

Case Study

Gerontology Theory Communicated in the Primary Grades through Picture Books

by Edward F. Ansello, PhD

Educational Objectives

1. To recognize children's first literature as a means of socialization to aging and older people.
2. To identify children's books that reflect basic principles of gerontology theory.
3. To help primary school teachers, grandparents, and others interested in human development use books and activities to capture children's attention.
4. To identify a unit of six brief, overlapping modules, each with objectives, activities, and recommended readings.

Background

After publishing an analysis of children's first literature in *Childhood Education* in 1978, I continued to read and to identify books that seemed consistent with the emerg-

ing gerontological literature on human development across the life span. This piece represents the continuing organization of more than 30 years of school visits, readings, and experiments on this subject with elementary school children. Of necessity, it deviates from the format of past *Age in Action* case studies; think of each module as a "Case."

Introduction

Gerontological theories attempt to describe, explain or understand experiences of human aging, from physiological patterns to personal meanings. These theories, broadly defined, may be communicated to children during their formative primary grade years. These theories, at their base, attempt to capture the essence of human aging, namely, that there are commonalities in growing older, but that later life is experienced in different ways and that personal choices influence trajectories. These values reflect, among other things, the diversity of later life populations, the thrust toward individuation in human development, and the lifelong opportunity for continued growth.

Children's earliest literature is, in fact, a socializing medium regarding aging. These books remain highly regarded and much employed, despite the intrusion of electronic media into children's lives. Children's books seem more bright, varied, and sophisticated than their counterparts of 30 years ago. Illustrations are sometimes astonishingly impressive, with vibrant water-colored landscapes and figures that contrast sharply with yesterday's simpler line drawings. Content is also more varied. For example, now, as before, stories with an ethnic lineage often contain older characters, but today's settings may be Moroccan, Japanese, Indo-Pakistani or another more exotic locale. Story lines now address an array of issues, from alternative lifestyles to dementia to slavery.

Children's earliest books remain an important socializing medium to the concept and experience of aging. While there is enduring interest in the history and currency of stereotypes limiting adult development and how these are overcome, e.g., Henneberg (2010), children's first literature may possess

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the potential to shape the experience of growing older before it is lived. This body of literature warrants consideration, for often it contains, amidst beautiful artistry and illustrations, the boiled down or most basic assumptions of our society about various matters, reduced to pictures and simple words. We may see in children's first literature a distillation of values regarding aging and older people (Ansello, 1976; 1977; 1978; Seefeldt et al, 1977; Vasil & Wass, 1993).

Background: We Are Individuals, Even More So with Age

Growing older brings the process of "individuation"; that is, we grow less and less like our peers and more and more like only ourselves with advancing age (Ansello, 2011; Berkman & Glymour, 2005; Quinn, 1987). The whole thrust of human development seems to be toward this process of differentiation, becoming uniquely ourselves.

Aging, therefore, brings with it individuality, as well as greater numbers of opportunities for personal experiences, travel, developing friendships and exchanges. It is a time of gains and losses, advances and declines. These happen within the same person, and to different rates and degrees when comparing older adults. Aging is anything but uniform or stereotypic. Children deserve to be exposed to this multi-dimensional mix so that their expectations of others and for their own aging are not narrow or constrained. Some efforts to portray only positive aspects of aging. e.g., Cohen (2004), miss this opportunity and effectively deny the full range of the processes of individuation in

human aging.

Learning about aging means going beyond older relatives like grandparents and great grandparents. Primary grade children have precious little interaction with unrelated older adults, for reasons that include parental admonitions about talking to strangers; these children may even consider interactions with grandparents as "family" experiences rather than as experiences with older people. Years ago our research team found that many of the primary grade children we interviewed who had regular contact with their grandparents or great grandparents said that they knew no older people (Seefeldt, Jantz, Galper & Serock, 1977). For these and perhaps most children of this age the various media, from television to children's first literature, play an important socializing role. They learn from these images what growing older "means." So, an intentional unit such as the following should include a wide range of depictions and categories of aging and older people.

This unit's themes and suggested picture books can readily be applied in the primary grades (K-2), while using more sophisticated books consistent with the objectives within each module would achieve the intended effects with the early elementary grades, that is, third and fourth grades.

Most of the children's books referenced are meant to be read to children, notwithstanding precocious young readers. Additionally, some of these books have controlled vocabularies that young readers can negotiate. Library classification is

not uniform, but typically library systems classify these books as JP (Juvenile Picture) or E (Easy). The books recommended in this unit are currently in active circulation in typical city and county library systems. Simply put, most library systems cannot afford to stock the newest books, so what is available for library loan tends to be books that are several to many years old. These books are also a mix of humorous, fantastical, realistic, and serious stories, and are, of course, illustrated in ways that attract the children's attention.

Overall Objectives: Growing Older Is A Gift. How Do We Learn to Use It?

Children are already in the process of forming aging-related attitudes that are predisposing them to behaviors, whether or not they have actual experiences with older people. The research literature has long reported numerous examples of negative stereotyping about aging and older persons, as well as findings of ambivalent to negative attitudes held by young children, e.g., Ansello, 1977; Couper, Donorfio & Goyer, 1995; Horner, 1982; Seefeldt et al., 1977.

This unit does not attempt to replace negative stereotypes and attitudes with positive stereotypes and attitudes. Stereotyping is stereotyping. Rather, it seeks to expose children to a fuller range of the aging experience and the tremendous variety of lives lived among older persons. In this way, it is hoped that children will see growing older as another broad period of potential growth and change.

The six modules within this unit are intended to address children's: 1) Understanding of the processes of growing older; 2) Assignment of behaviors to people who grow old; and 3) Affective feelings toward elders and their own aging.

Methods: Keep It Short and Interesting

Each module involves discussion, questions of the children, reading a related book or two, and, sometimes, use of supplementary materials. Modules typically are 20-30 minutes each and are deliberately somewhat overlapping.

Each of the six, inter-related modules contains assumptions, objectives, and suggested activities, including use of relevant children's books. (A fuller list of relevant titles, each annotated according to which of the six modules it relates, is available by request. This Recommended Sampling is not casually derived but, rather, reflects ongoing, periodic editing, adding and deleting titles to keep the number manageable.)

Values: Four Basic Keys in Depicting Aging

This unit employs books that advance four basic values in the depiction of aging: *diversity, individuation, story relevance, and interest*. Because diversity within a group increases with age, that is, "within group variance" grows larger, older characters are portrayed in **diverse** roles and behaviors, with diverse ethnic, racial, and other characteristics; they may be active, passive, good, bad, strong or weak, humorous or serious. They are por-

trayed as **individuals**, not as stereotypical representations of a group. They are **relevant** to the story line, rather than being gratuitously drawn into the background visually or behaviorally. Finally, their character is of **interest** to the reader or listener; a number of these books engage the children's interest through humor or highly creative story lines. If the older character is not relevant to the central story and if the children's interest is not captured, it is difficult to realize the values that older adults are heterogeneous or diverse and are individuals who are still developing.

The Six Modules

Module One: The Gift of Time

Assumptions:

Children's misperceptions about aging are legendary but are quite often exaggerated. Children in grades K-2 do tend to have an ordered sense of age progression, even if the number of years of age that they assign to those older is incorrect. Children in these grades are open to learning what these extra years can provide and, in important ways, are less constrictive than older children and adults in their opinions of what old age is and what it means. This module attempts to foster in the children a sense of wonder regarding the extended life course; an appreciation of the multi-generational connections long life sets in play, and openness to the possibilities that a long life might allow.

Objectives:

1) To communicate accurate infor-

mation about the length of human life and to compare human and non-human life spans
2) To explore the benefits of longevity, the positive correlation between time lived and experiences

Activities:

1) Use tape measure to indicate visually years of life of different generations: the children, their parents, their grandparents, etc.; stretched out to the ceiling or across the room, the tape is a graphic representation of added years and provides a "concrete" display of increasing numbers of years.
2) Discuss how long humans and creatures typically live, i.e., life span concept [*How Old is Old*, Leonore Klein; discusses the varying life expectancies of animals; *Grandma Elephant's in Charge*, Martin Jenkins; describes the leadership responsibilities gained from living longest.]
3) Draw four bar graphs or stack four columns of blocks to show the children in the class concretely how many of them have living grandfathers, grandmothers, great-grandfathers, and great-grandmothers.
4) Discuss relationship between extra time and extra opportunities, as when there is more time to draw, to play, to learn, to meet people or travel places; introduce "*if you're lucky, you get to be old*" which will be developed more fully later.

Module Two: Same and Different

Assumptions:

The process of aging produces individuals, each with a distinct history and personality, contrary to the social shortcut of grouping older

people together and assuming that they are alike in their characteristics and needs. At the same time, the processes of growing older tend to bring common developmental tasks that have remained relatively constant for generations. So, children yesterday and today have had to discover themselves and develop relationships, while older adults have had and continue to have developmental tasks like dealing with work and non-work, and changes in relationships, physical appearance and capacities. Thus, today's children and today's elders continue to develop, with the elders having the advantage of having accomplished many of the same challenges that the children are now encountering, even if the "trap-pings" of the challenges have changed.

Objectives:

- 1) To demonstrate the concept of the life course, that one grows from being young to being old as a natural progression, noting especially the parallel development of those who are now old to those who are now young (the children)
- 2) To introduce the concept of diversity of lives among those now older, underscoring how different and individual older people can be, rather than how they can be stereotyped

Activities:

- 1) Discuss the childhood of grandparents or of other older people, what they did as children, how these activities are similar to and different from the children's [*My Very Special Friend*, Lucille Hein; about a great-grandmother's relat-

ing things she loved to do as a child; *The Storytellers*, Ted Lewin; grandchild is apprenticing with his grandfather in contemporary Morocco to continue the ancient tradition of public storyteller; *I Go with My Family to Grandma's*, Riki Levinson, multi-generational family get-togethers in early 1900s.]

- 2) Explore with the children how some things do not change, how certain activities or relationships seem always to remain important or enjoyable to children, even in different periods of history [*Our Old House*, Susan Vizurraga; shows how previous inhabitants of a house played and interacted, in ways not so different from today.]

- 3) Discuss a variety of types of grandparents, their lives, interests, and occupations, where and how they live [*Grandma is Somebody Special*, Susan Goldman; grandma lives in a high-rise in the city, whereas many first graders live in suburbs; *My Two Grandmothers*, Effin Older; child has two very different grandmothers, one who lives on a farm, the other in the city, one who is Jewish, the other Christian; *Great-Grandmother's Gourd*, Cristina Kessler; a modern water pump in a Sudanese village pits progress against grandmother's traditional ways. The point in each story is to present parallels and contrasts to listeners' norms.]

Module Three: If You're Lucky, You Get to be Old

Assumptions:

Aging may or may not bring wisdom. Our own experiences probably bring to mind some who gain insight with added years and some

who remain stubbornly impervious to it. However, the indisputable logic is that growing older allows the possibility of a continuing range of experiences, from gaining new skills, to making friends, to adjusting to troublesome challenges. The message is that aging brings not inevitable decline but developmental opportunity, and that older persons have met life's opportunities in myriad ways. Importantly, the intention is not to substitute positive stereotypes for negative stereotypes, for stereotyping itself is inappropriate. Rather, the intention is to communicate that growing older offers opportunities and possibilities.

Objectives:

- 1) To demonstrate the benefits of longevity in terms of tangibles and intangibles, i.e., friendships made, places traveled, knowledge gained, things acquired, insights and perspectives gained.
- 2) To counterbalance impressions, based upon physical changes with age, that growing older is only a time of decline or deterioration

Activities:

- 1) Discuss the accumulation of experiences with age [*When I Am Old With You*, Angela Johnson; African American child and her grandfather experience a variety of things, e.g., corn roast, hunting in the attic, fishing, etc., all within a context of a wide circle of friends; *No Friends*, James Stevenson; tongue-in-cheek storytelling by Grandpa in this and several of the author's books gives perspective and reassurance to grandchildren's problems.]

2) Discuss the rich variety of life events of someone who grows old as part of two cultures [*Grandfather's Journey*, Allen Say; grandfather emigrates from Japan to California, explores North America, then returns to Japan to marry, intending to return to America.]

3) Talk about all the things one has the chance to learn if one lives a long time. [*Keeping Up with Grandma*, John Winch; contrasts the special skills of Grandma and Grandpa, how each in his or her own way has learned things over a life time that fit and shaped personality.]

Module Four: The Cycle of Life

Assumptions:

When all is said and done, growing old is a personal interaction with all of life's experiences, the good and the bad, each being interpreted and given meaning by the individual. No two people, even twins, experience the life course exactly the same. So, older persons are stories themselves. This makes age stereotyping all the more unfortunate when transmitted to children. At the same time, no one person, even no one older person, has all the answers or all the insights, for these are his or her answers and insights alone. Nonetheless, observers have spoken over the centuries of a rhythm or pattern to the life course, with losses, adjustments, and challenges being typical in later life. The point for children in grades K-2 is an appreciation of how older persons meet or have met these challenges.

Objectives:

- 1) To demonstrate the relationship between passage of time and the accumulation of personal memories, each with individual meaning
- 2) To examine the cycle of human development, the pluses and minuses, the common features of development that both the children and current elders go through, as well as to discuss impairments and death, more associated with advanced age

Activities:

- 1) Discuss different meanings of experiences; [*Wilfrid Gordon McDonald Partridge*, Mem Fox; a boy who lives next door to an adult care residence / nursing group home helps several residents "recover" their memories.]
- 2) Discuss the link between people of different ages, for the older were once younger, and younger will become older [*I Know a Lady*, Charlotte Zolotow; a girl discovers the humanity of an elderly neighbor and wonders what she was like as a girl; *Verdi* by Jannell Cannon explores youthful exuberance and cross-generational connections through the life cycle of a feisty python.]
- 3) Discuss the legacies of older persons who have impairments or have died, in terms of their impact and continuing influences; [*Singing with Momma Lou*; little girl attempts to revive memories in her grandmother with dementia; *Sweet, Sweet Memory*, Jacqueline Woodson; Grandpa's death deeply affects a young girl, but she comes to realize that she has a common bond with many family members influenced; *Grandad Bill's Song*, Jane Yolen; little boy discovers the many

sides of his beloved grandfather's life, and takes comfort in the memories others share with him; *Badger's Parting Gifts*, Susan Varley; field animals mourn the passing of old Badger but discover the legacy of his time with them.]

Module Five: The Gift of Giving

Assumptions:

Grandparents, older relatives, and unrelated elders may teach important, positive lessons to children. These older adults may have the time to listen or to share with children. They may have the perspective gained through long life to give comfort, encouragement, moral bearings, or reassurance. Not all are sage elders, of course, and not all children have the opportunity for regular or sustained interaction with older persons, related or not. The point is that older persons, because of their vantage point on the life course, are sometimes models of caring, perspective, and positive values for others. At the same time, children may be positive influences. To be sure, children may help redeem elders through the children's gift of giving.

Objectives:

- 1) To examine the affective dimension of human development, love expressed to others, giving to others.
- 2) To present subtly that unselfish giving is often a lesson best learned with added years.

Activities:

- 1) Show that the gift of giving means love is expressed to others

without the expectation of anything in return; [*Miss Tizzy*, Libba Moore Gray; elderly woman cooks, dances, explores, takes children to visit the sick, and they mimic her behavior when she is ill; and *Alejandro's Gift*, Richard Albert; elderly recluse builds a waterhole out of sight of his cabin, since animals wouldn't come near; they benefit from his gift but he can't see and enjoy them.]

2) Discuss relationships between children and elders where the children acted unselfishly. [*The Boat*, Helen Ward; courageous boy rescues reclusive elder and his animals and rekindles the man's connections with the community.]

Module Six: Continuous Growth

Assumptions:

Old age is more than reflection, more than looking at what was. Many older persons continue to dream, aspire to achieve, imagine what might be. Some create in the tangible, some in their imaginations. Some prefer or are forced to live alone; others seek to begin, renew or replace relationships. The point for children is that aging can be a time to grow, and older persons and children may help each other's growth.

Objectives:

- 1) To demonstrate that we continue to grow and dream throughout life
- 2) To show that intergenerational relationships may be mutually beneficial to growth, benefiting both the child and the elder

Activities:

- 1) Explain that we can always dream or aspire, and that we can attain dreams at any point in life [*Lottie's Dream*, Bonnie Pryor; a young girl dreams of the ocean, grows up and grows old in Kansas, and realizes her dream of living by the sea as a widowed grandmother]
- 2) Ask the children if a person is ever too old to learn. If they think so, explore what they think makes this happen and what limits the ability to learn new things. Explore whether physical disabilities mean a person cannot learn; ask if having people tell you that you cannot learn would limit your ability to do so. [*The Grannyman*, Judith Schachner; old cat re-engages and learns to adapt because of kitten's needs; *Mrs. Peachtree's Bicycle*, Erica Silverman, an older woman is determined to learn to ride, despite discouragement by others]
- 3) Discuss the importance of relationships to others in attaining our dreams and resetting them [*Jim and the Beanstalk*, Raymond Briggs; humorous sequel to "Jack and the Beanstalk"; Jim befriends the giant's son who has grown old and lonely; Jim's friendship rejuvenates the giant, physically and psychologically.]

This module ends the unit on an upbeat note: in this instance, Lottie, now elderly, sitting on her porch on the seacoast of Maine, and the giant reinvigorated through Jim's help.

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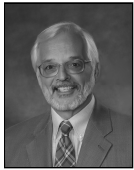
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From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

The Year in the Rear-View Mirror

The year 2018 is our 40th. Governor John Dalton signed the bill enacting us in March 1978. We have, since then, employed many dedicated faculty and staff and partnered with hundreds of agencies, coalitions, and businesses to help older Virginians and their families to enjoy the best of their years. Our programs and activities have evolved over time but we have remained true to the charges given us in the Code of Virginia, essentially to conduct interdisciplinary studies, including training practitioners and offering educational opportunities for older adults, conducting research on and advancing knowledge about dementia, and serving as an information resource to those committed to the well-being of older adults.

Our current operations feature four program areas: abuse in later life (domestic violence and elder abuse); dementia research; geriatrics and gerontology education; and lifelong learning. Here are samplings of what we did in calendar 2017.

Abuse in Later Life. We have focused for many years on bettering the community's response to abuse in later life. With the valuable assistance of Virginia's Department of Criminal Justice Services (DCJS) and the U.S. Department of Justice (DOJ), we have worked with our

community partners to strengthen the knowledge and skills of law enforcement, Commonwealth's Attorneys, multidisciplinary team members, social services providers, coalitions, government agencies, volunteers, and others to work collaboratively to recognize, prevent, and respond to this abuse. DCJS has funded continuing projects on family violence and elder abuse, neglect, and exploitation. We are the lead agency in the Central Virginia Task Force on Domestic Violence in Later Life, which has funding from V-STOP (Virginia Services, Training, Officers, Prosecution) in the Violence against Women grant program, administered by DCJS. DOJ supported a completed project to establish a community response for victims in Southwest Virginia. In late 2017 DCJS awarded us support for a project to enhance the skills of circuit and district court judges in abuse in later life cases; we'll be offering one-day educational workshops in three different regions of the state this spring for some 60 judges, emphasizing, among other things, the impact of abuse in later life on our communities, the dynamics of abuse; the unique needs of older victims, and the importance of multidisciplinary collaboration.

We are also in the middle of a two-year DCJS-funded project ending December 2018 to develop: a) an executive-level training presentation on law enforcement response to abuse in later life (ALL) and deliver it 250 Virginia police chiefs and sheriffs at two annual conferences; b) a supervisor-level training presentation on the law enforcement response to ALL and deliver it to 50 attendees at First Line

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Supervisors Training School; and c) a one-day (8-hour) training to 40 officers in four regions of Virginia on identification, response, and investigation of ALL, to include domestic, sexual and dating violence, stalking, neglect, and trauma-informed response. In 2017, we exceeded our goal with executive level training and have made substantial progress with supervisors and regional training of officers.

Dementia. We have administered the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) since its enactment in 1982. It is, arguably, the most effective state-funded vehicle in the United States to investigate the causes, consequences, and treatment of dementing illnesses. During calendar 2017, we solicited, screened and enabled third party-reviews of many proposals for innovative seed or pilot research, that is, projects whose findings can lead to larger federal or foundation grants. We made seven awards on a range of scientific topics: UVA: empathic transfer of postoperative cognitive dysfunction as a consequence of neuroinflammation; Va. Tech: Identification of compounds that can protect neurons by blocking the tau oligomer formation characteristic of neurofibrillary tangles in Alzheimer's Disease (AD); Va. Tech Carillion Research Institute: How amyloid deposits facilitate the development of AD by impairing the regulation of blood flow; VCU: The effectiveness of a neuroinflammatory inhibitor that has potential for treating AD; VCU: Validation of an in vitro neurovascular AD tissue model to facilitate drug discovery; VCU: Establishing a platform for generating the alpha-

synuclein protein found in the Lewy bodies that characterize Parkinson's disease; and VCU-Shenandoah Family Practice Residency: Studying the increase in the off-label use of risky medications (e.g., lithium and anticonvulsant mood stabilizers) to treat dementia symptoms.

In the 35 years of ARDRAF (1982-2017), we have awarded 173 competitive seed grants, to 24 non-profit recipient organizations, at an average award of \$24,300. They, in turn, have subsequently obtained over \$39M in related funding from non-Virginia sources, for an average return of \$9.39 for every \$1.00 that the General Assembly has appropriated to ARDFRAF.

Geriatrics/Gerontology Education. Our Geriatric Training and Education (GTE) focuses on workforce development across Virginia. Agencies and organizations submit needs-based training proposals which we screen through third party reviewers. Training topics are varied, as needs are locally identified. In calendar 2017 we awarded 12 GTE projects, including: Visual Arts Center of Richmond: *Training Artist Educators to Lead Creative Aging*; Alzheimer's Association, Central and Western Virginia Chapter (Charlottesville): *Creative Expressions in Dementia Care: A one day training workshop for sustainability of arts programming in four rural regions*; The Riverside Center for Excellence in Aging and Lifelong Health (Williamsburg): *Training Geriatric Workforce in the Benefits of Therapeutic Horseman-ship for Better Dementia Care*; Lucy Corr Foundation (Chesterfield): *A Peer Interdisciplinary*

Educational Training Approach to Oral Health Care for Direct Care Providers; Capital Caring (Falls Church): *Building upon the Success of the Alternative Curriculum for Virginia POST Facilitator Certification*; George Mason University (Arlington): *Advance Care Planning in Medicare/Medicaid Funded Agencies: A Culturally Competent Training*; Aging Together (Culpeper): *Helping throughout the Journey of Dementia: Understanding Progression and Providing the Best Care*; and Arlington Community Foundation: *Advance Care Planning Workshops and Facilitator Training in Arlington*.

The Virginia Geriatric Education Center (VGEC), a federally-funded consortium of VCU, UVA, and EVMS that we lead with faculty from dentistry, medicine, nursing, OT, pharmacy, PT, and social work, continues its work of building inter-professional geriatrics. The VGEC's initiatives touch all regions of Virginia and beyond, having welcomed practitioners and educators from other states and other countries in its training programs. These programs include the 200-hour, September through June Faculty Development Program (FDP) and the 24-hour Evidence Based Practice (EBP) program on preventing the recurrence of falls. In June 2017 we graduated our largest FDP class of health care professionals who have academic teaching credentials, ensuring that they will "pass the torch" to their colleagues and students, sharing their knowledge and skills.

Lifelong Learning. We have offered learning experiences for older adults across Virginia since

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1979, when we established sites for noncredit, college-like courses under the Elderhostel umbrella. Elderhostel has become Road Scholar, a network of program providers in North America and more than 100 other countries across the world. Road Scholar programs are typically four-six days in length, and may now include physical experiences to complement the academic. We offer a range of Road Scholar growth opportunities at hotels in Big Meadows, Fredericksburg, Harrisonburg, Richmond, and Staunton, attracting 494 learners from Virginia and elsewhere in 2017. Our VCU Road Scholar is the leading affiliated provider in Virginia and a top performer among providers across the United States.

We also conduct the member-driven Lifelong Learning Institute (LLI) in Chesterfield County, which we co-founded and co-sponsor with Chesterfield County Public Schools and Chesterfield County to serve mid-life and older adults. In 2017, the LLI offered 645 daytime, non-residential, college-level courses and related activities classes, taught by 218 volunteer instructors across three 16-week sessions. We attracted 2,573 learners (a single student may be counted up to three times, i.e., once in each of the sessions). The LLI in 2017 had a total of 1261 members, all Virginians, representing 47 different zip codes and the following locations: Amelia, Charlotte, Chesterfield, Colonial Heights, Cumberland, Dinwiddie, Goochland, Hanover, Henrico, King William, New Kent, Notoway, Petersburg, Powhatan, Prince William, and Richmond.

Other activities. Beyond our four program areas, we continue our work on aging with lifelong disabilities, as a leading member of the Area Planning and Services Committee (APSC). It hosted highly successful, informative events in 2017: its statewide June 2017 conference around the theme of *A Balanced Life: Making Meaningful Connections* and its November workshop for service providers on *Exploring Diversity across Culture, Spirituality, and Disability*. We maintain, of course, our research translation and community engagement work on a dozen coalitions, boards, and ad hoc initiatives.

2018 DARS Meeting Calendar

Commonwealth Council on Aging
April 11, July 11, September 19, and December 19

Alzheimer's Disease and Related Disorders Commission:
April 11, June 19, August 21, and December 11

Public Guardian and Conservator Advisory Board
April 11, June 21, September 6, and November 8

Visit Our Websites

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

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

From the Commissioner, Virginia Department for Aging and Rehabilitative Services

Jim Rothrock
DARS Commissioner

Looking to the Past to Prepare for the Future

I have had the good fortune to contribute routinely to this publication over the last six or so years and note some of the many accomplishments of our agency's staff and other partners in the Aging Network across the Commonwealth.

Moreover, I have benefitted from reading the other more scholarly entries highlighting new research and modalities that affect *Vintage Virginians*.

Over these years, covering parts of the McDonnell Administration and all of the McAuliffe years, the Commonwealth has seen progress in how we think about and serve this growing population that includes so many of us already.

In the remainder of this article I plan to illustrate some of the major achievements of the Network and begin a look towards the future.

Care Transition

A model employing "coaches" to prepare Medicare and some Medicaid recipients to care for themselves in a more effective fashion, thereby avoiding costly hospital readmissions, has proven to be a real "game changer." A recent snapshot of this initiative led by Bay Aging

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exhibited the following:

- Seven Triple As and four health systems collaborating
- More than 250,000 Medicare recipients served
- Readmission rates reduced from 24% to 8%, and
- Cash savings approaching \$10M

And the potential for this effort is huge as an effective and empowering model.

Chronic Disease Self Management

This evidence-based experience began with federal grant funds to prepare instructors at our Triple A's to work with a dozen or so seniors with some chronic diseases (obesity, COPD, diabetes, etc.) over six weeks, giving them strategies to manage their own conditions and thus finding improved health. Our model has been expanded to more diverse populations and has improved health for participants in jails and prisons, Centers for Independent Living, and our own WWRC, typically focusing on youth with chronic health concerns. The Triple A in the Valley (VPAS) will soon begin offering this program for a population sharing opioid abuse as a disease. A recent report to our federal partner proudly proclaimed our success in exceeding our goal for successful "exiters." Again, this is another initiative that will not only improve health but also will continue to bend downward the health care cost curve.

No Wrong Door

This powerful network providing essential information to seniors and people with disabilities relative to

their long term care needs has matured to become a key element for agencies and individuals throughout the Commonwealth. More than 100 community agencies are active partners, with that number growing, and 50,000 individuals benefit from finding and receiving services they need to maintain their independence each year.

Dementia Services Coordinator

With help from the Alzheimer's Association and Delegate Steve Landes, funding was secured to create this full-time position. Not only has information been disseminated, but also additional grant funds have been brought to the Commonwealth to help individuals and families dealing with this disease. A recent "falls prevention" project is a highlight of the accomplishments of this program and has significant potential to avoid dangerous falls and the huge medical costs so often associated with a fall.

Ombudding for Managed Care

Our sister agency, DMAS, has underscored the value of our Long Term Care Ombudsman program and provided state and federal funds approaching a million dollars to provide these essential services to those being served in a new managed care environment. Complex changes are being made, and the Ombudsmen can offer clarification or advocacy to aid the recipient in realizing the maximum benefit from the new coverage.

Statewide Conference Reborn

Two major conferences on aging have been successfully offered to hundreds of colleagues. Following more than a decade of absence, this conference will likely continue in

some form to focus public attention on aging issues and increase collaboration potential to improve services.

Financial Exploitation

As a result of legislation patroned by Delegate Chris Peace, policies were strengthened, penalties increased, and partnerships formed with lending institutions to better identify instances of financial exploitation earlier, hopefully decreasing the impacts. DARS Adult Protective Services leadership will assure the current dialogue continues as statistics show this despicable practice is not going away.

Supreme Court Collaboration on Guardianship

We are excited about discussions stakeholders are having on the topic of guardianship and additional work to improve elder law in general. The discussions have identified critical issues, and important recommendations will be forthcoming.

Division for Community Living

Finally, DARS reorganized in order to create a new division aligning programs for seniors and those with disabilities. Now under the able leadership of Marcia DuBois, traditional federally and state funded "Older Americans Act" efforts along with similarly funded independent living and brain injury initiatives are more closely tied. No funding changes will be made, but certain administrative supports can be more strategically used in support of the unit. This move is consistent with federal measures that similarly align these initiatives to help those needing community based long term care and supports.

Editorials

Well, a lot has been accomplished, much of which to be proud, yet the job is far from over. Cuts loom in both Medicaid and Medicare.

Demand for long term care increases. Exploitation, abuse, and neglect continue to trend upward. Family care givers routinely are stressed beyond limits.

This readership will need to increase the public's awareness of issues, promote promising practices, and serve as advocates. The powerful message found in the commonality of a collective desire for **all** to experience active and healthy aging should bode well for success.

To all of our readers, health and safety for a great 2018!

Editor's Note: Jim Rothrock retired as Commissioner in January 2018. He served as Commissioner under several governors and was admired for his career-long commitment to the well-being of older adults and individuals with disabilities. We were often in awe of his energy, vision, and good spirits. We wish him well.

VirginiaNavigator's Robust Resource Directory and NEW Tool for Professionals

VirginiaNavigator is an award-winning statewide Virginia public/private partnership non-profit that helps older adults, people with disabilities, veterans, and their families/caregivers find information and

vital community-based programs and services across Virginia via a family of websites (disAbilityNavigator.org, SeniorNavigator.org and VeteransNavigator.org) and 740+ grassroots-based Navigator Centers.

Consolidated into one easy access point (VirginiaNavigator.org), the websites that comprise the VirginiaNavigator Family of Websites share a comprehensive and robust resource directory that currently houses 26,501 programs and services from 8,415 organizations. This directory includes public, private, and not-for-profit organizations, providing users with the full continuum of services available to older adults, people with disabilities, veterans, and family caregivers across the Commonwealth.

Through its family of websites, VirginiaNavigator addresses a wide array of topics and issues including: health, legal and financial, housing, benefits assistance, advocacy, caregiver support, transportation, and more. Searching for programs and services is easy and free; simply type a topic, along with your Zip Code or City/County, to access the relevant services available right in your community.

As you use the VirginiaNavigator Resource Directory, you will notice that for each resource much more is provided than just a name, telephone number, and address. VirginiaNavigator wants to ensure that you or your clients have enough information to make an educated and informed decision about whether a program or service may be a good match. To accomplish this, VirginiaNavigator adheres to

data standards recommended by the Alliance of Information and Referral Systems (AIRS).

For professionals, VirginiaNavigator is pleased to announce a new feature that allows agencies to update their own program information housed in the VirginiaNavigator Resource Directory. To access this new 'Provider Portal,' you must first register as a 'Professional Member' on VirginiaNavigator.

Here is the step-by-step how-to:

1. Visit www.VirginiaNavigator.org, and click on the Register button in the top right corner of the page.
2. On the registration page, choose 'Professional Profile' and complete the information to set-up your account. Once you submit your information, your account will be activated and an email will be sent to you.
3. Once activated, you will be able to view and update your agency's programs currently listed in the VirginiaNavigator Resource Directory. Don't worry if you make changes and do not see these edits immediately on the live website. Any changes are reviewed by VirginiaNavigator staff prior to displaying on the website and will appear in a timely manner.

If you have any questions about the process of submitting changes via the 'Provider Portal' or suggestions for improvement, contact the VirginiaNavigator Data Team at (804) 525-7728; toll free 1-866-393-0957 or via email data@VirginiaNavigator.org.

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;
 - (3) or 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:** Letter of Intent: By February 2, 2018 prospective applicants are required to submit a non-binding letter of intent that includes a tentative 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 must be uploaded to <http://go.vcu.edu/ardraf-loi>.
- Applications: By February 9, 2018, approved applicants will be invited to submit a full proposal. Applications (original and two hard copies) sent by carriers who date stamp *on or before the due date*, with an electronic copy also e-mailed on or before the due date, will be accepted through the close of business March 1, 2018.
- Announcement of Awards: Award decisions will be announced by June 22, 2018.
- Funding Period: The funding period begins July 1, 2018 and projects must be completed by June 30, 2019.
- 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 <http://go.vcu.edu/ardraf> or by contacting the Award Fund administrator:

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For door-to-door delivery (FedEx, UPS, etc) the street address is
730 E. Broad St., 2nd Floor-Rm 2088, Richmond, VA 23219

Diet Quality Earlier in Life and Physical Abilities Later in Life

Researchers in the U.K. have assessed the effects of diet earlier in life on some simple physical measures like handgrip strength and walking speed that act as biomarkers of aging and predictors of future health and mortality. They had access to longitudinal data in the National Survey of Health and Development (NSHD) funded by the UK Medical Research Council; it a longitudinal study based on a socially stratified sample of 5,362 births occurring in one week in March 1946 across England, Wales, and Scotland. These individuals have been followed ever since.

The researchers had data on participants' diets at ages 36, 43, 53 and 60–64, the latter being this study's follow-up in 2006–2010, when they assessed 2,229 individuals at clinic (76%) or home (24%). Average age at the follow up was 63.

Their study, published October 2017 in the *Journals of Gerontology*, Series A, is available at <https://doi.org/10.1093/geronol/glx179>.

A number of nutrients (protein, vitamin D, antioxidants, and n-3 fatty acids) have been linked to differences in muscle mass, strength, and physical performance in later life. Participants in the current study recorded all food and drink items consumed at the four points in time, using household measures; researchers provided images and notes at the start of the diaries to guide estimation of portion size. At

age 60–64, 988 individuals had completed food diaries (for at least three days) at every adult assessment point. Researchers allocated all foods and drinks consumed at each age to one of the 45 mutually exclusive food groups on the basis of similarity of type of food and nutrient composition

Physical performance was assessed by trained nurses following standard protocols using three tests at ages 60–64: chair rises, Timed Up and Go (TUG), and standing balance. The time taken to perform 10 chair rises (rise from a sitting to a standing position and sit back down again) was recorded and used to derive chair rise speed as the number of repetitions per minute. The TUG test required the participant to rise from a chair, walk three meters (about 10 feet) at a normal pace, turn around, return to the chair, and sit down; TUG speed was calculated by dividing six (distance in meters) by the time taken in seconds. Standing balance time was measured as the length of time a participant could stand on one leg with eyes closed, up to a maximum of 30 seconds.

The nurses gathered data at the follow-up on a number of variables, including height and weight; self-reported smoking status; leisure time physical activity; how often in the previous month participants had participated in any sports, vigorous leisure activities, or exercises; occupational social class, etc. Longitudinally, mean (average) diet quality score increased from age 36 to 60–64 among men and women, with women having higher diet quality scores at all ages in adulthood ($p < .001$). However, although

mean diet quality scores increased across adulthood, the correlations between scores at all ages in adulthood indicated stability in terms of diet quality between 36 and 60–64 years.

Diets of higher quality, characterized by higher consumption of fruit and vegetables and whole grain bread, and lower consumption of white bread, potato products, added sugar, and processed meat, were positively associated with all measures of physical performance at 60–64 years. Findings were similar in men and women. Moreover, conditional analyses showed higher diet quality than expected at age 60–64 (when taking into account earlier diet quality) was associated with faster chair rise speed and with longer standing balance time. This may suggest that changes in food choice to improve overall diet quality in later life could improve physical performance and to contribute to healthier aging.

Higher diet quality scores at each age were associated with better measured performance in the three tests ($p < .01$). These associations maintained even when adjusting for various subject characteristics (gender, age at follow-up, height, weight-for-height residual (BMI), smoking history, physical activity, diabetes, and cardiovascular disease) ($p < .05$), with the exception of the associations regarding diet quality at age 43, and the association between diet quality at age 53 and TUG speed. There were consistent positive associations between diet quality and physical performance in the cross-sectional associations at 60–64 years.

Rural Caregiving vs Urban Caregiving

Is it tougher being a rural caregiver? Does a shared sense of community balance or overcome a shortage of resources like transportation and healthcare facilities?

Dr. Erin Bouldin of the Department of Health and Exercise Science at Appalachian State University and colleagues Lynn Shaull, Elena Andresen, Valerie Edwards, and Lisa McGuire, of Washington, D.C., Oregon and Georgia, respectively, sought answers. Their findings were published this fall online in the *Journal of Rural Health*. DOI:10.1111/jrh.12273.

Specifically, they assessed “whether financial or health-related barriers were more common among rural caregivers and whether rural caregivers experienced more caregiving-related difficulties than their urban peers.” Bouldin and colleagues analyzed the Caregiver Module, a set of 10 questions that was developed for the Behavioral Risk Factor Surveillance System (BRFSS), an annual telephone survey of community-dwelling adults that health departments in all states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam conduct with assistance from the Centers for Disease Control and Prevention (CDC). The Caregiver Module is an optional add-in.

The researchers obtained data from the 10 states that included the Caregiver Module as state-added questions in 2011 (New Jersey), 2012 (Indiana, Iowa, Maine, Mississippi, Missouri, West Virginia, and Wis-

consin), or 2013 (Arkansas and Illinois) and provided the Metropolitan Statistical Area (MSA) so that they could classify respondents as living in a rural or urban area.

Bouldin and her colleagues used data from 7,436 respondents; they classified them as caregivers if they reported providing care to a family member or friend because of a long-term illness or disability; as rural if they lived outside of a Metropolitan Statistical Area (MSA), a “coarse measure” of rurality by their own admission; as having a financial barrier if their annual household income was less than \$25,000 or they were not able to see a doctor when needed in the past year because of cost; and as having a health barrier if they had multiple chronic health conditions, a disability, or fair or poor self-rated health.

The findings are nuanced. Rural caregivers were more likely to have financial barriers than their urban counterparts (38.1% vs 31.0%, $p = .0001$), but the prevalence of health barriers was similar (43.3% vs 40.6%, $p = .18$). After adjusting for demographic differences, financial barriers remained more common among rural caregivers. Rural caregivers were less likely than their urban peers to report that caregiving created any difficulty, in both unadjusted and adjusted statistical models (adjusted prevalence ratio = 0.90; $p < .001$). Researchers conjecture that rural caregivers’ coping strategies or skills in identifying informal supports may explain this difference in perceived difficulty, but additional research is needed.

In discussing their findings, Bouldin and colleagues noted that

more than half of the caregivers had a financial or health barrier, with rural caregivers being likely to have the former. These findings agree with previous studies showing lower income in rural areas.

Despite a higher prevalence of chronic conditions and their risk factors among those in rural areas, the researchers found that rural and urban caregivers were equally likely to experience health barriers themselves.

About one of six caregivers in this study delayed a medical visit due to cost when they needed care, and rural caregivers were marginally more likely to report not seeing a doctor because of cost. Paradoxically, even with their higher frequency of financial barriers, rural caregivers were less likely than their urban counterparts to report caregiving-related difficulties.

Bouldin et al. suggest: “Previous research has found that caregivers in rural areas tend to have approach-based coping strategies, meaning that they face potential stressors directly and use strategies like positive reframing, seeking social support, or problem solving to reduce the negative impact of stressors rather than avoiding them. Approach-based coping has been associated with higher levels of caregiver resilience and lower levels of caregiver burden, anxiety, and perceived stress. Although previous studies have found that caregivers in urban areas also generally utilize approach-based coping, it is possible that rural caregivers in our study were more likely to employ it and therefore perceived fewer difficulties related to caregiving than

their urban peers. However, we did not have a measure of coping strategy so additional research is needed to test this hypothesis.”

Women were about 62% of the caregivers in this study, regardless of place of residence, and they were particularly overrepresented among those classified as having both financial and health barriers. The researchers recommend that women in particular may benefit from caregiver support programs that offer financial support.

In the adjusted model, experiencing a financial and/or health barrier was not associated with reporting any caregiving-related difficulty for rural or urban caregivers, but the duration and frequency of caregiving were associated with difficulties. Other research has found that those who provided a greater number of hours of care weekly were more likely to report that caregiving created a financial difficulty compared to those who provided fewer hours weekly. Caregivers with their own chronic health conditions may be at risk of worsening them if they neglect their own care in order to tend to others. “Caregivers who had both financial and health barriers were most likely to report that caregiving created or aggravated their own health problems.”

The researchers also note that it is not clear if caregivers had financial barriers before they began providing care or if these resulted from the caregiving role. Distinguishing the direction here will require longitudinal data.

Physical Activity Predicts Less Disability Before and After Stroke

A seasoned team of scientists at Brigham and Women’s Hospital in Boston, Harvard, the University of Minnesota, and the University of California at San Francisco followed over 18,000 adults to try to determine what role their levels of physical activity might play in their post-stroke return to normal life. They wanted, specifically, to see “whether physical activity and body mass index (BMI) would predict instrumental or basic activities of daily living (I/ADL) trajectories before or after stroke compared to individuals who remained stroke free.”

Instrumental Activities of Daily Living include such common tasks as shopping for groceries, preparing meals, and managing money. Basic Activities of Daily Living are just that: such things as bathing, eating, and toileting.

The research team, led by Pamela Rist, ScD, used a large data base (the Health and Retirement Study) to follow adults without a history of stroke in 1998 (n = 18,117) for up to 14 years. Using statistical techniques, they compared individuals who remained stroke-free throughout follow-up (n = 16,264), those who survived stroke (n = 1,374), and those who died after stroke and before the next interview wave (n = 479). They measured whether I/ADL trajectories differed by physical activity or BMI at baseline (before stroke), adjusting for demographic and socioeconomic covariates.

Their Findings: Compared to those who were physically active, stroke survivors who were physically inactive at baseline had a lower probability of independence in ADLs and IADLs three years after stroke. Interestingly, the researchers found that there was a similar difference in the probability of independence three years before individuals had their stroke, likely meaning that inactivity was already affecting/interacting with daily living. Curiously, the research team found no evidence that physical activity slowed the rate of decline in independence before or after stroke. Inactivity rather than level of activity seemed to be the more potent predictor.



As for BMI, the researchers “did not observe a consistent pattern for the probability of independence in ADLs or IADLs comparing obese stroke survivors to normal-weight or to overweight stroke survivors three years before stroke or three years after stroke.”

They conclude that physical inactivity predicts a higher risk of being dependent both before and after stroke. Their findings appear in the April 2017 issue of *Neurology*.

College Students “Hack” for Tech Solutions to Improve Caregiver Health

by Kim Tarantino
VirginiaNavigator

Caregiving can be physically and psychologically challenging and isolating; and with their focus on the person being cared for, caregivers' own health can suffer. With these realities in mind, the Lindsay Institute for Innovations in Caregiving (LIFIC) initiated annual Caregiver Hacks, intense weekends where students from various disciplines compete to develop helpful technology for caregivers. Student teams from colleges and universities across Virginia work against the clock to create apps that address caregiver health and wellness.

The 3rd Annual Hack, which took place November 4th and 5th at Troutman Sanders LLP in downtown Richmond, challenged college students to advance the health and improve the lives of family caregivers by creating technological tools such as apps, devices for the home, wearables, or interactive web experiences, through the spirit of friendly competition.

Students from seven Virginia-based institutions of higher education formed multi-disciplinary teams of five-six per school that were under the leadership of a faculty coach. Each team was randomly paired with a family caregiver who helped it better understand the challenges and struggles that caregivers face. Teams from the College of William and Mary, George Mason Universi-

ty, James Madison University, Lynchburg College, University of Virginia, Virginia Commonwealth University, and Virginia Tech participated in the Hack, working over a 25 ½ -hour period to create realistic and usable apps or products.

“Family caregiving is truly the backbone of long-term care, making up more than 80% of care provided,” noted Dr. Richard W. Lindsay, co-founder and namesake of the Lindsay Institute. “The supply of family caregivers is unlikely to keep pace with future demand, making creation of tech solutions even more important to allow fewer caregivers to do more and to help care from a distance.... The first rule of caregiving is to take care of the caregiver”

These family caregivers are “often thrown into the situation without warning,” said Adrienne M. Johnson, executive director of VirginiaNavigator. “While caring for a loved one can be gratifying, caregivers are likely to be juggling care along with jobs, children, and a host of other responsibilities,” Johnson said. The result of this juggling act is often pervasive stress and a resulting health problems for many caregivers.

An esteemed panel of judges selected the grand prize, second place, and third place winners based on the technology's originality, usability, feasibility, and how developed it was at the time of the presentation. Judges included: Gigi Amateau, Director of Grants and Research, Greater Richmond Age Wave Coalition; Marcia DuBois, Director of the Division for the Aging (VDA), Virginia Department of

Aging and Rehabilitative Services; Patrick Hurd, Attorney at Law, LeClairRyan; Eric Schneidewind, President, AARP Board of Directors; and Lisa Winstel, Chief Operating Officer, Caregiver Action Network.

Hack Judge, Patrick Hurd of LeClairRyan, stated, “What especially struck me was the manner in which the teams grasped the everyday challenges of the caregiver in a very personal way and sought to use their respective knowledge and technical acumen to develop tools that not only may offer real help but also are feasible, marketable and scalable. As counsel to a variety of healthcare innovators, I can state without hesitation that, based on the talent on display at the Caring for the Caregiver Hack, the future of healthcare technology is very, very bright.”

The team representing Lynchburg College was awarded the competition's \$5,000 Grand Prize, for “*Visible Me*,” an app that enables caregivers to log their self-care activities in order to redeem points. These points nourish a virtual garden, or care for a virtual pet, which is symbolic of the caregiver's own wellness. By taking care of themselves holistically and nourishing their body, caregivers will allow their garden to flourish, just as their own health will through tracking their self-care progress via the app.



Lynchburg College team with a caregiver

Additional teams and technologies developed at the Hack event include:

- Virginia Commonwealth University (2nd place and \$1,000 cash prize): “*Booga*,” a social media app that uses a proactive “smart” virtual companion to combat loneliness and isolation, supporting family caregivers by putting tangible tools at their fingertips to help them stay connected and problem-solve.

- James Madison University (3rd place and \$500 cash prize): “*Storybook*,” a social media app that allows caregivers to embrace their journey, connect with other caregivers in the “Storybook” community, share their day-to-day emotions; and finally, when they are no longer caregivers, produce a printed book of their personal caregiving journeys.

- George Mason University: “*reashore*,” an app designed to provide emotional and informational support by connecting the caregiver to people, solutions, and services through a network of different virtual rooms, “reashoring” them that they are not alone.



GMU team with a caregiver (left)

- University of Virginia: “*Ask*,” a caregiver-centric app that aims to improve caregiver well-being by increasing opportunities for moments of respite by taking the

burden off the caregiver to ask for help and allowing them to post activities where volunteers choose helping task time slots.

- Virginia Tech: “*Zinia*,” an app and web platform that provides family caregivers assurance and peace of mind by linking them with verified “sharegivers” to enable the primary caregiver to take respite.

- William & Mary: “*CareVoyance*,” a mobile app that uses predictive modeling to understand the pattern of unexpected events that happen in a caregiver’s life, keeping them prepared for what is yet to come using algorithms based on that caregiver’s planning devices.



W&M team with a caregiver (right)

“Having been a judge at several Hackathons and business pitch competitions, I was skeptical that the seven college teams could produce something in 24 hours that would be able to be commercialized,” said Lisa Winstel, Chief Operating Officer, Caregiver Action Network, and Hack Judge. “I was wrong! Several of the concepts presented have great potential to become very useful tools and products in the market to help family caregivers stay healthy. I think VirginiaNavigator and its Lindsay Institute’s use of family caregivers matched up with teams probably had a lot to do with the utility and viability of the team’s products.”

With the teams retaining ownership of their ideas, there was a surprise announced at the conclusion of the Hack. “We are thrilled to add to the prize package of the Grand Prize Winning Team, Lynchburg College, with the hope of helping the team take their product, Visible Me, to the next level,” Johnson said. “Through a Geriatric Training and Education (GTE) grant administered by the Virginia Center on Aging, we will provide the team from Lynchburg College \$5,000 in seed funding, 10 hours of donated business and legal counsel from LeClairRyan, and an all-expenses paid trip to UnitedHealthcare’s Innovation Center in D.C, giving the team valuable tools from UnitedHealthcare’s Innovation and Business Development leaders to pursue further development of their idea that came out of the weekend.”

Major sponsors of the 2017 Caring for the Caregiver Hack include: AARP, the Virginia Center on Aging at VCU (VCoA), Genworth, and UnitedHealthcare. Troutman Sanders served as the hosting sponsor for the event.

For more information on the Lindsay Institute for Innovations in Caregiving or this Hack event, visit Caregivinginnovations.org.

Presenting Sponsor AARP had a camera crew filming the process, interviewing students, family caregivers, and the pitches, judging and selection of winners. A short video highlighting the weekend’s activities, inspirational spirit, and innovative technology can be seen at: <https://vimeo.com/aarpbroadcast/review/247843049/899e966950>.

Calendar of Events

March 1-4, 2018

The Global Business of Aging. 44th Annual Meeting and Educational Leadership Conference of the Association for Gerontology in Higher Education. Sheraton Atlanta Hotel, Atlanta, GA. For information, visit www.aghe.org.

March 6, 2018

S.A.F.E.: Conference on Scams and Financial Exploitation. Join AARP Virginia, APS, law enforcement, and the Virginia Attorney General's Office in talking about these issues, resources, and how to respond when they occur. Cost is \$10/ for persons 65+ and \$35/for general admission. 8:00 a.m. - 4:30 p.m. Lynchburg College. Pre-registration is required. For information or to register, call (434) 544-8456 or email Scruggs.dr@lynchburg.edu.

March 15, 2018

The Future of Healthcare with Deborah Davis, CEO VCU Health System Hospitals and Clinics and Vice President for Clinical Affairs. Sponsored by the Greater Richmond Age Wave Coalition in partnership with the MCV Hospitals Auxiliary and the Osher Lifelong Learning Institute at the University of Richmond. 1:00 p.m. - 3:00 p.m. University of Richmond Ukrop Auditorium. This event is free, but registration is required: <http://spcs.richmond.edu/osher/events.html>.

March 26-29, 2018

Aging in America. Annual conference of the American Society on Aging. Hilton San Francisco Union Square, San Francisco, CA. For information, visit www.asaging.org.

April 4, 2018

Residential Care/Assisted Living Administrator Exam Prep Course. Presented by the VCU Department of Gerontology. For information, visit https://training.vcu.edu/course_detail.asp?ID=16359

April 11-14, 2018

Moving Forward Together: Linking Research, Policy, Practice. 39th Annual Southern Gerontological Society Meeting. Legacy Lodge and Conference Center, Buford, GA. For information, visit southerngerontologicalsociety.org.

April 13, 2018

Lifelong Learning Institute in Chesterfield's Summer Catalog will be available on site and online. For information, visit www.LLIChesterfield.org or e-mail info@LLIChesterfield.org.

April 24, 2018

Faithful Aging Conference. This non-denominational program is offered in collaboration with Pinnacle Living. Cost is \$40/person (includes lunch). Cost is \$25/each for groups of three or more. Pre-registration is required. Williamsburg United Methodist Church. For information or to register, call (434) 544-8456 or email Scruggs.dr@lynchburg.edu.

April 27-29, 2018

The Rising Tide of Change in Geriatric Care: 29th Annual Virginia Geriatrics Society Conference. Hilton Richmond Hotel, Short Pump. For information, visit www.vgsconference.org.

May 4-6, 2018

Women's Health 2018: Translating Research Into Clinical Practice. Presented by the VCU Institute for Women's Health and VCU Health Continuing Medical Education, in special collaboration with *Journal of Women's Health* and the Academy of Women's Health. Crystal Gateway Marriott, Arlington. For information, visit <https://vcu.cloud-cme.com/aph.aspx?EID=5196&P=5>.

June 4, 2018

Annual Conference on Aging with Lifelong Disabilities. Presented by the Area Planning and Services Committee (APSC). Doubletree by Hilton, Richmond Midlothian. For information email DrumhellerE@rrsi.org.

Age in Action

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Respect and Protect

24th Annual Virginia Coalition for the Prevention of Elder Abuse (VCPEA) Conference

May 30 - June 1, 2018
Kingsmill Resort & Conference Center, Williamsburg, VA

Since 1993, The Virginia Coalition for the Prevention of Elder Abuse (VCPEA) has been a leader in promoting awareness and training on behalf of Virginia's abused, neglected and exploited adults. We are a coalition of individuals and agency representatives committed to improving the lives of adults in Virginia who are older or have a disability. VCPEA hosts the only statewide conference focusing on adult abuse.

The conference is open to professionals in a variety of disciplines who provide services to older adults, and are interested in increasing their awareness of the issues of adult abuse, neglect or exploitation.

Our conference theme is *Respect and Protect*. In promoting this theme, featured topics will include: Benefits racketeering; Helping innocent victims of crime; Developing prevention programs; Financial scams; Reframing society's vision of adult abuse; Ageism; Gen Silent film presentation, followed by Q&A session with the filmmaker; and Evidence in elder abuse and neglect cases: A Medical Examiner's Perspective.

For information, visit www.vcpea.org/vcpea-conference-information.

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