

age in action

Research for geriatric and gerontology education and research
Virginia Center on Aging
Virginia Geriatric Education Center
Virginia Department for the Aging

Case Study

Male Caregivers: Breaking through the Male Self-Sufficiency Barrier to Help Those in Need

James J. Hutchinson

Educational Objectives

1. To generate awareness of characteristics and issues specific to male caregivers;
2. To examine successful strategies for education and awareness programs that motivate male caregivers to request services when needed;
3. To identify effective services targeted to male caregivers that have been initiated by three Area Agencies on Aging that received funding from the Virginia Department for the Aging.

Background

The increasing number of male caregivers has presented Area Agencies on Aging and other service providers with a challenge. Most existing caregiver data has been based on the experiences and needs of the female caregiver, for men have been reluctant to seek assistance. Increasingly, however, men are becoming caregivers. Dementia, particularly Alzheimer's disease, appears to strike women in higher numbers than men, and male caregivers are assuming care of their loved ones.

Realizing this, the Virginia Department for the Aging (VDA) applied for and was awarded a three-year grant (2001-05, with extension) by the US Administration on Aging to develop male caregiver outreach programs. VDA selected three Area Agencies on Aging (AAA), with differing male caregiver demographics, to participate in

the grant to develop a broad study of male caregivers. Each AAA designated a project coordinator or ombudsman who sought out male caregivers, addressed their specific needs as male caregivers, and connected them with relevant programs and services. The three AAAs that participated in the project were: Crater District Area Agency on Aging, Petersburg, which focused on male caregivers in rural areas; and Peninsula Agency on Aging, Newport News, and Senior Services of Southeastern Virginia (SSSEVA), Norfolk, both of which focused on male caregivers who are retired military. This case study will focus on SSSEVA but will report, as well, the overall results from all three AAAs.

MMAC

The Male Military Advocate for Caregivers (MMAC) program of SSSEVA sought to identify,

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educate, and provide services to the retired male military caregiver. Historically, these men, like older rural men, tend not to seek support from other family members, friends, or others if they are faced with a challenging caregiving situation. They are less likely to participate in caregiver support groups or to seek information and assistance from these types of peer group activities. This project provided outreach to male caregivers and provided a support system that helped them continue in their caregiving role.

Project Outreach

Creating program awareness presented a challenge due to a lack of research on how to locate male caregivers. This generated the question, "Where do men congregate?" The two AAAs focusing on military retirees were able to start with organizations that drew these individuals as their primary members (such as the VFW and the various service retiree clubs). Each of the three AAAs in the project reviewed their resources and, through trial and error, discovered the places that were most successful. Two resource patterns emerged, universal and regional. Universal resources are those common to all three AAA districts participating in the grant. They include, but are not limited to, the following: faith based organizations; predominately male organizations

(Moose, Lions Club); support groups (Alzheimer's Association, American Cancer Society); and senior clubs and centers. Regional resources are those unique to a location and population, such as military facilities (base clinics, hospitals); local businesses (barber shops, restaurants); sports venues (bowling alleys, golf courses); and local partnership programs (Pharmacy Connection Program, Making the Link). Once the projects established the most appropriate locations, the program coordinators developed working relationships with influential individuals at each, and were thereby able to give presentations, distribute newsletters, and offer male caregiver workshops, all of which helped identify male caregivers.

Education and Awareness Programs

After identifying the male caregiver in need of assistance, the next obstacle was to convince him to accept support. The direct approach may not always work. Providing awareness and education was found to break down attitudinal barriers. The three most effective methods of awareness and education were: male caregiver workshops, cooking classes, and support groups; newsletters and flyers specifically targeted to male caregivers; and health fairs and resource expos.

Services

Providing services to the male caregiver is the one goal all three AAAs participating in the grant program say was a total success. They identified respite care as the one service most needed by male caregivers. In addition, the three projects offered home-maker services, transportation, and home-delivered meals.

Case Study #1

Mr. C is a 65-year old U.S. Navy retiree, with colon cancer, and the sole caregiver for his spouse. His wife has Alzheimer's disease with hallucinations and neuropathy that makes her prone to falling. As a military retiree, Mr. C and his spouse obtain most of their health care from the military medical centers, which is typical for military retirees who live near a base.

In March 2003, Mr. C was informed that he had colon cancer and needed an operation requiring a short recovery period. Realizing he would need assistance with his wife's care, Mr. C, like many military retirees, turned to the military hospital social worker seeking assistance for his wife during his hospital stay and recovery time. Because the Male Caregiver Program had provided information to the military hospital social work staff, Mr. C was able to access this new community resource.

In his own words, Mr. C said, "I telephoned the Portsmouth Naval Hospital social worker who told me to contact Senior Services of Southeastern Virginia. I called and set up an appointment for the following day with Mr. Hutchinson, their Male Military Advocate for Caregivers. Mr. Hutchison and Bonnie Ellick, one of their Care Coordinators, helped set up seven days of in-home respite care for my wife while I was in the hospital. They also arranged three days of care for me when I returned home after surgery. I can't imagine what I would have done without this help."

In addition to the initial respite care, a handicap ramp was built for his wife's motorized chair in June 2004 (provided through the agency's Senior Skills Program), and in March 2005, Mr. C received another seven days of respite care.

In this case, MMAC had identified Portsmouth Naval Hospital as a primary resource for locating retired male military caregivers and had established a working relationship. This resulted in Mr. C's referral to the Male Caregiver program at SSSEVA. Having a program for male caregivers with a retired military man as the program coordinator in a heavily retired military community made it easier for him to open up to help and to accept services. Once the male self-sufficiency barrier is

broken, he and other male caregivers accepted additional services, realizing that help is available and there is no stigma attached to asking for help.

Case Study #2

Mr. H was an 82-year old Navy retiree with ESRD (End Stage Renal Disease) requiring dialysis three days a week. Mr. H's ESRD precipitated a number of additional illnesses, including episodes of fainting which resulted in his not being able to get to his feet until he called someone for help or a neighbor came by to check on him. Mr. H was the sole caregiver for his 86-year old spouse who had Alzheimer's disease and required a variety of help with her activities of daily living (ADLs), including feeding, toileting, bathing, and medication supervision. Mr. H's neighbor, also a retired Navy man, called the Navy Family Service Center (NFSC) seeking help for his friend and neighbor. The NFSC recommended he have his neighbor call SSSEVA for assistance through the Male Caregiver Program.

According to Mr. H's daughter, Mr. H and his spouse had made a pact to live in their home until they died. Each had stated they did not want to be placed in a long-term care facility. Although he had the services of a paid caregiver who stayed with his spouse while he was at dialysis,

this did not help the situation when he fell. When Mr. H fell, he would do one of three things: call his neighbor, wait until the paid caregiver arrived, or just wait until he had enough strength to get up on his own. He knew if he called 911, his situation would be referred to Adult Protective Services and he feared they would move his spouse into a long-term care facility. As a result of his falls, Mr. H's spouse would be without care for hours or even days, causing her condition to deteriorate further.

Repeated attempts were made to assist Mr. H and his spouse, but they always refused services. In August 2004, Mr. H went to his regular dialysis treatment and was found to be so ill that he was transferred to the hospital. He died within two weeks. The Male Caregiver Program was able to assist his daughter in locating a long-term care facility for the spouse, who died several months later.

Unlike Case Study #1, where the Male Caregiver Program was able to use outreach and intervention tools to achieve a successful resolution, our work with Mr. H was largely unsuccessful. Although Mr. H had initially sought help from a part-time paid caregiver, the self-sufficiency barrier coupled with the fear of institutionalization limited his willingness to accept additional help from

the Male Caregiver Program. The major barrier to helping was the pact they had made to live in their home until they died, reinforced by their fear of moving to a long-term care facility. This case is a classic example of how a special program with all the key elements in place may not always guarantee success.

Evaluation of All Three Projects

The Center for Excellence in Aging & Geriatric Health (CEAGH) at The College of William and Mary developed and conducted an evaluation of the overall grant program, including the projects of all three AAAs. Some of the findings follow: 189 male caregivers (unduplicated count) participated in the program; the projects contacted 413 local community organizations about family caregiving and gave 319 public information/education group presentations to 17,776 people to increase public awareness of the project and solicit male caregivers for the project; distributed 13,032 home-delivered meals to 139 male caregivers and/or their care recipients; and published 11 bimonthly editions or quarterly editions of male caregiver newsletters.

Selected other findings included: 1) Male caregivers reported a need for information about available resources and services. Providing information and

resources is a critical means by which to reduce male caregiver stress while enhancing their ability to maintain their caregiving role; 2) Connecting male caregivers with local services, including home-delivered meals, transportation, homemaker services, and respite care has helped make it possible for care recipients to remain in the home for a longer period of time; 3) Men do not identify with the role "caregiver" the way women have. Other terms such as care partner may be more suitable; 4) Men may experience embarrassment or guilt when needing to ask for assistance, yet they also report lacking information about available and accessible resources; and 5) Workshops offered by the project sites were well-received because they were viewed as educational in nature. It appears that inviting men to attend a support group is met with resistance because they see it as "only for women" or not structured enough to appeal to male participation. However, offering support groups targeted to male caregivers can prove beneficial; recognizing these groups as "networks" rather than "support groups" may lead to better reception by male participants.

Conclusion

The Male Caregivers Project clearly identified the need to alert men who are caregivers to

the existence of relevant and available community services. Educating them about available services and how to access them is critical to reducing men's perceptions that services are only for the poor or for women. As well, it may be time to consider adopting additional or alternate terms to identify male caregivers, such as care partner or care companion. Overall, the outreach efforts of the three participating AAAs addressed a previously untargeted need, contacted hundreds of male caregivers, and offered services to assist them in their caregiving role.

Study Questions

1. How might you best use locations in your area where male caregivers might congregate, for outreach, awareness, and education?
2. What are some of the special needs of male caregivers and how do these differ from those of female caregivers?
3. How can you best serve the male caregiver? Remember, all your efforts are in vain if you cannot provide the services that are needed.
4. What approaches would you use to overcome the emotional barriers exhibited in the case of Mr. H?

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About the Author



James J. Hutchinson (Jim), Navy Counselor Chief Petty Officer, USN, Retired,

joined Senior Services of Southeastern Virginia (SSSEVA) in March 2003 as the Male Military Advocate for Caregivers (MMAC) Program Coordinator. His more than 20-year career in the military contributed to the success of the Male Caregivers Grant. Jim is currently SSSEVA's Virginia Insurance Counseling Program Coordinator.

Editorials

From the **Executive Director, Virginia Geriatric Education Center**

Iris A. Parham, Ph.D.

The prerogative of the Executive Director is to have the honor of a column in this fine newsletter. This is my last column before I retire. I would like to spend some of my words in expressing the overwhelming gratitude that I feel to so many who have shared the journey with me over these last 29 years. Someone asked me the other day, "So how is retirement going?" I replied that I have no idea because I have never done it before. The only life event that I have had that is analogous is to have a baby---no previous experience needed and definitely that feeling of "What am I doing?... I have no idea what I am doing... but it is pretty amazing..."

So let me review accomplishments. First, we finished the five-year VGEC funding cycle, having trained over 13,000 healthcare professionals and having produced three nationally and internationally broadcast videoconferences (Parkinson's, End of Life Care, and Substance Abuse) with our collaborative partners, growing closer to our sister GECs in West Virginia, Ohio, and Pennsylvania. In

addition, we have forged a partnership with the Veterans Administration's Employee Education System, which has been quite productive. We will add ten other GECs to our future working relationships. And speaking of the future, Drs. Cotter and Welleford will be heading up the VGEC and Dr. Cotter will be the PI for the new FUNDED, \$2million+ VGEC competitive renewal project. We are so excited to be re-funded, especially since this grant will allow us to organize a formal consortium with the three medical centers in Virginia and many other institutions across the Commonwealth. We achieved much in the area of Ethical Decision Making, with supplemental funding and under the leadership of Drs. Cotter and Welleford. Our web modules are also up on our website, and we invite you to use this information. We have made great progress in faculty development through our Mentoring program and through our Grantsmanship training initiatives. One other accomplishment that we are particularly pleased about is the training of our Virginia Beach cohort of students who work for human services for the City of Virginia Beach; these students were also formal mentees in the VGEC Mentor program. Some already have graduated from the Certificate program and the remainder will complete the

M.S. in Gerontology program in December 2005. Two quotes from these students are particularly gratifying:

The education that I received through the VCU Gerontology Department has been invaluable in my work supervising the senior adult mental health/ substance abuse services for the City of Virginia Beach. The classes that I took helped to provide theoretical and research bases for many of the practices in our unit. We have tailored our services to the unique needs/ issues of senior adults, and the clients have responded very positively to this. Additionally, I have shared a great deal of the information that I received with our nurse, therapist, case manager, respite coordinator, and psychiatrists, so that the entire staff is better informed than we were before I enrolled in the program. The classes exceeded my expectations, in terms of practical and important information that can help us to better serve our clients. (K. O'Connor).

And in the words of a current student from this cohort who will graduate in December:

I am not afraid to grow old. If I stay positive, I will be happy the rest of my life. This program has opened so many doors that I do not even know the potential yet. It gives me the opportunity to provide help to those at the other

end of the spectrum who have been ignored. Gerontology is not just about old people; it is about everybody. (M. Morrison).

The VGEC has also received continuation funding from the Virginia Department of Social Services for training of assisted living direct care providers and will continue partnering with the Virginia Department of Medical Assistance Services for the training of Certified Nursing Assistants, Personal Care Aides, and Supervisors over the next two years. Also, with funding from the Virginia Area Health Education Center, new partnerships will be further strengthened. The Gerontology Department has also worked to pilot and subsequently establish a specialty track in Geriatric Care Management, under the leadership of Dr. Welleford with colleague Jason Rachel.

Special thanks go to Ms. Kathleen Watson who has taken another position in the state and to all of my truly amazing staff - there is no finer! Congratulations to the new Co-Directors, Dr. Cotter and Dr. Welleford and to Dr. Welleford who will be the Interim Chair of the Department of Gerontology. The VGEC and the Department will be in the best of hands. Thank you all for working with us (me) over the history of the VGEC, for 20 years and over the history of the Department. So many wonderful partners were necessary to do

the work that needs to be done.

I part with these final words. To paraphrase Maya Angelou, "When you learn, teach; when you get, give." I know that so many of you have been my teachers and it has been a great pleasure to learn from each of you and the "getting" part has been equally overwhelming. I have received so much help, support, knowledge, kindness and joy from so many of you that it will take at least the rest of my lifetime to try to give in return for all that I have been so generously given. Thank you for a most wonderful journey of 29 years. May our paths cross many times over the next 29+.

From the
**Director, Virginia
Center on Aging**

Edward F. Ansello, Ph.D.

A Triple Play

A triple play is one of baseball's rarest moments. Here at VCU we have just had ours. We lost to retirement on July 1st three professionals who defined gerontology in Virginia for the past decades. Drs. Iris Parham, Steve Harkins, and Nancy Osgood touched the lives of innumerable students, both in classrooms on campus and in the laboratory of life, out where aging is lived. Their collective

impact on professional education staggers the imagination. Parham the psychologist, Harkins the psychophysicologist, and Osgood the sociologist have developed curricula, mentored students, guided research, inspired practitioners, helped shape public policy, and motivated the rest of us to try just a little harder and work just a little longer to improve the conditions of growing older and the readiness of those who work with elders.

Dr. Parham has been the only chairman of the Department of Gerontology at VCU since its inception. Its success is a reflection of her genius, creativity, close management, and gift for involving colleagues. Under her leadership, the Department launched the Virginia Geriatric Education Center, a major influence on the quality of geriatric and gerontological training in Virginia for over 15 years, and established itself as a nationally renowned source of first-rate on-campus and distance education.

Dr. Harkins' teaching has been characterized by a sharp mind and a keen wit. A prolific researcher and innovator, he has pioneered investigations and brought focus to the subject areas of pain, memory, and Alzheimer's Disease, all the while maintaining collaborations

with colleagues across the health sciences. Known especially for his inquisitive style, highly detailed statistical analyses, and "out there" pain research, he enriched gerontology education both on campus and off.

Dr. Osgood's personality and friendly manner have for years belied the seriousness of her professional concerns. She helped establish and nurture attention to suicide and to substance abuse in later life. Her books and forays on the lecture circuit brought deserved attention to suicidal ideation, suicide prevention, alcoholism, and gambling, and led to theory building, research, and preventative models. At the same time, she initiated innovations in creative arts therapy and pet therapy for isolated or impaired elders.

These colleagues are not defined exclusively by their professional lives, of course. Iris Parham's interest in and generosity to her staff are legendary, as are her love of quilts and frequent luncheons where work-related discussion and fun were present in equal measure. Steve Harkins's hobbies carried his style into the non-academic world: skilled craftsmanship in woodworking and on-the-edge kayaking in perilous waters. Nancy Osgood's pet birds received her daily attention, and

traveling, especially to her South Dakota roots, have been periodic joys.

It is a gross understatement to say that we as an organization and as individuals will miss them. Each has such a remarkable presence and has made such substantial contributions. However, we are pleased to know that they are not going away, just retiring from the daily positions they have held these many years. They will be readily accessible for the good insights and counsel we have come to rely upon. We look forward to the prospect of working and interacting with them. Best wishes!

Did you know...?

VCU Elderhostel, administered by the Virginia Center on Aging, is the largest Elderhostel program in Virginia, and #16 out of some 700 Elderhostel programs in the United States.

To find out about our programs or about Elderhostel in general, call us at (804) 828-1525 or visit www.vcu.edu/vcoa.

Focus on Contributing Agency Staff Members/Volunteers/Projects

Focus on the Virginia Geriatric Education Center

VGEC Receives \$2 Million Federal Grant to Train Health Professionals in Geriatric Care

The U.S. Health Resources and Services Administration has awarded Virginia Commonwealth University a \$2 million grant to expand and improve the training of health professionals who care for the elderly. The grant renews funding for VCU's Virginia Geriatric Education Center's five-year project that focuses on improving the training of health professionals on issues such as cognition and dementia, nutrition and obesity prevention and treatment, end-of-life care, mental health, and the prevention of dependence brought on through falls. With this funding, the VGEC, which is part of the School of Allied Health Professions' Department of Gerontology, will expand into a statewide geriatric educational consortium with Eastern Virginia Medical School and the University of Virginia Health System. The project will provide extensive training for 1,500 health professionals and will sponsor multiple training sessions among the three sites annually.

The training program will cross

several disciplines for expertise. Geriatric specialists from VCU schools of Allied Health Professions, Medicine, Pharmacy, Nursing, Social Work, and the Department of Psychology will contribute. EVMS will draw on its Glennan Center for Geriatrics and Gerontology and Department of Family Medicine. UVA's resources will come from its schools of Medicine and Nursing.

"For 20 years, the VGEC has been at the forefront of geriatric issues and advanced training for health related professionals," said Cecil B. Drain, Ph.D., Dean of VCU's School of Allied Health Professions. "The award of this highly competitive grant ensures that older Virginians will have continued access to the best educated geriatric professionals in the country."

Focus on the Virginia Center on Aging



**MaryEllen
Cox**

Many of us know MaryEllen Cox as a friend and former Chairman of our Advisory Committee, as well as a devoted advocate for older adults locally, statewide, and

nationally. Since her retirement from the U.S. Corps of Engineers in 1971, she has worked tirelessly on behalf of older adults, especially frail, disabled elders. This career of humanitarian service in retirement has spanned 35 years, but her concern for the dignity and autonomy of older adults began in childhood. A great relationship with her grandmother, who exemplified vibrancy and grace, gave her the perfect role model. Also, when MaryEllen was a child, she would accompany an aunt to a nursing home to visit residents, bringing them favorite foods and, as she discovered, vital connections to the community. MaryEllen credits these experiences - witnessing her grandmother's *joie de vivre* as she aged in place, seeing firsthand the potential for loss of dignity and autonomy when one leaves the community for institutional placement, and the effects of connecting nursing home residents with the community - as influencing her interest in and subsequent commitment to home and community based services for seniors and their caregivers. Years later, she co-founded the Mayor's Committee on Aging for the City of Virginia Beach, in order to focus the attention of local decision-makers on the elderly. In 1975, she founded Virginia Beach's first adult day

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Community News/Announcements

VCU Researcher Receives 2005 Dennis W. Jahnigen Career Development Scholars Award

Jeff J. Ericksen, MD, a researcher at Virginia Commonwealth University, has been selected to receive the prestigious Dennis W. Jahnigen Career Development Scholars Award. Developed under the aegis of the AGS/Hartford Foundation funded project *Increasing Geriatrics Expertise in Surgical and Related Medical Specialties (Geriatrics-for-Specialists)*, this awards program is named for the late Dennis W. Jahnigen, MD - a leading geriatrician, educator, and tireless advocate of introducing geriatrics training into all

medical specialty areas.

The Jahnigen Career Development Scholars Awards Program, funded by The John A. Hartford Foundation and Atlantic Philanthropies, currently provides two-year grants of \$200,000 (including an institutional match) to assist young faculty to initiate and ultimately sustain a career in research and education in the geriatrics aspects of his/her discipline. Medical school faculty in anesthesiology, emergency medicine, general surgery, gynecology, ophthalmology, orthopaedic surgery, otolaryngology, physical medicine and rehabilitation, thoracic surgery, and urology are eligible for the award with up to ten proposals selected for funding each year.

Dr. Ericksen, an assistant professor of physical medicine and rehabilitation at VCU's Department of Physical Medicine and Rehabilitation, was selected for this program because of the promise demonstrated in his proposal, *Spine Stability Muscle Function in Older Women: Role of Gynecological History*, the sponsorship of his mentors David X. Cifu, MD, Peter E. Pidcoe, PT, PhD, Peter A. Boling, MD, and Dace Sivkis, PhD, and the support from his institution.

For additional information, please visit the *Geriatrics-for-Specialists* Web Site at www.americangeriatrics.org/specialists.

Virginia Association on Aging Announces 2005 Awards for Excellence in Gerontology

Outstanding Gerontology Educator Award

Patricia Slattum, VCU Department of Pharmacy

Outstanding Gerontology Student, Doctoral Level

Karen Siedlecki, UVA Department of Psychology

Outstanding Gerontology Student, Master's Level

Brianne Winston, VT Department of Human Development

Outstanding Gerontology Student, Certificate Level

Kelly Gauthier, VCU Certificate in Aging Studies (enrolled in PharmD program)

COMMONWEALTH OF VIRGINIA

Alzheimer's and Related Diseases Research Award Fund

2005-2006 ALZHEIMER'S RESEARCH AWARD FUND RECIPIENTS ANNOUNCED

The Alzheimer's and Related Diseases Research Award Fund (ARDRAF) was established by the Virginia General Assembly in 1982 to stimulate innovative investigations into Alzheimer's disease (AD) and related disorders along a variety of avenues, such as the causes, epidemiology, diagnosis, and treatment of the disorder; public policy and the financing of care; and the social and psychological impacts of the disease upon the individual, family, and community. The ARDRAF competition is administered by the Virginia Center on Aging at Virginia Commonwealth University in Richmond. The six grant recipients of the 2005-2006 awards are as follows:

GMU Jane Flinn, Ph.D. (Dept of Psychology) "The Effect of Enhanced Levels of Zinc and Iron in Drinking Water on Memory, Amyloid Configuration, and Plaque Development in Transgenic Mice"

The brains of those who die with AD are characterized by amyloid plaques which contain high levels of zinc, iron, and copper. These metals have all been shown to play a role in plaque formation, with the different metals affecting the aggregation of amyloid in different ways. Scientific opinion is divided as to whether zinc plays a protective role or is a risk factor for AD. Normal mice have amyloid but do not develop the types of amyloid plaques seen in human brains. Transgenic mice (Tg) have been developed, however, that show these plaques. One of these is a mouse which carries a mutation identical to a major genetic form of human AD. The investigator will raise these mice, together with non-transgenic mice, on zinc-enhanced, iron-enhanced, or normal lab water to examine the effects on plaque formation and amyloid configuration, as well as on several forms of memory that depend on brain structures affected by AD early in the disease. Dr. Flinn will then examine the effects of switching older Tg animals, previously raised on lab water, to increased zinc and decreased iron. It is important to know if an increase or a decrease in either of these metals influences the course of AD, and this research begins to answer this question. *(Dr. Flinn can be reached at 703/993-4107)*

GMU Pamela M. Greenwood, Ph.D. (Department of Psychology) & Karl Fryxell, Ph.D. (Department of Molecular and Microbiology) "Use of Allelic Association to Study the Genetics of Cognitive Aging"

The ability to predict who may develop AD is important to the goals of its delay or prevention. Identifying individuals at increased risk would allow early use of agents that may delay the disease, such as anti-inflammatory and cholesterol-lowering drugs that are not used for this purpose at present. The only genetic risk factor for late-onset, sporadic AD is the apolipoprotein E (APOE) epsilon 4 allele. There is evidence that 4-5 additional genes affect risk of AD, but despite considerable research over more than 10 years, none has been identified. The investigators think that this failure is due, in part, to the approach commonly used. Their preliminary data suggest that using age-related cognitive deficits as the focal point in allelic association studies would increase the power to detect genetic modulation over diagnostic-based studies, due to larger effect sizes. Based on other evidence indicating that the APOE gene exerts its effect on AD through a role in neuronal protection and plasticity, the investigators will look for other genes with a similar role by relating age-related change in cognition to normal variation in genes previously shown to affect cognitive performance in later life. This approach has the potential to increase the number of genetic factors known to alter cognitive integrity, improve early identification of cognitive decline, and allow the use of delaying treatments. *(Dr. Greenwood can be reached at 703/9993-4268; Dr. Fryxell can be reached at 703/993-1069)*

College of William and Mary **Christine J. Jensen, Ph.D. and colleagues (Center for Public Policy Research)**
"Promoting an Effective Partnership between Families Coping with Alzheimer's Disease and Their Healthcare Providers"

With an ever-increasing population of Americans with AD, a clear need exists to understand and strengthen the relationship between healthcare providers (e.g., primary care physicians and nurses) and families who care for loved ones with the disease. Promoting appropriate partnerships will serve to facilitate the medical, social, and psychological care that persons with AD and related dementias need to maintain quality of life. In addition, these partnerships can serve to ease the stresses experienced by family caregivers. This study will investigate whether the primary source of AD diagnosis is more likely to be the primary care physician than a specialist, and identify what family caregivers most need as they interact with healthcare providers. Focus groups with primary care physicians and their office staff will help determine the needs of health care providers as they support families caring for relatives with AD. The team of investigators will also identify effective ways to maximize the resources provided by physicians and their staff and make additional resources available. Solutions, on medical and social levels, will be proposed for enhancing care for persons with AD, as well as for their family caregivers. *(Dr. Jensen can be reached at 757/221-1971)*

Virginia Tech **Bradley G. Klein, Ph.D. & Jeffrey R. Bloomquist, Ph.D. (Department of Biomedical Sciences and Pathobiology, College of Veterinary Medicine) "Modulation of Cognitive Sequelae of Parkinsonism by Environmental Manganese: Implications for Dementia with Lewy Bodies"**

Dementia is a major public health problem that cuts across gender, ethnic and socioeconomic lines, estimated to affect nearly 50% of the population over age 85. Parkinson's disease is a Lewy body disorder that has long been recognized for its devastating effects upon motor behavior, although anywhere from 20-60% of Parkinson's disease patients develop some cognitive decline. Manganese, a metal used in industrial settings, is ubiquitous in soil and air, and is often a component in geriatric intravenous parenteral nutrition therapy. In addition, a manganese-containing compound is widely used as a gasoline additive. Manganese overexposure that affects a portion of the brain very close to the neural target of Parkinson's disease can produce psychiatric symptoms in addition to motor dysfunction. The principal aim of this study, which uses a mouse model of Parkinson's disease, is to address whether environmental manganese can contribute to, or facilitate, the cognitive decline that has been observed in Parkinson's disease. Such information may shed light on the underlying mechanisms of cognitive decline in another Lewy body disorder, Dementia with Lewy Bodies, the most common form of neurodegenerative dementia after AD. *(Dr. Klein can be reached at 540/231-7398; Dr. Bloomquist can be reached at 540/231-6129)*

UVA **Michelle King, Ph.D. (Department of Biology) "Direct Interactions between A and Tau in Cultured Cells"**

Extracellular accumulations of β -amyloid (A) fibrils and intracellular accumulations of tau filaments are the two pathological hallmarks of AD. A number of laboratories have provided compelling evidence linking the two molecules within a signaling cascade that places A upstream of tau. However, no published studies have looked at the real time effects of A on tau, nor have they characterized the effect of A monomers and oligomers on cells expressing tau. This study will further explore the relationship between these two proteins by using a live cell culture system and real-time fluorescence microscopy for imaging. Cells expressing a fluorescent tau protein will be treated with β -amyloid peptides, and movies showing the impact of β -amyloid on tau will be taken and analyzed. Significant changes in cell survival, as well as tau expression and localization will be further studied, and potential candidate signaling pathways linking β -amyloid and tau will be identified and characterized. This evidence will contribute greatly to our understanding of the two primary molecules implicated in AD progression and help to establish a mechanism to describe the neurodegeneration observed in the disease. *(Dr. King can be reached at 434/243-7764)*

UVA Isaac G. Onyango, D.V.M., Ph.D. (Department of Neuroscience and Neurology)
"Molecular Mechanisms of Neurodegeneration in Alzheimer's Disease"

While AD occurs mainly as a sporadic idiopathic form, mutations in presenilin-1 and presenilin-2, as well as the amyloid (A) precursor protein genes, have been shown to be responsible for roughly half of the early onset (<60 years of age) familial AD cases. Studies have shown that decreased synaptic density and loss of neurons accompanied by reduced expression of neurotrophic factors and oxidative damage are key features in the AD brain. Oxidative damage could result from mitochondrial dysfunction, A and/or glial recruitment and activation, or a combination of these processes. The molecular mechanisms through which oxidative stress leads to neuronal death in AD have yet to be elucidated. One possible mechanism may involve the stress activated protein kinase pathways, and recent studies have demonstrated that some of these pathways are activated in AD brain. In this study the investigator will delineate the common/obligatory signaling pathway(s) active in three different cellular models of sporadic and familial AD in order to understand how compensatory pro-survival intracellular signaling fails to preserve neuronal function under stressful conditions. This holds promise for identifying rational therapeutic approaches based upon cellular events. (Dr. Onyango can be reached at 434/ 243-9268)

2005-2006 Awards Committee

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APSC Sponsors Successful Conference on Spirituality

The Virginia Center on Aging is a partner in the Area Planning and Services Committee (APSC) for Aging with Lifelong Disabilities, an innovative and productive coalition committed to addressing the unprecedented aging of fellow Virginians who are growing older with such conditions as intellectual disabilities, cerebral palsy, and autism. The APSC welcomed 150 family caregivers, direct service providers, clergy, and others to its May 12, 2005 conference *Spirituality, Loss, and Aging for Persons with Lifelong Disabilities*, in Richmond.



Above Left: APSC members Curtis Sutphin and Venus Polk of Henrico Area Mental Health/Mental Retardation Services and Tara Livengood of VCoA welcome registrants



Above Center: APSC members Dee Couvehla of Henrico County Recreation and Parks, Charlene Peters of Instructive Visiting Nurse Association, and Lisa Poe of Richmond Residential Services



Above Right: Conference speakers Mary Ann Johnson of the Alzheimer's Association, Linda Kendall of VCU Nursing, Rick Moody, Lex Tartaglia of VCU Patient Counseling, and Ed Ansello of VCoA

**MaryEllen Cox, continued
from page 8**

care center, now celebrating its 30th anniversary. It was renamed the M.E. Cox Center for Elder Day Care in 1987.

MaryEllen's service on the Governor's Advisory Board on Aging spanned 20 years and five administrations, and she served as its chairperson from 1986-1988. During her tenure, she focused attention on the need for developing and expanding home and community-based programs, resulting in a Joint Resolution by the Virginia General Assembly endorsing a study and report. Her efforts have generated program funding for geriatric day care and personal care to homebound elders. She has chaired the Virginia Center on Aging Advisory Committee and is now a Member Emerita. She was the first chairperson of the Virginia Coalition on Aging. After relocating to Beaverdam, VA in 1993 to be with her

daughter and family, she joined the board of Senior Connections, The Capital Area Agency on Aging, serving for 10 years and continuing on its Advisory Council. Other contributions include chairing the Interfaith Coalition for Older Virginians and the Statewide Coalition to Support Family Caregivers, and serving on the boards of the Richmond Chapter of the Alzheimer's Association and Our Lady of Hope Health Care Center in Richmond.

MaryEllen has been active in faith communities in Virginia Beach and Richmond, contributing in numerous lay leadership positions. She is the Coordinator of Older Adult Ministry for the Catholic Diocese of Richmond.

She has received numerous awards and honors, including the First Citizen Award, Virginia Beach Junior Chamber of Commerce (1976), the National Conference of Christians and

Jews Brotherhood Award (1981), the Bene Merenti Papal Award from Pope John Paul II (1985), the Governor's Award for Volunteering Excellence (1989), a Lifetime Achievement Award from the Virginia Coalition for the Aging (2001), the Outstanding Citizenship Award from the American Association of Homes and Services for the Elderly (2002), and the Samuel H. Dibert Award for volunteer service from Commonwealth Catholic Charities (2005).

Her advice for those who want to effect change in aging issues? Don't try to be everything to everybody. Focus on an issue, and communicate on that issue to the various organizations in which you are involved. To become involved, find a point of entry that pleases you (e.g., housing, healthcare). Finally, don't try to do everything yourself; ask others for help. MaryEllen certainly has lived these recommendations.

Helen Keller National Center Senior Adult Seminar: Enhancing Services for Older Adults with Vision and Hearing Loss

September 12 - 16, 2005

Registration deadline: August 12

Acquisition of a sensory loss, at any age, should not mean loss of independence. This seminar is designed for service providers, administrators, caregivers, family members, and those interested in gaining more information, skills, and resources regarding working with older adults with vision and hearing loss. CEU credits are available. Cost of week-long seminar: \$350

For more information contact:

National Training Team, Helen Keller National Center, Sands Point, NY

Phone: (516) 944-8900 x233, TTY: (516) 944-8637, ntthknc@aol.com, www.hknc.org

Calendar of Events

August 22, 2005

Area Planning and Services Committee (APSC) for Aging with Lifelong Disabilities. Open meeting. 3:00 p.m. - 5:00 p.m. Instructive Visiting Nurse Association (IVNA), 5008 Monument Avenue, Richmond. For more information, call (804) 828-1525.

August 22-25, 2005

The Florida Conference on Aging 2005: Celebrating 50 Years Together. Renaissance Orlando Resort at Sea World. For more information, call (850) 222-8877 or visit www.fcoa.org/conf2005/conf2005.html.

September 8-9, 2005

The Golden Years and Domestic Abuse Conference. "Innovative and Faith Based Solutions." Cornerstone Baptist Church, Greenville, NC. For more information or to receive a conference brochure, contact (252) 758-4400 x226 or smunzer@pittfvp.org.

September 26, 2005

Area Planning and Services Committee (APSC) for Aging with Lifelong Disabilities. Open Meeting. 10:00 a.m. - noon. Instructive Visiting Nurse Association (IVNA), 5008 Monument Avenue, Richmond. For more information, call (804) 828-1525.

December 11-14, 2005

White House Conference on Aging. Originally slated for October 23-26, this event has been rescheduled. Still to be held in Washington, but at a different hotel. A conference spokeswoman says the date change is not due to planning delays but "to ensure the most positive experience possible for delegates." Growing interest in the conference necessitated a search for a new, larger site. For more information, visit www.whcoa.gov.

January 25, 2006

Virginia Center on Aging's Annual Legislative Breakfast. St. Paul's Episcopal Church, Richmond. For information, call (804) 828-1525 or eansello@hsc.vcu.edu.

Age in Action

Volume 20 Number 3
Summer 2005

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Age in Action is published quarterly. Submissions, responses to case studies, and comments are invited and may be published in a future issue. Mail to: Editor, *Age in Action*, P.O. Box 980229, Richmond, VA 23298-0229, fax to (804) 828-7905, or e-mail to spruill_kimberly@yahoo.com.

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Lifelong Learning Institute Fall Kick Off



The Lifelong Learning Institute (LLI) in Chesterfield is hosting *Fall Kick Off: Celebrate a New Season* on **Monday, September 19, 2005** at noon, at its site, the Watkins Annex School in Midlothian. Come enjoy food for the mind and body! Featured speakers include Dr. Billy Cannaday, highly acclaimed Superintendent of Chesterfield County Public Schools.

The Virginia Center on Aging, the Brandermill Woods Foundation, Chesterfield County Public Schools, and the Brandermill Woods Retirement Community co-sponsor the LLI as a member-supported organization to encourage the intellectual development and growth of adults ages 50 and better. The LLI, launched in 2004, offers three semesters a year of daytime courses, lectures, and special events. For example, fall semester 2005 (September 19-November 18) courses include Reading the Ancient Past: Deciphering Forgotten Scripts; a Health Series; The Future of Social Security; The Deep Wisdom of the Fairy Tale; Virginia Opera; Watercolors; plus language, computer, and fitness classes, and so much more.

Come join the celebration. There's no charge and all are welcome. For more information, call Debbie Leidheiser at (804) 521-8282.

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