



[Contents](#)

[Case Study](#)

[From the Director, VGEC](#)

[From the Director, VCoA](#)

[From the Commissioner, VDA](#)

[Focus on the VGEC](#)

[Focus on the VCoA](#)

[Announcing the Launch of BenefitsCheckUpRx](#)

[Announcing the Launch of HealthCareCoach](#)

[Calendar of Events](#)

Abuse, Neglect, and Exploitation of Vulnerable Elders

Educational Objectives

1. To describe the variety and dynamics of self-neglect and abuse.
2. To illustrate cases of familial self-neglect and of financial exploitation.
3. To demonstrate the roles that Adult Protective Services (APS) plays in the investigation of adult abuse, neglect, and exploitation.
4. To describe the protections available to vulnerable adults in the Commonwealth.

Case Study A

Sheila M. Crossen-Powell, Ed.D.

Sheila M. Crossen-Powell, Ed.D., is the Assistant Director of the Hanover Department of Social Services. She has her Ed.D. in counseling and is a member of the National Board of Certified Counselors.

Background

Self-neglect is the most frequent form of abuse and neglect substantiated by Adult Protective Services (APS) investigations. Moreover, these investigations often uncover complex and interrelated situations that require the combined skills and expertise of organizations working in concert.

Case Study

An APS complaint was received by the local DSS on John F., a 40-year-old diabetic male, non-compliant with his medications and mildly mentally retarded. A Sheriff's deputy, who had accompanied EMS to the home, called in the complaint. John also had a diagnosis of Schizoaffective Disorder and had past hospitalizations due to violent behavior and poor impulse control. Because of medical noncompliance, he had large bleeding ulcers on both legs and had lost feeling in one foot. The complaint also included John's 60-year-old diabetic mother who was bed ridden, blind, and unable to care for herself. Concerns existed about her safety while in her son's care. Environmental conditions added to the family's problems: there was no running water due to the failure of the family's well. Family members were using a bucket for elimination and had no way to bathe or clean the floors, which were reported to have human feces and blood from the client's ulcers.

DSS Response

Because of the complexities of the situation and questions about who the actual patient was, all of the service providers were asked to participate in developing a collaborative plan to ensure the safety and well-being of both mother and son. Once the Adult Protective Service investigation began, however, it was discovered that John's uncle was also in need of services. Because he did not complain and had less obvious problems, his needs had not become visible to his family members or the responders.

During a conference called by the DSS Director and attended by representatives of the Emergency Medical Service (EMS), the Community Services Board (CSB), the Sheriff's Department, the Health Department, the Department of Social Services (DSS) and John's extended family, the discussion centered on how to meet the needs of the client and his mother. John's primary care doctor, while not in attendance, had asked the CSB's

psychiatrist to express his frustration with the client's noncompliance with home health services and medication and his grave concerns about the client's prognosis.

The Sheriff's deputies reported that in addition to the 40-year-old male and his mother, a brother and an elderly uncle were in the home. The brother was reported to have very mild cognitive difficulties, but able to work outside the home. He left whenever his older brother became aggressive. The uncle reportedly was afraid of his nephew due to physical assaults; however, he refused to press charges, fearing his nephew would only return home after any arrest. The deputies concurred with that assessment, and contended that no judge would believe the nephew was capable of criminal intent.

The CSB psychiatrist and the Health Department's nursing director stated that complications such as retinal detachment, massive sepsis and amputation were realistic outcomes for John and that he required intravenous antibiotics and ongoing skilled care. As a result, it was agreed that the DSS would file for an Emergency Protective Order due to John's self-neglect. Once the order was in place, a competency hearing would be arranged. The CSB agreed to provide documentation of his psychiatric problems and to contact the primary care physician for documentation of his medical issues. The Health Department and the DSS also agreed to another Universal Assessment Instrument (UAI) to document the need for skilled intervention. A cousin agreed to become the guardian if John was deemed incompetent.

The needs of the mother were questioned. Initially a UAI was identified as being needed, but review of a recent hospital statement indicated that the mother had been found eligible for nursing home placement. The group members also agreed that if water could be restored to the house, the brother and the uncle could remain in the home. The Health Department representatives, therefore, agreed to assist the extended family and to provide bottled water.

APS Investigation

The APS investigation found the home situation as described in the conference. It also was discovered that the uncle had serious medical problems. The muscles in his hands had contracted, and he only had pincher movement of his first finger and thumb on both hands. He had lost over twenty pounds in a very brief time and admitted to having severe difficulty in taking care of his own needs, although he was the primary caretaker in the family. He also explained that John had physically and verbally abused him because his infirmities made it impossible for him to do things as quickly as John wished.

The mother was willing to leave the home and her sons, but not to leave her brother. The APS staff, therefore, contacted the Health Department, which worked with the DSS to complete a UAI on the uncle. When he was found eligible for nursing home placement, he and his sister agreed to placement if they could live in the same home. Since placement was not immediately available, the DSS placed the mother and uncle in a motel and arranged for in-home services until two beds could be located in a community nursing home. Within ten days, brother and sister were placed in a nursing home. The uncle, however, had several chronic medical problems that had been ignored for years. His health rapidly deteriorated. He died several months after his placement. His sister, however, remains in the home and is doing well.

John had to be hospitalized in order to stabilize him, and he then was moved to an assisted living facility. Due to complications from his medications, however, he had to be returned to the hospital. His condition did improve, but at the time of his discharge he required more intensive care than the first facility was able to offer. Therefore, he was placed in a facility with several levels of care. Since placement, his diabetes has remained under control, but he has not been able to move to a less restricted level of care due to the cumulative nature of his medical and mental health problems.

Conclusion

Although several community agencies and extended family members were involved with the client and his mother, it was only when these parties came together that it was possible to formulate a plan to protect the client from self-neglect and his mother from neglect. Before the collaboration, each of the involved parties operated with little awareness of what the others were doing, with the result that each was frustrated and unsure how to proceed. Collaboration was the key in developing a comprehensive plan to identify the problems of all of the family members and to offer a response to each problem.

In addition, because the various players had been responding to specific problems and complaints, they were unaware of the very serious health problems of the uncle. Because he did not complain, the parties who were

concentrating on the more obvious presenting problems of the client and his mother did not evaluate him. It was only when his needs were assessed that it became apparent that his problems were as serious as those of the other family members. The uncle's situation highlights the need for those working with problematic families to assess all of the family members, not just those whose problems are the most evident.

Study Questions

1. When should a multi-disciplinary meeting be held on a case, and who/what agency should take the lead?
2. In a multi-problem family, who should be assessed for being at-risk?
3. Who/what agency should be the lead case manager after service plans are developed?

Case Study B

Adult Protective Services and Financial Exploitation of Older Adults

Kira R. Holland

Marjorie L. Marker

Kira R. Holland is a Social Worker for the Radford City Department of Social Services (DSS) in the fields of Adult Protective Services and Foster Care Services. She has worked for the DSS for both Montgomery County and Radford City for the last six years. She has a Bachelor of Arts in Criminal Justice from Utica College, Utica, New York.

Marjorie Marker is an Adult Services Program Consultant with the Virginia DSS. Before coming to VDSS in 1994, she had worked for the Department of Medical Assistance Services in utilization review, regulations, and policy since 1986. She has a Master degree in Sociology from the University of Virginia.

Background

Financial exploitation of the elderly is a growing crime. Older consumers are 12 percent of the population, yet 35 percent of all fraud victims. It is estimated that 70 percent of the nation's wealth is controlled by persons who are 50 years of age and older. Exploiters are frequently relatives or caregivers, often living with the victim, and they may be financially dependent upon the victim. Formal reports of abuse, neglect, and exploitation are perceived to be only a rough sample of the actual number of elder abuse cases. In fiscal year 2002, there were 11,306 reports of adult abuse, neglect, and exploitation made to the Virginia Department of Social Services, Adult Protective Services (APS) Program in Virginia. Of this total, 302 were cases of adult exploitation.

Case Study

Mary R. is an 85-year-old Caucasian female living with her daughter in the family home. Following an argument between Mary and her daughter, her daughter took Mary to a local motel. During her stay there, the cleaning lady, Debra W., befriended Mary. Debra invited Mary to move in with her and her husband. Mary accepted, and during the year that Mary lived with the couple, Debra took Mary to a doctor to get permission for Mary to sign a power-of-attorney (POA). The doctor did not think that Mary was competent to sign a POA and sent a statement to that effect to Mary's lawyer. Debra took Mary to another lawyer and never told him about the doctor's letter stating that Mary was not competent to sign a POA. The POA papers were drawn up and signed. Once Debra had the POA, she deeded half of Mary's house to herself. She sold the house to Mary's daughter and had the profits of the sale written into checks towards her husband's debtors. A few days after selling the house, Debra placed Mary in a nursing home. However, she took Mary out of the nursing home a few days after admission, when the Medicaid worker began to question the sale of the house. Debra then left Mary in the care of a private caregiver whom she located through the newspaper. The caretaker lived two hours away.

Mary was left at the caregiver's home without any clean clothes, medication, or personal effects. The caregiver had been instructed by Debra to write checks out of Mary's checkbook to herself each month for her services. The first check bounced. The caregiver was unable to reach Debra, and Mary could not provide any verifiable information. She was not oriented to person, place, or time, and she showed evidence of short-term and long-

term memory impairment. The caregiver became concerned and notified the local department of social services, which initiated an investigation.

DSS Response

It became evident through the APS investigation that Mary had been the victim of neglect and exploitation. The local DSS arranged for services to protect Mary from further neglect and exploitation. The local DSS arranged for her to see a physician who diagnosed her with both diabetes and dementia, and she was prescribed appropriate medications. The local DSS petitioned the court for a guardian for Mary and to revoke the POA that was given to Debra. The court did appoint a guardian and revoke the POA given to Debra. Because the case involved more than one jurisdiction, the local DSS contacted the Virginia State Police to investigate criminal charges. Both the local APS worker and the guardian were instrumental in assisting the police in gathering evidence against Debra W.

The Federal District Attorney turned down the case for prosecution. The local DSS requested the Botetourt County Commonwealth Attorney to prosecute Debra W. for exploiting Mary's resources. In September 2002, the local county circuit court found Debra W. guilty of obtaining money by false pretenses. Debra W. was believed to have received almost \$21,000 after taxes from the sale of Mary's house. The judge sentenced Debra W. to five years in prison with a minimum of three years to be served.

Mary is being cared for in a local nursing home. Her guardian is in control of all of her affairs. Mary refers to Debra as the "bad lady who took my money."

Interpretation and Discussion

Older adults are easily targeted for exploitation because they are likely to lead solitary lifestyles or be isolated. Also, they are easily identified, can be dependent on others, and may be inexperienced in financial matters. In instances of abuse and neglect by family or caregivers, a common denominator is the victim's physical, emotional, or physiological dependence on the abuser, often accompanied by the victim's impairments in judgment.

Studies have shown that the public has limited knowledge about what should be reported and to whom. The Virginia Department of Social Services (VDSS), through 121 local departments of social services, receives allegations of adult abuse, neglect, and exploitation and conducts a prompt and thorough investigation of valid complaints. VDSS is the only entity in the Commonwealth of Virginia mandated to accept and investigate reports of adult abuse, neglect, and exploitation of the elderly and adults who are incapacitated across all care settings. Persons mandated to report suspected cases of adult abuse, neglect, or exploitation include social workers, doctors, nurses, paid caregivers, mental health professionals, law-enforcement officers, and others who work with adults. To report a suspected case of adult abuse, neglect, or exploitation, please call your local department of social services or the toll-free, 24-hour APS hotline at 1-888-832-3858.

This case was reviewed by Terry A. Smith, Adult Services Program Manager at the VA Department of Social Services.

Study Questions

1. Why are the elderly often targeted for financial exploitation?
2. What protections are available for adult victims of financial exploitation?
3. What is the role of practitioners in the detection and prevention of adult abuse, neglect, and exploitation?

Recommended References

Code of Virginia, Sections 63.2-1603 through 1610.

Nelson, L. and Gary, T. (1998). *The Field of Adult Services: Social Work Practice and Administration*. Washington, D.C.: NASW Press.

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Virginia Department of Social Services, Adult Services Programs (2002, April). *Virginia Financial Institution Reporting Project Resource Guide*. Richmond, VA: Author.

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[Back to Contents](#)

From the Executive Director, Virginia Geriatric Education Center

Iris A. Parham, Ph.D.

On April 2, the national videoconference, End of Life Care for the Geriatric Patient: Pain Management, Communication, and Ethical Dilemmas for Health Care Professionals, was co-presented by four GECs: Mountain State-West Virginia, Pennsylvania, Virginia and Western Reserve-Ohio. Nine GECs and 15 states were represented, with over 40 sites downlinking the 2.5 hour program. Presenters were Dr. David Elliott, Dr. William Haley, Dr. Ruth Lamdan, Dr. Elizabeth O'Toole, and Dr. Sharon Valente. Dr. Kathleen Buckwalter presented the welcome and our own Dr. Dave Cifu served as program moderator. Ms. Lucy Halunko was the Producer and Ms. Kandi Watson was Associate Producer. Other important coordinators were: Ms. Sara Jane Gainor (Mountain State), Dr. John Hennon (Pennsylvania), and Ms. Eileen Yates (Western Reserve). Also, I would like to give a special thanks to Bert Waters of the Virginia Center on Aging for assistance in script development and refinement. From April 3-6, the Virginia Geriatrics Society held the 14th Annual Geriatrics Conference at the Homestead. Our own Dr. Welleford served as Program Chair for the 24th annual meeting of the Southern Gerontological Society in Richmond, April 9-12. At the end of March, we piloted the curriculum for our Department of Medical Assistance Services (DMAS) Personal Care Assistant funded project using the 40-hour training program developed by Dr. Rita Jablonski from the VCU School of Nursing. One of our statewide advisory committee members, Ms. Bonnie Gordon of Family Care, Inc., was integral to the planning of the pilot session. The focus of this session was centered around how to recognize what causes difficulties in communication with clients and how to handle them, as well as communication with co-workers, family members and supervisors. Training for the formal statewide project will begin in late May.

Under the direction of Dr. Ayn Welleford, and with considerable input from Dr. Thelma Bland Watson, the first in a series of credit course training programs was begun. The first site that has contracted with the Department of Gerontology and the VGEC to receive training was Senior Connections, the Capital Area Agency on Aging. The course was titled "An Interdisciplinary Approach to Optimal Aging". The course is being offered in 6 one-day sessions over a two and one-half month period. Of the 24 enrollees, 75% received graduate credit and 25% undergraduate college credit. If other agencies or AAAs are interested in these custom training courses in aging for credit or non-credit, please contact Dr. Welleford at 804.828.1565 or ewellefo@vcu.edu.

The Geriatric Mentoring and Kids Into Health Careers programs (now called SEARCH-Students Exploring Aging Related Careers in Health) have gained momentum and special partnerships have been developed with EVMS and the McGuire VAMC. The Virginia Department of Social Services has recently awarded additional monies to the VGEC to complete medication management aides training and an RN-focused Train the Trainer session.

Lastly, the VGEC would like to formally welcome two new project staff and Departmental faculty, Ms. Lucy Lewis and Mr. Jason Rachel. Ms. Rozanna Cherry has also joined our staff in a clerical position.

[Back to Contents](#)

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Spring greetings! We hope that this issue finds you in the midst of renewal, after the many snows of winter and the almost incessant rain of the past month. It is about renewal and its complement, continuation, that I'd like to write. VCoA has been continuing the yearlong celebration of its 25th anniversary in a practical manner with workshops and seminars across Virginia that inform and assist older Virginians and their families, while adding a festive note of birthday cakes and candles. We'll say more on this later, but first some thoughts on renewal.

Most organizations experience gains, losses, advances, and setbacks in pursuing their goals. The current fiscal crises present some of the most daunting obstacles to the field of aging that I have experienced in over 30 years. Policy makers are being forced to define by their actions what is essential and requires funding and what is not. Are highways as essential as libraries, older adults as essential as tuition grants, business credits as essential as mental health? Make no mistake: these are the questions at issue today. Priorities, and government's financial support of them, are being set, sometimes in legislative debates over the "proper role" of government. We hear of debates about funding the "basics," but, again, what are these? We hope that our elected representatives will continue to struggle with these questions and will make conclusions that value human needs. This cannot and should not be easy for them. We who work in the diverse field of aging will continue to do our best to meet our respective goals of research, education, capacity-building, direct service, and more, because this is our calling. In sum, we want to improve the quality of life for older Virginians and their families. In doing this, what Virginian of any age is not affected for the better? We continue and we renew our commitment. Someone said that "aging isn't for sissies." Neither is the field.

As for VCoA, we continue the applied workshops that mark our 25th anniversary. Mountain Empire Older Citizens in Big Stone Gap hosted in March our presentation of a well-attended educational program for older adults from across southwest Virginia, "Lewis and Clark: The Journey Begins in Virginia," taught by Jim Gray and Keith Gibson, two of our best Elderhostel instructors. We continue to plan more Gadgets and Gizmos workshops for older Virginians with impairments, maintaining the effective partnership with Virginia Assistive Technology Services (VATS), VDA, VDSS, local AAAs, and others that brought us to Pulaski, Williamsburg and Fredericksburg last fall. With regard to renewal, a special treat: VCoA is bringing Dr. Harry R. Moody to Virginia in the coming fall for a conference on renewal, personal growth in the second half of life. It will be open to everyone and will be a most appropriate conclusion to our 25th anniversary year. As with individuals, organizations must renew. Moody is an acclaimed author, speaker, and consultant. He is the editor of the newsletter *Human Values in Aging*; author of such books as *Abundance of Life: Human Development Policies for an Aging Society*, and *Ethics in an Aging Society*; a textbook *Aging: Concepts and Controversies* (now in its third edition), and an electronic newsletter, *Teaching Gerontology*. His most recent book, *The Five Stages of the Soul*, was published worldwide by Doubleday Anchor and has been translated into seven languages. Moody is currently Director of the Institute for Human Values in Aging at Hunter College and Chairman of the Board of Elderhostel. Plan to attend. It will be memorable.

Finally, as for continuation and renewal, we say farewell to our friend and colleague Jason Rachel, editor of *Age in Action* and a make-things-happen guy here for the past years. In truth, we will sorely miss him. It is some consolation that he is moving to the VGEC where we will see him regularly. We wish him the very best.

[Back to Contents](#)

From the Commissioner, Virginia Department for the Aging

Jay W. DeBoer, J.D.

Governor Warner Proclaims the Month of May to be Elder Abuse Prevention Month

Each year, the Governor of Virginia usually proclaims May to be "Older Virginians Month," in tandem with a proclamation of May as "Older Americans Month" by the President of the United States. This year, the month of May will also be proclaimed "Elder Abuse Prevention Month" in Virginia. In making this proclamation, Governor Warner hopes to focus attention on the serious problems of elder abuse, neglect and exploitation in the Commonwealth.

As of June 30, 2002, the Department of Social Services' Adult Protective Services unit had received 11,306 reports of adult abuse, neglect and exploitation in Virginia. Of these reports, 8,118 involved an adult 60 years of age or older. Many kinds and varying degrees of elder abuse, neglect and exploitation were reflected in the reports, but they were all painful and destructive. Elder abuse not only causes psychological and physical trauma to its victims, it also afflicts our society as a whole through economic losses due to medical expenses, police and court costs, shelter and elder care costs, sick leave and non-productivity.

As the population continues to age, the occurrence of these tragic incidents will likely increase, unless preventive steps are taken. It is therefore in the best interests of all citizens of Virginia to educate people about elder abuse, neglect and exploitation, as well as to encourage the reporting of these events when they occur. The Virginia Department for the Aging is proud to be an active partner with the Office of the Governor; the Secretary of Health and Human Resources; state and local health and human resources agencies and organizations; medical, law enforcement and legal organizations; and the members of Virginia's aging network in focusing on the prevention of abuse, neglect and exploitation of one of the Commonwealth's most valuable resources - older Virginians.

[Back to Contents](#)

Focus on the Virginia Geriatric Education Center

Rozanna Cherry

Rozanna Cherry joined the VGEC in March, 2003 as an Administrative Office Specialist. She will be providing support to the DMAS program and other projects headed by the VGEC.

Rozanna and her family relocated to Virginia after spending 15 years traveling when her husband served in the US Army. Now that her husband is retired, Rozanna and her family have made Virginia their home. Rozanna now aspires to build on her education with a focus on business administration.

When she is not working to bring order to chaos, she enjoys spending time with her family, cooking, crafts, and home improvement projects.

[Back to Contents](#)

Focus on the Virginia Center on Aging

Ann Douglas Palmer

Anne Douglas Palmer recently joined the staff of the Virginia Center on Aging as the Coordinator for the Central Virginia Task Force on Older Battered Women Project. This is a grant-funded position through the Virginia Services, Training, Officers, Prosecution (V-STOP) Violence Against Women grant program. The goal of the project is to address the unique needs of women aged 50 and older who are victims of domestic violence and sexual assault by increasing awareness and education, promoting more specialized services and training, and enhancing collaboration among law enforcement, aging services, legal services, criminal justice organizations, victim advocates, and allied professionals in Richmond, Hanover, Henrico, and Chesterfield counties.

Anne received her Bachelor degree in Women's Studies from Tulane University and her Master of Social Service degree from the Bryn Mawr Graduate School of Social Work and Social Research. She has a diverse background in management with aging-related social service organizations, including Meals on Wheels and the Alzheimer's Care and Research Center Foundation in San Antonio, Texas. Anne's experience includes program development, interagency collaboration, research, and grant writing, and she looks forward to combining her strong background and interest in aging and domestic violence issues to contribute to the success of the project.

Anne is a recent transplant to Virginia, having relocated here from San Antonio for her husband's new job. She is happy that spring has finally arrived and looks forward to getting her hands dirty in the garden. Anne enjoys spending time with her husband and two children, ages 5 and 2, as well as doing yoga, meditation, weight training, and relaxing with a good book.

[Back to Contents](#)

Announcing the launch of BenefitsCheckUpRx

Mary Lecuyer, MS, CRC, CHES

The National Council on the Aging is proud to announce the launch of BenefitsCheckUpRx, a free confidential screening tool that provides seniors with a comprehensive and personalized listing of their eligibility for over 240 prescription drug savings programs covering nearly 800 medications. The service is fast, free, and completely confidential. BenefitsCheckUpRx is a major expansion to NCOA's popular BenefitsCheckUp, a website that has provided more than 820,000 eligibility reports for federal and state benefit programs to older Americans.

By visiting <http://www.benefitscheckup.org/> older Americans, their families and caregivers can quickly determine what pre-prescription savings programs a senior qualifies for and how to claim them. Once users complete a brief questionnaire, the service displays a personalized report specifying all the programs they are eligible for and detailed instructions on how to enroll.

The development of BenefitsCheckUpRx has been supported by Lucent Technologies/Avaya/Agere Family Care Development Fund, the Pharmaceutical Research and Manufacturers of America, and FJC-A Foundation of Donor-Advised Funds. NCOA believes that the only viable long-term solution is a new prescription drug benefit as part of Medicare, but in the meantime, there are literally millions of older persons who can save money by using the BenefitsCheckUp service.

[Back to Contents](#)

Announcing the launch of HealthCareCoach.com

The National Health Law Program (NHeLP) has officially launched its new website: www.HealthCareCoach.com

Dedicated to helping consumers get the most out of their health care, HealthCareCoach.com features hundreds of articles with information about everything from keeping health care costs down and coping with emergencies to dealing with denied claims and what people can do when they lose coverage.

In addition to lots of helpful facts and information, visitors will also find links to many other useful web sites as well as an opportunity to voice their opinions on national health care issues.

For more info on HealthCareCoach.com, please contact Brendan McTaggart at the National Health Law Program, (202) 289-7661 or email at brendan@healthlaw.org

[Back to Contents](#)

Calendar of Events

June 2-3, 2003

Fulfilling the Promise to Virginia's Elders. The 9th Annual Conference of the Virginia Coalition for the Prevention of Elder Abuse will be held at the Virginia Beach Conference and Resort Center. For more info, call Joyce Walsh at (757) 382-6883.

June 18, 2003

Putting the Pieces Together: A Holistic Approach to Care. The second annual Alzheimer's Association Central and Western Virginia Chapter's education conference will be at James Madison University's New Conference Center in Harrisonburg. For more info, call Ellen Phipps at (434) 973-6122 or email at Ellen.Phipps@alz.org

July 10-12, 2003

International Academy on Nutrition and Aging, Second International Meeting to be held at the Sheraton Old Town, Albuquerque, New Mexico. For more info, call (505) 272-3942.

July 20-23, 2003

Bridging Research and Care. Alzheimer's Association's 11th Annual National Alzheimer's Disease Education Conference will be held at the Hyatt Regency Chicago, IL. For more info, call (312) 335-5790 or email info@alz.org

August 11-14, 2003

Aging - Just Imagine! Florida Conference on Aging to be held at the Caribe Royale, Orlando Florida. For more info call (850) 222-8877 or visit their website at www.FCOA.org

August 28-31, 2003

First Congress of the International Society for Vascular Behavioral and Cognitive Disorders to be held in Goteborg, Sweden. For more info visit their website at www.congrex.se/VAS-COG2003

October 15-18, 2003

Uniting Generations to Build a Better World. The 12th International Conference of Generations United to be held at the Hilton Old Town Alexandria. For more info visit their website at www.gu.org

November 12-15, 2003

Partnerships Across the Heartland: Together We Stand brought to you by the Southwest Society on Aging and the Mid-America Congress on Aging. To be held at the Tulsa Marriott Southern Hills, Tulsa, Oklahoma. For more info visit their website at www.PartnerShipsforAging.org

December 4-6, 2003

Advancing Technology and Services to Promote Quality of Life. An EU-US sponsored International Conference on Aging, Disability and Independence. To be held at the Hyatt Regency Crystal City in Arlington, VA. For more info see the website at www.asaging.org/icadi/