

Case Study

VirginiaNavigator/GWEP Community Outreach Training for Older Adults, Caregivers, and Service Programs

by Adrienne Johnson and Kim Tarantino



Educational Objectives

1. Demonstrate how VirginiaNavigator (VN) can support self-care and connecting with community resources.
2. Discuss how VN can assist service providers who work with older adults and their families.
3. Explain how VN relates to six focus areas of the Geriatrics Workforce Enhancement Program (GWEP) to improve the well-being of older adults.

Background

VirginiaNavigator (VN) is a special and unusual resource. It is a Virginia-based, public/private partnership that is non-profit; it maintains a vast array of free health and community support information and

guidance to older adults, people with disabilities, veterans, families, and caregivers, through its one-of-a-kind family of websites (SeniorNavigator.org; disAbilityNavigator.org; VeteransNavigator.org).

VN has been partnering with the Virginia Geriatric Education Center (VGEC) at Virginia Commonwealth University (VCU) since 2015 in the Geriatrics Workforce Enhancement Program (GWEP). Supported by the federal Health Resources and Services Administration (HRSA) and administered by the Virginia Center on Aging at VCU, the VGEC's GWEP initiatives concentrate on creating an interprofessional geriatrics workforce through such activities as its 200-hour September through June Faculty Development Program, its 24-hour Evidence Based Practice Falls Prevention program for healthcare providers, its virtual case study training of pre-clinical healthcare students, and other programs for professionals. Collaboration with VN has provided the complementary opportunity to extend the reach of GWEP training to consumers in local communities across the Commonwealth of Virginia.

As a key member of the Plenary, which is the all-in, interdisciplinary body that oversees all GWEP programs, VN helped identify topics that would strengthen the capacities of older adults to remain in their communities and age well; in addition, VN identified practical strategies to offer community-based training to older adults, families, caregivers, and aging-related service providers (e.g., case managers, health providers, home health staff, hospital and rehabilitation discharge planners) that would

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enhance their knowledge and skills in improving consumer health outcomes and quality of life. VN maintains community portals at hundreds of sites across Virginia, in senior centers, libraries, agencies, etc., where community members can gain access to relevant content on VN's websites. So, VN undertook a robust agenda of coordinating and deploying over 20 community-based training events annually in high priority geographic areas.

The GWEP Plenary recognized that several issues have significant impact on the abilities of older adults to remain in their communities and to maintain their highest possible functioning as members of those communities. For example, falls are a "sentinel event," meaning that their occurrence likely indicates the presence of a number of risk factors or reasons for the fall, and falls tend to predict further untoward events in the older adult's life. So, the GWEP Plenary implemented an array of training programs to equip healthcare providers to recognize risk factors in later life, institute practices that draw in interprofessional geriatrics care, and engage the older adult and family caregivers in activities that can improve health literacy, understanding of medications, familiarity with available community resources, and more. VN undertook the important role of translating these efforts to benefit those not specifically working in healthcare, that is, older adults, family caregivers, and direct service workers. VN adapted training topics that have focused on common geriatric conditions and concerns. These have rotated over time but regularly include six issues: Medication Management, Falls Prevention, Alzheimer's disease and Dementia, Caregiver Health, the Medicare Annual Wellness Visit, and Chronic Pain Management and Opioids.

Partnering with the VGEC GWEP in offering community training enabled VN's community training participants to: gain critical information on important caregiving and aging topics; see a live demonstration on how to conduct an individualized search for services on the SeniorNavigator website; learn how to access specific topic landing pages on the website for additional resources; and improve their skills for technology usage. Participants lacking technology capacity received information on how to access the web-based resources through VirginiaNavigator's 744 Navigator Centers (community-based portals).

To ensure project success, VN utilized its grass-roots-based community relationships and local government partnerships. VN is well connected in the community, with access to a group of dedicated partners and professionals, as well as older adult community leaders and caregivers. Moreover, the VN-GWEP partnership purposefully targeted several medically underserved regions in Virginia, areas where the number of available healthcare providers falls short of the population's needs. By focusing on these areas, VN sought to bolster the knowledge and skills of the older adults there, as well as that of family caregivers and direct service providers.

VirginiaNavigator Family of Websites

Designed as an innovative service model, VN combines the best practices of information technology with community-building to bring a "High-Tech/High-Touch" approach to connecting Virginians to community programs and services that are most helpful to them based on their unique situation. Keenly focused on meeting the needs of its users, VN connects individuals to comprehensive and robust services and educational information on numerous topics, including: health services, housing options, benefits assistance, transportation, legal and financial matters, caregiver support, and much more.

Launched in 2001, our organization originally focused solely on older adults and their caregivers when we built the SeniorNavigator website. Now, VN's family of websites (SeniorNavigator.org; disAbilityNavigator.org; VeteransNavigator.org) offers a unique combination of technology and traditional one-on-one personal contact:

- An easy-to-search resource directory of 27,000+ programs and services;
- 1,075+ articles that educate and help guide consumers;
- 765+ links to content-specific websites and resources;
- Features such as Ask an Expert, Community Calendar, and Editor's Pick articles on our home pages; and
- 744 grassroots "Navigator Centers" developed through partnerships with libraries, senior centers, hospitals, and faith communities that serve as

community access points for all Virginians.

Leveraging the use of websites and other tech-based programs, coupled with our on-the-ground resources consisting of Navigator Centers and Community Specialists, Virginians turn to us over 1.6 million times annually. Each year our Community Specialists directly reach over 10,000 people across Virginia through more than 550 training events, community functions, and conferences. Partnering with the VGEC's GWEP initiative is a natural extension of VN's community outreach training work across Virginia.

Community Training Development

To prepare for the GWEP community training, VN met with subject matter experts within the Plenary and developed community training materials related to the six topic areas: Medication Management, Falls Prevention, Alzheimer's/Dementia, Caregiver Health, the Medicare Annual Wellness Visit, and Chronic Pain Management and Opioids.

Training resources developed prior to implementation included: 1) PowerPoint Training Slides on: the VN Family of Websites overview and general information; How do to a SEARCH on the VN websites for programs and resources; and slides related to six topic areas (we focused on four priority topics for each year); and 2) Landing Pages on the VN website to help training participants access relevant resources post-training: Up-to-date articles, tools, links, videos, websites, guides, blogs, and services; and SEARCH box for local services at top of each landing page. The six GWEP topic landing pages can be accessed using these links:

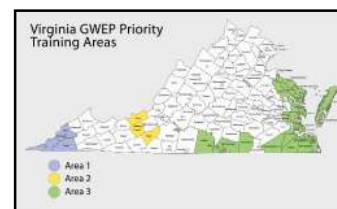
- www.seniornavigator.org/health/medication-management
- www.seniornavigator.org/health/fall-prevention
- www.seniornavigator.org/health/alzheimers-disease-dementia
- www.seniornavigator.org/health/caregiver-health
- www.seniornavigator.org/health/medicare-annual-wellness-visit
- www.seniornavigator.org/health/chronic-pain-management-opioids

Explore the GWEP topic landing pages to find an array of current resources related to each topic.

Our VN community specialists themselves used these training resources to prepare to conduct some 20 local training sessions annually. Before these sessions, these VN community specialists participated in a training orientation to review the GWEP training slides, topic landing pages, and related resources. After the orientation, they participated in additional training through independent activities that included: a) reviewing the content on the six topic landing pages; b) conducting searches using the VN search engine; c) researching and reviewing local services related to the six topic areas; and d) reviewing the final training materials (e.g., PowerPoint slides, handouts, training surveys, demographic surveys).

VN tested the community specialists who would conduct the training. They completed Pre/Post Test Surveys, prior to and after this training orientation, to measure their levels of confidence, before conducting their first community training, on the following: a) providing helpful resources and tools related to the six topic areas; b) effectively delivering the training material to community members, including both family caregivers and service providers; and c) directing community training participants to VN for supplemental information on local services and programs related to the topic areas. The survey results indicated significant increases in their confidence levels for all variables related to the community training. Once these community specialists began conducting community training events, we also provided ongoing support about content and service questions and any other training issues that arose.

Community Training Implementation



Training Geographic Areas

Over the last four years (2015-2019), we have implemented the VN GWEP community training across

Virginia, with a special focus on three high need priority areas, which the VGEC had identified as Medically Underserved Areas (MUAs) and/or Health Professional Shortage Areas (HPSAs) as defined by the Virginia Department of Health. To be most effective in these areas, we leveraged the existing VN infrastructure across the regions by coordinating with the local Area Agencies on Aging (AAAs), e.g., Mountain Empire Older Citizens, Inc. (MEOC) in Southwest Virginia and Lake Country Area Agency on Aging in Southside Virginia.

The three high need training areas encompass mostly rural areas but also include small towns and larger cities. The map highlights the communities receiving GWEP training from 2015 until the present.

Training Implementation

The goals of the customized training curricula and associated materials are to: 1) increase participant awareness and knowledge of the six GWEP topic areas; 2) have participants demonstrate greater comfort with and use of the web-based services and resources on the SeniorNavigator website; and 3) have participants to demonstrate an understanding of how to use training content to support self-care and connecting with community resources.

This combination was intended to increase knowledge, support decision-making, and help consumers solve problems before they reach crisis level. Also, service providers working with older adults would learn how to use VN's resources to better manage their caseloads and have a helpful resource to pass on to consumers and their families.

The GWEP community outreach training included several approaches: 1) a PowerPoint presentation; 2) information on VN's Family of Websites; 3) content overview of the GWEP topic areas; 4) engaging real-life scenarios; 5) a demonstration on how to conduct searches for programs and resources; 6) opportunity to walk through the topic landing pages and highlight specific resources; and 7) time for questions.

The annual goal was to reach approximately 300 consumers each year; for the first three years of the

GWEP community training (2015-2018): VN staff conducted a total of 65 GWEP trainings. Of these, 39 (60%) took place in the identified high-priority localities. Some 908 individuals received the GWEP training. Of these, 623 were older adults or family caregivers (69%) and 284 were professional providers (31%).

Case Study # 1

Marie has lived in a small town in Central Virginia for most of her life. She is 84 and lives alone in an apartment. Her husband passed away several years ago; one of her sons lives in Florida and the other in Colorado. She still drives but only short distances, so she is glad that she can walk to nearby shops as well as a pharmacy, library and post office. Marie is very social, enjoys living in an apartment building, and has several friends who live nearby.

Since her sons live out of town, she tries to manage her life as best she can but is always looking for ways to get new health and aging information to meet her needs. One of Marie's concerns has been that she has fallen several times. So far, she's been fortunate to have only minor bruising and aches afterwards; but she was concerned.

Marie attended one of the VN GWEP community training sessions on preventing falls and shared that: *I had no idea there were so many resources out there to prevent falls – it was great to get this information and to be shown how to find additional help online. I am so glad I attended this session.*

Case Study #2

Fred is the primary caregiver for his widowed father, Tom, who lives with Fred and his wife Barbara in a rural area in Southwest Virginia. As an only child, Fred is the only family member involved in Tom's care. Lately, he and his wife have been struggling with their caregiving responsibilities. At 95, Tom has many concurrent medical needs often requiring multiple health-related appointments a week; this has been a challenge, given that they live in the country. Fred's wife works full time in a neighboring town, and Fred often travels for his work. They've both needed to adjust their work schedules and hours,

causing job stresses and less income.

Living in the country also means that getting errands done, finding substitute care, and even getting social needs met have been very difficult for all of them. Fred and Barbara had been feeling very isolated and frustrated when they decided to attend one of the VN GWEP community training sessions being held at their local Area Agency on Aging (AAA). They were especially interested in learning more about Caregiver Health and Fall Prevention.

Fred said that ...*Being able to talk with other caregivers and other people in our community really helped us to feel less alone... and to begin to identify some caregiver supports and home based services for Tom that might meet our needs.*

Training Challenges

During the training implementation, we encountered some barriers that proved to be opportunities for exploring ways we could customize or adjust the training experience.

Often the training participants included a mixed group of service providers, older adults, and caregivers, resulting in challenges in customizing the content for each population. We typically addressed this by allowing time for specific questions at the end of the training.

Our training group size varied widely from one to 64 participants; this presented challenges for the community specialists. When we were alerted that the group would be very small, we sometimes opted to reschedule the training to a time when more people could participate. If we knew the group would be larger, an effective strategy was to enlist the hosting/sponsoring agency to help with logistics and assisting participants with completing the demographic and training surveys.

For some of the participants, the required paperwork (i.e., demographic survey, training satisfaction survey) was cumbersome. The trainers observed that this was due to many factors, including time to complete the survey, survey readability, questions not applying to participants, literacy issues, low vision, and/or

language issues. The community specialists adjusted the training format to provide additional time; however, we did find some inconsistencies in survey completion due to these variables. Based on our recommendations, the demographic and training satisfaction surveys were simplified for Year 4 for all participants.

Now in Year 4 of implementation, we are finding that the community specialists are continuing to network with one another to share strategies and improve the community training. Also, they often call VN with pertinent questions to ensure that the training is successful. The enhanced training seems to be providing a new opportunity for community outreach and has invigorated wider interest among service providers in these topics. Training feedback has been positive, both on the training surveys and anecdotally during the training sessions. As many participants have told us: *I wish more people were here to hear this information and learn about your resources.*

Training Evaluation and Results

The VN GWEP outreach community training has been very successful in reaching consumers in the identified high priority areas across Virginia, as well as in adjacent underserved areas. VN has exceeded training goals for each year, in number of training sessions and number of participants reached.

For Years 1-3, at the end of each training session, participants completed a Training Satisfaction Survey to rate their confidence in using the VN family of websites and in finding resources and information related to four GWEP topic areas covered (Medication Management, Fall Prevention, Alzheimer's/Dementia, Caregiver Health). Training participants rated their responses using a 5-point Likert scale where 1 represented "not confident at all," 2 "a little bit confident," 3 "somewhat confident," 4 "mostly confident," and 5 "supremely confident." Older adults and caregivers rated their confidence after the training, while we asked the professionals, in addition, to reflect on their knowledge prior to the training in order to obtain a retrospective pre-test and post-test comparison. Overall there was an 84% completion rate for the Training Satisfaction Survey.

Preliminary data analyses reveal consistency across all categories of training participants. Most seniors and caregivers who participated in the training felt “mostly confident” or “supremely confident” in their ability to use the VN family of websites (4.20) and to find helpful information, resources and tools related to the GWEP training topic areas (4.26). Overall, they felt slightly more confident about finding information related to Medication Management, Fall Prevention, and Caregiver Health, than they did for Alzheimer’s/Dementia.

Professionals who participated in the training represented a wide array of health and aging disciplines/roles, including health education specialists, social workers, allied health professionals, direct service workers, support staff, occupational therapists, nurses, and facility administrators. After the training, most professionals felt “mostly confident” or “supremely confident” in their ability to use the VN family of websites and direct seniors/caregivers to the websites for more information (4.36); and to find useful information, resources and tools related to the GWEP training topic areas (4.38). Overall, professionals felt equally confident about finding information in all the topic areas (4.37-4.41).

We have also found that the impact and reach of this training initiative has gone far beyond what we expected. Some key outcomes:

By including topic-related landing pages on the website, our community specialists were able to further their own learning, and the community training participants were able to find additional resources and information through these pages and the VN family of websites.

Community specialists encouraged training participants to share the information and resources they received during the training; we gave trainees a one-page color handout with the topic area landing page information and links. This resulted in VN’s reaching additional community members (older adults, caregivers, professionals) after the training.

The community-based training provided a cost-effective opportunity for VN to provide important information and resources on multiple key topic areas in a

short amount of time.

We reached consumers where they live, in rural, urban, and suburban communities across Virginia. We offered community training in an array of settings with varying group sizes, such as area agencies on aging, senior centers, libraries, churches, retirement communities, parks and recreation centers, rehabilitation centers, assisted living facilities, hospitals, community centers, subsidized housing, civic and professional networking meetings, human services agencies, and others. We also reached older adults, caregivers, and services providers involved in diverse aging services, including home care, hospice, behavioral health, assisted living, nursing home care, hospitals, and more.

Some of these training events reached high-need audiences such as military communities and remote rural locations.

An unexpected positive outcome was that, in several instances, training participants shared a connection to other groups or agencies that could benefit from the training in their geographic area, increasing networking and training opportunities. In addition, participants frequently asked for extra materials and handouts to share with others. The training also spurred conversations about improving infrastructure, namely Internet access. A community specialist reported that because of a local training, a participant reported renewed energy and efforts to secure internet service throughout the rural county.

Conclusion

The VN GWEP training initiative has produced positive results, including some that are broader than expected. Because the training included topic-specific content as well as information on how to use the VN family of websites, this approach has helped training participants to use the six topic landing pages and the VN family of websites for further information on topics and issues beyond their original interests. Participants can also ask individual questions by using the VN Ask an Expert feature. This model has ensured that training participants are connected to the services, resources, and information they need to maintain their own well-being and that and their care

recipients. For example, a participant interested in Alzheimer's/Dementia support groups is able to access the VN website to find such a group in the area. The VGEC/GWEP-VN collaboration has reinforced our commitment to deploying a comprehensive, multi-focal approach for community training, one that combines topic-specific training content with supplementary resources like topic landing pages, our family of websites, and available expert support. VN will continue to explore emerging training content on high-need topics in our community outreach and training.

Study Questions

1. What do you find unique about this approach compared to traditional community training efforts?
2. How does community outreach training provide a mechanism for connecting older adults, caregivers, and providers with needed online resources?
3. How might this comprehensive training approach be improved?

About the Authors



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Editorials

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Blue Zones and Longevity

Perhaps you've heard of Blue Zones or have read some of the related literature. About a decade ago, research on longevity pockets around the world that was funded by the National Geographic Society and led by Dan Buettner burst onto stage, literally and figuratively. Buettner delivered a much-watched TED talk on Blue Zones and I heard him give the keynote address on the topic at an annual Gerontological Society of America conference. Blue Zone diets, advice columns, books, and more have proliferated.

He has commented that "We are not programmed for longevity....Longevity is 90 (years) versus life expectancy which is 78. We're leaving about 12 good years on the table."

Blue Zones are places around the world where residents enjoy robust, healthy lives into their ninth and tenth decades and where the numbers of centenarians are multiples of the numbers elsewhere.

There are five recognized Blue Zones. These are: The Italian island of Sardinia, specifically around the Nuoro province in the middle, interior, hilly highland; Okinawa, Japan, mainly in its northern end; Loma Linda, California, home to a concentration of Seventh Day Adventists; Costa Rica's isolated Nicoya Peninsula; and Ikaria, an isolated Greek island in the Aegean Sea, between the islands of Mikonos and Samos.

What do these dispersed Blue Zones have in common? What can we learn from them to improve our own prospects for longer, healthier lives?

These places do have some common characteristics, including isolation or at least some degree of encapsulation. This limits generalizability somewhat, as many of us live in or near heterogeneous, large scale population centers, hardly removed or isolated.

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Buettner and National Geographic discovered the first Blue Zone on Sardinia, an island Southwest of Rome about 12 hours by ferry. Buettner identified a cluster of inland villages in a kidney-shaped region on this island. This area is quite mountainous, with narrow, switch-back roads making for beautiful and terrifying driving even today, with villages along roads that ribbon the mountainsides and high plateaus. He found a prevalence of the M26 genetic marker among the area's inhabitants; it is linked to exceptional longevity, and because of the region's isolation, the genes of the residents here "have remained mostly undiluted."

I spent three weeks in Sardinia in 2017, going there primarily because of its reputation as a Blue Zone. I studied the diet and observed the people, not in a professorial way but through conversation and interaction.

The Sardinian heritage is proud and ancient. Sardo is the ancestral language, often still spoken, and, even today, children go to school to learn Italian. Sardinia boasts a Nuraghic culture that flourished from about 1900-1800 BC/BCE until at least the Roman conquest in the third century BC/BCE, while some say it existed longer, until the second century AD/CE. Nuraghe (singular; Nuraghi, plural) refers to the circular, stone tower structures that served as population centers across the island; round stone houses were built around the larger round towers which had portals 30-40 feet above ground that were accessible in times of danger only by ropes that were withdrawn.

Nuraghic villages prospered throughout the island, and there are remains of 7,000 nuraghi today. So there were at least 7,000 villages populated on an island not 100 miles long and 50 miles wide. This advanced civilization's architecture is found nowhere else in the world and the Nuraghic people predated or coexisted with more famous civilizations like the Phoenecians, Egyptians, and Carthaginians.

The traditional daily diet on Sardinia is simple. Breakfast is bread or traditional biscuits, pecorino (sheep's) cheese, dairy, and more recently, coffee. Isolation meant that over time villages just a few miles from each other developed their own breads. I visited the Sardinian Culture Museum in Nuoro

which has a room displaying behind glass many dozens of different breads, differing substantially from village to village. Most are unleavened whole wheat breads. About half of the daily diet in this region is grain based (including pasta), but Sardinians eat plenty of leafy vegetables, and some seafood.

The most traditional bread is carasau, a thin, crispy, flat bread of durum wheat flour, often embellished with rosemary and sea salt. There are also breads resembling fingers, circular flat pancake-like breads, breads with delicate interlaced weavings, and more.

These Sardinians drink Cannonau di Sardegna, a dry red wine that is extra rich in healthy polyphenols. Another staple is bottarga, which is salted, cured fish roe of bluefin tuna or grey mullet; it's often served with spaghetti. The above-mentioned Pecorino Sardo is sheep milk cheese from the Sardinian breed of grass-fed sheep, distinctive from mainland sheep and cheese.

Overall, the traditional Sardinian diet is almost half from whole grains, a sixth from vegetables and legumes, and a quarter from dairy, primarily sheep or goat's milk. Together, these account for about 90% of daily consumption. Fish, wine, and (rarely) meat round out the diet.

Okinawa's Blue Zone presents a somewhat different picture. These Okinawans have one-sixth the rate of cardiovascular disease found in Western, developed nations, one-fifth the rates of colon and breast cancer, and enjoy the longest disability-free life expectancy in the world.

The traditional Okinawan diet is heavily plant-based, with seven servings of vegetables a day on average. Fish and, surprisingly, meat, especially pork, are often part of the daily diet. The consumption of meat by these long-lived Okinawans presents what my colleagues in Japan sometimes call the Okinawan Paradox: eating meat and longevity? Cleverly, Okinawans tend to cook their meat twice by boiling, rendering off the harmful fat.

Okinawans seem to have a sense of their place, with a tradition of ancestor veneration. Buettner observes that here, as in other Blue Zones, the long-lived have

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a vocabulary for their sense of purpose. They know where and how they fit into their surroundings. When visiting Okinawa, I noticed clusters of mid-life and older-adults everywhere, visiting, talking, and eating together, representing a real sense of community, as is often seen in the more traditional cultures.

Ikarians in the Aegean Sea reportedly maintain a similar network of friends and community. Their diet is primarily potatoes, legumes, fruits, greens, and other vegetables; these constitute about three quarters of the daily diets that Ikarian centenarians have eaten most of their lives.

Loma Linda presents a curious case of encapsulation within the landscape of California. Here, a large population of Seventh Day Adventists produces not only many very old adults but also centenarians in good number. The average life expectancy of Seventh Day Adventists is about 87 for men, about 89 for women; both are much longer than the average American life expectancy. Their religion advocates vegetarianism, so whole grains, nuts, fruits, and vegetables comprise the bulk of a daily diet. They eat meat very rarely and don't drink wine.

So, what *do* these Blue Zones have in common?

A basic lifestyle: simple diet, strong social integration, lots of exercise, especially walking, and intertwined family and religious routines; they climb hills, giving one's body a work-out, not in Nikes at a gym, but by walking across and between communities and performing regular daily activities. When they are "using their bodies," it is through rigorous physical activity that is part of their normal, everyday life.

People in the Blue Zones eat an impressive array of garden vegetables year-round; fresh, when in season; they pickle or dry the season's surplus to enjoy the rest of the year. Theirs is a plant-based diet. Of course, nutritionists have long noted that the best longevity foods are leafy greens, such as spinach, kale, chard, collards, and beet and turnip tops.

None of Blue Zones purposefully exercises. They exercise unconsciously by walking, gardening, visiting neighbors, and going to religious services. Common among the Blue Zones is a strong religious belief.

Buettner reports that the Seventh Day Adventists often observe the Sabbath by going on nature walks on this one day a week devoted to focusing on God and family.

The long-lived in Blue Zones have maintained strong friendships over the course of their lives. They've grown old together in what is essentially a longevity support group, as each member reflects and reinforces the community's values and lifestyles. As Buettner notes, "They hang out with healthy people: surrounded by others who behave as they do."

Are their lives "low stress" as some claim? This is debatable. On Okinawa and Sardinia, for example, older residents are dealing with the erosion of traditional values and religion, the flight of younger people from the region, uncertain economic prospects, and even the loss of their ancient languages. In Sardinia, I talked with older adults who bemoaned their younger people's moving away; several twenty-something wait staff in Sardinia told me of being unable to find in their traditional communities the types of employment for which they'd obtained college degrees; and so they were leaving.

With all this said, there are take-away lessons. We cannot reboot to be born and raised in a Blue Zone. For that matter, these zones are changing. We most likely cannot mimic the spare self-sufficiency of these regions, either. We can, however, embrace the generalizable: a plant-based diet, friendships, spiritual or religious grounding, awareness of and immersion in our community, physical activity as a regular, normalized part of our daily routine, and, more philosophically, an opening up to our own sense of place and purpose.

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Virginia Department for Aging
and Rehabilitative Services
www.vadars.org

Editorials

From the Commissioner, Virginia Department for Aging and Rehabilitative Services

Kathryn A. Hayfield

Legislators Act to Prevent Financial Exploitation of Virginians

Following a short but busy General Assembly session, I celebrate with you the legislative successes gained by the community organizations and partners who serve older Virginians. Some of the bills our legislators brought forward concerned the most vulnerable of our older population and tackled prevention and response to abuse, neglect or financial exploitation.

Each year, our Adult Protective Services Division documents these cases, of whom more than three-quarters are 60 and older. In state fiscal year 2018, there were 31,436 reports of abuse, neglect or exploitation, up almost 16 percent from the previous year. The annual report (<http://bit.ly/2TXc1Hr>) noted a 30 percent jump in financial exploitation cases in just one year.

Financial exploitation cases account for 13 percent of substantiated reports, coming third behind self-neglect (54 percent) and neglect (19 percent). Since SFY 2014, exploitation reports made by financial institution staff have soared almost 252 percent; the most recent analysis recorded 2,592 reports by financial institutions alone. APS estimates the annual cost to elderly and vulnerable Virginians at \$28.2 million but, as approximately only 1 in 44 cases is reported, that figure could be as high as \$1 billion, with a “B.”

These figures are indeed alarming. However, APS Director Paige McCleary attributes a portion of the dramatic spike in increased reports to the public’s growing awareness and willingness to speak out over concerns about the welfare of a family member, neighbor or friend. Relatives, friends, neighbors, and increasingly bank tellers and employees at other financial institutions, heed the phrase: “If you see

something, say something.”

With the banking industry moving to join the front line in fighting elder exploitation, this year’s General Assembly approved a measure empowering staff at a bank, credit union or other financial service organization to protect adults from financial predators. The legislation allows employees, who suspect a customer is being financially exploited, for a limited time to:

- Refuse to execute a transaction;
- Delay a transaction; or
- Refuse to disburse funds

These actions could give an APS worker or law enforcement official the critical time to speak with the adult involved, scrutinize the situation (is it a legitimate need or a romance swindle?), and possibly prevent the loss of a lifetime’s savings for retirement.

Previously, Virginia law’s lack of explicitness left the institutions in a quandary about what they could do to stop the financial bleeding of their clients. Virginia now joins other states in clarifying that bank tellers who want to do the right thing can act. Related legislation passed that allows financial institutions to provide records to local social services offices where suspected exploitation occurred.

(An important aside: DARS recently won a three-year, federal grant to assist its overall efforts in prevention and providing services in responding to those abused. We hope to counter the problems of abuse, neglect, and exploitation with this new funding by developing additional training for new local APS workers and strengthening data collection for the national reporting system.)

Also regarding APS, legislators representing districts from southwest Virginia to the Tidewater region introduced bills to encourage our communities to take the multidisciplinary approach that adult abuse prevention so often needs. The legislation gives local departments of social services and Commonwealth Attorneys the authority to convene professionals whose work brings them into contact with abused, neglected or exploited older Virginians. This aims to address the often-complex issues involved in elder abuse, particularly self-neglect, which represents the

most prevalent (54 percent) form of substantiated elder abuse in the Commonwealth. Health care and mental health professionals can join with law enforcement, housing officials and other community representatives in developing prevention campaigns for their localities. The effort won approval for Gov. Ralph S. Northam's signature.

Other legislation built on the Working Interdisciplinary Network of Guardianship Stakeholders (WINGS) project's recommendations regarding guardians. The legislation clarifies the authority of Virginia courts to compel guardians who have failed to file their annual reports to appear in court. Guardians may be required to explain their inaction to a judge, who can determine whether the guardian truly understands this huge responsibility. It also gives the court another opportunity to check on those vulnerable Virginians who have guardians and to try to protect their safety.

I also want to let you know that the Virginia State Plan for Aging (2019-2023) draft was out for written public comment in March. The plan, online at <https://vda.virginia.gov/stateplans.htm>, is accompanied by a webinar, PowerPoint presentation, and minutes from the listening sessions. I encourage you to view the 16-minute webinar prior to reviewing the draft plan, for it provides important context and background into the draft plan's purpose and development.

We now look forward to two significant celebratory events for DARS and older Virginians this spring. In May, the Commonwealth Council on Aging will announce this year's recipients of its Best Practices Awards, bringing attention to noteworthy initiatives and encouraging organizations to develop and support programs and services that assist older adults to age in their community. I look forward to learning about the programs the Council selects for this honor.

Finally, I call your attention to this year's theme for Older Americans Month, "Connect, Create, Contribute," encouraging older adults and their communities to:

- **Connect** with friends, family, and services that support participation
- **Create** by engaging in activities that promote learning, health, and personal enrichment

- **Contribute** time, talent, and life experience to benefit others

I hope you seize the opportunity in May to connect, create, contribute, and celebrate the older Virginians in your life.

2019 DARS Meeting Calendar

Commonwealth Council on Aging

July 10, September 18, December 18

Alzheimer's Disease and Related Disorders Commission

June 11, August 20, December 3

Public Guardian and Conservator Advisory Board

June 20, September 5, November 21

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2018 Civil Monetary Penalties Projects

The Civil Monetary Penalties (CMP) Fund is a federal fund collection of imposed penalties against certified nursing facilities deemed in non-compliance. These funds are used for projects that directly benefit individuals in a nursing facility. The goal of the CMP Funds is to help protect and improve the quality of care for nursing facility residents. CMP Funds provide the unique opportunity to improve the lives of many residents of nursing facilities across the Commonwealth. The Virginia Department of Medical Assistance Services (DMAS) has been given the responsibility of administering these funds, and providing direct oversight of accepted proposals.

Previous projects and proposals have helped to benefit facility staff, service delivery, and recommendations for improving the way the Commonwealth provides services and supports for residents of nursing facilities.

Announcing the Awarded 2018 CMP Projects

Person-Centered Trauma-Informed Care Training

Virginia Commonwealth University and the Family and Children's Trust Fund of Virginia intend to develop a multi-modal training program focused on teaching resilience skills to direct care workers and building trauma-informed and resilience-focused organizational cultures within licensed nursing facilities and skilled nursing facilities that provide rehabilitative services.

Trauma-informed care gives nursing facility (NF) staff a concrete, consistent framework for providing person-centered care to all residents, so that even residents who may not have a trauma history will benefit. When NF staff can work collaboratively in a trauma-informed way, residents receive more person-centered care and, as a result, they may experience less anxiety and a greater sense of trust and safety in NFs.

Restorative Sleep Program in Virginia

The Riverside Center for Excellence in Aging and Lifelong Health (CEALH) will coordinate a project to 1) implement the person-centered and evidence-based Restorative Sleep Program in two nursing facilities in Virginia and 2) form a learning collaborative allowing interested nursing facilities, state surveyors, and ombudsmen in Virginia to receive training on restorative sleep and real-time insight on how to implement the program.

Through the Restorative Sleep Program, CEALH will address the many factors over which the nursing homes have direct and immediate control to ensure residents get a good night sleep. This will make a night and day difference in the quality of life for residents.

The project will focus progressively on aspects that interfere with restorative sleep.

Year 1: Nighttime disruptions: (noise, light, sleeping environment, incontinence, and positioning needs)
Year 2: Daytime routine (napping, medications, pain, inactivity/activity, and diet)

The goal of this project is to support residents' overall health and well-being by ensuring that residents have more restful, refreshing, and uninterrupted sleep throughout the night.

Virginia Advance Nurse Aide Certification Initiative



LeadingAge Virginia will conduct this pilot project and provide training for certified nurse aides (CNA) to receive advanced certification to improve the care and well-being of nursing facility residents. The project will address an unmet need. The Virginia Board of Nursing has requirements for certification of Advanced Nurse Aides in place (18VAC90-25-110), but there is currently no curriculum available to enable CNAs to obtain advanced certification. Advanced Certified CNAs would have more training in care plan development and implementation, documentation, noting changes in residents, prevention of skin issues, and care of

the cognitively impaired client. The training will emphasize both better understanding of these issues and interventions for communication and behavior management.

The first phase of the project is curriculum development and the second phase is implementation.

Holistic Wellness Program

Birmingham Green will develop a three-year holistic wellness program using an engagement technology entitled “Birdsong,” which embraces the Eden Principles designed by Dr. Bill Thomas. The vision of the Eden Philosophy is to eliminate helplessness, loneliness, and boredom, by embracing innovation, empowerment, and integrity.

The project includes training for team members and easy-to-use, touchscreen bedside computer tablets for use by older adults which are designed to engage brain function and add quality to their lives. The interactive technology enables older adults to remain connected to family and friends, while enhancing or maintaining their cognitive skills.

The overall goal of this Holistic Wellness Program is to provide team members with the understanding and tools they need to establish an environment that fully supports our elders; an environment which offers the opportunity to grow and learn, to maintain or enhance a sense of purpose, and to achieve an overall positive sense of well-being.

Reducing Preventable Re-hospitalizations

Virginia Health Care Association will provide a series of statewide training sessions to nursing facility staff and administrators, as well as hospital emergency department and case management staff, on the INTERACT Quality Improvement Program using the INTERACT 4.0 Tools. INTERACT® is an acronym for Interventions to Reduce Acute Care Transfers, a quality improvement program designed to improve identification, evaluation, and communication about changes in resident status in nursing facilities. These tools are designed to improve the overall quality of care for nursing facility residents through early identification, evaluation, management, documenta-

tion, and communication about acute changes in the condition of residents in nursing facilities and other care settings.

Ultimately, increased communication will help in reducing unnecessary hospital admissions and unnecessary transportation of skilled nursing facility residents, while improving care, service, and quality of life for all residents of Virginia’s nursing facilities. These steps will decrease healthcare costs associated with preventable hospital admissions.

The goal of this project is to achieve a combined 10% overall reduction in preventable rehospitalizations over the next two years for individuals who reside in nursing facilities throughout Virginia.

The Music and Memory Initiative



George Mason University will implement and sustain a person-centered, non-pharmacological intervention (MUSIC & MEMORY®) for Virginia nursing facility residents with dementia that will positively affect behavior and stimulate emotions. The project also provides continuous, web-based, micro-learning modules that help direct care workers and other staff who closely interact with the residents to understand the value of personalized music and how and when to use it.

Research has shown positive effects of personalized music with people with cognitive impairment. Listening to favorite music stimulates different parts of the brain and taps into deep memories not lost to dementia. It also improves the mood of nursing facility residents and helps them to focus and engage. These positive effects promote a better relationship between nursing facility staff and residents. Personalized music has also been reported to be effective in reducing the use of antipsychotic and antianxiety medications, which contribute to reduction of fall risks.

For additional information on these projects, please contact Gabrielle Stevens, MSW, CMP Program Analyst, at (804) 786-2153 or cmpfunds@dmas.virginia.gov.

The Virginia Center on Aging's 33rd Annual Legislative Breakfast

VCoA hosted its 33rd annual breakfast on January 23, 2019, at The Patrick Henry Building on Capitol Square in Richmond. We welcomed members of the General Assembly, their staffs, the Executive Branch, state departments, Councils, and colleagues in agencies and organizations across Virginia.

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 2018. We were honored to have Attorney General Herring welcome attendees.

You can see our 2018 Legislative Breakfast Power Point presentation by visiting our website at <https://vcoa.chp.vcu.edu/publications--media/annual-reports/>.



Top Left: Alli Szuba, Adult Care Center of Central Virginia; Sarah Henry, Prince William Area Agency on Aging; and Thelma Watson, Senior Connections, The Capital Area Agency on Aging

Top Center: Kimberly Rideout, Chesterfield TRIAD, and Randy Davis, Office of the Attorney General

Top Right: VCoA staff welcoming attendees

Bottom Left: Trevor Worden, VCU College of Health Professions; John Rodman and Sam Holland, Office of Delegate Debra Rodman

Bottom Center: Valerie L'Herrou, Virginia Poverty Law Center; Joani Latimer, State Long-Term Care Ombudsman, Virginia Department for Aging and Rehabilitative Services; Erica Wood, American Bar Association; Kathy Pryor, Virginia Poverty Law Center

Bottom Right: Dolores Clement, VCU Health Administration, and Attorney General Mark Herring



Top Left: Delegate Elizabeth Guzman and Jay Speer, Virginia Poverty Law Center

Top Right Upper: Senator Amanda Chase and Aubrey Layne, Secretary of Finance

Top Right Lower: Harvey Chambers, Anthem Blue Cross, and Catherine Dodson, VCoA

Middle Left: Patty Slattum, VCU School of Pharmacy, and Paula Kupstas, VCoA

Middle Center: Jenni Mathews and Myra Owens, VCoA, and Bettina Ring, Secretary of Agriculture

Middle Right: Felix Schapiro, Office of Governor Ralph Northam, and Bert Waters, VCoA

Bottom Left: Tina King, New River Valley Area Agency on Aging; Alli Szuba, Adult Care Center of Central Virginia; Kathy Vesley-Massey, Bay Aging; Brian Beck and Regina Sayers, Appalachian Agency for Senior Citizens

Bottom Center: Senator Creigh Deeds listening carefully

Bottom Right: Attendees enjoying breakfast and conversation

Solo Agers and Health Requirements

By Carol Marak

It's not unusual for a family caregiver to put life on hold when assisting an elderly relative. That's what happened to me. I made a major move from San Diego back to Texas to be with my parents, quit my job to work from home, focused on their needs over mine, and filled my days with concern about their well-being.

It's a story common to other caregivers like me and we share similar realities and challenges: "I gave up a six figure annual salary to keep my father out of a nursing home." "I retired early from my academic position to move to another city and take care of my dad." "I deferred retirement to maintain the six figure income to cover my mother's assisted living or nursing home expenses, when unable to care for her at home." "I retired to give my mom 24/7 care. While we were able to cover the expenses without any real issues, the cost to me was in a personal and social life."

The Elder Orphan Facebook Group

Helping an older adult with health care and daily living issues can be full-time. After my caregiving experience, I questioned, "Wow, who will do all that for me?" I realized that I was an elder orphan, aging alone. This was the reason for creating the Elder Orphan Facebook Group. I wanted to know how many others are truly without anyone and how they manage. We launched the Facebook Group in February 2016 and we currently have 9,000 members. The members share stories, ask for support, and offer advice on their experiences to one another.

In spring 2018, Rupal Parekh, a PhD candidate at the University of Texas, Arlington, School of Social Work began a research project aimed at better understanding older adults who age alone with limited support and who self-identify with the terms aging alone or elder orphan.

The purpose of Parekh's research was to explore the

predictors of well-being throughout the life course and the advance care planning needs of this demographic group in the U.S. Overall, the study shows that elder orphans have few family members to rely on for day to day support and healthcare needs. Key findings include: 78% have no help with bills or financial decisions; 55% have no help with medical decisions; 70% have not identified a would-be caregiver; 35% have no help in a crisis; 52% reported being lonely; 26% have three or more chronic conditions; and 43% lack a living will or health care power of attorney.

The disclosed data, albeit alarming, illustrate the necessity for local community organizations, healthcare organizations, communities of faith, and the aging-related industry to recognize the effects of longevity. Unsurprisingly, the data show that the needs of this group differ significantly from those who have family and other support networks to lean on.

The Dilemma Faced by Those Aging Alone

"Usually, I don't have issues with taking care of myself. I live alone and can adapt to this business of getting older and dealing with loneliness. The other week, I fell ill with vertigo and nausea. While lying around, my aloneness crept up. I really didn't want someone to take care of me, but wished someone just checked on me. A phone call would have been welcomed. I was in no condition to drive and suddenly realized if I needed to go to the emergency room, I was up a creek. I live in my own house and have neighbors I don't really know. I have no family, kids, or siblings. I felt helpless and vulnerable, which is not my usual style." A member of the Elder Orphan Facebook Group

Another member became stranded driving to work when the car broke down. *"I had no one to call to pick me up. I posted my situation in the group, hoping someone would give a good tip. I never expected what happened. Another member I never met, replied, 'I live in your area, where are you?' In forty minutes, the Elder Orphan Facebook group member rescued me."*

In 2015, Maria T. Carney, geriatrician and research scientist, [conducted a literature search](#) to examine the

use of the term elder orphan or any term synonymous with age, isolated, and/or alone. She wished to better characterize this vulnerable population and identify clinical correlates for risk factors.

As a result of her research, Carney believes that clinicians and healthcare teams should learn a patient's marital status, and if there are offspring or nearby relatives to address the immediate health care requirements of those growing older alone. Having people to count on when coping with challenges and emergency situations, and when making medical and financial decisions, helps lower risks. Low social support has been linked to both poor physical and psychological health and an increased risk of mortality in later life.

Both Parekh's doctoral dissertation research and Carney's literature search confirm that those aging alone have lower social support, which, in turn, puts added burden on them. Parekh found that 43% have not selected a health care proxy; 70% have not identified a would-be caregiver; and 35% have no one to call in an emergency. Pointedly, the 2010 U.S. Census reported that 27% of the 65+ population lives alone.

What's a person to do when aging alone? He or she should identify potentially helpful human resources, such as a social worker or patient advocate in the physician's office, who can assist with gathering useful, needed information. Knowing that someone would be checking in after surgery or a medical treatment helps reduce one's anxiety. In some cases, those with lower social support would benefit from having a sounding board, someone to bounce ideas off regarding medical and financial options.

When working with older adults or supplying services and products to them, keep in mind, some of them live on one income, many do not need more than 900 square feet to live comfortably, their likely priorities are safety and independence, and she or he may have trouble getting a ride to and from a medical treatment. And never assume your patient or client has a traditional family to rely on.

Carol Marak, who focuses on aging alone, is Digital Course Creator for ProAging. She earned a Fundamentals of Aging Certificate from U.C. Davis, School of Gerontology. See her work at CarolMarak.com.

Shepherd's Center Honors Two

Celebrating its 35th anniversary on March 19th, The Shepherd's Center of Richmond honored two of its longtime volunteers for their contributions to the organization. Receiving the Distinguished Service Award, presented by President Hal Costley, were Dr. Arthur Gunlicks and Suzanne P. Wiltshire.



Gunlicks, a professor emeritus of political science at the University of Richmond, served as president of the Shepherd's Center from 2012-2014. For 13 years, he led the Education Committee, which is responsible for recruiting teachers and organizing courses for the Open University, the Shepherd's Center's lifelong learning program. He is also a popular teacher, offering courses in European politics.

Wiltshire is a former foreign language teacher and administrator, who served at both public and private schools until her retirement from St. Catherine's School after 38 years. She was chairman of the Public Relations Committee of the Shepherd's Center for nine years and, as a member of the Education Committee with Gunlicks, helped arrange 60 lunch speakers a year for the Open University. A former vice president, Wiltshire continues to teach a French course. In 2012, her French students established a scholarship in her name to provide tuition for those who need financial help for the Open University.

Costley also recognized the many volunteers who help carry out the Shepherd's Center's mission. These include drivers who take older citizens to medical appointments, handypersons who help with home repairs, office workers, and teachers and speakers for the Open University.

Calendar of Events

May

2019 Older Americans Month: Connect, Create, Contribute. For information, visit <https://acl.gov/oam/2019/older-americans-month-2019>.

May 2-4, 2019

Annual Scientific Meeting of the American Geriatrics Society. Portland, OR. For information, visit www.meeting.americangeriatrics.org.

May 29, 2019

Faith Community Summit. Provided in partnership with AARP, Fairfax County, Insight Memory Care Center, George Mason University, and the Virginia Geriatric Education Center. Insight Memory Care Center, Fairfax. For information or to register, visit aarp.cvent.com/FaithSummit or call (877) 926-8300.

May 29-31, 2019

Breaking Barriers: Empowering Older Virginians. 25th Annual Conference of the Virginia Coalition for the Prevention of Elder Abuse. Kingsmill Resort and Conference Center, Williamsburg. For information, visit www.vcpea.org.

June 4, 2019

Aging Well in Mind, Body & Spirit. Presented by Centra Health and the Beard Center on Aging at the University of Lynchburg. University of Lynchburg. For information, visit www.lynchburg.edu/beard.

June 5-7, 2019

LeadingAge Virginia Annual Conference and Expo. Norfolk Waterside Marriott, Norfolk. For information, visit leadingagevirginia.org/page/NextConf.

June 8, 2019

Caregiver Workshop with Pete Shrock. Provided in partnership with AARP, Fairfax County, Insight Memory Care Center, George Mason University, and the Virginia Geriatric Education Center. Hollin Hall Senior Center, Alexandria. For information or to register, visit aarp.cvent.com/Caregivers0608 or call (877) 926-8300.

June 17-20, 2019

Age+Action Conference. Presented by the National Council on Aging. Renaissance Washington, DC Downtown Hotel, Washington, DC. For information,

visit <https://www.ncoa.org/event/ageaction>.

July 14-18, 2019

Alzheimer's Association International Conference: A Global Forum to Advance Dementia Care. Preconferences July 12-13th. Los Angeles, CA. For information, visit www.alz.org/aaic/overview.asp.

July 17, 2019

Positive Approach to Dementia Care by Teepa Snow. Eastern View High School, Culpeper. For information, visit www.rrcsb.org/Teepa, call Aging Together at (540) 829-6405, or email info@agingtogether.org.

July 27-31, 2019

National Association of Area Agencies on Aging's 44th Annual Conference and Tradeshow. Hilton New Orleans Riverside, New Orleans, LA. For information, visit www.n4aconference.org.

August 18-20, 2019

The Nexus Summit: Optimizing Interprofessional Clinical Learning Environments: Better Care - Better Value - Better Education. Presented by the National Center for Interprofessional Practice and Education. Minneapolis, MN. For information, visit <https://summit2019.nexusipe.org>.

October 22-23, 2019

Virginia Assisted Living Annual Fall Conference. Hampton Roads Convention Center, Hampton. For information, visit www.valainfo.org.

Age in Action

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Kimberly S. Ivey, MS, Editor

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Disabilities-Friendly Health and Self Care

*The 15th Annual Conference of the Area Planning and Services
Committee for Aging with Lifelong Disabilities*

June 3, 2019

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

Keynote Address: *Promoting Effective Health Care Encounters*

by Liz Perkins, PhD, RNLD, FAAIDD, Associate Director and Research Associate Professor, Florida Center for Inclusive Communities, University of South Florida; President, American Association on Intellectual and Developmental Disabilities; and a highly published author.

Session Topics Include:

- Hospice versus Palliative Care
- Habilitation Therapy in Dementia Care
- Good Medication Management
- Honoring Choices
- Animal Therapy Panel

Registration fee of \$40 includes materials, lunch, and breaks.

For information and registration, please go to www.apscva.org or contact eansello@vcu.edu.

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