

age in *action*

Activities in geriatrics and gerontology education and research

Virginia Center on Aging
Virginia Geriatric Education Center
Virginia Department for the Aging

Case Study

Guardianship Practice

by Rhonda Buckner

Rhonda Buckner is the Director of the Personal Support Network. She was a founding board member of the National Guardianship Association and of the Virginia Guardianship Association (VGA). She continues to serve on the VGA board.

Objectives

1. To describe an alternative model to using either sheriffs or volunteers as "guardians of last resort."
2. To illustrate different standards for decision making to apply in guardianship cases.

Background

In the last issue of *Age in Action*, Dr. Simmons wrote about freedom in old age and Bill Peterson wrote about

guardianship reform. This struck me as an interesting juxtaposition of topics, because recently I heard guardianship compared to imprisonment. This comparison was based on limitations on individual rights in both arenas.

While it is true that guardianship does dramatically limit a person's rights, when done right it can also have dramatic positive benefits. The balance between freedom of choice and protection from harm is often difficult. As the guardian of last resort, Personal Support Network struggles with that balance to serve clients who have no other family or friends to make decisions for them.

When a court declares a person incompetent and appoints a guardian over the person and his or her property, the incompetent person (the ward) loses the right to make all decisions for him or herself. All assets (cash, property, stocks, insurance, etc.) are put under the guardian's authority.

Determining where they will live, what medical treatment they will receive, and even who may visit them are all decisions

for the guardian. Legally, the guardian's decision is used in place of the ward's in every area of a person's life, unless the court orders otherwise, which it rarely does.

Guardianship Guidelines

What does a guardian do with all of this authority? The National Guardianship Association has developed ethics and standards for guardians that give guidance about how to make decisions for wards. The Virginia Guardianship Association has adopted these standards as well. One of the most significant instructions to guardians defines the way to approach a decision. There are two standards to choose from: best interest and substituted judgment.

The best interest standard is what we are all familiar with - it says that the guardian makes a decision for the ward based on what he or she thinks is in the best interest of the ward. For example, if the decision was about whether to have surgery, the guardian, using the best interest standard, would weigh the pros and cons and come to a

decision based on what's best for the ward.

The substituted judgment standard says that it is the responsibility of the guardian to try to find out what the ward would have decided if the ward were competent, and make the decision based on the ward's values, desires, and actions when he or she was making competent decisions. For example, if the ward were a Christian Scientist all of his or her life, and never went to a doctor, the guardian using substituted judgment would not opt for surgery.

The Ethics and Standards for Guardians identifies "substituted judgment" as the preferable standard to follow when you can determine the history of the individual. Information from other family members, friends, associates, neighbors, or anyone who knew the ward when he or she was competent - are all good sources of information.

Other standards that are important include using the least restrictive alternative, avoiding conflict of interest, and using the "prudent person" rule when investing money.

It is also important to point out that just because wards are not legally entitled to make decisions for themselves does not mean that they should not be allowed to make the decisions which they are still capable of making. Regardless of "competency," if the ward can make a particular decision personally, then he or she should

be given the opportunity to do so.

Case Studies

Personal Support Network (PSN) is a private, non-profit program of The Arc operating in Northern Virginia. It is one of two demonstration projects providing guardianship for persons who are in need of services but for whom no guardians are available. Both projects were discussed in the previous issue of *Age in Action*. In Virginia, the statutes provide that the local sheriff may serve as the guardian of last resort. One of the demonstration programs operates on a model which uses volunteers as guardians under direct supervision of professional staff. PSN operates on a model where the agency itself is actually named as the guardian, with its professional staff providing the needed services. It has served as guardian for over a year for a number of individuals. The following three cases illustrate the types of decisions we have made for our clients.

Living arrangements:

Mr. G. has dementia and a drinking problem. He was living alone in an efficiency apartment and getting meals on wheels when we became his guardian. Mr. G. was incontinent, and his bed and all of his clothing, the carpet, and flooring were soiled. The apartment smelled terribly

and the neighbors had requested that he be evicted because the smell had spread through the hallways.

PSN made the decision that Mr. G. could not continue to live alone. We had two choices: assisted living or hiring a companion to allow him to stay at home. Our first impulse was to keep him in his apartment (least restrictive alternative, and substituted judgment, based on past behavior). However, we needed Mr. G. to stay at an assisted living facility for a few days to allow us time to clean up his apartment. While he was there, he really enjoyed it. He especially liked the attention from other residents, particularly the women. When the apartment was ready for him, we gave him the choice about where he wanted to live. It took him a few visits with his case worker, but he decided in favor of the assisted living facility. He continues to live there.

Medical decisions:

Ms. C. has profound mental retardation and lives in a group home. Her niece was her legal guardian. Her niece is a Jehovah's Witness and does not believe in blood transfusions. When Ms. C. needed kidney surgery, her guardian would not consent. Ms. C. has never been a Jehovah's Witness, nor does she understand the concepts.

Personal Support Network became the guardian for medical decisions to facilitate Ms. C.

getting surgery. The issue of substituted judgment did not come up in this instance because Ms. C. had no history of being legally competent to make such decisions. PSN intervened because of the conflict of interest between the niece and Ms. C. that interfered with the niece making independent decisions. PSN authorized the surgery and Ms. C. recovered nicely.

Mr. M. was a homeless man who was hit by a car and taken to the hospital. He suffered fractures to his knees and sustained a serious head injury which significantly affected his memory. He did not even remember his name. While in the hospital he was diagnosed with rectal cancer and schizophrenia.

Mr. M. was verbally abusive and spit at the nurses. He was uncooperative with his treatment and would not agree to anything. PSN became guardian because there were medical decisions that needed immediate attention. Mr. M. was adamant about not wanting any treatment. He did **not** want anything to do with anyone, but he did **not** say that he wanted to die.

PSN requested the assistance of the hospital ethics committee to make the decision about surgery for his rectal cancer. A doctor raised the question whether we should prolong this man's life when the quality of that life would be minimal. Mr. M. did not attend the ethics

committee meeting but was consistent in his rejection of any treatment at all.

The surgery had close to a 50% chance of success (cure). Another reason for doing the surgery was to prevent a painful death caused by bowel obstruction. PSN could not determine any historical information that could help make a substituted judgment decision. We knew he was homeless and had not had regular medical care, but we did not feel that was enough to go on. We also felt that his symptoms of schizophrenia and the head injury significantly interfered with his judgment.

PSN authorized the rectal surgery for the cancer. We did this using the best interest standard. The surgery was successful and the cancer problem resolved.

Then there was the problem of his knees. He played with the pins that were inserted to fuse the bone, so the pins were withdrawn. The casts were not working and the infection was not responding to medication. If we opted for surgery, he would need rehabilitation or he would never walk again. In his current condition, it did not appear that he would participate in rehab. We were also given the option of amputation. If we chose an option that would result in him not walking, he would definitely need nursing home placement. Substituted judgment would tell us to avoid that if at all possible.

We decided to postpone these decisions and focus on controlling his mental health symptoms so that he might be more cooperative with treatment. Different medications were tried and failed.

There is not a happy ending to this story. Mr. M. died suddenly, while in the hospital. While we were his guardian, we found his family. A sister visited him but he wanted nothing to do with her. We did the best we could for Mr. M. He was a difficult client to serve. You make the best decisions that you can at the time. You get as much help, from as many sources as you need.

Conclusions

Mr. M. presents a good reason for having a professional guardianship agency. He was an offensive person which would make it difficult to recruit a volunteer. A professional is often more comfortable communicating with medical people and questioning doctors' decisions. Finally, there were difficult decisions to make and having an agency, rather than one individual responsible, made it less burdensome on one person.

Ms. C.'s situation also demonstrates benefits of using an agency as the guardian of last resort. Speed was an important factor in her recuperating so well. As an agency, we were able to respond quickly, without

the delays sometimes inherent in volunteer recruitment.

Mr. G. is an example of a person who, by limiting his rights, had his life improved dramatically. Although he had money, he did not know how to use it to his advantage. He needed a guardian to protect him from his own neglect and to help him make choices that created a healthful, happier living arrangement.

Our project demonstrates the efficacy of one model of guardianship. There are hundreds, if not thousands of people throughout the Commonwealth who need guardians and other forms of substitute decision makers (for example, agents for power of attorney, representative payees for social security, and bill payers). No one model is the best in all cases. What is important is having systems in place which are able to provide guardianship responsibilities in a timely, compassionate, and professional manner. The sooner we get working systems in place, the better we can meet the needs of these citizens.

Study Questions:

1. Compare and contrast the substituted judgment and best interest standards for decision making.
2. How were the standards applied in the cases outlined in this article?

From the Executive Director, Geriatric Education Center

Iris A. Parham, Ph.D.

The VGEC has been busy doing numerous projects throughout the State and beyond. On December 11th, the VGEC co-sponsored with the Virginia Health Care Association (VHCA) training on physical and chemical restraints in long term care. For the portion of the program on chemical restraints, two speakers were from the VCU School of Pharmacy: Dr. Vic Yanchik, Dean, and Ms. Mary Ann Kirkpatrick, Assistant Professor. Ms. Christine Stacy, Education Coordinator and Quality Assurance Nurse for Williamson Pharmacy (Harrisonburg) also presented on this topic.

The VGEC has also received a contract to work with the Virginia Guardianship Association. The activities related to this project will be discussed in more detail in future issues. Planning is on-going for three upcoming training sessions that are part of our contract for training adult care residences (ACR) and adult day care workers. Eight sites will host training of Restraint Use Reduction and Elimination beginning February 21 and ending in March. The eight sites are: Warrenton, Fairfax,

Charlottesville, Hampton, Virginia Beach, Roanoke, Abingdon, and Petersburg. The next topics to be covered will be Individualized Service Planning (in April) and Challenging Behavior (in May) at eight sites across Virginia. The VGEC also just completed training on working with dementia residents at four sites including one private long term care facility training site. The VGEC welcomes requests for training at individual sites. If any specific areas are of interest, please contact Ms. Lois Wyatt at (804) 828-9060.

The VGEC continues to process certificates for medication aides for the Department of Social Services (DSS) and we are actively writing projects for funding in several areas. This should be a busy and productive year, and we welcome the opportunity to work with our many partners throughout the Commonwealth.

Virginia Osteoporosis Education Project

The Virginia Department of Health recently founded a coalition to develop an education program on osteoporosis prevention for the citizens of Virginia. The coalition is composed of representatives from many organizations. For further information contact Linda Foster, Nutrition Program Coordinator at (804) 692-0682.

From the
**Director, Virginia
Center on Aging**

Edward F. Ansello, Ph.D.

The Virginia Center on Aging enjoyed a productive year of service in 1996 thanks to the assistance of many friends whose partnership leveraged the work of our staff. As many know, VCoA has administered since 1982 the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) which provides seed grants to stimulate biomedical, psychosocial, cellular, and other research into the causes and consequences of dementing illnesses. In October 1996, we honored Delegate Ken Plum of Reston for his vision in sponsoring the bill that established ARDRAF. Ken's Northern Virginia colleagues in the General Assembly joined us at Northern Virginia Community College in Annandale to celebrate Ken's leadership and partnership in aging-related issues. (See pages 10 and 11.)

VCoA reported on ARDRAF and other activities at its annual Legislative Breakfast in January at St. Paul's in Richmond. Again, partnerships and productivity were themes. In reviewing our activities to satisfy the three mandates given to us by the General Assembly (interdisciplinary studies, research, and resource and information sharing), I noted the many partnerships VCoA had in

serving older Virginians and their families:

- VDA, the VGEC, Area Agencies on Aging (AAA) in Arlington, Prince William, and the Roanoke Valley in Partners III, our project on aging with developmental disabilities;
- the Virginia Department of Health, Mattaponi-Pamunkey-Monacan, Inc. (representing Virginia's eight indigenous Indian tribes), and five AAAs in a crescent from Tidewater to Lynchburg (Northern Neck, SEVAMP, Peninsula, Capital Area, and Central Virginia) in our Home and Community Based Care project to enable people to remain in their communities as long as possible;
- the Eastern Virginia Medical School, the State Department of Emergency Services, and the University of Virginia as recipients of the 1996-97 ARDRAF seed grants; and
- commercial hotels, museums, transportation companies, restaurants and others in Yorktown, Hampton, Richmond, and Natural Bridge in conducting 76 program weeks of our lifelong learning program, Elderhostel.

And there are other partnerships. In 1996, VCoA worked with over 200 agencies, businesses, academic departments, and units of government in meeting our #1 mandate, to improve the quality of life of older Virginians. We thank you and our partners for your help.

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

Thelma Bland, M.S.

As we begin this new year - 1997 - let me take a few moments to thank each and everyone of you for being active members of Virginia's Aging Network. I am talking about the LARGER Aging Network here: the network composed of thousands of active older Virginians, their families and their caregivers, as well as all of you who work with and for older citizens in a wide variety of public and private settings and institutions. You are our partners. It is through your commitment and your active participation that we can make Virginia a great place in which to grow older. Please recommit yourselves to working with us again in 1997.

As Virginia's population continues to age in increasing numbers (a fact brought home to every "baby boomer" who turned 50 this past year), we are confronted with the sobering reality that Alzheimer's disease and related dementias will impact the lives of greater numbers of our friends and neighbors. Alzheimer's disease is a progressive, degenerative disease of the brain, and the most common form of dementia in older persons, although it is increasingly being found in

people in their 40s and 50s. It is the fourth leading cause of death among older adults. This disease is truly a ticking time bomb: it is estimated that as many as 25,000 Virginians are affected by Alzheimer's disease, and this number will begin to increase dramatically as the "baby boom" generation reaches their 50s and 60s.

Of particular concern to me is that this disease impacts more than just the individuals who suffer from its affects, it also has the potential to devastate the entire family. Since the majority (anywhere between 75% and 80%) of Alzheimer's patients are given the care they need at home by their spouses or adult children, these primary caregivers often find themselves physically tired, emotionally depressed, and socially isolated. But these caregivers must learn that they are not alone: there are services and programs which may help them to both cope and to continue to care for their older family members. These services are available from a variety of community agencies and organizations, and families can find these services by working with their local Area Agency on Aging or Alzheimer's Association chapter. Even with the dedicated efforts of families and friends, the disease is so devastating that institutionalization is often the only recourse and more than 50% of all nursing home residents suffer from the disease.

Alzheimer's disease is one of those issues that the larger Aging Network can join forces around. Working together, we can offer hope for the future through increased research, and help for the present through expanded home and community-based care services.

Focus on the *Virginia Center on Aging*



Paula D. Knapp, MBA

Paula D. Knapp joined our staff in early September as a research specialist focusing on the economics of aging. She works at the Center on a part-time basis—two days per week—while pursuing a Ph.D. in health economics at the Johns Hopkins University School of Hygiene and Public Health. Since entering the doctoral program, she has worked as an instructor and teaching assistant for courses in introductory health economics, managed care, and

cost benefit and cost effectiveness analysis, and as a research assistant. She hopes to complete her dissertation research on family caregiving for the severely mentally ill later this year.

It was her interest in the economic impact of family caregiving that prompted her to contact Dr. Ed Ansello last Spring, and to join the staff in the Fall. Her initial project is a study of the time allocation decisions of family caregivers who provide care to impaired or disabled relatives. This study will examine whether caregivers work fewer hours in the labor force than those without caregiving responsibilities, as well as determine whether the work probability of caregivers differs from that of non-caregivers. The study expands on existing research by employing statistical methods to correct for potential bias due to unobserved characteristics which may influence the amount of informal care provided. In addition to this study, she is also exploring opportunities for collaborative research relating to the issues of aging.

Ms. Knapp is also on the health policy staff of the Virginia Department of Health on a part-time basis, contributing her economic expertise to projects relating to managed care and other health care issues.

Her academic experience prior to entering the doctoral program at Johns Hopkins

includes a B.S. degree from Virginia Tech, and an MBA from the University of Pittsburgh. She has been affiliated with both small and large firms, including a Fortune 500 computer company for whom she was a financial analyst and later a sales representative to financial institutions. Even then, she was drawn to the idea of teaching and academic research.

One of her extracurricular interests of the last few years - involvement in the Central Virginia chapter of the Alliance for the Mentally Ill - came about as she began to develop her dissertation topic. For the last several years, she has moderated AMI-CVA's religious outreach committee, whose mission is to educate clergy and church communities about the myths and realities of mental illness and to encourage outreach to persons with mental illness and their families. During this time, she has solicited speaking engagements, planned presentations and clergy conferences, and served as a speaker.

Ms. Knapp brings a new perspective and expertise to our work at the Virginia Center on Aging. We wish her well in completing her studies and in pursuing new avenues of research.

Focus on the Virginia Geriatric Education Center



Lois Babb Wyatt, M.S.

Lois Babb Wyatt is a native of Surry County, Virginia. After she completed her B.A. in English at Virginia Commonwealth University, she pursued work in a variety of fields, including real estate, library science, and food sales. She discovered that the common thread running through her experiences was a fondness for working closely with senior citizens. Her desire to do something more personally rewarding drew her back to school and into VCU's graduate gerontology program. She started her transition back to school slowly as a part-time student taking some of VCU's telecourses. She enjoyed it and completed her M.S. degree in gerontology in 1996.

She immediately began

working for the VGEC as its Education Specialist/Program Director. As Program Director, she is responsible for planning all aspects of the VGEC's training programs, including arranging logistics, recruiting qualified instructors, and producing brochures and other supporting materials. She has administered programs for staff members of adult care residences geared towards meeting the standards and regulations established by the Virginia Department of Social Services.

As the VGEC's Education Specialist, Ms. Wyatt coordinates the Certificate in Aging Studies program offered by the Department of Gerontology and the VGEC. This is a 17-credit graduate program designed primarily to meet the needs of persons who are already working with the elderly but who have no academic training in gerontology, and for individuals who have completed undergraduate or postgraduate studies in other disciplines and wish to integrate aging into their field. The program includes off-campus telecourses enabling students from throughout Virginia and out-of-state to earn the certificate without having to attend courses in Richmond. All credits are transferable to VCU's graduate gerontology program if a student eventually chooses to pursue the M.S. degree. If you are interested in further information about this program,

please call Ms. Wyatt at the VGEC - (804) 828-9060.

Ms. Wyatt works closely with Dr. Joan Wood, Associate Director of the VGEC, in coordinating educational programs for other associations and facilities. These include training programs for the Virginia Association of Homes for Adults, the Virginia Association of Not-for Profit Homes for Adults, and the Virginia Nurses' Association.

Ms. Wyatt has immersed herself in the professional activities of her chosen career. She is already the President Elect of the Virginia Association on Aging, and through her work at the VGEC, she is building a network of professional associates in the field of aging.

News from the VAA & VCA *Coming of Age in Virginia: Preparing for the Baby Boomers*

by John Skirven

Over 170 seniors, professionals in the field of aging, and service providers interested in understanding the changes Virginia can expect as its "50 somethings" approach the "age of maturity" attended the Virginia Association on Aging - Virginia Coalition on Aging (VAA-VCA) annual conference on *Coming of Age in Virginia:*

Preparing for the Baby Boomers.

Keynote speaker Richard Browdie, the Pennsylvania Secretary of Aging, opened the daylong event with a call for action to the aging network to change itself to meet the next generation's demand for choice, quality, and reasonable cost.

Held at the Omni Hotel in Newport News, Virginia, on December 3rd and 4th, 1996, the annual meeting attracted more than two dozen companies and organizations as sponsors and exhibitors. The latest products and services offered by non-profit and for-profit vendors from across Virginia were on display and all enjoyed the hospitality of AARP, Blue Dog Associates, Bon Secours-Richmond, Caretenders, Sentara Life Care and Virginia Power.

More than 50 seniors and caregivers attended, sponsored by the Crater District AAA, the Eastern Shore AAA, the New River Valley Agency on Aging, Peninsula Agency on Aging, Dr. and Mrs. Rothrauff, and SEVAMP Senior Services.

Breakout sessions featured progressive presentations on the PACE Program and the OXBOW Project, re-engineered services from traditional providers, caregivers needs, and financial concerns.

Betty Booker, the editor of the Richmond Times Dispatch Prime Living section, delivered a compelling luncheon address including a provocative and humorous musical selection.

Ms. Lois Wyatt, President Elect of VAA presented an award and \$500 to Ms. Lori Weeks for Outstanding Student of the year, and an award and \$300 for the charity of his choice to Dr. John Donaldson for Outstanding Educator of the year. An award for Outstanding Contribution was presented to Dr. Peter Boling. VAA President Todd Acker then presented the President's Award to SEVAMP Senior Services.

Other luminaries attended, including Commissioner on Aging, Thelma Bland; VCA President, MaryEllen Cox; Southern Gerontological Society President, William Massey; the President of the Virginia Association of Area Agencies on Aging, Bob Eiffert; President of the Virginia Division of AARP, Mr. Charles Bittenbring; and Ms. Virginia Board of Virginia Power.

The day concluded with an insightful analysis of Virginia's political landscape by Dr. Robert Holsworth. Overall evaluations from the conference indicated extremely positive responses to both the content and amenities of the conference.

Notices of Events

If your agency or aging-related organization is sponsoring an event which you would like to have listed in our "Calendar of Events," please submit the notice to Editor, *Age in Action*.

Southern Gerontological Society to hold 18th Annual Meeting in Norfolk, VA on April 16-19, 1997

"Enhancing Lives of Older Southerners Through Research: Involved Practitioners, the Vital Link" is the theme for the 18th Annual Meeting of the Southern Gerontological Society (April 16-19). This theme recognizes the necessity for applied gerontology in an aging society. Research findings that gather dust on a shelf are of little value. Likewise, service delivery decisions made without the benefit of current research findings will inevitably remain uninformed. SGS has always provided a showcase for collaborative efforts between those who investigate aging issues and those who use study results to improve their practice. This year will be no exception!

Because the 1997 meeting will be held at the Norfolk Waterside Marriott Hotel, widespread participation by professionals and service providers in Virginia's aging network is especially important. In addition to more than 50 regular sessions and four intensive or pre-conference workshops, the program committee has arranged for a special cruise on the "Spirit of Norfolk." SGS attendees will have one entire deck on the boat

and will enjoy a live show, all-you-can-eat buffet, music, dancing, and a cash bar. Of course, you'll also want to take in some of the city's special sites (like the Botanical Garden and the Virginia Zoo), visit Nauticus (the National Maritime Center), and check-out the renown Waterside Festival Marketplace. So plan to come early or stay late, and join your colleagues from Virginia and throughout the region as we work together to "enhance the lives of older Southerners."

Questions about the program should be directed to the Program Chair, Jan Kauffman (757/245-1124 or e-mail JanKauf@aol.com). The preliminary program and registration materials may be obtained by contacting: Southern Gerontological Society 1018 Thomasville Road, Suite 110 Tallahassee, FL 32303 Phone: (904) 222-3524 or FAX: (904) 222-2575.

Internet Provides Access to General Assembly Session

by Bill Peterson

The 1997 session of the Virginia General Assembly has now gone "online" with a web site on the internet for the convenience of human services and health care professionals, aging advocates,

students, and interested citizens. Anyone with access to the internet can now check on the status of bills and resolutions introduced during the session. You can also obtain the full text of bills, get the addresses and phone numbers of individual legislators, check committee assignments, check committee meeting and public hearing schedules, and access a variety of other information about the General Assembly session.

This web site can be found at <http://legis.state.va.us>. The information is updated continuously by the Virginia Department of Legislative Services and is provided in a very user-friendly format. Legislative information can also be downloaded to a word processor and then printed on a local printer. If you have been thinking about subscribing to an online service, this is one more justification for doing so.

"It's Time To Invest in Family Caregiving"

The new issue of *Virginia Issues and Answers* (Vol. 4, No. 1) features an article entitled "It's Time To Invest In Family Caregiving" by Dr. Edward Ansello of the Virginia Center on Aging. A limited number of reprints of this seven-page article are available from VCoA. Please call (804) 828-1525 if you are interested in a copy.

**The Virginia Center on Aging
Recognition of
The Honorable Kenneth R. Plum
for his support of the
Alzheimer's and Related Diseases Research Award Fund**

In October, 1996, the Virginia Center on Aging sponsored a luncheon to recognize the Honorable Kenneth R. Plum, a state delegate from Northern Virginia's 36th district, for his longtime support of Virginia's researchers probing the causes and cures for Alzheimer's disease. The luncheon was held at the Annandale Campus of Northern Virginia Community College. A plaque was presented by Dr. John E. Jones (text of his speech on facing page). Remarks in honor of Delegate Plum were offered by fellow delegates James Almand, James Scott, and Vivian Watts, and Senator Janet Howell.



Delegate Kenneth Plum is honored by his colleagues for his support of ARDRAF. From left to right:
Sen. Mary Margaret Whipple
Dr. Edward Ansello
Sen. Patsy Ticer
Del. Jim Almand
Del. Jim Scott
Del. Ken Plum
Del. Vivian Watts
Del. Gladys Keating
Sen. Janet Howell

Dr. John Jones presents the plaque to Delegate Plum in honor of his long-time support for aging issues. The plaque reads:

Virginia Commonwealth University and
the Virginia Center on Aging
recognize
The Honorable Kenneth R. Plum
Delegate, Virginia General Assembly
for
his continuous leadership in and
contributions to aging, aging research
and the quality of life for older Virginians
on the occasion of the fifteenth cycle of
awards by the Alzheimer's and Related
Diseases Research Award Fund
October 1996



Comments by John E. Jones, MD
Vice President for Health Sciences
Virginia Commonwealth University

In recognizing the Honorable Kenneth R. Plum, we are celebrating a public career dedicated to improving the quality of life of all Virginians, young and old. We are here to honor Delegate Plum's significant contributions to older Virginians and to aging research, but his concern encompasses the entire life course.

Delegate Plum, "Ken" as he likes to be called, was first elected to the General Assembly in 1977. After serving the 1978-80 term, he was reelected in 1981 and has served continuously ever since. In the House of Delegates, Ken is Chairman of the Nominations and Confirmations Committee; and a member of the Appropriations Committee; the Corporations, Insurance and Banking Committee; the Conservation and Natural Resources Committee; the Joint Subcommittee on Needs of Handicapped Youngsters; the Joint Subcommittee to Study the Future of Virginia's Environment; and the Joint Subcommittee on Science and Technology, which he chairs. There are other committee assignments in addition. You can see from this listing that his interests in the well-being of Virginians are broad-based: children, the aged, Virginians with disabilities, the

environment, and our vital natural resources.

Ken's life outside of the General Assembly continues this commitment to the well-being of our citizens. He recently retired after nearly 30 years with the Fairfax County Public School System, as Director of Adult and Community Education. He has been named by his fellow citizens as the Adult Educator of the Year for Virginia (1972); the Drug Abuse Prevention "Warrior of the Year" (1990); the Legislator Advocate of the Year by the Virginia Interfaith Center for Public Policy (1996); and the Legislator of the Year by the Chesapeake Bay Foundation (1993 and 1995). These are only a sample of Ken's recognitions.

Today we recognize Ken Plum for his insight and initiative in sponsoring the enactment of the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) to stimulate innovative research into the causes and consequences of dementing illnesses. Alzheimer's disease and other dementias affect about one-third of Americans over age 85, and the results touch the lives of millions of other family members.

Virginia is one of a few states to promote dementia research within its borders. Virginia investigators can receive \$10,000 "seed grants"

under ARDRAF to pursue unconventional or pioneering avenues of inquiry, not being limited by research priorities currently in vogue. The Virginia Center on Aging at VCU in Richmond which administers ARDRAF recently completed the 15th round of awards. Since 1982, some 56 teams of researchers across Virginia have received these seed grants to study such issues as the neurology of dementia, changes in brain chemistry, the effectiveness of drug interventions, behavior and personality in the person with dementia, changes in sensory functions, and strategies to assist families in providing care.

ARDRAF has been a springboard for larger, more intense studies. With the results of their seed grant projects, ARDRAF researchers have brought millions of dollars in federal and foundation research support into Virginia. Just since 1990 the \$200,000 in ARDRAF seed grants awarded to Virginia researchers have brought another 1-1/2 million dollars into Virginia. That's about a seven-to-one rate of return.

So, in addition to being committed to the well-being of Virginia's citizens and being forward thinking, history is proving Ken to be a shrewd businessman.

Virginia Center on Aging Legislative Breakfast Report

The Virginia Center on Aging reports to the General Assembly on its activities via a Legislative Breakfast. This year's event was held on January 16th at St. Paul's Church in Richmond (see photos on facing page). Many delegates and senators, or their aides, were in attendance, as were representatives from the VDA, VGEC, VAA, VCA, ICOV, AARP, Virginia Commonwealth University, the Governor's Advisory Board on Aging, and several of the area agencies on aging. Governor Allen was represented by Ms. Loretta Petty, the Special Assistant for Community Affairs. In addition to its many community services, the Center's positive economic impacts on the Commonwealth were highlighted at the breakfast presentation. These impacts are generated by the research, interdisciplinary studies, and information sharing activities conducted under an annual appropriation of \$285,000. The economic impacts of ARDRAF are outlined on page 11; additional economic benefits are outlined below.

Elderhostel

VCoA has developed its lifelong learning program, Elderhostel, into a major initiative with an international reputation. Operating learning sites in Hampton, Natural Bridge, Richmond, and Yorktown, VCoA attracted 2,535 older adults to its 76 program weeks. Elderhostelers from outside of Virginia since 1992 have spent approximately \$1,000,000 annually in Virginia in related tuition, lodging, restaurant, museum, charter bus and other expenses. In 1996, non-Virginia Elderhostelers spent approximately \$1.2 million in Virginia directly because of the Elderhostel program. Applying standard economic multiplier effects (2x to 5x), \$2.4 to \$6.0 million was generated for Virginia's economy.

Home and Community Based Care

VCoA initiated in October 1994 a 2-1/2 year \$250,000 federal project focused on minority and rural communities, including Virginia's eight Indian tribes, to help them become more self-reliant agents of their own home and community based care. The project is working with state and local agencies in 15 counties and 12 cities from Tidewater to Lynchburg.

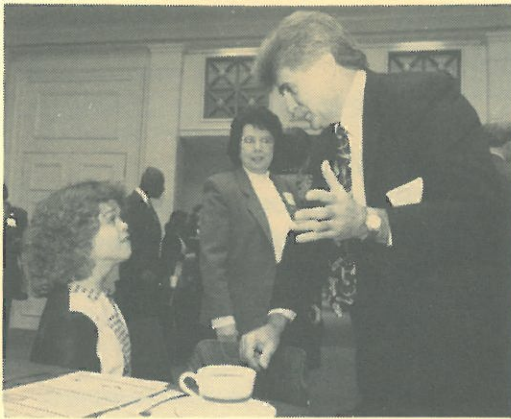
Partners III

VCoA, in partnership with the Virginia Department for the Aging, has just completed a three-year \$200,000 federal project (Partners III) to prepare local community service agencies in Arlington, Prince William, and the Roanoke Valley to use available resources more efficiently to help Virginia's elders with lifelong learning disabilities and their family caregivers.

Summary

VCoA's General Fund appropriation of \$285,000 in 1996 made it possible to:

- * support five full-time positions;
- * generate 19 additional full- and part-time positions;
- * administer the Elderhostel program, which drew over 2,500 non-Virginians who spent approximately 1.2 million dollars in Virginia;
- * produce \$168,000 spent in active project grants in 1996;
- * administer the Alzheimer's and Related Diseases Research Award Fund, which is returning about \$5 to \$7 or more for each \$1 appropriated; and
- * generate overall approximately \$1,608,000 for Virginia's economy.



Ms. Loretta Petty, Governor Allen's Special Assistant for Community Affairs, discusses issues with Bill Massey, Director of the Peninsula Agency on Aging, while Betty Reams, an aging issues advocate, looks on.



Left to right: Dietra Trent, (VCU's Asst. Dir. of Governmental and Community Relations), Saundra Rollins (Chairperson of VCoA's Advisory Committee), and Sen. Yvonne Miller, engage in discussion at the Legislative Breakfast.



Left: Del. George Lovelace, one of the newest members of the House of Delegates, meets with professionals in the field of aging.

Right: Dr. Edward Ansello, Del. Vic Thomas, and Del. Joe Johnson (left to right) enjoy the opportunity to renew their professional ties.



Del. Bud Phillips (left) and Dr. Edward Ansello, review the issues facing Virginia's older adults.



Left to right: Former Del. Pete Giesen, Del. Ken Plum, and Pat Giesen (member of the VCoA's Advisory Committee) seize the opportunity to exchange their thoughts and ideas.

Calendar of Events

February 20-23, 1997

"Interdisciplinary Gerontological Education, Research and Practice: Strategies for Success in a Disciplinary World," Association for Gerontology in Higher Education 23rd Annual Meeting - An Educational Leadership Conference. Boston Park Plaza Hotel, Boston, MA. Contact AGHE, Dr. Charles R. Schmidtke, Carnisius College, 2001 Main St., Buffalo, NY 14208.

March 4, 1997

Professionals in the field of aging are invited to serve as volunteers at Richmond's public television station during its pledge break activities. A total of 15 volunteers are needed to answer the phones from 6:30 p.m. until 11:00 p.m. Contact Michael Hite at the Virginia Center on Aging, (804) 828-1525.

March 4, 1997

"What's New for Seniors," 16th Annual Community Forum on Aging, sponsored by Christopher Newport University and the Peninsula Agency on Aging. At Christopher Newport University, Newport News, VA. 7:30 a.m. to 3:00 p.m. Call (757) 873-0541.

March 14-18, 1997

"Vital Aging," 47th Annual Conference of the National Council on the Aging. Chicago Hilton and Towers, Chicago, IL. Call (202) 479-6991.

March 23-26, 1997

"The Heart of the Country: Affirming the Contract Between Generations," American Society on Aging 43rd Annual Meeting. Opryland Hotel, Nashville, TN. Contact American Society on Aging, 833 Market Street, Suite 511, San Francisco, CA 94103-1824. (415) 974-9600. Fax (415) 974-0300.

April 3-5, 1997

"Confronting the Mental Health Needs of Rural Elders," Fourth Biennial Conference on Rural Aging. Sanders-Brown Center on Aging, Lexington, KY. Call (606) 323-6040.

April 16-19, 1997

"Enhancing Lives of Older Southerners Through Research: Involved Practitioners, the Vital Link," Southern Gerontological Society 18th Annual Meeting. Norfolk Waterside Marriott Hotel, Norfolk, VA. Contact SGS, 1018 Thomasville Rd., Suite 110, Tallahassee, FL 32303. (904) 222-3524. Fax (904) 222-2575. (See page 9.)

April 17, 1997

"Body & Soul: An Introduction to Parish Nursing," Presbyterian School of Christian Education. 9:30 a.m. to 3:30 p.m. \$25 registration fee includes program, a packet of resource materials, 0.5 CEU's, lunch, and refreshments. Contact Vivienne Pierce, Director of Continuing Education, PSCE, 1205 Palmyra Ave., Richmond, VA 23227. (804) 254-8046.

April 22, 1997

"Before I Die: Medical Care and Personal Choices," a Fred Friendly Seminar program premiering on PBS television stations, 10:00 p.m. to 11:00 p.m.

May 20, 1997

The 11th Annual Conference on Gerontological Nursing. Sheraton Park South, Richmond. For further information contact the Virginia Geriatric Education Center, (804) 828-9060.

September 23-24, 1997

Governor's Conference on Aging, Richmond, VA. Details to be announced. Contact the Virginia Department for the Aging at (804) 225-2271.



Virginia Center on Aging

at Virginia Commonwealth University,
Richmond, Virginia

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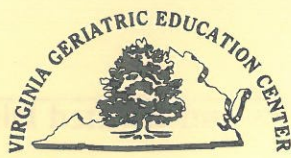
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Virginia Geriatric Education Center

in the School of Allied Health Professions at Virginia Commonwealth University, in cooperation with the McGuire Veterans Affairs Medical Center, Richmond; the University of Virginia Medical School, Charlottesville; and the Eastern Virginia Medical School, Norfolk.

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Request for Proposals: Alzheimer's and Related Diseases Research Award Fund

Purpose: The Award Fund has been established by the Commonwealth of Virginia to promote research into Alzheimer's and related diseases. Studies may involve:

- the underlying cause, epidemiology, diagnosis, or treatment of the disease
- state policies, programs, financing for care and support of those affected by the disease
- social and psychological impact upon the individual, family, and community

Funding: Awards are limited to \$10,000 each. Number of awards is contingent on available funds.

Eligibility: Applicants must be employed by colleges, universities, research institutes, or other not-for-profit organizations located in Virginia.

Schedule: A nonbinding letter of intent with tentative title and abstract is requested by March 4, 1997. Applications will be accepted through April 1, 1997. Awardees will be notified by June 13. Funding begins July 1, 1997, and the project must be completed by June 30, 1998.

Review: Proposals will be reviewed for scientific merit by three qualified technical reviewers, one of whom is selected by the applicant. The Awards Committee will evaluate project significance and make the final funding decision.

Application: Application forms, guidelines, and further information can be obtained by contacting:

Constance L. Coogle, Ph.D.

Alzheimer's and Related Diseases Research Award Fund

Virginia Center on Aging

P.O. Box 980229

Richmond, VA 23298-0229

Phone: (804) 828-1525

FAX: (804) 828-7905

e-mail: ccoogle@gems.vcu.edu

Responses to case studies and comments on other newsletter features are invited and may be published in a future issue. Please include your name, title, institution, and signature. Mail comments to: Michael P. Hite, Age in Action, P.O. Box 980229, Richmond, VA 23298-0229, fax to 804/828-7905, or e-mail to mhite@gems.vcu.edu.



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