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Law Enforcement and Adult Protective Services Working Together: A Team Approach to Elder Abuse Cases

Anne Douglas Palmer, MSS
Virginia Center on Aging

Anne Douglas Palmer, MSS, is the Coordinator of the Central Virginia Task Force on Older Battered Women Project (OBW Project) at the Virginia Center on Aging, a position she has held since April 2003. The OBW Project, grant-funded through the Virginia Department of Criminal Justice Services, addresses the unique needs of women aged 50 and older who experience domestic violence or sexual assault, by increasing awareness and education, promoting more specialized services and training, and enhancing collaboration among aging services providers, victim advocates, law enforcement, legal professionals, and other allied service providers.

Educational Objectives

1. Familiarize readers with the different roles and responsibilities of Adult Protective Services and law enforcement in elder abuse cases.
2. Demonstrate the benefits of working collaboratively to resolve complex elder abuse and domestic violence cases.

Background

Unfortunately, age does not impart immunity from mistreatment. While many tend to respect those who advance in age, older adults are too often victims of abuse, exploitation, and domestic violence. When older women are victimized, they may face additional challenges, for responders have been relatively less prepared for older victims and shelters are generally oriented to younger women with dependent children.

The Central Virginia Task Force on Older Battered Women (OBW Task Force) is a regional collaboration of 25 aging, domestic violence, law enforcement, and legal services organizations that has been working since 1998 to raise awareness and improve the community response to older women who experience domestic violence or sexual assault. The Virginia Center on Aging administers and works in collaboration with its task force partners on the Central Virginia Task Force on Older Battered Women Project, which is funded through the Virginia Services, Training, Officers, Prosecution (V-STOP) Violence Against Women grant program. The project is developing a comprehensive, coordinated, and cross-trained community response to domestic violence and sexual assault in later life. The OBW Task Force and the project serve the City of Richmond and the counties of Chesterfield, Hanover, and Henrico.

In the summer and fall of 2003, the OBW Task Force Project conducted seven focus groups with domestic violence advocates, aging service providers, Adult Protective Services (APS) social workers, law enforcement, criminal justice professionals, older women, and older survivors of domestic violence. The purpose of the focus groups was to understand the current regional service delivery system for older women who are abused and to identify the most effective ways for the OBW Task Force to assist organizations in better meeting the needs of older women. The project team sought to gather information and feedback concerning current barriers to older women accessing domestic violence services and how agencies collaborate in making referrals and providing services. A common theme that emerged was a need for more interagency cooperation in making referrals and sharing information and resources. Participants in the law enforcement and APS focus groups offered that, in some cases, differing work philosophies and a lack of understanding of their respective roles and responsibilities affected their working relationships. Many of these participants expressed a need for more cooperation and communication between agencies. One jurisdiction is addressing this need through a partnered approach to elder abuse cases. In Henrico County, the Police Department and APS unit have developed a team approach to investigating elder abuse cases that has enhanced their ability to resolve elder abuse cases and provide needed services to victims.

The Role of Adult Protective Services

Adult Protective Services (APS), located within the Adult Services Unit of the Virginia Department of Social Services, is state supervised and administered locally through 120 local departments of social services. The mission of APS is to protect the elderly and persons 18 and older with disabilities who have been abused, neglected, and/or financially exploited or who are at risk of being abused, neglected, or exploited. APS receives and investigates valid complaints of abuse, and offers and provides services to prevent further abuse, including healthcare, housing, social, and legal services. The APS philosophy stresses self-determination and the use of the least restrictive and least intrusive interventions. APS cannot force services upon clients and has no authority to take an endangered adult into custody or to investigate when the client is no longer at risk. If the client has the capacity to make decisions, APS must honor the adult's wishes. APS views abuse as a social problem. Legal action (i.e., involuntary protective services) is a last resort.

The Role of Law Enforcement

While the role of APS is to conduct an investigation of an alleged case of abuse and to offer services to end the abuse and prevent further abuse from occurring, the role of law enforcement is to determine if a crime has been committed and make an arrest. Law enforcement officers conduct a complete investigation when an alleged crime is reported, to determine if indeed a crime has been committed and if there is enough evidence to file criminal charges and build a case for prosecution. Police detectives collect statements of the victims and all witnesses, document spontaneous statements when they occur, collect physical evidence, photograph the victim and crime scene, and identify, locate, and arrest the alleged perpetrator.

While the roles, responsibilities, and philosophies of APS and law enforcement in conducting investigations are different, the two disciplines can be a complementary and very valuable resource to one another, as the team approach between the Henrico County Police Department and Henrico APS demonstrates.

Case study

The Henrico Police Department received a call from the friend of a 65-year-old woman who stated that she had been sexually assaulted by a nurse aide at an assisted living facility where she was convalescing following surgery. The surgery had caused temporary paralysis, rendering the victim unable to speak, but she was able to indicate through gestures to her visiting friend that she had been raped while being bathed by the nurse aide. Police took the victim to the VCU Medical Center for a complete physical exam by the forensic nursing staff and, as mandated reporters, immediately referred the case to APS for investigation.

Henrico Police and APS conducted a joint investigation and determined that a sexual assault had occurred, using forensic evidence collected and victim and witness interviews. The police detective shared taped victim interviews with APS, which assisted the APS social worker in conducting her investigation and determining what services the client needed. The first task of the social worker was to work with law enforcement and hospital staff to secure placement at a different nursing facility for the victim to continue her recovery. While police detectives pursued criminal charges, the APS social worker visited the client to offer supportive services, first at the new convalescent facility and then at the client's home. The social worker used the Uniform Assessment Instrument (UAI) to evaluate the client's needs and offer services, which the client accepted. Services provided included home visits to provide case management and information about court proceedings, arrangement of personal care services, counseling resources to assist with post-traumatic stress syndrome, assistance with insurance, and accompaniment to court. The detective and social worker stayed in constant contact throughout the investigation, sharing resources and information. The case remained open at APS until the trial was completed and it was determined that the client was no longer at risk of abuse and no longer needed APS services.

Conclusion: Elements of Effective Collaboration

Henrico County Police and APS have developed a collaborative approach to elder abuse cases that recognizes the distinct and vital role of each organization in the investigation of cases, the significant benefits of coordinating their efforts, and the valuable resource that each can be to the other. In the case presented, Henrico Police shared interviews and other information with APS which assisted the APS social worker in her investigation to determine what services the victim needed. In turn, by providing or arranging supportive services such as personal care, counseling, and information about court procedures, APS helped prepare the victim for the lengthy criminal justice process. The following are some key elements of the approach developed in Henrico County:

Start the Investigation Together as a Team - Whenever possible, an APS social worker and police detective meet and interview the victim together. Although some of the information being collected may be used in only one of the investigations, some will be pertinent to both. Most importantly, joint interviews reduce stress on the victim because she does not have to be interviewed multiple times and asked for the same information. Joint interviews also mean less

work for law enforcement and APS because they have the same information and do not have to brief each other on the case as often.

Understand and Define the Roles of APS and Law Enforcement - Law enforcement and APS have distinct roles in conducting an investigation, and it is important for each discipline to understand and appreciate both the benefits and the limitations of their roles. When an APS social worker and detective conduct joint interviews, they develop an action plan and talk about their roles and the questions that need to be asked beforehand. This enables them to get the information they need without stepping on each other's toes and getting into turf disputes. They also understand that there are limits to their roles. If, through a joint investigation, it is determined that either a crime has not been committed or there is not enough evidence to file criminal charges, Henrico Police will not pursue the case but APS will continue to offer supportive services. Likewise, a victim can refuse APS services while working with law enforcement on a criminal case, but even if not directly involved in the case after completing the investigation, APS can leave the victim with available community resources should they be needed.

Time and Resource Sharing - When APS and law enforcement work together as a team, they save time and provide continuity in the investigation of cases. If either APS or law enforcement gets called away on another case, the other team member can continue the investigation and keep the absent team member informed on the progress of the case. Investigations do not have to be put on hold and valuable time wasted, as time can be a critical factor in the investigation of complex and multi-faceted elder abuse cases, especially when the client is at risk of further abuse.

Respect and Utilize Expertise - Henrico Police and APS respect each other's roles and expertise and recognize that they can be a valuable resource to each other. In one case, an APS social worker encouraged and convinced a reluctant domestic violence victim to follow through on charges, providing support to the victim that a police officer might not have time to give.

Study Questions

1. What are the roles and the limitations of APS and law enforcement, respectively?
2. What are the principal elements of an effective team approach, and what are the benefits?

References

Virginia Department of Social Services (2003). *Adult Services Long Term Care and Prevention Services 2003 Project Report*. Richmond, VA: Author.

Special thanks to Detective Judy Berger of the Henrico Police Department and Carol Jellie and Teresa Bettino from Henrico County Adult Protective Services who assisted in the development of this case study.

From the Executive Director, Virginia Geriatric Education Center

Iris A. Parham, Ph.D.

This has been one of those really good news times for the VGEC. We began a new initiative on May 28th with the announcement by HHS Secretary Tommy Thompson that five demonstration grants "aimed at helping recruit, train and retain direct service workers who provide personal assistance to people with disabilities who need help with eating, bathing dressing and other activities of daily living" had been awarded. Virginia joined Washington, Indiana, Arkansas and Kentucky as funded sites. The \$1.4 million demonstration grant to the Virginia Department of Medical Assistance Services will involve determination of the utility of health insurance and other work incentives in the attraction and retention of direct care providers. The VGEC will provide the training for the direct care workers using an enhanced curriculum developed by our own Dr. Rita Jablonski at the School of Nursing. An earlier version of this curriculum has been utilized in the highly successful and still on-going ECAT (Enhanced Care Assistant Training) project targeted primarily to home care aides and currently funded through DMAS. We are particularly pleased with the leadership of Jason Rachel on both projects and with the opportunity to work with our DMAS colleagues, Ms. Diana Thorpe and Ms. Karen Lawson; it should be an exciting three years. Just last week, we also heard that our competitive supplemental grant for the VGEC core grant was funded. Special thanks to all who worked so diligently on this effort (Nancy Bynum, Connie Coogle, Colleen Duffy, Colleen Head, Lucy Lewis, Tracy O'Brien, Tomaree Porter, Jason Rachel, Kandi Watson, Katie Young) and kudos to our leaders and Associate Directors, Drs. Jim Cotter and Ayn Welleford. Dr. Welleford also received word that she was funded for an exciting project through Philip Morris. Dr. Welleford and Ms. Pat Moody have been diligent in pursuing funding for this Lifelong Health Careers objective.

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(There will be more on the implementation of this project in the next newsletter.)

Also, our June meeting with our partner GECs; Western Reserve, Mountain State and Pennsylvania, was quite successful. We are completing plans to work with the Employee Education System of the Veterans Affairs health system to present our videoconference on Substance Abuse and the elderly in March, 2005. This video-conference will be free of charge and sites will be available across Virginia and the continental US!

Please enjoy the photos of our Spring Forum and graduation also in this issue. In other news, we have completed the move to the fourth floor of West Hospital and invite all to come and visit our wonderful new quarters.

Lastly, we have sad news. Ms. Colleen Duffy, our assistant of amazing talents, has left Richmond with her new husband to take a job in Miami, Florida. This is a great loss for us and she will be sorely missed. Our own recent graduate, Ms. Katie Young, has happily accepted the student coordinator position, she will have a special and additional emphasis on distance education program maintenance and development. Ms. Young will also be working one day a week on the new VGEC supplemental grant.

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From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

No One Climbs Alone

I have just returned from a business trip to Japan, my first on-site exposure to its people and culture. The experience made impressions that I will probably be years in reliving and interpreting. The Nippon Care-Fit Service Association, a non-profit organization that trains family caregivers and others who care for people of any age with impairments, invited me for a series of presentations and visits in Tokyo. Mr. Nen Hatena, the Association's president, Prof. Ryo Takahashi of Takasaki University, and Dr. Hiroshi Shibata of the Tokyo Metropolitan Institute of Gerontology spent months in preparing the groundwork for inaugurating an educational gerontology movement in Japan.

With one of the oldest populations on the planet and with Okinawa reputedly the longevity center of this longest-living nation, Japan is surprisingly young in educational gerontology, which is, simply, teaching others what is known about aging. Dr. Shibata, a geriatrician, informed me that there are 80 medical schools in Japan; 24 have full departments of geriatrics. With over 50% more medical schools in the U.S., we have only a half dozen with departments of geriatrics. However, interdisciplinary gerontology is rare in Japan. Although the Japan Gerontological Society was established in 1959 and has units within it on geriatrics, sociogerontology, gerodontology, and more, there is no unit or thrust within it for educational gerontology. We have several such associations and well over 300 such programs, centers, and units across the states. So, there I was in this mirror-reality of abundant geriatrics and scarce educational gerontology bringing the message of interdisciplinary educational gerontology.

My hosts organized a small-group workshop, a large conference, and a taped interview to communicate the benefits of teaching across disciplines what is known about aging. For the workshop they assembled 30 representatives from business, government, academe, and direct service with whom we discussed the implications of an aging population for their sectors. What a remarkable assemblage! The range of expertise and variety of professional interests, from senior statesman in government to multimillionaire businessman to creative dance instructor, awed me. If educational gerontology were in its infancy in Japan, this multiprofessional and multidisciplinary group, unlike any I had experienced in the states, would see to its growth. For instance, Japan's birth rate has dropped below the replacement level and both business and government representatives within the group are evaluating older workers as reliable, productive assets. An academic is looking to the humanities and the arts as vehicles of expressing or understanding the aging individual's personal life story amidst growing numbers of elders. An engineer is harnessing the Internet creatively to offer services to elders for self-development, connectedness with other caregivers, virtual travel, and more. A geriatrician is committed to determining how best to define and promote quality of life in his patients. The energy and potential for collaboration present in the workshop augur well for the future of educational gerontology and the future of Japan's elders.

The conference drew some 400 professionals and others. It opened with an inspirational segment about Mr. Yuichiro Miura who at 70 in 2003 climbed to the top of Mt. Everest. We saw a film of the ascent and then the man himself recounted his story. He had been a climber and skier in his thirties but, like so many of us, drifted into inactivity and out of shape. At 60 he began a 10-year regimen back to fitness, obtaining commercial sponsors along the way to finance his team's climb to the top. Fierce winds almost ended the quest near the summit. The group sheltered in tents

rattled by fierce winds. Then, days later, an uncharacteristic lull enabled the completion. In my opening to the audience immediately following Mr. Miura's presentation, I noted two messages from his trek that cross nations and ages: one is never to old to set dreams, and no one climbs alone.

In retrospect, these two expressions summarized the trip to Japan. The people gathered in Tokyo are doing it right. They are inviting everyone to the table to hear the message. They are brainstorming together across all sectors and collaborating in solving problems. They are seeing both challenges and opportunities in an aging population. I expect that our colleagues in Japan will methodically build on these events, will set dreams, and create partnerships to reach them. Their lesson is our lesson: no one climbs alone.

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From the Commissioner, Virginia Department for the Aging

Jay W. DeBoer, J.D.

Older Driver Assessment Day Scheduled for September 2004 in Richmond

While many mature drivers are good drivers, the physical changes associated with aging can ultimately affect their ability to drive safely. Older drivers have a different set of driving problems than do other age groups. Accidents involving older drivers tend to happen during daylight, in good weather, at low speeds, and close to home. They rarely involve alcohol. They often happen at intersections where the older driver is attempting to turn left, across oncoming traffic. Drivers age 85 and older have the highest fatality rates per capita among all drivers. In fact, the fatality rate per mile for drivers age 85 and older is comparable to or greater than that of teenage drivers.

To help mature drivers get around safely, the Virginia Department for the Aging (VDA), in cooperation with the Department of Motor Vehicles, the Virginia chapter of AARP, and the Mid-Atlantic Chapter of the American Automobile Association (AAA) have launched "GrandDriver," an educational campaign that provides information about natural aging processes and their effects on driving. More information about the GrandDriver campaign may be found on the web site at www.granddriver.net.

As part of the GrandDriver campaign, VDA and its partners will be sponsoring an **Older Driver Assessment Day on Thursday, September 23, 2004 at the ACCA Temple, located at 1712 Bellevue Avenue, Richmond, VA 23227** (located at Bellevue and Hermitage Avenues in Richmond's North side - near Exit 80 off I-95). The Older Driver Assessment Day will begin at 10:00 a.m. and end at 2:00 p.m.

The event is designed to help older drivers and their families learn more about the safe operation of a motor vehicle as they age. Various organizations will be available to provide information and assessments of the older driver's visual acuity, reaction time, and cognitive ability as it relates to operating a motor vehicle. A variety of other valuable information will also be available for older drivers and their families.

To learn more about the Older Driver Assessment Day, contact Ms. Janet Honeycutt, Director of Grant Operations at VDA by calling toll-free 1-800-552-3402, or call (804) 662-9341. You may also contact her by fax at (804) 662-9354, or by e-mail at janet.honeycutt@vda.virginia.gov.

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Focus on the Virginia Geriatric Education Center

Rita Jablonski, Ph.D.

Dr. Rita Jablonski discovered that she enjoyed working with older adults when she accepted a position as a nursing assistant in a nursing home 22 years ago. Ironically, the then 17 year old had accepted the nursing home position after being turned down for a more "prestigious" job as a nursing assistant in a hospital. After graduating from Holy Family College in Philadelphia with a bachelor's degree in nursing, Dr. Jablonski sampled various experiences, ranging from medical units, critical care units, emergency departments, and even critical care transport. But her early love of older adults kept emerging, regardless of where she was working. "I was very popular in the emergency department with my co-workers," she recalled. "I preferred working with elders, so I would trade my pediatric patients for other nurses' older adults."

Dr. Jablonski completed her masters degree in adult health nursing at La Salle University and a post-masters certificate

in primary care adult health nurse practitioner at the University of Pennsylvania before coming to Virginia in 1997. She accepted a non-tenure track position in the VCU School of Nursing and became active with the Virginia Geriatric Education Center in 1998. Dr. Jablonski has contributed her special nursing perspective to several VGEC projects, including the Geriatric Interdisciplinary Training Team and the Enhanced Care Assistant Training program through a contract with the Department of Medical Assistance Services.

Last year, Dr. Jablonski finished her doctorate at the University of Virginia. Concurrently, she completed a Certificate in Aging Studies from Virginia Commonwealth University. Her study, the experiences of persons involved with decisions to transfer nursing home residents to emergency departments, was funded by both the John A. Hartford Foundation and the National Institute of Nursing Research. After graduation, Dr. Jablonski accepted a tenure track position with the VCU School of Nursing. She also accepted a clinical position with VCU Medical Center's Division of Internal Medicine, Department of Long-Term Care. Two mornings a week Dr. Jablonski provides primary care to residents of Ruxton of Westover Hills, a nursing home located a few miles from the MCV Campus. She is occasionally shadowed by undergraduate and graduate nursing students who are interested in caring for older adults. These unique clinical experiences help her to better educate nursing students regarding the complex health care needs of older adults.

Balancing a busy primary care practice with teaching and research activities is not easy, but it is rewarding. "My current clinical practice provides me with numerous challenges that require research in order to address them," notes Dr. Jablonski. "My ultimate goal is to improve the quality of life of nursing home elders through my research and my teaching." In fact, Dr. Jablonski's current research is a pilot study aimed at examining the oral health of nursing home elders. It is part of a larger project based in the School of Nursing; the School of Nursing was recently funded by the National Institutes of Health for a Center for Biobehavioral Clinical Research. Dr. Jablonski's future research plans include teaching certified nursing assistants appropriate oral care techniques, and then measuring the impact of these techniques on the oral health of nursing home elders.

Dr. Jablonski is currently President of the Virginia Council of Nurse Practitioners, Richmond Chapter. She is also the Chair of the Qualitative Research Interest Group of the Gerontological Society of America, and is a member of the American Nurses Association, the Virginia Nurses Association, the National League of Nurses, Sigma Theta Tau, and the National Organization of Nurse Practitioner Faculty.

Downtime is important for healthy aging, and Dr. Jablonski's family helps her to keep some playtime into an otherwise busy schedule. When not at the nursing home, the hospital, the VGEC, or the School of Nursing, you can find Dr. Jablonski with her three kids and husband at Campbell Springs Farm. While the Jablonski children have been acquainted with the joys of horseback riding for some time, Dr. Jablonski and her husband are recent recruits. And, not surprising, Dr. Jablonski rides a geriatric horse: an 18-year old draft palomino named "Chaps."

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Focus on the Virginia Center on Aging

Nancy Podbesek

Nancy Podbesek is a native Virginian who began working for the Virginia Center on Aging this summer. She knew Dr. Constance Coogle, having met her off-campus in Carytown. Nancy was completing a research paper for her experimental methods class in pursuit of her undergraduate degree in psychology at VCU. Over time, Nancy and Connie shared information about their respective investigations. Nancy says, "As we discussed our mutual interest in psychological research, Dr. Coogle made her research work sound intriguing, and gerontology is a related field that I hadn't explored much. It made me realize that I could really make some contributions in that area." One day Dr. Coogle expressed her worries about the impending loss of her long-time research assistant, Katie Young. "She knows what I need before I know I need it. I don't know what I will do without her," she complained. Nancy said that she would like to step in, and the rest is history.

While completing classes to be certified as a massage therapist in Williamsburg, Nancy was drawn to the academic environment of VCU and enrolled in the pre-nursing program here. In her second semester she was accepted into the nursing program itself. During this time she was working as a personal care assistant providing home care for a Korean man who relied upon a wheelchair. Though pursuing a degree in nursing, she was minoring in psychology. She decided that the latter area was her passion and made the choice to major in it, citing its type of one-on-one interaction with people.

Nancy is graduating this summer with a Bachelor of Science in Psychology from Virginia Commonwealth University. She is looking forward to gaining research experience that will prepare her for a post-baccalaureate degree. She will be assisting Dr. Coogle in one of her several evaluation studies, the analysis of data from nursing assistants collected by

the Alzheimer's Association through their train-the-trainer program. Nancy will also be helping Drs. Coogle and Osgood evaluate their multi-year training project on healthy and unhealthy behaviors in older adults in Delaware, and processing data from the VGEC's Enhanced Care Assistants Training.

Nancy loves summer, for she spends her free time going to the beach, swimming, and fishing in the Tidewater area. She is an amateur photographer and likes working on cars with her family. She is learning the ancient practice of Mehndi (henna body art) and is looking for volunteers to display her skills in temporary body designs.

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On-line Instructional Modules Available Now

The Prevention and Treatment of Pressure Ulcers available at:

<http://www.sahp.vcu.edu/gerontology/pressureulcer/index2.html>

Modules cover procedural techniques to effectively prevent and treat pressure sores which, according to the National Decubitus Foundation, afflict 10% of all hospital patients.

Beyond the Barriers: Geriatric Breast Cancer available at:

http://www.sahp.vcu.edu/gerontology/html/web_courses/BreastCancer/index.html

Module discusses the importance of early detection and some barriers to early detection of the disease that will kill over 43,000 women in the US this year.

Brought to you by the:

Virginia Geriatric Education Center
Department of Gerontology
School of Allied Health Professions
Virginia Commonwealth University
Richmond, Virginia

For more information on the Virginia Geriatric Education Center, please visit: <http://www.sahp.vcu.edu/gerontology> or email kdwatson@vcu.edu

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Calendar of Events

August 30 - September 2, 2004

Aging: It's Booming presented by the Florida Conference on Aging to be held at the Hotel InterContinental in Miami, FL. For more information go to www.FCOA.org

September 10-11, 2004

Improving Chronic Care Quality - A National Conference on Transferring Geriatric Research Into Practice to be held at the Holiday Inn Select in Columbia, MO. For more information call (573) 882-0215.

September 18-20, 2004

Building Unity for a Valued Direct Care Workforce. The Direct Care Alliance National Conference will be held at the Holiday Inn on Capitol Hill in Washington, D.C. For more information go to www.directcarealliance.org/

October 4-5, 2004

Social Structures, Aging, and Self-Regulation in the Elderly presented by the Penn State Gerontology Center to be held at the Penn Stater Conference Center Hotel in State College, PA. For more information go to <http://geron.psu.edu>

November 19-23, 2004

Promoting the Health of an Aging Population. The 57th Annual Scientific Meeting of The Gerontological Society of America to be held in Washington, DC. For more information call (202) 842-1275.

January 26, 2005

Virginia Center on Aging's Annual Legislative Breakfast, St Paul's Church Parish Hall, Richmond. For information call (804) 828-1525.

February 24-27, 2005

Careers in Aging. 31st annual meeting and educational leadership conference presented by the Association for Gerontology in Higher Education to be held at the Renaissance Oklahoma City in Oklahoma City, OK. For more information go to www.aghe.org