed.D, is Associate Professor in the School of Psychology and Counseling, Regent University. A Licensed Mental Health Counselor, National Certified Counselor, and National Certified Gerontological Counselor, she is the author of *Group Techniques for Aging Adults, 2nd Edition*. Contact her at: kerwin@regent.edu.

The referenced keynote address is: Erwin, K.T. (2015). Consejeria: Problemas para adultos mayores en crisis. *TSOP: Orientacion psicologica y adicciones, IX*, 28-34.

2016 DARS Meeting Calendar

Commonwealth Council on Aging
May 1, July 13, September 21

Alzheimer’s Disease and Related Disorders Commission
May 1, August 30, December 6

Public Guardian and Conservator Advisory Board
May 1, September 15, November 17

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

The Beard Center on Aging at Lynchburg College

by Denise Scuggs

The Beard Center on Aging, founded in 1982 by the late Belle Boone Beard, is one of nine Lynchburg College academic and community centers. The Center prepares students to live and work in an aging community, while promoting a positive quality of life for older adults through education, outreach, and research.

One of the most active and visible Centers at Lynchburg College, the Beard Center logged over 3,000 service contacts during the 2014-15 academic year alone. Although it does not offer an academic program in gerontology, the Center does provide a popular special interest class on elder abuse through the Department of Criminology.

The Center engages in strong partnerships, both within and outside the college. Through an interdisciplinary approach to scholarship, advocacy, and community service, the Center works closely with undergraduate and graduate students and faculty from health promotion, public health, nursing, physical therapy, criminology, sociology, psychology, communications, and business to offer a variety of programs and services to faculty, staff, students, and members of the greater Lynchburg Community. Community partners vary in their scope and services and include human services, parks and recreation, rehabilitation counseling, health care, long-term care, assisted

living, adult day care, as well as retirement communities, low income housing complexes, faith based communities, and more.

The Center provides leadership for Region 2000's Consortium on Aging, a group that strives to increase awareness of the needs of older adults and encourage positive aging, while promoting an age-friendly community. The Consortium and the Center support a number of collaborative initiatives, such as Home Instead Senior Care's Santa to a Senior, free memory screenings, Wisdom at Work for the 50 Plus Job Seeker, Lynchburg College's Holidays for the Homeless program, Bedford's Elderfest, and a regional Senior Awareness Day offered jointly by local social services departments.

The Beard Center also offers training and technical assistance to professionals and older adults along the East Coast. The Center's signature event is the statewide annual conference, *Aging Well in Mind, Body, and Spirit*. This event brings together professionals, caregivers, and older adults from across Virginia. It features over 24 workshops, 50 exhibitors, posters, and networking opportunities. The 2016 conference, slated for June 7th at Lynchburg College, will feature nationally acclaimed speaker Linda Larsen on "Staying Right Side Up When Everything's Upside Down" and local geriatric psychiatrist, Peter Betz, MD, discussing the blues and depression.

The Beard Center offers education, support, professional training, and consultation services for caregivers and agencies serving caregivers,

especially those caring for individuals with Alzheimer's disease and related dementias. In addition, the Center helps professionals work toward dementia certification through the National Council of Certified Dementia Practitioners by offering the Alzheimer's Disease and Dementia Care Seminar required for certification.

New initiatives under development include: a Caregiver Grief Support Group offered in collaboration with Mental Health America; a non-denominational statewide educational conference for ministers and lay persons in collaboration with the Virginia Conference of the United Methodist Ministers Church; a Virginia Boot Camp on Aging to provide training to new professionals in the field of gerontology; a free, community wellness program for local community centers designed to support health and wellness. Developed and offered in collaboration with Lynchburg College's Master in Health Program and Lynchburg Parks and Recreation, it will produce a tool-kit for parks and recreation staff, so the program can be replicated in other community centers; a senior prom offered by Lynchburg College's Westover Honor students for older adults living in local retirement communities

Although small, the Beard Center on Aging is making a big difference in its local community and beyond. For more information about the Beard Center and its services, contact Denise Scuggs at Scuggs.dr@lynchburg.edu or (434) 544-8456.

College Students Hack to Develop Tech Solutions to Improve Caregiver Health

by Kim Tarantino
SeniorNavigator

College students from various disciplines across the Commonwealth gathered to address the often overlooked issue of caregiver health and wellness at the 2016 “Caring for the Caregiver Intercollegiate Hack” hosted by SeniorNavigator’s Lindsay Institute for Innovations in Caregiving (LIFIC).

Caregiving is the backbone of chronic care in the United States, with over 65 million family caregivers. “Caregiving is a contact sport,” observed Gordon Walker of the LIFIC board. “It requires stamina, focus, strength, knowledge, and being on the same team as the person you’re working for and with.” “The supply of family caregivers is unlikely to keep pace with future demand, making creation of tech solutions even more important to allow fewer caregivers to do more and to help care from a distance,” said Dr. Richard Lindsay, co-founder and namesake of the Lindsay Institute.

These family caregivers are “often thrown into the situation without warning,” noted Adrienne Johnson, executive director of SeniorNavigator. The result of this juggling act, for many caregivers, is pervasive stress and downward spiral of health problems.

So, the 2nd Annual Hack, which took place March 19th and 20th at

Troutman Sanders LLP in downtown Richmond, challenged college students to advance the health and improve the lives of these family caregivers by creating technological tools such as apps, devices for the home, wearables, or interactive web experiences, through the spirit of friendly competition.

Students from seven Virginia-based higher education institutions each formed multi-disciplinary teams of five-six participants that were under the leadership of a faculty coach. Additionally, each team was paired with a family caregiver who helped students better understand the challenges, rewards, and struggles that caregivers face. Teams from George Mason University, James Madison University, Lynchburg College, The College of William and Mary, University of Virginia, Virginia Commonwealth University, and Virginia Tech participated in the Hack. Teams worked to create usable apps or products over a period of 25 ½ hours.

An esteemed panel of judges selected the grand prize, second place, and third place winners based on the technology’s originality, usability, feasibility, and stage of development at the time of its presentation. Judges were: Gigi Amateau, Chief Impact Officer, United Way of Greater Richmond & Petersburg; David Cox, President and CEO, Professional Testing, Inc.; Gail Hunt, President and Chief Executive Officer, National Alliance for Caregiving; Sandy Markwood, Chief Executive Officer, National Association for Area Agencies on Aging; Jim Rothrock, Commissioner, Virginia Department for Aging and Rehabilitative Services

(DARS); Bob Stephen, Vice President, Caregiving and Health Programs, AARP; and Andrew White, Attorney at Law, LeClairRyan.

“This event gave a preview into how technology can be expanded to impact the lives of caregivers,” said Hack Judge Jim Rothrock, commissioner of DARS. Fellow judge Bob Stephen was impressed by “great students bringing their energy and insights to help family caregivers. We got their best and I can honestly say that there were ideas that are fresh and have the potential to help family caregivers across the country.”

The team representing James Madison University earned the competition’s \$5,000 Grand Prize, for *My Time*, an app to encourage and remind family caregivers to make and take time for leisure during the midst of a busy day of giving care. Additionally, the technology incorporates a transitional aide to assist the caregiver with grief, if their loved one passes.



JMU Team

Additional teams and technologies developed at the Hack event include:

- University of Virginia (2nd place and \$1,000 cash prize): “*Quilted Stories*,” a social media app that harnesses the power of storytelling as catharsis for a caregiver, creating

real human connections and a personalized virtual quilt with music and photos.

- The College of William & Mary (3rd place and \$500 cash prize): *"Simply Connected,"* an easy-to-use web-application that allows long-distance caregivers and other family members to stay connected through the power of simplified technology.
- George Mason University: e-caregiver.com, a web platform designed to increase the spiritual health of caregivers by reducing stress and increasing connections to the care recipient through pop-up video messages and reminders.
- Lynchburg College: *"Be Me,"* an electronic tracking tool for family caregivers that enables the caregiver to track time spent caring for others and caring for self, providing a score that serves as a reminder of self-care needs.
- Virginia Commonwealth University: *"Move Together,"* an initiative that offers free wellness classes for family caregivers and their care recipients. Through its web platform, caregivers can find opportunities for social engagement and exercise to remain healthy.
- Virginia Tech for RevsforCare.com, an online peer community that features reviews for apps and websites for family caregivers.

"Having been a judge at several Hackathons and business pitch competitions, I doubted the ability of the seven college teams to produce something in 24 hours that would be able to be commercialized," said Andrew White, Hack Judge. "I was wrong..... I think the Lindsay Institute's use of family caregivers matched up with teams

probably had a lot to do with the utility and viability of the teams products'."

With the teams retaining ownership of their ideas, there was a surprise announcement at the conclusion of the Hack. "We are thrilled to add a second round to the competition this year, enabling a team to take their technology to the next level," Johnson said. "Through a Geriatric Training and Education (GTE) grant administered by the Virginia Center on Aging, we will provide \$10,000 in seed funding and 10 hours of donated business and legal counsel from LeClairRyan to the winning 2nd Round team, giving the team valuable tools to pursue the development of their idea that came out of the weekend." All seven teams are eligible to apply.

Major sponsors of the 2016 Caring for the Caregiver Hack include: AARP, the Society for Certified Senior Advisors, Capital One, Pfizer and UnitedHealthcare. Troutman Sanders, LLC served as the hosting sponsor for the event again.

For more information on the Lindsay Institute for Innovations in Caregiving or this Hack event, please visit Caregivinginnovations.org.



Hack Fest organizers Adrienne Johnson and Dick Lindsay (back), Gordon Walker and Kim Tarantino (front)

The Mabel and Russell Sullivan Gifts



Russell Guy Sullivan touched many lives positively. A Fredericksburg, VA native, he played Major League Baseball for the Detroit

Tigers (1951-1953), and returned home to become a respected developer. His collaboration with then Mary Washington College led to the creation of the Angel of Marye's Heights monument, on land Sullivan owned, to honor the unselfish acts of Confederate soldier Richard Rowland Kirkland. Russ Sullivan was also a substantial benefactor of the YMCA in Fredericksburg. His widow, Mabel, has honored her husband's memory with substantial donations to the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) administered by the Virginia Center on Aging.

ARDRAF is a seed grant program for Virginia-based researchers investigating the causes, consequences, and treatments of dementia illnesses. ARDRAF small awards enable researchers to obtain the pilot data necessary to obtain larger grants from funding giants, such as the National Institutes on Aging and the National Science Foundation. ARDRAF seed grants are so successful that our researchers on average return to Virginia \$10 for every \$1 in ARDRAF support. The top five applications last year and the top five in the current competition are named Russell Sullivan awardees. We thank Mrs. Sullivan and her family for advancing research to combat Alzheimer's and related dementias.

Resources in Developmental Disabilities and Coping with Grief, Death and Dying

Bill Gaventa of the Collaborative on Faith and Disability has compiled an impressive listing of links to issues about death and dying. The following is a sampling of his work.

Advance Directives and Planning

- ***People Planning Ahead: Communicating Healthcare and End-of-Life Wishes.*** Leigh Ann Kingsbury. *People Planning Ahead* provides a comprehensive and structured way to ensure that loved ones receive care respecting their wishes and conforming to their personal, cultural, and religious beliefs during times of chronic and terminal illness, or severe disability. Accompanying CD-ROM contains electronic forms. www.aaidd.org.
- ***Person Centered Planning and Communication of End-Of-Life Wishes With People Who Have Developmental Disabilities.*** Leah Ann Kingsbury. *Published paper from the Journal of Religion, Disability, and Health.* <http://learningcommunity.us/documents/pcp.eol.journal.pdf>
- ***(you) determine advocacy resources.*** This website offers videos and resource links for self-determined, end-of-life decision-making www.you-determine.org
- ***End of Life Care for Children and Adults with Intellectual and Developmental Disabilities.*** (2010). Ed. by Sandra Friedman, MD, MPH and David Helm, Ph.D. Washington, DC: AAIDD. Sections on historical perspectives, medical conditions and management, controversies and ethical dilemmas, social, emotional and spiritual considerations, and supports and resources. 392pp. <https://aaidd.org/publications/bookstore-home/product-listing/end-of-life-care-for-children-and-adults-with-intellectual-and-developmental-disabilities#.VmcfBU2FO70>
- ***BILD (British Institute on Learning Disabilities)*** maintains a large, user-friendly website, with resources on end of life, palliative care, grieving, and more. www.bild.org.uk.
- ***Ethical Issues, End of Life Considerations, and Developmental Disabilities.*** Minnesota DD Council www.mnddc.org. Resources, including more than 50 short interviews with individuals, family members, and others about end of life issues, and some videos, including a news report about some of the things that have happened in the past (hopefully) in institutions both large and small.

Grief, Loss, and Mourning

- ***Helping People with Developmental Disabilities Mourn: Practical Rituals for Caregivers.*** Marc Markell, Ph.D. Fort Collins, CO: Companion Press. Chapters exploring use of ritual with photographs, memory objects, storytelling, stones, light, plants, drawings, food, and other rituals drawn from daily life. Also see the website for a wide number of useful resources in grief and loss. www.centerforloss.com.
- ***Lessons in Grief and Death: Supporting People with Developmental Disabilities in the Healing Process.*** By Linda Van Dyke, this book includes counseling techniques and activities, including music, art, and drama, to work through the grieving process. Available from High Tide Press, 2505 E. Washington, Joliet, IL 60433. Order toll free at (800) 469-9461 or visit www.hightidepress.com.
- ***Understanding Death and Illness and What They Teach About Life, An Interactive Guide for Individuals with Autism or Asperger's and Their Loved Ones.*** Catherine Faherty. Arlington, TX: Future Horizons.

www.FHautism.com. The website has an extensive book store. Search by author's name. Very detailed, explicit information and guides on how to use them in working with individuals on the spectrum. \$24.95. 300+pp.

• ***Supporting People with Intellectual Disabilities Experiencing Loss and Bereavement: Theory and Compassionate Practice.*** Ed. Susan Read. Jessica Kingsley Publications, Philadelphia. (2014). The publisher maintains international works, including this collection of essays on both theory and practice.
<http://www.jkp.com/supporting-people-with-intellectual-disabilities-experiencing-loss-and-bereavement.html>

Related Resources

• ***African American Faith Based Bereavement Initiative:*** A curriculum to respond to the needs of families within their faith community, the National Center for Cultural Competence - Sudden Unexpected Infant and Child Death and Pregnancy Loss Project (SUID/CD/PL) and National SUID/CD/PL Program Support Center at First Candle have partnered to create the African American Faith-Based Bereavement Initiative (AAFBBI.) The AAFBBI was created specifically for the African American Christian faith community to improve supports for families experiencing these losses. <http://nccc.georgetown.edu/AAFBBI/index.html>

• ***Beyond Casseroles. 505 Ways to Encourage a Chronically Ill Friend.*** This book by Lisa Copens appears on the website www.restministries.org which calls itself "your illness oasis." Specifically: <http://illnessbooks.com/Books-By-Lisa/Beyond-Casseroles-505-Ways-Encourage-a-Chronically-Ill-Friend-p178.html>.

What is The Longest Day®?



The Longest Day is a team event held on June 20th to raise funds and awareness for the Alzheimer's Association®. Held annually on summer solstice, the duration of this sunrise-to-sunset event symbolizes the challenging journey of those living with the disease and their caregivers.

How do I participate?

Step 1: Grab your friends! Grab your friends, family, and co-workers and form a team. You don't have to live in the same city or state, or even the same country!

Step 2: Put your passion to good work. Select an activity you love, or honor a caregiver, or someone living with or lost to the disease, by selecting his or her favorite hobby.

Step 3: Raise money and move the cause forward. Every team is asked to register and raise a minimum of \$1,600 to further the care, support, and research efforts of the Alzheimer's Association.

Step 4: Plan your day. From sunrise to sunset, The Longest Day stretches 16 hours.

Step 5: Celebrate at sunset. Gather your team, whether in person or virtually, and celebrate your accomplishments, while recognizing the strength of those facing Alzheimer's.

To start or join a team, visit alz.org/thelongestday or call (800) 272-3900.

Calendar of Events

May 2-3, 2016

Virginia Governor's Conference on Aging: Designing our Future. Governor McAuliffe has called for the first Virginia Governor's Conference on Aging since 2003. Hilton Short Pump, Richmond. For information, visit www.vgcoa.com.

May 3, 2016

Positive Strategies for Dementia Support. Featuring Teepa Snow. 8:30 a.m. - 4:30 a.m. Daniel Technology Center, Germanna Community College, Culpeper. For information, call (540) 321-3068.

May 10, 2016

Aging with Purpose: Fifth Annual Aging in Place Symposium. Hosted by Williamsburg Area Faith in Action. King of Glory Lutheran Church, Williamsburg. 8:00 a.m. - 1:00 p.m. For information, visit www.wfia.org or call (757) 707-8037.

May 13, 2016

Active Aging Expo. Hosted by Senior Advocate. 7:30 a.m. - 12:15 p.m. The Westin Richmond. The Expo is for ages 55+ and is free to the public. For information, call Micah Hunt at (757) 719-2223.

May 18-20, 2016

2016 Annual Conference & Trade Show of Leading Age Virginia. The Williamsburg Lodge, Williamsburg. For information, visit www.leadingagevirginia.org.

May 18-20, 2016

The 22nd Annual Virginia Coalition for the Prevention of Elder Abuse Conference. Virginia Beach Resort and Conference Center, Virginia Beach. For information, visit www.vcpea.org.

May 18-21, 2016

38th Virginia Senior Games. Newport News, VA. Athletes aged 50+ will compete in 18 different sports events in age-group categories (5-year increments). For information, visit www.virginiaseniorgames.org. Registration is online and available through May 1st.

June 6, 2016

Engaging the Brain. Annual conference of the Area Planning and Services Committee (APSC) on Aging with Lifelong Disabilities. Doubletree by Hilton Richmond-Midlothian. For information, contact eansello@vcu.edu.

June 7, 2016

Annual Conference on Aging: Aging Well in Mind, Body, & Spirit. Lynchburg College. Presented by the Beard Center on Aging at Lynchburg College. For information, call (434) 544-8456 or visit www.lynchburg.edu/beard.

June 8, 2016

National Council of Certified Dementia Practitioners Alzheimer's Disease & Dementia Care Seminar. Lynchburg College, Lynchburg. Presented by the Beard Center on Aging at Lynchburg College. For information, call (434) 544-8456 or visit www.lynchburg.edu/beard.

July 24-28, 2016

41st Annual Conference and Tradeshow of the National Association of Area Agencies on Aging. Sheraton San Diego Hotel and Marina, San Diego, CA. For information, visit www.n4a.org.

August 17, 2016

The Second Annual Senior Safety Day. Presented by the Senior Center of Greater Richmond, Office of the Attorney General Mark Herring, and First Baptist Church of Richmond. 9:00 a.m. - 3:00 p.m. First Baptist Church, Richmond. For information, call (804) 353-3171 or visit www.SeniorCenterOfGreaterRichmond.org.

November 15-16, 2016

33rd Annual Conference and Trade Show of The Virginia Association for Home Care and Hospice. Marriott City Center, Newport News. For information, visit www.vahe.org.

Age in Action

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Commissioner, DARS

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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 2016 Issue Deadline:
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Engaging the Brain: Aging with Lifelong Disabilities

June 6, 2016

Doubletree by Hilton, 1021 Koger Center Boulevard, Richmond
8:15 a.m. - 4:30 p.m.

The Annual Conference of the Area Planning and Services Committee for Aging with Lifelong Disabilities (APSC)

Keynote Address: *Maintaining Mental Alertness and Growth*, by Paul Raia, PhD, psychologist, researcher, trainer, and formerly Vice President of the Alzheimer's Association of Massachusetts and New Hampshire

Session Topics:

Nutrition for Brain and Overall Health
Social and Community Engagement
Therapeutic Recreation
Wellness and Communication with Health Care Providers
Art on Wheels
Physical Activity and Brain Health
Closing Plenary Session: Success Stories: Staying Engaged

Registration fee of \$35 includes materials, lunch, and breaks.

For information and registration, please go to www.apsc2016.eventbrite.com or contact eansello@vcu.edu.

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