

Case Study

Into the Elder Law Trenches at Wake Forest University School of Law

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Objectives

1. Examine the benefits of a medical-legal partnership for training law students how to represent older clients.
2. Review common legal issues in the field of elder law.
3. Explore broader policy concerns facing an aging population.

Background

When it comes to learning, there's nothing like having real people with real problems seated across from you. They share their concerns, they ask questions, and they want results.

Recognizing this, in 1991, Wake Forest University School of Law

made a strategic decision. Students were clamoring for practical experience at the same time that the number of older adults was climbing. So, the school launched a clinical program in which upper-level law students would represent elders under the supervision of an attorney who was a faculty member. Fortunately, our medical school, at Wake Forest Baptist Medical Center, was starting a multi-disciplinary center on aging and welcomed the law school's new clinic to be a part of it.

Honestly, I had my doubts. As the attorney hired to start a new clinical program embedded in a large teaching hospital, it certainly sounded interesting. But I suspected the "multidisciplinary" approach would be more trendy than meaningful. I was wrong and here's why.

As you may recall, at that time an important medical-legal topic was in the news. In 1990, the first "right to die" case was decided by the U.S. Supreme Court. ([Cruzan v. Director, Missouri Department of Health](#)). Then, in 1991, when our clinic was launched, the federal Patient Self-Determination Act

went into effect. It mandated that hospitals provide patients with information about advance directives. The Elder Law Clinic got very involved in issues of living wills and health care powers of attorney. In return, our medical partners helped get me up to speed on issues of end-of-life care, including the terminology and the pros and cons of options such as artificial hydration and nutrition. Also, joining the medical center's ethics committee exposed me to complex issues faced by health care providers, such as surrogate decision-making and fear of legal liability.

There turned out to be two other areas, besides advance directives, where our "multidisciplinary partnership" has helped us train lawyers for older clients. First, the law students and I often work in other medical settings that elders interact with, such as nursing homes and assisted living facilities. Why is this important? All lawyers have learned civil and criminal procedure, but few lawyers understand "levels of care" or the procedures for discharge from a hospital to long-term care. They haven't a clue

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how long Medicare will cover rehab or what the asset limits are to qualify for Medicaid. But it is mainly health care settings, not courtrooms, which older clients and their families need help figuring out.

Second, many legal issues of older clients involve questions of mental capacity. Where better to learn the lingo of cognitive impairment than from geriatricians, neurologists, and psychiatrists? The law students learn how to interview a cognitively-impaired client effectively, which can terrify them more than standing up and speaking in a courtroom. They need to know the level of capacity required to sign a document. The students regularly handle court cases, guardianships, in which mental competency is the central issue.

Curriculum Format

Students in the Wake Forest Elder Law Clinic meet in class weekly. It is a four-credit hour course on the general civil practice of law with an emphasis on elder law, with two hours of lecture and eight hours a week in the clinic; the latter involves meeting with clients, drafting documents, doing research, going to court, and conducting a variety of client-related projects. The law students do not have classes or cases in common with medical students. Rather, there are a variety of collaborative efforts undertaken as needed. For example, to help law students understand the benefits of ECT (electroconvulsive therapy) for some older patients, I have arranged for them to observe it administered, to speak with the attending physician, and,

often, to speak with the patients themselves. A class that focuses on mental capacity issues and end-of-life care is taught by a member of the medical school faculty. Also, students interested in bioethics may accompany me to ethics consultation meetings. Finally, cases referred to us by our medical center are given priority, so we regularly have clients in the hospital and in post-acute care facilities. ABA-accreditation rules prohibit payment to the students. To learn more about the structure of the clinic, see Mewhinney (2006, 2010).

Wake Forest's unique partnership between the law school and the medical school strengthens our teaching and our legal work for older adults.

Case Study 1: Parenting a Parent

"Mrs. X needs a new power of attorney," it said on the application for services sent by Mrs. X's adult daughter. I assigned a law student named Brad Fleming to meet with Mrs. X. She was healthy-looking and friendly. But she was anxious and could not remember her daughter's name or the reason she was there. With Mrs. X's permission, Brad then met with her daughter, a busy nurse raising teenagers. The daughter had moved her mother to Winston-Salem from Georgia, due to signs of dementia. The daughter was patching together care at her home for the mother, including having the teenaged grandchildren pitch in. She wanted help figuring out what programs would be available when her mother was no longer able to live safely in the community with her.

Because the mother had some savings, Brad explained that she would be ineligible for North Carolina's Medicaid program that helps pay the cost of assisted living memory care units. One option would be for her to private pay the typical \$3,500 a month for this type of care, thereby quickly depleting her savings and becoming Medicaid-eligible. Brad suggested instead a written family care agreement. This way, the daughter could be paid for the care she was providing her mother. Then, when the mother needed 24/7 care, she would be eligible for government coverage through Medicaid. A simple transfer of the savings to the daughter, on the other hand, would have triggered a long period of disqualification.

Fortunately, Mrs. X had signed a financial power of attorney in Georgia. The relative there (named as agent under the document) was no longer willing to serve as her financial agent but was willing to sign a "family care agreement" with the daughter.

Discussion of Case Study 1

The case of Mrs. X and her overwhelmed and caring daughter raises many issues. Let's focus on three aspects: the lawyer's role in the process, the level of capacity needed to sign a power of attorney, and the health care policies implicated here.

Since a lawyer is an agent for a client, the first question in this case, as in many elder law cases, must be "Who is the client?" Even with very elderly and dependent prospective clients, the clinic students learn to start with a presump-

tion that the person has the capacity to be a client. Normally, where the older person's life or assets are central to the appointment, that person should be the client. In my state, North Carolina, legal ethics rules direct that, when preparing powers of attorney, the attorney must represent the principal (i.e., the person who would sign a power of attorney). This isn't necessarily the person who suggested the power of attorney, nor is it the person who first contacted the attorney on behalf of the elder (N.C. State Bar, 2003).

In Mrs. X's situation, there is another aspect of the lawyer's role that I teach about. The students learn that an attorney has the ethical duty to accommodate a client's impairments and, as far as reasonably possible, maintain a normal client-lawyer relationship with the client (American Bar Association, Model Rule 1.14). This means meeting at the time and place that is best for the client and proceeding at a pace and level of complexity that works for the client. Even though it may be more efficient just to take direction from adult children, this approach can lead to poor legal work, divided loyalties, and potentially invalid documents.

Because powers of attorney are sometimes used to exploit older people, it is particularly important in these cases for the attorney to be on the lookout for manipulation or coercion. I teach my students that they must diplomatically separate the client from the family members, so that they can assess the client's mental capacity and interest in even having a power of attorney. Sometimes the client sees the benefits of

having a power of attorney but would not choose as the agent the relative who initiated the process. (*For a good overview of undue influence and elder exploitation, see Pryor, 2016.*)

Years ago, I drafted a brochure entitled "Why Am I in the Lobby?" to give to the client's family members. It explains why they were not part of the interview process. Of course, after the key decisions are made by the client, if the client consents to sharing information with relatives (as most do), we can include family members in the meeting.

In summary, the first step in analyzing Mrs. X's case was to be clear about the lawyer's role. This analysis was informed by ethical standards and an understanding of the risk of exploitation of dependent elders.

Also, my student Brad picked up a drafting tip that may come in handy. The power of attorney that his client had signed in Georgia was still effective, but the agent/relative there wasn't willing to continue to act as agent. If the document had just contained a "power to appoint a substitute," the Georgia agent/relative could have simply appointed the Winston-Salem daughter to take over. As a young lawyer learns from experience, he starts to "practice" law and gain wisdom to better serve his next clients.

A second issue in this case was whether the client, Mrs. X, had capacity to understand and possibly sign a new power of attorney. This isn't always obvious. The law students learn interview techniques that elicit information about the

client's level of capacity. The setting is slow and friendly. The questions are simple. The explanations do not include legal jargon. These aren't just ethical rules but are fundamental skills for working with many older clients.

During the semester, the students get to observe at our medical center's geriatrics outpatient program. There, they see how an excellent skilled geriatrician's "bedside manner" can tease out mental impairments. Just as importantly, the students learn to modify how they present information, so that the cognitively-impaired client has a better chance of truly understanding it. Besides shadowing the geriatricians, we have a class session about cognitive issues taught by a member of the medical school faculty.

The third issue in the case involves the social and health care policies that have affected this family. The daughter's stress as a caregiver was evident, and the student and I discussed the lack of paid family leave policies. While there are some Medicaid-covered in-home programs, the waiting lists are extremely long and the services are limited. Medicare, too, offers no in-home services for beneficiaries like Mrs. X who need only custodial care. Fortunately, the Elder Law Clinic works regularly with other aging services providers, so we could recommend adult day programs, caregiver support programs, and other community services, some of which permit sliding-scale fees.

While in-home help from Medicaid and Medicare was not an option, we did look ahead for when the mother

might need care in locked memory care facility. Unlike many states, North Carolina's Medicaid program offers limited help for very low-income elders who need care in assisted living. The "Special Assistance" program, as it is called, limits a single person to having only \$2,000 or less in savings. Often, we advise our low-income clients that they can spend down excess savings on "non-countable" assets such as a car, a pre-paid irrevocable burial contract, or household goods. In Mrs. X's case, however, we recommended to her daughter that they sign a "family care agreement" whereby the mother's savings could be reduced by paying monthly to the daughter. Of course, the payment had to correspond to the fair market value of the daughter's services and the room and board she provided to the mother. Also, we told the daughter to consult her own tax advisor, as this would probably constitute reportable and taxable income for her.

This strategy allowed the mother, when she reached the point of being medically-certified as needing assisted living level care (probably in a secure memory-care unit), to qualify for Medicaid Special Assistance. As readers may know, many families run afoul of Medicaid "transfer of resources" rules by simply re-titling assets from the elder to their children. Generally, this is not permitted under the Medicaid regulations and results in a period of disqualification. However, there are some limited exceptions, so families should always consult with an experienced elder law attorney.

There was another legal policy that

proved to be helpful for this family. This is the Social Security "representative payee" rule, letting a surrogate be appointed to handle the payments if the beneficiary is incapable of managing their money. This is a user-friendly system. So, Mrs. X's daughter was at least able to handle on-going income for her mother's benefit.

Case Study 2: 98 Years Old and Living Alone

Living alone at age 98 is rare. And it is risky. A gentleman, call him Mr. Y, with no close family was doing so when his doctor reported him to the public agency that investigates neglected elders. Adult Protective Services (APS) filed a court case to have the man declared incompetent. My student, Matt Freeze, handled the case as the court-appointed "guardian ad litem." This means he had to communicate to the court what the client thought about having a guardian take over his decision-making. But Matt's other role was to be the "eyes and ears of the court" and make a recommendation as to what would be in the client's "best interests."

Mr. Y was adamant about staying in his second-floor rental apartment, where he'd lived for 37 years. He'd only been getting two hours of help each day from friends and this was about to end. Because of our partnership with the medical center, we arranged for him to receive a home visit by a geriatrician within a week, through the Sticht Center Geriatric House Call Program. The geriatrician was less sanguine than I was and had more concern than I did about Mr. Y's

cognitive condition. She was also dubious that in-home services could be arranged.

Nevertheless, for several weeks my student collaborated with APS to try to set up a new support system. But the client had significant challenges. Although we felt that his cognitive impairment was fairly mild, he was blind, had very limited income, and could move only a few feet and very slowly. Ultimately, we felt that the client's limitations made it too difficult for him to be safe at home. My student and I recommended that a guardian be appointed. The court agreed, appointing the Department of Social Services to serve as Mr. Y's guardian. They moved him to a good quality nursing facility that accepted Medicaid where, I later heard, he adapted well.

Discussion of Case Study 2

Mr. Y's case illuminates some of the common scenarios in elder law practice. Our students learn about the role and limits of social service agencies, the unique problems of the very old, isolated person, and the tension between protecting elders and allowing them to make poor choices.

In this case, the two friends who had been providing just a couple hours each day of help were no longer able to continue. Feeling too guilty to say so directly, they relied on DSS to be the "bad guy" and initiate a guardianship. DSS sometimes plays this role when it is the family who serve as caregivers, where guilt is even stronger. Also, family members often don't recognize that their impaired relative is

actually in need of much higher level of care than they are capable of providing.

Mr. Y became an “unbefriended elder” or “orphan elder.” With more money and a larger network of family and friends, he might have been able to live out his life in his dingy apartment. He said he preferred to remain there, but he seemed to adapt well to the living situation his guardian arranged.

Providing 24/7 services to frail, blind elders at home would be a tall order for any community. But it proved to be a challenge to find and coordinate even part-time services for this 98-year old that would have allowed him to stay in his apartment. It was to their credit that the Department of Social Services gave us a few weeks to try to put this together.

“Incompetency” determinations, for imposition of guardianship, often are largely a function of the strength of a person’s support network. With very few services available to help people age in place, older low-income adults are likely to be found “incompetent” and placed into “safe” environments. These housing options are generally more expensive than part-time in-home services would have cost. And they aren’t always so safe.

This case presented a real dilemma for us as guardian ad litem: should we advocate for his independence or lean towards emphasizing his safety? Mr. Y was clear about wanting to remain home, despite the risk. Whether he truly appreciated the risk was hard to determine.

In similar cases, we look at the client’s test results from commonly-used assessment tools such as the Montreal Cognitive Assessment (MoCA), the Folstein Mini-Mental State Exam (MMSE), or the Kohlman Evaluation of Living Skills (KELS). But as his advocates, we appreciated the value that “being independent” had to him. *(For a thoughtful examination of the “right” to opt for risk, see Mukerjee, 2015).*

Mr. Y pressed us on who had started the case and why. We explained that the county social services had started it out of concern for his safety. He wanted to know what business it was of the county’s. His interrogation continued: “And will the county love me the way my friends love me?”

Conclusion

Whether our communities truly love and will care for our frail elders is not clear. But at Wake Forest law school, we are doing what we can to provide them compassionate, ethical, and well-trained attorneys. These lawyers will have some familiarity with the medical environments and issues their clients face and the community resources available for elders and their families. We hope that our experiences in the Elder Law Clinic may inspire others to implement similar actions to benefit older adults.

Study Questions

1. In your work, have multidisciplinary approaches offered better solutions for older adults? If not, what collaborations might you explore

for the future?

2. Health care providers are often wary of lawyers and the legal system. In what ways and on what issues did these two professions interact at Wake Forest University to benefit older adults?
3. How far should our communities go in allowing frail older adults to live at home, despite increased risks associated with that choice?
4. Do courts in your jurisdiction give proper weight to the desires of older adults who are the subject of guardianship cases and is the process for determining “incompetency” fair?

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Resources

Elder Law Clinic of Wake Forest University School of Law:
<http://elder-clinic.law.wfu.edu>

Mukerjee, D. (2015). Discharge decisions and the dignity of risk. *Hastings Center Report*, 45(3), 7-8, Available at
<https://doi.org/10.1002/hast441>

National Academy of Elder Law Attorneys (NAELA):
www.naela.org

NAELA Aspirational Standards (2017): www.naela.org/Web/MembersTab/AspirationalStandards/AspirationalStandardsMemberPage.aspx?NewContentCollectionOrganizerCommon=3#NewContentCollectionOrganizerCommon

National Center for Medical-Legal Partnership, <http://medical-legal-partnership.org>

National Elder Law Foundation: www.nelf.org (to locate a board-certified elder law attorney)

Pryor, K. (2016). Averting financial exploitation and undue influence through legislation. *Age in Action*, 31(2), 1-6.

Virginia Bar Association, Elder Law Section
www.vba.org/?page=elder_law (which has useful links to elder law resources)

Sticht Center for Healthy Aging and Alzheimer's Prevention, at Wake Forest Baptist Medical Center.

www.wakehealth.edu/agingresearch/

Virginia Chapter of NAELA (VAELA): www.vaela.org

Virginia Poverty Law Center (VPLC): www.vplc.org/elder-law/

About the Author



Professor Kate Mewhinney is a Certified Specialist in Elder Law by the N.C. State Bar and the National Elder Law Foundation; a Certified Superior Court Mediator in North Carolina, with additional certification to mediate guardianship and estate disputes; and a Fellow of the National Academy of Elder Law Attorneys. She is also an Associate in the Wake Forest School of Medicine's Department of Internal Medicine (Section of Geriatrics and Gerontology). Contact her at mewhinka@wfu.edu.

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Editorials

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Our Anniversary

Our Virginia Center on Aging is 40 years old. I remember writing in the issue of *Age in Action* that celebrated our 20th anniversary: "May we all have another 20 to do the work so greatly needed." We did and we have.

In putting together the Timeline, built upon the base that Paula Knapp Kupstas so diligently created 20 years ago, I honestly marveled at how much we have done over these 40 years. I remember many of the projects, writings, and conferences as if they were yesterday. A common thread in all was that they came to be through partnerships. Our relatively small staff at the Virginia Center on Aging could not have accomplished what it has were it not for the shared commitment to improving the lives of older adults that so many of our colleagues have.

A case in point: each year at our annual Legislative Breakfast in January, we share a listing of the partners across Virginia who made our progress possible during the just-concluded calendar year. We compile this by geographic areas of Virginia and publish the list. In meeting our mandates last year, calendar 2017, we did business or partnered in aging-related projects with 353 local or regional, and 47 statewide agencies, businesses, organizations, departments, coalitions or non-prof-

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its across Virginia, and with 49 units of VCU and VCU Health.

So, we say to them, Thank You. Older Virginians and their families are better because of these partnerships.

At the same time, there's an energy and dedication to excellence that characterizes our own staff within VCoA and those who advise us. We enjoy having a stable core of expertise here. Connie Coogle and Catherine Dodson have been contributing here since 1979; Paula Kupstas has 20 years of service and Bert Waters almost as many. Our faculty and staff with fewer years here have nonetheless vitalized and sometimes revitalized our work. We are productive and compatible, even sharing lunch together most days. It's been a pleasure to come to work over these years.

As for those who advise us, I've scrolled through the membership lists of our Advisory Committee since 1978. These contain the names of deans, directors, advocates, organization representatives, legislators, educators, business people, health care providers, aging-related program managers, faculty members, and others. Importantly, they have been more than names. They have been trusted advisors and, often, have become friends. Sandra Rollins, Paul Izzo, Mary Payne, Bob Schneider, David Sadowski, Beverley Soble, Martha Pulley, Marcie Tetterton, Ralph Small, Chris McCarthy, and Frank Baskind, for instance, each devoted over 10 years of service on our Advisory Committee, and some still serve. And far from making the Committee staid or moribund, they

provided the long-view and experience that nicely complemented the enthusiasm and different perspectives of the many new members joining over the years.

And then there are our Final Four, all long-time members of VCoA's Advisory Committee: MaryEllen Cox, Bill Egelhoff (VCoA Director Emeritus), Delegate Frank Hall, and Senator Benny Lambert. These four helped us in innumerable ways. They shared their wisdom generously. Later in this issue we summarize, much too briefly and far from adequately, their contributions to us and to aging in the Commonwealth.

If you recognize the Final Four analogy, you know that preceding it in championship playoffs there is the Elite Eight and before that the Sweet Sixteen. We have benefitted from the dedication of many more than the Final Four whom we cite. We could name an Elite Eighty, and even then we'd inadvertently miss someone. Rather than listing every name, let's say that we are deeply grateful for everyone who has advised us over these 40 years.

Our VCoA has evolved because of their advice and because of skills new staff have brought to us and new opportunities to grow. Grants, contracts, coalitions, Governor's Commissions, task forces, General Assembly resolutions and mandates, colleagues at other institutions of higher education, professional associations, and others have all called us to share our expertise and to enlarge it. We have grown because of these.

A few years ago, we realized that

our many productive and disparate initiatives here within VCoA could be organized into four complementary themes or programs. And so, we grouped our initiatives into four program areas, each serving older Virginians and their families but each also having implications for aging across the country and, sometimes, the world.

Now we focus on **Lifelong Learning**, with our Road Scholar programs in Virginia and our Lifelong Learning Institute in Chesterfield County; **Dementia Research**, with the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) providing seed grants for Virginia-based researchers to follow promising leads into the causes, consequences, and treatment of dementing illnesses; **Abuse in Later Life**, with projects to combat elder abuse, domestic violence in later life, and family violence; and **Geriatrics and Gerontology Education**, through the state-funded Geriatric Training and Education (GTE) initiative and the federally-funded Virginia Geriatric Education Center. Of course, these program areas don't exclude other areas of need which we address.

Visit our website and press the tab listing Quarterly Publication (*Age in Action*) and scroll to page 19 of any issue. Here you'll see over the many years our rosters of faculty and staff. They are the agents of our successes over these 40 years.

May we all have another 40 to do the work so greatly needed.

Editorials

From the Commissioner, Virginia Department for Aging and Reha- bilitative Services

Amy Marschean, JD,
Senior Policy Analyst

Commonwealth Council on Aging 2018 Best Practices Awards

The Commonwealth Council on Aging, an advisory board to the Department for Aging and Rehabilitative Services, promotes efficient, coordinated approaches by state government to meeting the needs of Virginia's 1.6 million older adults (ages 60+). Since 2006, the Council's Best Practices Award program has acknowledged organizations whose innovative programs can be replicated across the Commonwealth. Nominees are judged on seven criteria, including potential for replication, innovation, outcomes, and promotion of aging in the community. Dominion Energy has supported the Council's awards through annual funding of the cash prizes since 2013. During Older Virginians Month in May, the Council announced the award winners for 2018 and held ceremonies in each of their communities.

Rebuilding Together, a nonprofit in Northern Virginia, won the \$5,000 first-place award for a program that helps low income homeowners age in their homes safely. Rebuilding Together Arlington/Fairfax/Falls Church has developed a new delivery system called Rebuilding Together Express to make home modifications and repairs to help

many more low-income seniors age in place in their homes. For the past 29 years, Rebuilding Together-AFF has mobilized community partners and hundreds of volunteers each year to make health and safety repairs at no charge to low-income homeowners. But need far outstripped capacity to respond. Similar to the supermarket express lane, Rebuilding Together Express offers much faster service for "fewer items." Small teams of four-five volunteers typically work four-five hours on each home and spend about \$400 - \$500 for materials to correct 30 health and safety hazards common in older homes. Fall safety is a top priority, with grab bars, double stair rails, comfort-height toilets, and brighter lighting leading the list of repairs. But Rebuilding Together Express also addresses fire safety, security, moisture and ventilation problems, and energy upgrades. Rebuilding Together Express teams completed 35 homes in 2017. Camaraderie among volunteers is steadily increasing their ranks, and building capacity will increase to at least 50 homes in 2018.

The Caregivers Community Network (CCN) in Waynesboro received the second-place award of \$3,000 for its program that pairs college students with family caregivers to provide intergenerational care and in-home respite services. CCN is a collaborative effort between Valley Program for Aging Services (VPAS) and James Madison University's Institute for Innovation in Health and Human Services (JMU-IIHHS). It is the only program in Virginia pairing college students with caregiving families for respite services. Students enroll

in the elective course Issues and Applications of Family Care Giving: Interprofessional Perspectives, affiliated with CCN. They are trained to work with older adults, especially those who are frail and who have cognitive impairments, and are paired and spend three hours each week in local homes where they offer respite to caregivers. They work closely with each family to determine the needs and interests of the care recipient, and they plan activities accordingly. While many of the students are nursing and health science majors, CCN's work is a non-medical model and is based on the social and emotional aspects of care. According to one student, *"I originally signed up for this class in hopes that it would offer my hectic, difficult schedule some relief. Little did I know the extent of this relief. The elder I visited made a huge impact on my life and on the way I will forever approach life. Our visits were not huge psychological analysis or in depth discussions of the mysteries of human existence, but rather periods of quiet reflection and carrying out simple tasks. Yet these visits caused much introspection and clarity in my life. This experience not only solidified my decision to become a nurse, but it has instilled in me a new motivation and drive to get there. Thanks to my elder, I came to realize that life has a great amount to offer and that there is beauty even in the struggle to achieve such goals."*

A \$2,000 third-place award honored the Dementia Care Coordination Program, a partnership between the Jefferson Area Board for Aging (JABA) and the University of Virginia's Memory and Aging Care

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Clinic (MACC). The partners developed this program to create a replicable best practice for dementia care coordination in Virginia that assists both persons with dementia and their caregivers. Individuals with a recent diagnosis of a neurodegenerative process causing dementia (such as Alzheimer's disease) or Mild Cognitive Impairment are eligible for the program. JABA and MACC each hired a Care Coordinator (CC) with backgrounds in health, social work or nursing, and experience in aging, medical or mental health. The partners developed a comprehensive 30-hour training program using existing materials available through the alzpossible.org website, the Alzheimer's Association, and others. In addition, CCs are certified as Options Counselors under Virginia standards and utilize the statewide No Wrong Door tool. CCs provide coordinated care that includes options counseling, education on dementia, behavioral symptom management training and expert consultation, and eligibility assistance. Both CCs are embedded in the MACC and work in partnership with the interdisciplinary care team.

The Council gave honorable mentions to the following organizations:

- RVA Reassurance Roundtable of metro Richmond, including: Commonwealth Catholic Charities; Jewish Family Services; Senior Connections, Capital Area Agency on Aging; FeedMore; Office of the Senior Advocate in Chesterfield and Henrico counties and the City of Richmond; VCU Health's Geriatric and Continuum Services; Shepherd's Center of Richmond; Better Housing Coalition; Hanover

County Resources; and Greater Richmond Age Wave

- Riverside Center for Excellence in Aging and Lifelong Health, Williamsburg, for Microlearning: Little Message with a Big Impact

- Loudoun County Area Agency on Aging, for its Caregiver Program

Council Best Practices Committee Chair, Dr. Richard Lindsay, summed up this year's winners, "A major theme that emerges from this year's awardees was the importance of family caregiver supports, respite and education that help older adults to age in place. The number of family caregivers in Virginia is growing and we want to recognize these best practices that offer such critical help to the many families struggling with caregiving."

According to *Families Caring for an Aging America*, the 2016 landmark study of the National Academies of Sciences, Engineering, and Medicine, family caregiving affects millions of Americans every day. The study notes, "Between ages 85 and 89 years, [...] more than half of older adults (58.5 percent) receive a family caregiver's help because of health problems or functional limitations. From age 90 years and onward, only a minority of individuals (24 percent) do not need some help from others." The study cautions that by 2026, "the leading edge of the baby boomers will enter their 80s, placing new demands on both health care and the [long-term services and supports] systems." www.nap.edu/read/23606/chapter/1#xiii

In 2015, the Virginia Department of Health's Behavioral Risk Factor

Surveillance System survey revealed one in five Virginians (20.7%) provided care or assistance in the past month to a friend or family member who was living with a health problem or disability. Commonwealth Council on Aging Chair, Veronica Williams, adds, "Virginia must foster policies and programs to support the capacity of family caregivers to perform critical caregiving tasks, and we commend the Best Practices honorees for doing just that."

2018 DARS Meeting Calendar

Commonwealth Council on Aging
September 19, December 19

Alzheimer's Disease and Related Disorders Commission:
August 21, December 11

Public Guardian and Conservator Advisory Board
September 6, November 8

Visit Our Websites

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

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

Alzheimer's and Related Diseases Research Award Fund

2018-2019 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 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 awards this year have been enhanced by a \$50,000 donation from Mrs. Russell Sullivan of Fredericksburg, in memory of her husband who died of dementia. Sullivan awards are indicated by an asterisk (*). The ARDRAF competition is administered by the Virginia Center on Aging in the School of Allied Health Professions at Virginia Commonwealth University. Questions about the projects may be directed to the investigators or the ARDRAF administrator, Dr. Constance Coogle (ccoogle@vcu.edu).

EVMS**Dianne C. Daniel, PhD and Edward M. Johnson, PhD*****Cellular Mechanisms of Pur-based Peptides for Frontotemporal Dementia**

Frontotemporal Dementia (FTD) is the second most common cause of dementia in younger people. Up to 40% of patients with FTD have family members who have had the disease. The most common genetic cause of FTD (20% of all cases) is a repeated DNA sequence that is greatly expanded (the C9 HRE). The C9 HRE is made into toxic dipeptide repeat proteins (DPRs), which aggregate in nerve cells in the brain and cause them to degenerate. Pur-alpha, discovered by Dr. Edward Johnson's laboratory, is a major protein that binds to the C9 HRE sequence. When the amount of Pur-alpha is increased in cells or an animal model with the C9 HRE mutation, neurodegeneration is greatly reduced. Drs. Daniel and Johnson have demonstrated that Pur-alpha reduces pathological effects of the C9 HRE in lymphoblasts from patients with the C9 mutation and neuronal cells. In this study, they will test Pur-based peptides, as a potential therapy for FTD caused by the C9 HRE. They will expand their findings to optimize the reduction of toxic proteins, demonstrate reduced abnormalities in cells from FTD patients, and establish the precise mechanisms at work. Results from these experiments will facilitate development of a lead candidate for therapy in FTD. (Dr. Daniel may be contacted at (757) 446-5684, danieldc@evms.edu; Dr. Johnson may be contacted at johnson@emeritus.evms.edu.)

VCU**Joseph M. Dzierzewski, PhD*****Cognitive and Inflammatory Consequences of Sleep in Older Adults with Alzheimer's Disease and Their Caregivers**

Research is needed to understand factors related to cognitive and functional decline in older adults with Alzheimer's disease (AD) in order to improve quality-of-life; decrease healthcare utilization, institutionalization, and caregiver burden; and identify potential targets for interventions. Studies of non-demented, community-dwelling older adults suggest that sleep disruption is an important risk factor for cognitive and functional decline. This work has begun to be extended to older adults with AD. Similarly, inflammation has been associated with negative health events and changes in cognitive functioning in non-demented older adults and to a lesser extent in older adults with AD. Previous studies show that sleep and inflammatory factors are related in both non-demented older adults and older adults with AD. However, studies seldom simultaneously assess sleep, inflammation, cognitive functioning, and mood in individuals with AD and rarely, if ever, extend such assessments to include the caregivers of older adults with AD. The central hypothesis of this proposal is that disturbed sleep in older adults with AD will negatively affect cognitive functioning and mood and extend to functioning in caregivers. Furthermore, the investigator will seek to demonstrate that this relationship is partially driven by chronic inflammatory responses. Understanding modifiable risks for cognitive and emotional functioning in both older adults with AD and their caregivers is critical to designing effective interventions, which is the next step in this promising line of research. (Dr. Dzierzewski may be contacted at (804) 628-0645, dzierzewski@vcu.edu.)

UVA Heather A. Ferris, MD, PhD*

Mechanisms of Diabetes-Mediated Increases in Alzheimer's Disease and Dementia

There are multiple competing theories to explain the cognitive dysfunction seen in diabetes, including microvascular damage, insulin resistance and advanced glycation end products. The investigator's lab has demonstrated that the cholesterol synthetic pathway is also disrupted in the brains of diabetics. This disruption leads to an increase in the cholesterol oxidation product, 7-ketocholesterol, a molecule also increased in AD. Preliminary studies show 7-ketocholesterol can alter circadian rhythms in astrocytes, the brain cells responsible for most brain cholesterol synthesis. This disruption is similar to what the investigator has shown in mice that have impaired astrocyte cholesterol synthesis. Given that circadian rhythm disruption is the most common reason for institutionalization among individuals with AD, understanding this process further is vital. This study will determine the impact of 7-ketocholesterol on the circadian rhythms of not only astrocytes, but neurons in the suprachiasmatic nucleus (the master regulator of circadian rhythms). Various agonists and antagonists will be used to determine if this disruption is occurring through the ROR α receptor, as currently suspected. The research will further determine other pathways impacted by this disruption. Anticipated results have the potential to not only elucidate some of the underlying interactions between diabetes and AD, but also reveal a potentially druggable target for diabetes and AD mediated circadian rhythm defects. (Dr. Ferris may be contacted at 412/605-8541, hf4f@virginia.edu)

ODU Patrick C. Sachs, PhD, Peter A. Mollica, PhD, MB(ASCP), Robert D. Bruno, PhD, and Shu Xiao, PhD*

Investigating the Effects of Sub-Nanosecond Pulsed Electric Fields as a Potential Protein Disaggregation Agent in Huntington's Disease and Alzheimer's Disease Neurons

Both AD and Huntington's disease (HD) are marked by protein aggregates that accumulate around or within cells. Mitigation of these amyloid proteins is a major focus for the development of novel therapies. Application of electric fields has been shown to have disruptive effects on protein-protein interactions found within disease aggregates. However, this effect has not been tested in cell or animal experiments. One of the central challenges is penetrating the cell with sufficient energy to alter cellular structures while simultaneously avoiding cell damage. Picosecond pulsed electric fields (psPEF) are a new potential technique because their duration and power delivery is insufficient to cause membrane damage, but sufficient to impact the interior portions of the cell. In this study the investigators will use the psPEF exposure system they have developed to experimentally determine the effects that controlled psPEF have on pathological intracellular and extracellular protein aggregates characteristic of neurodegenerative diseases. They will expose induced pluripotent stem cells derived from the neuronal cells of patients with HD and familial AD to various electric field intensities and pulsing protocols. It is hypothesized that sub-nanosecond pulsed electric fields can interrupt the aggregative properties of pathological amyloids in HD and AD neurons. (Dr. Sachs may be contacted at (757) 683-7090, psachs@odu.edu; Dr. Mollica may be contacted at (757) 749-0090, pmollica@odu.edu; Dr. Bruno may be contacted at (757) 683-7091, rbruno@odu.edu; Dr. Xiao may be contacted at (757) 683-2408, SXiao@odu.edu.)

VA Tech Webster Santos, PhD, and Kyle Hoehn, PhD

Novel small molecule mitochondrial uncouplers as therapeutics for Parkinson's Disease

Parkinson's disease (PD) is a progressive neurodegenerative disorder characterized by selective dopaminergic neuronal loss in the substantia nigra. The precise pathological trigger of sporadic PD remains unknown, but there is compelling evidence that dysfunctional mitochondria and resulting reactive species production have a causal role in PD pathogenesis. The process of mitochondrial uncoupling is one mechanism known to decrease mitochondrial reactive species production and protect neurons from cell death. In this project, we will test whether mitochondrial uncouplers will be efficacious in reducing reactive oxygen species levels and protect neurons from insults. Through a medicinal chemistry campaign and biochemical characterization in primary cultured neurons, we will investigate the therapeutic potential of mitochondrial uncouplers as neuroprotective agents. (Dr. Santos may be contacted at (540) 231-5742, santosw@vt.edu; Dr. Hoehn may be contacted at (434) 924-2577, klh8st@virginia.edu.)

Randolph College A. Katrin Schenk, PhD
Interactive Caregiver Portal for the Visualization of Activity and Location Data in an Alzheimer's Population

The investigator will build an interactive web application that allows Alzheimer's caregivers to visualize and interact with data collected by a Functional Monitoring (FM) system. The FM system uses ubiquitous computing devices (e.g. cellphones and smartwatches) to continuously collect patient location and activity data in the community. As of today, the FM system has collected 234 patient-months of data. This kind of data can be classified into representations of important behaviors and can provide caregivers with crucial information about the efficacy of their caregiving and the health of their loved one. Making this data easy to understand and manipulate is critical for site development, so the research will incorporate an informational component that will help caregivers understand how to use their loved one's data to provide better caregiving and keep them informed of any changes in health status. Caregiver interviews will test the usability and design of the application, which will then be deployed to one beta test caregiver to track and verify detection of negative behavioral trends. *(Dr. Schenk may be contacted at (434) 947-8489, kschenk@randolphcollege.edu.)*

GMU Janusz Wojtusiak, PhD and Catherine Tompkins, PhD
Analysis of Wandering Patterns of Individuals with Alzheimer's Disease

A significant number of people with dementia are at risk of wandering and possibly getting lost. These individuals may also get hurt, cause distress to families and caregivers, and require costly search parties. Commercial technologies including GPS trackers, geo-fences, and other monitoring devices focused on older adult users can help locate the missing and in turn reduce potential injuries, as well as stress to the families. GPS trackers also provide detailed location data that can be used to: (1) build models capable of predicting likely areas in which searching for the missing needs to be done, and possibly (2) track progression of the disease. The new-found availability of such data opened the possibility for analytics and pattern detection impossible in the past, thus allowing for new research direction into AD and its progression. This study will focus on collecting initial tracking data for people with AD using GPS trackers, along with their medical history and sociodemographic data. The data will then be used to test the feasibility of finding patterns of movement and getting lost. *(Dr. Wojtusiak may be contacted at (703) 993-4148, jwojtusi@gmu.edu; Dr. Tompkins may be contacted at (703) 993-2838 ctompkin@gmu.edu.)*

2018-2019 ARDRAF Awards Committee

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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 200-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 2017-18 FDP Scholars celebrated the conclusion of their training year on June 16, 2018.

Pictured: Left column, top to bottom: Fawaz Alotaibi, MS, PharmD; Amal Badawoud, PharmD; Robin Wallace, PA-C; Molly Davis, MSW, EdD; Jeanmarie Rey, MD, FAAFP

Right column: top to bottom: BJ Bryson, MSW, PhD; Jamie Miner, PT, DPT; Kripali Patel, PharmD

The Shepherd's Center of Richmond Receives Grant to Secure Volunteers

The Shepherd's Center of Richmond, celebrating its 35th anniversary in 2018-19, has received a grant from The Pauley Family Foundation of Richmond to help the organization implement ways of increasing the number of volunteer drivers.

"Our most pressing need is to recruit drivers to take older citizens to medical appointments and the grocery store," says Hal Costley, president of the Center's board. With monies from the grant, the Shepherd's Center can focus on ways to bolster its name recognition in the community through additional paid advertising, increasing the

number of presentations by the Speakers Bureau, and by creating a short video about the volunteer driving program to use in public presentations and on the Center's website.

The Center currently provides free transportation to older citizens aged 60 and above. "In 2017-18 we provided 1373 rides, for a total of 15,967 miles," says Costley. With an increasing older population, he noted that the demand currently exceeds the number of available drivers and the number of areas of the city served.

The Shepherd's Center already has in place a computer program called Ride Scheduler, which makes it easy for approved drivers to choose the date, time, and frequency of their service. The Pauley Family Foundation grant will provide additional funding for that program.

In addition to drivers, volunteers are also needed in the area of public relations, development, hospitality, and education. A small paid staff helps coordinate the work of the organization, but The Shepherd's Center has been, since its founding in March of 1984, an organization created and operated by volunteers to provide service to their peers.

For additional information about volunteer opportunities, contact Julie Adams-Buchanan, Executive Director of The Shepherd's Center of Richmond, at (804) 355-7282 or at jadams@TSCOR.org.

Virginia Center on Aging (VCoA), Since 1978

Before the Beginning

The Virginia Center on Aging is the inspiration of many visionaries who anticipated both the wave of aging ahead and the need for comprehensive responses to the opportunities and needs that an older Virginia would present. Prominent members of the General Assembly, especially Delegate Mary Marshall, championed legislation to create VCoA formally as a statutory center in the Code of Virginia. Successful, Governor Dalton signed VCoA into law on March 23, 1978, the date we celebrate as our birthday. Before this, however, there was a VCoA.

The Virginia Center on Aging at Virginia Commonwealth University (VCU) was launched on October 1, 1977 with receipt of a two-year grant from the U.S. Administration on Aging (AoA) for the development of a "Multi-disciplinary Gerontology Center," one of 24 such awards that AoA made that year. This award supplemented a one-year grant being given by the Virginia Office on Aging and university overhead funds made available from the Office of Research and Graduate Affairs at VCU. None of these sources was permanent, but they offered the first critical sparks of life.

The actions of the General Assembly and the Governor in early 1978 confirmed and encouraged this life. In the months before March 23, 1978, the Center was established as an organizational unit under the Office of the Associate Vice President for Research and Graduate Affairs, for Drs. John Salley (VP, Research), Lauren Woods (VP, Health Sciences Campus) and John Andrako (Assistant VP, Health Sciences Campus) had decided that a statewide center required a high administrative reporting line. Then-Vice President (and later President of VCU) T. Edward Temple had urged creation of a statewide center earlier while he was Secretary of Administration under Governor Godwin.

Dr. Gregory Arling, a sociologist with a specialization in social gerontology, was appointed Director of the Center on November 1, 1977; VCU leased the old Collegiate School building at 1617 Monument Avenue in Richmond, housing VCoA on the first floor. VCoA's staff and supporters drew up an ambitious list of activities to bring aging to the attention of the general public, researchers, educators, and policy makers.

The first and early staffs and associates of VCoA included Greg Arling, Cindi Bowling, John Capitman, Charlotte Carnes, Ruthie Finley, Jean Gasen, Ron Holtzman, Jim McAuley, Cheri Nutty, Gerald Oster, Joe Porter, Michael Priddy, Michael Romaniuk, Debbie Snyder, and Jodi Teitelman.

VCoA created an Advisory Board and formed Technical Advisory Committees to set priorities for research and education on aging-related health, economics, transportation, and housing. These first actions were to: award five small grants (\$2,500 each) competitively to faculty at institutions of higher education across Virginia to produce "state of the art" reports on policy areas related to health, living environments, minority aging, and more; conduct workshops and briefings across Virginia based on these state of the art reports; assess staff development needs of public agencies across Virginia; provide technical assistance to Virginia's Area Agencies on Aging; establish an aging-related lending library; initiate a gerontological newsletter, and more.

The list of intentions is dizzying. Remember that these actions were being undertaken in a state and a country dominated by a youth culture, with the last of the Baby Boomers just entering their teenage years. It is all the more remarkable that VCoA accomplished its intentions and set ever higher goals for research, education, training, and technical assistance to benefit older Virginians and their families. The General Assembly and the Governor made this possible. They gave VCoA its permanence, its foundation on which to build.

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, and 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. The bills were consolidated into SB 534, which was reported and passed by the General Assembly, signed into law by Governor Dalton, and became incorporated in the Code of Virginia as 23-50.15.

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 recalled 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. Thereafter, VCoA was housed for a time at Scherer Hall, on VCU's Monroe Park Campus. Since moving to the Medical College of Virginia (VCU Health Sciences) Campus, VCoA has spent time in the Samuel Putney House, the Stephen Putney House, the Grant House (formerly Sheltering Arms), the old East Hospital (razed and now the site of the Kontos Medical Sciences Building), the Lyons Dental Building (for over 10 years), the West Hospital, and, since summer 2007, the Theater Row Building at Broad and Eighth.

VCoA's Directors

The Virginia Center on Aging at Virginia Commonwealth University has had three directors since its enactment 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

Here and on the next several pages are some additional facts about the early and subsequent days in VCoA's progress.

The Virginia Center on Aging - Selected Highlights 1978-2018

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. This screening instrument becomes known as the UAI (Uniform Assessment Instrument) and continues in use.

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. It remains the key reference and benchmark on older Virginians for 20 years.

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 Delegates Kenneth Plum and Joan Munford sponsor House Bill 863, approved by the General Assembly, which 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 guiding the 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) funds 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 VCoA sponsors its first Legislative Breakfast to report to the General Assembly and interested aging-related colleagues on its activities. These continue each January.

1988 VCoA and the GEC jointly publish in the fall 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 the latter's successful competitive renewal proposal for the Geriatric Education Center (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.

1989-1990 VCoA conducts *Geropharmacy and Gerontology for Rural Community Pharmacists: Models for Dissemination*, 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.

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 supports this work.

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 supports the study.

1991 The Interfaith Coalition for Older Virginians (ICOV) becomes a reality. After hosting an organizational meeting in November 1990, VCoA helps develop 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 1,400 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 fund the Virginia Geriatric Education Center (VGEC), which is awarded by the Bureau of Health Professions, Health Resources and Services Administration, USDHHS.

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's offering 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 Virginia pharmacists and nurses, in the Northwest, Southwest, 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.

1993 VCoA and its Advisory Committee host VCoA's 15th anniversary reception in July at the Valentine Museum in Richmond to honor the many colleagues and partners in its work for older Virginians, with a special recognition of Senator Benny Lambert and Delegate Frank Hall who have served on VCoA's Advisory Committee. VCU President Gene Trani participates. VCoA's first Director, Greg Arling, and original staffers Cindi Bowling and Sherry Nutty return to join the celebration.

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 inter-system 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 lifelong learning 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 supports this initiative.

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, the Virginia Department for the Aging (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 lifelong learning 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 John 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. This study is self-funded.

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 VCU 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 (GITT)* project. VCoA conducts the project's evaluation components.

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. VCU Vice President Hermes Kontos emcees the Richmond event.

1998 VCoA enrolls its 15,000th Elderhostel lifelong learning student.

1998 VCoA leads a partnership of organizations in developing a pioneering, multi-state conference in Richmond 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.

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.

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. This coalition continues today as the Central Virginia Task Force on Domestic Violence in Later Life.

1999 VCoA conducts an 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 to ARDRAF.

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, held in Richmond, on *Meeting Everyday Needs: Aging with Cerebral Palsy and Other Developmental Disabilities*.

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 the Health Resources and Services Administration, 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 (DCJS) 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, 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.

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 (DCJS) 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 directs evaluation of the project *Recognition, Respect, and Responsibility: Transforming the Direct Service Community*, awarded to the Virginia Department of Medical Assistance Services (DMAS) by the U.S. 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. These conferences and workshops continue today.

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 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 (OVW). The grant of \$429,075 for the *Central Virginia Training Alliance to Stop Elder Abuse, Neglect, and Exploitation* allows VCoA and collaborators to offer multidisciplinary elder abuse training to police officers, prosecutors, and court officials in the metropolitan Richmond area, focusing on building cross-sector collaboration (investigation to prosecution).

2007 The Virginia Geriatric Education Center operated by VCU's Department of Gerontology ceases operation. VCoA is named administrator of an annual appropriation from the General Assembly for what VCoA calls Geriatric Training and Education (GTE).

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

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.

2007-2008 Geriatric Training and Education (GTE) funds, which VCoA administers, enable 15 different initiatives across Virginia, including training of: non-geriatric physicians statewide in geriatrics; rural pharmacists on the Eastern Shore, Northern Neck, and 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.

2007-2008 VCoA collaborates in conceptualizing and launching the *Older Dominion Project*, a broad undertaking by businesses, government, and non-profits, led by the Southeastern Institute of Research, to understand the aging of Virginia, create appropriate business opportunities, and increase public awareness of the implications for Baby Boomers and other generations.

2007-2008 VCoA evaluates the impact of *Workplace Partners for Eldercare*, its partnered project with Senior Connections funded by the Richmond Memorial Health Foundation to assist employers in central Virginia, including the VCU Health System, who wish to help their employees who are family caregivers. VCoA assists in securing re-funding for the project.

2007-2008 VCoA faculty and staff publish eight peer-reviewed journal articles, special issues, and book chapters on a variety of topics, including family caregiving, intersystem collaboration, domestic violence in later life, aging and disabilities, and geriatric care provision.

2007-2009 VCoA evaluates the Virginia Respite Care project, funded by the Virginia Department for the Aging. The project provides respite services to caregivers through scholarships for adult day care, in-home personal care, etc. and trains these caregivers in coping strategies. VCoA's evaluation documents changes in caregiver stress and the need for supportive services.

2007-2009 VCoA represents VCU in an ongoing, pioneering effort to introduce applied educational gerontology in Japan and Southeast Asia. After launching a successful international gerontology synthesis conference in Okinawa in March 2007, VCoA works with colleagues from universities in the U.S., Japan, China, India, the World Health Organization, and others to conduct an international invitational gerontology conference in March 2009 at Andhra University, Visakhapatnam, Andhra Pradesh, India.

2007-2012 VCoA is part of the Virginia Department of Health's Sexual Violence Prevention Planning Team, which includes disciplines from VCU, the Health Department, Sexual Assault Centers, and others. This team completes plans for a sexual violence prevention program for 2007 through 2012, which will for the first time include prevention planning for underserved populations such as elders. This program is funded by a grant from the federal Centers for Disease Control and Prevention (CDC).

2007-2014 VCoA is partnering with the Virginia Department of Criminal Justice Services (DCJS), which, with grant support from the U.S. Department of Justice, is leading the 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 In February, VCoA develops and submits through its partner, Senior Connections, a successful two-year, \$150,000 continuation funding request to the U.S. Department of Justice, Office of Violence Against Women (OVW) to provide additional trainings, conduct a community needs assessment, and plan for and implement outreach and service delivery to older victims.

2008 VCoA conducts the *City of Richmond Needs Assessment Survey of Older Adults*, producing a report that suggests policy-related actions for the City.

2008 VCoA is a partner in the *I-CAN Project*, organized by the VCU School of Social Work, the Partnership for People with Disabilities, and the Resources for Independent Living. I-CAN will provide easier access through the Internet and other means to obtain information about protective orders and other court functions for people with disabilities. This program is supported by the Supreme Court of Virginia.

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. These 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 to ARDRAF.

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

2008 The Alcohol and Aging Awareness Group (AAAG), with VCoA a leading member, 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 VCoA's Elderhostel sites. It 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 this year is engaged in six new grant or contract projects that are externally funded: Domestic Violence in Later Life; Family Violence; Workplace Partners; Respite Care; City of Richmond Needs Assessment; and Mindfulness Based Stress Reduction.

2008-2009 VCoA collaborates with SeniorNavigator on two funding proposals, totaling approximately \$200,000, to launch the project *Take Back Your Life*, an innovative, positive, community-based and interactive confidential Internet project focused on faith community leaders in the Tri-Cities area. The initiative raises awareness about both domestic violence in later life, and how faith-based leaders and community-based leaders can help people in abusive situations take back their lives. Key components include convening focus groups; developing a training module on preventing and responding to elder abuse and domestic violence in later life; and designing and launching an online "Solution Center" for faith community members, service providers, and victims. The Cameron Foundation funds this work.

2008-2009 VCoA, as member of the Alcohol and Aging Awareness Group (AAAG), has developed a website, written and produced informative brochures for the public, and initiated training forums for service providers on assessing, screening, and referring older adults at risk. This fiscal year the Group sponsored the *Get Connected* Toolkit Training in September 2008, to teach use of this effective federal product, and conducted the second *The Hidden Epidemic* conference in April 2009 for a statewide audience of social workers, nurses, and other service providers on the signs and symptoms of alcohol misuse in older adults and the potential risk of alcohol and medication interactions.

2008-2010 The Central Virginia Training Alliance to Stop Elder Abuse, Neglect and Exploitation, which VCoA administers, receives continuation funding from the U.S. Department of Justice, Office of Violence Against Women (OVW), for October 2008 through September 2010, for additional program activities, including a workshop for circuit court judges, two-day local law enforcement trainings, in-service sessions at the Richmond Police Academy, prosecutors attending national prosecutor training, and more.

2009 VCoA is re-funded through December to continue its evaluation work on the partnered project *Workplace Partners for Eldercare*.

2009-2010 VCoA evaluates *Virginia Respite Care*, funded by the Virginia Department for the Aging, to provide respite services to caregivers through scholarships for adult day care, in-home personal care, etc. and to train these caregivers in coping strategies; VCoA's evaluation documents changes in caregiver stress and the need for supportive services.

2009-2010 VCoA is significantly involved in a multi-party effort to conceptualize and establish the *Four-Year Plan* of the Virginia Department for the Aging.

2009-2011 VCoA is re-funded by the Department of Criminal Justice Services (DCJS) to continue its V-STOP (Virginia Services, Training, Officers, Prosecution) regional project addressing domestic violence and sexual assault in later life, and to continue its Domestic Violence Victim Fund statewide against family violence.

2010 Elderhostel, which briefly changed its name to Exploritas, renames itself Road Scholar. All current Elderhostel providers, including VCoA, follow suit. At the time, VCoA is operating Road Scholar lifelong learning programs in Harrisonburg, Natural Bridge, Richmond, and Staunton.

2010 VCoA staff contribute technical assistance, knowledge transfer, and other professional assistance in response to community needs by working with at least 22 community organizations and groups. This continues a commitment to community service dating to VCoA's beginning. Current involvement includes: Alzheimer's and Related Disorders Commission; Area Planning and Services Committee (APSC) on Aging with Lifelong Disabilities; Family and Children's Trust Fund, Advisory and Editorial Committees; Governor's Domestic Violence Advisory Board, Commonwealth of Virginia; Older Dominion Partnership; Virginia Arthritis Action Coalition, Executive Committee; and Virginia Sexual and Domestic Violence Action Alliance, Governing Board.

2010-2015 VCoA successfully competes for a five-year, \$2.4M interprofessional geriatrics training award from the Health Resources and Services Administration, USDHHS, to lead the *Virginia Geriatric Education Center*, a consortium of faculty and staff from VCU, the University of Virginia, and Eastern Virginia Medical School. Program initiatives include faculty development, virtual case training of pre-clinical students, evidence-based practice training in falls prevention, and dementia training for professionals and family caregivers across Virginia. An "all-in" interprofessional Plenary oversees all programs.

2011 VCoA welcomes its 35,000th Road Scholar (Elderhosteler) to its programs for older learners

2011-2013 VCoA successfully competes for three continuing awards: *VGEC Supplemental Funding: Education about Alzheimer's Disease*, funded by the U.S. Health Resources and Services Administration, DHHS; FY 2012 (\$42,221) and FY 2013 (\$92,683); *Central Virginia Task Force on Domestic Violence in Later Life Project*, funded by the Virginia Services, Training, Officers, Prosecution (V-STOP) Violence against Women grant program, administered by the DCJS; calendar years 2011 (\$38,760) and 2012 (\$38,760); and the *Family Violence Project*, funded by the Virginia Domestic Violence Victim Fund, DCJS; calendar years 2011 (\$9,318) and 2012 (\$9318).

2012 Recognizing the milestone of 30 years of awards distributed under the Alzheimer's and Related Diseases Research Award Fund (ARDRAF), VCoA conducts its periodic follow up survey of past awardees of ARDRAF seed grants. Since 1982, VCoA has competitively awarded 136 small grants, averaging \$20,200 and totaling \$2.75 million, which have produced over 242 scientific research publications and a documented \$24.7 million from non-state sources, a return on investment of \$9 for each \$1 appropriated.

2012-2016 VCoA successfully competes to receive funding, \$400,000, from the US Department of Justice for the project *Virginia Elder Justice Training and Services*, focused on Washington County and the City of Bristol to build local inter-agency relationships and to identify, prosecute, and adjudicate cases of elder mistreatment. Project staff conduct or coordinate training for law enforcement, prosecutors, and judges; partner with more than a dozen local and statewide partners; participate in Coordinated Community Response teams; and more.

2013-2014 VCoA faculty and staff are serving on the boards of 10 national professional organizations. These include: Board of Directors, National Association for Geriatric Education/National Association for Geriatric Education Centers; Conference Committee, National Adult Protective Services Association; Editorial Board, *Journal of Applied Gerontology*; Editorial Board, *Journal of Elder Abuse and Neglect*; Editorial Board, *Journal*

of *Policy and Practice in Intellectual Disabilities*; Editorial Board, *Gerontology and Geriatrics Education*; Editorial Board, *The Gerontologist*; M. Powell Lawton Awards Committee, The Gerontological Society of America; and the Association for Gerontology in Higher Education.

2013-present VCoA is an active member of the *Mature Driver Study*, a response to a call by the House and Senate Transportation Committees for the Department of Motor Vehicles (DMV) to establish a stakeholders group to study “whether the Commonwealth should adopt additional objective criteria in current license renewal requirements as a means of assessing mature drivers’ continued capability to remain active, safe, independent, and mobile.” The Study has produced renewal screening guidelines, public education materials, and more.

2013-present VCoA’s ongoing work to address abuse in later life in Virginia is recognized and reinforced, with annually renewed funding from DCJS for both the *Central Virginia Task Force on Domestic Violence in Later Life Project* and the statewide *Family Violence Project*.

2014 Membership in the Lifelong Learning Institute (LLI) in Chesterfield reaches 800.

2014-present Mrs. Mabel Sullivan, widow of Russell Sullivan of Fredericksburg, makes a generous \$50,000 gift to VCoA’s Alzheimer’s and Related Diseases Research Award Fund (ARDRAF) in memory of her husband. VCoA designates the highest reviewed ARDRAF applications as Sullivan Awardees. The Sullivan Family continues these gifts, enabling more research into the causes, consequences, and treatments of dementing conditions.

2015 VCoA’s quarterly *Age in Action* begins its 30th volume.

2015-2018 The Virginia Geriatric Education Center (VGEC), which VCoA leads, successfully competes for a *Geriatrics Workforce Enhancement Program (GWEP)* award from the Health Services and Resources Administration, USDHHS. It is one of only 44 in the country. GWEPs are intended to integrate geriatrics into primary care. The \$2.5M GWEP award enables the VGEC to deploy the Medicare Annual Wellness Visit as a two-way training tool, and to conduct faculty development, pre-clinical, and on-site evidence-based training in the community, as well as expanded dementia-related education, and focused interprofessional training of health professions faculty and students who engage in the Richmond Health and Wellness Program for low-income, at-risk elders.

2016 VCoA collaborates with the VCU Schools of Nursing and Pharmacy and other colleagues at VCU in a successful proposal to establish a VCU-funded iCubed (Inclusion.Inquiry. Innovation) transdisciplinary program. It develops a strategic core of faculty and community partners to create communities that enhance the daily social and health lives of older adults.

2016 Membership in the Lifelong Learning Institute (LLI) in Chesterfield reaches 1000.

2016 VCoA joins the Virginia Department of Health, other units of VCU, and state and local substance abuse and safety-focused organizations to offer training programs for healthcare providers on responsible case management of the substance-exposed mature driver, i.e., alcohol and drug interactions in the older adult; screening, referral, and treatment; the Virginia Division of Motor Vehicles medical review process; driver safety among mature adults; and relevant, accessible state and local resources.

2017 VGEC initiates and collaborates in a successful proposal to the Hartford Foundation for a funded Region 3 Small Networking Meeting of GWEP awardees, focused on best practices for implementation and integration of the Medicare Annual Wellness Visit as a tool for improving geriatric primary care delivery. The meeting is held at Johns Hopkins University.

2017 VCoA conducts its periodic follow up survey of past awardees of ARDRAF seed grants. Since 1982, through independent third party reviews, VCoA has awarded 173 small grants, averaging \$24,450 and totaling \$4.23 million, to 24 recipient organizations. These have, in turn, produced a documented \$39.7 million in subsequent awards from non-state sources, a return on investment of \$9.40 for each \$1 appropriated to ARDRAF.

2017 VCoA collaborates with the VCU School of Nursing, the leading partner, and several city and non-profit agencies in a successful proposal to engage the Richmond Health and Wellness Program to improve health outcomes and quality of life among older adults in the East End of Richmond, especially public housing residents. The Richmond Memorial Health Foundation funds the project to establish the *East End Coalition*.

2017-2018 VCoA receives funding from DCJS, \$54,302, for *Abuse in Later Life: A Judicial Education Project*, a nine-month project to conduct workshops across Virginia for circuit and district judges, and magistrates on judicial procedures in such cases. VCoA collaborates with the Virginia Supreme Court in planning and promoting these at three different venues. Retired Judge Janice Martin of Kentucky conducts the workshops.

2018 VCoA upgrades its website and adopts a new logo, a continuous circle containing the colors commonly associated with the subject matter of each of VCoA's four principal programs. These are green for lifelong learning, purple for Alzheimer's and dementia, violet for abuse in later life, and blue for geriatrics/gerontology.

2018 The Richmond Health and Wellness Program, affiliated with the VGEC, is selected by the VCU's Council for Community Engagement to receive its 2017-18 Currents of Change Award, as the Exemplary Partnership in Community Engaged Research.

2018 VCoA has now solicited, screened, and third party-reviewed hundreds of applications for geriatric/gerontology workforce development grants under the Geriatric Training and Education (GTE) initiative it administers for the Commonwealth. Since 2007, VCoA has awarded 167 small grants (\$1,000-\$25,000) to respond to identified community-based needs across Virginia.

2018 VCU's School of Allied Health Professions officially becomes the College of Health Professions in recognition of its multidisciplinary units.

2018 Membership in the Lifelong Learning Institute (LLI) reaches 1300.

2018 VGEC successfully competes for funding, \$26,274, from the Hartford Foundation for a Small Networking Meeting of GWEPs, focused on *GWEP-QIO (Quality Innovation Organization) Partnerships* to be held in Richmond in the fall.

2018 VCoA and the VGEC receive a fourth year of new funding, \$880,658, from the Health Resources and Services Administration, USDHHS, for the *Geriatrics Workforce Enhancement Program*, to continue successful initiatives in interprofessional geriatrics and dementia-related education and training, as well as a new emphasis on addressing opioid misuse among elders.

Our Final Four

Each spring in the United States there's a college basketball tournament with dozens of teams competing until they get down to the Final Four. These are the best teams that will decide the championship. Our Virginia Center on Aging has had its own Final Four, all champions. These are people who guided us, helped us, and ensured that we became the best we could be.

Our Final Four, who were with us on our Advisory Committee for years, were MaryEllen Cox, Bill Egelhoff, Frank Hall, and Benny Lambert.



MaryEllen Cox's appointment book was always filled to the brim with meetings with individuals,

groups, coalitions, and, of course, our VCoA. What they all shared in common was an interest in bettering the lives of older Virginians. This was her passion. For a long time she lived in Virginia Beach and drove to Richmond to be with us, first in her black sports car and later her black truck, each licensed as "Emee." She brought a contained energy to our Advisory Committee meetings. Others besides us appreciated this, for she served on the Advisory Board for the Aging to five Governors, the Diocese of Richmond, Senior Connections, and others. She was instrumental in the development of numerous facilities that support older adults, including the first free standing day care center

for older adults in Virginia, which has been renamed in her honor, the M.E. Cox Center in Virginia Beach. MaryEllen's gentle demeanor and manner of speaking belied a deep wisdom and understanding of what must be done.



Bill Egelhoff

was our Renaissance man: a World War II Navy veteran, business man, Episcopal priest, gerontologist, outdoorsman,

sailor and more. We kept the newspaper clipping of him skiing on his 90th birthday on our office walls for years. He knew many of the most influential members of the General Assembly on a first name basis and had been the pastor of the Senate Finance chairman at one time. Like MaryEllen, he served five Governors on their Advisory Boards for the Aging. He was an innovator in many ways. He started coalitions, advocacy groups, and training experiences. Bill was a junction for so many elements in aging. He was a connection and so many people wanted to connect to him. He had a kind and gentle demeanor and I never saw him angry in all the years I knew him. He guided our Center as its Director and, when I took over, guided me in interactions with our founder and funder, the General Assembly. Bill's presence as Director Emeritus on our Advisory Committee insured our having a reasoned, experienced perspective on whatever issues were under consideration.



Frank Hall

was already a veteran Delegate in the General Assembly when Bill Egelhoff introduced us during the 1990

session. Frank remained a leader for aging-related matters throughout his three decade political career and afterwards. He encouraged numerous initiatives by Senior Connections, The Capital Area Agency on Aging, several senior centers, and others to bring not only food and transportation to the area's elders, but also opportunities for learning and socialization. He was chief patron of the Caregivers Investment Bill for three General Assembly sessions before graciously ceding leadership to the other party in order to pass this legislation that reinforced the critical role that families play in providing long-term care to their relatives. Frank was a gentleman. We always enjoyed his company, and often visited him and his staff in Room 520 of the GA Building. He gave us years of wisdom, support, and encouragement with a generous heart.



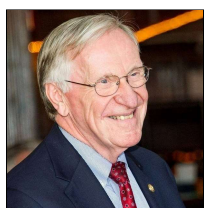
Benny Lambert

was first elected to the General Assembly as a Delegate in 1977, then to the Senate

in 1985. He, too, served three decades. His corner office in the General Assembly Building always had a line of constituents, friends, and others seeking his help and insights. He was the people's public

servant. With a tilt of his head and faint smile, he made us feel comfortable and accepted. He was a licensed optometrist and I visited him in his practice in Jackson Ward on occasion to get his advice. He was keenly interested in the health and well-being of minority elders, and he mentored younger adults for leadership in their communities. A man of integrity, Benny was a steadfast advocate for health and aging-related matters, championing developments in the quality of care by the health professions, re-education and reinvigoration of older workers, Alzheimer's related research, and lifelong learning.

Wouldn't it be nice if there were a Final Five?



Sometimes there deserves to be. In the VCoA's case, we'd have to add **Ken Plum** to the category of our

champions. Ken is the most senior member of the House of Delegates and has spent his tenure since 1982 acting to improve the well-being of older Virginians and their families. He's talked the talk and walked the walk, always quietly without flamboyance, as can be seen in his weekly television program for those in his district. Ken successfully patroned enactment of the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) and has defended and grown it so that it has become the most effective state-funded dementia research program in the country. He can be counted on for creative initiatives in family caregiving, health care, community service, public safety, and more.

Editor, *Age in Action*



Our *Age in Action* editor, Kim Ivey, is leaving, completing a tour of service that totals almost 20 years. As mentioned in the VCoA editorial, we have been blessed with a core of highly dedicated individuals who stay with us for years. Kim is one of them.

Kim started with us in November 1994 when she was an undergraduate in VCU's Cooperative Education Program which enables students to combine work experience with their education. She quickly became a valuable asset to us with her steady, pleasant disposition and willingness to learn. Becoming full-time, she assisted Connie Coogle and Ruth Finley in the editing and layout work for the publications in our *Families Who Care* project.

Kim next moved to assist Debbie Snyder with our burgeoning Elderhostel program which, at the time, drew a thousand or more lifelong learners from around the country to our programs across Virginia. Kim later served as liaison between VCoA, Elderhostel Headquarters in Boston, and the State Elderhostel Director at the College of William and Mary.

Kim eventually left us in 2000 to work in the long-term care industry, but returned in 2003 to assume editorship of *Age in Action*. True to form, she has been splendid in this. Publication requires meeting demanding deadlines and scrupulous attention to details. She has excelled.

Through the Years

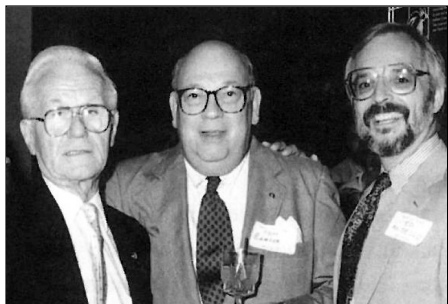
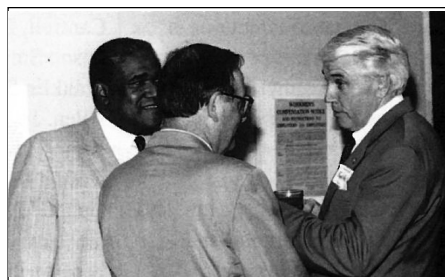
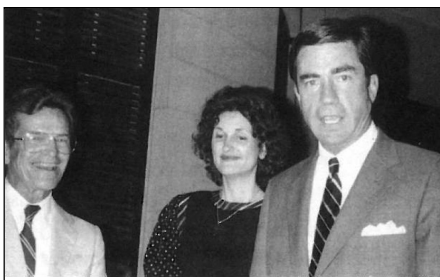
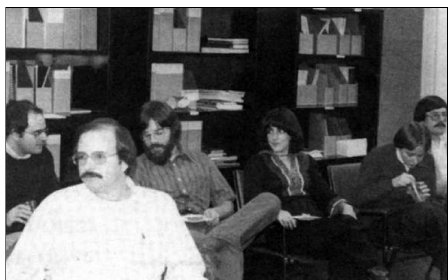


Top: VCoA offers the first Elderhostel program at a medical school, the Medical College of Virginia, in 1983.

Middle: Patty Slatum, VCU School of Pharmacy and Peter Boling, VCU School of Medicine, long time colleagues of VCoA, at the 2017 Legislative Breakfast (LB)

Bottom: VCoA's Bert Waters, left, Governor Northam, center, and others after early morning run in January 2018

Through the Years 1978-2018



Top Left: A meeting at VCoA in 1978. Left to right: Ron Holtzman, Joe Porter, Michael Priddy, Jodi Teitelman, Cheri Nutty, and Jim McAuley.

Top Center: Governor Robb declares June 1985 as “Elderhostel Month in Virginia.” Pictured with him are First Lady Lynda Johnson Robb and Bill Egelhoff.

Top Right: Senator Benjamin Lambert, VCU President Eugene Trani, and Delegate Frank Hall at VCoA’s 15th Anniversary in 1993.

Middle Left: VCU Vice President John Andrako, Dean Tom Barker, and Ed Ansello at VCoA’s 15th Anniversary in 1993.

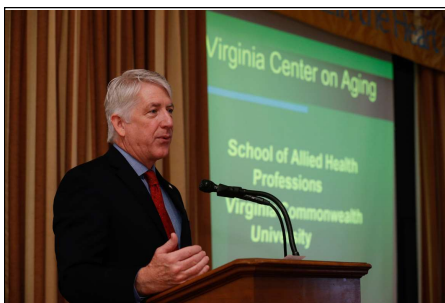
Middle Center: One of our Richmond Elderhostel programs, 1989-1990. VCoA Coordinator Debbie Snyder and Assistant Catherine Dodson are at far left in the first two rows.

Middle Right: Elderhostel instructor and re-enactor Mark Greenough captivates our Elderhostelers at St. John’s in Richmond, 1996.

Bottom Left: VCoA’s 2002 Memory Walk team. Left to right: EJ Ansello, Ed Ansello, Paulette Ansello, MaryEllen Cox, Colleen Head, Dave Banks, Jason Rachel, Connie Coogle, Bert Waters and his daughters, Rosa and Isabel. Kneeling: Jane Stephan and Paula Knapp Kupstas.

Bottom Center: VCoA’s Bridget Wood and Michael Pyles meet with Lynchburg College’s Al Wilson at VCoA’s 1989 Legislative Breakfast.

Bottom Right: Not by work alone. VCoA staff and associates at a cookout, summer 1979.



Top Left: Attorney General Mark Herring giving the welcome address at VCoA's 2018 Legislative Breakfast (LB).

Top Center: Honoring Bill Egelhoff at VCoA's 2011 LB.

Top Right: Jack Reid and Paula Kupstas at VCoA's 2014 LB.

Middle Left: The VGEC's first class (2011-2012) of graduating Faculty Development Program Scholars. (back row) Jean Ellen Zavertrnik, MSN; Natasha Harrigan, PharmD; Emmy Wheeler, DPT; Pam Gwathmey, MD; Arthur Meyers, BSN; Madeline Dunstan, MS; Bruce Britton, MD; Lana Sargent, NP; (front row) Mary Rubino, MD; Martha Sawyer, DSW; Ron Gregory, PharmD; and Cameron Sgroi, MSW.

Middle Center: Ribbon-cutting ceremony for the Lifelong Learning Institute. Left to right: Jack Davis, Brandermill Retired Men's Club; Dr. Billy Cannaday, Superintendent of Chesterfield County Public Schools; Beth Davis, Chairwoman of Chesterfield County School Board; Art Warren, Chairman, Board of Supervisors; Debbie Leidheiser, Brandermill Woods; Jane Stephan, VCoA; and Ed Moldof, Chairman of Steering Committee, LLI.

Middle Right: Bonnie Scimone, Senior Navigator; Thelma Watson, Senior Connections; Ruth Anne Young, VCoA; and Debbie Leidheiser, Senior Advocate, Chesterfield County at the 2015 LB.

Bottom Left: ARDRAF Review Panel, June 2016. Clockwise from top: Constance Coogle, PhD, (chair), Paul Aravich, PhD, Randolph Coleman, PhD, Frank Castora, PhD, Toni Coe, PhD (recorder), Gregorio Valdez, PhD, Patty Slattum, PharmD, PhD, Patricia Trimmer, PhD, Beverly Rzigalinski, PhD, Shirley Taylor, PhD, Linda Phillips, PhD, Natalie Wheeler, PhD (recorder), Webster Santos, PhD, Kathleen Fuchs, PhD, Christianne Fowler, DNP, Ning Zhang, PhD, and Bin Xu, PhD.

Bottom Center: VCoA Advisory Committee Chairman Bob Schneider with then-Senator (now Governor) Ralph Northam, LB 2013.

Bottom Right: Attorney General Bob McDonnell, Speaker Bill Howell, Ed Ansello, Lt. Governor Bill Bolling at LB 2006.

Calendar of Events

August 10, 2018

The Fall Catalog will be available on site and online at Lifelong Learning Institute in Chesterfield. 13801 Westfield Road, Midlothian, www.LLIChesterfield.org, or e-mail info@LLIChesterfield.org.

August 27-30, 2018

National Home and Community Based Services Conference. Presented by the National Association of States United for Aging and Disabilities. Marriott Waterfront, Baltimore, MD. For information, visit www.hcbsconference.org.

September 20, 2018

Living Well with Dementia. 2018 Conference on Dementia Presented by the Alzheimer's Association Greater Richmond Chapter. Mt. Gilead Full Gospel International Church, Richmond. For information, call (804) 967-2580 or email ffoster@alz.org.

September 24-27, 2018

Together 2018. Convention and Trade Show of the Virginia Health Care Association and the Virginia Center for Assisted Living. Hotel Roanoke and Conference Center, Roanoke. For information, visit www.vhca.org.

October 7-9, 2018

Authentic Leadership. Home Care and Hospice Conference and Expo. Grapevine, TX. For information, visit www.nahc.org.

October 7-10, 2018

69th Annual Convention and Expo. Presented by The American Health Care Association and The National Center for Assisted Living. San Diego, CA. For information, visit www.eventscribe.com/2018/AHCANCAL/.

October 23-24, 2018

Reflections: Looking Back - Moving Forward. Virginia Assisted Living Association's Annual Fall Conference. The Founder's Inn & Spa, Virginia Beach. For information, visit www.valainfo.org.

October 26-28, 2018

Caring for the Caregiver Hack Challenge. Seven teams from Virginia colleges and universities compete to create in one day a technology-driven tool to improve the health of family caregivers. Monetary and consultation awards. The tool can be an app, website, interactive on-line experience, or a device, and will be judged on originality, usability, feasibility, relevance, and readiness for development. For information, contact Kim Tarantino at kim@VirginiaNavigator.org or call (804) 525-7733.

October 28-31, 2018

LeadingAge Annual Meeting and Expo. Pennsylvania Convention Center, Philadelphia, PA. For information, visit www.leadingage.org.

November 13, 2018

The Virginia Association for Home Care and Hospice Annual Conference. The Place at Innsbrook, Glen Allen. For information, visit www.vahc.org.

November 14-18, 2018

The Purposes of Longer Lives. Annual Scientific Meeting of the Gerontological Society of America. John B. Hynes Veterans Memorial Convention Center, Boston, MA. For information, visit www.geron.org.

November 15, 2018

Annual Alzheimer's Education Conference. Presented by the Alzheimer's Association Central and Western Virginia Chapter. Holiday Inn Valley View, Roanoke. For information, call (800) 272-3900 or email ephipps@alz.org.

December 7, 2018

The Spring Catalog will be available on site and online at Lifelong Learning Institute in Chesterfield. 13801 Westfield Road, Midlothian, www.LLIChesterfield.org, or e-mail info@LLIChesterfield.org.

Age in Action

Volume 33 Number 3
Summer 2018

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Commissioner, DARS

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Age in Action is published quarterly. Submissions, responses to case studies, and comments are invited and may be published in a future issue. Mail to: Editor, *Age in Action*, P.O. Box 980229, Richmond, VA 23298-0229. Fax: (804) 828-7905. Email eanseello@vcu.edu.

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2018 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 8
 Danville, September 22
 Blacksburg, September 29
 Lynchburg, October 6
 Harrisonburg, October 13
 Charlottesville, October 20
 Roanoke, October 27

Greater Richmond Chapter

Register for walks in this area at
www.alz.org/grva.

Middle Peninsula-Northern Neck, Urbanna, October 6
 Fredericksburg, October 13
 Richmond, November 3

National Capital Area Chapter

Register for walks in this area at
www.alz.org/nca.

La Plata, MD, September 8 Washington, DC, October 13
 Solomons, MD, September 22 Manassas, October 20
 Reston, September 23 Winchester, October 27
 Oxon Hill, MD, September 29

Southeastern Virginia Chapter

Register for walks in this area at
www.alz.org/seva.

Suffolk, September 15 Newport News, October 20
 Virginia Beach, September 22 Williamsburg, October 27
 Onancock, October 13 South Boston, November 3

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