

age in action

Research for geriatric and gerontology education and research
Virginia Center on Aging
Virginia Geriatric Education Center
Virginia Department for the Aging

Case Study

Teens Teaching Alzheimer's Caregivers to Become Tech-Savvy: The Power of Community and Intergenerational Partnerships

By Ann Bruner Duesing, M.L.S., and Marilyn Pace Maxwell, M.S.W.

Educational Objectives

1. Describe a successful technology project for Alzheimer's caregivers in rural, far southwest Virginia which recruited and trained teenagers to teach computer skills to Alzheimer's caregivers and taught the teenagers about caregiving and the disease.
2. Identify barriers for Alzheimer's caregivers to learning and using technology to assist and support them in their caregiving, and identify successful ways to address these barriers.

3. Demonstrate the positive potential of intergenerational partnerships which bring together teenagers and caregivers in a mutual teacher/student relationship.

4. Examine the impact of the technology project in the daily lives of two Alzheimer's caregivers following their participation in the project.

Background

Mountain Empire Older Citizens, Inc. (MEOC) is a private, non-profit, community-based organization serving older citizens and family caregivers in the mountainous, Central Appalachian area of far southwest Virginia. Designated in 1974 as the region's area agency on aging for the counties of Lee, Wise, and Scott and the City of Norton, MEOC has placed major emphasis since its inception on the continuing development of a comprehensive, user-friendly infrastructure of family support services for family caregivers, with a particular focus on supporting persons caring for family members with Alzheimer's disease and related disorders.

MEOC developed its services to support family caregivers in direct response to their expressed wishes and needs; these include in-home, emergency, and overnight respite services; 10 community group respite centers based on the Brookdale Social Day Respite Center model; five caregiver support groups; a Caregiver Resource Lending Library; two adult day health care centers; caregiver educational programming; personal care assistance; homemaker services; care coordination; home-delivered meals; and transportation.

In 2002, MEOC partnered with Dr. Michael A. Creedon, gerontologist and consultant with Carlow International, in a grant project to address the potential of computer technology to assist family caregivers. The project was supported by the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) of the Virginia Center on Aging, Virginia Commonwealth University. This project sought to: 1) research whether or not Alzheimer's caregivers in the MEOC service area would recognize learning to

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use technology as an asset to them; 2) determine barriers to caregiver participation in the area's developing wired community; 3) assess whether or not caregivers thought that it would be helpful to learn to use e-mail, a locally developed chat room, and how to locate reputable Internet health and education sites; and 4) determine if caregivers would be receptive to having high school students as mentors and tutors to teach them how to use a computer.

The results from questionnaires and a focus group indicated a very high acceptance by caregivers of the prospect of having teenagers as their teachers; but respondents stipulated that the teenagers should have some understanding and training in working with older learners for the program to be successful. Further, the caregivers wanted the teens to have some understanding of Alzheimer's disease and the stresses associated with family caregiving. Caregivers wished to learn to use a computer to supplement, not replace, their participation in existing support groups and educational programs. All saw benefits to accessing health information, using e-mail, and participating in a local Alzheimer's caregivers' chat room, as supports for their caregiving responsibilities. They expressed a need for information on the changing stages of Alzheimer's disease and their impact on caregiving responsibilities. Caregivers acknowledged that being able to use a computer would be particularly helpful to them during peak caregiver stress times, such as holidays, inclement winter weather, and when they were ill. Finally, they identified the

following as major barriers to their use of a computer: 1) purchase cost, as they were worried about the financial burden of caregiving and viewed the purchase of a computer as a luxury; 2) ongoing cost of Internet connection fees, given their limited budgets; and 3) lack of previous experience, for they did not know how to use a computer and had no one to teach them.

Implementing the Intergenerational Project

Based on these research results, MEOC and Creedon successfully competed for a second ARDRAF project award, "Developing, Implementing and Evaluating Training Modules to Teach High School Students to Teach Alzheimer's Caregivers to Use the Internet Effectively as a Tool to Assist in Caring for Their Family Members." MEOC staff quickly assembled a partnership of well-trained and knowledgeable professionals from local organizations and institutions who volunteered their services and expertise to assist in the development and implementation of the project. Key partners in this project were: Wise County School Board; University of Virginia Claude Moore Health Sciences Library Outreach at UVA Wise; Regional Adult Education Program; North East Tennessee-Southwest Virginia Chapter of the Alzheimer's Association; Powell Valley High School (PVHS) in Big Stone Gap; and various Alzheimer's caregivers. This partnership constituted a work group whose first task was to develop a training manual for high school students who would be recruited as volunteers to teach

Alzheimer's caregivers computer and Internet usage, as well as for participating family caregivers.

The manual the work group developed, "Tech World---An Information Portal," contained eight modules: 1) Understanding Alzheimer's Disease and the Caregiving Role; 2) Understanding Adult Learners: It's All about Them; 3) What is the Computer?; 4) Internet and WWW Exercises; 5) The Internet Explorer Browser; 6) Finding Reliable Health Information on the Internet; 7) Introduction to Using Electronic Mail; and 8) Guide to Using Health Related Newsgroups and Chat Rooms. The manual also contained the agenda and the materials that were covered and evaluated in each of the five Saturday sessions that were conducted in the library and computer labs at PVHS.

The Wise County School Board donated computers for the caregivers and MEOC installed them. MEOC paid the monthly connectivity fees for a full year of coverage for each. The project successfully recruited 25 caregivers and 25 junior students as participants. Most caregivers needed respite services to be able to participate, while some needed transportation; MEOC met these needs. The caregivers, under the tutelage of the teenagers, completed the five-week course successfully.

Case Study #1

Gary and his wife Betty moved to Big Stone Gap from Detroit when he retired. Betty had grown up in the area and Gary had always promised that he would bring her

back home when he retired, despite knowing no one there. Gary, a quiet, self-sufficient and reserved man, was resolved to care for his wife at home when Betty's condition was finally diagnosed as Alzheimer's disease, shortly after their move to the mountains. He devoted himself to her care and became more and more isolated as her disease progressed. Their children and grandchildren lived far away. Gary was feeling more and more disconnected from his family and friends. When he read about the computer class for AD caregivers in the local newspaper, he enrolled immediately and completed the training. He is now e-mailing his children, playing chess on-line with an old friend, participating in the MEOC on-line support group, reading the Detroit newspaper on-line, and connecting with MEOC's respite services and adult day health care services. "The computer training worked my brain. The student was good to show me what to do and how to use the computer and I had never even used a typewriter before. We have a lot of fun and really are a help to each other on our on-line support group," Gary wrote in an e-mail to MEOC.

Case Study #2

Laura's mother has lived with her and her family the past 12 years and is now in the last stages of Alzheimer's disease. Laura is the primary caregiver, as her husband is still working. Their adult son lives in the home and needs special care as well, which Laura provides. She is a very strong person who manages the household and her caregiving responsibilities while still having time to be of support to

others. She is active in her church, a central focus of her life. The congregation is a source of comfort to her and her family. Laura had a very rudimentary knowledge of computers and always wanted to be able to use the computer more fully. Being confined to the home during the day, Laura wished that she had an outlet that would stimulate her brain while allowing her to be ever vigilant to the needs of her bed-ridden mother. Laura laughed that watching daytime television was akin to being subjected to cruel and unusual punishment. She was familiar with MEOC and its services and quickly enrolled in the computer class. As a result of her training in this project, she is currently using the computer for genealogical research, writing that, "The computer training was informative and taught me computer skills that I didn't have. I now do things on the computer that I didn't know how to do before. Working with young people put it on a level that I could understand. I really enjoy getting on-line with our support group to share and help each other"

Evaluation

The Final Project Evaluation indicated strong positive results among both the caregivers and the high school teenage tutors. It showed that: 1) Caregivers had a great appreciation of the teen tutors and provided a strong affirmation of the ability of teen tutors to create a positive learning experience for Alzheimer's caregivers; 2) Caregivers appreciated their new skills, were most affirmative of the e-mail and chat room learning, and valued most the ability to connect with

others; 3) Caregivers felt less alone and noted that their new ability to connect with others would help them cope better and to communicate with others in similar situations; and 4) Caregivers felt more confident in their learning ability, with a large number responding that they realized a sense of confidence in their general learning abilities or that their learning abilities were re-awakened.

The teenage students may have learned more than they taught. Analyses of the evaluations indicated that: 1) High school tutors reported that they learned about Alzheimer's disease and related dementias; 2) Nearly 100% of the students reported learning about their partner caregiver and the attendant stresses of being caregivers; 3) The teen tutors were confident, but not brash, in their computer abilities and felt that their skills were helpful and made a difference in the lives of the caregivers; 4) Not a single caregiver respondent complained that their teen tutor went too fast or was impatient. 5) Teens became more aware of caregivers as people, learning to be patient in teaching, for people learn in different ways, and to appreciate the abilities of others; and 6) High school tutors gained insight into life; many came to see a larger picture than just the project and were able to apply what they had learned to their own lives.

In summary, this unusual inter-generational project capitalized on the strengths and characteristics of participants from both ends of the life course. Each gained from interacting with the other. Both

gained from participating in the project. The older caregivers learned that they are not alone, that they can learn new things, and that they can use technology to reach out and connect with others. The teenage tutors gained understanding of Alzheimer's disease, respect for caregivers, and patience, and recognized that they could be valued and effective teachers.

MEOC replicated this project successfully in early 2007 with funding from the Brookdale Foundation Group. Evaluation results confirm the various findings of the previous project.

The results have been presented at: The Brookdale National Group Respite Conference, Denver, Colorado; State Conference on Campus/Community Partnership, Blacksburg; International Rural Network Conference, Abingdon; Carnegie Institute Rural Initiative, United Kingdom; Annual Conference of the Virginia Coalition for the Prevention of Elder Abuse, Virginia Beach; The Mid-Atlantic Chapter Medical Library Association Annual Meeting, Charlottesville; and The Generations United International Conference, Washington, D.C.

Conclusion

This project has demonstrated the hitherto under-realized potential of intergenerational partnerships for improving the capacities of Alzheimer's caregivers. This project established partnerships between high school students and older caregivers that proved to be mutually beneficial. The students learned about the lives of older

adults, the diversity and resilience of age, the strains of chronic caregiving, and the characteristics of Alzheimer's disease. They also learned about themselves and their ability to improve the lives of others. The caregivers learned new skills that enabled them to use the computer to overcome isolation, connect to other caregivers and caregiving resources, and help themselves to continue to grow. They also gained an appreciation of high school students as friends across the generations.

This project has the potential to be replicated in any locale in the nation. The needs and the resources are there. The curriculum developed, "Tech World-An Information Portal," will be available for dissemination in late 2007 and will include, as well, a "How To" manual to provide step-by-step instructions for establishing the program. The project established that teenagers, properly trained, make effective teachers on the use of technology for older learners, specifically Alzheimer's caregivers, and that caregivers may feel comfortable with and enthusiastic about being taught by teenagers. Since the conclusion of the training sessions, caregivers in our projects have continued to communicate via e-mail with other caregivers, to participate in an on-line support group, and to pursue their individual interests on the computer. Moreover, some have maintained a connection with their teenage partners.

Study Questions

1. If you wished to implement a project like this, who would be the most effective partners to work with in your area in order to make it successful? What could each bring to the table to address barriers to participation by Alzheimer's caregivers in your locale?
2. Identify the ways that being able to use a computer could combat the isolation and loneliness of some Alzheimer's caregivers.
3. What are the benefits to students participating in this project?

About the Authors



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Editorials

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Endings cause appraisals. The endings of fiscal years also cause reports. Drawing from our official and informal reports to the many valued partners across Virginia who make it possible for our small staff to do all that we do, I would like to share capsules of our activities during the 2006-2007 fiscal year.

VCoA and Senior Connections: The Capital Area Agency on Aging completed the project year of *Workplace Partners for Eldercare*, an initiative funded by the Richmond Memorial Health Foundation, to assist caregiving employees of some 20 employers in central Virginia. VCoA's Dr. Connie Coogle and Bert Waters developed and collected data from on-line surveys and in-person interviews with human resources managers and work/life coordinators to determine available elder care programs or services and potential initiatives. The project has been re-funded for another year.

VCoA, at the head of a formidable group of community partners, competed successfully for one of only 10 grant awards nationally from the U.S. Department of Justice, Office on Violence Against Women. We

are now three-quarters through our first year of a three year \$429,075 project directed by Dr. Paula Kupstas. The grant is allowing the VCoA and key collaborators to offer multi-disciplinary elder abuse training to police officers, prosecutors, and court officials in the Richmond metropolitan area.

VCoA was pleased to administer a far-sighted 2006-2007 appropriation from the General Assembly for the continuing support of the VGEC and other geriatric initiatives. Championed by Delegate Jack Reid, this appropriation enabled the VGEC consortium (VCU, UVA, and EVMS) to conduct staff training and development in long-term care operations, and the McGuire Research Institute and EVMS to provide Geriatric Academic Career Awards totaling \$120,000 to foster the geriatric research and clinical teaching skills of three prominent geriatricians. As noted elsewhere, the 2007 session of the General Assembly did not reauthorize these appropriations. Federal support for geriatric training and education is returning, although the priorities and conditions for assistance remain unclear.

VCoA's Elderhostel programs for older learners, a range of weeklong, short, and traveling courses in Richmond, Natural Bridge, and, new in 2007, Staunton, drew over 1,300

learners this fiscal year. Richmond enrollments for the first six months of 2007 have already exceeded enrollments for the entire year of 2006.

The Central Virginia Task Force on Domestic Violence in Later Life (formerly named the Central Virginia Task Force on Older Battered Women), in which VCoA is a leading partner, received the *2006 Best Practices Award* from the gubernatorial-appointed Commonwealth Council on Aging, for its work in training, public awareness, and advocacy. Dr. Dick Lindsay, Chairman of the Council, presented a commemorative plaque to the Task Force at its June 2007 meeting.

VCoA, as a result of House Bill 110 (2006) requiring all state agencies to prepare annual reports that address the impact of the aging of the population in Virginia, has been working with the Virginia Department of Alcoholic Beverage Control (VABC) in an implementation workgroup to identify demographic impacts and the VABC's relevant objectives.

VCoA is representing VCU in a continuing pioneering effort to introduce applied educational gerontology in Japan and Southeast Asia. We worked with colleagues from universities in the U.S. and Japan to conduct an international invitational

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gerontology synthesis conference held in Okinawa in March 2007, and are now working on subsequent conferences in Japan in 2008 and India in 2009. See www.carefit.org/sympo/sympo2007/index_en.html

VCoA's Lisa Furr, Project Coordinator for the Central Virginia Task Force on Domestic Violence in Later Life, at the request of the Office of Executive Secretary of the Supreme Court of Virginia, trained 345 magistrates around the Commonwealth in the months of November and December 2006 in six, two-hour sessions focusing on domestic violence in later life and elder abuse.

VCoA is a leading partner in the Area Planning and Services Committee for Aging with Lifelong Disabilities (APSC) in metropolitan Richmond, a research-based model strategy to address issues related to the aging of adults with lifelong disabilities. In this fiscal year the APSC conducted training workshops on Down syndrome and dementia in Richmond and Virginia Beach; helped Henrico County Public Relations & Media Services to develop *Healthy Cooking*, a teaching DVD for group home staff and consumers; and hosted this June's "Aging in Place, Aging Well" conference that drew 160 service providers, caregivers, planners, and others.

VCoA's co-sponsored Lifelong Learning Institute in Chesterfield (LLI), an educational program for older adults that is administered and operated by its volunteer members and sponsors, offered over 120 courses and special events between July 2006 and June 2007. Since launching classes in early 2004, the LLI has provided an important presence in Chesterfield County for VCU and VCoA, and a strong partnership association with Chesterfield County and Schools, John Tyler Community College, and a number of other organizations, businesses and groups.

VCoA's staff gave in the 2006-2007 fiscal year substantial services to Virginia's agencies and citizens by serving on the boards of some dozen non-profit organizations, providing leadership, technical assistance, and *pro bono* services to groups such as the Shepherd's Center of Richmond, the Virginia Alzheimer's Disease and Related Disorders Commission, the Virginia Coalition for the Prevention of Elder Abuse, the Virginia Coalition on Aging, the Virginia Quality Healthcare Network, the Culture Change Coalition (on long-term care), and the Virginia Elder Rights Coalition.

Again, we rely on the dedication and selflessness of so many collaborating groups, agencies,

and individuals to make our work for older Virginians possible. We thank them deeply and look forward to continuing these partnerships.

Healthy Cooking DVD Available



HCTV
(Henrico
County Telev-
ision), with

help from the Area Planning and Services Committee for Aging with Lifelong Disabilities (APSC), has produced a DVD program called *Healthy Cooking* that is available free through the Virginia Center on Aging.

Intended for group home managers, family caregivers, and adults with lifelong disabilities, this program aims to make meal preparation less monotonous and meals more interesting. The DVD features Mary Angela Morgan, celebrated cook and author, who shows the viewer how to introduce variety into common dishes and to prepare simple and healthy entrees, sides, and desserts. Rich with color and high production values, thanks to the direction of HCTV's Bruce Berryhill, *Healthy Cooking* is 34 minutes of tips, facts, and advice. For a free DVD, as long as they are available, contact Ed Ansello at eansello@vcu.edu.

Editorials

From the Executive Director, Virginia Geriatric Education Center

J. James Cotter, Ph.D.

Our projects at the Virginia Geriatric Education Center come in phases. First, there is the design and start-up phase during which we are excited about the new opportunities that the project will implement. Then, there is the middle, slog-through-it phase, during which we actually do the work of the project. This phase can be a tough one because we are nose to the grindstone, focusing on the day-to-day operations of getting the job done. The final phase brings us back up to a wider view, when we get to take a look at what we have accomplished and begin to look into new questions and ideas that have been generated by our work.

At the VGEC we are coming to the end of some very important initiatives. First, the Geriatric Training and Education initiative, supported through the Virginia Center on Aging, with funds from the General Assembly, is finishing up months of intensive training of nursing home administrators, nurse managers in long-term care, and certified nurses aides (CNAs). In this project, we updated and revised training programs and materials on Culture Change,

Team-focused Supervision, and Professionalism. By the end of June, we will have trained over 115 CNAs, over 40 nurse managers, and approximately 25 administrators in various regions of Virginia. Each of these individuals touches the lives of many older Virginians, and our training will improve their ability to care for these elders. In the next month we will move forward with the evaluation of these training programs, so that we can better judge the extent of their impact on the health care of older persons.

Also, we were pleased to sponsor Dr. James Avery, a trainer on End-of-Life Issues, to come to talk to health care professionals at the spring conference of the Virginia Association of Home Care. End-of-life care is probably one of the most difficult, complex, and increasingly important issues in services to older Virginians. In addition, we co-sponsored the Virginia Geriatrics Conference, a state-wide meeting for geriatricians and family medicine physicians, nurses, and other health professionals.

Our initiative with the Department of Medical Assistance Services, under the operational leadership of Jason Rachel, Senior Project Coordinator at the VGEC, is also finishing up. This project has received a four-month no-cost extension to enable the VGEC to design,

develop, and produce the Enhanced Care Assistant II Guidebook. This manual will provide all of the instructions and materials needed to conduct this 40-hour training for care assistants. Additionally, the VGEC will be conducting the Family Caregiving training under this initiative.

Our project, supported by the Department of Social Services (DSS), to train the direct care staff of Virginia's licensed assisted living and adult day care facilities is also wrapping up its spring training schedule. This project trains nearly 1,500 direct care staff over the year at eight sites across the Commonwealth. The VGEC truly enjoys this opportunity to assist DSS in providing training and looks forward to the upcoming fall schedule of trainings.

I would like to conclude by noting that we have applied for federal funds to continue the efforts of the Virginia Geriatric Education Center in the coming year. We appreciate the efforts that many of you took to inform your members of Congress about the need for geriatric training and thus helped reinstate these important funds. We are one of over 50 organizations that have applied for funds; so it will be a very competitive process. Keep your fingers crossed that the review panel approves our application for funds.

Editorials

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

Julie Christopher

In the Spring, 2007 Issue of *Age in Action* (Vol. 22, #2), I provided you with an update on Virginia's *No Wrong Door* initiative and the Commonwealth's efforts to create a web portal to serve as a one-stop resource for both consumers and service providers. In this issue, I want to share with you some of the recognition that this initiative has already received.

I am excited to announce that the Virginia Department for the Aging (VDA) is honored to have been selected as one of the winners of the Intergovernmental Solutions Awards (ISA) for the Commonwealth's *No Wrong Door* initiative. The ISA was presented this year by the American Council of Technology and the Industry Advisory Council during their 27th Annual *Management of Change* Conference held at the Richmond Omni. *No Wrong Door* was selected out of over 100 nominations because it clearly demonstrated the tremendous progress that is being accomplished through the innovative use of technology and the collaboration of various government agencies, private partners, and advocates.

Also, Virginia's Information Technology Investment Board met and voted the *No Wrong Door* initiative as Virginia's top technology project. This Board is charged with reviewing and prioritizing enterprise-wide technology investments across state government for the Virginia Information Technology Agency (VITA). The number one project (out of 40) in all of state government was the *No Wrong Door* initiative. This ranking was based on new methodology established to prioritize projects that are aligned with the Governor's initiatives, the Council for Virginia's Future, and performance measures. In fact, the Board's staff said *No Wrong Door* was "head and shoulders above the rest in terms of alignment."

In addition to these awards, I am pleased to tell you that Virginia's Productivity Investment Fund Enterprise Solutions Group has awarded a grant to VDA to work with the Department of Social Services and the Department of Medical Assistance Services (Medicaid) to redesign and streamline the current Medicaid application process for low-income older persons and persons with disabilities and to make a streamlined application form part of the GetCare tools available through *No Wrong Door*. As some of you may already know, the current form is 14 pages in length. This project will reduce the size and

complexity of the form and make it more "user friendly."

In addition to this grant, I am very excited to be able to tell you that the Richmond Memorial Health Foundation has approved grant funding for VDA to work with the Southeastern Institute of Research and the "Boomer Project" to conduct a State of Aging Preparedness Study (the working title). This will be a large, statistically projectable telephone survey among adults 18 years old and older. The initial study goals are to provide information and insights to help: 1) Advance greater awareness of the coming age wave and the immediate need to prioritize "care and support for our aging population" as a major cause and public planning priority; 2) Bring about immediate improvements, where possible, in programs and policies at all levels (private and public sector) to educate and support family caregivers; and 3) Reposition our aging population as a community asset, rather than a liability – advancing the notion that seniors are an untapped economic resource. I will be telling you more about this study in a future issue of *Age*.

Finally, as part of VDA's planning and development process for the next State Plan for Aging Services, I have held nine Community Conversations on Aging across the Common-

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wealth in the following communities: Abingdon, Alexandria, Danville, Harrisonburg, Newport News, Norfolk, Richmond, Roanoke, and Sterling. These events were designed to elicit input from older Virginians, their families, and from community-based service providers, organizations and agencies. More than 800 Virginians participated in these Conversations and shared their concerns and ideas about Virginia's aging programs and services. A summary of the input I received at these sessions will be available on the VDA website (www.vda.virginia.gov) and included in Virginia's State Plan for Aging Services.

VDA develops a State Plan for Aging Services every four years. This Plan is required by the federal Older Americans Act of 1965 (as amended in 2006), and its purpose is twofold: 1) to describe and structure VDA's provision of services to older Virginians, and 2) to serve as Virginia's application to receive federal funds under Titles III and VII of the Older Americans Act. The Plan includes assurances that federal funds will be administered in accordance with current federal laws. This Plan will cover a four-year period: October 1, 2007 through September 30, 2011. You are encouraged to obtain a copy of the Plan by calling us at 1-800-552-3402 or by visiting www.vda.virginia.gov.

Transitions and Post-Acute Care Conference September 14, 2007

Health status declines in older adults may trigger various changes in care interventions and transitions from acute to chronic assistance. Such transitions require coordination and skill to ensure appropriate care. The VCU Partnership in Geriatrics Education is pleased to announce a full-day conference on long-term care to be held at the Omni Richmond Hotel on September 14, 2007, co-sponsored by the Virginia Center on Aging and the Virginia Geriatric Education Center of the Department of Gerontology of Virginia Commonwealth University, with continuing education credits made possible by the generous support of Medi Home Health and Hospice.



This conference will focus on both clinical and administrative issues related to cutting edge research, policy, and quality improvement. The intended audience includes nursing home administrators, directors of nursing and medical directors in long-term care, social workers,

hospital care coordinators, hospice and home health administrative teams, and others committed to improving quality of life and quality of care outcomes.

The conference features notable speakers sharing complementary perspectives in order to create a fuller picture of the issues and challenges accompanying health status transitions and post-acute care. Speakers and their topics include:

Keynote Address: Transitions in Long Term Care by Mary Naylor, PhD, FAAN, of the University of Pennsylvania School of Nursing; **Preparing for the Final Transition** by Colleen Kenny, ANP, of VCU Health Systems; **Health Information Technology and Post-Acute Care: High Tech for High Touch Care** by F. Michael Gloth, III, MD, FACP, of Johns Hopkins University School of Medicine; **Strategies to Reduce Acute Care Hospitalization of Home Health Patients** by Karen Pace, PhD, of The National Quality Forum of Washington, DC; and several others.

The conference has applied for CME, CEU, NAB, Social Work, and Nursing credits. Conference registration is \$125. For more information, contact Beth Meyers at (804) 827-1507.

COMMONWEALTH OF VIRGINIA

Alzheimer's and Related Diseases Research Award Fund

2007-2008 ALZHEIMER'S RESEARCH AWARD FUND RECIPIENTS ANNOUNCED

The Alzheimer's and Related Diseases Research Award Fund (ARDRAF) was established by the Virginia General Assembly in 1982 to stimulate innovative investigations into Alzheimer's Disease (AD) and related disorders along a variety of avenues, such as the causes, epidemiology, diagnosis, and treatment of the disorder; public policy and the financing of care; and the social and psychological impacts of the disease upon the individual, family, and community. The ARDRAF competition is administered by the Virginia Center on Aging at Virginia Commonwealth University in Richmond. The five grant awards for 2007-2008 are as follows:

**VCU Galya R. Abdrakhmanova, M.D., Ph.D. (Department of Pharmacology and Toxicology)
 "Novel Epibatidine Analogs as Potential Selective Agonists of $\alpha 4\beta 2$ nAChRs"**

Neuronal nicotinic acetylcholine receptors (nAChRs) consist of various combinations of $\alpha 2$ - $\alpha 10$ and $\beta 2$ - $\beta 4$ subunits. The most abundant subtypes of nAChRs in the central nervous system, $\alpha 4\beta 2$ and $\alpha 7$, are known to be important for cognition, learning and memory, and their deficiencies play a crucial role in Alzheimer's disease (AD) pathogenesis. Administration of nAChR agonists with high affinity to the $\alpha 4\beta 2$ nAChR is proposed as one of the approaches for a treatment of AD. The investigator has collaborated with others to develop potent novel epibatidine analogs that may be $\alpha 4\beta 2$ subtype-selective agonists of nAChRs. The specific aims of this project are to investigate this functional activity and then test a lead analog in vivo. Patch-clamp technique will be used to establish functional potency, efficacy, desensitization profile, and nAChR subtype selectivity. The identified lead analog will be investigated for nootropic or "smart drug" effects in a rat memory model. This combined experimental approach will serve to identify potential agents that can be used for a treatment of AD through selective agonist effect on $\alpha 4\beta 2$ nAChRs. (*Dr. Abdrakhmanova can be reached at 804/828-1797*)

**Shenandoah Mary A. Corcoran, Ph.D., OTR (Division of Occupational Therapy, School of
 University Health Professions) "Caregiving Styles of Adult Children Who Provide
 Dementia Care"**

This qualitative study is designed to describe the caregiving styles of filial caregivers who are providing care at home for a parent or parent-in-law with Alzheimer's disease or a related disorder. Caregiving styles are defined as the patterns in thinking and action that guide daily care decisions. Lack of information about filial care styles undermines the ability to develop targeted interventions for adult children that effectively and efficiently promote behavioral change. Thus, understanding the underlying structure of thinking and action (caregiver style) will support development of a just-right fit between the needs and preferences of the caregiver and the mechanisms of action in a behavioral intervention. The study will clarify the context of filial caregiving, support the next generation of caregiver interventions that build on naturally occurring caregiver styles, and support the development of caregiver-centered interventions for adult children that facilitate caregiving and promote care recipient function. (*Dr. Corcoran can be reached at 540/665-5563*)

**UVA Erik J. Fernandez, Ph.D. (Department of Chemical Engineering) "Designed Peptides as
 Models for Amyloid- β Toxicity"**

The amyloid- β ($A\beta$) peptide self-associates to form oligomers and ultimately fibrils that are a molecular hallmark of Alzheimer's disease. In recent years, increasing evidence implicates aggregates rather than fibrils as the most neurotoxic species. Further, it appears that $A\beta$ aggregates can bind to membranes in a way that depends on their oligomerization state. This investigator hypothesizes that $A\beta$ oligomers will bind with a strength correlated with their neurotoxicity, and that binding will lead to an alteration in the distribution of oligomers. The study will apply a new

deuterium labeling technique monitored by mass spectrometry to monitor changes in oligomeric structure in the presence of lipid bilayers. Further, the study will investigate a new set of model peptides that self associate and interact with membrane that may prove useful for studying the effect of controlled changes in oligomerization state and oligomer chemical properties on membrane oligomers interactions and neurotoxicity. (*Dr. Fernandez can be reached at 434/924-1351*)

VCU Richard A. Glennon, Ph.D. (Dept. of Medicinal Chemistry, School of Pharmacy)
“Positive Allosteric Modulators of Cholinergic Receptors”

The cholinergic theory associated with Alzheimer’s disease contends that enhanced acetylcholinergic (ACh) neurotransmission can improve these processes. Impeding the metabolic degradation of ACh (via administration of cholinesterase inhibitors) and administration of agents that can mimic the effect of ACh are two approaches to treat Alzheimer’s disease. A particular subtype of ACh receptor implicated in the processes of memory and cognition, the $\alpha 4\beta 2$ nACh receptor, is a prime target for medications development. But, to date, no selective $\alpha 4\beta 2$ nACh receptor agonists have been identified. The concept of “allosterism” offers an altogether different and unique approach to circumvent this problem and provides a means to activate ACh channels without directly targeting the ACh receptor itself. An allosteric site is one that is distinct from the site to which neurotransmitter normally binds. A general drawback of this approach that normally stymies its utility is related to the structural uniqueness of the site; that is, because allosteric sites are different from the normal receptor site, there is usually no available information on how such an agent can be designed. The first selective $\alpha 4\beta 2$ nACh receptor positive allosteric modulator (dFBr) recently has been isolated from natural sources. The investigator’s laboratory has just achieved the first chemical synthesis of this agent and has confirmed its ability to increase ACh-induced channel currents. This study will optimize this novel lead by determining which structural features are required for activity by synthesis of structural analogs and an evaluation of their ability to activate $\alpha 4\beta 2$ nACh receptor channels. (*Dr. Glennon can be reached at 804/828-8487*)

UVA Isaac G. Onyango, DVM, Ph.D. (Department of Neurology, School of Medicine)
“Receptor for Advance Glycation End Products (RAGE) and Lipid Rafts Mediate Amyloid β Neurotoxicity”

In sporadic AD (sAD), increased A β levels may derive from oxidative stress-mediated upregulation of β -secretase (BACE) activity. If valid, this scenario provides a mechanism for a reinforcing neurotoxicity, which includes A β as a critical component but does not force acceptance of its primacy in the evolution of AD. Mitochondria have emerged as a potential major organelle site of A β neurotoxicity, with direct access to endogenously produced A β . Recent studies indicate that the receptor for advanced glycation products (RAGE) serves as a membrane receptor for exogenous A β . This investigator has observed that exogenous A β added to cells leads to a translocation of plasma membrane RAGE from its lipid raft localization to mitochondria. This observation provides a mechanism by which RAGE could mediate mitochondrial toxicity of exogenous A β and provides a focus on mitochondria as the organelle mediating A β neurotoxicity from both endogenous and exogenous sources. Because mitochondria are the source of most oxidative stress, in this paradigm A β serves as a toxic signaling molecule that magnifies mitochondrially generated oxidative stress within neurons and communicates it to other neurons that may initially have lower endogenous A β burden. (*Dr. Onyango can be reached at 434/243-5899*)

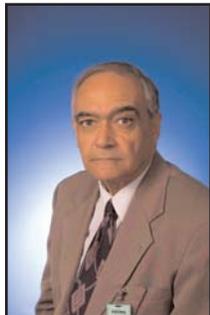
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Focus on the Virginia Center on Aging

William (Bill) Lightfoot



Bill Lightfoot has joined VCoA officially as Law Enforcement Liaison, although he is no stranger. We have been

working with him for years in various coalitions and task forces, and he played a central role in our statewide conference last August on elder abuse and domestic violence in later life. Bill grew up in Richmond, graduated Walker High School, and entered the United States Marine Corps in 1962. After basic training at Paris Island, SC, and Advanced Infantry Training at Camp Geiger, NC, he was assigned to the 10th Marine Regiment at Camp Lejeune, NC, only to be sent immediately to the U.S. Naval Base at Guantanamo Bay, Cuba. Then, following graduation from the U.S. Army's Parachute Training School at Ft. Benning, GA, Bill was sent to the Dominican Republic during the crisis there. Next came three tours of duty in the Republic of South Vietnam

After honorable discharge with commendations in 1970, Bill entered the Richmond Police

Academy, being assigned to the Patrol Division after graduation. There followed a long career of service and cumulative experience. In 1972 he was transferred to the Personnel Division as a background investigator and subsequently served in the Investigative Division, Property Crimes Division, Violent Crimes Division, the Sexual Assault Unit, and the Homicide Unit. He speaks cryptically of dangerous work in the mid-1980s when he transferred to the Narcotics Division to investigate drug trafficking among outlaw motorcycle gangs and was part of an extensive, multi-agency task force for about three years. He next joined the Department's Criminal Intelligence Unit. In 1998 Richmond promoted Bill to Police Sergeant and transferred him to supervise a street drug enforcement unit. Bill retired from Richmond Police in 2001, joining the Richmond Redevelopment and Housing Authority as a Crime Prevention Specialist where he began working with domestic violence victims. In 2003 the Richmond Police Department initiated a Domestic Violence unit and asked him to return as an investigator, where he remained until his second retirement in 2007. During his time as a police officer and while balancing tasks and assignments, Bill was able to earn a Bachelor Degree in Criminal Justice and is now working towards a Master

Degree in the Administration of Justice.

Bill describes his times as a crime prevention specialist and in the department's domestic violence unit as shaping what he now describes as his "life's passion and commitment": combating crimes of domestic violence, sexual assault, and elder abuse. He has provided training on these matters for numerous organizations, including the Richmond Police Department, the Virginia Association of Social Work Practitioners, the Virginia Coalition for the Prevention of Elder Abuse, Bon Secours, the National Advocacy Center, the Virginia Poverty Law Center, the Virginia Department of Criminal Justice Services, the VCU School of Nursing, and others. The Metropolitan Police Service, Scotland Yard, invited him to London this spring as a special consultant and trainer.

Bill notes that he is a member of some 20 organizations and has recently been selected to the governing body of the Virginia Sexual and Domestic Violence Action Alliance. This year he began a consulting company devoted to addressing issues of domestic violence, elder abuse and sexual assault. He vows to continue his life's work as long as he is able. VCoA is honored to have him with us.

The Way We Age Now

by Atul Gawande

(Excerpted from the April 30, 2007 issue of *The New Yorker*)

Several years ago, researchers in St. Paul, Minnesota, identified 568 men and women over the age of 70 who were living independently but were at high risk of becoming disabled because of chronic health problems, recent illness, or cognitive changes. With their permission, the researchers randomly assigned half of them to see a team of geriatric specialists. The others were asked to see their usual physician, who was notified of their high-risk status. Within 18 months, 10 percent of the patients in both groups had died. But the patients who had seen a geriatrics team were a third less likely to become disabled and half as likely to develop depression. They were 40 percent less likely to require home health services.

Little of what the geriatricians had done was high-tech medicine: they didn't do lung biopsies or back surgery or PET scans. Instead, they simplified medications. They saw that arthritis was controlled. They made sure toenails were trimmed and meals were square. They looked for worrisome signs of isolation and had a social worker check that the patient's home was safe.

How do we reward this kind of work? Chad Boulton, who was the lead investigator of the St. Paul study and a geriatrician at the University of Minnesota, can tell you. A few months after he published his study, demonstrating how much better people's lives were with specialized geriatric care, the university closed the division of geriatrics. "The university said that it simply could not sustain the financial losses," Boulton said from Baltimore, where he is now a professor at the Johns Hopkins Bloomberg School of Public Health. On average, in Boulton's study, the geriatric services cost the hospital \$1,350 more per person than the savings they produced, and Medicare, the insurer for the elderly, does not cover that cost. It's a strange double standard. No one insists that a \$25,000 pacemaker or a coronary-artery stent save money for insurers. It just has to *maybe* do people some good. Meanwhile, the 20-plus members of the proven geriatrics team at the University of Minnesota had to find new jobs. Scores of medical centers across the country have shrunk or closed their geriatrics units. Several of Boulton's colleagues no longer advertise their geriatric training for fear that they'll get too many elderly patients. "Economically, it has become too difficult," Boulton said.

But the finances are only a symptom of a deeper reality:

people have not insisted on a change in priorities. We all like new medical gizmos and demand that policymakers make sure they are paid for. They feed our hope that the troubles of the body can be fixed for good. But geriatricians? Who clamors for geriatricians? What geriatricians do—bolster our resilience in old age, our capacity to weather what comes—is both difficult and unappealingly limited. It requires attention to the body and its alterations. It requires vigilance over nutrition, medications, and living situations. And it requires each of us to contemplate the course of our decline, in order to make the small changes that can reshape it. When the prevailing fantasy is that we can be ageless, the geriatrician's uncomfortable demand is that we accept we are not.

The “Straight Skinny” on Trans Fats

After mid-life, our diets and lifestyles catch up with us. If we are less active but keep eating as we did when younger, we grow heavier and fatter. This condition, of course, increases our risk of cardiovascular diseases, worsens arthritic conditions, and is associated with a host of debilitating illnesses. Becoming *more* active at this point in life is a logical answer if we want to eat as we always have, but sometimes energy and will are lacking, and everywhere around us sedentary behavior (“couch potatoes”) and overeating (“super-sizing”) are the norm. What’s a body to do? One of the most straightforward answers is caloric restriction, eating fewer calories, and along with this, taking in fewer calories from fat. Now comes information that *trans fats* may be the most important fats to avoid. The following is adapted from a recent presentation appearing in *Health Politics* with Dr. Mike Magee. For more information, visit www.HealthPolitics.org.

A “balanced diet” is about taking in the recommended portions of protein, carbohydrates, and fats. The American Heart Association recommends that fats should make up 30% or less of our daily diet. The right combination of fats is critical to life. Fats are an

important source of energy, being essential for growth and development, helping to regulate blood pressure, heart rate, blood clotting, nerve transmissions, and temperature control.

So why have fats, or more accurately, *some* fats, gotten a bad rap? The answer involves cholesterol, the waxy substance that is critical to the production of some hormones and vitamin D. It is important to limit the amount of cholesterol we eat; but cholesterol in the bloodstream is what is really important. However, there is, at best, an imprecise relationship between dietary cholesterol (foods we eat containing cholesterol) and serum cholesterol (cholesterol in our bloodstream). This is because exercise, other foods we eat like fruits and vegetables, and other circumstances, can moderate the negative impact of dietary cholesterol on blood cholesterol. The central fact to remember is that *high blood cholesterol* levels increase the risk for heart disease. What is the biggest influence on blood cholesterol? The mix of fats in the diet.

The liver makes cholesterol. Once it is on its way out of the liver and into the bloodstream, cholesterol is transported by a small molecule that is part fat and part protein, namely, the low-density lipoprotein called LDL. When there is too much LDL cholesterol in the blood, it

can be deposited on the walls of the coronary arteries. This is why LDL cholesterol is often referred to as the “bad” cholesterol.

On its way back from the blood channels to the liver to be dismantled, cholesterol is transported by a larger sibling, the high density lipoprotein called HDL. HDL cholesterol makes it less likely that excess cholesterol in the blood will be deposited in the coronary arteries, which is why HDL cholesterol is often referred to as the “good” cholesterol.

And this brings us back to fats. As mentioned, the types of fats we eat determine our blood cholesterol level. So what is a fat? It is mostly a chain of carbon and hydrogen atoms with a couple of oxygen atoms attached to the tail end. (Here is where things get a bit technical, so you will need to follow carefully.) Carbon is the main player here, and because of the atomic structure of carbon, it is able to form four bonds to other structures. When you create a carbon straight chain as with fats, you immediately fill two of the four spots for each carbon. (Think of round beads in a necklace, with two of the four sides of each bead being “filled” because the beads are connected to each other in a chain.)

That leaves two spots open (on the outsides of each bead in the

chain). If you fill all the open spots with hydrogen, or saturate the structure with hydrogen, you have created a “saturated fat.”

Dropping a couple of hydrogen atoms from the chain and using the extra spots to doubly connect two carbon atoms together creates what is called a “double bond.”

Because several hydrogen spaces have been evacuated, an “unsaturated fat” has been created. If the chain has only one double bond, it is a “monounsaturated fat.” If the chain has two or more double bonds, it’s a “polyunsaturated fat.”

Now, if you take an unsaturated fat with a double bond, heat it and add hydrogen, you can change the position of the hydrogen atoms at the double bond. Usually they are both on one side of the chain, but the chemical reaction causes one hydrogen to cross over to the other side of the chain so that the hydrogen atoms now sit across from each other. We call this a “*trans* fat,” because “*trans*” means across. We first started making *trans* fats when concerns surfaced about the health effects of saturated fats in butter. By hydrogenating vegetable oil, that is, adding hydrogen atoms to create *trans* fats, we discovered that liquid vegetable oil turned solid and could be sold as sticks of margarine. Ironically, from

the 1950s to the 1980s, we thought what we were doing was healthy. Tufts University nutrition professor Alice Lichtenstein says that back then “anything was good if it decreased saturated fat consumption. But then studies began to question ‘*trans* fats’ too.”

In fact, in 1994, the Center for Science in the Public Interest petitioned the FDA to require food labels to disclose *trans* fat. It took more than a decade, but as of January 1, 2006, *trans* fat occupies a separate line under saturated fat on food labels.

Now that we understand what fats are, what do they do? Unsaturated fats, those with one or more double bonds, are good. They lower bad LDL cholesterol and raise good HDL cholesterol. *Trans* fats, those liquid-to-solid hydrogen creations, are the evil twin. They raise LDL cholesterol and lower HDL cholesterol. Unsaturated fats lower rates of heart attack and stroke. *Trans* fats raise them.

And finally, what about those saturated fats with endless straight lines of carbon and hydrogen that we worried so much about in the past? These are still bad, but not as bad as *trans* fats. Saturated fats raise LDL and HDL, but the net overall effect is more harmful than it is good.

Resources

American Heart Association. “Fat.” Available at: www.americanheart.org/presenter.jhtml?identifier=4582.

Center for Science in the Public Interest. News Release. “NAS Panel: Only Intake of *Trans* Fat is Zero.” July 10, 2002. Available at: www.cspinet.org/new/200207101.html.

Harvard School of Public Health. “Fats and Cholesterol.” Available at: www.hsph.harvard.edu/nutritionsource/fats.html.

MayoClinic.com. “Dietary fats: Know which types to choose.” Available at www.mayoclinic.com/print/fat/NU00262.

U.S. Food and Drug Administration Center for Food Safety and Applied Nutrition. “Questions and Answers about *Trans* Fat Nutrition Labeling.” Available at: www.cfsan.fda.gov/~dms/qatrans2.html.

Sustainable Communities for All Ages

The aging of communities in Virginia offers an opportunity for creative action that benefits all residents. The blue moon fund in Charlottesville has released a user-friendly and highly informative resource for turning the challenges of an aging population into opportunities for all ages to thrive. ***Sustainable Communities for All Ages: A Viable Futures Toolkit*** offers guidance to planners, policymakers, service providers, and families about how to craft solutions for older generations that simultaneously address needs of younger generations and their communities. Comprehensive and readily understandable, the Toolkit and accompanying User's Guide are available for download at www.bluemoonfund.org. A DVD features celebrated NPR correspondent, journalist, and author Juan Williams narrating the stories of three entities in working toward inclusive, workable, multi-generational communities: the Jefferson Area Board for Aging (JABA) in Charlottesville, the Seattle Office of Housing, and the Arizona Community Foundation. It highlights the contributions of each in marshalling multi-agency cooperation for enduring changes that benefit the entire community. JABA is

acknowledged as a leader in such civic initiatives, with its can-do approach, one that has produced a “2020 Plan” for the region, generated creative partnerships in housing, health care, and intergenerational programming, and cultivated a shared commitment for bettering the area’s quality of life. The DVD is available from JABA through their website: www.jabacares.org.

The Viable Futures Toolkit covers a breadth of topics that include education, civic engagement, economic development, health, housing, transportation, and the environment. The Toolkit provides concrete approaches and sequenced actions so that organizations and communities can maximize financial, human, and natural resources. Produced for blue moon fund by JustPartners, Inc., of Baltimore, MD, the Toolkit received additional support from the Annie E. Casey Foundation. The work was overseen by a national advisory committee from key environmental, aging, child, youth, planning, and advocacy groups. For more information about the Toolkit, contact Kristen Suokko, Vice President for Strategy and Implementation, by phone at 434-295-5160, or by e-mail at Kristen.Suokko@bluemoonfund.org.

SGS Meeting Pictures



Ayn Welleford (VCU’s Department of Gerontology) and VCoA’s Bert Waters, Lisa Furr, and Connie Coogle at the annual meeting of the Southern Gerontological Society (SGS) in Greensboro, North Carolina, this past April.



Connie Coogle receiving the Gordon Streib Academic Gerontologist Award from SGS.

Seminars Spur Family Conversations with Older Drivers

Most older adults are safe drivers, but the risks of accident, injury or even fatality increase with age, especially following a decline in physical ability or a change in medical condition.

AARP Virginia is offering a 90-minute seminar, *We Need to Talk... Family Conversations with Older Drivers*, to share advice on how to talk with family members about the possible need to modify or stop driving. The seminar emphasizes the value of driving to older people and how a perceived loss of independence can affect decisions. It also addresses meeting older adults' transportation needs after their driving is curtailed.

Seminar instructor Deborah Bennett said she thinks most older drivers make sensible decisions on limiting or ceasing their driving. "I see a lot of self-limitation out there," said Bennett, "and I believe that when family members and doctors are properly involved in the conversation, it helps reinforce decisions that have already begun to take shape." Bennett draws on her own personal experience as a daughter who has had driving-safety conversations with her own parents. "It's very

important for older people to be able to get out and remain a part of the community," Bennett said. "Talking about how family members, friends and others can help with transportation is a key part of the conversation."

Start Talking Today! For more information on hosting or attending an AARP "We Need to Talk" seminar, contact Amber Nightingale at (703) 931-0758 or anightingale@aarp.org.

Centers for Medicare & Medicaid Services National Medicare Multi-Media & Education Campaign

Medicare offers many preventive services. This may surprise some people. These tests and services are critical to your overall health and can help prevent diseases or detect them early on, when treatment works best.

For example, for those enrolled in Part B, Medicare covers bone mass measurements once every 24 months (more often if medically necessary) for people at risk for osteoporosis. Also, for those enrolled in part B, Medicare covers screening Pap tests and screening pelvic exams every 24 months for all women and once every 12 months for women at high risk. In addition, Medicare covers screening

mammograms under part B for all women ages 40 or older once every 12 months. These screenings can help detect cancer early, when treatment works best.

Take these three easy steps to help put yourself on the road to better health:

- 1: Know your health history.
- 2: Talk to your doctor about the Medicare preventive services that are right for you.
- 3: Register for MyMedicare.gov.

The MyMedicare.gov web tool can help you track the preventive services you have received and remind you about services for which you are eligible.

Have peace of mind for yourself, your family, and friends and start taking your three steps to prevention today. These steps can lead to better health and quality of life for you and those you love.

Look for "A Healthier US Starts Here" Medicare event in your area to learn more about Medicare preventive services. Or, visit www.medicare.gov on the web or call 1-800-MEDICARE (1-800-633-4227) to get a free copy of *Staying Healthy: Medicare's Preventive Services*. If you visit the website, select "Find a Medicare Publication" under "Search Tools."

Calendar of Events

August 1, 2007

Commonwealth Council on Aging, 10 a.m. to 2:00 p.m. at the Quarterpath Recreation Center, Williamsburg. For information, call Bill Peterson at (804) 662-9325.

September 11, 2007

Virginia Alzheimer's Disease and Related Disorders Commission. 10 a.m. to noon, at the Virginia Department for the Aging, Richmond. Open to the public. For information, call Bill Peterson at (804) 662-9325.

September 14, 2007

Second Annual VCU Long Term Care Conference: Transitions in Post-Acute Care. Omni Hotel, Richmond. For more information, contact Beth Meyers at (804) 827-1507.

September 18, 2007

The Making of PBS's "Virginia Home Grown." Part of the Learning on the Run Talks of the Osher Lifelong Learning Institute of the University of Richmond, 12:30-2 p.m. Free for adults ages 50 and over but registration required. For information, call (804) 287-6344 or register on-line at www.scs.richmond.edu/osher.

September 20, 2007

Virginia Public Guardian and Conservator Advisory Board, 10 a.m. to noon, at the Virginia Department for the Aging, Richmond. Open to the Public. For information, call Bill Peterson at (804) 662-9325.

September 25, 2007

Spend the Day at LLI. Open House with sample classes. 10 a.m. to 2:30 p.m. at the Lifelong Learning Institute (LLI) for mid-life and older adults, Midlothian. For information, call LLI at (804) 378-2527.

September 27, 2007

Health and Informational Fair. No cost. 10 a.m. to 1:00 p.m. at the Lifelong Learning Institute (LLI) for mid-life and older adults, Midlothian. For information, call LLI at (804) 378-2527.

October 19, 2007

Annual Conference of the Virginia Coalition on Aging. In Richmond at a hotel to be announced. For information, contact Eldon James at Eldon@EldonJamesAssociates.com.

October 25 & 26, 2007

Moving Science to Practice in Caregiver Support: A National Summit. Conference to be held at the Rosalynn Carter Institute for Caregiving, Georgia Southwestern State University, Americus, GA. For information, call (229) 928-1234.

Do you have an event that you would like to promote? If it's aging-related, we would be happy to help. Send us the information in time for our nearest copy deadline (March 15, June 15, September 15, December 15). Send to Kim Ivey at kivey220@yahoo.com.

Age in Action

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Age in Action is published quarterly. Submissions, responses to case studies, and comments are invited and may be published in a future issue. Mail to: Editor, *Age in Action*, P.O. Box 980229, Richmond, VA 23298-0229, fax to (804) 828-7905, or e-mail to kivey220@yahoo.com.

**Fall 2007 Issue Deadline:
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You Bet Your Life Savings: Problem Gambling and Older Adults

On-demand web seminar offered free of charge by the American Society on Aging, featuring VCoA's Dr. Connie Coogle.

Problem gambling refers to gambling that interferes with a person's basic occupational, interpersonal, and financial functioning. This one-hour seminar provides information about signs of problem gambling, prevention, treatment resources, and more.

Participants need a computer with an Internet connection at 56K or better. For more information about this free web seminar and to register online, visit www.asaging.org/webseminars and click on the title of the seminar.

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