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age in action

Activities in geriatrics and gerontology education and research

Virginia Center on Aging
and
Virginia Department for Aging and Rehabilitative Services

Case Study

PALETTE: An Intergenerational Art Program to Improve Health Care Delivery and Health Outcomes of Older Adults

by Sadie Rubin, MSSW

Objectives

1. Demonstrate the positive outcomes of the PALETTE model in training and educating health professional students in gerontological experiences.
2. Describe the partnerships developed and their importance in executing PALETTE programs.
3. Highlight student experiences in intergenerational visual arts and intergenerational movement arts.

Background

"PALETTE shows you how to look at our partners as people, compared to 'old people.'"

Too often, health professional students' experiences with older adults are limited to visits in nursing homes and hospitals, providing them with a very limited, disease-focused view of what it looks like to age. Promoting Art for Life Enrichment Through Transgenerational Engagement (PALETTE) is a model of intergenerational arts programming that engages health professional students with independent, active older adults in an effort to challenge pervasive stereotypes and negative attitudes toward the aging population.

The PALETTE model was developed in 2013 by Sadie Rubin and a team of partners in Richmond, Virginia as a response to the prevalence of ageism within the healthcare field, which has been shown to reduce effective care delivery and impact long-term health outcomes for older adults (Reyna, et.al, 2007). Bodner (2009) attributes these negative attitudes in younger adults, in part, to a lack of time spent with older adults, as well as to fear of their own aging and death. PALETTE has demonstrated its effectiveness in challenging these underlying issues by engaging students in meaningful relationships with older adults and by providing concrete gerontological training and education (Rubin, et.al, 2015).

The foundation of the PALETTE model was Vital Visionaries, a demonstration project that, from 2007-2008, connected medical students with active older adults for creative arts activities in eight cities. Evaluation data showed that medical students' attitudes toward older adults became more positive upon completion of the Vital Visionaries project and they experienced a positive change in their perceptions of commonality with older adults (Gonzales, Morrow-Howell, & Gilbert, 2010). The PALETTE model expands these positive outcomes by including diverse disciplines of young health professionals who are both likely to care for older adults and yet receive inadequate training in gerontology and geriatrics (Kovner, Mezey, & Harrington, 2002).

Participating in shared arts activities has been shown to promote mutual and holistic understanding by tapping into life experiences and emotional expression (Larson, 2006). With student and older adult participants engaged in the same creative activity, they are able to

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see each other as peers and thus establish relationship-building common ground. Further, art expression and creation has the ability to reveal a person's physical and cognitive abilities in a way that can challenge stereotypes of older adults and aging (LaPorte, 2000).

With the stresses of school and work left out of PALETTE, students can engage with their older adult Partners in Arts Learning (PALs) to build meaningful intergenerational relationships. Student participants appreciate the casual, creative environment, noting that *"one of the really nice things about the way the program was set up was that you had something else that you could bond around…it didn't feel like a formal interview, but you do end up organically finding out a lot about them and then sharing about yourself, too."*

These personal relationships can then translate into students' careers. As one past participant, a graduate student in Social Work at the time, remarked, *"The PALETTE program reminded me of the importance of having interpersonal skills to communicate with older adults outside the realm of professional relationships. Having the context of a life story or experiences will make understanding current concerns easier and relevant."*

The first PALETTE program was launched in January 2014, funded in part by the Geriatric Training and Education (GTE) initiative of the Virginia General Assembly, administered by the Virginia Center on Aging. PALETTE contracted local organization Art on Wheels to conduct visual arts programming with over 40 interdisciplinary students and senior adults at the Weinstein Jewish Community Center (JCC). Since then, with additional funding through the GTE initiative, as well as from the VCU Council for Community Engagement, PALETTE has engaged over 115 participants in intergenerational arts programming, including the original visual arts (the PALETTE program) and an expansion to movement arts (PALETTE in Motion).

Partners

The PALETTE model relies on strong community and university partners to be successful. As a way to ensure best practices, it has been vital to maintain partnerships that represent the diversity of the populations PALETTE serves. During its development stages, PALETTE established partnerships with the Virginia Commonwealth University (VCU) Department of Gerontology, VCU School of Pharmacy, and the Weinstein Jewish Community Center (JCC). Since its launch, partners have grown to include VCU Departments of Physical Therapy, Dance and Choreography, VCU Schools of Dentistry and Social Work, Senior Connections (Capital Area Agency on Aging), AgeWave, and the Visual Arts Center of Richmond.

Program Structure

PALETTE programs consist of an initial training and education seminar, followed by five weekly arts engagement classes, one cultural outing, one final showcase of the participants' work, and one closing reflection seminar. Participants are required to attend all activities.

Recruitment of participants. Student participants in PALETTE programs are recruited by word-of-mouth using social media, classroom announcements, and peer recommendations. Students must be currently enrolled in a health professional program. Older adult participants are recruited by word-of-mouth from past participants, and through the efforts of community partners Weinstein JCC and Senior Connections. Older adults must be currently living independently. PALETTE requires no previous experience in arts for either group of participants and both groups reflect a diversity of cultures, backgrounds, and artistic abilities.

Training and education seminar. Gerontologists and gerontological specialists conduct this two-hour seminar to encourage thoughtful conversations about aging. Student and older adult participants attend seminars separately. For student participants, training and education seminars include an introduction to aging in the United States, topics on ageism, stereotypes of aging, working with older adults, and group discussions on how students view their own aging. For older adult participants, topics include ageism and stereotypes of aging, and discussions on how the older adults view their own aging. At the start of this seminar, participants complete a pre-test survey to measure outcomes of the program; the post-test survey is then administered at the conclusion of the program.

Arts engagement classes. A professionally-trained artist conducts each 90-minute art class to engage participants in productive arts. Through the original PALETTE

program, students and senior adults partner one-on-one in visual arts activities that include printmaking, painting, clay hand-building, and more. Through PALETTE in Motion, students and senior adults partner in intergenerational groups to participate in movement arts activities that include choreography, sculptures in motion, mirrored movements, and more. Classes are followed by light snacks or lunch (depending on time of day), which gives the participants a chance to chat informally.

Cultural outing. Cultural outings give participants the opportunity to experience art and culture together in the community. These outings also inspire participants to continue engaging in creative activities once the program has ended. Participants of the PALETTE program have visited the Virginia Museum of Fine Arts for guided museum tours, as well as the Visual Arts Center of Richmond for hands-on workshops. For PALETTE in Motion, participants experienced a performance at the Richmond Ballet.

Final event. At the semester's end, PALETTE programs host a final event open to the community to demonstrate the work developed by participants. Family, friends, colleagues, and community members attend, which not only brings the community into the PALETTE experience, but also provides participants with the sense of accomplishment that comes with presenting their work to an audience. For the PALETTE program, this event is an opening reception for a curated exhibit of the participants' visual artworks. For PALETTE in Motion, participants showcase short pieces of learned movements in their culminating event for the community.

Reflection seminar. This two-hour seminar is an opportunity for participants to reflect on their experience in the program. As with the initial training seminar, the reflection seminar is held separately for student and older adult participants and led by gerontological specialists. The reflection seminar is invaluable for solidifying experiences and attitudes developed throughout the semester, as participants come together through shared experiences. During this seminar, participants complete the post-test survey, measuring personal and program outcomes.

Program evaluation. Student and older adult participants complete pre- and post-test surveys to evaluate the effectiveness of PALETTE programs in achieving its intended outcomes. Surveys evaluate all participants' attitudes toward older adults and aging using standardized measurement tools, including the Aging Anxiety Scale (Lasher & Faulkender, 1993), Aging Semantic Differential (Rosencranz & McNevin, 1969) and Attitudes To Ageing Questionnaire (Laidlaw, et.al, 2007). PALETTE programs are further evaluated through a qualitative analysis of student reflection papers submitted anonymously, as well as through observational data collected during PALETTE seminars.

Case Study 1: The PALETTE Program and Intergenerational Visual Arts

When Ms. C, a graduate student in Pharmacy, signed up to participate in the PALETTE program, she did not know what to expect of her senior Partner in Arts Learning (PAL). Given her background in healthcare and focus on people with diseases, Ms. C thought her PAL might be frail and need help doing the art projects. Prior to the initial training and education seminar, Ms. C had never heard the term "ageism" nor considered the ways in which our society stereotypes older adults. Participating in the seminar helped her to realize that even her initial thoughts about what the program would be like were ageist. She began to pay closer attention to her behavior, noticing that some of the things she said or heard around the hospital might also have been ageist.

When it came time to meet Mr. S, her assigned PAL, Ms. C saw that he had no problem doing any of the assigned tasks and often it was Mr. S who would lead them in the projects. Mr. S, a recently-widowed, 83-year old, had heard about PALETTE at a luncheon and signed up because it was "an irresistible idea to combine learning new arts with meeting new people!" After many years of caring for his wife with Alzheimer's disease, he wanted to make sure that he remained connected to his community. Though Mr. S used an assisted device for mobility, he remained living independently, close to his two children and four grandchildren.

Ms. C reflected that she was surprised with how easy conversation was with her PAL. Although talking about religion can be uncomfortable, the relationship she had with

Mr. S allowed them to speak openly about religion. She was surprised by this, reflecting that she had always expected older adults would be less tolerant. That she and Mr. S were able to talk honestly helped her not only to understand someone else's faith, but also to see that it was unfair to associate closed-mindedness with older adults.

As the program progressed, Ms. C and Mr. S would use art as a conversation piece to learn more about each other. One day while they were painting, Mr. S noticed the bright colors she was using and said, "You're really good at working with colors. Where did you learn that?" Ms. C's answer involved a long response about where she was from, her culture, her hobbies, and more. This opened the door for her to learn more about him, subsequently realizing how much they had in common, while celebrating each other's uniqueness as well. Ms. C later reflected that "it was amazing how one simple aspect of art could ease any tensions in communication and strengthen a bond of friendship."

Throughout the program, Ms. C learned that her PAL was an independent, kind, and happy person. What surprised Ms. C most was how much this surprised her. Being in healthcare, she had been more exposed to older adults with medical conditions and hadn't realized just how much her mind was trained to see older adults as frail and in need of help. As a future healthcare professional, Ms. C felt that it was a great service to her future patients to have participated in PALETTE, to be able to better empathize and interact with older adults. With her high value on patient-centered care, Ms. C was grateful for the opportunity to experience first-hand the individuality of older adults, reflecting that *"each older adult is unique in their own way: some are youthful, energetic, and independent, while others are not. PALETTE has helped me realize that I need to dig a little deeper to find these things and see past the barriers to provide the best patient-centered care for my patients. I hope to be not only a culturally competent health care provider, but also an empathic one that can understand, appreciate and celebrate the differences of all individuals."*

Meanwhile, the program meant so much to Mr. S that he reported that participating in PALETTE was "the highlight of my senior life."

Case Study 2: PALETTE in Motion and Intergenerational Movement Arts

As a first year graduate student in Physical Therapy, Ms. R joined PALETTE in Motion with no previous knowledge of the program or its intended outcomes. She entered the program with minimal expectations, thinking that the older adults would be fairly limited in what they would be able to do, and that her task would be to assist them in the movement activities.

There were a few Sundays when Ms. R walked to PALETTE in Motion overwhelmed and stressed by schoolwork, wishing that she hadn't signed up for an additional commitment. But once the group circle warm-up began, she forgot her worries and focused on what they were doing together. Ms. R was amazed by the inviting space that the group created and the willingness of everyone to participate fully in PALETTE in Motion. She found that all of the students and older adults were open-minded and willing to step out of their comfort zones. They bonded over the fact that they were all taking a bit of a risk, trying something completely new and "acting a little silly." Being in the presence of everyone so invested in the movement eliminated feelings about her outside problems, and she would leave PALETTE in Motion brighter and lighter, ready to tackle her other work.

The connection Ms. R made with her PAL, Mrs. H., is one that will "last forever" in her heart and she knew it the first day they met. Mrs. H was friendly, loving, and so full of life and energy that it "radiated from her soul." Having worked at the VCU School of Pharmacy for most of her career, Mrs. H, a 91-year old widow living independently, gave back to the VCU community by serving on various boards. Though her children live in another state, Mrs. H travels frequently to visit them, joining them for exercise classes and other activities. Signing up for PALETTE in Motion was a "no-brainer" for Mrs. H, who was excited to engage with students.

Given her PAL's age, Ms. R was expecting to learn mostly about Mrs. H's past and what advice she had for the younger generation. However, Ms. R was surprised that they spent more time learning about each other in the here and now. Ms. R realized that just because Mrs. H

is “an elder” doesn’t mean that her life is over and that her identity is based on her past. Ms. R learned what makes her PAL laugh, what interests and hobbies they share; she learned who Mrs. H *is today*, not who she *was then*.

Ms. R loved that she got to know Mrs. H through talking and dancing. They were able to learn more about each other and express their personalities through the movement, a very different and new, but exciting mode of getting to know one another. Ms. R later reflected that communicating in this way shouldn’t have surprised her, because “we express ourselves daily through our mannerisms and our actions, so dance is just another means of that expression.” This opportunity to connect through movement rather than conversation “engaged the mind, body, and spirit of the student and senior participants on a different level” than Ms. R had experienced ever before.

Being part of PALETTE in Motion changed Ms. R’s outlook on life. Besides leaving behind the aging stereotypes that were in her mind when she entered the program, Ms. R left the program with a more optimistic view of later life, hoping to be as active as Mrs. H. when she reaches her age.

As a future physical therapist, what Ms. R learned through PALETTE in Motion will affect the way she treats older patients. She was reminded of the human side of healthcare, the compassion and empathy necessary to treating a patient as a person. In her profession, Ms. R will not equate advanced age with weakness, inflexibility or inability to walk without some type of assistance. Through PALETTE in Motion, she realized that understanding an older adult’s functional *abilities* is just as important as understanding their functional impairments.

After the program ended, Mrs. H spent time reflecting on her experience with PALETTE in Motion, sharing that sometimes she feels like “older adults are invisible in our society. In this program I felt like I was the star, like I was really being seen.”

Conclusion

In challenging negative attitudes toward older adults and aging among future healthcare professionals, the PALETTE model has the potential to improve the health care delivery and health outcomes of older adults. In the words of Ms. R, who will take what she learned into her future career as a physical therapist: “Professors and textbooks can say as many times as they want that age is only a number, but it was not until I danced alongside 80- and 90-year-old women that I truly understood the concept.”

Study Questions

1. How does ageism affect the health outcomes of older adults?
2. What are some ways to combat ageism among health care professionals?
3. How does creative engagement help participants to foster intergenerational relationships in PALETTE programs?

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About the Author

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Editorials

From the
Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Animal Cruelty and Elder Abuse

Do people who mistreat animals also mistreat humans? Over the course of time, does someone who mistreats small creatures "graduate" to abusing humans, especially vulnerable older adults?

We've heard, of course, about the extreme, sociopathic murderers who escalated from cruelty to creatures to cruelty to humans. Clearly, there is a sub-set of simply bad people who do extreme harm to vulnerable others, whether animal or human. And their paths may have begun with awful abuse of animals. On a more modest level, is there a link with indifference or neglect of pets leading to the same with humans, with those in later life?

Quite some time ago I posed these questions to my colleague Jim Vanden Bosch, the creative mind behind Terra Nova films, during a break at the annual meeting of the Virginia Coalition for the Prevention of Elder Abuse. I was a VCPEA board member fairly constantly for 20 years from its founding in 1993 and was schooled in the theory that most elder abuse by others is really elder neglect, brought on by caregivers being overwhelmed by the burden of their responsibilities. Indeed, when office mates Marilyn Block and Jan Sinnott at the University of Maryland Center on Aging conducted and published their seminal study, *The Battered Elder Syndrome*, in the late 1970s, only the third or fourth published report in this new area of investigation, "family member under stress" was a key conclusion. Despite this risk factor now being out of favor, I still believe that family caregiver stress accounts for a substantial amount, perhaps the majority of instances, of elder abuse caused by someone else, i.e., the majority of confirmed elder abuse cases remain cases of self-neglect. When someone else is involved, the family caregiver and the underpaid and under-trained hired caregiver have the greatest exposure in hours of time and amount of stressful pressures.

When I asked Jim Vanden Bosch about the animal-human link, he replied back then that his wife is a veterinarian who'd come across anecdotes recounting this very connection. So, she conducted a literature search of veterinary medicine at the time but came up with only consensus findings and anecdotal histories, with a fairly strong correlation between animal abuse in childhood and later criminality. But there was, at the time, relatively little empirical research in professional journals on the range of animal abuse and their connection to elder abuse or domestic violence in later life.

There have been a number of developments since then. Causality is difficult if not impossible to prove with human behaviors but associations and correlations now abound.

The American Psychological Association has a Section on Animal-Human Interaction. APA published guidance in 2011 under the heading

What Every Clinician Should Know about the Link between Pet Abuse and Family Violence by Mary Lou Randour (www.apa.org/education/ce/pet-abuse-family-violence.pdf). It states that clinicians should include a number of questions about animals in the family as a routine part of assessing family well-being.

By 2011, the number of states with animal cruelty statutes having felony-level provisions rose from seven to 43. There is some discussion among family therapists nationally about mandatory reporting to authorities about found cases of animal abuse because of its strong perceived association with other forms of family violence.

The National Link Coalition-The National Resource Center on the Link between Animal Abuse and Human Violence (http://nationallinkcoalition.org) has emerged as a significant voice. The Link focuses on species-spanning violence, and provides connections to coalitions, resources that include bibliographies and videos, fact sheets, and much more. They state up front on their home page: "Mistreating animals is no longer seen as an isolated incident that can be ignored: it is often an indicator or predictor of crime and a "red flag" warning sign that other family members in the household may not be safe." The Link sees animal abuse as part of a continuum of human violence and urges that mistreatment, neglect, and intentional cruelty of animals be seen as likely to lead to species-spanning acts.

We cannot dismiss mistreatment if the victim is "only an animal." Indeed, child anti-cruelty laws owe their origin to already-existing animal anti-cruelty laws. Before the age of the automobile, work horses were protected before children were; subsequently, children, being considered "property," became similarly covered under legislation that protected animals that were owned.

Behavioral scientists have been investigating animal and human abuse relationships. They have extensively documented that animal abuse is a predictor of abuse against humans. Developmental psychologist, Frank Ascione, PhD, has been investigating the connection for years; he's written *Children and animals: Exploring the roots of kindness and cruelty* (2005), and edited both *The international handbook of animal abuse and cruelty* (2010), and, with Phil Arkow, *Child abuse, domestic violence, and animal abuse* (1999): Clifton Flynn, PhD, chair of the Department of Sociology, Criminal Justice, and Women's Studies at the University of South Carolina Upstate wrote the textbook *Understanding animal abuse: A sociological analysis* (2012). There are positive interventions also; some believe that just as harmful behavior can be observed and internalized, so too might nurturing be assisted. Michelle Rivera has written *Early intervention: Canines in the classroom: Raising humane children through interactions with animals* (2004) and *On dogs and dying: Inspirational stories from hospice hounds* (2010).

The National District Attorney's Association (NDAA) and the ASPCA have published Understanding the link between violence to animals and people (2014). Written by Allie Phillips, JD, this 84-page manual discusses child abuse, elder abuse, domestic violence, and animal abuse. It employs "animal abuse" as a broad term to describe various crimes toward animals, including neglect and failing to protect, and "animal cruelty" to describe intentional criminal conduct. Among its pages one sees that abuse of animals is strongly predictive of battering behavior toward animals. Also, Phillips notes that older adults may hoard animals and that some may have too little funds to feed or care for a pet adequately. You can access the manual at: www.ndaa.org/pdf/The%20Link%20Monograph-2014.pdf.

The website of NCALL, the National Clearinghouse on Abuse in Later Life, has a page entitled "Intersection of Animal Abuse and Elder Abuse" which references the continuum of violence and encourages NCALL's visitors to obtain more information at The Link's website.

Still, the question I posed years ago is not fully answered: while cruelty apparently leads to cruelty and violence against pets predicts the same against children and spouses, is there a slippery slope from neglect of animals to that of older adults? As many dissertations conclude, "more research is needed." Having felony-level consequences for animal cruelty and abuse may, among other results, help to produce more data, as would broadening the categories of mandatory reporters. In Virginia, for instance, veterinarians who report animal cruelty to authorities are immune from any civil or criminal liability (Code 54.1-3812.1) and preliminary

protective orders in cases of family abuse grant the petitioner possession of any companion animal (Code 16.1-253.1). So, some level of awareness of the continuum of violence is there, but there needs to be greater public awareness that protecting the vulnerable may begin with pets and domestic animals.

On the positive, proactive side, continuing and expanding APA's guidance that those in counseling roles be alert to and ask questions about care of animals could provide some early warnings, perhaps in time to avoid harm to both animals and people. And certainly encouraging our children to interact with kindness towards animals can't help but pay dividends over the life course. We need to pay attention to the links.

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Dear Readers,

Thank you for the many positive comments about my most recent editorial "Disappearing before My Eyes," which recounted some of my mother's last days with dementia. She was a quiet, private person and would have been embarrassed by the attention. Nonetheless, I am grateful on her behalf for your expressions and kind words.

EFA

From the

Commissioner, Virginia Department for Aging and Rehabilitative Services

Jim Rothrock and
Martina James, Aging
Conference Director

Time for Advocacy

As my fingers strike the keyboard, the first full week of our General Assembly has begun. This 60-day session signals the time for advocates in the aging network to let their representatives in the House of Delegates and Senate know about their concerns and ideas.

Governor McAuliffe has submitted his budget which features expansion of coverage for Virginians who are uninsured, tax relief for many Virginians, and additions to services for Vintage Virginians and Virginians with Disabilities. The latter include:

• Public Guardian Services to those transitioning from training centers to the community: $500,000 Year One/$975,000 Year Two
• Public Guardian Services to Vulnerable Adults:$425,000/$1,010,000 with one Full Time Equivalent (FTE) position
• Replacement of the Case Management System being used by APS workers: $50,000/$440,000
• Contracted services to provide in-home care to low income older adults who have experienced Holocaust trauma: $100,000/$100,000
• Administrative support for the Chronic Disease Self-Management Program: $100,000/$100,000 with one FTE
• Monitoring for the Auxiliary Grant: $87,000/$87,000 with one FTE
• DDS effort to manage Medicaid Only claims: $80,000/$80,000

Now the two chambers will consider these amendments, hear from constituents like you, monitor current revenue reports, and finalize the budget. In addition, thousands of bills and resolutions will go through committee hearings and work their way to the Office of the Governor for his signature, with effective dates of July 1, 2016.

DARS staff has been consumed with new bills to be reviewed for content and fiscal impacts. There are several that are of great interest to us all. Of particular note are the following bills:

• HB 420 (Helsel) - Removes obsolete language regarding the setting of the Auxiliary Grant rate to conform to current practice of the General Assembly's setting the rate. This bill may go straight to Finance.

• HB 740 (Yost) - Amends the *Code of Virginia* to conform to changes at the federal level in the rehabilitation act and the Long Term Care Ombudsman Program.

• HB 816 (Peace) - Removes an obsolete requirement of including a representative of the Virginia Public Guardianship Association (VPGA) on the Public Guardianship Advisory Board. The VPGA is no longer in existence. Their slot will revert to a member-at-large. The bill also moves the Board language from

§2.2 to the DARS section of the Code: §51.5.

Auxiliary Grant

• HB 675 (Peace) – extends Auxiliary Grant eligibility to supportive housing in more integrated settings.

• HB 297 (Austin) – doubles the number of individuals allowed to be receiving certain services in a congregate setting before licensure is required as an Assisted Living Facility (ALF), that is, seven or more residents would require licensure.

Financial Exploitation

• SB 249 (Black), SB 412 (Barker), HB 248 (Minchew), HB 291 (Herring), HB 513 (Murphy) –financial exploitation over $50,000 of individual 60 or older or incapacitated; referral to law enforcement.
• HB 620 (Krizek) – allows a financial institution to refuse to disburse funds if it, in good faith, believes that the transaction may contribute to financial exploitation of an aged or incapacitated individual.
• HB 676 (Peace) – mandates that DARS conduct a study of financial exploitation.

Guardianship

• SB 466 (Wagner), HB 342 (Pogge) – addresses guardianship and communication between the incapacitated person and others.

Service Animals

• SB 363 (Reeves), HB 270 (Cole) – concerns the fraudulent representation of a service dog.

This is certainly not a comprehensive list of relevant bills, but is a list of those that we at DARS will be tracking during this long session of the General Assembly.

Our state is fortunate to have one of the more easily accessible and citizen friendly websites enabling legislative advocacy. If you Google "Virginia General Assembly" and follow the prompts, you can, in a few clicks….

• Identify your Delegate and Senator,
• Review his or her introduced bills, committee assignments, and voting record
• Check the status of bills of interest, and finally
• Send an e-mail advancing your positions and opinions, and at the end of the session, hopefully, sending "thank you" e-mails for representing your interests.

It's easy and important to let your voice be heard. Do take advantage of these tools and do your best to make our Commonwealth known for its age-friendly supports and livable communities.

Next, there's an upcoming event of great relevance to older Virginians.

Governor McAuliffe has called for the first **Virginia Governor's Conference on Aging** since 2003 and, through partnerships with the Department for Aging and Rehabilitative Services and the Virginia Association of Area Agencies on Aging, we invite you to join us. The day and a half conference, presented by Dominion and AARP, will be held **May 2-3, 2016** at the Hilton Richmond Hotel and Spa, in Short Pump. The first day will have a full conference program of engaging and interactive plenary sessions, a large variety of breakout sessions, networking opportunities, an exhibit hall, and an evening reception. The second day is an optional, half-day, moderated session that will produce a number of policy recommendations for the Commonwealth.

The theme of the 2016 Conference is *Designing Our Future*. By expanding the ability of individuals to work and save, promoting more options for later in life, and creating intergenerational communities and neighborhoods, we can help all Virginians. Virginia's health care system, communities, and public and private services can be designed to encourage people to "age in place" safely and as independently as possible, if we develop livable communities.

The conference will focus on three key areas:
• Culture Change in Long Term Services and Supports
• Safety and Financial Security: Older Adults in the New Virginia Economy
• Livable Communities: Overcoming Barriers and Sharing Strategies

Registration will open in February and there are still opportunities for sponsorships and exhibit space.

Please visit our website, www.vgcoa.com, for more information. You can also contact, Martina James, Special Assistant to the Commissioner, Department for Aging and Rehabilitative Services, for more information regarding sponsorship or conference details,

martina.james@dars.virginia.gov or (804)356-5935.

Virginia's population is becoming older and more diverse. Today, there are nearly 1.5 million adults in the Commonwealth who are over age 60; these numbers will expand to more than 2 million by 2030 when the entire Baby Boom generation will be between 66 and 84 years old. Virginia's aging population will live longer because of advances in health care; some older Virginians with chronic conditions may need more assistance for longer periods of time. We need to plan creatively for the opportunities that lay ahead. Come join individuals from across the Commonwealth to learn, share, and engage in the future of Aging in Virginia!

2016 DARS Meeting Calendar

Commonwealth Council on Aging
January 27, May 1, July 13, September 21

Alzheimer's Disease and Related Disorders Commission
March 22, May 1, August 30, December 6

Public Guardian and Conservator Advisory Board
March 17, May 1, September 15, November 17

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Pam Parsons Recognized as Distinguished Professor

(l-r) Jean Giddens, PhD, RN, FAAN, Dean of the VCU School of Nursing, Dr. Pam Parsons, and Marsha Rappley, MD, Vice President for Health Sciences and CEO of the VCU Health System pose after the award.

The VCU School of Nursing held a special investiture ceremony in October to recognize Pamela Parsons, Ph.D., RN, GNP-BC, as the Judith B. Collins and Joseph M. Teefey Distinguished Professor. In addition to being a valued member of the VGEC Plenary, which oversees all of its interprofessional geriatrics training initiatives, Pam is project director of the federally funded Richmond Health and Wellness Program, an interprofessional collaborative practice for low-income older adults, and is director of practice and community engagement at the VCU School of Nursing. Pam's work for many years has focused on models of care for chronically ill older adults and vulnerable populations in the community. She has served as a content expert for the American Nurses Credentialing Center Adult-Gerontological Certification Exam.

The Judith B. Collins and Joseph M. Teefey Distinguished Professorship was established through a leadership commitment by family, friends, and grateful colleagues to honor Judith Collins for her distinguished career, lifelong commitment to women's health, and leadership on the faculty of the VCU School of Nursing. The professorship also honors her husband, Joseph M. Teefey, for his lifelong professional and personal commitments to health care and well-being. The Judith B. Collins and Joseph M. Teefey professorship in nursing continues their legacy by supporting extraordinary work in the mission to educate nurses clinically and academically, with attention to teaching, service, and research.

We congratulate Pam for this well-deserved honor.

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COMMONWEALTH OF VIRGINIA

Alzheimer's and Related Diseases Research Award Fund

Program Announcement

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 7, 2016, 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 on the due date. 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 4, 2016, and applicants will be notified by June 24, 2016. The funding period begins July 1, 2016 and projects must be completed by June 30, 2017.

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 or by contacting:

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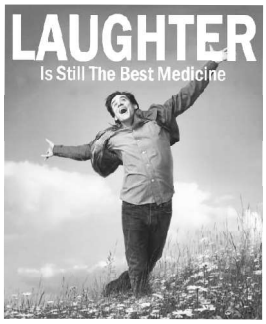
Laughter as Medicine

by Erdman Palmore, Ph.D.



We are familiar with this aphorism, but recent research has shown that it actually may be true in many cases, especially for elders who are suffering from high blood pressure, stress, or cardiovascular problems.

Researchers at Loma Linda University in California conducted a series of controlled experiments which showed that watching a comic video (and the resulting laughter) reduced blood pressure and the stress hormone, cortisol, which in turn improved participants' memory and learning ability. Other studies have found that laughter improves cardiovascular health, the immune system, and releases endorphins which produce a general sense of well-being. Endorphins are hormones secreted within the brain and nervous system; they are peptides that activate the body's opiate receptors, producing an analgesic effect.

Norman Cousins, editor of the *Saturday Review of Literature,* claimed in his writings (and later in a movie starring Ed Asner) that watching and laughing at the Marx brothers had health benefits. He had heart disease and crippling arthritis but claimed that laughing helped him recover. He said that 10 minutes of good belly laughter gave him at least two hours of pain-free sleep. A nurse, Alisa Crane of Skokie, IL, has founded the American Association for Therapeutic Humor, and this association has staged conferences devoted to the research and advancement of therapeutic humor.

The Problem with Humor about Old Age

So what's not to like about laughter in old age? The problem is that most humor about old folks is at their expense, tending to "poke fun" at them. A series of content analyses of jokes, cartoons, and birthday cards some time ago found that most of the humor about old age reflects and supports negative attitudes toward old age (Palmore, 1986).

This type of negative humor is a form of ageism because it is based on, and tends to reinforce, the negative stereotypes about old age. Most people recognize that making fun of African-Americans is an expression of racism and is usually avoided by those who are not racists. Similarly, making fun of women is usually recognized as a kind of sexism and is often avoided in mixed company. But negative humor about old people is usually not recognized as a form of ageism. In fact, "being told a joke that pokes fun at old people" was the most frequent kind of ageism reported by elders in both the United States and Canada (Palmore, 2001). Being "sent a birthday card that pokes fun at old people" was also one of the most frequent types of ageism reported.

Theories of Humor

One prominent theory of humor is that the humor is used to put down another person or group. This may make the teller feel superior to the person or group denigrated. This is the case when negative humor is used by a younger person about old people, as in several of the examples of negative humor below.

Another theory is that the humor comes from an unexpected "punch line," a conclusion not anticipated. This happens when a joke involves an old person doing something that is contrary to the usual negative stereotype of old people, as in several of the examples of positive humor below.

<u>Negative Humor</u>

Here are some examples of such negative humor:

• "There isn't a single thing I can't do now that I could do when I was 18, which gives you an idea of how pathetic I was at 18!" (George Burns)
• (Birthday card) The trouble with being our age, by the time our ship comes in, our piers have collapsed.
• (Birthday card) Don't just sit there. If someone calls you old, run them over with your wheel chair.
• A gerontologist was lecturing about aging processes: "There are three signs of aging. First there is loss of memory…. (Pause) and I've forgotten the other two.
• There are three stages of memory loss. First you forget names. Second you forget to zip up your fly. Third, you forget to unzip you fly.
• The secret of living to be 100 becomes less attractive as you get

older.
• An old woman met an old man and asked him why he was so pale. "Well, I've been in jail for the last 20 years." "Why?" "Because I murdered my wife." She responds, "Oh, so you're single, eh?"
• Three elders were talking about their memory problems. First one says, "I keep forgetting to take my keys with me and I get locked out of my house or car." The second one says, "I have a terrible time remembering people's names." Third one says, "My memory is pretty good, knock on wood." He then knocks on wood and immediately turns and calls out, "Hello? Who's there?"
• An old man losing his memory gets pills from his doctor. A friend asks, "How are they working?" Old man: "Fine, only I forget to take them."
• The five B's of aging: baldness, bridgework, bifocals, bulges, and bunions.
• You're getting old when your wife gives up sex for Lent and you don't even notice it.

Positive Humor

Even some jokes which appear to be positive may be based on negative stereotypes to make them funny. For example, an old lady tells her friend, "I didn't sleep well last night because a man kept pounding on my door." "Why didn't you open the door?" her friend asks. "What and let him out?" This is funny because of the stereotype that assumes old ladies are not interested in sex. Thus, even "positive" humor may reinforce negative stereotypes.

• At 10, a child; at 20 wild; at 30 tame as ever; at 40 wise; at 50 rich; at 60, good, or never.
• To be 70 years young is sometimes far more cheerful and hopeful than to be 40 years young. (Oliver Wendell Holmes)
• To grow old is to pass from passion to compassion. (Albert Camus)
• (Birthday card front) Dearie, you may be getting to be an oldie... (inside) But you'll always be a goodie.
• (Birthday card front) You're only as old as you feel... (inside) And last night when I felt you, you felt as young as ever!
• Old timer: a fellow who has made the last payment on his house.
• Reporter: "How does it feel to be 100 years old?" Man, "Wonderful, not an enemy in the world!" Reporter, "What a beautiful thought!" Man, "Yep, I've outlived them all."
• Reporter to man on his 100th birthday: "Do you have any sons?" Man, "Not yet!"
• An old lady talking to an old man said, "You remind me of my third husband." "Your third husband! How many husbands have you had?" "Two," she replied.
• A group of women were discussing at what age a woman loses her sexual appetite. They ask an 80 year old grandmother who says, "Sorry, girls, you'll have to ask somebody older than me."

Positive humor also includes the sagacity and learned experiences gained over a life course, such as these:

• A wise old owl sat on an oak. The more he saw, the less he spoke. The less he spoke, the more he heard. Why can't we be like that wise old bird?
• A tourist traveling through the back country came upon an old local sitting on his front porch. Approaching him he asked, "Lived here all your life?" The old man answered, "Not yet."

Conclusion

Most people would probably agree that negative humor about old people is a less serious type of ageism than some more harmful types, such as employment discrimination or criminal victimization. However, because negative humor is so frequent and insidious, it may well be a root cause of the more serious forms of ageism.

Personally, I try to avoid repeating negative jokes about old age. Sometimes these are funny even when the age reference is avoided. In those cases, I try telling the joke but leaving out the reference to old age.

In summary, most humor about aging tends to support negative ageism. Just as racist and sexist jokes support negative stereotypes about race and gender, most jokes about aging support negative stereotypes about old people. Tellers and listeners are most likely unaware of the ageist effects of such negative humor, but, ironically, this may actually increase the joke's impact on the listener's unconscious attitudes.

On the other hand, positive humor which challenges the negative stereotype about old age, may actually reduce ageism. And witness the number of positive slogans about growing older: The best wines come in old bottles; Aged to

perfection; Old age is not for sissies; Aging is living; It's never too late to learn; and more.

So laughter may often be the best medicine, but laughter at the expense of old folks may be toxic.

References

Palmore, E. (1986). Attitudes toward aging shown by humor: A review. In Nahemow, L., (Ed.) *Humor and aging.* San Diego, CA: Academic Press.

Palmore, E. (2001). The ageism survey: First findings, *The Gerontologist, 41*: 572-575.

About the Author

Erdman Palmore, PhD, is Professor Emeritus of Medical Sociology at the Duke Center for the Study of Aging. He began his research on bias as a student at the University of Chicago in the 1950s where he conducted research on racism. He is the author of the landmark texts *Normal Aging I, II, and III*; research on global aging, including the *International Handbook on Aging*, and *Honorable Elders: A Cross-cultural Analysis of Aging in Japan*; the widely used "Facts on Aging" quiz; and the book *Ageism: Negative and Positive*; and co-editor of *Encyclopedia of Ageism*.

Negative Attitudes about Aging Linked to Subsequent Brain Damage

A recent study published in the journal *Psychology and Aging* seems to confirm the adage about self-fulfilling prophecies and may cause some refocusing of attention on the risk factors for dementia and cognitive decline. Examining survey responses by participants in the Baltimore Longitudinal Study of Aging (BLSA), researchers found that those who thought older adults were unhappy, slow, and intellectually dull and that old age was an affliction of physical and cognitive decline tended many years later to be more likely to exhibit brain changes like those seen in Alzheimer's disease. So, negative stereotypes about aging early in life may affect brain wellness later.

The study, A Culture–Brain Link: Negative Age Stereotypes Predict Alzheimer's Disease Biomarkers, appeared in the December 7, 2015 issue. A research team from Yale University, Johns Hopkins University, and the National Institute on Aging compared survey responses from an average of 28 years earlier with magnetic resonance imaging (MRI) and post-mortem studies of the brain. All participants were considered to be healthy and dementia-free at the times of the surveys.

Researchers Becca Levy, Luigi Ferrucci, Alan Zonderman, Martin Slade, Juan Troncoso, and Susan Resnick inspected changes shown by MRI over the course of 10 years in the brains of 52 BLSA participants and performed autopsies of the brains of 74 other BLSA participants. In both circumstances they found striking differences from what they found in the brains of participants who had held more positive attitudes in the surveys. Those who had held the most negative stereotypes earlier had MRI scans that tended to have substantially greater shrinkage or volume loss of the hippocampus, a structure in the brain central to memory. The post-mortems showed that those who had the most negative attitudes earlier had significantly more amyloid plaques (protein clusters that accumulate between brain cells) and neurofibrillary tangles (twisted strands of protein that accumulate within cells) scattered throughout their brains; both are classic biomarkers of Alzheimer's disease.

The study is the first to link the brain changes related to Alzheimer's disease to a cultural-based psychosocial risk factor. Interviewed by Michael Greenwood of Yale News, lead author Becca Levy said,

"We believe it is the stress generated by the negative beliefs about aging that individuals sometimes internalize from society that can result in pathological brain changes. Although the findings are concerning, it is encouraging to realize that these negative beliefs about aging can be mitigated and positive beliefs about aging can be reinforced, so that the adverse impact is not inevitable."

The Virginia Geriatric Education Center Geriatrics Workforce Enhancement Program

The VGEC's new three-year (2015-2018) federally funded project is well underway. Its overarching goal is to improve the health and well-being of older adults statewide, especially those at risk for adverse outcomes, with a focus on regions that are Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSAs). With the support of the Health Resources and Services Administration, DHHS, we are doing this through strengthened geriatrics training in primary care, in settings from pre-clinical to community practice, and through community-based partnerships focused on engaging elders and their caregivers in learning experiences to improve self-care and assisted care.

We are not working alone. The VGEC Consortium consists of Virginia Commonwealth University, University of Virginia, and Eastern Virginia Medical School. Our collaborating partners include Community Memorial Hospital in South Hill; Richmond Health and Wellness Program; the Riverside Health System; Sentara Health; the Virginia Health Quality Center (QIO); Mountain Empire Older Citizens in Big Stone Gap and its Program of All-inclusive Care for the Elderly (PACE); Senior Navigator (SN); Southside Virginia Community College; and others. For our focus on Alzheimer's disease and related dementias (ADRD), we are partnering with George Mason University; Norfolk State University; all four chapters of the Alzheimer's Association in Virginia; at least seven Area Agencies on Aging across Virginia; and the newly retired Vice President of the Alzheimer's Association, Massachusetts and New Hampshire.

This project has four ambitious but much-needed objectives. With space limitations, we'll briefly review two.

Transforming Clinical Care. The VGEC's initiatives include:

Excellence in Primary Integrated Care-Geriatric Patients (EPIC-GP) at Eastern Virginia Medical School (EVMS). EPIC-GP will use older adults' annual Medicare Wellness Visits as a training vehicle, benefitting both the older adults and an interprofessional team of health care providers. In the MWV, providers will screen for geriatric syndromes, cognitive impairments, learn about advanced care discussions in primary care and relevant community based resources for older patients and family caregivers. EPIC-GP wants to increase providers' sense of self-efficacy and comfort in working with older patients. To gain perspectives that benefit patients, EPIC-GP will solicit input from a community consultant group and receive training on Senior Navigator's web-based and community portal resources.

The Richmond Health and Wellness Program (RHWP). This is an innovation that brings interprofessional clinical students and providers to seven housing sites in Richmond for economically disadvantaged older adults. Students and practitioners learn practical ways of team care. The RHWP is also part of the 200-hour Faculty Development Program (FDP), first established by the VGEC in 2011; in the FDP 12 or more health care providers from various professions, e.g., medicine, nursing, pharmacy, and therapies, who have some type of academic appointment, commit to a 20-hour rotation at the RHWP to see first-hand the interprofessional team approach to geriatrics in practice.

The Virtual Interprofessional Web-Based Case System. First established through funding by the Reynolds Foundation, VCU is continuing its pre-clinical geriatrics training experience for students in medicine, nursing, pharmacy, and social work. Small teams comprised of each profession respond to an evolving patient case on-line and must learn to diagnose and treat patient conditions as a team, incorporating input from each of the other team members. Some 650 pre-clinical learners participate in this web-based, team-building experience each year.

Developing Providers to Assess and Address Needs of Older Patients and Families. The VGEC project has several initiatives:

The 200-hour Faculty Development Program (FDP). Mentioned briefly above, the FDP is a monthly seminar, September through June, including weekend retreats in October at Staunton, January at Newport News, and April at the Virginia Geriatrics Society annual conference. Its in-person, seminar format is a distinctive characteristic of the program wherein learners, called

- continued on page 17

Commonwealth Council on Aging 2016 Best Practices Awards

The Commonwealth Council on Aging is sponsoring the 2016 Best Practices Award Program funded by Dominion Resources 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 Best Practices Award Winners are on the Commonwealth Council on Aging's website: http://vda.virginia.gov/council.asp.

Nominations for the 2016 Awards must be received by March 1, 2016.

This is the tenth anniversary of the first Best Practices Award 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 be given to innovative 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. The Council believes the door is wide open for creative best practices.

Hidden Sugars in "Healthy" Drinks

Many of us looking to avoid well known sugar traps like Coca Cola and Pepsi (15.5 and 16.5 teaspoons of sugar, respectively, in a 20 ounce container) have chosen apparently healthy alternatives like teas, lemonade, and smoothies. Unfortunately, we may be in for a not-so-nice surprise. The November 2015 issue of *Nutrition Action Health Letter*, published by the Center for Science in the Public Interest, reports a summary of its investigation of added sugars in popular drinks, using data from the companies producing them. First, keep in mind that nutritionists recommend that we limit our added sugars to six to nine teaspoonsful a day. That's from all foods consumed over the course of a day. Then consider the following surprising findings, from among more than two dozen drinks assessed. Each drink is listed by its name, size in fluid ounces, and the estimated number of added teaspoons of sugar in that drink:

• Silk Chocolate Soymilk (8 oz.) 4

• Starbucks Caffee Latte, Soy (16 oz.) 4

• Ocean Spray Cranberry Juice Cocktail (8 oz.) 4.5

• Blue Diamond Almond Breeze Chocolate Almondmilk (8 oz.) 5

• Schweppes Tonic Water (12 oz.) 7.5

• San Pellegrino Limonata (11 oz.) 7.5

• Snapple Lemon Tea (16 oz.) 8.5

• Simply Lemonade (11 oz.) 9.5

• Panera Signature Hot Chocolate (16 oz.) 11

• McDonald's Sweet Tea (21 oz.) 13.5

• Canada Dry Ginger Ale (20 oz.) 14

• Jamba Juice Chocolate Moo'd Smoothie (22 oz.) 19.5

Comparing the sizes of drinks may assuage pangs of guilt a bit, for the 16 ounce Starbucks soy Caffee Latte, for instance, has the same amount of added sugars as the eight ounce Silk soy drink, and a bit over a third of added sugars of the 16 ounce Panera hot chocolate. Still, it's all a bitter surprise to discover how pervasive sugar can be in our diets.

Visit Our Websites

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

Virginia Department for Aging and Rehabilitative Services
www.dars.virginia.gov

Virginia Innovators Network Inspiring Products, Promoting Healthy Aging

by Catherine MacDonald, Network Integration and Outreach Specialist, Senior Connections, The Capital Area Agency on Aging

Set among 3D printers and high tech projects, more than 50 people from various sectors across Virginia gathered this past fall at Virginia Commonwealth University Art Depot to hear business pitches for innovative products and services targeting an expansive market for older consumers and caregivers. "Aging 2.0 Richmond Pitch Event: Connect! Caregiving, Transportation & Housing" served as a kick off for the new local chapter of Aging 2.0, a global innovation platform for aging and senior care. Richmond's Aging 2.0 chapter operates under the Greater Richmond Age Wave collaborative's Business for Life work group, focused on bringing together a network of businesses, professionals, and local providers.

The crowd heard four-minute pitches from six local entrepreneurs at varying stages in their product/service development. Two minutes were allotted for questions and answers from the audience, who then had one minute to rate the pitch via an online survey service on their smart devices.

Votes were tallied, and the top prize went to "Catch a Glimpse of Me" (trademark pending). Created by Lindsay King Seymour, it's a tool that helps long-term care community staff members provide a higher level of person-centered care through the use of video-taped resident interviews.

Seymour, who received her master's degree from the VCU Department of Gerontology in 2014, said the idea for "Catch a Glimpse of Me" came to her in graduate school. She has been working as a recreation specialist at Covenant Woods Retirement Community for the past 12 years and has a particular interest in exploring ways to provide quality person-centered care for individuals living in long-term care communities. Recently, she was awarded the Marion Cotter King award to acknowledge outstanding contribution to the study of recreation, leisure, and optimal aging.

The winner was not the only VCU Gerontology representative involved: Current graduate students Sara Morris and Catherine MacDonald helped coordinate the event. As work group members, the students attended other Aging 2.0 events, created event collateral, marketing materials, and helped promote the very first local pitch session.

The Greater Richmond Age Wave thanks Genworth for sponsoring the Aging 2.0 Pitch Event, as well as fellow philanthropic partners Richmond Memorial Health Foundation, The Community Foundation, and United Way of Greater Richmond and Petersburg.

VGEC, *continued*

Scholars, engage in discussions about geriatric syndromes, falls prevention, lifelong disabilities, dementia, depression, and delirium, and other aging-related topics. They also learn about teaching strategies and technology because they must develop, implement, and evaluate a curriculum project of their own choosing, in order to pass along to their colleagues or students some aspect of what they've learned in the FDP. The VGEC provides mentoring help.

The 40-hour Train-the-Trainer (TTT) program. This interprofessional geriatrics training program is essentially a brief version of the FDP. It is delivered in the community, including adult day centers and professional training sites, for learners who include preceptors of health care students in training, nurse practitioners, nurses, OTs and PTs, physicians, chaplains, and others with direct contact with older patients.

The 24-hour Evidence Based Practice program. This community-based training program focuses on preventing the recurrence of falls among frail older adults. For several years the VGEC has conducted this seven-week training program at PACE sites across Virginia and at the McGuire Veterans Administration Medical Center. Participants learn varying definitions of falls (definitions determine what's reported and treated), risk factors for falling, screening instruments used by various professions, interprofessional interventions, and team care planning.

Calendar of Events

March 29-30, 2016
Virginia Assisted Living Annual Spring Conference and Trade Show. Hotel Roanoke and Conference Center, A DoubleTree by Hilton, Roanoke. For information, visit www.valainfo.org/Spring_Conference_2016.html

March 31 - April 3, 2016
Transforming the Landscape of Caregiving: From Research to Practice. 37th Annual Meeting of the Southern Gerontological Society. The Boar's Head, Charlottesville. For information, visit southerngerontologicalsociety.org.

April 1-3, 2016
The 27th Annual Virginia Geriatrics Society Conference. Hilton Richmond Short Pump Hotel. For information, visit www.virginiageriatricssociety.org or call (434) 977-3716.

April 21-23, 2016
Leading through the Currents of Change. 31st Management and Leadership Conference of the National Hospice and Palliative Care Organization. Gaylord National Resort and Convention Center, National Harbor, Maryland. For information, visit www.nhpco.org/mlc2016-0.

April 23, 2016
Age Virginia Awards: 40th Celebration. The VCU Department of Gerontology's Age Virginia 40th Anniversary Gala Celebration. 6:00 p.m. St. Paul's Episcopal Church, Richmond. For information, visit https://training.vcu.edu/course_detail.asp?ID=14371.

May 2016
Older Americans Month

May 13, 2016
Active Aging Expo. Hosted by Senior Advocate. 7:30 a.m. - 12:15 p.m. The Westin Richmond. The Expo is for ages 55+ and is free to the public. For information, call Micah Hunt at (757) 719-2223.

May 18-20, 2016
2016 Annual Conference & Trade Show of LeadingAge Virginia. The Williamsburg Lodge, Williamsburg. For information, visit www.leadingagevirginia.org.

May 18-21, 2016
38th Virginia Senior Games. Newport News, VA. Athletes aged 50+ will compete in 18 different sports events in age-group categories (5-year increments). For information, visit www.virginiaseniorgames.org. Registration is online and available through May 1st.

June 6, 2016
Engaging the Brain. Annual conference of the Area Planning and Services Committee (APSC) on Aging with Lifelong Disabilities. Doubletree by Hilton Richmond-Midlothian. For information, contact eansello@vcu.edu.

June 7, 2016
Annual Conference on Aging: Aging Well in Mind, Body, & Spirit. Lynchburg College. Presented by the Beard Center on Aging at Lynchburg College. For information, call (434) 544-8456 or visit www.lynchburg.edu/beard.

June 8, 2016
National Council of Certified Dementia Practitioners Alzheimer's Disease & Dementia Care Seminar. (Course required for certification as a Certified Dementia Practitioner). Lynchburg College, Lynchburg. Presented by the Beard Center on Aging at Lynchburg College. For information, call (434) 544-8456 or visit www.lynchburg.edu/beard.

July 24-28, 2016
41st Annual Conference and Tradeshow of the National Association of Area Agencies on Aging. Sheraton San Diego Hotel and Marina, San Diego, CA. For information, visit www.n4a.org.

November 15-16, 2016
33rd Annual Conference and Trade Show of The Virginia Association for Home Care and Hospice. Marriott City Center, Newport News. For information, visit www.vahc.org.

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Soup for the Caregiver's Soul

Workshop for Families and Caregivers

April 26, 2016
8:30 a.m. - 3:00 p.m.
Southminster Presbyterian Church, 7500 Hull Street, North Chesterfield

Navigating Legal and Health Care Decisions For Your Family

Keynote Address:
Healthcare Decisions presented by Nathan Kottkamp, Esq.

Workshops Include:
- Legal Documents
- Home Care versus Home Health
- Caregiving Financial Resources
- Differences between Hospice, Palliative Care, and Respite Care
- The Importance of Self-Care

FREE. Lunch will be provided.

RSVP by April 15th to (804) 768-7878 or Leidheiserd@chesterfield.gov.

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