



Activities in geriatrics and gerontology education and research

Virginia Center on Aging

Virginia Geriatric Education Center

Virginia Department for the Aging

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Case Study: Standing Up to Osteoporosis

Robert W. Downs, Jr., M.D.

Professor of Medicine

Division of Endocrinology and Metabolism

Medical College of Virginia

Virginia Commonwealth University

Dr. Robert Downs went to medical school at Duke University and received further training in Internal Medicine at Barnes Hospital in St. Louis and in Endocrinology at the National Institutes of Health, with a special emphasis on calcium related disorders and metabolic bone disease. He has been on the faculty at MCV/ VCU since 1983, and has been a principal investigator in clinical trials which have resulted in the development of new drugs for the treatment of osteoporosis. He is a co-director of the MCV/VCU Center for Osteoporosis and Metabolic Bone Disease.

Objectives

1. To provide basic information about osteoporosis, including risk factors, diagnostic testing, treatment, and prevention.
2. To get you to help us spread the word that osteoporosis can be diagnosed and treated, and that there are things you can do to decrease your future risk for developing osteoporosis.

Case Study

Mary Smith is a 67 year old woman who is at her doctor's office for a routine visit. She takes good care of herself, and she exercises by walking several times each week. With the encouragement of her family, she stopped smoking about 5 years ago, and she feels well. While she waits to see the doctor, she reads a brochure about osteoporosis, and she asks the nurse about osteoporosis while she is having her blood pressure checked. The nurse measures Mary's height, and together they discover that Mary has lost one inch, from her usual height of 5'5" down to just barely over 5'4".

Mary does have several risk factors for osteoporosis, as it turns out. She has never really liked milk. She exercises regularly now, but until the last few years, she was fairly inactive. She smoked a little less than one pack of cigarettes daily. Mary is white, and of average body build. At the time of menopause, she took estrogen for about 6 months to relieve frequent hot flashes, but then was able to stop the medication. Although some of her friends take estrogen, she has worried about the risk of breast cancer and she does not want to have periods again.

She broke her wrist in a fall about 6 years ago. She tripped over the loose edge of a rug at home, and caught herself by extending her arms forward. The fracture healed normally and she has not had any other broken bones.

Mary's doctor is concerned that she may have osteoporosis, even though she feels well. The doctor sends her for a bone density test, and schedules another appointment in two weeks to discuss the result with her.

What is osteoporosis?

Osteoporosis is the major cause of fractures in older women, and also the major cause of fractures in older men. We hardly ever hear of hip fractures or other broken bones in younger people unless there is severe trauma, but most of us know someone over the age of 70 who has had a hip fracture caused by a simple fall, or severe loss of height associated with curvature of the spine.

As we grow, our bones grow and become stronger, particularly during the teenage and young adult years. By the age of about 25, our bones are about as strong as they will become. But bone is not a static tissue. Bone cells called osteoclasts are continuously breaking, removing calcium from our bones, and other bone cells called osteoblasts are continuously forming new bone. This process of bone

turnover allows our bones to be a source of calcium when we need it, and it helps the bones grow strong when the bones are under more stress. For example, the tennis arm of some frequent players can have stronger bone than the other arm.

Unfortunately, as we get older, the cells that form new bone do not quite keep up with the cells that remove bone, so we begin to lose bone, just a bit each year. And for women, estrogen deficiency at the time of menopause increases the rate of bone loss, by increasing the rate of this bone turnover process. Men also have bone loss as they get older, but it is usually not so fast unless they become ill and testosterone levels fall.

Osteoporosis occurs when bone loss becomes severe enough to increase the risk for fractures.

Is osteoporosis an important problem?

Osteoporosis is common. Osteoporotic fractures are a major cause of disability in older women and men. For many, the occurrence of a hip fracture marks the transition from independence to nursing home care or dependence on family members for at least some care. In addition, osteoporosis is costly to our health care system. The most recent figures from the National Osteoporosis Foundation indicate that the direct care costs and the indirect costs associated with osteoporosis amount to about \$12 billion dollars each year; and the costs are expected to increase rapidly as more people live longer, and the baby boom generation gets older.

How do I know if I have osteoporosis?

If you are over the age of 65, and are a woman, there is a good chance you might have osteoporosis. Bone loss occurs in almost all of us as we get older, and osteoporosis does not cause pain until there is a fracture. So many find out they have osteoporosis when they have a fracture. Sometimes, since patients and doctors expect more fractures in older people, osteoporosis may not be mentioned even when there is a fracture! But having broken bones is not normal, and there are ways to find out if you have osteoporosis before you have a fracture.

Risk Factors for Osteoporosis have been established. The most important ones are:

- * Being a postmenopausal woman
- * Having early menopause, or a history of loss of periods
- * Whites and Asians are more at risk than African-Americans and Hispanics
- * Family history of osteoporosis
- * Slender body build
- * Low dietary calcium intake, particularly during teenage years
- * Sedentary life style
- * Smoking
- * Excessive caffeine use (more than 4 cups of coffee/day)

* Alcohol abuse.

In addition, certain diseases and medications may be associated with a higher risk of osteoporosis. Prednisone and similar steroid medications significantly increase the risk of osteoporosis, and excessive thyroid hormone use can also speed bone loss.

In our case study, Mary Smith has some of these risk factors. Risk factors cannot tell you if you definitely have osteoporosis, but they can give an idea of whether you should be tested.

Bone Density Testing for Osteoporosis is an accurate way to determine the amount of bone still present. Large groups of normal individuals have been used to establish a range of expected values for this test, and research studies have shown that the future risk of fracture can be predicted from the results of bone density testing. You can think of this testing as similar to checking blood pressure to see who has hypertension (and may therefore be at risk for stroke), or like checking cholesterol to see who may have a higher risk of heart disease.

Bone density testing is painless and easy. You just lie on a table, and an x-ray like machine scans the area to be tested. The amount of x-ray exposure is quite small, much less than the exposure from a standard chest x-ray. The test results go straight to a computer for analysis. Often, the results of the test are available while you are still at the testing center. For those who have positive risk factors or some indication of osteoporosis, the testing is usually covered by insurance. If you want to know your bone density as a matter of personal curiosity, the test may not be covered by insurance, but costs for the test are falling rapidly.

In our case study, it turns out that Mary Smith's bone density was indeed low. On the return visit to her doctor, they review her results. Since she is at risk for future fractures, they discuss her treatment options.

Can osteoporosis be treated?

Yes. Even if you have osteoporosis and have already had a fracture, treatment can reduce the risk of future fractures. And if you have not had a fracture yet, your bone density may increase with treatment and your future fracture risk can decrease too. There are a number of ways osteoporosis can be treated, and patients with osteoporosis have more choices of treatment now than ever, thanks to the recent development of some new drugs.

Calcium and adequate vitamin D are essential basics in the treatment (and prevention) of osteoporosis. Unless you have had a history of kidney stones, the recommended amount of calcium for postmenopausal women is 1000 - 1500 milligrams per day, depending on whether other treatment is also used. For most women, a single multivitamin will supply the 400 units of vitamin D needed for good bone health.

Estrogen has been shown convincingly in many studies to prevent further bone loss in many women who have osteoporosis. Postmenopausal women who have taken estrogen for many years have a significant reduction in hip fracture risk, and there is also a lower risk of cardiovascular disease in women who have taken estrogen long-term. There are some risks of estrogen treatment, but for most women, the benefits of estrogen treatment exceed the risks.

Alendronate (Fosamax™) is the first of a new group of medications called bisphosphonates to be approved for the treatment of osteoporosis. Women with osteoporosis who are treated with alendronate gain bone mass, and their risk of fracture in clinical trials is reduced to about half that of a comparison group of women treated with calcium. Fosamax™ has to be taken on an empty stomach with special precautions to avoid irritation of the esophagus, but is very safe when taken as directed.

Nasal calcitonin spray (Miacalcin™) is also approved for the treatment of osteoporosis in postmenopausal women. It is not quite as effective in increasing bone density as Fosamax™, but it does not require special dosing precautions. The effectiveness of Miacalcin™ in reducing the risk of fracture is now being studied in clinical trials.

There are other new medications on the way, too. The MCV/VCU Center for Osteoporosis is conducting research trials of some of these newer treatments. **So it is important for everyone who has had a fracture to find out whether they have osteoporosis, and for those with multiple risk factors to be tested, so that effective treatment can be started.**

Mary's treatment was individualized after a thorough evaluation and discussion with her physician. Two years later, follow up bone densitometry showed a significant improvement in bone mass.

I haven't had menopause yet. Can osteoporosis be prevented?

There are steps you can take to decrease your risk for osteoporosis in the future. Teenagers who are still growing and building bone have the most to gain by increasing calcium intake (to 1400-1600 mg per day) and by engaging in regular weight-bearing exercise. Young adults should also be sure to maintain a calcium intake of about 1000 mg per day and get plenty of regular, weight bearing exercise. Other lifestyle risk factors, like smoking and excessive use of caffeine and alcohol, should be avoided to keep the bones as strong as possible.

At the time of menopause, a careful consideration with a physician of the need for estrogen replacement is appropriate for all women. Some of the newer osteoporosis medications may even become available in the near future for prevention of bone loss in addition to treatment of osteoporosis.

Mary discussed her condition and experience with her daughter and granddaughter so that they can take appropriate steps, such as increased calcium intake and exercise, in order to prevent the occurrence of osteoporosis.

Summary

Osteoporosis is common, a major cause of disability, and expensive to our health care system.

Almost everyone loses bone with aging, so anyone can be at risk for osteoporotic fractures.

There are ways to determine whether you have osteoporosis, by analysis of risk factors and specific bone density testing.

There is good treatment for those who are found to have osteoporosis, even if fractures have already occurred.

There are steps that can be taken by teenagers, young adults, and postmenopausal women to maximize bone mass and reduce the rate of bone loss.

So, there is something you can do to stand up to osteoporosis. Tell a friend, too.

Study Questions

1. What are the common osteoporotic fracture sites?
2. What risk factors make osteoporosis more likely, and what specific test can be done to establish a diagnosis?
3. What treatments are available to decrease the risk of future fracture for patients with osteoporosis, and what can be done to prevent the development of osteoporosis?

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From the Executive Director, *Virginia Geriatric Education Center*

Iris A. Parham, Ph.D.

This has been a very busy time for us at the VGEC. We had some very good news recently from the Health Resources and Services Administration. The VGEC was awarded a three year grant to develop a model interdisciplinary team training program in geriatrics. This program will involve the development of a video-based graduate level course and comprehensive professional development opportunities in geriatrics for health educators and health professionals, particularly for providers of managed care and interdisciplinary team members. The VGEC will partner with other departments in the School of Allied Health Professions, as well as the Schools of Nursing, Medicine, Social Work, Dentistry, Pharmacy, Education, the College of Humanities and Sciences, and the Virginia Center on Aging. In addition, the VGEC will partner with the Bon Secours Richmond Health System, Sentara Health System, and Eastern

Virginia Medical School. This grant began October 1st and will continue until September 30, 2000.

This project is based on the premise that health care of older adults with multiple chronic conditions is best provided by an interdisciplinary team committed to collaborative decision-making. Care plans must be coordinated in a truly interdisciplinary fashion taking into consideration the knowledge and expertise of all of the health professionals who are caring for the individual elder. This project also recognizes the importance of ethnic and cultural diversity in providing superior health care services. More specifics on this project will be forthcoming in future columns in this newsletter.

The VGEC has also been funded to continue medication management training for adult care residences, with funding from the Virginia Department of Social Services. The first training entitled, "Train the Trainer: Facility Trainers of Medication Aides" took place September 11th and 12th in Roanoke, September 25th and 26th in Hampton, and October 6th and 7th in Charlottesville. The next session is planned for October 30th and 31st in Fredericksburg. All of the session titles will be announced in the next issue of this newsletter.

As always, we look forward to any input from readers regarding the programs that we are developing. We also look forward to an exciting year.

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From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Twenty years! The Virginia Center on Aging will be 20 years old at the end of the current fiscal year. Technically we are in our twentieth year now. It has passed so quickly. I know my eight years as Director seem to have sped by.

The Center has accomplished much in these two decades. Just a sample would include: improving the Nursing Home Pre-Admission Screening Program; conducting the Statewide Survey of Older Virginians; administering the Alzheimer's and Related Diseases Research Award Fund; completing innovative projects on second careers, home and community based care, geropharmacy, aging and developmental disabilities, aftercare needs of deinstitutionalized persons with mental illness, and family caregiving among rural and African-American Virginians; developing Elderhostel across the Commonwealth and broadening opportunities for lifelong learning; maintaining an Information Resources Center on aging; consulting; providing technical assistance; training; serving on community boards; etc. More needs to be done, of course, and I hope that we have decades ahead to serve the needs of Virginia's elders and their families.

Now, however, I would like to look back and I ask you to help me. VCoA has had many staff members and helpers over the years, many of them long gone from easy access. Do you have memories of interactions with the Center that you would be willing to share? **Please send us notes, photographs, or other remembrances of VCoA over the years.** We will return valuable mementoes, of course. We intend to put together a special commemorative issue of Age in Action next year to celebrate our service and partnerships with friends like you for these past 20 years. Will you help us celebrate?

Please send your remembrances to: Dr. Edward Ansello, Virginia Center on Aging, P.O. Box 980229, Richmond, VA 23298-0229, fax: (804) 828-7905, e-mail: eansello@gems.vcu.edu

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From the Commissioner, Virginia Department for the Aging

Thelma Bland Watson, M.S.

Let me take a few moments to bring you up-to-date on two initiatives that the Department has undertaken since the last issue of Age in Action: the development of a **strategic plan** and the initiation of a **new awards program** sponsored jointly by the Department and the Governor's Advisory Board on Aging.

As part of the state's budget process for the 1998-2000 biennium and beyond, each agency has been asked to develop a Strategic Plan to guide their current and future budget requests. Like all good strategic plans, the Department's plan includes a mission statement, goals, objectives, and strategies. I want to take this opportunity to share just a portion of this plan with you. The mission of the Department for the Aging is to assist Virginians to live as independently as possible as they age. The Department's goals are: 1) to meet the demands for services and programs of a diverse and rapidly aging population in Virginia; 2) to be a model agency for the coordination of long-term care services; 3) to maximize our capacity to identify, analyze, and plan for our constituents' needs by utilizing a management information system; 4) to provide a continuum of support for Virginia's families and informal care networks; 5) to help Virginians of all ages plan for a healthy and secure retirement; and 6) to strengthen the Department's ability to provide effective oversight of Area Agencies on Aging and other contractors. Your comments on both our mission statement and budget goals are welcome.

The Governor's Advisory Board on Aging has announced an **awards program to recognize and promote model aging programs throughout the Commonwealth.** Nominated programs should emphasize innovation, cost effectiveness, and ultimate contributions to older Virginians and their families. The Board will disseminate information about these model programs and will recognize one program in each of the following categories for special recognition and an award: Education, Transportation, Energy, Long-Term Care, Health, and Public-Private Partnerships. Nominated programs may be sponsored by government agencies, private-sector organizations, colleges or universities,

churches or faith groups, or for-profit entities. To be eligible for nomination, each program must meet the following requirements: 1) be targeted to persons aged 60 and older and their families; 2) be in active operation at the time of the award and have been in continuous operation for the 12 months preceding December 30, 1997; and 3) be able to share information with the Board and the general public about clients served by the program and the costs associated with providing these services. Programs will be judged on criteria such as the community's need for the program, the innovative nature of the program, and the cost effectiveness of the program.

Nominations must be made on an official Nomination Form which is available from the Virginia Department for the Aging. **The deadline for nominations is December 6, 1997.** Awards will be presented during the kickoff ceremonies for Older Virginians Day at the General Assembly, on Tuesday, January 27, 1998, in St. Paul's Episcopal Church in Richmond. For additional information, or to obtain nomination forms, contact Bill Peterson at (804) 662-9325.

I appreciate the opportunity to keep you informed about our activities. I look forward to sharing our completed strategic plan with you in the near future, and I encourage you to actively participate in the Board's awards program.

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Focus on the Virginia Geriatric Education Center

Myra G. Owens, M.S.

Myra Owens is a member of VCU's graduate Class of '96 and holds a Master of Science in Gerontology, Research Track. She is currently employed in the public sector as a research specialist with an emphasis in forecasting and program evaluation. She maintains strong ties with her alma mater through her position as the Interim Secretary/Treasurer of the Gerontology Alumni Association (GAA). She offers the following report on the activities of the GAA:

April 19, 1996 was the 20th anniversary of the Department of Gerontology and I was a soon to be member of the Class of '96. It was clear to me that the Class of '96 had the unique opportunity to celebrate the Department's 20th anniversary and to announce our arrival as gerontology alumni. As a direct result of an appeal from the Class of '96, gerontology alumni donated \$1,040 in celebration of the Department's 20th anniversary.

During the 20th anniversary celebration, many alumni expressed an interest in creating a scholarship for gerontology students. I thought it was a wonderful idea and called a few of my friends to explore ways to raise enough money (minimum of \$10,000) to establish an endowed gerontology scholarship. The Gerontology Alumni Association became an active organization dedicated to creating and growing an endowed scholarship because alumni expressed interest in supporting the Department's students.

GAA plans to raise a minimum of \$2,000 per year with the goal of presenting the endowment in celebration of the Gerontology Department's 25th anniversary (April 19, 2001). I am very pleased to announce that the first scholarship fund-raising event (an auction) was successful. The auction's net gain was over \$2,600.

The success of the first gerontology scholarship fund-raiser was a result of the efforts of four alumni. Pamela MacIntyre, Class of '95, Renée Kube, Class of '94, Lois Babb Wyatt, Class of '96, and Myra Owens, Class of '96, planned the auction, collected 100 donations from the business community, and ran a successful social event that benefited the scholarship fund. Special recognition goes to Robin Haley-Gillin, Class of '87, who although in Canada, answered the call for volunteers.

I like the idea of people striving to do good things. Supporting the education of individuals who will become a part of the professional workforce caring for our oldest citizens seems to me an exceptional way to do something good.

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Focus on the Virginia Center on Aging

Mary C. Payne

Mary Payne is the Executive Director of the Capital Area Agency on Aging, a position she has held since January, 1981. She has worked in programs for the elderly since 1975. She has been a member of the Advisory Committee for the Virginia Center on Aging for the last several years. She also serves on the Advisory Board of the Center on Aging at the Presbyterian School of Christian Education, and on the Board of the Shepherd Center of Richmond. She has previously served on the Board of Directors of the Mid-Atlantic Association of Ministries with Older Adults for the Presbyterian Synod of the Mid-Atlantic, and on the Committee on Ministry with Older Adults and the Division for Nurture and Education for the Presbytery of the James.

Prior to assuming a leadership role with the Capital Area Agency on Aging, she was Director of the Retired Senior Volunteer Program (RSVP) in the Roanoke Area. She served as the Director of Community Services first for the League of Older Americans and then for the Capital Area Agency on Aging. She has also worked for the Virginia Department for the Aging developing and implementing the Long-Term Care Ombudsman Program to handle complaints about nursing homes and homes for adults.

Mary Payne is a native of Richmond and a graduate of Westhampton College at the University of Richmond. She received her alma mater's Distinguished Alumna Award in 1988. She also received the

YWCA award in Government and Politics as the Outstanding Woman of Greater Richmond in 1986.

Mary is a Ruling Elder of Second Presbyterian Church in Richmond. She is married to the Reverend James A. Payne. They have four children and six grandchildren.

At the end of this year, Mary will complete her final term of membership on our Advisory Committee. The Virginia Center on Aging thanks her for her service and dedication to Virginia's older adults.

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Are Dementia Special Care Units Really Special?

Ian N. Kremer

Director of Public Policy, Alzheimer's Association, Northern Virginia Chapter

Virginia has experienced a rapid increase in long-term care facilities offering Alzheimer's or dementia "special care units." These units offer families an alternative to the standard care offered in the nursing home or adult care residence. Most dementia special care units cost significantly more than standard care. Many consumers raise the question: "Are these units really special?" To help family members make better care decisions, the Alzheimer's Association recommends that families become better educated consumers where special care units are concerned. Family members should always get a written description from the facility about what services are offered in the special care unit and what these services will cost. The Alzheimer's Association also supports legislation that would require facilities in Virginia to affirmatively provide to all consumers a written disclosure explaining what makes their units special.

The Alzheimer's Association has found that, frequently, there may actually be nothing "special" about these units. Furthermore, many facilities fail to advise family members of alternatives to nursing home placement, discuss how physicians and other staff are selected, make efforts to adapt the environment to meet patient needs, or have appropriate furnishings designed to meet special needs of residents with Alzheimer's disease. Inappropriate care often causes disability, severely diminishes quality of life and, all too frequently, leads to premature death.

Residential long-term care for Alzheimer's patients differs from care required by a person with only skilled nursing needs. Appropriate Alzheimer's care requires a focus on the psychological needs and provides specific therapeutic activities designed to maximize the individual's remaining cognitive and physical abilities, and to manage difficult behaviors that are often symptoms of the disease. Specialized Alzheimer's units have been created as one part of a method for managing the complex care associated with dementia. Currently, care facilities market their services and advertise themselves as providers of "special care" without any requirement to demonstrate why or how or even whether they are "special." Lack of accountability means that consumers have no assurances as to what, if any, special care a

facility may provide and for which the facility charges a special higher fee.

Almost all people with dementia will spend time in a nursing home or similar facility. According to the Office of Technology Assessment, at least 10 percent of nursing homes have a special care unit. The services offered and quality of care delivered vary widely.

Disclosure would require publication of characteristics of providers' special care services, giving consumers necessary tools to compare competing facilities, and to protect themselves from fraud and vulnerable patients from inadequate care. Disclosure would reduce deceptive marketing and unsubstantiated claims. Disclosure does not mandate specific care; it supports innovation and requires facilities to meet only self-imposed standards.

Units already providing high-quality special care for people with Alzheimer's disease deserve praise because they keep their promises and live up to their responsibilities. Isn't it now the joint responsibility of these high quality providers, citizen activists, members of the medical community and Virginia's General Assembly to win enactment of comprehensive disclosure legislation to help end exploitation of vulnerable families?

For more information about helping families find genuinely special care for people with Alzheimer's disease, please visit the Alzheimer's Association, Northern Virginia Chapter website (<http://www.alz-nova.org>) or telephone the Chapter at (800) 207-8679.

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Department for the Aging Developing a Consumers' Guide to Dementia Special Care Units

Bill Peterson

"What are special care units and how do I choose the right one for my relative?" This question prompted Senator Jane Woods of Fairfax to introduce SB 1033 during the 1997 session of the General Assembly. In fact, many consumers are puzzled by the large number of facilities now advertising special care units to meet the needs of patients who have Alzheimer's disease or other forms of dementia. Although these units have been developed in response to families' demands for specialized care for Alzheimer's patients, making a decision regarding a special care unit can be confusing. When properly designed, staffed, and managed, these units can provide a special environment offering individualized care and ways to manage disruptive or agitated behavior.

To make the consumer's job more difficult, current licensure and certification standards do not specifically address special care units or define the services that may make them unique. This means that families must rely on their own judgment when considering moving a relative into a special care

unit. This may be a difficult decision since these units are usually more expensive than a "regular" wing in a facility and they advertise a variety of services.

Consumers will soon have additional help in answering their questions about special care units. SB 1033 asked the Virginia Department for the Aging to develop educational material to assist consumers in choosing a special care unit. The Department is now finalizing a draft of a new "Consumers Guide to Dementia Special Care Units" which will be available later this year. This Guide will provide a checklist for families to use when visiting special care units and specific advice to obtain a written description of the services, and the cost of the services, that are provided by each unit.

For more information about choosing a special care unit, consumers should contact their local Alzheimer's Association chapter (listed below) or call Bill Peterson at the Virginia Department for the Aging: (804) 662-9325.

Virginia Chapters of the Alzheimer's Association

Central Virginia Chapter, Lynchburg, (804) 845-8540
Charlottesville/Piedmont Chapter, Charlottesville, (804) 973-6122
Greater Richmond Chapter, Richmond (804) 320-1101 or (800) 5984673
Hampton Roads Chapter, Norfolk (757) 459-2405 or (800) 755-1129
Northern Virginia Chapter, Fairfax (703) 359-4440 or (800) 207-8679
Roanoke Salem Chapter, Roanoke (540) 563-1816
Shenandoah Chapter, Harrisonburg (540) 432-9061 or (888) 432-9061
Southside Virginia Chapter, South Hill, VA (804) 447-3963

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The National Committee for Educating Students to Influence State Policy and Legislation

The newly formed National Committee for Educating Students to Influence State Policy and Legislation challenges social work students, faculty, and others to engage in determining STATE-level social policies.

After President Clinton signed the new welfare "reform" bill in August, 1996, a group of 30 social workers and educators decided to meet in Chicago in March, 1997. They formed The National Committee for Educating Students to Influence STATE Policy and Legislation. Its purpose is to assist undergraduate and graduate faculty and students to learn how to influence effectively the formation, implementation, and evaluation of state-level social policy and legislation. Its leaders are developing a

multi-year effort to achieve this mission.

The National Committee's Board of Advisors includes a distinguished group of social workers and educators such as Sheila Kamerman, Nancy Amidei, Ron Dear, Darlyne Bailey, Ruth Brandwein, Fernando Torres-Gil, Jack Sellars, Betsy Cook (student), Nancy Hooyman, Bruce S. Jansson, F. Ellen Netting, and others. These leaders stress the importance of social workers participating actively in STATE policy-making in welfare reform and in other service systems such as mental health, aging, disabilities, juvenile justice, etc.

The Committee is forming a national network of liaisons assigned from social work educational programs. 145 faculty members currently serve as liaisons, and the committee's goal is to have a liaison in each of the 650 social work educational programs in the USA by the end of 1998. These individuals will promote the Committee's mission and activities among the students and faculty at their programs. Other social workers and practitioners are also encouraged to join as individual members. The committee seeks collaborations with other groups like state NASW chapters, NASW-PACE, ACOSA, etc.

The Committee's website now offers a wide range of state policy resources, linkages with state policy makers, updated news, student projects, faculty assignments, bibliographies, membership listings, and a calendar of events. The website address is: <http://www.statepolicy.org>.

A national contest in Fall, 1997, is searching for the best student projects and the best faculty assignments that demonstrate an emphasis on influencing state-level policy. An engraved plaque and a cash award of \$100 will be presented in March, 1998 at Orlando, FL during CSWE's annual meeting for each of 3 student projects (BSW, MSW, Ph.D.) and 3 faculty assignments (BSW, MSW, Ph.D.)

If you would like to join this important effort, please send your name, address, phone, fax, and e-mail numbers or professional card to Dr. Robert L. Schneider, VCU School of Social Work, Box 842027, Richmond, VA 23284-2027, (804) 828-0452, fax:(804) 828-0716, or e-mail at rschneid@saturn.vcu.edu. A membership fee of \$25 is requested, payable to the National Committee.

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Osteoporosis Videos Available from the Information Resources Center

The Information Resources Center (IRC), sponsored by the Virginia Center on Aging and the Virginia Geriatric Education Center, has a large collection of videos covering many topics related to aging. Four new short videos about osteoporosis are available. These include *Bone Matters: Taking a Stand Against Osteoporosis*, and three videos produced by Merck and Co., Inc.: *A Measure of Strength: Changing Attitudes about Osteoporosis*, *A Woman's Strength: What Osteoporosis Could Mean to You*, and *Making a Difference: Fosamax - A Breakthrough Treatment for Osteoporosis in Postmenopausal Women*.

As with all IRC videos, these are available for lending to all Virginia residents. Richmond area residents should pick up and return videos in person at our office on the MCV campus. We will mail videos to out-of-area borrowers, who in turn must insure and mail the videos back to the Center. There is no rental fee to any user.

To borrow these videos, or for more information about the video library, or for a copy of the video list and lending policy, please contact Kimberly Smith at the Virginia Center on Aging at (804) 828-1525.

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Fresh Approaches to Aging in the South: New Contexts, New Tools, and New Relationships

The nineteenth annual meeting of the Southern Gerontological Society will be held April 15-18, 1998 in Chattanooga, Tennessee. Its theme, *Fresh Approaches to Aging in the South: New Contexts, New Tools, and New Relationships*, recognizes the important changes that are affecting our efforts to improve the quality of life for elders and their families. The keynote speaker will be Jeanette Takamura, Ph.D., Deputy Director, Department of Health, Hawaii. Dr. Takamura has been nominated by President Clinton to serve as Assistant Secretary for Aging at the Department of Health and Human Services. The closing luncheon speaker will be William Parker, Ph.D., the retired Vice Chancellor for Minority Affairs, University of Kentucky.

A preliminary program and registration form will be mailed in early 1998. If you are not already a member, or wish to be on the mailing list to receive information in 1998, please contact the Southern Gerontological Society at 1018 Thomasville Road, Suite 110, Tallahassee, FL 32303, (850) 222-3524.

If you are interested in sponsorship opportunities, exhibits, or program advertisement, please contact Menza Mitchell at the SGS office.

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Joint Conference of the Virginia Association on Aging and Virginia Coalition for the Aging

Ethical Issues: Upholding the Rights of Elders

The annual Joint Conference of the Virginia Association on Aging (VAA) and Virginia Coalition for the

Aging (VCA) will take place Dec. 3-4, 1997 at the Omni Hotel, Newport News, Virginia. The conference, Ethical Issues: Upholding the Rights of Elders, will begin on Wednesday evening, Dec. 3 with the annual meetings for VAA and VCA, dinner, and a silent auction. Registration will begin at 6:00 pm. On Thursday, the conference will feature a keynote address, followed by a series of morning and afternoon breakout sessions. Pete Giesen, VCA's legislative coordinator, will present a legislative update at the end of the program. The Awards Luncheon will also take place on Thursday (see next page). We have invited the Governor Elect of the Commonwealth of Virginia as guest speaker at the Awards Luncheon. The silent auction, a new conference feature, will begin on Wednesday evening and conclude midday on Thursday. Come prepared to bid on and buy fun, interesting and valuable items. As always, **exhibitor showcase and sponsorship opportunities** are available. For more information on these opportunities or to **register for the conference**, contact Lois Wyatt at (757) 267-0238 or at the Virginia Geriatric Education Center, P.O. Box 980228, Richmond, VA 23298-0228, (804) 828-9060.

Keynote Address: Abuse in the Family: A Dirty Secret

Lorin Baumhover, Ph.D., Professor and Chair of the Department of Sociology and Social Work at Appalachian State University will present the keynote address on Thursday, Dec. 4. From 1971-1996, Dr. Baumhover was Professor of Behavioral and Community Medicine and Director of the Center for the Study of Aging at the University of Alabama. He has served on boards for various groups, including the National Committee for the Prevention of Elder Abuse and Neglect. He is a Fellow of the Gerontological Society of America, and a founding member for associations such as the Association for Gerontology in Higher Education and the Southern Gerontological Society. His research interests are in elder abuse, community-based long term care programs, and family caregivers.

Morning Breakout Sessions:

So, You Want to Bring Mama in to Live With You

Lorin Baumhover, Ph.D.

Consumer Empowerment: A Necessary Tool for Receiving Quality Health Care

Emily Alvis, Manager of Outreach and Education at United Healthcare, and Faye Lemon, Director of Enforcement Division at the Virginia Department of Health Professions

Afternoon Breakout Sessions:

Patient Options in Managed Medicare

Robert B. Scott, M.D., VP for Geriatric Services, Bon Secours Richmond Health Systems

Medicare Grievances and Appeals

Erica Wood, Associate Staff Director, American Bar Association Commission on Legal Problems of the Elderly

Morning and Afternoon Breakout Sessions (offered in both sessions):

Guardianship of Last Resort: The Commonwealth as Surrogate Decision Maker

Presented by the Virginia Guardianship Association (VGA).

Representing the VGA: Pamela B. Teaster, Ph.D. from Center for Gerontology, Virginia Tech, and an evaluator of the Guardianship of Last Resort Project for the VGA; and Hariette H. Shivers, J.D., Private Attorney and Past President of the VGA

Legal Issues in Financial Exploitation of the Elderly

Robert W. Lesniak, Attorney at Law, and Joy Duke, Adult Protective Services Consultant for the Virginia Department of Social Services

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CALL FOR NOMINATIONS

Outstanding Gerontology Student

Outstanding Educator in the Field of Gerontology/Geriatrics

Outstanding Volunteer Service to Senior Citizens

The Virginia Association on Aging (VAA) is pleased to announce opportunities for special recognition in the fields of gerontology and geriatrics. The Association is presently accepting applications and nominations for the following awards: Outstanding Gerontology Student, Outstanding Educator in the Field of Gerontology/Geriatrics, and Outstanding Volunteer Service to Senior Citizens. Award winners will be recognized during the annual Awards Luncheon at the VAA/VCA joint conference (see previous page). The Awards Luncheon will take place on Thursday, December 4, 1997 at the Omni Hotel in Newport News. **Applications, nominations, and all other supporting materials must be submitted by November 1, 1997.** Award notifications will be made by November 19, 1997.

Outstanding Student

A scholarship of \$1,000 will be awarded to a full-time graduate student who demonstrates commitment to the field of aging through the following: 1) academic excellence as evidenced by transcripts, academic honors received, and membership in honorary societies; 2) research projects; 3) work experience and career plans; 4) community service and volunteer activities; and 5) faculty recommendations. The successful applicant must be enrolled as a full-time student in a curriculum involving aging studies (behavioral, social, or health sciences; policy or religious studies; humanities; planning; or practice). For applications and additional information, contact Lora Hamp, Virginia Geriatric Education Center, P. O. Box 980228, Richmond, VA 23298-0228, (ATTN: Scholarship Committee), (804) 828-9060. The deadline for completed applications is Nov. 1, 1997.

Outstanding Educator

In honor of the Outstanding Educator, a \$300 award will be donated to the educator's choice of a charitable organization which serves the elderly. Nominations for the Outstanding Educator Award may be made in the form of a letter. Additionally, two letters of support should accompany the nomination. Nominees must be affiliated with an academic institution and/or be involved in developing training in aging. Nominees must have shown leadership with and contribution to professional organizations and organizations which serve older people. Nominees must show evidence of significant teaching influence with students and/or training of service providers or educators. Mail nominations and accompanying

materials by November 1, 1997 to: Lora Hamp, Virginia Geriatric Education Center, P.O. Box 980228, Richmond, VA 23298-0228, (ATTN: Awards Committee).

Outstanding Volunteer Service to Senior Citizens

An award of \$200 will be presented to an individual who has made an outstanding contribution to improving the quality of life for older adults through volunteer service. Nominations may be made in the form of a letter. Additionally, two letters of support must accompany the nomination. Nominations should cite the following: 1) nominee's demonstrated commitment to the elderly through hours of service; 2) quality and impact of nominee's service; 3) character traits which distinguish nominee as an outstanding volunteer. There is no age requirement for nominees. Send nominations and accompanying materials by November 1, 1997 to: Lora Hamp, Virginia Geriatric Education Center, P.O. Box 980228, Richmond, VA 23298-0228 (ATTN: Awards Committee).

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Calendar of Events

October 29-30, 1997

The Virginia Adult Home Associations Fall Convention and Trade Show. Richmond, VA. For administrators and owners of long-term assisted living facilities and adult care residences. Contact (804) 771-5850.

November 1, 1997

Final deadline for applications and nominations for the Virginia Association on Aging's awards for Outstanding Gerontology Student, Outstanding Educator in the Field of Gerontology/ Geriatrics, and Outstanding Volunteer Service to Senior Citizens.

December 3-4, 1997

Ethical Issues: Upholding the Rights of Elders. Joint conference of the Virginia Association on Aging and the Virginia Coalition for the Aging. Omni Hotel, Newport News.

December 6, 1997

Final deadline for new awards program sponsored by the Virginia Department for the Aging and the Governor's Advisory Board on Aging. Awards given in several areas in order to recognize and promote model aging-related programs throughout the Commonwealth.

January 27, 1998

Older Virginians Day at the General Assembly. For more information, contact Bill Peterson, Virginia Department for the Aging, (804) 662-9325.

March 29-April 2, 1998

Partnering for the Future: Vital Aging. 48th Annual Conference of the National Council on the Aging.

Held in Washington, D.C. Contact the NCOA at (202) 479-6991.

April 15-18, 1998

Fresh Approaches to Aging in the South: New Contexts, New Tools, and New Relationships. 19th Annual Meeting of the Southern Gerontological Society.

Notices of Events and Information of Interest to Professionals in the Field of Aging

If your agency or aging-related organization is sponsoring an event or has information to share with others in the field of aging, please submit your notice to the Editor of Age in Action.

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For Further Information About Osteoporosis

This issue of Age in Action featured a case study about osteoporosis. Several resources are available for follow-up information. These include: MCV/VCU Center for Osteoporosis and Metabolic Bone Diseases, P.O. Box 980111, Richmond, VA 23298-0111, (804) 828-9695. You can also contact the National Osteoporosis Foundation, 1150 17th St., Suite 500, Washington, D.C. 20035. Its website is <http://www.nof.org>. Several current videos are available from the Virginia Center on Aging's Information Resources Center; see page 11 for details.

Coalition for Osteoporosis Awareness and Education

A statewide Coalition for Osteoporosis Awareness and Education has been established to get word out to those who are at risk for developing osteoporosis. The Coalition is based in the Virginia Department of Health and involves interested community partners from around the state, including MCV/VCU (osteoporosis clinical care and research), Virginia Tech (nutrition and psychological counseling), the Virginia Center on Aging, the Bon Secours and Columbia hospital systems, the Virginia Dietetic Association, and others. This community coalition has already published guidelines for an educational approach to osteoporosis, and the guidelines have been adopted by similar groups in other states. A "Train the Trainer" educational program is being developed for distribution through the Virginia Center on Aging, and to key groups including agricultural extension agents and nursing groups. The Coalition welcomes the participation of interested and enthusiastic volunteers. If you would like to receive information on Coalition activities, please contact the MCV/VCU Center for Osteoporosis and Metabolic Bone Diseases; the address is given above.

Responses to case studies and comments on other newsletter features are invited and may be published in a future issue. Please include your name, title, institution, and signature. Mail comments to: Michael

P. Hite, Age in Action, P.O. Box 980229, Richmond, VA 23298-0229, 804/828-1525, fax to 804/828-7905, or e-mail to mhite@hsc.vcu.edu.

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