

## Case Study

### The Lifelong Learning Institute in Chesterfield: Ten Years of Growing

by Edward F. Ansello, Ph.D.  
and Monica Hughes

#### Educational Objectives

1. To review changes in patterns of continuing learning and non-traditional education.
2. To profile membership and their interests in lifelong learning.
3. To highlight the development of the Lifelong Learning Institute of Chesterfield as a possible model for replication.

#### Background: Lifelong Learning

The late 20th century challenged the concept that education was a one-time inoculation against ignorance administered early in life. Institutions of higher education came late to this realization, continuing to marginalize older learners in favor of the practice of recruiting and, at times, competing to enroll young adults directly from high school (Ansello, 1982). Even through the 1980s, colleges and

universities maintained emphases on for-credit classes and scheduled non-credit classes, those that might be taken just for the sake of learning, at times and places that were inconvenient for "non-traditional" learners. The recession of the early 1990s which brought drops in enrollments helped, as noted by Stephan et al. (2004), to make older adults more attractive recruitment targets for "many public institutions of higher education seeking to bolster their enrollments and corresponding full time equivalent (FTE) appropriations from government. However, these older learners often (had to) satisfy all the prerequisite academic education, class attendance, exams, and papers required for credit coursework."

Lifelong learning was soon embraced in the United States, Europe, and elsewhere by business and industry as "career-long" learning, maintaining a practical purpose to the learning undertaken by mid-life and older adults (Dunkin, 2012). Alternative forms of learning emerged during this time and some initiatives, such as the Institute for Learning in Retirement (ILR) that began in 1962 at the New School

for Social Research in New York City, gained enough traction to serve as models of learning through the life course that were detached from work or career. Elderhostel, Inc. began as the brain child of two iconoclasts (Marty Knowlton, an educator, and David Bianco, a university administrator) who wished to offer older adults academically-based continuing opportunities to learn. Their experiment began modestly in 1975 with five colleges and universities in New Hampshire; they enrolled 220 older adults who stayed in college dormitories during the vacant summer period in order to reignite their love of learning that had been interrupted by the Depression and World War II. In a decade, Elderhostel grew to become an international program with 100,000 participants. In 2010, Elderhostel, Inc. formally changed its name to Road Scholar, to emphasize both the travel and educational components of its programs.

#### Lifelong Learning Institutes

In 1988, 30 ILRs joined with Elderhostel, Inc., to form the Elderhostel Institute Network, later renamed the

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Road Scholar Institute Network, (RSIN), a non-profit association that draws on its members' experiences to help establish new institutes and to reinforce existing ones. The RSIN model is academically-centered, member-driven, and community-based, seeking to capitalize on the life skills and knowledge of its members and respond to the specific interests and needs of the community in which it operates. Members chair committees that shape the organization, from curriculum development to member services. Today there are about 400 Lifelong Learning Institutes (LLIs) modeled on the RSIN, including the LLI of Chesterfield. The Bernard Osher Foundation supports 117 Osher Institutes for mature adults on university and college campuses, with at least one in every state, each site having "a diverse repertoire of intellectually stimulating courses" (Bernard Osher Foundation, 2013).

### **The Lifelong Learning Institute in Chesterfield County**

Stephan et al. (2004) noted, as follows, the developmental stages of this LLI. (She and Ed Ansello of the Virginia Center on Aging first met with Debbie Leidheiser and Don Simpson of Brandermill Woods to explore the process and the four were the principals in its formation. Debbie would become the LLI's first Executive Director, guiding it until August 2007. She was succeeded by Monica Hughes):

*In October 2002, the Brandermill Woods Retirement Community Foundation and the Virginia Center on Aging at Virginia Commonwealth University, the only university-based Elderhostel affiliate in*

*the Greater Richmond area, began to explore co-sponsoring a lifelong learning institute in Chesterfield County. The two organizations had met previously to discuss staff training and existing resources, but this was a substantial evolution in the relationship. Brandermill Woods is a retirement community with a foundation board that wished to provide lifelong learning opportunities for its own residents and for the broader community, as well. The Foundation had already conducted a survey of its residents, with an overwhelming response in favor of academic educational programs with peer groups in the community. Significantly, two residents of the Brandermill Woods Retirement Community had previously been involved in LLIs, one at Kingsport, Tennessee and the other at George Mason University in Virginia. These residents spurred Brandermill's action.*

*The Brandermill Woods-VCoA collaborative sponsorship generated direct support and assistance from a number of agencies, businesses, faith communities, and other groups to bring the dream of an LLI to fruition. Chesterfield County government was particularly interested in the project, for it was just completing a long range study that predicted, among other things, a rapidly increasing senior population; the Chesterfield County Administrator and the Board of Supervisors viewed the project as a benefit to the county. Chesterfield County Schools offered the use of an old school building that was vacant during the day and the Board of Supervisors designated funds for its refurbishment. This donation kicked the project into high gear.*

*The Brandermill Woods-VCoA sponsors formed a Steering Committee, composed of representatives from the two sponsors, local men's groups, county and school administration, adult education providers, church officials, local senior groups, neighboring John Tyler Community College, local media, the Senior Advocate, retired VCU professors, and Brandermill Woods residents. Local Rotary groups contributed funds and also helped with repair and painting inside the school.*

Two Boy Scouts chose the property for their Eagle projects, one landscaping the yard and the other renovating three partitioned rooms into one large assembly area. Committees formed to address membership, curriculum development, fundraising, instructor recruitment, and public relations. The LLI in Chesterfield launched with a formal ribbon cutting ceremony in December, 2003, that featured county



L to R: Jack Davis (Brandermill Retired Men's Club), Dr. Billy Cannaday (Superintendent of Chesterfield County Public Schools), Beth Davis (Chairwoman of Chesterfield County School Board), Art Warren (Chairman, Board of Supervisors), Debbie Leidheiser (Brandermill Woods), Jane Stephan (VCoA), Ed Moldof (Chairman of Steering Committee, LLI), and, behind him, Don Simpson (Brandermill Woods). Photo by Ed Ansello.

officials, representatives from the two original sponsoring organizations, and community residents who had chaired the committees and guided the planning processes. The LLI began offerings in March 2004, with 17 classes in subjects such as science, criminal justice, computers, economics and finance, languages, the Great Books, health, philosophy and religious studies, and art.

### **Operations Today**

Consistent with the philosophy of the RSIN and the LLI movement, academic quality classes rather than games or recreation are the foundation, and members drive every aspect of the LLI in Chesterfield. There is a palpable sense that members own this institute. There are committees on Budget and Finance, Community Outreach, Curriculum, Facilities, Fundraising, Library, Publicity and Membership, Social, Trips, and more, each composed of LLI members. Members have volunteered to upgrade the programs and capacity of the LLI's office computers; to streamline the registration process; to attend and, at times, to testify before county budget meetings; to raise awareness of needs in the community, such as spearheading a coat drive or hosting Thanksgiving dinners each year within the facility. The Board of Directors of this LLI includes members elected by fellow members and representatives from partnering institutions in higher education, health care, the county school system, banking, law, and communities of faith. The LLI Board meets monthly throughout the year to respond to the inevitable issues that arise with a vibrant facility that has

hundreds in its halls every day and is increasingly recognized throughout the county. During 2013, the LLI hired a part-time Volunteer Coordinator to help manage the generous outpouring of help offered by LLI members.

Although the LLI is a bustling place, person to person interactions define it. A typical day finds staff and instructors making time to answer a question, listen to a story, or continue a discussion from a recent class. Outside the office, directional signs point the way to the day's courses and activities, while "buddies" wait for newly registered peers to arrive to make sure they find their way comfortably. Classroom spaces at a premium, students chat as they wait on the benches in the hallways for their course start time. Often music can be heard as students fit in an aerobic workout before heading off to class. Other days, the music is accompanied by the tapping of shoes in a dance class or interspersed with a music history lecture. Down in the art room, students might be carving a hound dog, learning about composition for an upcoming painting, or be up to their elbows in clay. Staff and volunteers prepare the laptop computers for a class in one space and reconfigure the desk setup in another to better facilitate an upcoming discussion series. Chairs are filled to the back of the room, accommodating an overflow of students in an American History lecture, while an instructor in another room hangs a poster in Spanish in preparation for her language class later in the day.

The interests and personal goals of the membership are as diverse as

their life experiences. Creating a program that unlocks their curiosities and nourishes their passions must begin with the students themselves. The first step is to provide continuous opportunities for members to evaluate LLI's courses. The Curriculum Committee then employs the feedback to develop a balance of offerings across the curriculum. Keeping the focus on the academic core, the Committee adds fitness, social, and creative activities to round out the program. Understanding that we often limit ourselves to the familiar, the Committee explores ways of taking students from one academic area across the various subjects. The LLI encourages students to share their own experiences and knowledge through teaching, where appropriate. When members cannot fill instructor roles, the committee reaches out to the community, beginning with the LLI's partners. This ongoing process culminates three times each year in the publication of the course catalog. Students make their course selections with the release of each new catalog, but are welcome to add additional classes, where capacity is available, at any time. By utilizing a flat membership fee and holding classes in a familiar space, the LLI offers an environment for students to try new things with little personal risk.

Developing relationships doesn't happen just within the building's walls nor only between individuals. Connections with the larger community manifest in ways sometimes unexpected. Opportunities for talks with local college students or tutoring from high school language students prove mutually beneficial.

Professionals and local service providers often bring their expertise to the classroom; but the reverse is also true: LLI members are invited to take their learning out into the community for true hands applications. Networking provides a format for discovering the needs of local programs and LLI members may respond together to assist.

At the same time, both the County Board of Supervisors and the School System have recognized the pivotal role that the LLI is playing in the lives of so many older residents (for example, LLI members come from 28 different zip codes). The Board has continued to appropriate a modest appropriation to provide a base and has financed a paved and lighted parking lot; and the School System has instituted repairs and renovations to the physical plant that include new dropped ceiling, an automatic front doorway for handicapped access, upgrades to interior lighting and flooring, a ceiling-mounted LCD projector in the auditorium, new sidewalks and exterior signage, painting, and landscaping, and quite a bit more. The LLI has purchased a new stage curtain and black-out blinds to enhance presentations in the auditorium. These collectively have helped to transform a vacant school from the 1930s into a warm home for LLI members.

As the LLI celebrates its tenth anniversary, it now embraces over 750 members and 265 instructors. Since that launch in spring 2004 with 17 courses, the range of classes and subject matter has grown significantly: in calendar 2013, this LLI offered 463 courses, lectures, and events (not including special

"additional social events") that generated 12,070 registrations over three terms, resulting in 78,529 total classroom hours.

Growth in membership presents its own challenges. The physical facility sits in a residential neighborhood, so parking is sometimes an issue. The building pre-dates ADA compliance regulations, so part of it is minimally accessible by members with physical impairments. Class fill rates have to be constantly monitored and assignments to the classrooms are sometimes changed daily when individuals who use wheelchairs sign up for courses. With only six modest-sized classrooms and one auditorium that seats about 60, the growing membership numbers have triggered long-term planning within the board in order to accommodate learners' interests and to maintain high standards for quality.

### **Case Studies**

(The following composite cases incorporate aspects of different members and are meant collectively to represent the range of involved members in this LLI.)

Joe W. is in his mid-70s. With a business degree and two decades of small business ownership, he found himself feeling void of a personal identity or significant purpose once he retired. He and his wife almost accidentally discovered the Life-long Learning Institute in Chesterfield when they visited it out of curiosity. Initially participating in financial and wellness courses together, Joe soon realized that he found the most enjoyment by joining in conversation with others

involved in local, national, and international current events discussion groups. Participating in these discussion courses further sparked an interest in exploring history, cultural geography, and anthropology. Delving into historical decisions and the motivations behind them brought new perspective to modern world happenings for Joe. Listening to the opinions and ideas of others with varied experiences has challenged him to examine and understand his own viewpoints. It has also spurred an interest in exploring his own family history. While this research is still in its infancy, he is looking forward to discovering more about his ancestry using tools he learns in the genealogy courses. Feeling the desire to give back to the LLI community, Joe has brought his business leadership experience to the classroom format he most enjoys by occasionally facilitating topical discussions.

Mary J., after finishing the full time job of raising her family, worked in a few part-time positions outside the home. In her early 60s she suddenly and quite unexpectedly found herself alone after her husband's fatal illness. Having poured everything she had into her family and then caretaking for her husband, she spent most of her time tinkering around the house. Her daughter, recognizing that her mother deserved (and needed) to do something for herself, gave her the gift of a year's membership in the LLI. Mary began by participating in "a little bit of everything," exploring a sampling of classes that piqued her interest. Participating in the Great Books course helped her discover writing styles previously unknown to her and sparked her own creativi-

ty. Venturing into a poetry course, a storytelling course, and a memoirs course, among others, Mary began authoring her own short stories. She has discovered the thrill of having some of her own writing published in creative writing publications. Her love of reading and writing has led her to assist in the LLI library, helping others discover new authors and genres and helping keep the library in order. The possibility of exposure to new experiences now drives her to read the course catalog from front to back in order not to overlook something that might become a new passion. Her family reports that the Lifelong Learning Institute revived their mother's life and, in doing so, changed theirs.

Ruth S. came to the LLI to teach. Retired for a few years from a career in education and now in her late 60s, she realized that she missed the classroom environment. In her first class at the LLI, she encountered curious and highly engaged adult learners and was immediately energized. The students discussed, challenged, and engaged in ways she had not encountered in some time. Few were silent in discussions. They were learners. Ruth found herself conducting more research to prepare for each class and began to investigate ways of offering additional course topics. The process also stimulated a desire to broaden her own learning, so she has enrolled in an International Language course.

## Conclusion

We continue to grow through the life course and this growth is increasingly heterogeneous. We

become less like our age mates as we age. As noted, education and learning are no longer considered the province only of children and young adults, nor is lifelong learning strictly practical and career-focused. Lifelong Learning Institutes, therefore, offer a rich menu of opportunities for mid-life and older adults, from a core of academic quality courses to complementary social, recreational, and health-related activities.

An LLI can present opportunities for self-growth, contributions to others, recognition for skills and expertise, self-efficacy, social engagement, improved sense of well being, and more (Hammond, 2004). Moreover, being an organization of older learners for older learners, an LLI presents chances not only to learn, but also to teach, chair committees, organize social events, take advantage of spontaneous learning experiences, and help ensure the continuity of the institute itself. We conclude with wording given by Stephan et al, (2004): "Moody (1997) includes lifelong learning and late-life creativity as important components in 'conscious aging,' the fuller realization of, or at least the attempt at, understanding the meaning of one's later years. Cohen (2000) suggests that the lifelong learning experience can nurture inner creativity to enrich and transform our lives. LLIs also offer the opportunity for the participant to contribute to something greater than oneself. The community usually benefits when an LLI emerges."

## Study Questions

1. How has the concept of lifelong

learning evolved since the 1980s?  
2. What are key elements in developing a successful lifelong learning institute?  
3. List some actions that older learners can take as learners and as managers in their LLI.

## References

- Ansello, E.F. (1982). Mature adult learners and the need to know. *Contemporary Educational Psychology*, 7(2), 139-151.
- Bernard Osher Foundation. (2013). Accessed January 9, 2014 at [www.osherfoundation.org/index.php?olli](http://www.osherfoundation.org/index.php?olli).
- Cohen, G.D. (2000). *The creative age: Awakening human potential in the second half of life*. New York: Avon Books.
- Dunkin, R. (2012). Lifelong learning: How far have we come? In Aspin, D.N, Chapman, J., Evans, K., & Bagnall, R. (Eds.) *Second International Handbook of Lifelong Learning (Springer International Handbooks of Education)*, (pp. 597-611). London: Springer.
- Hammond, C. (2004). Impacts of lifelong learning upon emotional resilience, psychological and mental health: fieldwork evidence. *Oxford Review of Education*, 30(4), 551-568.
- Moody, H.R. (1997). *The five stages of the soul*. New York: Doubleday Anchor Books.
- Stephan, J. F., Leidheiser, D., & Ansello, E.F. (2004). Mental fitness and the lifelong learning movement. *Age in Action*, 19(2), 1-4.

## About the Authors



Edward F. Ansello is Director of the Virginia Center on Aging. While at the University of Maryland Center on Aging,

Ed invited Elderhostel's co-creator Marty Knowlton to campus in 1977 to discuss the promise and practice of this new enterprise and thereafter began hosting Elderhostel at the university in 1978.



Monica Hughes is Executive Director of the Lifelong Learning Institute in Chesterfield. She has held an array of positions,

ranging from teacher to master scheduling analyst to Minister for Christian Formation. She has a love for Lifelong Learners and gains the most personal satisfaction when she helps others discover a new passion.

Visit this LLI's website at [www.llichesterfield.org](http://www.llichesterfield.org).

## Editorials

### From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

#### *The Healthy Brain Initiative*

Cognitive health is being recognized increasingly as a vital part of overall health and central to aging well. Cognition refers to such brain functions as attention, memory, thought, judgment, perception, and executive function, that is, conceiving a plan and being able to identify the tasks necessary to accomplish it. These abilities enable us to live as functioning humans rather than as reactive creatures. With so much on the line, as it were, it is remarkable that cognitive impairment fails to be recognized and diagnosed in about two-thirds of cases where community-dwelling adults meet the clinical criteria for Alzheimer's disease or other dementias. Moreover, about 80% of people with "confusion or memory loss that is happening more often or is getting worse" fail to report this to a healthcare provider. How can this be? The reasons are several.

The average person is too often unaware of the signs of cognitive impairment. And if someone suspects that he has it, the dread associated with this irreversible condition stymies action. For some, I suspect, the "unnamed" is less frightening than the named.

Enter the Centers for Disease Control and Prevention (CDC), which initiated the Healthy Brain Initiative in 2005, partnering with the Alzheimer's Association, AARP,

NIH, and other public and private entities. They spent 18 months working to identify paths to better cognitive health for the population. The result was *The Healthy Brain Initiative: A National Public Health Road Map to Maintaining Cognitive Health*, published jointly by the CDC and the Alzheimer's Association in 2007. This publication gave a framework for translating science to practice in public health, emphasizing primary prevention and broad scale public education. Public health refers to the well being of the overall population rather than to a specific individual case.

Now, spurred by the recent federally funded National Alzheimer's Project Act of 2011 which called for a coordinated, national strategic plan, the CDC and Alzheimer's Association have revisited the Road Map to give it more specific action steps, with particular focus on the role that state and local public health agencies can play to improve cognitive health and to recognize and report cognitive impairment. The result is *The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013-2018*.

The new Road Map benefited in its development from the thoughtful insights of many who were called to advise, including Virginia's own Ellen Nau, and Drs. Dick Lindsay and Joseph Hoyle.

The overall intent of the Healthy Brain Initiative is, according to this new Road Map for state and national partnerships, "to better understand the public health burden of cognitive impairment through surveillance; build a strong evidence

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base for policy, communication, and programmatic interventions for improving cognitive health; and translate that foundation into effective public health practice in states and communities." (p. 9)

At the same time, the Road Map recognizes the critical role that family caregivers have undertaken in the vast majority of situations where dementia is present. And so, the Road Map addresses caregiver burden and public health strategies to ameliorate or prevent it. This new Road Map outlines how state and local public health agencies and their partners can promote cognitive functioning, address cognitive impairment for individuals living in the community, and help meet the needs of "care partners," the document's term that acknowledges our reliance on family caregivers.

The Road Map offers action steps within what the authors call the four traditional domains of public health: 1) Monitor and evaluate, 2) Educate and empower the nation, 3) Develop policy and mobilize partnerships, and 4) Assure a competent workforce. The CDC and Alzheimer's Association encourage public health agencies and private partners from the non-profit and governmental sectors across the country and within state and local levels to work together to develop steps for these four domains, as they best fit their needs, strategic plans, and capabilities.

The Road Map reflects the work of committees and contributors who generated and refined suggested action steps to improve cognitive health and address cognitive impairment. This group ultimately

produced 35 action steps that are spread among the four public health domains of monitoring, educating, developing policy, and building a competent workforce. Each can serve as a check list for public health, aging, disabilities, and other agencies to gauge their current state of readiness or intervention. Virginia has already accomplished several of these actions; how does your jurisdiction fare?

Because of space limitations, we will list just a few under each domain. The web address to access the full 58-page Road Map is at the end.

**Monitor.** There are 13 action steps that seek to help us Monitor and Evaluate cognitive health and cognitive impairment. (Surveillance refers to on-going collection and analysis of population-level health-related data.) These include:

- Implement the Behavioral Risk Factor Surveillance System's cognitive impairment and caregiver modules (a standardized national survey to which individual states may add a limited number of questions).

- Use surveillance data to enhance awareness and action in public health programming (e.g., link Behavioral Risk Factor Surveillance System questions on cognition to health-related quality of life or falls prevention).

- Define the needs of caregivers and persons with dementia, including Alzheimer's disease and younger onset, as they relate to employment and employers.

- Examine the Chronic Disease Self-

Management Program and other evidence-based programs to determine their ability to include persons with dementia and their care partners.

**Educate.** There are 10 actions intended to Educate and Empower the Nation. These include:

- Identify and promote culturally appropriate strategies designed to increase public awareness about dementia, including Alzheimer's disease, to reduce conflicting messages, decrease stigma, and promote early diagnosis.

- Develop strategies to promote the availability of services for people with younger-onset dementia, including Alzheimer's disease.

- Promote awareness of abuse and exploitation and support related prevention efforts as they relate to persons with dementia, including Alzheimer's disease.

- Promote advance care planning and advance financial planning to care partners, families, and individuals with dementia in the early stages before function declines.

**Policy.** There are five action steps to Develop Policy and Mobilize Partnerships, including:

- Collaborate in the development, implementation, and maintenance of state Alzheimer's disease plans.

- Integrate cognitive health and impairment into state and local government plans (e.g., aging, coordinated chronic disease, emergency preparedness, falls, and transportation plans).

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**Workforce.** The Road Map suggests seven action to Assure a Competent Workforce to strengthen cognitive health and confront (identify and treat) cognitive impairment. These include:

-Support continuing education efforts that improve healthcare providers' ability to recognize early signs of dementia, including Alzheimer's disease, and to offer counseling to individuals and their care partners.

-Develop strategies to help ensure that healthcare professionals recognize the role of care partners in the care coordination of persons with dementia, including Alzheimer's disease.

-Educate healthcare providers about validated cognitive assessment tools that could be administered in such settings as physicians' offices, clinics, emergency rooms, and acute care hospitals' admission offices.

-Increase awareness among healthcare professionals about care partner health.

As with all road maps or blueprints, local or regional characteristics and histories may alter which actions are undertaken and when. It is in our own self-interest and the interests of those we care about, that some actions be started. This is the only way that the feared and the unnamed can become the known and treated.

To access a copy of this new Road Map, go to: [www.cdc.gov/aging/healthybrain/roadmap.htm](http://www.cdc.gov/aging/healthybrain/roadmap.htm).

## From the Commissioner, Virginia Department for Aging and Rehabilitative Services

Jim Rothrock

### *A Reflection on the Times*

As I write on this first day of the New Year 2014, the timing offers a nice opportunity to look into the future of the aging and disability network of services, a network that offers a wide array, from nursing homes to community based options. But before leaping too quickly into the New Year, it would be wise to evaluate the status as 2013 ended.

In a hotly contested election, Terry McAuliffe prevailed and is our new Governor. His predecessor, Bob McDonnell, who served as an advocate and supporter of many of our goals, left behind a budget that offers promise.

McDonnell proposed a budget that the General Assembly will consider during its new session which has several positive impacts on our agency, DARS, and other state agencies serving our constituents.

In the DARS section of McDonnell's budget there were the following key items:

- \$1.2 million to replace federal cuts due to Sequestration for nutrition programs through our Triple A network
- Just under \$100,000 to adjust the funding for our important Guardianship program
- \$150,000 for Brain Injury com-

munity programming.

Other key items in the budget at other agencies included:

- Increased funding for the Department for the Blind and Vision Impaired (DBVI) for its Independent Living Services (\$150,000)
- Increased number of waiver slots, critical to Virginia's response to the DOJ mandate that requires a shift toward community programming
- Expanded funds for Mental Health services

These will be critical additions to our efforts, but, as we all know, the sheer demographic increases and the related needs for program supports in our communities continue to grow in advance of the budget curve.

Governor-Elect McAuliffe showed during December many signs that auger well for our readership. For example, his approach to Medicaid expansion may be a big positive step, but it will depend on both federal and state efforts still being in play. Each Governor has so many competing issues to deal with and each relies on key leaders to offer advice. The Transition time he created offered an opportunity to look to the future. Included in McAuliffe's Transition initiative is a work group focusing on Long Term Care needs. Led by The Honorable Jane Woods and David DeBiasi of AARP, and staffed by Bill Murray and Anna James, this group has called on the relevant agencies, included a wide array of advocates and experts, and is offering to the new Governor a wide menu of proposals. Governor-Elect McAuliffe attended this group's last meeting



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and noted his awareness of and interest in Age Wave issues and his commitment to develop strategies to address them. Time will tell as to the success of his intentions and there are so many variables that will factor in, but a very good start has been realized.

As always, solid advocacy from the readers of *Age in Action* will be critical. Although I do not consider myself much of an expert, I have participated in many sessions of our legislative process; I would offer our readership the following points to ponder. Success is realized when:

Advocates communicate with other advocates, understanding each other's issues and seeing where collaboration can be conducted, thereby increasing the overall *voice*.

Stories are told to legislators to show how policy matters. Demonstrate what the problems and the solutions are and always have a *face* present in the legislators' minds as they consider options, of which there are many.

There is continuity. Establish *ongoing* contact with both members and staff; comment upon and remind them of the timing of key votes related to your issue, other important issues, and budgetary matters that may come up, sometimes unexpectedly.

Advocates express appreciation for efforts to support their causes and provide feedback when votes do not go in the desired direction. *Thank you's* are important.

It will always be a vital time of year when citizens can voice their con-

cerns and shape policy by employing successful advocacy efforts. More and more publications acknowledge the Age Wave and issues are identified at both the federal and state levels, but grass roots advocacy is always at the core of any efforts that offer improvements in the end for the services we all will need at some time in our lives.

As Nike's famous marketing campaign states, it is time to "Just Do It." Happy 2014.

### 2014 VDARS Meeting Calendar

#### Commonwealth Council on Aging

(Wednesdays)

April 9, 2014

July 9, 2014

September 24, 2014

#### Alzheimer's Disease and Related Disorders Commission

(Tuesdays)

March 25, 2014

May 20, 2014

August 5, 2014

December 2, 2014

#### Public Guardian and Conservator Advisory Board

(Thursdays)

March 20, 2014

June 12, 2014

September 18, 2014

November 20, 2014

For more information about these meetings, call (800) 552-5019 or visit <http://vda.virginia.gov/boards.asp>.

## Commonwealth Council on Aging Seeks Nominations for 2014 Best Practice Awards

The Commonwealth Council on Aging sponsors the 2014 Best Practices Award Program, funded in part by Dominion Power, targeted to organizations serving older Virginians and their families. As we struggle to meet the challenges of serving a rapidly aging population during a time of budget cuts and growing demand, we need to share our best practices and applaud our successes. Instructions, nomination forms, and information on previous winners are on the Council's website, [vda.virginia.gov/council.asp](http://vda.virginia.gov/council.asp). **Nominations must be received by March 3, 2014.**

This is the ninth year of the Best Practices Award Program and the Council is pleased to offer monetary awards to the top winners: The first place program will receive \$5,000; second place, \$3,000; and third place, \$2,000. The Council will also recognize three honorable mention programs.

The awards will echo the message to develop and support programs and services that assist older adults to Age in the Community. This invites an opportunity to recognize creativity in services that foster "Livable Communities" and/or "Home and Community Based Supports" - from transportation to housing, from caregiver support to intergenerational programming. We believe the door is wide open for creative best practices.

## COMMONWEALTH OF VIRGINIA

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

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#### 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 \$45,000 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 in Virginia.
- Schedule:** By March 3, 2014, prospective applicants are required to submit a non-binding letter of intent that includes a descriptive project title, contact information for the principal investigator, the identities of other personnel and participating institutions, a non-technical abstract, and 4-5 sentence description of the project in common, everyday language for press release purposes. Letters on letterhead with signature affixed will be accepted electronically. Applications (hard copy sent by carriers who date stamp on or before the due date required, with an electronic copy also e-mailed *on or before the due date*) will be accepted through the close of business April 1, 2014, and applicants will be notified by June 20, 2014. The funding period begins July 1, 2014 and projects must be completed by June 30, 2015.
- 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 found at [www.sahp.vcu.edu/vcoa/program/alzheimers.html](http://www.sahp.vcu.edu/vcoa/program/alzheimers.html) or by contacting:

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## Don't Sit. Be Fit.



A large scale longitudinal study of 93,000 post-menopausal women reveals real dangers from prolonged sitting or what might be called a "set-entary" life style. Melissa Osgood of the Cornell University Media Relations Office issued a news release through *Eurekalert* of the American Association for the Advancement of Science that summarizes research by nutritional scientist Rebecca Seguin, Ph.D. Excerpts follow.

Dr. Seguin, an Assistant Professor in the Division of Nutritional Sciences in Cornell's College of Human Ecology, is principal investigator of the Strong Women Healthy Hearts Follow-up Study and a Certified Strength and Condition Specialist (CSCS) who develops exercise programs for both healthy older adults and those with chronic conditions like diabetes cardiovascular disease, and osteoporosis.

She and her co-authors studied the effects of sedentary time (defined as sitting and resting, but excluding sleeping) on women's mortality rates. Their study, "Sedentary Behavior and Mortality in Older Women," was published online January 7th in the *American Journal of Preventive Medicine*.

They report that those with the highest amounts of sedentary time died earlier than their most active peers. Remarkably, the association remained even when controlling for physical mobility and function, chronic disease status, demographic factors, and overall fitness, meaning that even habitual exercisers are at risk if they have high amounts of idle time.

The study found that women with more than 11 hours of daily sedentary time faced a 12 percent increase in all-cause premature mortality compared with the most energetic group, those with four hours or less of sedentary time. The former group also upped their odds for death due to cardiovascular disease, coronary heart disease, and cancer by 13, 27, and 21 percent, respectively.

"The assumption has been that if you're fit and physically active, that will protect you, even if you spend a huge amount of time sitting each day," said Seguin. "In fact, in doing so you are far less protected from negative health effects of being sedentary than you realize."

Worse still, Seguin said, excess sedentary time tends to make it harder to regain physical strength and function. Women begin to lose muscle mass about age 35, a change that accelerates with menopause. Regular exercise, especially lifting weights and other muscular strength-building exercises, helps to counteract these declines, but her research finds that more everyday movement on top of working out is also important for maintaining health.

"In general, a use it or lose it philosophy applies," Seguin said. "We have a lot of modern conveniences and technologies that, while making us more efficient, also lead to decreased activity and diminished ability to do things. Women need to find ways to remain active."

Starting in middle age and even younger, Seguin said, women can adopt "small changes that make a big difference."

"If you're in an office, get up and move around frequently," she said. "If you're retired and have more idle time, find ways to move around inside and outside the house. Get up between TV programs, take breaks in computer and reading time and be conscious of interrupting prolonged sedentary time."

Though previous research has linked prolonged sedentary time with poor health outcomes, the study by Seguin is one of the largest and most ethnically diverse of its type. The women, who were ages 50-79 when the study began and part of the national Women's Health Initiative Study, were followed over 12 or more years.

## Road Scholar Changing with the Times

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by Jeffrey Ruggles  
VCU Road Scholar Program  
Administrator



The Virginia Center on Aging at VCU has a long history of offering intellectually stimulating experiences for older learners. Since 1979, VCoA has been operating educational travel programs for older adults as an affiliate of the international group Elderhostel. Today the parent organization is still called Elderhostel, Inc., but the programs run under a new name, Road Scholar. A play on “Rhodes Scholar,” the honorific for select American students awarded scholarships to Oxford, the new name conveys the mix of study and travel that Elderhostel has always been about. In a bit we’ll mention some other reasons for the rebranding.

Road Scholar programs are one sector of the Lifelong Learning universe. Different from Lifelong Learning Institutes (LLIs) that offer classes for local residents, Road Scholar participants travel to study. The arrangement is that franchises around the U.S. (and across the world) such as VCU manage the programs. Road Scholar headquarters in Boston approves programs that the local host develops, mar-

kets them, and collects the registration. Besides VCU, there are several others that offer Road Scholar programs in Virginia, including 4-H Educational Centers at Smith Mountain Lake and Abingdon, the Mountain Lake Conservancy, and two Eastern Shore groups, the Museum of Chincoteague Island and the Marine Sciences Consortium. In August 2013 Road Scholar headquarters assumed management of programs formerly operated by the College of William & Mary.

Road Scholar not only features Lifelong Learning but also has itself been learning during its life course. When it began as Elderhostel in 1975, participants stayed in college dormitories during summer break and were fed in school cafeterias. Early participants were survivors of the Depression and adjusted easily to the relatively Spartan conditions of dormitory life. Those who followed tended to prefer more comfort, such as air conditioning and private bathrooms, even if these came with a higher registration cost. Elderhostel also discovered that cafeteria food hadn’t improved much over the years and it wasn’t a feature likely to attract sign ups. Today participants usually stay in private rooms and dine in a facility several notches above a cafeteria. (VCU’s Road Scholar participants across Virginia stay overnight in hotel rooms.)

Program content and courses have evolved a good bit over time, as well. What has not changed is that education remains the heart of the Road Scholar experience. The classic Elderhostel program used to feature three different course subjects over a week, the topics possibly

related but not necessarily. In recent years most Road Scholar affiliates have moved away from this model. Among the new varieties of programs are those of compressed and expanded lengths, intergenerational grandparent/grandchild weeks, and service learning programs in which participants provide volunteer help with gardening, teaching, or other such tasks. The challenge for Road Scholar planners now is to design programs that will appeal to an audience that continues to evolve. These days, the rising learner cohort is the Baby Boomers. So, national guidelines suggest that to appeal to boomers, programs may provide “flex,” with more free time and more meals “on your own.” Indeed, the rebranding from Elderhostel to Road Scholar took place with the looming boomers in mind, both to appeal to potential participants who might be younger and because, so it is said, boomers don’t like to think of themselves as “elders.”

It’s sound policy in any enterprise to refresh the product line periodically, and VCU Road Scholar has done this in several ways. The Civil War is not a new topic but there are fresh ways to approach it; and so, this is the aim for “*Richmond in the Civil War: Confederate Capital and Union Objective*,” Program #21375. This program has two sessions, each with a different emphasis, based on the dual 150th anniversaries of the Civil War and of Emancipation. The September-October session is entitled “The War’s Causes & Consequences,” where participants visit all the principal Richmond sites. The second session in November is “In Lincoln’s Footsteps: Civil War’s End

and Freedom's Beginning." It follows Lincoln's wartime travels in Virginia and closely examines the decision for emancipation and its effects, with field trips to Fort Monroe, Hampton, City Point, and Petersburg.

*"Researching Your Heritage: Genealogy and the Library of Virginia,"* Program #7058, revives a highly regarded Richmond program offered some years ago. Based at the Virginia Center on Aging conference room next door to the Library of Virginia, participants take advantage of the Library's copious materials to research their family history (or other Virginia topics), all the while receiving expert guidance, enjoying a comfortable place to stay, and exchanging tips and findings with comrades in the archives.

*"Two Founders and an Artist in Early America: Patrick Henry, John Marshall, and Edgar Allan Poe,"* Program #7057, delves into the lives and careers of men who substantially influenced the course of the early American democracy. Participants visit sites associated with them, including some that go a bit off the beaten path, such as a day winding about Hanover County on Patrick Henry's trail, and take in a call at the Old Stone House, home of the Poe Museum.

VCU's most popular Richmond program, previously called "Richmond's Jewels," has been redesignated *"Signature City Richmond,"* Program #21403. This follows a format now used nationally for cities of particular significance in history and culture. Richmond may not have as many things to offer as

New York or Chicago, but what it has, they don't.

For several programs in Staunton, VCU Road Scholar has responded to participants who wished that they had had more time to enjoy the experiences. And so, we have added another day to *"Staunton, City of History and Culture in the Shenandoah Valley,"* Program #17692. Now, in addition to the three June days already devoted to the highlights of the pleasant and historic city of Staunton, there's a day for a field trip into the surrounding county of Augusta. This program includes a day focused on the fascinating American Shakespeare Center and Blackfriars Playhouse, a full-scale reproduction of the famous theater in the round that launched several of the Bard's masterpieces.

In August each year the city is home to the Staunton Music Festival; for 2014 the *"Staunton Music Festival,"* Program #19901, begins one day earlier than in the past in order to provide an added day of classical music. This Road Scholar program will continue to include a day of Shakespeare and also, if all goes to plan, a visit to the Taylor & Boody factory, makers of fine mechanical pipe organs.

*"The Shenandoah Valley Bach Festival,"* Program #2016, takes place in June at Harrisonburg and is offered in conjunction with Eastern Mennonite University. This program features a busy schedule of classes, many led by musicians, and concerts. Many repeat attendees attest to the quality of the music and the warm welcoming atmosphere.

The VCU Road Scholar initiative will continue to innovate and evolve, being committed to offering lifelong learners experiences that capture the special qualities of Virginia. To learn more about any of the programs mentioned above, please go online to [www.roadsscholar.org](http://www.roadsscholar.org) and use the search box.

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## Focus on the Virginia Center on Aging

Jenni Mathews



Jenni Mathews is a key part of VCoA's research and training initiatives, including the Virginia Geriatric Education Center. A native Virginian, she was born and raised in Lynchburg, along with her older sister and brother who are twins. Always having lived within view of the Blue Ridge Mountains may have been what drew Jenni to James Madison University in Harrisonburg, Virginia where she earned her B.S. with a double-major in Psychology and Communications.

After college, Jenni tried a variety of jobs. Fully intending to be a public relations professional, she moved to the big city of Richmond. Her jobs included administrative assistant, creative technical writer for a computer-based training developer, a technical writer for a bank, an e-mail system administrator, an early explorer of the possibility of e-commerce, and then a Unix web services and server administrator (locally, and for half a year, in England.)

Post 9/11 Jenni yearned for more meaningful work. A good friend pointed out that Jenni was especially patient with elderly people they knew. Jenni warmed to the idea of going to graduate school for Social Work with a concentration in Gerontology. To test the graduate school waters at VCU, she entered the Department of Gerontology's

graduate certificate program, and immediately fell for the study of aging.

A one-week volunteer job turned into a full-time job working as an Activities Coordinator at Our Lady of Hope nursing home. Jenni compares Activities work to an earlier dream job, being a camp counselor. Each day was a new chance to help residents live their lives to the fullest. The most interesting, fun, and exhausting days were spent with residents with dementia. More genuine, appreciative people could never be found. And Jenni reports that there couldn't possibly be a better place to work during a pregnancy. The entire nine months were spent surrounded by women who knew mothering, and in the dementia unit they noticed and re-celebrated her pregnancy almost every day.

The Virginia Center on Aging welcomed Jenni Mathews to it ranks in early 2012. As happy as she was to land a position with the Center, it meant the end of what had been Jenni's absolute favorite gerontology job to date, immersion in the earliest stages of aging as a stay-at-home-mom to her daughter Olivia.

Jenni was hired as a part-time research assistant in the Virginia Geriatric Education Center (VGEC). Collecting and analyzing evaluation data is interesting work, but it can be difficult just getting a timely response from the intended audience. Thus, it was a proud moment when her peers referred to her as "The Data Stalker." Today she has become a fulltime employee with the VCoA as Evaluations Coordinator. In her current role she

supports the research and education programs of the VGEC, GTE, and the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) with evaluation data management, minutes, and research.

A friend of Jenni's recently declared, "I don't want to get old and feeble. If I do... please... just shoot me!" Jenni was shocked at the vehemence of the statement and at her friend's conviction. After all, her friend was a gerontologist, too!

Jenni's surprise had a lot to do with her experiences with positive aging. While growing up near her grandmother, her Grandma never complained about getting older. She was happy to live independently, near her only daughter, drawing, painting, reading and gardening throughout her life. Some days her arthritis would annoy her but she routinely completed the prescribed exercises and kept going. When she moved to a little apartment in a retirement community, her family was sure she'd enjoy the social activities provided at the recreation center. She firmly let the family know that she didn't want to be spending a lot of time with stereotypical "old people."

Jenni's parents have also been models of successful aging. When she was in college and phoned home to catch up with her parents, she often reached the message machine rather than the empty nesters she was seeking. At 50 they learned to snow ski, at 60 they took up line dancing and ballroom dancing, and retired from work, and in their 70s they moved to a retirement community, rocked the YMCA fitness

scene, and developed a strong social network with their new neighbors and church, and served on the neighborhood association board.

Just when she'd solidified her picture of successful aging, Jenni's in-laws demonstrated a new, non-retiring way of aging. Now in their mid-70s, they continue to run the business they created and managed for more than 40 years. When they aren't working, they enjoy spending time with family. Retire? No thanks.

The AARP mailings will soon be arriving in Jenni's mailbox and she has every intention and hope of ensuring that she will be as happy with her later life as the examples she follows.

## **New Online Assessment Tool for Caregivers of People with Intellectual and Developmental Disabilities**

The Arc is partnering with the National Association of County and City Health Officials (NACCHO), in a CDC-funded project called HealthMeet, which seeks to reduce health disparities and increase the longevity and quality of life for people with intellectual disabilities by providing free community-based health assessments and individualized referrals.

The Arc is collecting information on the health status of people with intellectual and developmental dis-

abilities (I/DD) by surveying professional, paid, unpaid, or family member caregivers of people with I/DD. Caregivers can use the assessment as a tool to help evaluate any "red flag" health concerns. While this survey's checklist should not be used in the place of seeing a doctor, it can be a handy way to identify concerns.

The information provided as part of the assessment will assist the HealthMeet project to find out more about the role of caregivers and the health concerns that affect individuals with I/DD across the United States, and to develop appropriate and accessible tools for all caregivers to use in the future to promote the health of people with I/DD.

- continued on page 17

## **Alzheimer's Conference at GMU**

***Managing Complex Chronic Conditions between Care Settings When Depression, Delirium or Dementia Are Present*** is the theme of an interprofessional conference being sponsored by the George Mason University Partners for Education in Gerontology (PEG), the Virginia Geriatric Education Center (VGEC), and the National Capital Area Chapter of the Alzheimer's Association this spring. It will be a one day training program for professionals working with chronic conditions in acute and long-term care settings, and will be held on **Tuesday, April 29, 2014**, from 8:30 a.m. to 4:00 p.m. at the George Mason University campus in Fairfax.

National and local speakers will discuss how to manage and individualize patients with multiple chronic conditions when depression, delirium and dementia are present. Speakers will highlight early diagnosis and prevention techniques to help differentiate among complex chronic problems and utilize behavioral approaches, transition patients between settings, and avoid re-hospitalizations or unnecessary psychiatric hospitalizations. Presentations and skills-based breakout case discussions sessions will highlight behavioral approaches to managing delirium, depression, and dementia with other chronic conditions, especially when transitioning patients between acute care, nursing home, assisted living, and community settings. Speakers include Anand K. Parekh, MD, MPH, who is the Deputy Assistant Secretary for Health (Science and Medicine) at the Department of Health and Human Services (HHS) and leads national efforts to develop programs to manage support for individuals with multiple chronic conditions; and Richard Fortinsky, PhD, of the University of Connecticut, who has conducted extensive research on managing depression, delirium, and dementia. There will be other established speakers, as well. CEUs will be available.

For more information, contact: Elizabeth Cotterell, GMU Department of Nursing, at (703) 993-9167 or [ecottere@gmu.edu](mailto:ecottere@gmu.edu).

## Touch Me

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by Stanley Kunitz

*Summer is late, my heart.  
Words plucked out of the air  
some forty years ago  
when I was wild with love  
and torn almost in two  
scatter like leaves this night  
of whistling wind and rain.  
It is my heart that's late,  
it is my song that's flown.  
Outdoors all afternoon  
under a gunmetal sky  
staking my garden down,  
I kneeled to the crickets trilling  
underfoot as if about  
to burst from their crusty shells;  
and like a child again  
marveled to hear so clear  
and brave a music pour  
from such a small machine.  
What makes the engine go?  
Desire, desire, desire.  
The longing for the dance  
stirs in the buried life.  
One season only,  
and it's done.  
So let the battered old willow  
thrash against the windowpanes  
and the house timbers creak.  
Darling, do you remember  
the man you married? Touch me,  
remind me who I am.*

From *Passing Through: The Later Poems, New and Selected* (1995)

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Stanley Kunitz, 1905-2006, was and is, one of America's most recognized poets. Winner of the Pulitzer Prize, he was Poet Laureate of the United States twice. His poems often have a particular poignancy for older readers.

## News from the VCU Department of Gerontology

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The VCU Department of Gerontology is pleased to announce the following electives for Spring 2014: GRTY609 Career Planning, and GRTY692 Nutrition and Aging. Career Planning focuses on the transition from academia to the professional role and workforce. The course identifies individual strengths and evaluates career goals. It prepares students to deliver resumés and communication strategies for job seeking. Nutrition and Aging will focus on holistic aspects of nutrition and aging, both in the community and the long term care environment.

The VCU Department of Gerontology was pleased to host a Thank-A-Thon for alumni, donors, and community partners on Monday evening, November 18th. Our students gathered to reach out to over 30 supporters of optimal aging, improving elder care, and our student scholarships.

Barbara Payton (BS '83) was one of the recipients of a call that evening. According to Ms. Payton, "I had previously read an article about the Department of Gerontology's Marion Cotter King Scholarship. Her travel adventures reminded me a lot of those experienced by my own mother (Ernestine Payton), who passed away on Memorial Day of this year. I adored my mother and know that she would be so pleased to have me supporting a scholarship of this nature to educate people to encourage elder recreation. I was very thankful to receive a call from

Gerontology student Ernest High to thank me for my support of the Department. We had a wonderful conversation and will meet for lunch in the near future!"

The Department of Gerontology was also recently pleased to honor Dr. Tracey Gendron for the completion of her dissertation defense and all requirements for her Ph.D. in Developmental Psychology. Dr. Gendron was honored on Friday, December 6th, at a reception in the West Club Room at VCU's Siegel Center. Over 50 colleagues, students, alumni, and community partners attended. Dr. Gendron presented a synopsis of the data she presented in her dissertation titled, "The Development of a Discipline: Examination of the Profession of Gerontology and Gerontological Professionals."

For more information on the VCU Department of Gerontology, please visit [www.sahp.vcu.edu/gerontology](http://www.sahp.vcu.edu/gerontology) or email [agingstudies@vcu.edu](mailto:agingstudies@vcu.edu).



## Caregiver Information Sessions in Northern Virginia

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The L.E.A.P. Community Coalition (Learning from our community apply Expertise in an Action oriented Partnership) is offering ongoing informational sessions for people caring for seriously ill family members or friends. Please join us monthly for support and information. **Sessions began Tuesday, January 14, 2014.**

Support groups meet monthly, on **2nd Tuesdays, from 7:00 p.m. - 9:00 p.m.,** at Novant Health Prince William Medical Center, Medical Office Building, Fourth Floor, Conference Room A, Manassas.

Past and future session topics include:

January 14, 2014

*The Seasons of Our Lives.* An exploration of the special needs and emotions that we experience as we transition through life.

February 11, 2014

*Dementia: When loving becomes difficult, where do you turn?*

March 11, 2014

*When staying home isn't safe, where do I turn?* An overview of assistance options and costs.

April 8, 2014

*Advanced Directives*

For information or to pre-register, visit [www.Novanthealth.org/classes](http://www.Novanthealth.org/classes) or call (703) 530-9355 and specify "I wish I had known."

## 20th Annual Conference of the Virginia Coalition for the Prevention of Elder Abuse (VCPEA)

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VCPEA is hosting its 20th annual conference on **May 28-30, 2014**, including an introductory half-day workshops on Wednesday, May 28th, at the Virginia Beach Resort & Conference Center. The Keynote speaker is Marie Therese Connolly, Elder Rights Lawyer, MacArthur Fellow, and Co-Author of the Elder Justice Act. The Closing Speaker is Bonnie Brandl, Director of the National Clearinghouse on Abuse in Late Life. There are 45 scholarships available for first time attendees and individuals who have not attended for five years. Please visit [www.vcpea.org](http://www.vcpea.org) for information about scholarships and the conference brochure. Registration deadline is May 16, 2014. The VCPEA conference scholarships are made possible in part by Geriatric Training and Education (GTE) funds appropriated by the General Assembly of Virginia and administered by the Virginia Center on Aging.

Topics to be presented at this year's conference include: Preventing Financial Exploitation of Mentally Incapacitated Persons; How Polyvictimization Affects Your Practice; Interviewing Victims of Sexual Assault; Elder Abuse within Families: How to Prevent It from Happening to Your Loved Ones; and more.

For information, contact Lisa Furr at [Furr1@vcu.edu](mailto:Furr1@vcu.edu) or see [www.vcpea.org](http://www.vcpea.org).

## Assessment Tool, continued from page 15

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Caregivers answer questions to identify the person's age, gender, concurrent health conditions, particular type of I/DD, and such, and are asked if they have concerns about the person's behavior, eating habits, expressed pain, skin condition, vision, oral health, etc.

The Arc also alerts those who fill out the survey. By participating in this assessment, they give The Arc permission to use this information to help better understand and evaluate health issues of those with I/DD and their caregivers. The information provided is confidential and will never be used to identify individuals. However, they will have the opportunity to provide contact information if they choose, so that the project may send them information about The Arc and its health promotion programs.

To take the assessment, go to [www.thearc.org/healthmeet/caregiver-assessment](http://www.thearc.org/healthmeet/caregiver-assessment).

Questions? Please contact Jennifer Sladen at [sladen@thearc.org](mailto:sladen@thearc.org). Find out more [www.thearc.org](http://www.thearc.org).

*The HealthMeet health and education initiative is funded by the Centers for Disease Control and Prevention (Grant #5U59DD000993-2). Through free health assessments, health training for people with I/DD, their families and caregivers, and professional training, this initiative aims to help identify and reduce health disparities among people with intellectual and developmental disabilities.*

## Calendar of Events

### January 31, 2014

*Emotional Health and the Older Adult*. Presented by Radford University's Waldron College and made possible with a grant from the King Foundation. The Hotel Roanoke. For information, contact [EmotionalHealth@aegisservices.com](mailto:EmotionalHealth@aegisservices.com).

### February 27 - March 2, 2014

*Taking Educational Quality to New Heights*. Association for Gerontology in Higher Education's 40th Annual Meeting and Educational Leadership Conference. Westin Denver Downtown, Denver, CO. For information, visit [www.aghe.org](http://www.aghe.org).

### March 11-15, 2014

*2014 Aging in America Conference*. Annual conference of the American Society on Aging. San Diego. For information, visit <http://asaging.org>.

### March 17-19, 2014

*PEAK Leadership Conference*. Presented by LeadingAge. Marriott Wardman Park Hotel, Washington, DC. For information, visit [www.leadingage.org/PEAK/About.aspx](http://www.leadingage.org/PEAK/About.aspx)

### April 3-6, 2014

*Building the Bridge to the Future: 21st Century Families*. Southern Gerontological Society's 35th Annual Meeting. Little Rock, AR. For information, visit [www.southerngerontologicalsociety.org](http://www.southerngerontologicalsociety.org).

### April 10-11, 2014

*Virginia Assisted Living Annual Spring Conference*. Marriott Newport News at City Center, Newport News. For information visit [www.valainfo.org](http://www.valainfo.org).

### May 15-17, 2014

*Annual Scientific Meeting of the American Geriatrics Society*. Walt Disney World Swan and Dolphin, Orlando, FL. For information, visit [www.americangeriatrics.org](http://www.americangeriatrics.org).

### May 19-22, 2014

*Assisted Living Federation of America (ALFA) Annual Conference and Expo*. Session proposals are now open. Phoenix, AZ. For information, visit [www.alfa.org](http://www.alfa.org).

### June 2, 2014

*Cutting Edge Breakthroughs*. Annual Conference of the Area Planning and Services Committee (APSC) on Aging with Lifelong Disabilities. Doubletree by Hilton, Richmond. 8:00 a.m. - 4:30 p.m. For information, call (804) 828-1525 or e-mail [eansello@vcu.edu](mailto:eansello@vcu.edu).

### June 3, 2014

*Aging Well in Mind, Body, and Spirit*. Annual Conference presented by the Beard Center on Aging at Lynchburg College and Centra Health, Lynchburg College, Lynchburg. 8:00 a.m. - 4:45p.m. For information, email [scruggs.dr@lynchburg.edu](mailto:scruggs.dr@lynchburg.edu), visit [www.lynchburg.edu/beard](http://www.lynchburg.edu/beard), or call (434) 544-8456.

### June 4, 2014

*National Council of Certified Dementia Practitioners Alzheimer's and Dementia Class*, needed to become a Certified Dementia Practitioner. Presented as a conference post-session by the Beard Center on Aging at Lynchburg College, Lynchburg. 8:00 a.m. - 5:00 p.m. For information, email [scruggs.dr@lynchburg.edu](mailto:scruggs.dr@lynchburg.edu), visit [www.lynchburg.edu/beard](http://www.lynchburg.edu/beard), or call (434) 544-8456.

### June 11-14, 2014

*2014 Annual Conference and Trade Show of the Virginia Association of Nonprofit Homes for the Aging (VANHA)*. The Williamsburg Lodge, Williamsburg. For information, visit [www.vanha.org](http://www.vanha.org).

### July 24, 2014

*2014 Joint Conference on Adult Guardianship and Elder Rights*. Presented by the Virginia Guardianship Association and the Virginia Elder Rights Coalition. The Westin Richmond. For information, visit [vgavirginia.org](http://vgavirginia.org).

### October 5-8, 2014

*65th Annual Convention and Expo of the American Health Care Association and the National Center for Assisted Living*. Gaylord National Resort and Convention Center, National Harbor, MD. For information, visit [www.eventscribe.com/2014/ahcancal](http://www.eventscribe.com/2014/ahcancal).

#### Age in Action

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