



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: Preventing the Unnecessary Losses of Alzheimer's Disease

by Lin E. Noyes, RN, MSN

Lin E. Noyes is a charter member of the Alzheimer's Association, Northern Virginia Chapter and was a member of the Public Policy Committee of the National Alzheimer's Association from 1989 to 1994. From 1986 to 1994 she was also a member of the Virginia Governor's Commission on Alzheimer's Disease and Related Disorders, which worked to improve the state's policies and laws regarding people with Alzheimer's Disease and other dementias and their family caregivers.

Currently, Lin is the Director of the Family Respite Center, which provides day care and other services for people with dementia and is a Ph.D. candidate at George Mason University in Administration, Health Policy, and Ethics in the College of Nursing.

Educational Objectives

1. To state the importance of early detection and diagnosis of Alzheimer's disease.
2. To describe common concerns of people in the early stages of Alzheimer's disease.
3. To describe interventions to help people who have recently been diagnosed with Alzheimer's disease or other dementias.

Case Study

Pam K. at 74 years old delighted in telling me about running the Native American Art Gallery and working "on the hill" with legislators and lobbyists. She has had a full life and is now happily married to her third husband. She had driven herself across town this day to ask for my help. She told me that she had been recently diagnosed with Alzheimer's disease and wanted to join a support group but couldn't find one. She had heard of the Family Respite Center's work with people in the later stages of dementia and now wanted us to help her. She was tearful and had some trouble speaking fluently, but was more than able to carry on a meaningful conversation. She was quite persuasive in her requests for help. The experience of meeting someone with mild dementia had a profound effect on me. I soon learned that her problems and concerns were more similar to my own than they were similar to people in the middle stages of Alzheimer's. Our response to Pam, and the other people we began to meet with mild dementia, was to start an *Early Intervention Program*. Pam is the co-facilitator of the early stage support group. Health education sessions are given once a month after the support group. We have developed a special dinner and discussion group for couples when one spouse has Alzheimer's disease. It meets once a month in the evening. After almost one year, there are 5-8 people at each support group, up to 20 attending the health education talks, and as many as 10 couples attending the monthly dinners. The response, while slow in the beginning, is now good as the word travels that you can do something about Alzheimer's disease!

Background

Alzheimer's disease (A.D.) is a progressive neurologic disorder; the most common cause of dementia among older people (NIA, 1996). It is considered that Alzheimer's disease will be the number one public health concern of the 21st century, since its incidence increases with age and those over 85 are the most rapidly increasing segment of the U.S. population.

The good news is that A.D, once shrouded in myths and lack of understanding, is now more easily recognized and diagnosed. In addition, research is beginning to yield some treatments for the symptoms of Alzheimer's disease. This article will describe the role of the health professional in helping people at risk for a dementing illness and those in the early stages of their illness.

Fifteen years ago Alzheimer's disease was more difficult to diagnose in the early stages and considered impossible to "treat". In fact, health care professionals rarely saw people with A.D. until they had lost the ability to care for themselves or they exhibited difficult behavioral problems. Looking back on those

days one can see that health care professionals treated A.D. in the middle stage and had no specific treatments for people at the beginning or the end of their illness.

Today, because the health community and the public have a greater knowledge of the signs and symptoms of Alzheimer's disease, people in the very early stages of Alzheimer's are seeking a diagnosis when they are still able to contemplate what their future will be like without memory and are still able to care for themselves. As health professionals, we have an obligation to help people learn about the signs and symptoms of this disease and advocate for early diagnosis and treatment.

Recognition of Symptoms and Diagnosis

Many more people, older people especially, worry that every occasion of forgetfulness is a sure sign that they are "coming down with Alzheimer's disease." In fact, the fear of having Alzheimer's may keep people who are experiencing memory loss symptoms from seeking help. This is unfortunate since some of the causes of cognitive changes are treatable if diagnosed early.

Health professionals must recognize people who are at risk, monitor their mental status and advocate for diagnosis if symptoms of dementia become apparent.

Yale (1994), in one of the few books about the early stages of dementia, describes people who are at risk and/or who may be in the early stages as those who may have trouble "word finding" or "way finding," or have problems with spatial perceptions or memory problems. These people need little help with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) and probably still have the capacity for introspection and comprehension. New pharmacological interventions appear to have their greatest success in these preliminary phases, and "reversible dementias" are more successfully treated before symptoms become more pronounced. Therefore, health professionals cannot wait to see a person failing with ADLs before they advocate for diagnosis.

Helping People in the Early Stages

If an Alzheimer's type dementia is diagnosed by a neurologist after a thorough diagnostic work up, there are many things that can be done to help the person, especially in the early stages.

Pharmacological Interventions

Aricept (donepezil hydrochloride) is given to people in the early stages of Alzheimer's to increase the concentration of acetylcholine in the brain, thereby improving cognitive functioning. This drug is an improvement over Cognex (tacrine hydrochloride), the first drug aimed at treating the symptoms of A. D., since Aricept is only taken once a day and does not have the high risk of liver toxicity that Cognex has. It is a treatment, not a cure, and is most effective in the early stages. People generally experience greater word fluency and better recall when taking Aricept. It may also have an effect on the diagnosed person's sense of well being, since in the early stages he or she will still be cognizant that something is being done. The improvements vary from person to person, and are modest at best, but definitely worth

considering, unless there are good medical reasons not to try the medicine.

Other drugs that physicians may consider prescribing are Vitamin E, Estrogen, and Ibuprofen since all have shown some efficacy in research studies. Since drug treatment options are relatively new, finding a doctor who keeps current with the research findings in this area may provide the greatest help to the diagnosed person.

Health Education

Alzheimer's disease is a chronic, debilitating illness. Just like persons with other chronic debilitating illnesses, people with A.D. feel that they have more control over their lives when they have information about the disease, treatment options, and research efforts taking place on their behalf. As with many other illnesses, educating people about A.D. and separating facts from fiction can help them come to terms with what is happening to them. Knowledge empowers people, even if there is little they can do to change their situation. While there have been a few widely publicized cases of assisted suicide by people in the early stages of Alzheimer's, there is no research to support the notion of increased incidence of suicide in persons who know that they have the disease. People need to know that having Alzheimer's disease today is "different" from when their grandmothers had it; treatments and care are much better and more humane, and research is moving rapidly toward more effective treatments.

Support for the Diagnosed Person

While support groups for family caregivers have been in existence in Virginia for almost twenty years, community support groups for people with the diagnosis are very new and very helpful. One person diagnosed with A.D. said at the end of a support group, "this group gives me hope." Another lady who was looking forward to attending her first support group meeting said, "I wonder what the other people in the group will look like." The message from both of these comments is that people feel better knowing that other "normal" people are in the same situation and benefit from coming together. Support groups for people with mild dementia may be difficult to get started until the awareness of the benefit of the group increases but are definitely worth the effort and perseverance of the group facilitator.

Cognitive Exercises

While there is not an abundance of research data to support it, common sense supports the idea that exercising memory and other cognitive skills keeps healthy brain cells functioning longer. Quayhagen, Quayhagen, Corbeil, Roth and Rodgers (1995) reported temporary improvements in cognitive and behavioral performance with a regimented program of cognitive stimulation in people with mild memory impairment. Snowden's (1997) preliminary findings in the "The Nun's Study" also supports the "use it or lose it" theory of encouraging cognitive stimulation and exercising the brain.

To summarize, people with cognitive changes should be identified, diagnosed and treated. If an Alzheimer's type illness is diagnosed, treatment options include medications, education, support, and cognitive stimulation.

Study Questions

1. Why is an early diagnosis of Alzheimer's disease important?
2. What kind of support is available for those diagnosed with Alzheimer's disease?

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3. Snowden, D. (1998) <http://www.coa.uky.edu/nunnet>
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From the Executive Director, *Virginia Geriatric Education Center*

Iris A. Parham, Ph.D.

The Geriatric Interdisciplinary Team Training project has been in high gear these last few months. There were training sessions at both Sentara and Bon Secours-St. Mary's in September. The Sentara session emphasized the components of true interdisciplinary training and the Bon Secours-St. Mary's session addressed medication issues. For the Sentara session, Dr. Ellen Netting, Professor in the School of Social Work, took the lead in giving an overview of interdisciplinary teamwork. Presentations and skits were added by Dr. Peter Boling and Dr. David Cifu (Medicine); Dr. Patricia Slattum (Pharmacy), Ms. Rita Jablonski (Nursing), Dr. Joan Wood and Dr. Connie Coogle (VGEC), with Sentara representatives, Julie Blayda (Occupational Therapist), Kim Wray (Physical Therapist), Melody Miller (Nutritionist), and Ms. Madeleine Dunston from EVMS. Coordination was provided by Ms. Leigh Peyton (VGEC), Ms. Bennie Marshall, and Mr. Bill Miller of Sentara. For the St. Mary's training, Dr. Patricia Slattum, from the School of Pharmacy, took the lead covering important aspects of medication management for the elderly. She was joined by Ms. Gwen Van Cleef from St. Mary's, and Bert Waters and Kimberly Smith (VCU), who participated in the training. Coordination was provided by Ms. Kathy Beall, Vice President of Continuing Care for Bon Secours. Also in September the core project faculty, including representatives from our three partners, EVMS, Sentara, and Bon Secours-St. Mary's, met in Williamsburg to be advised by Dr. Ruth Ann Tsukuda, Director of the Oregon GEC, and a leading authority on interdisciplinary team development. The all-day meeting was very productive and helpful.

In addition to the happenings of the GITT project, the medication management project, funded by the VDSS, is moving along very well. Also included in this newsletter is an acknowledgement section for individuals and companies that have contributed to the Alumni Student Scholarship Endowment for the Department of Gerontology. We are greatly indebted to these generous donors. The scholarship drive

will be completed by the 25th anniversary celebration of the Department of Gerontology in 2001. This effort is being spearheaded by a 1996 graduate of the Department, Ms. Myra Owens. She may be reached in care of the Department.

On a very sad note, Ms. Ruth Decker, a graduate of the VCU M.S. program and a former VGEC staff member, died recently. Ms. Decker was a true humanitarian and an outstanding role model in the aging field. She will be greatly missed.

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From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

We have received a considerable response to our last issue, highlighting the 20th anniversary of the Virginia Center on Aging (VCoA). We appreciate your thoughtfulness in calling or writing to commend us on the work we've accomplished on the way to reaching this milestone. There have been a number of fine people who've worked at VCoA over the years, and to them we owe a debt of gratitude. But, irrespective of who has been here, it's the productive partnerships we've made with colleagues and friends in the community that have allowed us to succeed. I hope that this debt of gratitude has come through in our communications.

We are already launched on the next twenty years of service to benefit Virginia's elders and their families. We are pleased to be part of the team in the Virginia Geriatric Education Center's multi-year federal grant to develop geriatric inter-disciplinary teams in healthcare. Some 55 professionals in medicine, nursing, pharmacy, and social work have enrolled in the project's training programs in Tidewater and Richmond. Also, VCoA is one-third into a year-long research project to develop testable hypotheses to determine the cost effectiveness to government of chronic caregiving to impaired family members by other members of the family. In November, VCoA, partnering with agencies, a citizens group, and a pharmaceutical company, will host the first conference in Richmond on aging with cerebral palsy. More adults than ever are surviving to later life with lifelong impairments. They are enjoying the "gift of time." We think that policy makers, researchers, and service providers need to prepare for their abilities and needs, so that they can be contributing members of our communities.

VCoA launched a year-long self-assessment to coincide with our 20th anniversary. We held a retreat with an organizational consultant in March for members of our Advisory Committee, University Council, and staff to assess our situation and build a long-range plan. We have met several times since then to refine this plan. We expect to complete and publish it before the next issue of Age in Action, and we hope to receive your feedback. We intend to build on our strengths and to continue partnerships to leverage resources in accomplishing a number of identified goals. We note that Virginia has not had a

statewide survey of older Virginians since 1978-80, and the absence of meaningful data harms meaningful planning. We note, too, that aging-related information needs to be shared more broadly among Virginia's aging-related professionals and with her citizens. We have identified strategies to disseminate data more effectively both proactively, as it develops, and retroactively, in response to your requests. We hope to publish a condensed version of our long-range plan in the next issue.

Thanks for helping us to succeed in our first 20 years. We look forward to working with you in the next.

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From the Commissioner, Virginia Department for the Aging

Ann Y. McGee, Ed.D.

We are living through an explosion in the population growth of centenarians! The number of Americans aged 100 and older is projected to grow from about 50,000 persons today to more than 77,000 persons in the year 2000. Where once the year 2000 seemed to be a date in our distant future, today it is literally just around the corner. Centenarians are part of the fastest growing age group in our nation. In fact, many demographers believe that by the year 2050 we will need to have prepared our health and long-term care systems to deal with 2 million baby boomers turning 100.

What does this mean for Virginia? When we last celebrated a statewide centenarians day back in 1987, we estimated that there were 720 Virginians who were aged 100 or older. Today, we have actually identified more than 1,000 centenarians living in Virginia and I suspect that this may actually be a low figure. I believe that there may be a number of centenarians whose lifestyles or isolation have not brought them into contact with the federal Social Security and Medicare systems or Virginia's Aging Network. Regardless of the exact number of 100 year olds living among us, centenarians are our demographic future.

As a means of calling this future and its implications to the attention of the Commonwealth, Governor Gilmore will host a birthday party for Virginia's centenarians at the Virginia Museum of Fine Arts on November 13, 1998. As part of this birthday celebration, all centenarians in the Commonwealth will receive a proclamation signed by the Governor and an invitation to the celebration. The Lt. Governor and the Attorney General have also been invited as well as members of the Virginia General Assembly and the media. As this issue of Age in Action goes to press, we have received an enthusiastic bipartisan response from members of the legislature. We also suspect that those centenarians in the Richmond metropolitan area who are ambulatory will make every effort to attend.

November 13th is more than just a birthday celebration, however. It is also a call to action for Virginia, particularly the public and private health and human services agencies. These agencies must become

better prepared to deal with a population that is rapidly aging and has the potential for placing tremendous demands on our health care and long-term care service systems. It is also a wake up call for those Virginians who are baby boomers. These Virginians must become better prepared both physically and financially to live as independently as possible well into their 80s, 90s, and even 100s. It is imperative that we make sure that this age group, now just entering middle age, understands that they will inherit an overburdened long-term care system that may not be able to provide them with the same level of assistance that we now provide to many frail, older Virginians.

In closing, I want to remind you that the longevity of our population is not a cause for total doom and gloom. The growing population of "seasoned" citizens is a largely untapped resource of skills, experiences, and energies that we must learn to utilize for the good of our Commonwealth. This reservoir of older citizens represents thousands of potential hours of volunteer time. Older volunteers can serve in a variety of volunteer roles such as tutoring school children or mentoring welfare recipients who are entering the workforce for the first time. This is one of the welcome aspects of our demographic future.

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Focus on the Virginia Geriatric Education Center

Elizabeth A. Flanagan, Ph.D., CFP, Adjunct Faculty

A native of Pittsburgh, Dr. Flanagan received her B.A. from Bethany College in Spanish and Sociology and studied at the University of Madrid. She entered the M.S.W. program at West Virginia University with the idea of using her language skills in the social work field. After teaching experiences at West Virginia University and Ferrum College, she decided to pursue her Ph.D. in Higher Education at the University of Virginia (UVA).

Dr. Flanagan worked for Crestar Bank from 1981 until 1991, moving up from a corporate training specialist to Vice President of the Trust Department. Along the way, she pursued a Certified Financial Planner (CFP) designation to raise her level of knowledge and skills in finance and investment.

By 1983, Dr. Flanagan had begun teaching as an adjunct faculty member with the relatively new Gerontology Department at VCU-MCV. She continues to teach a course entitled "Aging and Human Values" for the department every Fall.

In 1991, Dr. Flanagan decided to return to higher education and accepted a position at UVA as Director of Planned Giving in its Office of University Development. Here she is able to continue her work in financial gerontology by helping UVA alumni and friends plan their estates when they wish to include UVA as a beneficiary. In 1997, she became Assistant Vice President for Development, responsible for individual, major and planned gifts. Throughout this experience, Dr. Flanagan has continued to work

primarily with elderly clients. Given that most individuals are actively planning their estates at an advanced age, most of her clients are well over the age of 70, and 60% are probably over 80. She visits UVA alumni in a designated territory that includes CA, WA, OR, PA, FL, MN, AR, and foreign countries, as well as the City of Richmond within Virginia. (See related article, Profile on Professions: Financial Gerontologist)

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Focus on the Virginia Center on Aging

Nancy L. Cole, M.S., Elderhostel Site Coordinator, Yorktown, VA

Nancy Cole is a “ComeHerer” according to Gloucester-Mathews watermen and native “tidewater” Virginians. Moving to the peninsula in 1963, she quickly became a Virginian-by-choice.

Before being recruited to the Virginia Center on Aging’s Elderhostel faculty in 1991, she worked for the Colonial Williamsburg Foundation as an historic interpreter and traveling lecturer. Holding a B.S. degree from Northwestern University’s School of Speech, Nancy created educational workshops in aspects of 18th century theatre and everyday colonial life for school groups visiting Williamsburg. She is also a founder and Board of Directors member of the Watermen’s Museum in Yorktown. She still serves as Board Coordinator of Collections and Exhibits.

We initially asked Nancy to give lectures on 18th century Virginia history on a part-time basis at VCoA’s Elderhostel site in Hampton. She succeeded so well that this quickly became a more permanent position.

In 1996, VCoA asked Nancy to investigate the possibility of establishing an Elderhostel site in Yorktown, using the York River for inspiration, the water-fronting Duke of York hotel for bed and board, and the carriage house facilities at the Watermen’s Museum, two blocks upriver, for classes.

Yorktown has attracted a number of attendees to the several programs Nancy has held there. Courses are taught by talented instructors. Subjects examined include 17th and 18th century history, environmental and ecological concerns through the Virginia Institute of Marine Science, music, Civil War, art, and maritime subjects. There are also opportunities to do field study at Jamestown, Colonial Williamsburg, and a variety of museums like the Virginia Living History Museum in Newport News, and the Air and Space Museum in Hampton.

VCoA has a “gem” with its sponsorship of Elderhostel in the beautiful little village of the “Port of York” and Nancy enjoys site coordinating and occasionally teaching in this special town which she calls home.

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Profile on Professions

Elizabeth A. Flanagan, Ph.D., CFP, Financial Gerontologist

What is a gerontologist doing in banking?

This is a question posed often to Dr. Elizabeth A. (Betsy) Flanagan. She found working as a trust officer at Crestar Bank to be the perfect fit within which to practice gerontology since 90% of her clients were 70+. Although she looked like a banker, she actually performed a social work role, holding numerous powers of attorney and court appointments for clients lacking the capacity to make decisions.

She pursued a Certified Financial Planner (CFP) designation to raise her knowledge of finance and investments. This involved two years of independent study in a regimented program offered by the College of Financial Planning. Topics covered included investments, life insurance, pension plans, tax, estate planning, and the financial planning process. Upon successful completion of this program, she could use the CFP marks to practice independently or work for an organization. To retain the CFP designation, she is required to continue her studies in perpetuity in order to retain the use of the CFP marks.

Opportunities for Financial Gerontologists

The opportunities abound for gerontology students interested in finance and investments. Banks, brokerage houses, accounting firms, financial planning firms, insurance companies, employee benefit firms, law firms and investment advisory companies are all anxious to work with the over 65 market. They are well aware that 7 trillion dollars of wealth is going to change hands with the next decade or so and they are eager to employ individuals familiar with the needs and interests of older persons and their families.

Pursuing a career in financial gerontology can occur in two ways: 1) gerontology students can seek opportunities in which they can acquire knowledge and skills in finance; 2) those in financial services can acquire knowledge and skills in gerontology which they can use to meet the needs of the older market. Financial gerontologists serve in occupational roles which could include any of the following: elder law attorney, stock broker, financial planner, representative payee, economist, trust officer, investment manager, sales representative for a financial services firm, planned giving (development) officer, employee benefits specialist, paralegal, accountant, personnel specialist, retirement planner, marketing specialist. Although the profit motive associated with most of these occupations is far different from the human service orientation of most gerontologists, the approach is the same...to be successful in their objectives by effectively identifying and meeting the needs of the older client.

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Gerontology Department Acknowledges Contributors to Student Scholarship Endowment

In 1997 the Gerontology Alumni Association initiated efforts to establish an endowed scholarship for students pursuing either a Master's Degree in Gerontology or a post baccalaureate Certificate in Aging Studies. The target date for award of the first scholarship is planned to coincide with the department's 25th anniversary in the year 2001. The Department and the Alumni Association are very grateful for the support that we have received from the Greater Richmond Metropolitan Business Community, the VCU community and from Gerontology Alumni. Contributors to either the 1997 or 1998 scholarship auctions are listed below. Contributions were made either as monetary donations or as products and services donated as items to be auctioned.

Gerontology Auction Donors, Fall 1997

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10,000 Villages
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American Association of Retired Persons (AARP)/Virginia Chapter

Gerontology Auction Donors, Spring 1998

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Circuit City Foundation

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VCoA's Mini-Celebrations

VCoA has enjoyed co-hosting mini-celebrations with Area Agencies on Aging across Virginia to recognize VCoA's 20th Anniversary. These events have combined educational programs with food and fun. The co-hosting Area Agencies have been wonderfully effective in organizing, publicizing, and scheduling the events, ensuring enthusiastic gatherings of participants. VCoA has provided the "content" of the celebration, speakers who bring informative material to share. Luncheon and a sweet birthday cake are essential parts of the day. We thank our co-hosts for arranging these birthday parties: Valley Program for Aging Services, September in Waynesboro; Crater District Area Agency on Aging, October in Hopewell; Appalachian Agency for Senior Citizens, November in Richlands; and Crater District Area Agency on Aging, November in Surry.

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The Virginia Center on Aging Celebrates its 20th Anniversary: A Look Back to the Year 1978

We always look forward. It's expected by the pace of modern life. However, on the occasion of the Virginia Center on Aging's twentieth anniversary, it seems fitting to go backward and to remember 1978. We hope that you enjoy the trip. Here's what was happening in 1978.

Literature

The year's most popular novels were: *The World According to Garp* by John Irving, *Falconer* by John Cheever, and *Scruples* by Judith Krantz.

Movies

The Deer Hunter won the Academy Award for Best Picture. Other very acclaimed movies in 1978 included *An Unmarried Woman*, *Heaven Can Wait*, *Coming Home*, *Superman*, and *California Suite*.

Sports

The Dallas Cowboys defeated the Denver Broncos to win the Super Bowl. The Washington Bullets beat the Seattle Supersonics for the NBA title. Muhammad Ali lost his heavyweight title to Leon Spinks and then regained it from him. And, in racing, Affirmed achieved the rarest of distinctions, winning the

Triple Crown.

Television

All in the Family won the Emmy for Best Comedy Series; *The Rockford Files* picked up the Best Drama Series Emmy.

Pulitzer Prize

Jeff Macnelly, now known as the creator of the “Shoe” and “Pluggers” comic strips, won the Pulitzer Prize for Editorial Cartooning for *The Richmond News Leader*.

Nobel Prizes

The Nobel for literature was given to Isaac Bashevis Singer of the U.S.A. “for his impassioned narrative art which, with roots in a Polish-Jewish cultural tradition, brings universal human conditions to life.”

The Nobel for Peace was divided equally between Mohamed Anwar el Sadat, President of the Arab Republic of Egypt, and Menachem Begin, Prime Minister of Israel.

Other News Events

The Bee Gees “Saturday Night Fever” album goes #1 and remained there for six months.

Fantasy Island, starring Ricardo Montalban and Herve Villechaize (“The plane, boss, the plane”) premieres on ABC-TV

New England is hit by the infamous 1978 snowstorm that dumped 54 inches closed airports, roads and whole cities, and led to martial law bans against traveling.

House Bill No. 503 (Marshall) and Senate Bill No. 534 (E. Holland), creating the Virginia Center on Aging at Virginia Commonwealth University, are passed by the General Assembly of Virginia.

First class postage stamps were raised to 15 cents.

The United States Senate approves transfer of the Panama Canal to Panama.

Korean Airlines flight #007 is shot down by Soviet fighters in Soviet airspace.

The U.S. Commerce Department announces that henceforth the names of hurricanes will no longer be exclusively female.

The first Computer Bulletin Board System (Ward and Randy’s CBBS) is established in Chicago.

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AGING SUCCESSFULLY INTO THE NEXT CENTURY: Defining the Future

WHAT? The annual fall conference sponsored by the Virginia Association on Aging and the Virginia Coalition for the Aging.

WHERE? The Sheraton Inn, Fredericksburg, Virginia (540) 786-8321

WHEN? December 7 and 8, 1998

WHO SHOULD ATTEND? Long-Term Care Professionals, Educators, Seniors, Social Workers, Students, Advocates

AGENDA? Four information tracks have been set:

- 1 Gerontology, Geriatric Medical Education and Geriatric Nursing Education
- 2 Care Settings: Adult Care Residences, CCRC's and Nursing Facilities, In-Home Care
- 3 Wellness and Health Promotion
- 4 Health and Consumer Issues: Consumer Rights and Consumer Protection

COST? \$45.00 for seniors/students \$65.00 for non-members
\$50.00 for members of VAA or VCA (membership forms available)

Conference fee includes lunch for two days, conference materials, reception, exhibits and raffle prizes

ACCOMMODATIONS? The Sheraton Inn has reserved a block of rooms for conference attendees. Please make your own overnight reservations directly with the Sheraton at (540) 786-8321. Be sure to say that you are attending the VAA/VCA conference to get the conference room rate of \$69.00, plus tax.

QUESTIONS? Please contact Ian Kremer at the Alzheimer's Association in Northern Virginia at (703) 359-4400, Ext. 108. E-mail address: pubpol@alz-nova.org.

HOW TO REGISTER? Complete the registration form found on page 16 and make your check payable to Virginia Association on Aging. Return the registration information to:

The Virginia Department of Social Services
Adult Services Program, 2nd Floor
ATTN: Bertha Ventura

730 East Broad Street
Richmond, VA 23219-1849.

REGISTRATION DEADLINE IS NOVEMBER 10, 1998 (Conference facilities will limit registration to 275 people - please register early!)

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CALL FOR NOMINATIONS

Outstanding Gerontology Student Scholarship Competition

Outstanding Educator Award

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, on Monday, December 7, 1998 at The Sheraton Inn, Fredericksburg, VA. Applications, nominations, and all other supporting materials must be submitted by November 6, 1998 to Lora Hamp at Valley Program for Aging Services, PO Box 817, Waynesboro, VA 22980-0603. For more details call 1-800-868-8727.

Outstanding Gerontology Students

Two \$1,000 scholarships will be awarded this year. One will be presented to a full-time master's-level student, and one to a full-time doctoral-level student. Scholarship applicants should demonstrate 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 (ATTN: Awards Committee) as listed above.

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 or program which promotes gerontological education. 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. Send nominations and accompanying materials to Lora Hamp (ATTN: Awards Committee), as listed above.

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. Additionally, VAA will make a \$100 donation to the winner's nominating agency. 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 the nominee as an outstanding volunteer. There is no age requirement for nominees. Send nominations and accompanying materials to Lora Hamp (ATTN: Awards Committee) as listed above.

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Calendar of Events

October 23, 1998

"Tools for Living" An Assistive Technology Fair to be held at Imperial Plaza Retirement Community, Richmond, VA, 10:00 a.m. - 4:00 p.m. For information contact 804-287-7600 or 804-828-8903.

October 26, 1998

Social Security: A New School of Thought by satellite from Washington, DC., 1-3 p.m. at Sanger Hall, Room 3-016, MCV/VCU. For information call 800-966-1935 or 804-828-9060.

October 28, 1998

Keeping Current Part III: Future Challenges in Alzheimer's Care. To be held at the Columbia Hilton Inn in Columbia, MD. For information contact the Alzheimer's Association at 410-561-9099 or MGA at 410-675-3244.

November 5-6, 1998

Preventive Intervention Research at the Crossroads: Contributions and Opportunities From the Behavioral and Social Sciences. To be held at the National Institutes of Health in Bethesda, MD. For information contact Courtney Jones at 301-315-9000 or obsr@tascon.com.

November 10, 1998

Aging with Cerebral Palsy: Meeting Everyday Needs. To be held at the Midtown Inn and Conference Center, Richmond, VA, 9:00 a.m. - 4:30 p.m. For information contact the Virginia Center on Aging at 804-828-1525.

November 11-12, 1998

Dementia Care With Mary Lucero. 8:30 a.m. - 4:15 p.m. each day. Held at The Place, Richmond, VA. For information contact VANHA at 804-965-5500.

November 20, 1998

The Voices of Decision Making: Who Speaks for the Elderly? in Philadelphia, PA. Presented by The American Society of Law, Medicine & Ethics and The Gerontological Society of America. For information contact Stephanie Gordon at 202-842-1275.

December 7-8, 1998

Annual VAA/VCA conference, Aging Successfully into the Next Century: Defining the Future to be held in Fredericksburg, VA. (For details see page 12).

February 12-13, 1999

Tenth Annual Southern Regional Student Convention in Gerontology and Geriatrics. Gerontological Research and Practice in the Next Century. The Statesboro/Savannah Connection. Abstracts due by December 1, 1998. For information contact 706-542-3954 or rmorrell@geron.uga.edu.

March 4-7, 1999

American Society on Aging's 45th Annual Meeting, Rhythms of Life: Seasons, Song, Spirit. To be held at Disney's Coronado Springs Resort, Orlando, FL. For information call 415-974-9600.

April 7-10, 1999

Thinking Forward, Looking Back: The 20th Anniversary Celebration of the Southern Gerontological Society. To be held at the Sheraton Colony Square Hotel in Atlanta, GA. Registration materials to be mailed in early 1999. For information contact 850-222-3524.

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Virginia Commonwealth University is an equal opportunity/affirmative action institution and does not discriminate on the basis of race, gender, age, religion, ethnic origin, or disability. If special accommodations are needed, please contact Dr. Edward F. Ansello, VCoA, at 804/828-1525 or Dr. Iris A. Parham, VGEC, at 804/828-1565.

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