Volume 28 Number 3 Summer 2013

VCoA's 35th Anniversary Issue

age in action

Activities in geriatrics and gerontology education and research

Virginia Center on Aging
and
Virginia Department for Aging and Rehabilitative Services

Case Study

Falling Down: Assessing the Risk of Falls in Older Adults

by Steven Morrison, PhD
School of Physical Therapy
and Athletic Training
Old Dominion University

Educational Objectives

1. To provide an overview of the problems associated with falling in older adults.
2. To outline the strengths and weaknesses of the various screening tools used for effective evaluation of an individual's fall risk.
3. To highlight the benefits of assessing physiological function when screening for falls risk.

Background: The Problem of Falls

For persons over 65 years of age, the likelihood of a fall in the following year is a staggering one-in-three chance. While the immediate consequences of suffering a fall are obvious (i.e., injury), the long term effects of a fall can be just as problematic (Stevens, 2006). Following such an adverse event, many people become physically inactive; can have a slow, unsteady gait; exhibit loss of muscle strength; fatigue easily; develop a fear of falling; and, inevitably, show a further increased risk of falling. All these outcomes are viewed as markers for the descent into physical frailty (Fried et al., 2001).

Clearly, identifying those variables which can lead to increased risk of falling is of paramount importance. However, we lack full understanding of the critical factors that are strongly predicative of falls in high-risk populations. Part of the reason for this is the sheer number of risk factors that can contribute to a fall, with over 400 being linked with falls in adult populations (Close, Lord, Menz, & Sherrington, 2005). Even something as simple as an individual's fear of falling is an issue of great concern. It has been reported that nearly 13 million (36%) older American adults (ages 65+) were moderately or very afraid of falling, illustrating that developing a fear of possibly suffering an adverse event is strongly linked with actual falls (Boyd & Stevens, 2009).

Sorting through this volume of risk factors to identify one or two key measures is not a simple task. Some variables identified as significant risk factors, such as increasing age and/or the emergence of neurological disease/damage, do not provide much in the way of direct benefit to the person who suffers a fall and/or the clinician, since they cannot be easily modified. The most commonly used clinical screening measure of a future fall is whether a person has fallen previously, with studies reporting that the likelihood of a person falling in the future increases dramatically if he or she has fallen previously (Close et al., 2005; Lord, Sherrington, Menz, & Close, 2007). However, this basic screening measure does not identify the older person who has not fallen but may be at increasing risk, a significant proportion of older adults. Further, this measure provides little guidance or detail as to the cause of any previous fall. If the ultimate aim of preventing falls is to identify the person at risk and intervene before the adverse event occurs, then the use of previous falls history as an initial screening tool is of limited use.

Inside This Issue:

Consequently, for researchers, clinicians and the involved person, the key measures are arguably those that are both strongly linked to falls and have the potential to be affected or altered. Of the numerous fall risk factors identified, those of greater significance tend to be impaired balance, mobility, and gait, with age-related deterioration of postural stability considered to be the primary underlying cause (Gillespie, et al., 2009). Consequently, most screening tools and interventions have been designed to target variables such as balance, walking dysfunction, reactions, and muscle weakness, since they are modifiable and likely influenced by tailored interventions.

How to Assess the Chance of Falling

Given the wide range of possible risk factors, the majority of screening tools have been designed to focus on intrinsic factors (i.e., those relating to physical and/or cognitive status of the person) rather than extrinsic measures (i.e., those within the environment such as weather or ground conditions). The more commonly used assessment tools, which have also undergone rigorous scientific evaluation, include: the Berg Balance Scale (BBS); the six minute walk test (6MWT); the Performance Oriented Mobility Assessment (POMA); Timed Up and Go (TUG); the Functional Reach Test; and the Physiological Profile Assessment (PPA) (Lord et al., 2007).

Of these tests, the BBS is the most popular and widely used falls-risk assessment tool in clinical settings. This test, initially developed as a simple indicator of balance function in stroke patients and older adults, involves measuring the ability of the person to maintain balance during tasks such as sitting, standing, transfers, reaching, leaning over, turning, and stepping. Despite its wide use, the capacity of the BBS to predict the likelihood of a future fall is unclear and there is also concern that it may provide less detailed information about subtle changes in a person's balance, which may limit its effectiveness when used on highly functional older adults with less severe deficits. In a similar way, the POMA involves functional assessments of balance and mobility during everyday tasks. While this screening tool was originally developed to evaluate the falls risk of frail older adults dwelling within nursing and/or assisted living facilities, it has been widely adopted to assess older individuals in community settings. The POMA measures general balance function (e.g., sitting, sit-to-stand transfers, standing, external perturbation, turning tasks) and gait separately (e.g., gait initiation and straight-line walking) and is reported as an accurate predictor of fallers and non-fallers in older adults with chronic disabilities.

There are a variety of falls risk tests which focus singularly on walking. An underlying rationale for many of these tools is that most falls happen under dynamic conditions, that is, when the person is moving through a given environment. The 6MWT is a simple test that requires a long, unobstructed walkway (usually indoors), but no exercise equipment or advanced training. This test measures the total distance that a person can quickly walk on a flat, hard surface in a period of six minutes. A variant of this evaluation, the timed 25 m walk test, has also emerged, although this tool is primarily used in clinical populations where the individual may have difficulty walking for longer periods of time and/or where the testing space is not large enough for the person to walk for long periods or distances. The TUG test is a quantitative test that measures the time required to stand up from a chair, walk three meters, turn around, walk back to the chair, and sit down again. As older individuals with reduced postural stability and/or muscle strength are known to move slower, a longer time to complete the TUG has been used to indicate a heightened falls-risk. In general, this test provides the most benefits for screening frail or unwell older adults and is widely used as a quick preliminary test of falls-risk in hospital settings. The applicability and ease of use of this test has been widely recognized in clinical settings, and it is recommended by the *American Geriatrics Society* and the *American Academy for Orthopedic Surgeons* as a basic screening test (Beauchet et al., 2011; Gillespie et al., 2009).

All of these tests provide initial screening information to identify people at risk who warrant more detailed assessment of gait and balance function. There are some obvious advantages of these tools: they require little training or specialized equipment, and most can be performed quickly in many clinical environments without excessive restrictions on space. However, while they provide some general indication of risk, most only measure overall performance (such as

the time taken or number of steps) or provide subjective assessments of a person's balance and walking ability. Consequently, there is no objective information gained about the individual's movements nor are there any specific assessments of the physiological systems which could be responsible for any impairment in postural and gait control. More importantly, none of these tests identify specific physiological factor(s) that could be targeted to reduce risk of falling.

Benefits of the Physiological Profile Assessment (PPA)

To address these concerns, Lord and colleagues developed the Physiological Profile Assessment (PPA) (Lord et al., 2007). This screening assessment differs philosophically from the other falls-risk tools in that it does not directly measure the ability of a person to perform an everyday movement. Instead, it is based on the assessment of key physiological processes related to postural control, covering tests of visual function, proprioception (the sense of one's place in the environment), peripheral sensation, leg muscle strength, hand and foot reaction time, standing balance, postural coordination, and leaning balance (to assess the limits of balance). The underlying rationale for this test is that accumulated deficits or impairments in the physiological systems related to postural control will lead to a reduced ability to maintain balance during everyday activities. Therefore, an advantage of the PPA is that it provides quantitative information about the potential causes of instability so that a targeted, individualized intervention strategy can be developed. Once a physiological profile for a given person is formed, the test scores are weighted and combined to produce a standardized falls-risk score ranging from -2 (a very low risk category) to +4 (very marked risk). The resultant score and selected physiological markers are also compared to age and gender matched normative data, providing a detailed evaluative comparison for the individual. One further advantage of this screening tool is that it has a strong predictive capability. For example, a person with a falls-risk score of one or greater has a 60% risk of a future fall, whereas someone with a falls-risk score of less than one has a risk near 10%.

In summary, the Center for Brain Research and Rehabilitation at ODU recommends using the PPA in conjunction with other appropriate tools to provide a more comprehensive and informative assessment of general balance and gait function for people at risk. The following case studies provide examples of how to utilize the PPA in conjunction with other screening and measurement tools to assess the risk of falling. Based upon the information gained from these measurement tools, we construct a targeted intervention for each person.

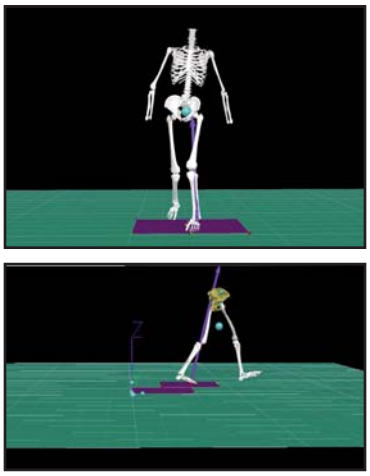
Case Study #1

Kathleen, a 58-year-old woman diagnosed with early onset Parkinson's disease (PD) 10 years ago, came to our Center exhibiting many of the common motor disorders associated with PD, including mild tremor in her hands and fingers when they were held by her side (in a resting position), a slight slowness when having to start a movement, and smaller steps, almost shuffling, when walking. She was taking medication for her symptoms, which tended to alleviate most of her movement issues. Over the past two years, Kathleen had begun to notice problems with her general balance, reporting that she felt more unstable and unsure of her abilities, especially when walking. Kathleen also said she was more worried about the possibility of falling, especially when walking in crowded environments where she wasn't sure she had the ability to navigate around people safely. We asked if she had experienced a fall in the last 12 months and she reported she had fallen twice, an outcome which put her at a greater risk of falling again.

We performed a falls risk assessment on Kathleen using the physiological profile assessment (PPA) and evaluated her fear of falling using the self-reported questionnaire (the modified falls efficacy scale). We also performed a comprehensive assessment of her walking ability using a VICON motion capture system. This system, which is comprised of a series of synchronized high speed cameras and force plates embedded within the walking surface, allows us to measure objectively the movement about specific joints while the person per-

Model demonstrating reflective markers for VICON system.

forms the specified movement. We place a series of reflective markers on specific anatomical landmarks of the person and track the relative motion of the markers. We use these to produce avatars or representations of an individual's movement. By these means, we gained accurate and reliable measures of the amount of the force produced and the degree of motion about each joint while Kathleen performed a series of walking tasks. As mentioned, the PPA provides a comprehensive assessment of different physiological systems, such



Avatars representing specific patient's movement profile.

as strength, reactions, sensation, proprioception, vision, and general balance ability. Based upon the collective sum of these measures, Kathleen was shown to have an overall falls risk value of 1.35, which put her in the "moderate" risk of falling category in the next year (this equates to approximately a 60% likelihood). The main factors which contributed to her increased risk were significantly decreased leg strength, slightly impaired proprioception, and increased amount of whole body sway. The results of the fear of falling questionnaire highlighted her lack of confidence and anxiety when walking in certain environments, especially outside but also within certain rooms in her house.

For the gait tests using the motion capture system, Kathleen's general ability was within normal limits when walking in the unrestricted laboratory testing space. However, when we made the walking task more challenging by placing two or three fixed obstacles within the walking pathway which required her to walk around, Kathleen's gait pattern changed dramatically. Under these more challenging conditions, her cadence decreased, the range of motion for each lower limb joint was reduced, and she appeared more hesitant when having to avoid objects in her path. On one single trial, Kathleen experienced an episode of "freezing," where she literally stopped half way through the walking task and only continued after a period of 10-20 seconds. It was obvious that the combination of her decline in leg strength and her perception of the difficulties of walking through this challenging environment contributed to her increased falls risk.

Based upon these results, we designed a specific six-week intervention for Kathleen that focused primarily on improving her leg strength, lower limb range of motion, and working on her balance and posture under more challenging situations. Following the intervention, she reassessed for her falls risk and walking ability using the same measurement tools. Her falls risk score dropped to 0.87 which was also reflected by improvements in leg strength and lower limb proprioception. When re-assessed for her walking ability, there was still a tendency to slow down under more challenging conditions, but there were no episodes of freezing. Kathleen also reported that she felt more comfortable and confident in performing this task.

Case Study #2

David is a 69-year-old male who had been diagnosed eight years ago with type-2 diabetes. As part of our screening process, David self-reported that he had fallen once in the past year, and that he had developed mild-to-moderate neuropathy (loss of sensation) in his legs. In addition to his concerns over his balance and walking ability, he stated that he was less active than he used to be and that he had put on weight over the past year (subsequent measures revealed that David had a body mass index (BMI) of 34). We performed a falls risk assessment on David using the PPA, assessed his fear of falling using a standardized set of questions, and measured his general balance and walking ability using the timed-up-and-go (TUG) test.

Based upon the results of the PPA evaluation, David had an overall falls risk value of 2.15, which put him in the "high" risk of falling category. Further analysis of the individual physiological measures revealed a number of factors which contributed to this high score, including significantly decreased leg strength, slower reactions (for both the hand and foot), impaired sensation within the lower limb, decreased awareness of where his lower limbs were in space (proprio-

ception), and an overall increase in his amount of sway when standing. The results of the TUG test confirmed previous observations, that he was significantly slower to perform this task than would be expected for someone of his age.

In this case, we recommended that David enroll in our eight-week supervised balance training program. This program, performed three times a week for 40 minutes each session, consisted of a series of basic balance exercises, yoga exercises, and light resistance training. The aim of this program was to target and improve his balance skills, lower limb strength, and limb motion. At the end of the eight week training program, David was reassessed using the same battery of tests. The results of the post-training assessments were encouraging; David exhibited significant improvements in his leg strength, amount of postural motion and, interestingly, faster reaction times. In the simplest context, reaction time measures the time a person takes to react to an unexpected stimulus. In regard to everyday actions, the ability to react quickly and appropriately to sudden changes in the environment to prevent a trip or slip is essential for optimal balance and stability.

Consequently, the significant improvements seen in David's reaction times and strength translated to an overall improvement in balance and a reduction in falls risk (his actual score fell to 1.12). Further, his general walking ability improved dramatically, with his TUG scores now within the typical range of someone of his age. David felt the training was enjoyable and beneficial, and noted he felt more active and energetic (the benefits were also reflected in his BMI, which now was under 30). While David's falls risk score still placed him within the "moderate" falls risk category, improvements in general balance and walking ability were clearly seen after the intervention.

Conclusion

One of the keys to preventing a fall is being able to identify accurately those persons who are at greatest risk. There are a variety of assessments commonly used to screen for falls-risk. For the majority of these clinical tools (i.e., TUG, POMA and BBS), their strengths lie in screening of older adults who are at higher risk of falling, such as those that are frail or have disease-related impairments. In comparison, the Physiological Profile Assessment (PPA) affords a number of advantages in that it can provide more detailed information about the overall risk and the underlying physiological reasons for any decline in balance function. This information can, in turn, be used to develop a more individualized course of intervention to prevent a future fall. This latter point highlights one further issue about falls: falling can be considered a very individual problem. Even within a single cohort of people, individuals can often exhibit varying risk factors and fall at different points in their lifetimes. So, while there is still a need for quantitative and unbiased assessments for predicting falls, we must remember that the screening is primarily the first tool for identifying those at risk. The key is to gain insight into the unique properties which underlie falls for a given individual. A comprehensive falls risk assessment also requires time; unfortunately, there is no quick and easy tool that will work for all persons at risk. Ideally, individualizing the assessment by incorporating physiological measures in combination with functional movement assessments may provide the best means by which to tease out the underlying reasons for falls.

Study Questions

1. What are some of the major issues and health concerns with assessing falls in the older adult?
2. What are the benefits and limitations of many of the clinical assessments of falls risk?
3. Why is the individual assessment of physiological function essential for understanding falls risk?

References

Beauchet, O., Fantino, B., Allali, G., Muir, S., Montero-Odasso, M., & Annweiler, C. (2011). Timed Up and Go test and risk of falls in older adults: a systematic review. *Journal of Nutrition, Health and Aging, 15,* 933-938.

Boyd, R., & Stevens, J. A. (2009). Falls and fear of falling: Burden, beliefs and behaviours. *Age and Ageing, 38*(4), 423-428. doi: 10.1093/ageing/afp053

Close, J. C. T., Lord, S. L., Menz, H. B., & Sherrington, C. (2005). What is the role of falls? *Best Practice & Research in Clinical Rheumatology, 19*(6), 913-935.

Fried, L. P., Tangen, C. M., Walston, J., Newman, A. B., Hirsch, C., Gottdiener, J., McBurnie, M. A. (2001). Frailty in Older Adults: Evidence for a Phenotype. *Journal of Gerontology A: Biol Sci Med Sci, 56*(3), M146-157.

Gillespie, L., Gillespie, W., Robertson, M., Lamb, S., Cumming, R., & Rowe, B. (2009). Interventions for preventing falls in elderly people. *Cochrane Bone, Joint and Muscle Trauma Group Cochrane Database of Systematic Reviews. 2*

Lord, S., Sherrington, C., Menz, H., & Close, J. (2007). *Falls in older people: Risk factors and strategies for prevention.* (Second Edition ed.). Cambridge: Cambridge University Press.

Stevens, J. (2006). Fatalities and injuries from falls among older adults - United States, 1993–2003 and 2001–2005. *Morbity and Mortality Weekly Review.* 55.

About the Author

Professor Steven Morrison received his Ph.D. from Pennsylvania State University in 1997, with undergraduate degrees in Physical Education and Physiology and his Master in Physical Education from the University of Otago, New Zealand. He is an Endowed Professor and Director of Research within the School of Physical Therapy and Athletic Training at Old Dominion University in Norfolk. His research interests relate to the neural mechanisms underlying balance, gait, and tremor production in healthy older adults and those with neurological disorders, especially with reference to falls. E-mail smorriso@odu.edu or visit the Center for Brain Research and Rehabilitation at http://hs.odu.edu/physther/resources/lab.shtml.

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Partnering

Connie Coogle's reflection in this issue mentions a principle of operation so embedded in the workings of the Virginia Center on Aging (VCoA) that we take it for granted: collaborative partnering. It warrants citation or acknowledgement as a vital ingredient in what, I think, has made the VCoA such a productive and meaningful entity for the past 35 years. Starting before I arrived almost 24 years ago and certainly reinforced during my tenure, partnering has been the bedrock *modus operandi.*

I'm sure that part of the motivation for this partnering came from honest self-appraisal within VCoA. The numbers of our adjunct faculty and instructors associated with our Elderhosteel/Road Scholar lifelong learning programs have waxed and waned with the economy over the years, varying from two dozen to more than three dozen annually; but our core in-house staff has consistently been about 12 to 15 people.

Not having the flash or appeal of some areas in higher education and not producing an incremental number of alumni to call upon for endowments or advocacy (because we are not a department), VCoA has seen partnering with individuals, agencies, businesses, and foundations as a practical approach to maximizing the efficiency of operations. In my Tibbitts Award address at the Association for Gerontology in Higher Education (and much earlier) I called this "marginal gerontology." Being on the margins means, among many things, being free to create, adapt, and explore ways of getting needed things done.

I started to review the issues or matters in which we are currently investing our energy. I couldn't think, off hand, of an area where we were not partnering. In our work on instilling and maintaining a love of learning over the life course, several of us are partnering with institutions of higher education, public schools, community businesses, and talented instructors, both paid and volunteer, to offer Road Scholar programs across Virginia and the Lifelong Learning Institute in Chesterfield. And of course, all of us essentially are partnering with the learners themselves in a relationship that gives quick feedback if it isn't working.

In our work to prevent and respond to elder abuse and domestic violence in later life, several of us are partnering and have long partnered with statewide collaborators like the Virginia Coalition for the Prevention of Elder Abuse, the Virginia Department for Aging and Rehabilitative Services, and SeniorNavigator, as well as regional coalitions in greater Richmond (e.g., the Central Virginia Task Force on Domestic Violence in Later Life) and in far Southwest Virginia, to reinforce the agencies that respond to the needs of victims and to train the continuum of professionals, from law enforcement, to prosecutors, to judges, who must confront the perpetrators.

The Virginia Geriatric Education Center (VGEC) that we are privileged to direct is itself a consortium of three institutions of higher education whose faculty contribute their expertise in health care in order to improve interprofessional geriatrics training across Virginia. With colleagues in Medicine, Nursing, Occupational Therapy, Pharmacy, Physical Therapy, and Social Work, we comprise the VGEC's Plenary Committee which meets twice a month to steer the direction of this consortium.

Our work to combat alcohol abuse and to promote understanding of alcohol's impact in later life on medications and overall health partners us with the Virginia Department of Alcoholic Beverage Control (ABC) and numerous agencies and individuals in the productive efforts of the statewide Alcohol and Aging Awareness Group; these efforts have produced training conferences and materials, a network of human and community resources, informational brochures for customers in all ABC stores, and more.

VCoA's administration of the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) has relied on extensive partnering; the results have exceeded my fondest hopes by ARDRAF becoming the premier state-funded, pilot study dementia research program in the country. It is built on a foundation of partnering, whereby Virginia researchers and educators contribute their considerable expertise, in areas as varied as cell biology, drug design, clinical care, physiology and anatomy, and community-based services, to scrutinize applications for funding of research. These partnering individuals are volunteers whose dedication to the highest standards of research has netted Virginia and the world first-class research findings, scholarly publications, and a stunning return on investment for the Commonwealth.

Our focus on the opportunities and challenges associated with growing older with lifelong developmental disabilities has been productive because of the partnering within the Area Planning and Services Committee in greater Richmond; these two dozen individuals and the agencies they represent have created *de facto* public policy and practical solutions because the partnership encourages both innovation and real world problem-solving.

Partnering, coalition building, collaboration. Call it what you will. It's been a core value of VCoA. My predecessor, the dearly loved and recently departed Bill Egelhoff, himself an Episcopal priest, recognized the aging of congregations and the need for clergy to be prepared in aging-related issues. He knew that VCoA could take a lead in responding. Bill was retired but still a member of our advisory board; so he conceptualized and worked with partners to establish the Interfaith Coalition for Older Virginians (ICOV) in the early 1990s, bringing together people from state agencies, academia, and communities of faith to wrestle with these issues. Henry Simmons at the Presbyterian School for Christian Education joined the effort, as did MaryEllen Cox, another member of our advisory board and one who had earlier started the Virginia Caregivers Coalition. And so it went.

Partnerships are so vital to meeting our mandates and responding to opportunities that we have made it a practice to include in our annual Legislative Breakfast each January a summary of our partnerships and business with public and private, for-profit and non-profit entities in Virginia during the just-concluded calendar year. In the past year, for example, we did business or partnered in aging-related projects with 275 local or regional, and 48 statewide agencies, businesses, organizations, coalitions or non-profits across Virginia, as well as with 35 units of VCU. The numbers have been similar for over a decade.

Issues, crises, challenges, and opportunities have a way of arising episodically, often confounding established entities whose focus is prescribed by regulations or past histories. No one group can be all things at all times. Responsive and forward-looking partnerships (they need to be both) have helped to meet these issues. VCoA has been privileged to have been in this arena for the past 35 years.

At our 2013 Annual Legislative Breakfast, we inaugurated a new motto or catch phrase that is the essence of our beliefs and actions: **Aging—we're all in it together.**

From the Commissioner, Virginia Department for Aging and Rehabilitative Services

Jim Rothrock

How Are You Making Your Community "Livable"?

I am sure that you are fully aware of the issues related to the *Age Wave* that is reaching our shores each and every day. Projections indicate that there are just under 1,000,000 Vintage Virginians in the Commonwealth today, or about one of every seven residents. But these same projections note that by 2030, this number will nearly double, to almost two million Virginia seniors living among us.

This, coupled with the Commonwealth's policy change regarding Virginians with disabilities being served in community-based settings where possible and several long term institutions transitioning about 1,000 Virginians who have been living in these facilities now expecting community options, also underscores the importance of the Commonwealth becoming more "Livable."

The recent survey completed by the Older Dominion Partnership (http://olderdominion.org/age_survey_2011.php) offers a huge amount of excellent data, but there was one bit that resonated with me and perhaps with you. The survey noted that a majority of those surveyed had little confidence in their community being ready to assist them in aging in place.

One measure taken to address this issue was the assignment given to Secretary of Health and Human Resources, Dr. William Hazel, about three years ago by the General Assembly. Language in the Appropriations Act required the development of a Blueprint for Livable Communities. HHR representatives along with engaged partners began a discussion led by staff from Aging, Health, and Rehabilitation Services. Much study and research, led by a young intern, Rebecca Wilkens, produced a plan.

The group considered a wide array of options, such as certification of communities as Livable, requirements placed on local governments for actions to be taken, grants for planning, etc. At the end of the process, the group decided to create a plan citing key data and resources. A Citizen's Advisory Group was formed to draft the Blueprint for Livable Communities Report to be submitted to the Virginia General Assembly in 2011. The final report may be found at http://www.vadars.org/vblc/downloads/vblc-report.pdf.

Virginia's Blueprint for Livable Communities website was created to promote livable communities concepts and serve as a clearinghouse for resources. This site www.vadars.org/vblc would become the venue through which information would be catalogued, shared, and combined with staff presentations led by the current key staff person at DARS for BluPrint maintenance, Marcia DuBois, the Blueprint would continue to be vital and have a significant impact.
The basic definition of a livable community adopted is as follows: *A "livable community" is a community that is designed and functions in a way that facilitates well-being for all of the people who live there, regardless of age, income, or ability. It is a holistic goal that is achieved through a long-term, open-ended, community planning process.*

Readers are encouraged to go to the site and learn about the original report and learn more about what is going on around the Commonwealth.

A key feature found at this site is a list of documents that highlight how many communities are planning to become Livable.

Examples of Local Livable Communities Planning

• Greater Richmond Regional Plan for Age Wave Readiness
• Shenandoah Area Agency on Aging Study
• Williamsburg Community Action Plan on Aging (CAPOA).
• Rappahannock Rapidan Region's Aging Together Partnership
• Fairfax 50+ Action Plan
• Charlottesville's 2020 Plan: Aging in Community
• Arlington County Elder Readiness Plan

Another outstanding example of community planning is the Transportation and Housing Alliance Toolkit funded by a grant through the Virginia Board for People with Disabilities (VBPD) and awarded to the Thomas Jefferson Planning District Commission (TJPDC). TJPDC created the Transportation and Housing Alliance Toolkit (THA Toolkit) as a planning tool designed

to be replicated statewide that creates livable communities throughout the Commonwealth. The THA Toolkit was so successful that TJPDC received two additional grants from VBPD through 2012 to expand awareness, conduct training, and collect best regulatory programs from localities. The THA Toolkit may be found at: www.tjpdc.org/housing/thatoolkit.asp

My goal in featuring this information is not only to direct our readers to these sites but also to ask them for information they may have about what they are doing in their own communities. We are lucky to have models of Livable Planning, but are confident that more is going on in other localities.

You are encouraged to contact or Livable Communities Coordinator to update our list of communities engaged in Livable Planning and, hopefully, lend your documents to our list.

Marcia DuBois
Livable Communities Coordinator
(804) 662-7083 V
(800) 464-9950 TTY
Marcia.DuBois@dars.virginia.gov
www.vadars.org/vblc

We fully acknowledge the value of sharing information far and wide and hope you can help us in realizing our goal of seeing Virginia become one of our nation's most Livable states. Thank you in advance for your help.

2013 VDARS Meeting Calendar

Commonwealth Council on Aging
(Wednesdays)
September 25

Alzheimer's Disease and Related Disorders Commission
(Tuesdays)
August 27
October 15

Public Guardian and Conservator Advisory Board
(Thursdays)
September 12
November 21

Would You Like to Receive *Age in Action* Electronically?

You can subscribe to our publication at no cost. Simply e-mail us (eansello@vcu.edu) and include your first and last names and your best e-mail address. We do not sell or exploit the addresses of our readers and simply need your full name because our mailing lists are organized by names of recipients.

Would You Like to Switch from Postal to E-Mail Delivery?

We currently publish *Age in Action* in identical print and PDF verions. *Age in Action* will be transitioning over time to an electronic version only. If you now receive hard copies by postal mail, please consider switching to e-mail distribution. Send an e-mail listing your present postal address and best e-mail address for future deliveries, to Ed Ansello at eansello@vcu.edu.

Fall 2013 Gerontology Courses at VCU

The VCU Department of Gerontology would like to announce several upcoming opportunities for learning more about "Improving Eldercare through Education." The Fall 2013 Elective Courses are as follows:

GRTY 510: Aging. Online Blackboard course (undergraduate and graduate students).

GRTY 615: Aging and Mental Disorders. Online Blackboard class.

GRTY 692: Psychology of Health and Healthcare

GRTY 692: Entrepreneurial Gerontology

GRTY 609: Career Planning

Please contact Tracey Gendron at tlgendro@vcu.edu with your interest in participating in one or more of these courses.

Please SAVE THE DATE: **August 15th for our quarterly GeroSTAT Forum.** Our new format will feature five hours of continuing education for healthcare professionals, caregivers, and older adults. It will also feature an awards recognition ceremony to honor excellence in aging. For more information, please contact Jay White at whitejt2@vcu.edu.

For general information on the VCU Department of Gerontology, please visit www.sahp.vcu.edu/gerontology or call (804) 828-1565.

COMMONWEALTH OF VIRGINIA

Alzheimer's and Related Diseases Research Award Fund

2013-2014 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. Questions about the projects may be directed to the investigators or the ARDRAF administrator, Dr. Constance Coogle (ccoogle@vcu.edu).

UVA Matthew J. Barrett, M.D., M.Sc., Bradford B. Worrall, M.D., M.Sc., and Robert D. Abbott, M.A., M.P.H., Ph.D.

Assessment of Whether Genetic Risk Factors for Alzheimer's Disease and Vascular Dementia are Associated with Cognitive Impairment in Parkinson Disease

Cognitive impairment is common in Parkinson's disease (PD). However, there is significant variability in the onset of cognitive impairment during the course of disease. At this time the pathophysiology of cognitive impairment in PD is incompletely understood, and it is not possible to predict when patients will develop significant cognitive impairment. A few genetic factors have been found to influence the onset of cognitive impairment in PD. One of these is the APOE4 allele, an important risk factor for Alzheimer's disease (AD). The presence of Alzheimer's pathology in individuals with PD and dementia suggests that genetic risk factors for AD may contribute to cognitive impairment in PD. In addition to Alzheimer's pathology, cerebrovascular pathology has also been associated with dementia in PD. Recently, genome wide association studies have identified two alleles associated with increased risk of vascular dementia. The objective of this study is to evaluate whether alleles associated with increased risk of AD and vascular dementia are also associated with increased risk of cognitive impairment in PD. This study takes advantage of two large existing PD datasets with single nucleotide polymorphism arrays and Mini-Mental State Exam scores. Determining genetic risk factors for cognitive impairment in PD will provide insight into disease pathophysiology, improve prognostication, and inform personalized treatment strategies. *(The investigators may be contacted: Dr. Barrett, (434) 243-2012, mjbarrett@virginia.edu; Dr. Worrall, (434) 924-2783, bbw9r@virginia.edu; Dr. Abbott, (434) 924-1687, rda3e@virginia.edu)*

ODU Christianne Fowler, DNP, RN, GNP-BC and colleagues

The Impact of an Interdisciplinary Virtual Healthcare Neighborhood on Sleep, Healthcare/Social Support, and Self-Efficacy among Caregivers of Elderly Persons with Dementia

Patients with Alzheimer's and other forms of dementia and their caregivers (i.e., patient/caregiver dyads) often suffer from sleep disturbances. These sleep disturbances have been linked to poor health outcomes and impaired quality of life for these patient/caregiver dyads. This study evaluates a Virtual Healthcare Neighborhood (VHN) as an intervention for improving patient/caregiver dyads' sleep quality, self-efficacy, provider support, and social support. Bandura's Theory of Self-Efficacy provides the conceptual framework for developing the VHN based on the following four constructs: performance accomplishments, vicarious experiences, social persuasion, and physiological and emotional states. The VHN will provide caregivers with home access to: 1) a team of allied healthcare professionals in the fields of nursing, physical therapy, counseling, dental hygiene, and biomedical technology, 2) peer support, and 3) relevant healthcare information and resources. The Telehealth intervention will result in a virtual patient-centered home. The investigators anticipate that this will prove to be an effective, low-cost method for improving both caregiver and patient sleep, as well as related outcomes, while ultimately preventing or delaying the institutionalization of patients. *(Dr. Fowler may be contacted at (757) 683-6869, cfowler@odu.edu)*

Liberty University **Gary D. Isaacs, Ph.D.**

Remodeling of DNA Methylation Associated with Increased Beta Amyloid Deposition in Mice

Although several mutations have been associated with patients suffering from AD, several lines of evidence suggest that AD development might be caused by chemical modifications of the base DNA sequence (e.g., cytosine methylation, cytosine hydroxymethylation). Our project seeks to identify regions of the genome that become epigenetically altered as cells progress toward an AD-like state. To this end, the investigators plan to use DNA microarrays to map the locations of both cytosine methylation and cytosine hydroxymethylation in an AD mouse model system. Mice expressing two AD-related transgenes will serve as our AD-like condition, while mice lacking the transgenes will serve as our AD control group. The transgene positive mice produce more beta amyloid plaques than control mice, they do significantly worse on cognitive function experiments, and die at a younger age. This model is by far better than human cell culture models that utilize immortalized cell lines and exogenous treatment of purified amyloid beta. Our approach to identify AD-related epigenetic changes on a genomic scale represents a novel application of current technology to the realm of AD biology. *(Dr. Isaacs may be contacted at (434) 582-2224, gdisaacs@liberty.edu)*

CCAL **Karen Love, B.S., Elia Femia, Ph.D., and Sonya Barsness, M.S.G.**

Promoting Change and Action in Person-Centered Care Practices Using a Multi-Media Approach

A paradigm shift is occurring in the way we provide care and support to people living with dementia. Moving away from a purely medically-driven practice, the person-centered model of care is one that offers individualized approaches and considers the values and preferences of the person living with dementia. Recently, there has been much effort in developing practice guidelines and measurement tools to address the "What" and "How" of person-centered care. Missing, however, is the "Why." What influences a person or organization to adopt and maintain person-centered dementia practice? This project will explore the motivation for key stakeholders to adopt person-centered practices, and then develop multi-media tools that help define the "Why." These tools will be targeted to care professionals, family care partners, and people who have early stage dementia. A two-part motivational video will be produced: A primer segment will provide awareness of person-centered practices and a follow-up segment will illustrate the values of such practices. Printed materials based on the theory of planned behavior will also convey that the experience of people living with dementia and their care partners can be improved through simple yet significant daily actions. The impact of these multi-media tools will be evaluated experimentally to determine the extent to which project participants will positively change their practices to improve the quality of life for people living with dementia and those who care for them. *(The investigators may be contacted: Ms. Love, (703) 533-3225, karenlove4@verizon.net; Dr. Femia, (703) 532-5133, Elia.Femia@verizon.net; Ms. Barsness, (757) 773-7841, Sonya@sbcgerontology.com).*

Radford University **Lisa L. Onega, Ph.D., R.N.**

Bright Light Therapy for Individuals with Dementia

Many older adults with dementia living in long-term care facilities experience depression and agitation. Current treatments for depression and agitation are primarily behavioral and pharmacological. While research results to date are still inconclusive, bright light exposure appears to reduce depression and agitation in these residents. This experimental study seeks to determine whether or not bright light therapy is an effective treatment that can be added to the available repertoire of strategies used to treat these conditions. If bright light therapy, a safe, low-cost intervention, reduces depression and agitation in older adults with dementia, benefits would include improved quality of life, reduced use of medications for depression and agitation, and reduced personal and societal costs. *(Dr. Onega may be contacted at (540) 831-7647, lonega@radford.edu)*

GMU **Maren Strenziok, Ph.D. and Pamela Greenwood, Ph.D.**

The Impact of Auditory Perception Training on Brain Activation and Connectivity in Attention Networks, Reasoning Ability, and Everyday Cognitive Function in Patients with Mild Cognitive Impairment

Given the new evidence that cognitive training can improve general cognitive ability, there is a critical need to understand the neural mechanisms that promote transfer effects of cognitive training to everyday cognitive function in patients with Mild Cognitive Impairment (MCI). In the proposed study, the investigators will use auditory perception training in combination with pre- and post-training assessments of brain activation, brain connectivity, reasoning, memory, and everyday problem solving to assess an attentional mechanism that is dependent on functioning of the parietal cortex of the human brain. This attentional mechanism appears to be important for transfer of auditory perception training to general cognitive ability, including everyday problem solving and reasoning. This research is significant for its potential to reveal a critical role of parietal cortex-dependent attentional control in the transfer of training to everyday cognitive function in patients with MCI. Understanding training-related changes would advance understanding of diagnostic brain markers and target points for intervention. *(Dr. Strenziok may be contacted at (301) 318-8912, mstrenzi@gmu.edu; Dr. Greenwood may be contacted at (703) 993-4268, pgreenw1@gmu.edu)*

VCU **Dexian Ye, Ph.D. and Joseph Reiner, Ph.D.**

The Multiple Molecular Appearances of Amyloid-β Aggregates in Alzheimer's Disease

Amyloid-beta (Aβ) proteins undergo structural changes in patients with AD. The proteins become misfolded and aggregate to form larger structures which cause dysfunction in the brain. How the structures are formed is not clear due to the lack of suitable detection techniques. In this project, the investigators will study the structure of Aβ assemblies by combining two nanotechnology methodologies. Extremely small holes and metallic needles will be engineered for the detection of these assemblies. The combined methodology will be used to examine Aβ aggregates in situ during their misfolding and aggregation processes. The success of this project could offer an ultrasensitive diagnosis of Alzheimer's disease at very early stages. *(Dr. Ye may be contacted at (804) 827-1718, dye2@vcu.edu; Dr. Reinter may be contacted at (804) 828-7079, jereiner@vcu.edu)*

VCU **Shijun Zhang, Ph.D. and Hyoung-gon Lee, Ph.D.**

Development of Curcumin/Melatonin Hybrids as Neuroprotective Agents for AD

The multifaceted nature of AD may indicate the therapeutic potential of multifunctional ligands that tackle various risk factors simultaneously as effective AD-modifying agents. While numerous AD-modifying agents targeting one single risk factor have been developed, and a number have entered clinical trials, none of them have been successfully approved by the FDA. Curcumin and melatonin are natural products that have demonstrated multifunctional properties including antioxidant, anti-inflammatory, metal chelating, and anti-Aβ activities. However, certain properties associated with these two compounds have limited their further development as neuroprotective agents. Recently, the hybrid molecule strategy has received increased attention in drug design and development. Conceptually, a hybrid strategy incorporates structural features that are essential to the biological activities from different drug structures into one single molecule. The investigators have successfully designed five hybrid molecules based on the structures of curcumin and melatonin. The overall goal of this study is to validate the in vivo activity of one lead compound in an AD mouse model, and structurally optimize the lead compound to develop more potent analogs. The results are expected to produce a novel and validated hybrid strategy for designing effective neuroprotective agents and ultimately benefiting pharmacotherapy for AD. *(Dr. Zhang may be contacted at (804) 628-8266, szhang2@vcu.edu; Dr. Lee may be contacted at (216) 368-6887, hyoung-gon.lee@case.edu)*

2012-2013 ARDRAF Awards Committee

Paul Aravich, Ph.D.
Eastern Virginia Medical School
Colleen Jackson Cook, Ph.D.
Virginia Commonwealth University
Mary A Corcoran Ph.D., OT/L, FAOTA
The George Washington University
Jorge Cortina, M.D.
Hampton VA Medical Center
Lynne Elmore, Ph.D.
Virginia Commonwealth University
Kathleen Fuchs, Ph.D.
University of Virginia Health System
Inchan Kwon, Ph.D.
University of Virginia
James W. Mandell, M.D., Ph.D.
University of Virginia
Linda Phillips, Ph.D.
Virginia Commonwealth University
Beverly A. Rzigalinski, Ph.D.
Via College of Osteopathic Medicine
Patricia A. Trimmer, Ph.D.
Virginia Commonwealth University
Ishan Williams, Ph.D.
University of Virginia

VGEC Faculty Development Program June Graduates

The Virginia Geriatric Education Center (VGEC), a consortium of faculty from VCU, Eastern Virginia Medical School, and the University of Virginia, annually conducts a 160-hour Faculty Development Program (FDP), September through June. FDP Scholars commit to this interprofessional geriatrics training program with the expectation of passing their training to colleagues in order to maximize the impact of their training. Our 2012-2013 FDP Scholars celebrated the conclusion of their training year on June 21st.

Pictured are: (back row) Katherine Coffey-Vega, MD; Sheryl Finucane, PhD; Lisa Hill O'Shea, MSW; Jill Allen, MD; Lyn Van Der Sommen, MD; KC Ogbonna, PharmD; (front row) Tana Kaefer, PharmD; Lynn Simpkins, MSN; Dee Caras, MS; Uche Umejei, DNP; Shantha Das, MD and Christine Hagan, MD.

Not pictured: Anu Mehra, MD; and Emily Peron, PharmD.

Reflections on the 35th Anniversary of VCoA

by Constance Coogle, Ph.D.

When I came to the Virginia Center on Aging (VCoA) in March of 1989, I quickly realized just what a productive and dynamic agency I had managed to join. I was immediately immersed in the Center's important work evaluating a National Institute of Mental Health grant to the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services and the City of Richmond. Significant collaboration with the Virginia Geriatric Education Center (VGEC) and the VCU Department of Gerontology had the Center's staff involved in impressive projects. The inaugural issue of *Age in Action* had just been released the previous fall, and the General Assembly was funding us to help Virginia Retirement System counselors promote second careers for midlife and older adults. As I learned more about the VCoA's history, I began to understand the marvelous resource the Commonwealth had established when it established the VCoA to, among other things, generate data that would ultimately inform a progressively greater number of policy decisions and legislative initiatives. For example, in 1980, the Center had conducted the *Statewide Survey of Older Virginians* that was still being cited in the Joint Committee on Healthcare legislative subcommittee hearings I was attending.

With my background in addictions research, Dr. Nancy Osgood and I quickly developed a deep *simpatico.* I was thrilled to be able to help with the first statewide geriatric alcoholism detection and prevention in the country. Ed Ansello's much anticipated arrival later that year offered a host of projects and he magnanimously included me in his work. Little did know I know then that his dedication to addressing the aging of individuals with lifelong disabilities would lead to much deserved international reputation in an area that has now become widely recognized, but was quite in its infancy in 1989. He also encouraged my interest in family caregiving and we worked on two related projects together in the early 90s. But VCoA really hit its stride when Ed spearheaded two proposals to the U.S. Administration on Aging that were funded back-to-back. Both the *Families Who Care* project and our *Consumer Driven Model for Improving Home and Community Based Care* showcased one of the lasting hallmarks of the VCoA under Ed's direction, i.e., our ability to form successful collaborative partnerships to achieve overarching goals that transcend the interests of individual stakeholders.

Again and again, I've seen this strength in almost every endeavor the VCoA has undertaken over the years. It worked beautifully in our initiatives in domestic violence in later life and elder abuse, beginning with the Center's involvement in developing the Virginia Coalition for the Prevention of Elder Abuse in 1993, and grew a few years after Dr. Paula Kupstas joined the Center in 1996. It has also resulted in a stellar working group that implements the VGEC initiatives. In my humble opinion, we have assembled some of the most accomplished faculty members in the Commonwealth under the VGEC interprofessional consortium that partners Eastern Virginia Medical School, the University of Virginia, and VCU.

It's important in this reflection to acknowledge the people that VCoA has helped along the way. My earliest evaluation efforts showed that peer support programs can benefit older adults with serious mental illness isolated in the community. Most recently, my work with the VCU Department of Psychology provided incontrovertible evidence of the extent to which interventions like our Mindfulness Based Stress Reduction program and the Alzheimer's Association's support groups can improve dementia caregivers' well being. In between, we were able to identify and educate more than 200 African American and rural family caregivers who gained increased understanding of themselves and their care recipients, sharpened their caregiving abilities, and became more likely to access help available in their communities.

VCoA has had, for as long as I can remember, a focus on family caregivers who are often required to make tremendous sacrifices to support their loved ones. It is primarily through their courage, strength, and selfless determination that older adults with disabilities can remain at home continuing to enrich the lives of their loved ones and others in the community. The Center's emphasis in this area was exemplified in Ed's work to establish a state tax credit to reinforce the family as the principal agent in assisting older and disabled adults,

which ultimately passed the General Assembly as the Virginia Caregivers Grant Program.

Beyond these efforts, the Center has also continually educated healthcare and other professionals and paraprofessionals who serve older adults and their families. The need to build the healthcare workforce to address the shortage of professionals trained in geriatrics and gerontology is an integral part of the VCoA's *zeitgeist*. There is a pervasive and almost intuitive understanding that this crisis presents a palpable threat to the U.S. health care system's ability to care for the growing aging population. For me, this has entailed documenting the intended impact of the VGEC's training programs on cognitive behavioral variables such as knowledge, skills, and self-efficacy. It also has led to my scholarly endeavors mentoring students, conducting research, and publishing articles related to the promulgation of culture change. In this way, the Center has worked to elevate the recognition and respect for direct care workers as critical to a future of competent and caring assistance for our elders and ourselves.

Two former colleagues who welcomed me to the Center in 1989 were informally chatting with each other the other day. They both commented that the Center was the best place they ever worked, and concluded that this was largely due to the co-workers they had here. They have since moved on to other pursuits, but like me, they both enjoyed long-standing tenure with the VCoA. I currently, and will forever, absolutely agree with them.

My VCoA Path to Becoming a Gerontologist

by Bert Waters, Ph.D.

In early 1997, at the age of 37, with three children, ages 12, 4, and less than a year-old, and with the support of my wife, I decided that a midlife career change was in order. I had recently read *Life Worth Living: How Someone You Love Can Still Enjoy Life in a Nursing Home*, and met the author William (Bill) Thomas, MD. This sparked my interest in culture change and person-centered care. I contacted Mary Payne, an admired family friend, who was the Executive Director of (Senior Connections) the Capital Area Agency on Aging, about careers in aging. Mary introduced me to the aging network and suggested that I apply to the Master's Program in Gerontology at VCU. I enrolled in the MS program, Long Term Care Administration track, in January, 1998, working as a part-time fiscal assistant for the Department of Gerontology. My father died that fall, after receiving little comfort care the last two weeks of his life in a local hospital. Palliative care and hospice were not options at that time. I wrote about this experience as a case study for a class, and to help with my grieving. By the end of the year, Harry Baldwin, a classmate in the Gerontology program, offered me an administrative position at a soon-to-open assisted living community in the Fan District.

By mid-2000, Harry had left the assisted living community and my position was slated for termination. I was enrolled part-time in the Gerontology program, and was in the leadership of both the Virginia Culture Change Coalition and the Central Virginia Coalition for Quality End of Life Care. Another Gerontology classmate, Kim (Spruill) Ivey, mentioned there was an opening for an accountant at her office, the Virginia Center on Aging (VCoA). While I had a fiscal and personnel administration background, what attracted me most about the job was that VCoA encouraged me to complete my graduate studies in gerontology and continue with my aging advocacy role and I started working at VCoA in August 2000.

My first VCoA Advisory Committee meeting was a memorable road trip to meet at the Augusta Medical Center in Fishersville. Ed Ansello drove us there in a 15-passenger van. Many of our Advisory Committee members have helped shape my career over the years, including Dick Lindsay and Ruth Finley, and they were both awe inspiring that day. MaryEllen Cox, a luminary in Virginia's aging advocacy network, led the meeting. MaryEllen had a way of building a sense of individual potential and told me to think big and act decisively. Ed planned a side trip to Andre Viette's nursery in Fishersville after the meeting. I felt a heightened sense of camaraderie within our group on that road trip, the first of many adventures that I've shared with my VCoA colleagues.

I took heed of MaryEllen's call for action that first year. I became the project product coordinator for a four-year grant led by Connie Coogle and Nancy Osgood, funded

by Delaware Health and Social Services. The grant targeted older adults with problem gambling and other addictions and developed resources for service providers to promote healthy lifestyles. I also began an internship at the Hunter Holmes McGuire Department of Veterans Affairs Medical Center. With Connie's guidance, I served as project evaluator for an interdisciplinary group which developed culture change protocol at the VA Nursing Home. Ed encouraged my involvement in gerontological associations. I was elected Student Representative on the Executive Committee of the Association for Gerontology in Higher Education (AGHE), and was appointed Student Representative on the Gerontological Society of America's (GSA) Social Research Policy and Practice Committee.

My first research presentation was on building a culture change coalition at the Southern Gerontological Societies (SGS) Annual Meeting in Lexington, Kentucky in the spring of 2001. One memorable experience at the SGS meeting was a trip to the Annual Bluegrass Stakes at Keeneland with Ruth, Paula Kupstas, and Jane Stephan. This was my first and only trip to a horse track. We all placed bets during the last six races of the day. I justified this activity as research for the gambling grant. Amazingly, I never lost a bet in six tries, and came away with over seventeen dollars in winnings. I tried not to let this positive experience skew my research agenda.

My first year at VCoA was crucial in that it set a road map for me to follow the next dozen years. It is always exciting to see how initial project planning and group efforts directed at an issue can lead to improvements in the quality of life for Virginia's older adult population. I continued serving on the Virginia Culture Change Coalition until VCoA became the funding source for some of their activities through our Geriatric Training and Education (GTE) initiative, and as GTE administrator, I stepped aside. Many of the GTE funded projects since 2006 have focused on culture change and person-centered care. However, we still have a long way to go in Virginia to achieve a fundamental shift from the medical model of nursing home care to person-centered homes. Our grass roots end of life care coalition ceased after the hospice movement was integrated throughout Virginia in the mid-2000s.

I have moved on to researching hospital based palliative care and promoting a systemic approach to advance care planning in Virginia. I am now in a leadership role at AGHE, and present at GSA and SGS annually. Looking back on that first year, I now better understand the body of knowledge that MaryEllen had, which led her to enthusiastically address aging issues head on. Dick continues to amaze all with his passionate calls to action to address the "aging tsunami." Thanks to Mary Payne and the Virginia Center on Aging, I can call myself a gerontologist.

A 35-Year History

by Paula Kupstas, Ph.D.

In some respects, the Virginia Center on Aging might be considered a young organization. But, in terms of the issues of aging, it is a mature unit with a rich history, thanks to the foresight of a Virginia General Assembly that enacted legislation to create it in 1978. When I arrived at VCoA in 1996, I was impressed immediately with all that this "interdisciplinary study, research, information and resource facility for the Commonwealth of Virginia" was doing. There were projects and activities taking place seemingly all over the state, despite the small number of staff. Or was it <u>because</u> of the small number of staff, combined with an interdisciplinary and collaborative approach that, to me, was ahead of its time? (Didn't Barbara Mandrell have a song about that? It went something like "I Was Collaborative Before Collaborative Was Cool.") There was also expert guidance from the advisory committee and university council, since combined, which were made up of so many diverse and talented individuals. They, like the work being done, spanned the Commonwealth.

Much has changed since I joined the staff on a part-time basis in 1996, but some things remain unchanged. VCoA continues to thrive with programs and activities taking place throughout Virginia. Some of the projects may have changed, but their collaborative frameworks are as familiar as when I first arrived at VCoA. There is still the same *esprit de corps* among the small staff, and the same energy

and sense of purpose from the VCoA Advisory Committee. We welcome new statewide and local partnerships, while continuing to value longstanding agency collaborations and collegial relationships. Also unchanged is that growth and maturity are often accompanied by a share of sadness. We have mourned the loss of far too many colleagues who were champions of aging issues but, more importantly, dear friends.

VCoA's collaborative efforts in the area of domestic violence in later life and elder abuse are but one example of more recently developed collaborative programming. Since the first successful grant proposal on behalf of the Central Virginia Task Force on Domestic Violence in Later Life, in 2003, other funded projects have followed. Funding has come from the Virginia Sexual and Domestic Violence Victim Fund administered by the Department of Criminal Justice Services. It is most gratifying for VCoA staff to work in collaboration with Task Force members who include adult protective services social workers, aging services providers, victim advocates, criminal justice, and other professionals. The Task Force remains the firm foundation for all of our work in this program area.

In 2006, our collaboration with the Task Force produced a successful elder abuse training grant for the metro Richmond area: the *Central Virginia Training Alliance to Stop Elder Abuse, Neglect and Exploitation*. The U.S. Department of Justice Office on Violence Against Women selected our project as a pilot grantee, one of only 10 nationally that year. The Training Alliance trained law enforcement officers, sent prosecutors to a national training, and offered judges the opportunity to attend a national judicial institute. Participating organizations also engaged in a review of policies and protocols, based on multidisciplinary collaboration, to improve the identification, investigation, prosecution, and adjudication of cases of elder abuse, neglect, and exploitation. In 2008, we applied for and received continuation funding to conduct additional activities in the Richmond area.

That year, 2008, also saw us in creative partnership with SeniorNavigator. The product was the *Take Back Your Life Project*, a community-based, interactive, and confidential Internet project in the Petersburg/Tri-Cities area to both raise awareness about domestic violence in later life and demonstrate how faith- and community-based leaders can help people in abusive situations to take back their lives. This initiative focused on key community members, i.e., clergy and lay leaders, to whom victims often go for help.

When Executive Order #25 established the Governor's Domestic Violence Prevention and Response Advisory Board in October 2010, VCoA was understandably among the designee agencies. The Advisory Board was continued by Executive Order #44 in April 2012.

We built upon this history of collaboration when 2012 also presented the opportunity for a second project to be supported by the U.S. Department of Justice, Office of Violence Against Women, Enhanced Training and Services to End Violence Against and Abuse of Women Later in Life Program. With the Virginia Department for Aging and Rehabilitative Services as the applicant agency, VCoA, nine agencies from the City of Bristol and Washington County, and seven statewide agencies working together, we competed successfully for a three-year grant award. Focused in the City of Bristol and Washington County, this project will provide training to criminal justice professionals, governmental agency staff, victim assistants, and professionals working with older victims, while enhancing coordination among community agencies.

I made a conscious decision not to include any names in this reflection because of a fear of recognizing some and inadvertently excluding others. So many individuals and organizations have enriched the experience of the Virginia Center on Aging as a statewide resource. What a privilege it has been to work for and with each and every one of them.

Virginia Center on Aging (VCoA), Since 1978

Before the Beginning

Legislation creating the Virginia Center on Aging (VCoA) at Virginia Commonwealth University (Chapter 170 of the Acts of 1978) was approved by the General Assembly and signed by the Governor in March 1978 and formally took effect on July 1, 1978. But did you know that, by then, the Center had been operational as a project for nine months? The VCU Office of the Associate Vice President for Research and Graduate Affairs (now the Office of the Vice President for Research and Graduate Studies) had collaborated with the Virginia Office on Aging (which became the Virginia Department for the Aging in 1982) in the development and preparation of a successful grant proposal to the U.S. Administration on Aging (AoA) that funded the project. VCU was one of 24 successful applicants nationwide that year in competition for awards to develop a Multidisciplinary Gerontology Center. Here and on the next several pages are some additional facts about the early days and subsequent progress of VCoA.

Our Legislative Patrons in the Virginia General Assembly

On January 30, 1978, the following Delegates offered **House Bill 503**, a bill to create a Virginia Center on Aging to be located at VCU: Mary Marshall, Thomas J. Michie, Robinson B. James, Lewis P. Fickett, Sr., C. Jefferson Stafford, George W. Grayson, George W. Jones, J.S. Lambert, Franklin P. Hall, James S. Christian, Sr., Kenneth R. Plum, Walter H. Emroch, Orby L. Cantrell, Dorothy S. McDiarmid, Alson H. Smith, Jr., James F. Almand, Franklin M. Slayton, George E. Allen, Jr.

On February 6, 1978, the following patrons offered **Senate Bill 534**, a companion bill to HB 503: Sen. Edward Holland, Del. Mary Marshall

VCoA's Directors

The Virginia Center on Aging at Virginia Commonwealth University has had three directors since its creation by the General Assembly. They are:
Gregory W. Arling, Ph.D., July 1978 - June 1986
William F. Egelhoff, M.B.A., M. Div., July 1986 - October 1989
Edward F. Ansello, Ph.D., November 1989 – Present

There's No Place Like Home

The Virginia Center on Aging has changed its address several times over the years. VCoA's first location, a former Collegiate School building at 1617 Monument Avenue, was leased from Grace Covenant Presbyterian Church. Director Emeritus Bill Egelhoff recalls that a Collegiate graduate once told him that, during cold spells, students would head up to the icy flat roof for some skating. No word on whether VCoA staff members ever practiced speed-skating on the roof. VCoA was housed for a time at Scherer Hall, on Virginia Commonwealth University's Monroe Park Campus. Since moving to the Medical College of Virginia (Medical Center) Campus, VCoA has spent time in the Samuel Putney House, the Stephen Putney House, Grant House, the old East Hospital (razed and now the site of the Medical Sciences Building), the Lyons Dental Building (for over 10 years), the West Hospital, and, since summer 2007, the Theatre Row Building at Broad and Eighth.

The Virginia Center on Aging - Selected Highlights 1978-2013

March 23, 1978 Governor John N. Dalton signs legislation approved by the General Assembly creating the Virginia Center on Aging.

1978 VCoA, in partnership with the Department of Gerontology of Virginia Commonwealth University (VCU), Capital Area Agency on Aging, and RSVP of the United Way of Richmond, develops the *Widowhood Peer Counseling Program*, with funding by the State Agency for Title I, Higher Education Act.

1978 –1979 VCoA evaluates the Virginia Nursing Home Pre-Admission Screening Program, the first statewide pre-admission screening program in the United States. The federal Administration on Aging (AoA) funds the study.

1978-1980 VCoA conducts the *Statewide Survey of Older Virginians*, which provides the first comprehensive data (demographic, housing, service, caregiving, etc.) on Virginians 60 years of age or older. The survey is funded by Title XX of the Social Security Act, via the Virginia Department of Social Services and the Virginia Office on Aging.

1979 VCoA assumes the State Directorship of Elderhostel, a lifelong learning program for older adults. VCoA and Marymount College offer the first programs in Virginia.

1979-1980 VCoA develops a training manual for employment counselors in state agencies and conducts training aimed at assisting the older job seeker. The Governor's Employment and Training Council funds this educational program.

1981-1982 VCoA conducts *Job Clubs for Older Adults*, a project to develop and coordinate four clubs to assist middle aged and older disadvantaged workers to locate work. The Governor's Employment and Training Council funds the project.

1982 The General Assembly establishes the Alzheimer's and Related Diseases Research Award Fund (ARDRAF), a special resource for innovative pilot studies on dementia (*Code of Virginia* § 2.1 373.9), and denotes VCoA as administrator. The annual appropriation is $10,000. Two grants of $5,000 are to be awarded each year.

1982 VCoA has now produced: eight state-of-the-art publications in its Education Series, including *Geriatric Medical and Nursing Education; Model Programs in Mental Health and Aging; Drug Use and the Elderly;* and *Gerontology in Virginia: A Compilation of Course Syllabi*; six publications in its Research Series, including *The Final Report from the Study of Adult Day Care Programs in Virginia* and *Natural Support Systems for Preserving Independence of Older Persons*; five publications in its Public Policy Series, including *Property Tax Relief Programs for the Elderly;* and eight publications in its Special Series on findings from the Statewide Survey of Older Virginians.

1982-1984 VCoA conducts *Model Training for Service Providers in Mental Health and Aging*, which trains approximately 60 providers in two regions of Virginia in mental health services to the elderly and intersystem collaboration. AoA funds this project.

1983 VCoA becomes the first site in the nation to hold an Elderhostel program at a medical school, specifically, the Medical College of Virginia (MCV) of VCU.

1984 The General Assembly increases the annual appropriation for the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) to $40,000. Four grants of $10,000 are to be awarded each year.

1984-1985 VCoA conducts the *Long Term Care Alternatives Study*, comparing the cost and effectiveness of home care in the community and nursing home care in Virginia. The study's Final Report proposes pre-admission screening, uniform assessment instruments, and a system of case management as the most economical means of appropriate level of services. The Long Term Care Council funds the study.

1985 VCoA conducts a study of the Virginia Medicaid Nursing Home Reimbursement System, examining assessment forms, comparing patients' conditions, and evaluating intensity of care. VCoA's Final Report recommends a new formula for reimbursement based on care requirements. The Virginia Department of Medical Assistance Services (DMAS) funds the study.

1985-1987 VCoA develops case mix measures for comprehensive long-term care. This study, funded by the AARP Andrus Foundation, involves re-analysis of data from the South Carolina Community Long Term Care Demonstration.

1985-1988 VCoA collaborates with the VCU Department of Gerontology, which secures support to establish a Geriatric Education Center (GEC), a multi-institutional, multidisciplinary consortium based at VCU. The U.S. Department of Health and Human Services (DHHS) funds the GEC.

1986-1988 VCoA conducts the *Outpatient Mental Health Study*, evaluating Medicaid policies and procedures. It is funded by DMAS.

1986-1989 VCoA evaluates the aftercare needs of elders with mental illnesses who have been deinstitutionalized and are now residents in adult homes. The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) fund this project.

1987-1990 VCoA evaluates *Project Reach,* a community peer support program for elders with mental health problems. The project is conducted by the City of Richmond Community Services Board and the City's Department of Health, and is funded by the National Institute of Mental Health through the Office of Geriatrics, DMHMRSAS.

1988 In the Fall, VCoA and the GEC jointly publish the inaugural issue of ***Age in Action***, replacing the *Virginia Center on Aging Newsletter* published since 1978.

1988-1990 VCoA collaborates with the VCU Department of Gerontology in its competitive renewal proposal for the GEC, which is funded by the U.S. Department of Health and Human Services.

1989 VCoA develops and tests the *Second Career Program for Mid Life and Older Virginians*, and trains Virginia Retirement System counselors who will incorporate the techniques into their programming. The General Assembly funds this effort.

1989-1991 VCoA partners with the VCU Department of Gerontology on *A Detection and Prevention Program for Geriatric Alcoholism,* aimed at educating elders, their families and caregivers, and professionals in aging, medicine, and mental health. AoA funds this work.

1990 VCoA conducts *Geropharmacy and Gerontology for Rural Community Pharmacists*, funded by the AARP Andrus Foundation, through a subcontract with the University of Maryland. The project conducts model training programs at partner institutions across the United States.

1990-1992 VCoA conducts *Improving Planning and Services for Older Persons with Developmental Disabilities (Partners II)*, a statewide project to address the aging of Virginians with lifelong disabilities, through cross-training, consumer and family education, and intersystem collaboration. It is funded by AoA through the Virginia Department for the Aging (VDA).

1991 VCoA and VDA develop and publish *The Older Person as a Resource: A Position Paper*, which is initially distributed at the federal Region III Conference, Future Directions in Aging.

1991 VCoA collaborates with the VCU Department of Psychology in the research project, *Relation of Older Adult Attributes to Self Directed and Leader Directed Career and Life Planning Interventions*, which studies different types of personal planning strategies. The AARP Andrus Foundation funds the study.

1991 The Interfaith Coalition for Older Virginians (ICOV) becomes a reality. After hosting an organizational meeting in November 1990, VCoA's Bill Egelhoff and Ruth Finley help development of the mission and structure of this ecumenical organization to enable faith communities to better serve older Virginians. ICOV hosts its first conference in 1992 and inaugurates a newsletter in 1993.

1991-1992 VCoA studies the balance of work and family caregiving among 10,000 VCU employees through *Elder Caregiving among University Employees: Responsibilities and Needs*, funded through VCU Grants in Aid to Faculty.

1991-1992 VCoA collaborates with the Center for the Study of Pharmacy and Therapeutics for the Elderly, University of Maryland School of Pharmacy, as evaluator of the *Maryland Caregiver Program*, a research and training initiative for the family caregivers of 1400 frail elders. The Governor's Office of Justice Assistance, State of Maryland, supports this project.

1991-1994 VCoA collaborates with the VCU Department of Gerontology in a proposal to operationalize the Virginia Geriatric Education Center (VGEC), which is awarded by the Bureau of Health Professions, U.S. Health Resources and Services Administration, DHHS.

1991-1996 VCoA serves on the Geriatric Subject Matter Committee in the School of Medicine, Medical College of Virginia, VCU, for geriatrics/gerontology content to be developed and introduced into the medical students' basic sciences curriculum.

1992 VCU becomes an Elderhostel Supersite because of VCoA (20 or more programs annually).

1992-1993 VCoA partners with the VGEC and the VCU School of Pharmacy to conduct *Gerontology and Geropharmacy for Rural Community Practice*, an on-site seminar program for pharmacists and nurses, in the Northwest, Southwest, and Southside, and on the Eastern Shore.

1992-1995 VCoA develops and field tests in Central and Southside Virginia the project *Families Who Care*, a curriculum for family caregivers of minority and rural elders with dementia. The project is designed to prepare trusted community leaders to be trainers of and resources to family caregivers and ties curriculum content to the progressive stages of dementia. AoA funds this intervention.

1993 VCoA helps establish and is a charter member of the Virginia Coalition for the Prevention of Elder Abuse (VCPEA). VCoA's Director becomes a founding member of VCPEA's eight-member Board of Directors.

1993-1996 VCoA and VDA jointly develop and test a model project for intersystem cooperation, *An Integrated Model for Collaborative Planning and Services to Older Adults with Developmental Disabilities* (popularly known as Partners III). This project establishes a replicable model, with three key elements, for effective intersystem collaboration to benefit older adults with lifelong disabilities, their families, and direct service staffs. AoA funds this project.

1994 VCoA enrolls its 5,000th Elderhostel student.

1994-1997 VCoA develops and implements in 15 counties and 12 cities across Virginia *A Consumer Driven Model for Improving Home and Community Based Care (HCBC)*, an educational intervention to build up the capacities of older Virginians to remain in their homes. AoA funds this.

1995 VCoA establishes the Professional/Consumer Advocacy Council (PCAC) on Aging and Developmental Disabilities, a grass roots organization of individuals with lifelong disabilities, family caregivers, and academic and agency professionals for inter-agency cooperation and public education.

1996 VCoA collaborates with the VCU School of Social Work Graduate Program on a research study of *Sheriffs as Guardians of Last Resort,* which is funded by VCU Grants in Aid to Faculty.

1996 VCoA initiates national dissemination for the publications resulting from the *Families Who Care* project. Resources include *Families Who Care: Assisting African American and Rural Families Dealing with Dementia*, a training manual, and a replication plan.

1996 In June VDA joins VCoA and the VGEC as a third partner in publishing *Age in Action*, which now has a circulation of over 4,000.

1996 VCoA enrolls its 10,000th Elderhostel student.

1996 VCoA completes a systematic revisit to the 1990-95 recipients of the ARDRAF seed grants to determine consequences of their awards, especially subsequently funded research and scientific publications. VCoA documents more than $1.7 million in subsequent funding and 49 published research articles.

1996 In October, in anticipation of the 15th anniversary of the ARDRAF that he sponsored in the General Assembly, VCU and VCoA honor Delegate Kenneth Plum at a special program at the Annandale campus of Northern Virginia Community College. VCU Vice President Jones, fellow Delegates and Senators, and previous ARDRAF awardees are speakers.

1996-1997 VCoA conducts a national assessment, a two-wave survey of all 50 states, of state level mental retardation and aging services directors to determine their critical issues, priorities, funding, and practices related to public services for older adults with lifelong, developmental disabilities.

1997 The General Assembly increases the annual appropriation for ARDRAF to $66,000. Four grants of $16,500 are to be awarded each year.

1997 VCoA publishes *Partners: Building Inter-System Cooperation in Aging with Developmental Disabilities*, a detailed manual based on supervised field-testing in Virginia and Maryland, and distributes it to agencies across Virginia and to over 700 state and area agencies on aging nationally.

1997-1998 VCoA joins with Internal Medicine, Neurosciences, and MCVH Administration in VCU's Geriatric Services Task Force, an initiative to increase community awareness of MCV's geriatric services. The Task Force develops outlines for an elder-oriented MCV "Healthline," "Seniorline" for information and referral, and "Senior Subjects Speakers Bureau."

1997-1998 VCoA sponsors a 13-week radio discussion and call in show, "Tune into Life," on WNDJ-FM to help bring issues of health, lifelong learning, caregiving, and other aging-related matters to listeners in Virginia's Northern Neck.

1997-2000 The Bureau of Health Professions, U.S. Health Resources and Services Administration, DHHS, awards the VGEC a grant for the *Geriatric Interdisciplinary Team Training* project. VCoA conducts the project's evaluation component.

1997-2002 VCoA collaborates with the VCU Department of Gerontology to conduct a five year follow up to *A Model Detection and Prevention Program for Geriatric Alcoholism*. The project is self funded.

1998 As part of its 20th anniversary celebration, VCoA partners with area agencies on aging across Virginia in conducting educational lifelong learning programs in Hopewell, Isle of Wight, Richlands, and Waynesboro; and honors in Richmond Delegate Frank Hall and Senator Benjamin Lambert for their years of commitment to Virginia's elders and their families.

1998 VCoA enrolls its 15,000th Elderhostel student.

1998 VCoA leads a partnership of organizations in developing a pioneering, multi-state conference entitled *Aging with Cerebral Palsy: Meeting Everyday Needs*, focusing on research and best practices related to health care and personal well-being within this population. Several foundations fund it.

1998 VCoA co-founds the Central Virginia Task Force on Older Battered Women, a collaboration of aging and domestic violence service providers, to increase awareness of and capacity to respond to older women who experience domestic and sexual violence.

1998-1999 VCoA conducts the research investigation, *Cost-Effectiveness of Family Caregiver Training*, to determine the effect of caregiving of elders and mid-life adults with disabilities on hours in the labor force and work probability. This research is funded by VCU Grants-in-Aid to Faculty.

1999 VCoA conducts extensive follow-up study of all previous recipients of small grants from the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) to determine consequences of funding, and learns that ARDRAF stimulates substantial research publications and enables many large federal and foundation grants, returning over $9 in subsequent awards for every $1 appropriated.

2000 VCoA completes an upgrade of its web page, complying with VCU and "Bobby's" protocols and including past and current issues of ***Age in Action*** on–line, all past awards in the ARDRAF and call for applications, a catalog of all audiovisual holdings for loan, etc.

2000 In March VCoA welcomes its 20,000th Elderhosteler.

2000 VCoA leads a partnership in developing a second, multi-state conference on *Meeting Everyday Needs: Aging with Cerebral Palsy and Other Developmental Disabilities*. Again, several foundations fund it.

2000 VCoA hosts the first Alzheimer's research conference based on the valuable contributions of the Alzheimer's and Related Diseases Research Award Fund. It features 12 previous ARDRAF awardees, six each in basic and applied research, who discuss their projects and consequences.

2000-2001 VCoA partners in an initiative led by the Virginia Department of Health and the Virginia Chapter of the Arthritis Foundation entitled the Virginia Arthritis Task Force (VATF). It assesses arthritis awareness in Virginia and issues the *2001-2005 Virginia Arthritis Action Plan*. The U.S. Centers for Disease Control and Prevention funds the VATF.

2000–2005 VCoA directs evaluation of the *Virginia Geriatric Education Center Core Grant*, federally funded by USDHHS to improve geriatrics training of pre-service and in-practice health professionals.

2001-2004 VCoA partners with the VGEC, the VDA, the Alzheimer's Association Chapters, and the Nursing Assistant Institute in a multi-year, multi-part project, *Dementia-Specific Training of Long-Term Care Personnel,* to train nursing assistants and develop a core of leaders within them.

2001–2004 VCoA and VCU's Department of Gerontology jointly are funded by the State of Delaware for the project, *More Life Left to Live: Educating Older Adults about Healthy and Unhealthy Lifestyles*, to assist elders to break habits of gambling, smoking, substance abuse, etc., and to substitute healthy behaviors.

2002 VCoA welcomes its 25,000th Elderhosteler, and now conducts educational programs at sites in Hampton, Hampton/Yorktown, Richmond, Petersburg, and Natural Bridge.

2002 VCoA partners with the Alzheimer's Association – Greater Richmond Chapter and the Virginia Geriatrics Society in hosting *Discovering Treatments and Improving the Care of Persons with Dementia: The Second Biennial Conference of the Alzheimer's and Related Diseases Research Award Fund.*

2002 The Alzheimer's and Related Diseases Research Award Fund (ARDRAF), which VCoA administers with third party professional screening, has now awarded $1 Million in small seed grants for innovative studies into the causes and consequences of dementia. ARDRAF study findings have resulted in a documented $8.9 Million in subsequent, directly related grants from non-state sources.

2002 VCoA receives funding from the VDA to evaluate a train-the-trainer educational intervention that prepares nursing assistants to provide in-services for their co-workers on three dementia caregiving skills, as part of AoA's *Alzheimer's Disease Demonstration Grants to States.*

2002 VCoA's work since 1999 to help establish a needed senior center in Chesterfield County culminates in the grand opening in June of the Senior Center of Richmond at Chesterfield, with the Senior Center receiving support from Chesterfield County, businesses, organizations, and individuals.

2002-2003 As part of its 25th anniversary celebration, VCoA conducts a variety of special "birthday" educational programs across Virginia, including "Gadgets and Gizmos and Other Cool Stuff: Adaptive Products for Older Virginians" (co-sponsored with Virginia Assistive Technology System, VDA, the Virginia Association of Area Agencies on Aging, and VDSS) in Pulaski, Williamsburg, and Fredericksburg; "25 Years of Partnering for Elders and Their Families" in Richmond and Lynchburg; and "Lewis and Clark: The Journey Begins in Virginia" in Big Stone Gap.

2003 VCoA and the VCU Police Department obtain and administer a grant awarded to the Central Virginia Task Force on Older Battered Women to raise awareness of domestic violence and sexual assault against older women and to improve the capacities of agencies in Richmond and three surrounding counties to respond. The Virginia Department of Criminal Justice Services funds this.

2003 In February VCoA holds its Tenth *Love of Learning* program, its traditional Valentine's Day introduction to lifelong learning for older Virginians.

2003 Governor Mark Warner officially declares VCoA's 25th legislative anniversary, March 23, 2003, as ***Virginia Center on Aging Day in the Commonwealth of Virginia.***

2003 VCoA continues its partnership with the VCU School of Dentistry to help prepare dentists for geriatric practice, addressing upper level students on health, family, disability, and other characteristics with implications for practice.

2003 After the 2003 session of the General Assembly decreases the ARDRAF appropriation to $77,500 annually, a generous one-time gift by the Alzheimer's Association-Greater Richmond Chapter enables VCoA to make a fourth award possible.

2003 VCoA, with two gubernatorial appointed commissioners on the Virginia Alzheimer's Disease and Related Disorders Commission, plays a prominent role in formulating a virtual statewide Comprehensive Alzheimer's Disease Center, chairing two of its subcommittees.

2003 In August VCoA helps to launch the Area Planning and Services Committee (APSC) on Aging with Developmental Disabilities, a broad coalition of family caregivers and leaders across metropolitan Richmond in disabilities, health care, aging services, faith communities, parks and recreation, and more, to address challenges and opportunities of aging with lifelong disabilities.

2003 VCoA is a member of the federally funded project *Abuse and Neglect of Children and Adults with Developmental Disabilities: A Problem of National Significance*, directed by the Partnership for People with Disabilities at VCU, to develop a web-based course for health care professionals. During 2003 the project develops and field-tests 13 interactive modules.

2003 In December VCoA, with Chesterfield County Public Schools, the Brandermill Woods Foundation, and the Brandermill Woods Retirement Community as co-sponsors, hosts a ribbon-cutting ceremony to open the Lifelong Learning Institute (LLI) in Chesterfield, modeled on the Elderhostel Institute Network, to foster learning opportunities for adults ages 50 or better. Debbie Leidheiser is the LLI'S first Director.

2004 VCoA and the VCU Police Department, in partnership with the Central Virginia Task Force on Older Battered Women, receive a second year of funding from the Virginia Department of Criminal Justice Services to co-direct the project on domestic violence against older women.

2004 The Lifelong Learning Institute (LLI) in Chesterfield begins offering classes in March.

2004 VCoA sponsors three well-attended, related events in March on spirituality and the quest for meaning, each featuring renowned author Harry R. Moody, Ph.D.: *Conscious Aging; The Journey of the Soul: Spirituality in the Second Half of Life*, developed with colleagues at VCU and Union-PSCE; and *Spirituality and the Search for Meaning in Geriatric Practice,* a Combined Grand Rounds with VCU's Departments of Psychiatry and Patient Counseling and the School of Social Work.

2004 VCoA's Director represents VCU in a series of events in Tokyo to help launch educational gerontology in Japan, including delivering the keynote address in the "Gerontology International General Symposium" for government ministers and business leaders.

2004-2005 VCoA serves on the Geropsychiatric Work Group, in the Task Force charged by the Commissioner of DMHMRSAS with "Restructuring Virginia's Mental Health, Mental Retardation, and Substance Abuse Services System."

2004-2007 VCoA's Connie Coogle directs evaluation of the project *Recognition, Respect, and Responsibility: Transforming the Direct Service Community*, awarded to DMAS by the Centers for Medicare and Medicaid to focus on recruitment and retention of direct service workers.

2005 VCoA's co-published quarterly ***Age in Action*** begins its 20th volume.

2005 The Area Planning and Services Committee (APSC) on Aging with Developmental Disabilities conducts training workshops on Down syndrome and Dementia and hosts its first statewide conference.

2005 VCoA, in partnership with more than 15 organizations, including the American Lung Association of Virginia, CrossOver Ministries, and the Virginia Association of Free Clinics, helps launch a national initiative in Virginia, *Partnership for Prescription Assistance (PPARx)*, for qualifying patients who lack drug coverage.

2005-2008 In July, VCoA's Paula Kupstas applies for and receives additional support from the Domestic Violence Victim Fund of DCJS to expand operational focus from intimate partner domestic violence to family violence, and to conduct this work statewide. VCoA, a leading agency in the renamed (2007) Central Virginia Task Force on Domestic Violence in Later Life, successfully applies for refunding of both projects for calendar years 2006, 2007, and 2008.

2005-2008 VCoA directs evaluation of Workplace Partners for Eldercare, directed by Senior Connections: The Capital Area Agency on Aging, and funded by the Richmond Memorial Foundation; it assists some 20 employers in central Virginia in helping caregiving employees.

2006 The General Assembly increases the annual appropriation for ARDRAF to $200,000.

2006 VCoA welcomes the 30,000th Elderhosteler to its programs for older learners.

2006 Delegate Jack Reid successfully patrons a bill in the General Assembly to provide $375,000 annually for operation of the Virginia Geriatric Education Center, after the Congress eliminates funding for GECs nationwide in the middle of their cycles. VCoA is to administer these funds.

2006 The Central Virginia Task Force on Older Battered Women, which VCoA administers, receives a *2006 Best Practices Award* from the Commonwealth Council on Aging.

2006 In response to House Bill 110 of the 2006 General Assembly that requires all state agencies to prepare annual reports on their continuous preparation for the aging of Virginia, VCoA begins working with the Virginia Department of Alcoholic Beverage Control (ABC) and helps establish the Alcohol and Aging Awareness Group (AAAG).

2006-2009 VCoA competes successfully for one of only 10 grant awards nationally from the U.S. Department of Justice, Office of Violence Against Women. The grant of $429,075 allows VCoA and collaborators to offer multidisciplinary elder abuse training to police officers, prosecutors, and court officials in the metropolitan Richmond area.

2007 The Virginia Geriatric Education Center ceases operation. VCoA is named administrator of an annual appropriation from the General Assembly for Geriatric Training and Education (GTE).

2007 The Alzheimer's and Related Diseases Research Award Fund (ARDRAF) celebrates its 25th anniversary, honoring original patron Delegate Ken Plum at VCoA's Legislative Breakfast.

2007 VCoA co-directs development of an international invitational conference for Japan and Southeast Asian nations on aging and quality of life that takes place in Okinawa in March. Partners include Nippon Care-Fit Service Association, Obirin University in Tokyo, the World Health Organization, and representatives from the USA, Europe, and Asia.

2007 VCoA begins a successful new Elderhostel site in Staunton, offering programs in cooperation with the American Shakespeare Center at Blackfriars Playhouse.

2007 Monica Ruiz-Hughes is selected to be the LLI's Director.

2007-2008 Geriatric Training and Education (GTE) funds, which VCoA administers, enable 15 different initiatives across Virginia, including training non-geriatric physicians statewide in geriatrics; rural pharmacists on the Eastern Shore, Northern Neck, and in Southside in advanced medication management for geriatric patients; family caregivers of relatives with dementia in Southwest Virginia; long-term care nursing assistants in medication and alcohol interactions; and geriatric nurses statewide in end-of-life care.

2007-2009 VCoA is partnering with the Virginia Department of Criminal Justice Services, which, with grant support from the U.S. Department of Justice, is leading development of the Virginia Victim Assistance Academy, a continuing residential academy for law enforcement and victim/witness personnel that begins in summer 2008 at the University of Richmond.

2008 VCoA conducts its periodic follow up survey, in the spring, of past awardees of ARDRAF seed grants. Since 1982, VCoA has awarded 111 small grants, averaging $16,700 and totaling $1.8 million, which have produced over 242 scientific research publications and a documented $17.9 million from non-state sources, a return on investment of $10 for each $1 appropriated.

2008 Membership in the Lifelong Learning Institute (LLI) in Chesterfield reaches 400.

2008 The Alcohol and Aging Awareness Group (AAAG) conducts a successful statewide conference *The Hidden Epidemic* for 300 professionals in April and publishes information on alcohol misuse, medications, and aging, distributed through ABC outlets across Virginia.

2008 VCoA launches *A 21st Century Chautauqua*, a new summer offering at Natural Bridge, with 14 instructors coming from four of our sites, that receives special recognition from the President's Office of Elderhostel, Inc. for its intriguing concept and creative design reminiscent of its namesake 19th century learning camp in upstate New York.

2008 VCoA's Connie Coogle directs a contract from the City of Richmond to conduct a needs survey of older adults.

2009 VCoA celebrates its 30th year of offering Elderhostel lifelong learning programs across Virginia.

2009-2010 VCoA's Ed Ansello (Director), Paula Kupstas (Project Director) and Lisa Furr (Project Coordinator) partner with SeniorNavigator in the project *Take Back Your Life* to offer training on domestic violence in later life for communities of faith, initially in the Greater Petersburg Area. On-site training days and a secure web-based solutions center developed by SeniorNavigator offer help to victims, concerned friends, and clergy and lay leaders within communities of faith. The Cameron and Verizon foundations support the project.

2009-2011 VCoA and the VCU Department of Psychology conduct funded research on Mindfulness Based Stress Reduction for Alzheimer's Family Caregivers.

2009-2013 VCoA, as lead agency in the Central Virginia Task Force on Domestic Violence in Later Life, applies for and receives annual calendar year competitive funding from both the V-STOP and Domestic Violence Victim Fund of the DCJS to continue regional training on domestic violence in later life and statewide training on family violence, respectively.

2010 VCoA's quarterly *Age in Action* begins its 25th volume. Circulation is estimated at over 20,000 addresses.

2010 Membership in the Lifelong Learning Institute (LLI) surpasses 500. LLI completes 2,900 student classroom hours with over 375 classes conducted, and holds its first successful major fundraising event.

2010 VCoA conducts *Enhancing Judicial Skills in Elder Abuse Cases*, a workshop for circuit court judges, as an add-on to the statewide Judicial Conference of Virginia in May. This six-hour workshop is supported by its USDOJ grant and by funding from the Family and Children's Trust Fund of Virginia.

2010 The national Elderhostel organization adopts as its new name "Road Scholar" and the VCoA program becomes VCU Road Scholar.

2010 In October VCoA's Lisa Furr and fellow multidisciplinary team (MDT) members in Henrico County, working to combat elder abuse and domestic violence in later life, present at the National Adult Protective Services Conference in San Diego on the development of TEAM Henrico.

2010-2011 VCoA and other interested stakeholders complete collaborative work to produce the Virginia Department for the Aging's *Four Year Plan*.

2010-2012 VCoA is named a designee agency to the Governor's Domestic Violence Prevention and Response Advisory Board, established by Executive Order #25 in October 2010 and continued by Executive Order #44 in April 2012. Paula Kupstas represents VCoA in the full committee and chairs the subcommittee on Expanding Services to the Elderly and Victims with Disabilities and Mental Illness.

2010-2015 VCoA and partners within VCU, Eastern Virginia Medical School, and the University of Virginia, having successfully competed for a $2.2 million award from the U.S. Health Resources and Services Administration, operates the Virginia Geriatric Education Center, a consortium project for interprofessional geriatrics training of health care providers and students in training. The VGEC offers a 160-hour Faculty Development Program, a 40-hour Train-the- Trainer program, a 24-hour evidence based practice series on preventing the recurrence of falls, and statewide conferences each year. VCoA directs the project.

2011 VCoA's Ed Ansello receives the Clark Tibbitts Award, the highest recognition given by the Association for Gerontology in Higher Education, at its annual meeting in Cincinnati.

2011 LLI membership surpasses 600, from 24 zip codes. LLI implements online registration, course feedback capabilities, and a library scanning/inventory system. It completes 3,797 student classroom hours across 416 classes.

2011 VCoA welcomes the 35,000th Road Scholar to its programs for older learners.

2012 VCoA's Ed Ansello presents on gerontological curriculum development and on geriatrics education as guest lecturer at the new Gerontology Department at Akdeniz University in Antalya, Turkey.

2012 VCoA's Lisa Furr, Bonnie Brandl, director of National Clearinghouse on Abuse in Later Life, and Anne Marie Hunter, director of Safe Havens, present on Working with Faith Communities at the National Adult Protective Services Conference.

2012 The Lifelong Learning Institute (LLI) conducts 471 classes across three terms during the calendar year, bringing the total number of classes given since its opening to over 2,100.

2012 Since 1982, the Alzheimer's and Related Diseases Research Award Fund (ARDRAF), appropriated by the General Assembly and administered by VCoA's Connie Coogle, has screened and awarded 136 competitive seed grant awards to Virginia researchers to investigate promising leads into the causes, consequences, and treatment of dementing illnesses. These awards, averaging $20,200 to 18 recipient institutions, have enabled researchers to obtain the pilot data necessary to secure major awards from federal and foundation sources. In 30 years ARDRAF has awarded $2.75 million in competitive grants, which have led to $24.7 million in subsequent funding, a $9 return for every $1 appropriated by the General Assembly.

2012-2015 With the Virginia Department for Aging and Rehabilitative Services as the applicant agency, VCoA, nine agencies from the City of Bristol and Washington County, and seven statewide agencies compete successfully for a three-year, $400,000 grant award from the U.S. Department of Justice, Office of Violence Against Women, Enhanced Training and Services to End Violence Against and Abuse of Women Later in Life Program. The project provides training to criminal justice professionals, governmental agency staff, and victim assistants; cross-training for professionals working with older victims; and enhanced coordinated community response to elder abuse and to victims ages 50+. VCoA's Paula Kupstas leads this project.

2013 This summer the Area Planning and Services Committee (APSC) on Aging with Lifelong Disabilities, a coalition of agencies and individuals from agencies across Greater Richmond that includes VCoA, celebrates its 10th anniversary. The APSC has developed a professionally produced DVD on healthy eating, a health screening protocol, a series of training programs on dementia with lifelong disabilities, annual statewide conferences each June and training workshops for direct service providers each November, and several other initiatives. The APSC has become an internationally recognized model for practical community-based collaboration.

2013 The Lifelong Learning Institute (LLI) increases its library inventory to 4,900 titles and establishes the position of Office Volunteer Coordinator. In December it celebrates 10 years since its ribbon-cutting.

2013 VCoA becomes a member of both the Executive and Stakeholder Committees of the Mature Driver Study, a multi-agency initiative ordered by the General Assembly. VCoA's Ed Ansello and Bert Waters serve in this undertaking.

2013 Kim Spruill Ivey celebrates eight years as Editor of the quarterly *Age in Action*.

2013 VCoA's Geriatric Training and Education (GTE) initiative, appropriated by the General Assembly for geriatrics work force development, awards its 100th training grant to Virginia agencies. VCoA's Bert Waters administers the GTE.

Calendar of Events

October 6-9, 2013
64th Annual Convention and Expo of the American Health Care Association and the National Center for Assisted Living. Phoenix, AZ. For information, visit http://s4.goeshow.com/ahca/Annual/2013/index.cfm.

October 14-15, 2013
Virginia Assisted Living Annual Fall Conference. Norfolk Waterside Marriott, Norfolk. For information, visit www.valainfo.org.

October 27-30, 2013
2013 LeadingAge Annual Meeting and Expo. Connect with thousands of aging services professionals who are facing the same triumphs and challenges that you face every day. Dallas, TX. For information, visit www.leadingage.org.

October 31 - November 3, 2013
National Association for Home Care and Hospice Annual Meeting and Exposition. Gaylord National Resort and Convention Center, National Harbor, MD. For information, visit www.nahc.org.

November 5-6, 2013
30th Anniversary Annual Conference and Trade Show of the Virginia Association for Home Care and Hospice. The Founders Inn, Virginia Beach. For information, visit www.vahc.org.

November 20-24, 2013
66th Annual Scientific Meeting of the Gerontological Society of America. Sheraton New Orleans and New Orleans Marriott, New Orleans, Louisiana. For information, visit www.geron.org.

January 22, 2014
Virginia Center on Aging's 28th Annual Legislative Breakfast. St. Paul's Episcopal Church, Richmond. 7:30 a.m. - 9:00 a.m. For information, call (804) 828-1525.

January 31, 2014
Emotional Health and The Older Adult. Presented by Radford University's Waldron College and made possible with a grant from The King Foundation. The Hotel Roanoke. For information, contact EmotionalHealth@aegisservices.com.

February 27 - March 2, 2014
Taking Educational Quality to New Heights. Association for Gerontology in Higher Education's 40th Annual Meeting and Educational Leadership Conference. Westin Denver Downtown, Denver, CO. For information, visit www.aghe.org.

March 11-15, 2014
Aging in America. Annual conference of the American Society on Aging. San Diego. For information, visit http://asaging.org.

April 3-6, 2014
Building The Bridge to the Future: 21st Century Families. Southern Gerontological Society's 35th Annual Meeting. Little Rock, AR. For information, visit www.southerngerontologicalsociety.org.

May 15-17, 2014
Annual Scientific Meeting of the American Geriatrics Society. Walt Disney World Swan and Dolphin, Orlando, FL. For information, visit www.americangeriatrics.org.

Age in Action
Volume 28 Number 3
Summer 2013

Edward F. Ansello, Ph.D.
Director, VCoA

James A. Rothrock
Commissioner, DARS

Kimberly S. Ivey, M.S.
Editor

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 2013 Issue Deadline: September 15, 2013

Virginia Center on Aging

at Virginia Commonwealth University, Richmond, Virginia
www.vcu.edu/vcoa

Staff:

Director
Edward F. Ansello, PhD

Elderhostel Coordinators
Catherine Dodson, MS - Richmond
Barbara Wright - Natural Bridge and Staunton

Associate Director for Research
Constance L. Coogle, PhD

Elderhostel/Road Scholar Program Administrator
Jeffrey Ruggles, MFA

Research Specialist
Paula Knapp Kupstas, PhD

Lifelong Learning Institute
Monica Hughes

Law Enforcement Liaison
Barbara Walker

Assistant Director, Virginia Geriatric Education Center
Bert Waters, PhD

Project Coordinator
Lisa Furr, MA

Research Associates
Sung Hong, PhD
Myra G. Owens, PhD

Research Assistant
Jenni Mathews

Administrative Assistant
Priscilla Owusu-Mensah

Editor, *Age in Action*
Kimberly S. Ivey, MS

Advisory Committee:
Paul F. Aravich, PhD
Frank Baskind, PhD
James Bennett, MD, PhD
Cecil Drain, PhD
William F. Egelhoff, Director Emeritus
Jonathan Evans, MD
Patricia Giesen
Hon. Franklin P. Hall
James Hinterlong, PhD
Robert D. Holsworth, PhD
Paul G. Izzo, JD, *Chairman*
Richard W. Lindsay, MD
Christopher M. McCarthy, Esq
Hon. Jennifer L. McClellan
Kenneth J. Newell, MS
Hon. John O'Bannon
Mary C. Payne
Sheldon Retchin, MD, MPH
Saundra C. Rollins, MSSW
Jim Rothrock
David Sadowski
Robert L. Schneider, PhD
Ralph E. Small, PharmD
Beverley Soble
Marcia A. Tetterton, MS
Gordon Walker
Thelma Bland Watson, PhD
Victor Yanchick, PhD

Virginia Department for Aging and Rehabilitative Services

www.vda.virginia.gov

Staff:

Commissioner: Jim Rothrock
Diana Attuso, NWD Helpdesk Specialist
Tim Catherman, MHA, Director, Administrative Services
Pat Cummins, MEd, Program Coordinator
Leonard Eshmont, PMP, Director, Information Technology
Solomon Girmay, MBA, External Financial Auditor
Elizabeth Havenner, MSW, VICAP State Director
April Holmes, MS Ed, Prevention Program for Older Adults
A.J. Hostetler, Public Relations Director
Janet James, Esq., Public Guardian Program Coordinator
Georgie Lewis, Customer Service Specialist
Nancy Lo, MSW, GrandDriver Coordinator
Debra Loving, Information Systems Specialist
Amy Marschean, JD, Senior Policy Analyst
Christy Miller, PMP, CSTE, IT Business Analyst
Kathy Miller, RN, MS, MSHA, Director of Programs
Marica Monroe, CPA, Financial Manager
Ellen Nau, MA, Program Coordinator
Peggy Nieder, Program Coordinator
Charlotte Peterson, Accountant Senior
Katie Roeper, Assistant Commissioner
Cecily Slasor, Customer Service Specialist
Elaine Smith, MS, RD, Program Coordinator
Pam Smith, VICAP Customer Service Specialist
Jane Snead, VCO, Contract Coordinator
Jackie Taggart, Administrative Staff Assistant
Kathleen Vaughan, MA, No Wrong Door Coordinator

Commonwealth Council on Aging:

Members
Juanita Armstrong Bailey
Beth Barber, Vice Chair
Robert B. Blancato
Gene Ecton Davis
Jeffrey C. Delafuente, MS, FCCP, Secretary
David M. Farnum
Karen L. Fortier
Pete Giesen
Richard W. Lindsay, MD
Susan McCammon
Brenda Kelly Nelum
Nancy A. New
Valerie Scott Price
Roberto Quinones, Chair
Stephen G. Reardon, Esq.
Joan Boyd Short
E. Harris Spindle, Jr.
Vernon Wildy

Ex Officio Members
The Hon. William A. Hazel, Jr., MD , *Secretary of Health and Human Resources*
Paul Lavigne, *VAAAA*
Gail S. Nardi, *VDSS*
Jim Rothrock, *DARS*
Terry Smith, *DMAS*

Virginia Commonwealth University
Age in Action
Virginia Center on Aging
P.O. Box 980229
Richmond, VA 23298-0229

Return Service Requested

Nonprofit Organization
U.S. POSTAGE PAID
Permit No. 869
RICHMOND, VIRGINIA

VIRGINIA CENTER ON AGING

DARS
VIRGINIA DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

2013 Walk to End Alzheimer's

Walk to End Alzheimer's is the Alzheimer's Association's signature nationwide fundraising event. Each Fall, tens of thousands of people walk together to help make a difference in the lives of people affected by Alzheimer's and to increase awareness of the disease. Become part of the group of individuals, corporations, and organizations that are proud to lead the fight against Alzheimer's disease!

Central and Western Virginia Chapter Register for walks in this area at www.alz.org/cwva.	Staunton, September 7 Danville, September 21 Blacksburg, September 28 Roanoke, September 28	Lynchburg, October 5 Charlottesville, October 12 Culpeper, October 19 Harrisonburg, October 26
Greater Richmond Chapter Register for walks in this area at www.alz.org/grva.	Gloucester, September 21 Fredericksburg, September 28 Richmond (Glen Allen), October 5	
National Capital Area Chapter Register for walks in this area at www.alz.org/nca.	Solomons, MD, September 21 Waldorf, MD, September 21 Winchester, September 28 Reston, September 29 Manassas, October 19 Washington, DC, October 26	
Southeastern Virginia Chapter Register for walks in this area at www.alz.org/seva.	ODU, September 19 Suffolk, September 21 Farmville, October 3 Nassawadox, October 5	Virginia Beach, October 13 Newport News,October 19 Williamsburg, October 26