

## Case Study

### No Wrong Door: Virginia's Key Strategic Initiative for Long-Term Care

by Molly Huffstetler, M.S.W.

#### Educational Objectives

1. Describe the rationale, current activities, and vision for No Wrong Door as it pertains to seniors, adults with disabilities, and their caregivers throughout Virginia.
2. Demonstrate the positive potential for collaboration among local long-term care service providers, both public and private.
3. Illustrate the benefits of coordinating long-term care services for an individual through Virginia's No Wrong Door.

#### Background

Led by the Virginia Department for the Aging, the development of Virginia's No Wrong Door is moving the Commonwealth towards extended independence and an improved quality of life for seniors, persons with disabilities, and their

caregivers. Streamlined, sufficient, and adequately funded long-term support services are integral to the health, safety, and wellness of Virginians. Long-term services encompass a wide array of programs, services, and supports aimed at encouraging self-sufficiency and helping individuals to lead lives as independently and productively as possible.

Virginia needs to have a comprehensive service coordination system which determines an individual's eligibility for assistance, ensures appropriate help, tracks progress, measures results, and identifies gaps in services based on need. While referrals between service providers have long been encouraged, these providers have too often lacked an efficient way, and in many cases a mutual agreement, to share information about an individual. A maze of agencies across Virginia provides services at the local level: 120 departments of social services, 25 area agencies on aging, 34 health departments, 16 centers for independent living, 40 community services boards, and numerous faith based organizations and private non-profits.

In 2004, House Joint Resolution 103 of the Virginia General Assembly directed the Joint Legislative Audit and Review Commission (JLARC) to study the "Impact of Virginia's Aging Population on State Agencies." This study referenced the patchwork approach to service delivery and the challenge it presents in meeting the needs of a rapidly growing aging population. At the same time, JLARC identified an upward trend in the number of adults with disabilities, as well as the fact that aging parents are caring for many of these adults. In 2005, the Virginia General Assembly passed House Joint Resolution Number 657, which requested the Secretary of Health and Human Resources to study the development of a No Wrong Door approach for Virginia's long-term support service system; it would give providers a more seamless method to share information about an individual for whom they provide services, and would spare applicants the process of answering the same questions over and over again.

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## Implementing No Wrong Door

In order to move No Wrong Door forward, Virginia launched the Statewide Advisory Council for the Integration of Community-based Services (SACICS), which included representatives from the majority of state agencies in the Health and Human Resources Secretariat, providers of long-term care supports, private non-profit partners, and self and family advocates. The group served in an advisory capacity in overseeing the initial development of a No Wrong Door pilot system, as well as working together to address: 1) interagency collaboration; 2) security, consent, and individual privacy; 3) data use and storage policies; and, 4) benchmarks and outcomes. As the No Wrong Door initiative continues to grow, the SACICS has been re-structured into the acting No Wrong Door resource team. The team includes additional representation from the disability community, as well as private providers. The resource team continues to meet monthly to provide a framework for the expansion of No Wrong Door across the Commonwealth.

The No Wrong Door approach to long-term care service delivery is designed to enable individuals to access support services through any agency or organization using one mechanism. No Wrong Door creates a coordinated system of accessible information for all persons seeking long-term support, minimizes confusion, enhances individual choice, and supports informed decision-making. Through a web-based system, No Wrong Door will improve coordination of care by allowing health and long-term sup-

port information to be shared electronically among providers.

There is substantial support at both federal and state levels for the creation of a collaborative long-term care services system. In 2005, through the guidance of the Secretary of Health and Human Resources, Virginia applied for and received a federal Aging and Disability Resource Center (ADRC) grant to develop and pilot a No Wrong Door system. The creation of the ADRC grant was a joint effort of the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS). In the fall of 2006, again under the guidance of the Secretary of Health and Human Resources, Virginia applied for and received a Systems Transformation Grant (STG) from CMS. The STG is helping to implement and expand the No Wrong Door initiative in Virginia, while also enhancing it by providing greater awareness, information and assistance; streamlining the eligibility processing system; and expanding the focus to include individuals with disabilities who are at risk for institutionalization. At the state level, the 2007 General Assembly supported the No Wrong Door with a budget amendment, which has spurred local community support for the initiative.

Virginia is now implementing the first phase of a No Wrong Door approach to long-term supports through six local Area Agencies on Aging (AAA). Three more agencies will be brought on board during 2008. These local sites have been directly involved in helping to design technology and build community collaboration for the contin-

ued expansion of No Wrong Door.

## Case Studies

Helen is 84, widowed for a little less than a year. She suffered a stroke two months ago and, with her only daughter living several hundred miles away, she is alone. Though living alone is very difficult for Helen, she does not wish to move away from the home she and her husband lived in for almost 50 years. With continued encouragement from her daughter, Helen decided to contact the local Area Agency on Aging (AAA) to see if she could receive any assistance that would allow her to continue living at home. The care coordinator from the AAA visited Helen at home and conducted an assessment, which is entered into No Wrong Door's HIPAA-compliant shared client database. The evaluation revealed that she has mild memory loss, is incontinent, and is lonely. The information collected interfaces with SeniorNavigator (a service provider database) and returns matches according to her needs. Helen and the care coordinator discussed which of the available long-term supports would best suit Helen's situation. She explained to the care coordinator that she wants her daughter to have access to any of the information collected about her and this information is documented in Helen's electronic file. Helen decided that if she could go to an adult daycare center, she might be able to make new friends, and the nursing staff there would attend to her health needs. The care coordinator used the No Wrong Door technology to make an electronic referral to the adult daycare center and also arranged transporta-

tion for her intake appointment. Helen asked if they could call her daughter to inform her of the decision. Helen's daughter was delighted and supportive of her mother's decision.

Two days later the transportation service picked Helen up and delivered her to the intake meeting at the adult daycare center. When Helen met the social worker at the center, the social worker had already received and assessed Helen's information; Helen was relieved that she did not have to re-tell her story or review her medical problems with the social worker. The two of them discussed what types of activities she would like to be involved in at the center, and Helen decided to attend three days a week. Concerned about her ability to cook for herself, the social worker asked if Helen would be interested in home delivered meals. Helen was grateful to receive the help and a referral was made to Meals on Wheels. The social worker set up transportation arrangements with Helen, the referral to the transportation agency again being made through the No Wrong Door system.

Having attended the adult daycare center for only four weeks, Helen is thriving and excited to be in a new environment. She is interacting with new friends, is knitting again, and has recently decided to take part in a weekly trip to read to the 2nd graders at a local elementary school. The social interaction has boosted Helen's morale and the cognitive interaction provided by the activities at the center is helping to keep her mind sharp with no significant memory lapse to note. The

nurses at the center are making sure that Helen's incontinence is kept under control and her overall status is being documented in her electronic file in the No Wrong Door database, allowing the original care coordinator to view Helen's current status.

Through No Wrong Door, Helen has been able to coordinate and receive long-term supports from four different service providers. Not only is Helen able to navigate the system, but every provider is also able to access her information prior to their interaction with her. Because of the community collaboration and the dedication of the long-term care providers, Helen is happy, healthy, and continues to live at home.

Henry is 60 and has a traumatic spinal cord injury. He lives at home with his wife, Paula. He is very engaged and social. However, his family became increasingly concerned about his living at home because he can no longer walk and Paula no longer has the strength to help him. Henry's son lives in the same county but does not think that he can take his mother and father into his small home. Together, the family decided to seek options that would allow Henry to remain in his own home, while lessening the potential health and safety risks facing the couple.

Having recently picked up information about local community supports, Henry's son encouraged him to contact the local Area Agency on Aging (AAA). Henry and Paula called the AAA and set up an appointment for a care coordinator to come to their home and complete

an assessment that would identify all options for long term care supports. When the care coordinator arrived, they discussed their current situations and described their day-to-day living. The care coordinator conducted an assessment which was entered into No Wrong Door's HIPAA-compliant shared client database. Based on the assessment, needs were identified: Henry is unable to walk and requires a wheel chair; it is becoming increasingly difficult for his wife to serve as the primary caregiver; there are also slight home modifications that would allow Henry to move around his home more freely. The collected information interfaced with SeniorNavigator's database which returned matches according to his needs.

Henry and Paula decided that having a home health nurse would be their first priority; they also are interested in the home modifications. With this information, the care coordinator used the No Wrong Door technology to make an electronic referral to the local home health organization and to the local non-profit that offers affordable home modifications. A nurse from the home health agency called Henry the following day to set up an appointment for a home-visit. Because Henry's information was already captured in the No Wrong Door system, the nurse just verified that the information was correct and asked a few more medical questions, in order to ensure that Henry's needs would be met. His greatest needs are for a nurse at night, when preparing for and getting into bed, and in the morning when he gets up, bathes, and prepares for the day. Henry, Paula, and

the home health nurse decided that they would arrange for a nurse for four hours a day; two in the morning and two at night. The nurse also assisted them in working with the insurance company for payment purposes. As for the home modifications, a representative from the non-profit arranged to come to their home to evaluate the door-frame that needed to be expanded and the transformation of a small staircase into a ramp. After the assessment, the non-profit used their sliding-scale fee to identify the cost of the project and worked with Henry and Paula in setting up a six-month payment plan.

Henry continues to live in the home with his wife. At present, they see no need to extend the nurse's hours. The minor home modifications have given Henry the ability to maneuver his wheelchair throughout the house and putting a ramp over the small staircase has made Henry much less dependent on his wife for mobility. Because of the network of providers established through No Wrong Door, Henry was able to coordinate and receive services from three different services providers and only had to tell his story once. All up-dates and interactions made by these agencies are recorded in Henry's automatic case file and can be seen by the original care coordinator as well.

### **Conclusion**

The No Wrong Door initiative works. It must continue to grow in order to make Helen's and Henry's stories a reality throughout the Commonwealth. Dedicated leaders, advocates, providers, and individuals statewide are working together

to have No Wrong Door operational across Virginia by 2010. The No Wrong Door web portal will be available for access by June of 2008, giving No Wrong Door its first permanent home. This portal will serve as the entry point for individuals, their caregivers, and service providers. Additionally, the Virginia Department for the Aging, the Virginia Department of Social Services, and the Department of Medical Assistance Services have forged a strong collaboration in the development of an automated Aged, Blind, and Disabled (ABD) Medicaid application. This application is currently available in pdf format, accessible on the Virginia Department of Social Services website; it, too, will be available electronically in June 2008.

No Wrong Door seeks to improve the individual's experience in seeking needed long-term care services and the provider's experience in delivering them. The ultimate goal is to make it possible for all of Virginia's seniors and adults with disabilities to understand their available choices and to gain those services that best meet their long-term care needs, no matter where they begin the process. The Commonwealth is forging ahead with the development of No Wrong Door, seeing it as a valuable means of helping Virginians to continue in their communities, remain as independent as their health allows, and participate in educational, cultural, and recreational activities.

### **Study Questions**

1. What difficulties in accessing services does the No Wrong Door system minimize?

2. How does No Wrong Door assure the confidentiality of the information it acquires?
3. List the steps that No Wrong Door has taken to foster inter-agency collaboration and shared policies for practice.

### **About the Author**



Molly Huffstetler, MSW, is the No Wrong Door Coordinator at the Virginia Department for the Aging. Previously, she worked in a policy capacity in the Research and Policy Division at the Department of Medical Assistance Services with the Systems Transformation Grant work group and the Money Follows the Person grant writing team. She also served on the "Own Your Future" long-term care awareness campaign implementation taskforce. She received her Master in Social Work Administration, Planning, and Public Policy from Virginia Commonwealth University.

## Editorials

### From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Our work addressing elder abuse, neglect, and exploitation deserves special attention. In the fall of 2006, VCoA and a capable coalition of Richmond area law enforcement agencies, Commonwealth's Attorneys Offices, and service providers received funding from the Office on Violence against Women (OVW), U.S. Department of Justice. Our project, the Central Virginia Training Alliance to Stop Elder Abuse, Neglect and Exploitation, was one of only ten grantees nationwide selected to pilot a three-year training initiative for criminal justice professionals on elder abuse, neglect and exploitation. Historically, law enforcement officers and prosecutors have had little preparation when encountering such cases, resulting at times in missed evidence, reluctance to prosecute, and the potential for re-victimization.

During our just-completed first year, the Central Virginia Training Alliance to Stop Elder Abuse, Neglect and Exploitation has focused on building collaboration within and across jurisdictions and launching a two-day training for law enforcement that will now be offered locally each quarter. Some accomplishments to date include:

We have refined and tailored the law enforcement curriculum that was developed by OVW, the Federal Law Enforcement Training Center, the National Clearinghouse on Abuse in Later Life, and the

National Sheriff's Association to include state statutes and state and local resources. We have also modified the curriculum to make it friendlier to instructors who will implement it in a train-the-trainer model.

We have assembled a top-notch team of instructors whom we are calling upon to deliver the two-day trainings. These include three law enforcement officers, two police department domestic violence coordinators, two prosecutors, two victim service advocates, one APS investigator, and an area agency on aging care coordination manager. Six members of our team (the maximum allowed by terms of the grant) attended the OVW-sponsored train-the-trainer conference this past June.

We conducted, in September, a dry run of the law enforcement training for an audience of law enforcement and community stakeholders, who provided crucial feedback. It proved gratifying to observe our training team members as they found their stride during this practice run.

We successfully launched the law enforcement training on November 13th-14th at the Chesterfield Police Academy. The setting, the participants, and the interactions produced a most positive experience. Evaluations from the 26 participants were overwhelmingly high. One veteran officer wrote to his chief to say that this training was "one of the best" he'd ever taken in his law enforcement career.

We forged strong bonds among our peers in the project. Meetings and

trainings throughout the year brought together a variety of stakeholders who generated productive discussions on how to improve our community's response to the problems of elder abuse, neglect, and exploitation. Years two and three of the project will see more of these forums for systems change.

We have already scheduled four trainings for 2008. We have also scheduled six collaborative meetings for 2008.

We are nearing completion of a legal remedies booklet for training participants, project collaborators and other community stakeholders.

In the current year two of the project, local prosecutors will have the opportunity to attend a national prosecutors conference on elder abuse, neglect and exploitation. In addition, a national judicial workshop *Enhancing Judicial Skills in Elder Abuse Cases* has been developed especially for judges to attend. OVW, in partnership with the National Judicial Institute on Domestic Violence, the National Council of Juvenile and Family Court Judges, and the Family Violence Prevention Fund, is taking leadership in this focus in order to complement the enhanced expertise of law enforcement and prosecutors. Our overall intention is to improve the expertise of each component in investigating and prosecuting maltreatment against our elders.

We congratulate VCoA's Paula Kupstas for her extraordinary direction of the project and commend our many talented and committed partners.

## Editorials

### From the Virginia Department for the Aging

Linda Nablo

I want to thank *Age in Action* for giving me the opportunity to introduce myself. As the new Commissioner of the Virginia Department for the Aging (VDA), I have met many of you at meetings and conferences I have attended since taking this position in mid-September. For those of you I haven't yet had the pleasure of meeting, I will take a few lines to tell you my background and then share some thoughts about the future.

My career has included 26 years in state and local government as well as positions with private non-profit organizations. (Yes - I started when I was 12.) My professional career began in the world of juvenile justice and evolved to children's health. I have been a direct service worker, a researcher and policy analyst, and a program administrator. I think of myself as both a public servant and an advocate. Most recently, I was the Director of Maternal and Child Health at the Department of Medical Assistance Services where I administered the FAMIS program for uninsured children, among numerous other responsibilities.

Through all of those efforts, both inside and outside of government, I have learned the lesson well that real progress in human services comes from the collaborative work of many partners. Real change happens when you can marshal the pas-

sion and energy of advocates, the real world experience of local programs, the power of the state, the insight of stakeholders, and the critical support of elected officials. This is the only way I know to be successful with this new challenge, and I look forward to engaging with many of you as we move forward.

While most of my career to date has been devoted to children's issues, I am honored and excited to join the network of individuals working to serve Virginia's older citizens. In my first few months at VDA, I have come to know the programs and staff of VDA, read extensively about national and Virginia issues, traveled to numerous AAAs to see first hand the different structures and programs that serve our diverse communities, and benefited from honest discussion with a variety of stakeholders. I have come to understand what all of you know: the need is great, the issues challenging, the resources too limited, and the numbers are growing – or should I say surging.

Virginia is changing, growing older and more diverse. It is clear to me that state government needs to be more proactive in preparing to serve the Commonwealth of today and tomorrow and that we can only do that effectively through collaboration. Together we need to educate citizens, communities, and leaders and to elevate aging issues as priorities. We need to engage new partners, support innovation and, in some cases, find new ways of providing traditional services. We need to increase resources and effectively manage them or the waiting lists and unmet needs that plague us today will explode into a

future that is far more challenging.

I cannot imagine a more exciting time to be Commissioner of VDA. I look forward to adding my voice, energy, and skill to yours to create a future where Virginia is not only a great place to grow up but is also a great place to grow old.

### Healthy Cooking DVD Available



HCTV (Henrico County Television), with help from the Area

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

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

## Focus on the Virginia Center on Aging

Ronald J. Hunt, DDS, MS



When Dr. Ron Hunt joined the Virginia Center on Aging advisory board shortly after becoming dean of the VCU School of Dentistry in 1998,

he brought with him a history of advocacy for improved oral health for older adults.

Ron began his career of advocacy in the early 1980s by conducting geriatric oral health research. "I was at the University of Iowa, leading NIH-funded epidemiological surveys that assessed oral health status of adults 65 and older. We collected and analyzed important data for oral health advocacy, travelling house to house three days a week in rural Iowa doing dental examinations. I found the experience personally enlightening. The disparity of lifestyles surprised me. While some people I visited were well-off, many were severely disadvantaged and barely getting by. The adverse effect on their oral health struck me," he said. Ron also remembers the rewards of getting to know the survey participants. He visited them four times over five years, learning about their lives and their families.

After the study in rural Iowa, Ron moved to the University of North Carolina at Chapel Hill and led a similar study in Durham and four contiguous rural counties in North Carolina. The studies produced

publication of 31 peer-reviewed articles on the oral health status of older adults. His activity in the Geriatric Oral Health Research Group and in the International Association of Dental Research led to election to leadership positions of the group, including chairman.

Because he grew up on an Iowa dairy farm and attended a small high school in a small community, Ron felt he had a natural rapport with the rural residents. As the second oldest of 13 children, he learned how to do without what many people take for granted. His family was not well-to-do, and dental visits were infrequent. He lost several teeth by the time he graduated from high school and still remembers the feeling of toothaches and tooth loss. Perhaps because of these experiences, or maybe in spite of them, Ron decided in high school to pursue dentistry.

A college education was financially beyond reach, so he joined the U.S. Air Force. The Air Force trained him as a dental assistant, a job he requested, and then sent him to Japan. In Japan he took college courses evenings and weekends. "Nothing compares to my experience in Japan. It expanded my world view, and exposed me to many diverse people both on the military base and at the college." He said, "I never imagined a world like this existed when I was growing up in rural Iowa." Upon discharge, he used the G.I. Bill to pay for dental school back home in Iowa.

As his academic career progressed, Ron became increasingly engaged

in dental advocacy at the state and national levels. For the past nine years, he has served on the Board of Directors of the Virginia Dental Association and in the House of Delegates of the American Dental Association. For the past two years, he represented dental deans on the Board of Directors of the American Dental Education Association. In March 2008, he will become the association's President-elect. As access to dental care becomes part of the dialogue in the nation's health care agenda, Ron hopes these organizations and others will draw on his advocacy experiences to promote improved oral health.

At the VCU School of Dentistry, the culture, curriculum, and facilities continue to evolve. The new strategic plan describes these changes, noting that in the past five years, the school became a national leader in simulation, greatly expanded its off-campus preceptorship program, restructured its curriculum to focus on more clinical experience, and began construction of a third building. Ron quickly points out how he has benefited from the collaboration of many people throughout his career, especially the hard-working, talented staff and faculty of the VCU School of Dentistry and the leadership of VCU who have supported him so well.

## Stand Up for Better Health: Study Finds Unexpected Benefits of Standing

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A recent study by faculty at the University of Missouri-Columbia suggests great benefits to our health from the simple process of standing more, rather than sitting. Most people, whether at work or retired, spend most of their day sitting with relatively idle muscles. Health professionals advise that at least 30 minutes of activity at least five days a week will counteract health concerns, such as cardiovascular disease, diabetes, and obesity that may result from inactivity. Now, researchers at the University of Missouri-Columbia say a new model regarding physical activity is emerging. New research shows that what people do in the other 15 and a half hours of their waking day is just as important, or more so, as the time they spend actively exercising.

“Many activities like talking on the phone or watching a child’s ballgame can be done just as enjoyably upright, and you burn double the number of calories while you’re doing it,” said Marc Hamilton, an associate professor of biomedical sciences whose work was recently published in *Diabetes*. “We’re pretty stationary when we’re talking on the phone or sitting in a chair at a ballgame, but if you stand, you’re probably going to pace or move around.”

In a series of studies that will be presented in Amsterdam at the Second International Congress on Physical Activity and Public

Health, Hamilton, Theodore Zderic, a post-doctoral researcher, and their research team studied the impact of inactivity among rats, pigs, and humans. In humans, they examined the effects of sitting in office chairs, using computers, reading, talking on the phone, and watching TV. They found evidence that sitting had negative effects on fat and cholesterol metabolism. The researchers also found that physical inactivity throughout the day stimulated disease-promoting processes, and that exercising, even for an hour a day, was not sufficient to reverse the effect.



There is a misconception that actively exercising is the only way to make a healthy difference in an otherwise sedentary lifestyle. However, Hamilton’s studies found that standing and other non-exercise activities burn many calories in most adults even if they do not exercise at all.

“The enzymes in blood vessels of muscles responsible for ‘fat burning’ are shut off within hours of not standing,” Hamilton said. “Standing and moving lightly will re-engage the enzymes; but since people are awake 16 hours a day, it stands to reason that when people sit much of that time they are losing the opportunity for optimal metabolism throughout the day.”

Hamilton hopes that creative strategies in homes, communities, and workplaces can help solve the problem of inactivity. Some common non-exercise physical activities that people can do instead of sitting include performing household chores, shopping, typing while standing and even fidgeting while standing. Standing can double the metabolic rate. Hamilton believes that scientists and the public have underestimated common activities because they are intermittent and do not take as much effort as a heavy workout.

“To hold a body that weighs 170 pounds upright takes a fair amount of energy from muscles,” Hamilton said. “You can appreciate that our legs are big and strong because they must be used all the time. There is a large amount of energy associated with standing every day that can’t be easily compensated for by 30 to 60 minutes at the gym.” Hamilton added, “The lifestyle change we are studying is also unlike exercise because it does not require that people squeeze an extra hour into their days and/or get sweaty at the gym, but instead improving the quality of what they already are doing.”

## Half of Experienced Physicians Planning to Retire or Cut Back

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Hold on. Here's another reason to improve our "self health," the awareness we have of our state of wellness and the steps we take to maintain or improve it. Not only are there too few trained geriatricians, but also the number of experienced physicians seems set to decline.

Anthony J. Brown, MD, reports in a recent Reuters Health article the results of a survey indicating that 48% of physicians between 50 and 65 years of age are planning to reduce or end their clinical practice in the next one to three years. The findings also suggest that many older physicians believe that their younger counterparts do not have the work ethic they do.

The survey, conducted by Merritt Hawkins & Associates, a Texas-based physician search and consulting firm, suggests that many older physicians are simply unhappy with the changes that have taken place in medicine over the years.

"When Baby Boom doctors entered medicine, they had control over how they practiced and the fee they charged. But the rules changed on them in mid-stream and now many are looking for a ticket out," Mark Smith, executive vice president of Merritt Hawkins & Associates, said in a statement. "Our study is the only one I am aware of that examines the career plans of physicians in the 50 to 65 age group. This age cohort represents over one-third of all physicians. How, or if, these

physician choose to practice in coming years will have a significant impact on overall physician supply in the US," Smith told Reuters Health.

The results of the survey, which included 1,170 respondents, show that 24% of older physicians are planning to leave clinical practice completely within the next three years: specifically, 14% said they were planning to retire, 7% said they were looking for a medical job in a non-patient care setting, and 3% said they were seeking a job in a non-medical field. For those physicians not leaving clinical practice, many said they would make changes to reduce the amount of patient care, by working part-time, taking fewer new patients, or reducing their patient load. When asked about the work ethic of physicians entering practice today, 68% of the respondents said that these younger doctors are not as dedicated or as hard working as physicians who entered practice 20 to 30 years ago. "The U.S. already is facing a widespread shortage of physicians," Smith added. "Should older, 'work-horse' physicians choose to opt out of patient care, access to medical services will be further restricted."

## Tea Drinking

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Tea drinking is associated with preservation of hip structure in elderly women, according to the results of a cross-sectional and longitudinal study reported in the October 2007 issue of the *American Journal of Clinical Nutrition*.

Researchers measured impaired hip structure by means of dual-energy X-ray absorptiometry (DXA) areal bone mineral density (aBMD), which is an independent predictor for osteoporotic hip fracture, according to Amanda Devine, from the University of Western Australia in Perth, and her colleagues.

"Previous studies have shown that drinking tea has been associated with a higher aBMD and a reduced risk of hip fracture." In a five-year prospective trial of 1500 randomly selected women aged 70 to 85 years, with DXA at years one and five, cross-sectional analysis of 1027 of these women evaluated the relationship of customary tea intake with aBMD. The cross-sectional analysis revealed that mean total hip aBMD was 2.8% greater in tea drinkers (806; 95% confidence interval [CI], 797 - 815 mg/cm<sup>2</sup>) than in non-tea drinkers (784; 95% CI, 764 - 803 mg/cm<sup>2</sup>; P < .05). During the four-year period of the prospective analysis, tea drinkers lost an average of 1.6% of total hip aBMD, whereas non-tea drinkers lost 4.0%, a statistically significant difference. Adjustment for covariates did not affect this pattern of findings.



"This finding provides further evidence of the beneficial effects of tea consumption on the skeleton..... Dietary calcium and coffee intake, physical activity, and smoking did not appear to be important confounders of the (positive) relation between tea and BMD," noted Devine.

**COMMONWEALTH OF VIRGINIA**

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

**THE VIRGINIA CENTER ON AGING  
VIRGINIA COMMONWEALTH UNIVERSITY**

- Purpose:** The Commonwealth of Virginia established the Award Fund in 1982 to promote research into Alzheimer's and related diseases. Because of a commitment to program balance, the Fund 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:** The size of awards varies, but is limited to \$40,000 each. Number of awards is contingent upon available funds.
- Eligibility:** Applicants must be affiliated with colleges or universities, research institutes, or other not-for-profit organizations located in Virginia. The Fund encourages partnerships between community-based agencies/facilities and academic institutions.
- Schedule:** We request that a non-binding letter of intent with tentative title, non-technical abstract, and a 4-5 sentence description of the project in common, everyday language for press release purposes be *received* by March 7, 2008. Letters on letterhead with signature affixed will be accepted electronically. Applications (hard copy required; *additional* electronic copy preferred) will be accepted through the close of business April 1, 2008, and applicants will be notified by June 19, 2008. The funding period begins July 1, 2008 and projects must be completed by June 30, 2009.
- Review:** Three qualified technical reviewers, one of whom is identified by the applicant, will review proposals for scientific merit. The Awards Committee will make the final funding decision.
- Application:** Application forms, guidelines, and further information may be obtained on the World Wide Web ([www.vcu.edu/vcoa/ardraf.htm](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, Virginia 23298-0229**  
**Phone: (804) 828-1525**  
**Voice Mail: (804) 828-2243**  
**FAX: (804) 828-7905**  
**E-Mail: [ccoogle@vcu.edu](mailto:ccoogle@vcu.edu)**

## Quality Jobs for Quality Care

David Broder, Virginia Assoc. of Personal Care Assistants

Sherleen Bright puts in a 12-hour day every day, providing personal assistance services to two older adults so that they can live at home instead of a nursing home. Sherleen is one of the thousands of Personal Care Assistants (PCAs) who help Virginia's older adults and people with disabilities, enabling them to live independently in their homes and be an active part of their communities. PCAs like Sherleen love the work they do. And yet, their low wages, lack of healthcare benefits, and lack of training mean that it is increasingly difficult for seniors to find and keep quality caregivers. The number of older adults is growing rapidly as baby boomers age, as is the demand for quality home care. To deliver the critical in-home services that seniors want, workers need a living wage and benefits so they will be drawn to the field and continue to provide care. The Commonwealth must take steps now to ensure that a stable, professional workforce of caregivers is in place for families to rely on.

### Sherleen and Dianne



Every day, Sherleen works 12 hours (although she is paid for only eight) and frequently wakes more than once in the middle of the night to provide attendant care for two women at home, one of them being

Dianne Grigg. Dianne, 58 years old, was in a nursing home just one year ago, recovering from hip replacement surgery. Sherleen's assistance has allowed Diane to leave the nursing home and live more happily in a more comfortable setting. According to Dianne, "[Sherleen] is an angel, who has opened her arms to me. She is there for me 24 hours a day. If I need her to scratch my back or use the restroom at two o'clock in the morning, she is there." Dianne continues, "When I was in a nursing home, when I needed to use the restroom, they told me to go in a diaper instead of helping me to use the toilet. Sherleen will get up at two in the morning to help me use the restroom."

### Quality Home Care

Dianne Grigg is one of the thousands of older adults enrolled in one of Virginia's consumer-directed Medicaid Waivers, which cover the personal assistance services that Sherleen provides. Such home and community-based services are a cost-effective alternative to institutional settings, allowing Virginia's seniors to receive care where they prefer to be, namely, at home. According to a recent AARP survey, over 80% of older adults wish to remain in their own homes as they age. PCAs provide the crucial personal assistance services and long term care that enable Virginia's seniors to do so. PCAs assist with "activities of daily living," the official Medicaid term that covers assistance with getting out of bed, bathing, preparing nutritious meals, and transportation. Recent federal studies have shown that consumers who receive services at home and are able to direct their own care, as Diane does, have higher levels of satisfaction with their care and signif-

icant reductions in unmet need.

### Increased Demand for Home Care

Already, nearly one in five Virginians is 60 years of age or better, with projections of one of every four by the year 2030. The Virginia Department for the Aging and the recent report of the Governor's Health Reform Commission estimate substantial increases in demand for long term care workers, with the highest demand being for long term care workers in the community to help older adults maintain their independence. By 2030, the demand for persons who provide frontline health care will increase by 160%. At the same time, the supply of home care workers is shrinking. By 2030, the caregiving workforce (typically women ages 25-44) in Virginia will decrease by 16%. As the Governor's Health Reform Commission stated in their final report, there is an "inadequate number" of direct care workers needed to make Virginia a place where aging with dignity is a reality.

This increased demand for quality home care is only exacerbating our current workforce crisis. Low wages and lack of healthcare benefits for PCAs are major barriers to recruiting and retaining a qualified long term care workforce. As a case in point, Sherleen receives just \$8.60/hour for her services, with neither vacation days nor sick time.

Virginia currently ranks 45th in average wages for personal care. So, the turnover rate for home care workers is between 40-166% annually, meaning that older adults and people with disabilities are finding it increasingly difficult to obtain the home care they need to remain at home. Because individual consumer-employers

who rely on state programs such as Medicaid cannot provide additional pay to these workers, the Commonwealth must act to raise wages.

### **Importance of Healthcare**

Even with a better hourly wage, Personal Care Assistants would still face their most daunting challenge, the lack of health insurance benefits. Sherleen, for example, is only now just recovering from a serious bout of pneumonia. Because her job does not provide health insurance, she was unable to see a doctor when she first felt sick. Instead, she waited two weeks before having to go to the Emergency Room where she had to pay out of pocket for the more expensive ER care.

Unfortunately, Sherleen's story is not the exception, but rather the rule. Like many direct care workers, PCAs who work under the state's Medicaid waivers programs receive no healthcare for themselves or their families. The lack of insurance creates a double jeopardy: endangering the health of both the PCA and the consumer being helped.

A number of states have recently taken the lead in providing health insurance to home care workers like Sherleen. These states which have made affordable health insurance available to personal care workers have found a 24% reduction in turnover rates directly linked to the provision of health insurance. For the best interests of our citizens, Virginia should become a leader in providing affordable health insurance for our vital personal care workforce.

### **Virginia Association of Personal Care Assistants**

In order to address the workforce challenges affecting the quality of care for older adults, Sherleen has joined with other PCAs in the Virginia Association of Personal Care Assistants (VAPCA), a statewide professional association advocating for improvements in home care. VAPCA offers caregivers a voice to improve working conditions, reduce turnover, and build a stable workforce. According to Sherleen, "The Commonwealth of Virginia needs to understand that seniors and people with disabilities need access to a better quality of life, and lawmakers have an obligation to ensure people receive quality care in the setting they prefer, their home." She continues, "The only way that is possible is to make this a better job, with better pay, health insurance, and vacation time. Otherwise, caregivers like me will be forced to find another job."

For more information on the Virginia Association of Personal Care Assistants, please visit [www.virginiapca.org](http://www.virginiapca.org) or call, toll-free, 1-800-893-8343.

### **Alcohol and Other Drug Use in Older Adults**

#### **Alcohol and Aging Awareness Group**

Alcohol and medication misuse and mental health problems can be significant issues for older adults. Greater attention to these issues among older adults can greatly improve the quality of their lives. The Alcohol and Aging Awareness Group (AAAG) provides educational presentations for older adults and their family caregivers, as well as training sessions for health professionals and other service providers. Speakers presenting on this topic can inform lay audiences about how taking medications or having particular lifestyles can trigger unusual responses to alcohol and pose special risks in older adults. Training sessions of varying lengths (1–4 hours) can help medical professionals, as well as service providers in aging and mental health, gain confidence and comfort in addressing these problems and provide resources that help staff effectively screen and refer at-risk clients.

For more information about AAAG or available training, contact [education@abc.virginia.gov](mailto:education@abc.virginia.gov) or (804) 213-4445.

## Assistive Technology Recycling

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The Virginia Assistive Technology System (VATS) of the Virginia Department of Rehabilitative Services (DRS) has received federal funding to establish a statewide network of assistive technology recycling programs. "Assistive technology" means any item, piece of equipment, or product system that may be used by a person with a disability to perform specific tasks, improve functional capabilities, and become more independent. Some examples include manual and power wheelchairs, walkers, transfer benches, shower chairs, toilet seats, bedside commodes, hospital beds, and such low-tech devices as magnifiers for reading. The recycling programs receive donations of "gently used" devices and equipment from the public; sanitize, repair and refurbish these; and give the refurbished devices and equipment to individuals who have no public or private insurance, nor the resources with which to purchase what they need.

VATS is partnering with the Goodwill in Richmond, the Foundation for Rehabilitation Equipment and Endowment (FREE) in Roanoke, and the disAbility Resource Center in Fredericksburg. Each partner is responsible to start new programs in areas where there are none. There are currently 11 programs in operation, namely, the three partner programs, and eight others across Virginia in Culpeper, Fishersville/Staunton, Grundy, Lorton, Lynchburg, Martinsville, Petersburg, and Virginia Beach. This federal fiscal year DRS has

begun the program development process in Giles and Orange counties and Winchester, and will continue working with the existing programs to sustain their operations.

Jane Lively, the program director, reports, "We are finding that those who receive the equipment are able to avoid or delay institutional living (age-in-place), reduce emergency room and hospital visits, continue employment and education, and lessen the caregiver burden. This can be a new resource for seniors who are dealing with disabling conditions. One young man, who was the caregiver for his mother, was involved in an accident that resulted in the need for mobility aids, which he could not afford. He was referred to the program in Roanoke (FREE) and was given what he needed to continue his own independence and the care of his mom. Both would have ended up in a nursing home, if not for the equipment. This kind of thing is happening everywhere we have programs."

VATS asks your help in raising awareness about assistive technology and about what is being recycled and where. Also, tell VATS if you encounter someone who needs and could benefit from this recycling program. The central contact for the program is Jane Lively at VDRS in Richmond, (804) 726-1904 or [jane.lively@drs.virginia.gov](mailto:jane.lively@drs.virginia.gov).

Current local Assistive Technology Recycling sites, alphabetically by physical location, include:

### Equipment Connection Satellite Program

504 Culpeper Town Square  
Culpeper, VA 22701  
Phone: (800) 648-6324  
E-mail: [hamletm1@hotmail.com](mailto:hamletm1@hotmail.com)  
Contact: Mike Hamlet

### Staunton/Fishersville Collaborative Department of Rehabilitative Services

292 Woodrow Wilson Avenue  
Fishersville, VA 22939-1500  
E-mail: [george.drummond@drs.virginia.gov](mailto:george.drummond@drs.virginia.gov)  
Contact: George Drummond

### Equipment Connection disAbility Resource Center

409 Progress St.  
Fredericksburg, VA 22401  
Phone: (540) 373-2559  
Website: [www.cildrc.org](http://www.cildrc.org)  
Email: [hamletm1@hotmail.com](mailto:hamletm1@hotmail.com)  
Contact: Mike Hamlet

### Recycled Equipment and Devices Donated for Independence (REDDI)

Clinch Independent Living Services  
1139C Plaza Dr.  
Grundy, VA 24614  
Phone: (276) 935-6088  
Website: [www.cils-online.org](http://www.cils-online.org)  
Email: [cils@vzavenue.net](mailto:cils@vzavenue.net)  
Contact: Deborah Rose or William Hess

### FREE of Northern Virginia

Telegraph Self-Storage, Unit #1240  
8935 Telegraph Road  
Lorton, VA 22079  
Phone: (703) 532-3214, Ext. 105  
Email: [tmarsili@thearcofnova.org](mailto:tmarsili@thearcofnova.org)

**FREE Lynchburg**

2511 Memorial Ave., Ste 106

Lynchburg, VA 24501

Phone: (434) 846-3733

Website: [www.free-foundation.org](http://www.free-foundation.org)E-mail: [FREElynchburg@Verizon.net](mailto:FREElynchburg@Verizon.net)Net

Contact: Reggie Herndon

**FREE Martinsville/Henry County**

22 East Church St., Ste 206

Martinsville, VA 24112

Phone: (276) 632-2004

Website: [www.freemhc.org](http://www.freemhc.org)E-mail: [hbyrd@freemhc.org](mailto:hbyrd@freemhc.org)

Contact: Harry Byrd

**Goodwill of Central Virginia**

6301 Midlothian Turnpike

Richmond, VA 23225

Phone: (804) 521-4916

Website: [www.goodwillcva.org](http://www.goodwillcva.org)E-mail: [DCNelson@goodwillcva.org](mailto:DCNelson@goodwillcva.org)

Contact: David Nelson

**Foundation for Rehabilitation Equipment and Endowment (FREE Roanoke)**

2017 S. Jefferson Street

P.O. Box 8873

Roanoke, VA 24014

Phone: (540) 777-4929

Website: [www.free-foundation.org](http://www.free-foundation.org)E-Mail: [free1@ntelos.net](mailto:free1@ntelos.net)

Contact: Tracy Meador

**Goodwill of Central Virginia Petersburg Satellite**

(Contact information same as Goodwill of Central Virginia)

**Goodwill of Hampton Roads**

5565 Virginia Beach Boulevard

Virginia Beach, VA

Phone: (757) 248-9405, Ext. 319

Contact: Jim Jefferson

**Arthritis with Other Health Conditions: Co-morbidities and Collaborations**

Many older adults with one chronic condition like arthritis have additional chronic illnesses as well. Having more than one chronic condition is called “co-morbidity.” Co-morbidities can greatly complicate treatment and frustrate interventions.

Most people with diabetes and cardiovascular disease also have arthritis, which can complicate the management of their diabetes or heart disease. As examples, 56 % (213,000) of all Virginians with diabetes also have arthritis, a figure slightly above the nationwide state median of 52%; and 58% (211,000) of Virginians with heart disease also have arthritis, which is equal to the nationwide state median.

The presence of arthritis in people with diabetes or heart disease, for instance, may create a barrier to their adopting healthier lifestyles. Exercise and physical activity are generally recommended for people with diabetes and heart disease. However, pain is the major barrier to physical activity among people with arthritis. And so, people with diabetes or heart disease who also have arthritis may be reluctant to increase their physical activity for fear of increasing joint damage or pain.

Therefore, people with arthritis and these co-morbidities need specific guidance on types, duration, and frequency of physical activity that are appropriate for arthritis (Der Ananian et al., 2006; Wilcox et al.,

2006). They may also need to learn to moderate their activity in response to the cyclic nature of their disease. People with arthritis want to know that the physical activity is “safe” and prefer exercise classes led by people who understand arthritis (CDC, 2006).

The Virginia Arthritis Action Coalition (VAAC) and the Virginia Department of Health (VDH) echo the federal Centers for Disease Control (CDC) in suggesting that co-morbidities among Virginians invite cooperation among professionals and advocacy groups concerned with these different conditions (CDC, 2006). We and colleagues in the VAAC propose that these professionals and advocacy groups work together toward such common goals as increasing physical activity and/or reaching and maintaining a normal weight for their respective target populations, especially where co-morbidities are present. Agencies serving these populations might discuss, collaborate, and then activate the following strategies to increase their reach and effectiveness:

- Cross cutting evidence-based self-management education programs (such as the Chronic Disease Self-Management Program) and physical activity programs (such as EnhanceFitness), which have demonstrated improved health outcomes for people with all three conditions.
- Arthritis-specific self-management education programs (such as the Arthritis Self-Management Program and physical activity programs (such as the Arthritis Foundation Exercise Program and

Arthritis Foundation Aquatic Program), which have demonstrated improved health outcomes for people with arthritis, and can address the arthritis-specific concerns of people with arthritis and heart disease or diabetes.

- Mechanisms to provide arthritis information embedded in various diabetes or heart disease programs to reduce arthritis-specific barriers among people with diabetes or heart disease who also have arthritis.

We would like to suggest that colleagues across these different conditions meet to explore overlapping goals and shared interests. By working together, Heart Disease and Stroke Prevention Projects, Diabetes Prevention and Control Programs, and Arthritis Foundation Programs, for example, would help each other to meet their own goals, and would better meet the needs of Americans with these conditions. The Virginia Center on Aging invites leaders within these constituencies to meet and discuss opportunities for collaboration in 2008 and beyond. We would be pleased to host such meetings.

Chronic conditions tend not to occur in isolation. We should not, ourselves, maintain a “silo mentality.” Let’s explore how we can work together. If your organization would like to meet informally, or if you have contact information for a key stakeholder in such an initiative, please contact us at (804) 828-1525 or [eansello@vcu.edu](mailto:eansello@vcu.edu).

## References

Der Ananian, C., Wilcox, S., Saunders, R., Watkins, K., and

Evans, A. (2006). Factors that influence exercise among adults with arthritis in three activity levels.

*Preventing Chronic Disease*, 3, 1-15.

Wilcox, S., Der Ananian, C., Abbott, J., Vrazel, J., Ramsey, C., Sharpe, P. and Brady, T. (2006). Perceived exercise barriers, enablers, and benefits among exercising and nonexercising adults with arthritis: Results from a qualitative study. *Arthritis Care and Research*, 55, 616-27.

CDC. (October 2006). Listening to consumers: What do people with arthritis want? Unpublished report of focus groups.

## Leap into Learning with the LLI



This year is a Leap Year, giving all of us one more day than usual to learn and grow.

The Lifelong Learning Institute (LLI) in Chesterfield is just the place to make this happen, not just on February 29th but all year long.

The LLI is a member-supported organization for mid-life and older adults, ideal for those of us who wish to learn in a comfortable environment, whether the subject matter is something familiar or something we never got around to. The spring 2008 term (February-April) has over 80 courses, activities, and special events.

Designed for adults ages 50 and better, the LLI is a learning commu-

nity of peers who are committed to ongoing education, intellectual development, social engagement, and fun. The Institute develops and offers daytime courses, lectures, and special events on a wide range of topics. There are no exams, no credits, and no college degrees required. The program consists of spring, summer, and fall terms. Professors and other course leaders, who work without compensation, are well known, informed, and experienced professionals who enjoy sharing their knowledge and expertise.

The Lifelong Learning Institute (LLI) in Chesterfield is administered and operated by its volunteer members and its sponsors: the Virginia Center on Aging at Virginia Commonwealth University, Chesterfield County Public Schools, and Chesterfield County. The annual membership fee of \$100 per person allows individuals to participate in all of the courses, lectures, and planned social events available during their 12 months of membership. These tend to total about 150 or more opportunities over the year. Membership is for 12 months forward, so you can join at any time of the year.

The LLI offerings are organized within subject clusters, sometimes with a dozen courses and events being offered under that cluster in a single term. Current clusters include:

- Art, Music, Drama, and Dance
- Arts and Crafts
- Computers

*-Continued on page 17*

## COMMONWEALTH OF VIRGINIA

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

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#### DELAYED 2006-2007 FINAL PROJECT REPORTS FROM THE ALZHEIMER'S RESEARCH AWARD FUND

The Alzheimer's and Related Diseases Research Award Fund (ARDRAF) was established by the Virginia General Assembly in 1982 to stimulate innovative investigations into Alzheimer's disease (AD) and related disorders along a variety of avenues, such as the causes, epidemiology, diagnosis, and treatment of the disorder; public policy and the financing of care; and the social and psychological impacts of the disease upon the individual, family, and community.

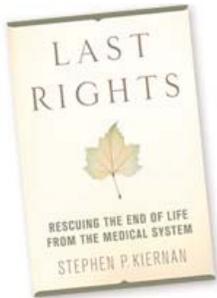
**Virginia Tech**      **Bradley G. Klein, Ph.D. (Department of Biomedical Sciences, College of Veterinary Medicine) and Jeffrey R. Bloomquist, Ph.D. (Department of Entomology) "Modulation of Cognitive Sequelae of Parkinsonism by Environmental Manganese: Implications for Dementia with Lewy Bodies"**

The principal aim of this study was to address whether environmental manganese can contribute to, or facilitate, the cognitive decline that has been observed in Parkinson's disease. Mesocortical and nigrostriatal dopaminergic pathways are respective potential neural substrates for such behavioral deficits, in a mouse model of the Lewy body disorder. The experimental work employed the MPTP (1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine) mouse model of the Lewy body disorder Parkinson's disease (PD) and was directed at identifying interactions between Mn and MPTP in behavioral and dopaminergic toxicity. The investigators provided substantial evidence for Mn/MPTP interactions in dopaminergic and behavioral toxicity. They demonstrated that these interactions occur in both motor and cognitive behavior and in respective dopaminergic neural substrates of these classes of behavior (e.g., nigrostriatal and mesocortical pathways). Support was furthermore provided for differential Mn/MPTP interactions in mesocortical vs. nigrostriatal dopaminergic pathways. These results have implications with respect to the underlying mechanisms of cognitive decline in another Lewy body disorder, Dementia with Lewy Bodies, the most common form of neurodegenerative dementia after AD. (*Dr. Klein can be reached at 540/231-7398; Dr. Bloomquist can be reached at 540/231-6129*)

**VCU**      **Dusan Bratko, Dr. Sci. (Department of Chemistry) "Computer Screening of Amyloidogenic Protein Variants"**

Ability to control or reverse protein aggregation is vital to the prevention or treatment of several neuropathological disorders including Alzheimer's, Parkinson's and amyotrophic lateral sclerosis. The impact of these diseases continues to motivate extensive investigations into the physics and chemistry of protein aggregation in search of key properties that can be modulated to suppress the process. These properties include environmental changes and sequence mutations that can often affect the ability of protein to aggregate. Systematic laboratory studies of a large number of protein variants and system conditions, however, are expensive and time consuming. Developing techniques for computer-assisted screening of potential mutations and varied solution conditions can significantly reduce necessary experimental efforts; moreover, molecular modeling provides essential microscopic insights that are not available through experiment alone. In the present research the investigator focused on the development of a novel computer simulation technique that combines the speed-up of multi-canonical computer sampling with the ability to study simultaneously a number of protein variants with similar sequences. The results confirm the feasibility of this new approach that will be developed further to enable a more efficient screening of polypeptide variants such as the mutants of the amyloid- $\beta$  peptide, closely associated with Alzheimer's disease. Molecular insights emerging from computer models are also instrumental in unveiling general physical principles of peptide assembly important for successful control of disease-related protein aggregation processes. (*Dr. Bratko can be reached at 804/828-1865*)

**The Community Partnership for Improved Long-term Care, Hospice of the Piedmont, and Central Virginia Palliative Care Initiative Present: "Last Rights"**

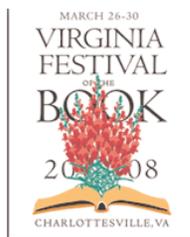


Mark your calendars for March 26, 2008 to attend the Virginia Festival of the Book presentation with Stephen Kiernan, nationally-known author and his innovative but realistic approach to end-of life care! This is an event of the Virginia Festival of the Book, Dickerson Auditorium, Piedmont Valley Community College, Charlottesville, at 2:00 p.m.

Based on hundreds of scientific research papers and more than 200 interviews, *Last Rights—Rescuing the End of Life from the Medical System*—tells the stories of people whose life ended badly for no good reason, as well as people whose last days were among the most meaningful and fulfilling in their lives. This book equips readers with tools so they can advocate effectively on behalf of loved ones and for themselves. Last Rights offers a hopeful and profound vision for patients, doctors, and families:

- A way to honor the dying during their greatest vulnerability
- A chance for families to reconnect
- An opportunity for the medical system to treat patients with ultimate respect
- A time to give comfort and compassion to those we most love

Visit [www.stephenkiernan.com](http://www.stephenkiernan.com) for more information about the author and his book.



*The Community Partnership for Improved Long Term Care is an initiative of the Legal Aid Justice Center, 1000 Preston Ave. Suite A, Charlottesville, VA 22903, 434-977-0553 or toll free 1-800-578-8111. Claire E. Curry is the attorney responsible for this publication.*

**LLI, continued from page 15**

- Economics and Finance
- English Literature, Poetry, and Great Books
- Fitness
- Health and Wellness
- History, Science, and International Studies
- Languages
- Leisure Activities
- Philosophy and Religious Studies
- Weekly Group Activities
- Special Events

Here's a sampling of LLI courses and events during spring 2008:

**Comparative Mythology: Native American Mythology**

Mondays, February 4 through April 21, 11:00 am – 12:00 pm

**Vodka & Chianti: Russian and Italian Operatic Masterworks**

Tuesdays, February 12, 19, 26, March 4. 11:00 am - 12:30 pm

**Hearing as We Age: Basics, Remediation, Improving Communication**

Tuesdays, February 19, March 18, and April 15, 9:00 am – 10:30 am

**Women's Roles in Civil War History**

Thursday, March 6, 11:00 am – 12:30 pm

For more information about the LLI in Chesterfield, contact Monica Hughes at (804) 378-2527 or at [info@llichesterfield.org](mailto:info@llichesterfield.org). The LLI's website is [www.llichesterfield.org](http://www.llichesterfield.org).

## Calendar of Events

### February 9, 2008

*Seventh Annual Reagan Birthday Bash.* Presented by Nicole Riley and Young Adults for Alzheimer's Awareness! to benefit the Alzheimer's Association - Greater Richmond Chapter. Colony Club, Richmond. For information, call Alyssa McBride at (804) 967-2581.

### February 21-24, 2008

*34th Annual Meeting and Educational Conference of the Association for Gerontology in Higher Education (AGHE).* Renaissance Harborplace Hotel, Baltimore, MD. For information, call AGHE at (202) 289-9806 or visit [www.aghe.org](http://www.aghe.org).

### February 21-23, 2008

*Advancing Technology and Services to Promote Quality of Life.* International Conference on Aging, Disability and Independence. St. Petersburg, FL. For information, call Jeffrey Loomis at (352) 273-5216 or visit [www.icadi.phhp.ufl.edu/index.php](http://www.icadi.phhp.ufl.edu/index.php).

### March 11, 2008

*Virginia Alzheimer's Disease and Related Disorders Commission meeting.* Open to the public. Virginia Department for the Aging, Richmond. 10:00 a.m. - 2:00 p.m. For information, call Bill Peterson at (804) 662-9325.

### March 12, 2008

*Annual Meeting for the New River Agency on Aging.* Claytor Lake State Park. For information, call Susan Helms at (540) 980-7879.

### March 13, 2008

*Senior Source Magazine's Third Annual Case Managers and Social Workers Appreciation Luncheon.* Enjoy an afternoon with your

Richmond area case managers and social workers. For information, call Amy Taylor at (804) 514-7363.

### March 13, 2008

*Finding Common Ground, Regional Housing Conference.* Covenant Church, 1025 East Rio Road, Charlottesville, 8:30 to 4:30. For information, call (434) 979-7310 or [info@tjpd.org](mailto:info@tjpd.org).

### March 26-30, 2008

*Aging in America.* 2008 Conference of the National Council on Aging and the American Society on Aging. Washington, DC. For information, contact customer service at (415) 974-9675 or visit [www.agingconference.org](http://www.agingconference.org).

### April 7-8, 2008

*Joint Annual Conference sponsored by the Virginia Guardianship Association and Virginia Elder Rights Association.* Sheraton West Hotel, Richmond. For information, contact [joyduke@msn.com](mailto:joyduke@msn.com) or (804) 261-4046.

### April 11-13, 2008

*Something Old, Something New.* 19th Annual Virginia Geriatrics Conference. Williamsburg Lodge, Williamsburg. For information, call Dr. Peter Boling at (804) 828-5323 or [paboling@mcvh-vcu.edu](mailto:paboling@mcvh-vcu.edu).

### April 17-20, 2008

*Gerontology at the Cutting Edge.* 29th Annual Meeting of the Southern Gerontological Society, Atlanta Sheraton Hotel, Atlanta, GA. For information, call Lora Gage at (239) 541-2011 or [LGage4SGS@aol.com](mailto:LGage4SGS@aol.com)

### April 30, 2008

*A Round to Remember.* Annual Golf Tournament benefits the

Alzheimer's Association - Greater Richmond Chapter. Royal New Kent and the Golf Club at Brickshire, Providence Forge. For information, contact (804) 967-2580.

### May 29-30, 2008

*14th Annual Conference of the Virginia Coalition for the Prevention of Elder Abuse.* Virginia Beach Resort and Conference Center. For information, call Ed Ansello at (804) 828-1525 or [eansello@vcu.edu](mailto:eansello@vcu.edu).

### June 9, 2008

*Choices: The Future Is Now* (tentative title). Annual conference presented by the Area Planning and Services Committee for Aging with Lifelong Disabilities. Holiday Inn Koger Center, 10800 Midlothian Turnpike, Richmond. For information, call Ed Ansello at (804) 828-1525 or [eansello@vcu.edu](mailto:eansello@vcu.edu).

#### **Age in Action**

Volume 24 Number 1  
Winter 2008

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

**Linda Nablo**  
Commissioner, VDA

**Kimberly S. Ivey, M.S.**  
Editor

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

**Spring 2008 Issue Deadline:  
March 15, 2008**

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at Virginia Commonwealth University, Richmond, Virginia.

[www.vcu.edu/vcoa](http://www.vcu.edu/vcoa)

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[www.vda.virginia.gov](http://www.vda.virginia.gov)

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**Cost:** \$50.00 a day or \$90.00 for two days, including meals.

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