

# age in action

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

## Case Study

### The Shepherd's Center of Richmond: Opportunities for Meaning and Personal Growth through Service

Linda Frank, B.S., B.S. Ed.

#### Educational Objectives

1. To inform Virginians about The Shepherd's Center of Richmond, a non-profit service organization by, with, and for older adults.
2. To demonstrate the impact of volunteer service as a means to finding a sense of meaning and purpose in later life.

#### Background

The Shepherd's Center concept arose organically, driven by the needs of one aging community. In 1971, Elbert Cole, the minister of a large church in Kansas City, Missouri, recognized that

his congregation was aging and sought ways to address the changing needs of his members. His first inclination was to build a nursing home, but on the advice of the seniors themselves, he changed his approach. What developed was The Shepherd's Center, an interfaith, non-profit organization with the mission to empower older adults to use their wisdom and skills for the good of their communities. The members, all over 50 years of age, organized committees to assess the needs of their fellow seniors and to devise ways to meet those needs. Home delivered meals, handy-man services, friendly visits, and transportation to medical appointments were among the first services offered to seniors by seniors at the Kansas City Shepherd's Center. An educational component of the program soon became a popular enrichment activity. Today, there are 75 Shepherd's Centers in 21 states serving tens of

thousands of older adults, including three sites in Northern and Central Virginia.

When seniors themselves respond to the needs of other seniors, the results are far greater than mere quantitative measures of meals served or rides given. Shepherd's Center activities offer a means for tremendous personal satisfaction and growth for the volunteers who provide these crucial services. Through "giving back" in ways that fill genuine and urgent needs, volunteers realize a profound sense of purpose and meaning in their lives. This is what makes Shepherd's Centers unique.

Numerous authorities on aging (e.g., Erikson, 1963; Schulz 1986; Moody, 1997) have concluded that the search for personal meaning and integrity is a crucial part of our spirituality as we age, and is a source of great satisfaction and personal growth.

## Inside This Issue:

VGEC Editorial, 5  
VCoA Editorial, 6  
VDA Editorial, 7  
Focus: John Quarstein, 7

Focus: Jason Rachel, 10  
VGA-VERC Conference, 10  
Aging & Spirituality, 11  
ARDRAF Final Reports, 12

White House Conf. on Aging, 14  
Calendar, 18  
Staff Listings, 19  
Back Page, 20

Rowe and Kahn (1995), in their now famous study, define successful aging as “the ability to maintain three key behaviors or characteristics: (1) low risk of disease and disease-related disability (2) high mental and physical functions (3) active engagement with life.” However, Wong (2000) argues their definition fails to consider the possibility and potential of “success” when we have become frail or ill. He stresses that it is not merely health and productivity that mark successful aging, but also engagement in the activities that provide meaning and sense of purpose in later life. These activities are vital to our mental and physical health as we age.

### **The Shepherd’s Center of Richmond**

The Shepherd’s Center of Richmond, begun by Robert Seiler and incorporated in 1984 following the Kansas City model, is dedicated to enriching the lives of older people and enabling them to continue to live meaningful lives. It precisely addresses the crucial needs of purpose and meaning. Most interestingly, it does so through simultaneously addressing the problems of inadequate transportation, isolation, and the need for socialization and intellectual stimulation. The Shepherd’s Center of Richmond is a completely volunteer-operated organization of senior volunteers

helping other seniors in the community.

### **Personal Services**

More than one in five adults 65 years of age and over does not drive. Transportation is recognized as one of the most crucial, under-addressed needs for older adults. Transportation to grocery stores and to medical and dental appointments is essential. When caring volunteers address needs such as transportation, minor home repair, and bill paying, it becomes increasingly possible to minimize feelings of dependence and isolation. No one lives “independently”; we are *interdependent* throughout our lives. For both providers and recipients of Shepherd’s Center services, the sense of this vital interdependence creates opportunities for satisfaction and growth.

The Shepherd’s Center of Richmond provides services to seniors in the community who, for whatever reasons, cannot provide those services for themselves. Included services are transportation to medical, dental, grocery shopping, and other essential appointments; friendly telephone calls or visits; help with tax, insurance, medical, financial and similar forms; and minor home repairs. These services are available to anyone in the community who is age 60 or over, and who is in need. It is not necessary to be a Shepherd’s

Center member to receive services. A client who needs services may call the office and speak with an office volunteer who will match the client with a volunteer driver who lives near the client. The Shepherd’s Center service area is defined by zip codes within which there are sufficient numbers of volunteers to provide service.

Last year, 88 volunteer drivers, using their own cars, filled 1,853 round-trip ride requests. Drivers almost always stay with the client in the doctor’s office, and often stop with the client at a pharmacy on the way home to fill a prescription. In several cases, a client was admitted to the hospital, and the volunteer stayed, as one would with family, until the person was ready to return home. The personal satisfaction derived from regularly providing transportation to clients who could not otherwise make the trip is tremendous. One volunteer driver insists on using the word “friends” rather than “clients.” This driver has routinely taken people to medical appointments and grocery shopping for more than 15 years. Moreover, volunteers made over 1,400 friendly visits or calls and over 50 minor home repairs last year in response to requests.

### **Education and Socialization**

The Center’s Open University provides opportunities for

intellectual stimulation and socialization. Classes are held at churches in three areas of Richmond. Eight-week terms in the fall, winter, and spring feature well-qualified lecturers or instructors, many of whom are faculty or retired faculty members of area colleges and universities. All instructors volunteer their time. Programs at the three sites differ. Members may attend classes at any location at any time for a single \$25 per-term tuition. Open University courses may include foreign languages, literature, history, political science, art, music, religious studies, philosophy, science, writing, estate planning, bridge, yoga, Feldenkrais, health subjects, and travel (including a weekly illustrated travelogue at each site). A bring-your-own-lunch is followed by a noon presentation. Recent presenters have included authors Melvin Patrick Ely and Kenneth Alford, Glen Winters of the Virginia Opera, and Ralph White of the James River Park System.

Each term averages some 340 registrants, all age 50 or over, and more than 70 people volunteer their time as teachers, hospitality workers, and organizers. The volunteers of the Shepherd's Center Education Committee are completely responsible for planning and carrying out the myriad details of each term. Many seniors have attended the Open University for

more than 10 years, citing the friendships and the continued learning as keeping them happy and eager to return each year.

### **Volunteer Leadership**

Shepherd's Centers are special in their capacity to engage volunteers in leadership roles. The Richmond center employs only three people: the executive director, an administrative assistant, and a part-time volunteer coordinator. Some 400 volunteers carry out all other work, giving more than 20,000 hours of service annually. This work ranges from teaching or direct personal service to organizational planning, committee work, and board leadership. Individual volunteers maintain the Shepherd's Center web site and database, prepare mailings, and make public presentations about Shepherd's Center opportunities. While it is not uncommon to find older adults giving their time to service organizations like *Meals on Wheels*, it is unusual for an organization to be almost entirely comprised of older adults.

### **Case Studies**

1. Dr. F., a gentleman of 75 who had been dean of a mid-western university, came to the Shepherd's Center looking for something to do to keep himself occupied after his wife passed away. He began attending the Open University, where he met a

number of other men with whom he enjoyed the history classes. Hearing a request for drivers in the north side of town, he volunteered to drive once a week, quickly becoming well known for his willingness to respond on short notice and in difficult circumstances. He continued as a driver until he was in his eighties, when his health suddenly deteriorated. During his tenure with the Center as a driver, he had driven more than 370 times. Upon this "retirement," Dr. F. sent a letter to the office, saying that this had been one of the most meaningful and fulfilling experiences of his life. No longer able to volunteer as a driver, he became a friendly caller/visitor, for he had developed friendships with several retired men who came to rely on the reassurance of his regular presence in their lives.

2. Mrs. D., 78 years old with macular degeneration and in need of memory support, contacted The Shepherd's Center when neither her daughter nor anyone else was able to take her to a medical appointment. She spoke with an office volunteer who matched her with a volunteer driver. The office volunteer called Mrs. D. to tell her who her driver would be and the driver called to introduce himself, letting her know that he would be taking her. Anxious, Mrs. D. called the office several times during the week, concerned that her driver would not

know where she lived. Office staff responded kindly to each call. On the morning of the appointment, the driver called to reassure her that he was on his way. The driver stayed with Mrs. D. at the doctor's office and stopped at a pharmacy on the return trip to get her prescription filled. Several days later, the office received a small donation and a note from Mrs. D., saying that the driver had been courteous and helpful and that she was very grateful for what The Shepherd's Center had done for her. The driver reported that she had been delightful, and that he would happily drive for her whenever the need arose.

### Summary

Few of us hope for a retirement that is merely busy, as full of tasks, deadlines, and bustle as they ever were when we were working. For many of us, the retirement years offer both the opportunity to focus on our own sense of purpose and meaning, and time to pursue activities that allow us to express that purpose. Whether in the healthcare, government, or non-profit setting, issues of esteem, purpose and meaning so central to later life often remain neglected; for aging-related public and private efforts tend to focus on providing essential services that are desperately needed. These may include programs for socialization, physical activity, mental stimulation, or a variety of other

needs. However, the majority of these programs are, by definition, recipient-oriented. Services or activities are delivered to those who participate in programs. The Shepherd's Center does this and more, focusing on both giver and receiver.

Those who are new to the Shepherd's Center often ask, "What do people get for their \$25 membership dues?" The standard response is that they will get a discount on Open University tuition and a discount on wonderful travel opportunities. It may take a little time for new members to appreciate fully how much more they receive. Through their participation in The Shepherd's Center, whether as a donor, an Open University student, a volunteer, or as a recipient of service, they will grow to feel that they personally participate in, and contribute to, an enriching and vitally important organization. There is a great sense of camaraderie, of purpose, and of meaning in being part of an organization that touches one's own life and the lives of thousands of people in Richmond each day.

### Study Questions

1. How does volunteer service help to generate a sense of purpose and meaning?
2. How can churches, civic organizations, and senior service

organizations implement programs that will encourage older adults to share their time, talent and wisdom?

### About the Author



Linda Frank is the Executive Director of The Shepherd's Center of Richmond. She holds degrees in both Psychology and Education from Virginia Commonwealth University. In addition to her full-time position with the Shepherd's Center, she contributes more than 15 hours of volunteer time each week to her religious organization.

### References

- Bailey, Linda. (2004). *Aging Americans: Stranded without options*. Washington, DC: Surface Transportation Policy Project.
- Erikson, E.H. (1963). *Childhood and society*. New York: W. W. Norton.
- Moody, Harry R. and Carroll, David. (1997). *Five stages of the soul: Charting the spiritual passages that shape our lives*. New York: Random House.
- Rowe, J. and Kahn, R. L. (1995). *Successful aging*. New York: Dell Publishing.
- Schulz, R. (1986). Successful aging: Balancing primary and secondary control. *Adult Development and Aging News*, 13, 2-4.
- Wong, Paul T. P. (2000). Meaning in life and meaning in death in successful aging. Accessed at: [www.meaning.ca/articles/successful\\_aging.html](http://www.meaning.ca/articles/successful_aging.html)

## Editorials

### From the Executive Director, Virginia Geriatric Education Center

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J. James Cotter, Ph.D.

By the time you read this, the Virginia Geriatric Education Center (VGEC) of VCU's Department of Gerontology will probably have lost its federal funding. Although the VGEC (now a consortium of VCU, Eastern Virginia Medical School, and the University of Virginia) achieved a competitive renewal of funding and is authorized to receive funding through 2010, no funds will be available for 2006-2007. This year the U.S. House of Representatives proposed zero money for the Geriatric Education Centers (GECs) programs. (As I write this, a vote by the US Senate on the future of funding for the GECs is pending, but it is expected the Senate will support the House bill to defund the GECs along with a variety of other health professionals training programs.)

Health care professionals throughout Virginia will be affected. This will mean that effective July 1, 2006, all training efforts of the Virginia Geriatric Education Center will cease. There will be the loss annually of 2000 geriatric training sessions for improving the skills of at least 500 health

practitioners in Virginia in such areas as dementia care and end-of-life care. In terms of personnel at Virginia Commonwealth University's Department of Gerontology, it means the termination of three full-time equivalent staff positions and a full-time equivalent faculty member.

It is ironic that at this time, a few short years away from the beginning of the wave of baby boomers turning 65 years of age, the US Congress should vote to stop training those who will care for them. Having a well-trained healthcare workforce is essential for all Virginians. Funding for geriatrics training is crucial to provide adequate quality of care for older people in Virginia. Without a workforce properly trained in geriatrics, more elders will be taking unnecessary drugs, will be hospitalized inappropriately, and will be placed in nursing homes unnecessarily. Health care expenses will skyrocket and the costs of the Medicaid will increase dramatically.

Since its inception in 1985, the Virginia Geriatric Education Center has been the health practitioners' training arm of Virginia Commonwealth University's Department of Gerontology. The VGEC has held training sessions attracting over 40,000 health professional attendees. It has provided comprehensive educational

services and materials to professionals involved in the health care of older adults. Professions trained include dentistry, gerontology, health administration, medicine, nursing, occupational therapy, pharmacy, psychiatry, psychology, physical therapy, rehabilitation counseling, and radiation sciences. The VGEC has offered training and resources in areas such as dementia, alcohol and drug abuse, medication management, prevention of pressure ulcers, and rural and minority issues.

To see the demise of this organization with such an important mission and such a solid track record is truly heartrending. I had hoped to come to you with exciting news and updates about the activities of the VGEC. Instead, I bring you this bad news.

However, be assured that we members of the aging network are working frantically to find other sources of support for the VGEC training activities. We will not give up hope, especially as we look to a new year. We know that we will find support. We know the VGEC training activities will go on. After all, it is the quality of our future health care that is at stake.

## Editorials

### From the Director, Virginia Center on Aging

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Edward F. Ansello, Ph.D.

#### *2005 Reflections*

Closing the year and beginning anew causes me to count our blessings. Calendar 2005 allowed the Virginia Center on Aging to make important progress in a number of partnered initiatives. We will highlight just three.

First, our **Lifelong Learning Institute (LLI) in Chesterfield County**. The LLI, co-sponsored by the Brandermill Woods Retirement Community, Chesterfield County Public Schools and government, and our VCoA, grew in 2005 in membership, in governance (By-Laws, Board of Directors), and in donor base to become a notable source of lifelong learning in the region, one that offered over 80 courses across spring, summer, and fall sessions. Moreover, Chesterfield County invested in upgrades to the LLI facility in Midlothian, including a new roof, furniture, and public address systems. The new year's emphases include continued growth in membership and board development.

Second, the **Central Virginia Task Force on Older Battered**

**Women (OBW)**. The U.S. Department of Justice has acknowledged in its grant program announcements what we have known for several years, namely, that older women receive too little attention in domestic violence-related programs, for these programs historically address the needs and conditions of younger victims who have dependent children. Unfortunately, domestic violence does not respect age. So, since 1998 the OBW has been a working coalition to improve outreach to victims and training of responders. The OBW aims to develop a comprehensive, coordinated, and cross-trained response to domestic, family, and sexual violence in the second half of life. In 2005 the OBW updated its Resource Manual on available services, broadened its focus to be statewide, conducted focus groups with victims and other older adults, and provided numerous trainings of criminal justice, victim assistance, and law enforcement personnel, including training police officers on the job and in police academies. Emphases for 2006 include expansion of the coalition, translating resource materials into Spanish, and developing portable training modules to broaden awareness among related groups.

Third, the **Area Planning and Services Committee (APSC) on Aging with Lifelong Disabilities**. The reality is that people with lifelong disabilities such as mental retardation and cerebral palsy are now enjoying fuller, longer lives, most often in the community, and for the oldest, in the company of their caregiving parents. Generally, the response to this reality by policy makers and service providers has been limited. The APSC is an exception. A coalition of care-giving parents and professionals in mental retardation, aging, parks and recreation, healthcare, higher education, business, and more, the APSC in 2005 helped open a community program focused on these adults, offered training programs of Down syndrome with dementia, and developed a highly successful full-day conference on spirituality, loss, and aging with lifelong disabilities. Plans for 2006 include public awareness campaigns, health-related training workshops, and a multi-disciplinary conference on maintaining wellness with lifelong disabilities.

We wish you a productive year.

## Editorials

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

Jay W. DeBoer, J.D.

#### *JLARC Report Describes the Impact of an Aging Population on State Agencies*

The impact that an aging population will have upon state agencies in future years will ultimately be determined by policymakers, according to a study by the Joint Legislative Audit and Review Commission (JLARC). The study confirmed that, in most cases, increases in service provision are not inevitable, but instead rest on policy choices. For example, what is the state's role in ensuring a minimum safety net? What minimum quality of life for older Virginians is considered desirable, necessary, or affordable? Disability rates, the availability of federal funds, the availability of informal caregivers, and the ability of retirees to pay for long-term care are some of the factors that must be considered.

This study was the result of House Joint Resolution 103 which was passed during the 2004 General Assembly session and directed JLARC to study the "impact of Virginia's aging population on the demand for

and cost of state agency services, policies and program management." The resolution called for a two-year study, which was conducted in two phases. The first phase provided demographic information and a preliminary analysis of the service demands of the aging population. An interim report containing the results of this first phase was published in October of 2004.

The second phase of the study called for the production of two reports: one is the subject of this article and a companion study is on the aging of the state workforce. The final report was presented to the legislature on November 14, 2005.

The study indicated that future trends in overall disability rates for the aging population are not well understood. Nationally, disability rates among older Americans have been decreasing for many years, but published studies disagree about the future trends in overall disability rates. Certain factors, particularly those reported among baby boomers, may increase future disability rates. For example, the number of Virginians with Alzheimer's disease is expected to increase, which will impact spending. Also, obesity is reported as persisting into later life, thus increasing health care costs. The study's other findings

include:

- Social Security provides benefits to 91 percent of Virginians age 65 and older. Retirees in Virginia receive about \$908 per month. Medicare also provides some health care benefits to 89% of Virginians who are ages 65 and above.
- Some older Virginians may not be able to pay for their health care and some baby boomers may have less income in retirement than today's retirees. If these trends continue, state and local agencies may face increased service demands.
- Long-term care insurance may reduce public costs but few people (3%) have long-term care coverage, and obstacles (such as cost and availability) exist that may discourage future purchases.
- Older taxpayers (those 65 and older) may negatively affect the Commonwealth's annual income tax revenues, as well as sales and use tax collections, as the average annual consumer expenditures seem to decrease with age.
- The future availability of family and informal caregivers could have a negative impact on agencies. At the present time, informal, unpaid caregivers

## Editorials

provide most of the care to older persons, mitigating the need for publicly funded services. However, future availability may be affected by trends in workforce participation and family structure.

- Occupational projections indicate a shortage of nurses and other health care workers to care for a growing older population.

- Agencies have reported a shortage of Medicaid-funded nursing home beds. The bed shortages persist even though 91% of nursing home beds in Virginia are Medicaid-certified.

- Additional mental health, mental retardation and substance abuse services will be needed by an aging population. Persons with behavioral problems due to dementia are typically not eligible to receive publicly-funded mental health services; yet other public services are not designed to meet their needs.

- Between FY 1999 and FY 2003, Virginia's older prisoner population (ages 50 and older) increased 56%, compared to 18% overall. The cost of incarcerating an older prisoner is thought to be higher, but the Department of Corrections does not yet collect data that can provide verification.

- Access to Medicaid waiver programs is hindered by patient pay requirements. Older Virginians most commonly use the Elderly or Disabled with Consumer Direction (EDCD) waiver. According to local agencies, the patient pay requirement prevents some older Virginians from receiving EDCD services.

- Housing costs may hinder the ability of some seniors to live independently. Nineteen percent of Virginians ages 85 and older pay 30 to 49 percent of their income on rent and utilities. Another 32% pay half or more of their income on rent and utilities.

- Many older Virginians need assistance with transportation in order to access health care and other services. One-third of localities in Virginia lack public transportation; and, in areas where it exists, elderly residents may not have access to it. Funding designated specifically for the elderly and disabled was equal to only 0.07 percent of all transportation funding in the Commonwealth.

For more details on these and other study findings, find a copy of the full report on the JLARC web site at: <http://jlarc.state.va.us/Meetings/November05/Aging.pdf>.

### Did You Know....

Did you know that the Virginia Center on Aging maintains the Information Resource Center with over 1000 publications and over 100 videos on aging-related topics that are lent out free to fellow Virginians? For information, call (804) 828-1525 or e-mail [lhwaters@vcu.edu](mailto:lhwaters@vcu.edu).

Did you know that the Virginia Center on Aging's VCU Elderhostel learning program for older adults brings in \$750,000 every year to Virginia's economy from non-Virginia sources?

## Focus on Contributing Agency Staff Members/Volunteers/Projects

### Focus on the Virginia Center on Aging

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John Quarstein

Perhaps it is a little odd for a museum director and historian who works and lives on the Lower Peninsula to serve on the board of the Virginia Center on Aging. The connection that is most apparent is John's 15-year relationship with the VCU Elderhostel program. However, there is just so much more to this story. John began teaching Elderhostel sessions for VCU when it maintained a 'campus' in Fort Monroe's historic Hotel Chamberlin, a venue John has loved since boyhood when tales of the ironclads that fought almost under its shadows enthralled him.

John began his professional career helping to create Meadow Farm Museum in Henrico County, and shortly thereafter became director of the Virginia War Museum in Newport News, a position he maintains. Over the next 27 years, he doubled the size of the Virginia War Museum and turned it into a major

preservation organization that preserved portions of two major Civil War battlefields and significant sections of Civil War fortifications, and acquired and rehabilitated National Register of Historic Places properties such as Lee Hall Mansion, Endview Plantation, and Young's Mill.

John's experience has enabled him to help create several museums, including the Havre de Grace Decoy Museum, the Ripken Museum, and the Poquoson Museum. In addition, he has written seven books, over 300 articles, and served as an editor of a magazine. His books include *Fort Monroe: The Key to the South*; *C.S.S. Virginia: Mistress of Hampton Roads*; and *The Battle of the Ironclads*. He has been honored with the National Trust of Historic Preservation's President's Award for Historic Preservation.

When VCoA asked him to teach programs about Colonial Virginia, Civil War, World War II, and Hampton Roads history, it was a happy marriage. He jumped at the opportunity, saying "I really thought it would be great to teach on Fort Monroe looking out at the magnificent harbor and giving tours throughout the fort. It was really a fulfilling experience. My work for the VCU Elderhostel program eventually witnessed

my presenting programs at the Richmond and Natural Bridge campuses. Elderhostels are just so fun to teach. The participants really want to learn; the sites enable 'place-based education'; it is really fun for me to interact with the students; and there are no papers to grade!"

Working as a historian still excites him. He has assumed several new challenges, including the creation of three new museums, organizing the preservation of the May 5, 1862 Williamsburg battlefield, and working as the chief historian for the U.S.S. Monitor project. While he is nearing completion of two books for publication in 2006 and has begun work on four other volumes, John still finds spare time for boating, duck hunting, and walking on the beach. He relishes collecting decoys, oriental rugs, 18th and 19th century paintings and prints, antique shotguns, unique Mercedes, and toy soldiers. All of this he shares with his wife Martha and son John Moran.

John says, "It is indeed a wonderful life. The excitement that I feel each time I write, teach, or travel across a historic site is something I seek to share with those who also care about our nation's dynamic heritage."

## Focus on Contributing Agency Staff Members/Volunteers/Projects

### Focus on the Virginia Geriatric Education Center

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Jason Rachel, M.S.

Jason Rachel is a Senior Project Coordinator and Instructor for the Virginia Geriatric Education Center (VGEC) at the Department of Gerontology. He joined the VGEC in April 2002 to oversee the Department of Medical Assistance Services (DMAS) training contract, “Enhanced Care Assisting Training” (ECAT), to train Personal Care Aides providing Medicaid Waiver home health services. Since that time, the VGEC secured further funding through DMAS to expand the ECAT training for an additional three years and to include both supervisors and family members of care recipients. In addition, Jason oversees the Department of Social Services contract, which provides training for the direct care staff of Virginia’s licensed assisted living facilities. Currently, this contract provides over 60 trainings sessions across eight sites throughout the Commonwealth, training over

1200 staff members each year. As an Instructor for the Department, Jason teaches Long-term Care Administration on Blackboard, as well as providing guest lectures for other Gerontology courses. Most recently, Jason has assisted in the development of a Geriatric Care Management education track for the Department and co-taught the Department’s first related course offering, “The Business of Geriatric Care Management” with Gale Davis. The course has been very well-received by students and the local geriatric care management network. In early December, Jason attended the National Association of Professional Geriatric Care Managers Annual Conference in Tucson, Arizona to present an educational proposal to the Board that would provide both a graduate certificate and Master of Science track in geriatric care management. The Department is very excited about this new opportunity and looks forward to continuing its work with the National Association to provide this education.

Jason first came to Virginia Commonwealth University in the fall of 1992 as a Bachelor of Science in Biology student. He continued his studies and earned a Master of Science in Gerontology. Jason entered the aging network after graduating from

VCU for the second time and worked in assisted living facilities as both a marketing counselor, overseeing the marketing efforts, and also as an assisted living coordinator, being responsible for the staffing of the community. Now, he is working on completing his doctoral dissertation in Health Related Sciences from VCU’s School of Allied Health Professions. Jason grew up in Northern Virginia, but has called Richmond home since first attending VCU. In his spare time, he enjoys sailing, skiing, and spending time with family and friends.

### VGA-VERC Conference in April

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The Virginia Guardianship Association, the Virginia Elder Rights Coalition, and the Mid-Atlantic Chapter of the National Association of Professional Geriatric Care Managers are collaborating to sponsor a 2006 conference, with a special track of workshops by the Virginia Board of People with Disabilities. The conference will be held **April 3-4, 2006**, at the Woodlands Hotel and Suites in Williamsburg.

The conference expects to offer continuing education credit for lawyers who are already qualified as guardians ad litem by the Executive Secretary of

the Supreme Court of Virginia. The conference will also work with the Virginia State Bar to offer MCLE credits for attorneys, and with the Virginia Chapter of the National Association of Social Workers to offer CEUs for social workers.

The Conference Planning Committee is pleased to announce that Nancy Dubler will be Keynote Speaker. Professor Dubler, an attorney, is Professor and Head of the Department of Epidemiology and Population Health at Montefiore Medical Center, Albert Einstein College of Medicine, New York. Her work focuses on contemporary issues in bioethics, law and society including: bioethics consultation with a focus on mediation, care for vulnerable populations and research ethics. Her books include *Mediating bioethical disputes: Seeking consensus in conflict* (2004); *Mediating bioethical disputes: A practical guide* (1994); and *Ethics on call: Taking charge of life and death choices in today's health care system* (1993).

The Conference rate for lodging at the Woodland Hotel and Suites is \$95 a night, suites \$125 a night. Cut-off date for reservations is March 3, 2006. Reservations may be made through the Colonial Williamsburg toll-free number at 800-261-9530. For more information, call Joy Duke at (804) 261-4046 or email joyduke@msn.com.

## Aging and Spirituality in Long-Term Care Conference

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Mark your calendars: Wednesday and Thursday, **March 22-23, 2006**. Our Lady of Hope Health Center in Richmond is hosting a national conference on aging and spirituality in long-term care on March 23rd at St. Michael's Catholic Church in Henrico County. The guest speaker is Harold Koenig, MD, of Duke University. Dr. Koenig, professor of psychiatry, behavioral science, and medicine, is co-director of the Center for Spirituality, Theology and Health at Duke University Medical Center. He has published extensively in the fields of mental health, geriatrics, and religion, with over 250 scientific peer-reviewed articles and book chapters and 28 books in print or preparation. Editor of the *International Journal of Psychiatry in Medicine* and founder and editor-in-chief of *Science and Theology News*, his research on religion, health and ethical issues in medicine has been featured on news programs here and abroad.

Keith Nesbitt, Our Lady of Hope's Chaplain and Director of Pastoral Care, has conceived and organized the conference into two parts. The evening before the conference (Wednesday, March 22nd), there will be an

inter-religious worship service at St. Michael's Church just five minutes from Our Lady of Hope. Religious leaders representing Hinduism, Buddhism, Judaism, Christianity, and Islam will participate.

The following day (Thursday, March 23rd), Dr. Koenig will spend the day speaking on religion, spirituality, and mental health in later life, with an emphasis on helping residents to find meaning and purpose while living in a senior care community. Topics to be discussed include "What is the difference between religion and spirituality?"; "How important is religion to older adults?"; "Threats to well-being in later life"; "Research linking religion and successful coping"; "The whole-person needs of older adults"; and, "Successful steps to creating a life-fulfilling senior care community", just to name a few! There will also be time for questions and discussion.

"Surely good healthcare should treat not only the body, but also the mind and the spirit, especially since the majority of the present senior population sees these as very much integrated," said Chaplain Nesbitt. CEUs for nursing home administrators and nurses will be offered. Contact: Keith Nesbitt, at knesbitt@ourladyofhope.com or (804) 360-1960, ext 47. Registration will be available via brochure or online.

COMMONWEALTH OF VIRGINIA

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Alzheimer's and Related Diseases Research Award Fund

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FINAL PROJECT REPORTS FROM THE  
2004-2005 ALZHEIMER'S RESEARCH AWARD FUND

**UVA Kathleen Fuchs, Ph.D. (Department of Neurology) "Beyond Memory Impairment in MCI: Executive Abilities and Implications for Functioning"**

Mild Cognitive Impairment (MCI) is a term used to describe the functioning of elderly adults who demonstrate cognitive deficits that are not severe enough to warrant a diagnosis of dementia. Individuals with MCI have been shown to be at increased risk for developing Alzheimer's disease (AD). Because memory impairment is a hallmark symptom of AD, studies of MCI have not focused on other brain systems that are critical to the expression of AD, e.g., those involved in executive functioning (abstract reasoning, novel problem solving, ability to recognize and correct mistakes, and ability to think flexibly). In this study, individuals who mainly exhibit a decline in memory functioning (amnestic MCI) were compared with those whose main area of difficulty is in another cognitive domain (nonamnestic MCI) through evaluations of executive functioning, medication management, driving skills, and Magnetic Resonance Spectroscopy (MRS) in specific brain structures implicated in Alzheimer's disease. There were no statistically significant differences between the two MCI groups on the MRS evaluation. Other results, however, indicate that individuals who carry a clinical diagnosis of MCI exhibit reduced ability in aspects of executive functioning regardless of whether they show prominent memory deficits. Although not impaired, performance was below expectation relative to very high pre-morbid or baseline functioning on most measures of executive abilities. There was an indication of relatively greater decline on tasks with higher response inhibition and mental flexibility demands than on tasks that primarily tap reasoning and abstraction skills. This decline correlated with performance on a "real world" task of medication management and suggests that individuals with MCI may have greater difficulty with complex activities of daily living than has been supposed. While nearly all subjects in the study had memory complaints, most showed decline in cognitive domains outside of memory functioning, and these declines could have significant implications for an individual's ability to manage complex tasks independently.

*(Dr. Fuchs can be reached at 434/982-4165)*

**VA Tech Anne Glass, Ph.D. (Center for Gerontology) "The End-of-Life Care Experience for Alzheimer's Patients and Their Families"**

In today's "death-denying" society, end-of-life care is still a topic often avoided. Therefore, little is known about it, and perhaps least of all about how persons with Alzheimer's and related diseases die. The challenges of providing quality end-of-life care are intensified for this population, given the lack of a predictable trajectory and the communication issues that can arise due to the disorientation of the individuals. Use of hospice is a relatively new development. In this partially-funded pilot project, a qualitative interview instrument was developed to use with four family members after the death of their loved ones. The four cases, two males and two females varying in age from 65 to their 80s, revealed a range of end-of-life experiences, suggesting that there is not just one "good" path. The extent of care needed, the responsiveness of the family member, the health of the caregiver(s), and the housing and support situations can all intersect in a variety of ways that make no one scenario the answer for all. Although most people say they would prefer to die at home, in some situations the nursing home can be a satisfactory choice, particularly if hospice is involved. The project produced a new instrument that can be adapted for future research to address the care needed, as well as a broader definition of the environment and how it supports the end-of-life experience for patients and their families. *(Dr. Glass can be reached at 706/425-3222)*

**UVA            David S. Geldmacher, M.D. (Department of Neurology) “Eye-Movement Approaches to Information Processing Abnormalities in Mild Cognitive Impairment”**

MCI is characterized by measurable difficulties with memory or other thought processes (cognition) that are more severe than expected for age, but which do not interfere with a person’s usual activities. When examining complex visual scenes, individuals with AD have abnormal eye-movement patterns that contribute to their problems in processing visual information. MCI is often a transitional state between healthy aging and AD, and can also be associated with problems in visual processing. This study used a computerized eye-tracking system to compare the eye movements of people with MCI and cognitively healthy adults without significant memory impairment as they scanned visual images of varying complexity. Usable eye-movement data from 19 subjects indicated that although healthy subjects had significantly higher scores on tests of general cognition and memory, the groups did not differ in picture naming ability. Consistent with the hypothesis of the study, individuals with MCI showed significant differences in eye-movement during examination of complicated images that required more intensive information processing. The MCI subjects required more eye movements and had a less efficient search pattern on tasks that require discerning a figure from a complicated background. However, on a simpler object-naming task no differences in eye-movements were observed between groups. The findings suggest that patients with MCI have deficits on tasks requiring complex visual information processing, and have important implications for activities like employment and driving. *(Dr. Geldmacher can be reached at 434/ 924-5548)*

**Mountain Empire Older Citizens, Inc.     Marilyn Pace Maxwell, M.S.W., and Michael Creedon, D.S.W. “Developing, Implementing, and Evaluating Training Modules for High School Students to Teach Alzheimer’s Caregivers to Use the Internet Effectively as a Tool to Assist in Caring for Their Family Members”**

A previous ARDRAF-funded study by Creedon and Maxwell showed that a majority of the Alzheimer’s caregivers surveyed in the Big Stone Gap region would like to be trained on the use of personal computers as a tool to assist them with their caregiving responsibilities; and that these caregivers would welcome instruction about the use of a computer and the Internet from a high school student with specialized training on AD and working with family caregivers. Working in cooperation with Wise County Schools, LENOWISCO Planning District Wired Community Project, and the University of Virginia’s Health Sciences Library Outreach at Wise, the currently-funded investigation recruited 25 senior Caregivers, who wished to use computers and the Internet to help with caregiving duties, and 17 Teen Volunteer trainers from the junior class at Powell Valley High School. The project developed in-depth training for the Teen Volunteers that focused on Understanding Alzheimer’s Care and Helping the Senior Citizen Learner, and five training modules for use by the Volunteer Teens in one-on-one training with Caregivers. With assistance from the region’s chapter of the Alzheimer’s Association, project staff held three training sessions for Teen Volunteers and then paired them with Caregivers in two combined group training programs. Evaluation results from both the Teen Volunteers and the Caregivers documented the success of the project. Caregivers appreciated the assistance from Teen Volunteers and the skills offered to them. The program lessened Caregivers’ feelings of isolation and lack of confidence in their ability to learn. Teen Volunteers learned a great deal about caregiving and gained a new understanding of the difficulties faced by family caregivers of those with Alzheimer’s disease. They also became more knowledgeable about teaching adult learners and gained insights into their own lives. Recorded observations by the project leaders suggested that the training materials were appropriate for both groups and offered suggestions for future efforts. Eventual statewide replication of the collaboration, Big Stone Gap Teens and Caregivers: Across the Tech Divide, could significantly increase the ability of caregivers to make use of information technology as a caregiving resource. *(Ms. Maxwell can be reached at 276/523-4202; Dr. Creedon can be reached at 703/560-7220)*

## The White House Conference on Aging (WHCoA)

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By Edward F. Ansello, Ph.D.

“Work longer. Expect less from the federal government.” This was the take-away message from the WHCoA convened in Washington last December 11-14, and attended by 1200 delegates, including 43 from Virginia. The WHCoA is held once a decade to identify critical aging-related issues and to recommend responses and courses of action. The Executive and legislative branches within the states and each state’s Senators and Representatives in Congress nominate their state’s WHCoA Delegates; in addition, the President and the WHCoA staff nominate Delegates-At-Large from the states. Previous WHCoAs have suggested or have stimulated development of the Area Agency on Aging system, the Family and Medical Leave Act, and various nutrition, community service inter-generational, safety, personal development, and wellness initiatives, to name a few.

### 2005 vs. 1995

I attended as a Delegate-At-Large from Virginia, as I had done at the last WHCoA in 1995. The logistics, agenda, tone, and content differed substantially between the two.

This 2005 WHCoA was smaller, having less than half the number of Delegates as in 1995, more contained, and more managed. The contrasts between 2005 and 1995 are telling: 1995’s WHCoA was more engaging, with issue groups and sub-groups wrestling during the conference to identify the most important issue-related resolutions for the agenda; the conference’s end-product was relatively uninfluenced, waiting to emerge from the flurry of deliberations; and the conference Delegates were actively engaged in the democratic mess (as in democracy not Democrats) of argument and persuasion. The timing (the month of May) encouraged Delegates to convene spontaneously on the hotel grounds and patios to debate and strategize. The rules in 1995 allowed a resolution to be introduced from the floor if 10% of the Delegates had endorsed it. Importantly, the sitting President of the United States attended his own WHCoA; indeed, President Clinton, Vice President Gore, Mrs. Clinton and Mrs. Gore each delivered substantial speeches during the conference.

The 2005 WHCoA staff sent Delegates a packet of 73 resolutions, reportedly distilled by the staff from numerous pre-WHCoA events, a half-week before the conference and these were the only items allowed to be discussed at the event. The conference end product was heavily influenced, reinforced by

the choice of invited speakers who consumed about half of the conference’s scheduled meeting time. The cold and rainy December weather only added to the already dampened sense of spontaneity. We could not alter the wording of these resolutions in any way. An attempt during a plenary session to introduce a new resolution from the floor by invoking the 10% rule of the past was denied outright. We Delegates had Monday to vote for the 50 resolutions among the 73 we considered most important; we had Tuesday to meet in three different sessions of our choice for approximately 90 minutes each to adopt implementation language for that session’s resolution; and we had Wednesday morning to hear summaries of the implementation strategies for the resolutions. Importantly, President Bush became the first sitting President not to attend his own WHCoA.

The agenda and content of this 2005 WHCoA are instructive, for they highlight a considered strategy for conceptualizing or labeling the unprecedented aging of America and for responding to it. Despite the upbeat title given this WHCoA (*The Booming Dynamics of Aging*), there was a contrary under-current. In brief, the aging of America is a problem, if not a looming economic catastrophe, and the appropriate response to this problem lies within each of

the problem-makers, that is, the elders themselves. Against a backdrop of the budgetary cost of an aging nation, speakers time and again invoked volunteerism and self-responsibility to help, respectively, those in need and oneself. Of course, these are indisputably valuable. They are not, however, the answer to everything. Enter technology. This WHCoA was the first to have an exhibit area, in fact, an exceptionally impressive exhibit area of technological wonders, from beds that monitor one's vital signs while resting, to motion sensors for at-distance caregivers to check on loved ones, to awesome web-based programs for evaluating the functioning of various nursing homes, to, of course, many pharmaceutical, home care, and nutritional suppliers. What volunteerism and self-responsibility do not capture, technology will, or so the argument seemed to go. But what of those with disabilities who have no one? What of those who are unable to work longer into late life? What of those who cannot afford the technology? (These were, in the main, for-profit exhibitors.) Where does government come in?

The answer came most unhappily while the WHCoA was meeting. After David Walker, Comptroller of the United States, noted during his presentation at the conference that, among other things, the

U.S. government spends 2.5 Trillion dollars a year (that's 12 zeroes), and while some WHCoA resolution discussion groups were urging more federal investment in geriatrics training for healthcare workers for an aging nation, the Labor-HHS Conference Committee in Congress voted that Monday night to eliminate all 31.5 Million dollars for the 50 Geriatric Education Centers in the country, the geriatric fellowships in dentistry, nursing, medicine, and allied health, and the geriatric academic career awards for teachers. This at best non-sensical "cost savings" represented .0000126% of the federal budget and took the heart out of geriatric training in America.

What were they thinking? Especially knowing that on January 1, 2006 a tax revenue cut of more than 27 Billion dollars over five years (more than 171 times the cumulative geriatrics funding) would take effect, with over half of the cut benefiting only those making more than a Million dollars a year.

### **Repeated Messages**

A careful analysis of the 2005 WHCoA identifies much for the organizers to be proud of, as well as some troublesome omissions and commissions. Again, the process was streamlined, costs were

contained (and partially shared by exhibitors), small groups discussed an array of issues, and the timetable was followed. The principal messages of self-responsibility, volunteerism, and *Deus ex technologica* were clear and insistent. The WHCoA opened Monday with an invocation by Barry C. Black, Chaplain of the U.S. Senate, citing the 92nd Psalm and Khalil Gibran, respectively, on being productive in late life and "when you give of yourself you truly give." Later, Claude Allen, formerly Virginia's Secretary of Health and Human Resources and now domestic policy advisor to President Bush, championed "intergenerational give-back," the privilege and responsibility to give back not only to one's family but also to one's community. Comptroller Walker next stated that we must "encourage seasoned Americans to work longer." Craig Barrett, Chairman of the Board of the Intel Corporation, followed by envisioning, understandably, better health care delivery with better technology; he noted that, just as the personal computer (pc) revolutionized computing because it made it personal, converting health care to be pc-based would ward off going to the hospital, allow for telemedicine, and improve preventive care.

Later, entrepreneurial gerontologist Ken Dychtwald and entrepreneur (Shaklee CEO)

Roger Barnett delivered variations on what might be called the business model of aging. On Monday afternoon Dychtwald emphasized the need for us to undergo regular retraining for work as we age, noting that the retiring Baby Boom would bring not just a worker shortage but a talent shortage, and citing a survey where a substantial minority of respondents want to balance work and leisure in old age. He stated that the country needs to eliminate age discrimination in employment and other disincentives to working longer and should broaden flex-retirement, mentoring, volunteering, and sabbaticals to recharge one for work. The keynoter and substantial underwriter of Tuesday's dinner, Barnett began by urging that we "use aging to gain a competitive advantage over the rest of the world." Discussing and showing slides of older adults who were happy because of their wealth (implicitly because they were selling Shaklee's nutritional supplements products), Mr. Barnett seemed, unfortunately, to misjudge his audience. His presentation did not transcend the message that work will make the country and the individual wealthy and happy. One observer, an older man and not a Delegate, rose to heckle Mr. Barnett as "arrogant," and a mix of collective embarrassment and sympathy for the speaker may have prevented broad dismissal

of him and his message. Nonetheless, disappointment over his key address was widespread.

It was not that these messages were incorrect but that they were exclusive, not admitting of alternative ways of considering aging. I found, for instance, no agenda items or resolutions on spirituality. Nor did I see or hear of anything on meaning or other definitions of successful aging that were not "productive."

### **Prioritized Resolutions**

What were the top resolutions? Members of the Virginia Delegation met Sunday before the conference at the Arlington Agency on Aging to identify and agree on their top 30 resolutions. Although each Delegate could choose his or her top 50, our Delegation chose to concentrate on its top 30 in order to "weight" our choices, giving them more clout. Virginia's emphases included financial literacy, treating mental illness, evidence-based medical and aging research, the Elder Justice Act, affordable housing, strengthening Social Security, and increasing the numbers of geriatrically trained healthcare personnel. Some of these proved to be among the WHCoA's final top 10. During the conference I participated in three implementation strategy sessions, one each on aging with disabilities, family caregiving, and elder abuse. These generated a few implementation strategies

of varying specificity that were reported out to the 1200 Delegates in Wednesday's closing plenary, including focusing on family caregivers across all ages and authorizing and appropriating the Elder Justice Act that has languished in Congress for years. Other resolution implementation sessions had recommended, among other things, reauthorizing the Older Americans Act and creating a new title within it to help communities prepare for the aging of Boomers; removing barriers to retaining and hiring older workers, e.g., creating a training education 401K plan for people to save for their own future training; formulating incentives and programs to facilitate return to work for people on SSDI; developing coordinated long-term care policy with single point of entry systems (22 of the 50 prioritized resolutions have to do with healthcare); and doubling the 162 Million dollar annual appropriation for the National Family Caregiver Support Program. The latter was an exception to the general practice that few resolutions and implementation strategies had "price tags."

The top six resolutions, with their numbers of votes out of 1169 who voted, were: 1) reauthorize the Older Americans Act within six months, 1061; 2) develop a comprehensive long-term care strategy through public

and private initiatives, 1015; 3) ensure transportation options for older Americans, 1002; 4) strengthen Medicaid for seniors, 969; 5) strengthen Medicare for seniors, 962; and, 6) support geriatric education and training for all healthcare workers, 937.

The ultimate speaker in the conference was Dr. Robert Butler, Pulitzer Prize winner for his 1970s book *Why Survive? Being Old in America*, geriatrician, and the first Director of the National Institute on Aging in NIH. He succinctly identified a comprehensive approach to the challenges and opportunities of aging in America. What we need, he said, are a national health campaign that emphasizes responsibility for one's own health; firmly established geriatrics training in every school of health (medicine, nursing, pharmacy, etc); increased basic research on frailty and dementia, calling Alzheimer's disease "the polio of geriatrics"; a national caregiver initiative that recognizes that long term caregiving often saps the energy of women and that institutes Social Security credits for timeouts with child care and elder care; and a deeper emphasis on lifelong learning. The audience gave Dr. Butler a standing ovation.

### **The Sum of the Parts**

What did the WHCoA accomplish? Time will tell.

Implementation will be the proof of the pudding. Accountability for and implementation of the 2005 WHCoA resolutions was, itself, a highly ranked resolution. But, of course, the Delegates are now dispersed and the WHCoA staff remains in office for only six months after the conference. The messages of volunteerism, self-responsibility, and technological innovations are valid, indeed critical, and need to be put into action. But are these the whole story? It will take farsighted, bipartisan efforts to move beyond the constricted vision of the WHCoA's leadership. Here in Virginia Dr. Dick Lindsay, our Delegation Chairman, intends to lead efforts to continue the cooperation and problem solving demonstrated by the Virginia Delegation before and during the WHCoA. Reconvening and telecommunication could capture the multifaceted talent and expertise within this group, focusing these upon the challenges and opportunities associated with an aging Virginia.

How will I remember this WHCoA? There's probably no such thing as an objective memory of an event, for everyone brings his or her past to every present, altering the event even before it is stored away. I suspect that my memory of the 2005 WHCoA will be one of what might have been.

## **Lifelong Learning Institute (LLI) Welcoming New Members**

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The LLI, a non-profit organization co-sponsored by VCoA, the Brandermill Woods Foundation and Retirement Community, and Chesterfield County Public Schools, invites creative and questing minds from across Richmond to join its spring session. Learn about ancient Rome, breakthroughs in health and wellness, political analysis, or how to write your life story. These are among dozens of opportunities this session, among some 80 courses and special events over the calendar year. Share your expertise and talents as an instructor. A retired university professor is teaching clay modeling; a former librarian is leading discussions of current books. Join one of the many member-led committees setting LLI's course, from Curriculum, to Social, to Development.

The LLI, focused on adults ages 50 and better, offers classes daytimes, Monday -Thursday, at its Midlothian building. Tuition is \$150 for the full year, including spring, summer, and fall sessions. The next session runs February 6 to April 27, 2006. For more information, call Debbie Leidheiser at (804) 521-8282 or [dleidheiser@brandermillwoods.com](mailto:dleidheiser@brandermillwoods.com).

## Calendar of Events

### January 25, 2006

*Virginia Center on Aging's Annual Legislative Breakfast.* St. Paul's Episcopal Church, Richmond. For information, contact (804) 828-1525 or [eansello@hsc.vcu.edu](mailto:eansello@hsc.vcu.edu).

### February 9-12, 2006

*Outcomes of Gerontological and Geriatric Education, 32nd Annual Meeting of the Association for Gerontology in Higher Education.* Westin Hotel, Indianapolis, IN. For more information, contact (202) 289-9806 or [meetings@aghe.org](mailto:meetings@aghe.org).

### February 28, 2006

*Culture Change: Are You Keeping 'PACE'?* Virginia Association of Nonprofit Homes for the Aging's Winter Conference. Crowne Plaza Richmond West, Richmond. For more information, visit [www.vanha.org](http://www.vanha.org).

### March 9, 2006

*Biotechnology and Human Enhancement.* Religious and scientific perspectives on steroids, implants, genetic modification, plastic surgery, and the like. 6:30-9:30 p.m. Virginia Commonwealth University Student Commons, Richmond Salons (second floor, above the coffee shop), Richmond.

### March 23, 2006

*Connecting the Dots between Spirituality and Resident Care: Finding Meaning and Purpose in Long-Term Care.* First Annual Richmond Conference on Aging and Spirituality in Long-Term Care. For more information, call Keith Nesbitt at Our Lady of Hope Health Center at (804) 360-1960 x47.

### March 24-26, 2006

*17th Annual Virginia Geriatrics Conference.* Jefferson Hotel, Richmond. For more information, contact Saunya Fisher, Conference Coordinator, at 675-5000, x3942 or [Saunya.Fisher@med.va.gov](mailto:Saunya.Fisher@med.va.gov).

### April 5-8, 2006

*Natural Bridges: Preparing for An Aging South,* 27th Annual Meeting of the Southern Gerontological Society. Radisson Plaza, Lexington, KY. For more information, contact Lora Gage at (239) 541-2011 or [Lgage4SGS@aol.com](mailto:Lgage4SGS@aol.com).

### April 6-7, 2006

*Death and Dying.* Perspectives from art, medicine, science, and theology regarding death and dying – including the medical and moral imperatives for palliative care at the end of life. Presented by the Life Sciences and Religion Community Forum of Central Virginia, in collaboration with the Carl Howie Center for Science, Art and Theology at Union Theological Seminary and Presbyterian

School of Christian Education, Richmond. Time TBA. For more information, visit [www.vcu.edu/faithscienceforum/index.html](http://www.vcu.edu/faithscienceforum/index.html) or contact: [forum@vcu.edu](mailto:forum@vcu.edu) or call Brian Cassel at (804) 628-1926.

### **Age in Action**

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

**Spring 2006 Issue Deadline:**  
**March 15, 2006**

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### Alzheimer's and Related Diseases Research Award Fund

**Purpose:** The ARDRAF encourages scientifically rigorous applications from a broad spectrum of disciplines. Studies may involve:

- (1) The underlying causes, epidemiology, diagnosis, or treatment of Alzheimer's and related diseases;
- (2) Policies, programs, and financing for care and support of those affected by Alzheimer's and related diseases; or
- (3) The social and psychological impacts of Alzheimer's and related diseases upon the individual, family, and community.

**Funding:** Awards are limited to \$30,000. Number of awards is contingent on available funds.

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

**Schedule:** A non-binding letter of intent with tentative title, non-technical abstract, and a 4-5 sentence description of the project written in common, everyday language for press release purposes is due by March 3, 2006. Applications will be accepted through April 3, 2006, and applicants will be notified by June 21, 2006. The funding period begins July 1, 2006 and projects must be completed by June 30, 2007.

**Review:** Three qualified technical reviewers provide written reviews of scientific merit, and the Awards Committee makes the final funding decision.

**Application:** Application forms, guidelines, and further information may be obtained from <http://www.vcu.edu/vcoa/ardraf.htm> or by contacting: Constance L. Coogle, Ph.D.; Alzheimer's & 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: [clcoogle@vcu.edu](mailto:clcoogle@vcu.edu)

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