

## Case Study

### Making Affordable Assisted Living Work: The Mountainside Senior Living Story

by Cheryl Cooper, MA, BS  
Gordon Walker, MS

#### Educational Objectives

1. Describe the challenges of providing affordable assisted living in Virginia.
2. Describe the experience of the Jefferson Area Board for the Aging (JABA), an Area Agency on Aging, in becoming owner and operator of an assisted living facility.
3. Describe the culture change that made Mountainside a unique and award-winning facility.

#### Background

The six-story structure in Crozet, Virginia that today is Mountainside Senior Living was originally built as the Carter Cold Storage facility in 1912. It served the large-scale local fruit industry and, with an addition in 1919, the facility handled over 40,000 barrels of fruit and

manufactured ice, in addition to supplying electricity and water to the residents of Crozet.

As fruit production decreased and the need for cold storage declined, the building served multiple purposes, such as a general store, movie house, and finally a hardware store, before it was purchased in 1978 for renovation into senior living apartments. The renamed Windham opened in 1981 with accommodations for 100. When the local owners sold the facility to a national long-term care chain, the new owners focused on squeezing 140 residents into the facility. Ninety percent of these residents were enrolled in the auxiliary grant (AG) program.

Over the course of several years, problems mounted. In 2000, the chain closed a Charlottesville nursing home with 30 days notice, forcing many residents to be dispersed throughout Virginia. Now, facing Chapter 11 in 2001, the corporate owners put Windham on the market and closure was imminent.

JABA expressed concern immediately. One hundred forty residents

were about to be “homeless” and more than 50 staff faced unemployment. The closure would also mean the loss of 50% of the local AG beds.

With no apparent new owner, JABA responded with a business strategy to keep the facility operating. The mantra of the marketing plan was and still is, “*It takes a community to save a community.*” The communities of Charlottesville, Crozet, and Albemarle County came together to raise public and private funds to erase debt, make capital improvements and, thus, be better positioned to be competitive. Private pay residents would be recruited. Their fees, plus on-going fundraising and local government allocations, would assure affordability for persons unable to pay market rates. The facility came under JABA ownership in June, 2002 which renamed it Mountainside Senior Living.

#### Providing Assisted Living in Virginia

The Auxiliary Grant System (AG) is a state supported supplement to the income of assisted living

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residents of low income. The AG payment partially covers the cost of room and board in the facility, transportation, recreational activities, and general maintenance and care, including assistance with personal hygiene, medication administration, and management of a personal care allowance of \$77 a month.

The current AG rate is \$1,075 monthly (\$1,236 in Northern Virginia.) The cost of providing care at Mountainside is \$1,700 a month, a \$600 difference subsidized by donations, private pay fees, and fundraising. To achieve solvency, JABA set an enrollment target of having at least 40% of the residents paying privately. In a local market where the current average monthly payment for assisted living is about \$3,200, JABA pegged its private pay rate at approximately 80% of market rate, thus making it affordable to middle income persons, while preserving almost half of its rooms for AG-eligible Virginians.

### **Making the Transition: The “Easy” Steps**

The keys to attracting residents lay in making the facility more attractive in various ways, most importantly, improving the quality of life for residents and staff. To maximize AG income and space, the previous owner put three residents in rooms designed for two. That owner also admitted residents whose care needs were greater than what could be met in assisted living. For instance, several residents had psychological and emotional conditions that needed other, more sophisticated types of care. As a

first step, JABA worked with staff members of the local Department of Social Services and the Region Ten Community Services Board to identify residents needing placements in facilities that could more appropriately meet their needs. This move created a resident mix more suitable for assisted living, while allowing residents to live in either private or two-person rooms. The census was thereby reduced from 140 to 118.

As for staff, association with JABA has meant better wages and benefits, improved working conditions, and regular training. JABA’s goal is to pay a living wage for all employees and provide health insurance options.

Moving ahead progressively with compensation meant looking for ways to be cost efficient while upgrading resident care. By introducing on-site management, JABA and Mountainside staff took several steps to make this happen: consolidating administrative positions, finding new vendors for bulk purchasing, reducing staff overtime and use of agency staffing, and retaining a medical director. The results included a more satisfied and stable workforce, which, in turn, led to enhanced resident satisfaction and a growing improvement in Mountainside’s reputation in the community.

Addressing the aged physical plant proved to be a more tangible, less easily achievable challenge. What made sense in assisted living design in 1981 had changed considerably by 2002. Residents desired common internal and external space where they could socialize and par-

ticipate in activities. There was need for a nursing clinic, and for designated staff meeting areas, and dining space for residents and families. To meet these needs, JABA created sitting areas on each floor to bring a more home-like environment to the otherwise long hall and institutional look. Each floor was redecorated and given a neighborhood name chosen by the residents. Rooms have been redecorated and recarpeted for a warmer look. Activity space was enlarged and equipped with better entertainment equipment, and outside space was modified for gardens and outdoor seating.

### **Making the REAL Transition: Culture Change**

To address what Dr. Bill Thomas, founder of the Eden Alternative and the Green House model, calls the nursing home plague of boredom, hopelessness, and helplessness, staff at Mountainside emphasize the importance of a community/neighborhood environment. Persons living at Mountainside are a part of the larger community of Crozet. Conversely, Crozet’s residents are involved in the lives of Mountainside’s residents. The physical structure that is Mountainside dominates downtown Crozet. We have all paid special attention to making sure that the larger community recognizes that this imposing structure is home to real people. The more opportunity the community has to come into the building and meet the residents, the stronger the bond among all community members. To that end, Mountainside staff members encourage visits and exchanges in the following ways:

- Community organizations meet at Mountainside regularly.
- Local church ministers conduct services and activities throughout the week.
- Volunteers of all generations come in to chat with residents, provide group activities, and take residents to appointments.
- Residents at Mountainside are volunteers themselves. The Mountainside choir visits local nursing homes and child care centers to sing. Residents make and deliver gifts to those living in nursing homes. Soon they will collaborate with elementary students to produce digital recordings of Crozet's history through songs written and performed by the students.
- By purchasing local produce for meals, Mountainside is supporting the local economy and community. Growers know that their product is part of a major effort to build a sustainable operation for over 100 people living at Mountainside.
- Mountainside staff members are creative in planning and holding fund raising activities that involve the community. For example, each year, Mountainside hosts a music festival with local bands and singers performing for the general public; local pet owners and pet shop owners help create a day long petting zoo in the outdoor yards at Mountainside that is visited by local children; staff members at Mountainside take orders for sub sandwiches, then make and deliver the orders; some people stop in for their sandwiches, creating an opportunity for members of the community to come into the facility and meet those who live and work there; and a Spaghetti Supper at the local firehouse is an opportunity for residents to be out with members of

the community.

At the same time, considerable attention has been given to including and involving residents in making decisions that affect them and how they live at Mountainside. The ongoing opportunities include:

- Monthly Floor Parties when residents voice their opinions on any aspect of the facility operation and life at Mountainside.
- A Resident Council in which two volunteers from each floor bring issues discussed at the floor parties for further discussion with staff members and other residents. Feedback from these meetings is given to staff responsible for nutrition, housekeeping, activities, nursing, finance and general administration.
- A Nutrition Council, open to all residents, discusses the menu, food preferences and ideas for preparation of some of the new local food items available for meals.
- Several residents serve on committees, such as the Welcoming Committee, which offers new residents support and friendship during what can be a difficult transition; members of the committee ensure the bulletin board keeps all residents up-to-date on what's going on, so all can participate in the activities they enjoy; and the Gardening Committee, whose members are very active with flower beds and vegetable gardens; fresh herbs from these gardens season many meals; in fact, this group functions as Mountainside's own "Master Gardener" group, helping others to fill and maintain the planters on the balconies of resident rooms.

The Employee Involvement Group

at Mountainside (named the Harvesters) is a very real demonstration of commitment to culture change. Like the formation of Floor Parties and the various councils and committees for residents, staff members are encouraged to voice constructive opinions and ideas. This goes beyond a one-time or annual survey. There is an opportunity for developing participation in decisions about how to do things for and by staff in the facility. Along with that comes responsibility and accountability to team members and co-workers. The Harvesters' motto—*Together as One*—and their mission—*Building a unified employee team to support and help each other*—indicate the work this group is setting out to do. Culture change is about empowering residents and staff, and the Mountainside staff members are empowering themselves and each other through this process.

The Culture Change experience at Mountainside is a project funded primarily through a grant from the federal Centers for Medicare and Medicaid Services. The project's 2006 report ended with the following:

"We believe that Culture Change in long-term care can be reduced to two questions:

- Would I want to live here?*
- Would I want to work here?*

To the extent these questions are answered affirmatively – for residents and staff – we will be successful in actually changing the culture of long-term care within our community."

## What's Next?

In November, 2007 JABA received a *Best Housing Award* from Governor Tim Kaine. JABA is gratified to know that Mountainside is on the right track. JABA has the ongoing challenge of sustaining the change in culture and continuing a positive evolution. There is no endpoint, no finished product. There is always room for improvement and an opportunity to share what is learned, so that others can replicate Mountainside's results in long-term care settings across the country.

Mountainside continues to make progress in providing excellent care in this unique setting. With the May, 2008 VDSS survey, the facility was awarded a two-year license. This truly demonstrates JABA's and Mountainside's commitment to providing a home where people want to live and work. Now with a waiting list, JABA is designing plans to expand the number of affordable assisted living units, while also adding independent "living with assistance" apartments. This expansion is part of a major facelift for downtown Crozet and will result in more aging-in-place options for a growing older population.

## Case Studies

**Resident Paying Privately.** Martha is an 83-year-old female, retired from a long career in nursing, who had been living in her own home in Charlottesville. As an active volunteer at Mountainside, she planted and took care of the flower beds. At a social event, she fell and broke her hip. Following a course of rehabilitation at a skilled nursing

facility, she realized that she was not able to continue to live alone and care for her home. She decided to move into Mountainside because her son already lived there and it was affordable. (Having been a nurse prior to the time of high salaries, her savings were modest.) The Crozet community is also convenient. The library is within walking distance and she and her niece belong to the book club there. She is able to drive when she needs to, but she can walk to the bank, library, and area stores. Martha weeds the garden bank behind the outdoor seating area, and maintains flowers there and around the building. The herbs from her garden are used to season the meals for all of the residents. Staff members report that they learn something valuable from her daily. Martha admits now that she was actually quite lonely at home by herself. In contrast, she currently has many friends who live or work at Mountainside. She believes so strongly in the importance of Mountainside that she appeared before the Charlottesville City Council in April to advocate for an increase in funding. Thanks in large part to her appeal, the Council approved the funding request and asked that she return to provide updates on life at Mountainside.

**Resident Receiving Auxiliary Grant.** William is a 58-year-old male who was referred to Mountainside by the Department of Social Services. He had been living with a cousin, but she passed away and their home was condemned by the City of Charlottesville. He had nowhere to go. In the year that he has been living at Mountainside, he has become a changed man.

Previously isolated, he enjoys "hanging out" with the other residents and participates in all of the activities. He loves being around people. William is followed by the Region Ten Community Services Board and attends agency programs about three days a week. The challenge for William is having only \$77.00 a month in personal allowance left from his auxiliary grant. This has to pay for all his ancillary charges, co-payment on his medicine, and he is a smoker. The case manager at Mountainside works with him and Region Ten to reduce his medication costs by enrolling him in prescription plans and applying for reduced cost medications whenever possible. Health Services staff, Region Ten, and his physician all encourage him to reduce or stop his smoking. Without Mountainside, who knows where William would be. Now, he is happy and content living with a group of friends who truly care for him.

## Study Questions

1. What lessons does the Mountainside experience provide in making assisted living affordable for persons of low to moderate income?
2. What risks are involved when management decentralizes decision-making to include greater resident and staff participation?
3. How can the owners and operators of assisted living facilities assure the engagement of their residents in the life of the larger community?



## Editorials

### References:

For more information on culture change, visit:

[www.andthoushalthonor.org](http://www.andthoushalthonor.org)

[www.Edenalternative.org](http://www.Edenalternative.org)

[www.caregivereducation.org/culture.htm](http://www.caregivereducation.org/culture.htm)

[directcareclearinghouse.org](http://directcareclearinghouse.org)

[www.nccnhr.org](http://www.nccnhr.org) (and search Culture Change)

[www.tlcinltc.org/pioneerpractices](http://www.tlcinltc.org/pioneerpractices)

### About the Authors



Cheryl Cooper has been with JABA since 1999 and is currently chief operating officer. Previously, she was a physical therapist with clinical

and administrative responsibilities in New Hampshire and Maryland and worked as a consultant with NovaCare, a national rehabilitation company, specializing in geriatric care.



Gordon Walker has been chief executive officer of JABA since 1982. He is an

adjunct professor in the School of Nursing at the University of Virginia, has served as president of several local and state non-profit organizations, and was chair of the Albemarle County School Board. Prior to his tenure at JABA, he was associate director of the Georgia State University Gerontology Center, a legislative aide to the U.S. Senate Committee on Aging, and deputy director of the Vermont Department of Aging.

### From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

#### *It's About the People*

VCoA is celebrating the 30 years since its enactment in the Code of Virginia on July 1, 1978. That action was a remarkable display of foresight by the General Assembly and Governor Dalton, one not replicated by many other states, despite the irrefutable aging of this nation. We in Virginia can be proud of their initiative and of the support that subsequent members of the General Assembly and subsequent governors have shown.

VCoA has accomplished much for the people of Virginia over the past 30 years. We have included in this issue a 30 Year Timeline of representative activities. You will note that the Timeline is short on people's names, emphasizing instead our partnerships and collective actions. This is regrettable and is only because of page limitations. The truth is that people here at VCoA and people with whom we've collaborated for three decades have made everything we have done possible. There have been nearly 100 citizens and colleagues who have served over the years on our Advisory Committee, some, like Director Emeritus Bill Egelhoff, Sandra Rollins, Mary Payne, Delegate Frank Hall, Charlotte Wilhelmi, and the late MaryEllen Cox generously and meaningfully serving for more than 20 years.

The staff members at VCoA are a talented lot, and, apparently, always have been. I have read notes in house about undertakings and accomplishments of my predecessors at VCoA and marveled at their energy and ingenuity. Elderhostel, the Uniform Assessment Instrument (UAI), ARDRAF, geriatric team training, the Interfaith Coalition for Older Virginians all were conceived or developed before I arrived by people such as Ruth Finley, Deb Snyder, Jim McAuley, Jodi Teitelman, Cindi Bowling Jones, Greg Arling, and, of course, Bill Egelhoff.

At the same time, I have been privileged to work with many of the same dedicated people in other organizations and agencies with whom my predecessors worked, people such as Thelma Watson, Henry Simmons, Tom Barker, Iris Parham, Bill Peterson, and Dick Lindsay. The adage about getting things done by going with busy people comes to mind.

The risk is, of course, that once one starts naming names, someone will be overlooked. It is not my intention to try to acknowledge by name the many friends and colleagues inside VCoA and across Virginia who have made our work so productive and enjoyable these 30 years. This would be impossible. Rather I wish to say simply "Thank You" for your support and encouragement. Speaking personally, I feel blessed.

## Editorials

### From the Virginia Department for the Aging

Linda Nablo

#### Summary of State Agency Reports on Progress in Addressing the Impact of the Aging of Virginia's Population

As all of you are well aware, Virginia, like much of the rest of the world, is poised to experience a dramatic and unprecedented aging of the population, in great part because of the huge numbers of people born after World War II. Many, but not all, of these baby boomers will be healthier, better educated, and more financially secure than their parents and grandparents. On the other hand, there will be three times as many Virginians ages 85 and older, the age group most likely to need some level of publicly-funded long-term support.

This "age wave" can be expected to affect life for both young and old and will necessarily affect how agencies of the Commonwealth serve the citizens of Virginia. From road construction to human services, from drivers' licenses to fishing licenses, government services will feel the aging of the citizenry. This next generation of senior citizens will not only be significantly larger, but also will most likely have different attitudes about state services and programs than our current older citizens.

In recognition of this impending demographic shift, the 2006 Virginia General Assembly directed

state agencies to report to the Governor and General Assembly on what impact the aging of the population will have on the agency's ability to deliver services and a description of how the agency is responding (HB 110). The 2007 General Assembly modified agency reporting requirements by directing agencies to submit their reports to the Virginia Department for the Aging (VDA) and required VDA to submit a summary of the reports to the Governor and the General Assembly by June 30, 2008 (HB 2624).

This summary report can be found on the VDA website at [www.vda.virginia.gov/HB2624.asp](http://www.vda.virginia.gov/HB2624.asp). You can also find the individual reports from each of the more than eighty (80) state agencies that responded to HB 2624.

The need to modify or expand existing services or pursue new programs to meet the requirements of Virginia's changing population varies significantly, depending on the mission of the individual agency. Some agencies of the Commonwealth do not serve the public directly, while others provide the same service to all citizens regardless of age, and a few agencies exist solely to serve children or youth. Most human service agencies serve a broad age spectrum but do have programs or services specifically for older Virginians. The only state agency with the sole mission of serving those over age 60 is the Virginia Department for the Aging.

The majority of the state agency reports submitted pursuant to HB 2624 reflected concern about the growth of Virginia's older popula-

tion and many reported providing specific and valuable services to today's seniors. Few agencies, however, reported specific plans to expand or develop new services to meet the future need. The reports of a small number of agencies failed to include any recognition of the potential impacts of Virginia's aging population.

However, almost all of the agencies did report being acutely aware of the aging of their own workforce and the probable loss of knowledge and experience that lies ahead as retirements increase. Some agencies reported developing strategies to minimize the effect of this loss, while others appeared concerned but did not report any succession planning activities.

In order to continue to provide essential services to meet the needs of Virginians and to maintain the high quality of life enjoyed by most residents of the Commonwealth, state government, through the myriad of state agencies, should be preparing now to serve this new generation of aging citizens, whether the changes are as simple as using larger print on state forms or are more complicated and costly, such as making highways more "aging friendly" to accommodate older drivers.

The challenge facing the Commonwealth is to ensure that all agencies are realistically planning for the future and will be prepared to continue to serve the "Virginia of tomorrow." The summary report offers recommendations to assist state agencies in preparing for an aging population; it notes that agencies need to be mindful of emerging

## Editorials

trends and “big picture” concepts related to the aging of the baby boom generation when they are developing their new policies and services. The summary report also states that having more integrated and comprehensive planning efforts that cross agency boundaries will better position state government to maximize resources and continue providing a high level of service to all Virginians, now and in the future.

Go to the full report to see all the recommendations that have been made regarding preparations that state agencies need to make to address an aging Commonwealth.

### Stakeholders Survey

And speaking of preparing to serve the Virginia of tomorrow, we would like to hear from you! VDA has embarked on a strategic planning process that will assist the department in meeting both the current and future needs of the aging network and our rapidly aging Commonwealth. VDA is currently seeking candid feedback from a variety of stakeholders and interested parties about its role, as well as the issues that the department should focus on in the near future. VDA will aggregate responses (while protecting individual confidentiality) to identify patterns that will help the department to examine better our functions and prioritize our focus. If you would like to participate in this brief survey, please go to the VDA web site ([www.vda.virginia.gov](http://www.vda.virginia.gov)) and click on the stakeholder survey.

## ElderFriends: Making a Difference in Richmond

With American life expectancy at an all-time high, problems faced by some elders are no longer the concern solely of their families. These problems can affect the entire community. Many of the seniors in our community are able to live independently with some assistance, but lack a network of family or friends nearby to provide that assistance.

Kiersten Ware established ElderFriends in Richmond in 2005 as a way to help solve this “connection” problem. She modeled this cost-free volunteer program after a successful program she founded in Seattle. Today, Family Lifeline, one of the oldest and largest community-based nonprofits in the area, manages it locally.

“The need for this program is growing exponentially each year,” said Ms. Ware. “It’s been shown that seniors are able to live on their own longer and have more productive lives, if they remain social. Isolation can lead to a number of problems, including depression and other associated health problems.”

ElderFriends volunteers provide companionship and advocacy to Richmond’s elders, with the goal of enabling them to stay independent as long as possible. They visit with program participants, alleviating loneliness and giving their elder friends a window to an outside world. Volunteers are also trained to help identify services that might benefit the elders. The program collaborates with other organizations that provide services that partici-

pants may need, such as primary health care, home chore services, home health care, transportation, legal assistance, etc. ElderFriends works directly with case managers from a variety of social service providers to help elders access other services outside of our program so that they might maintain their independence, safety, and well-being.

Health care agencies supply the majority of referrals of elders to the program. These agencies seem eager to work with ElderFriends because it is linking seniors to services that are already available throughout the community. Consider the following case of two current ElderFriends participants.

Ruth is a 78-year-old widow who was referred to ElderFriends in 2007. A lifelong resident of Richmond, she had been living alone since the death of her husband. In December of 2006, a stroke affected her speech and ability to use her right side. Rehabilitative therapy helped Ruth to regain some of the skills she had lost, but she still found herself struggling with her speech. The loss of mobility restricted her ability to get out, and her difficulties with speech caused her to shy away from social interactions. With no children and only her two aging siblings for visits, she was becoming increasingly isolated. Encouraged by one of her sisters, Ruth agreed to a meeting with a friendly visitor from ElderFriends.

So, in June of 2007, Ruth was paired with Amy, a 31-year-old pharmaceutical sales representative.

From their first meeting, Ruth was struck by Amy's assertive, unflappable demeanor; and, in the months since, they have grown very close. Ruth was grateful to be matched with a volunteer who was so encouraging and supportive. Amy did not mind Ruth's speech delay, and even encouraged her to practice speech therapy. Ruth looks forward to her weekly visits with Amy, who is always sure to bring a fresh bunch of flowers to lighten up the room. They have found several common interests; sometimes they go out for some fun, to get a pedicure, while at other times, the two stay in to talk and work on puzzles.

Ruth herself has become an important figure in Amy's life, and has met both Amy's partner and her mother. Between visits, Amy often calls Ruth to check in and chat. As their relationship has evolved into a strong, reciprocal friendship, both Amy and Ruth can attest to the difference it has made in their lives. Amy believes that Ruth has "helped in her ability to love" others, and to give of herself. Ruth cherishes her relationship with Amy, whom she considers to be as close and important as family. When asked about Amy, Ruth glows as she smiles and laughs over the memories they have created together. Their friendship is an irreplaceable joy that has shown both of them new ways to love and appreciate others, as well as themselves.

Kiersten Ware encourages people to contact the program if they know of older adults who are experiencing feelings of loneliness and isolation. ElderFriends is now accepting elder referrals for the 2008-09 program year. The goal is to serve an addi-

tional 50 community elders. ElderFriends is most concerned about assisting frail elders who are living independently in their own apartments or homes and report feeling isolated and lonely, but recognize that they need more social contact and connection with their community. All elder referral forms and information can be found at: [www.elderfriendsva.org](http://www.elderfriendsva.org).

ElderFriends welcomes invitations to describe the program and its practices and will speak to interested groups regarding the referral process. Contact Kiersten Ware in Richmond at (804) 249-5432 or [elderfriends@familylifeline.org](mailto:elderfriends@familylifeline.org).



## **Abuse Hurts at Any Age: Information on Preventing Adult Abuse Is Just a Few Clicks Away!**

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13,515. That's the number of reports of suspected abuse, neglect or exploitation of a vulnerable adult that Adult Protective Services (APS) received in Virginia in Fiscal Year 2007, a **36% increase** since 1997. Yet nationally it is estimated that for each report of elder abuse, neglect, exploitation, or self-neglect, five more go unreported.

May 2008 was Adult Abuse Prevention Month and to call atten-

tion to the issue of abuse of elderly and incapacitated individuals, the Virginia Department of Social Services (VDSS) created an Adult Abuse Prevention Month webpage on the VDSS public website that it is maintaining for a time.

Located at [www.dss.virginia.gov/family/as/prevention\\_month.cgi](http://www.dss.virginia.gov/family/as/prevention_month.cgi), the page includes flyers, handouts, and statistics that local departments of social services (LDSS) and other partner organizations can use for public awareness activities. Materials on the page will remain posted until the end of September. However, general information about Adult Protective Services is always available on the VDSS public site at [www.dss.virginia.gov/family/as/aps.cgi](http://www.dss.virginia.gov/family/as/aps.cgi).

VDSS hopes that you will take a moment to visit the Adult Abuse Prevention Month webpage, review the information there, and share the contents with co-workers, friends, and neighbors. Increasing public awareness of adult abuse, neglect and exploitation is a first step towards highlighting this often ignored though important issue. And please remember that if you suspect abuse, neglect or exploitation of an elderly or disabled individual, contact your local department of social services or the APS 24 hour toll-free Hotline at 1-888-832-3858.



## Conference: “Lifestyle Medicine: From Basic Research to Clinical Practice”

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**Roanoke College, Salem, VA  
September 15 – 16, 2008**

This cutting-edge event is sponsored by Carilion Clinic Family Medicine Residency Program and the Carilion Clinic Department of Psychiatry and Behavioral Medicine, hosted by Roanoke College, and supported by the American College of Lifestyle Medicine. It features three internationally respected experts on the science and practice of lifestyle medicine and is intended for physicians and health care professionals. Psychologists, healthcare providers, educators, scientists, and others with an interest in the management and prevention of major illnesses would also benefit from this program.

### **Keynote speakers include:**

**Caldwell B. Esselstyn, Jr., M.D., F.A.C.S.**, surgeon from the Cleveland Clinic and author of *How to Prevent and Reverse Heart Disease*

Dr. Esselstyn has been associated with the Cleveland Clinic since 1968. In 1991 he served as president of the American Association of Endocrine Surgeons and organized the First National Conference on the Elimination and Prevention of Coronary Artery Disease. In 1997, he chaired the Summit on Cholesterol and Coronary Disease which brought together more than

500 physicians and healthcare workers. His scientific publications number over 150 and in 1995 he published his long-term nutritional research on arresting and reversing coronary artery disease in severely ill patients. That same study was updated after 12 years, making it one of the longest longitudinal studies of its type.

**T. Colin Campbell, Ph.D.**, professor emeritus of nutritional biochemistry at Cornell University and author of *The China Study*

For more than 40 years Dr. Campbell has been at the forefront of nutrition research. His work, *The China Study*, is the most comprehensive study of health and nutrition ever conducted. He is the Jacob Gould Schurman professor emeritus of nutritional biochemistry at Cornell University and project director of the China-Oxford-Cornell Diet and Health Project. The study was the culmination of a 20-year partnership of Cornell University, Oxford University, and the Chinese Academy of Preventive Medicine.

**Hans Diehl, Dr.H.Sc., M.P.H., F.A.C.N.**, founder and director of the Lifestyle Medicine Institute and developer of the Coronary Health Improvement Project (CHIP)

Dr. Diehl is director of the Lifestyle Medicine Institute of Loma Linda, CA. His pioneering efforts have shown conclusively that many of today's diseases are truly reversible through simple lifestyle changes. As a best selling author, researcher, dynamic speaker, and top-ranking motivator, he has presented seminars on four continents. His

Coronary Health Improvement Project (CHIP) intervention program has over 10 scientific publications in peer-reviewed journals.

Visit [www.lifestylemedicine.org](http://www.lifestylemedicine.org), under the events page, for more information on this conference. To register, please call (800) 422-8482.

## Alcohol and Aging Initiative Receives Award

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The Virginia Department of Alcoholic Beverage Control has won a Best Practices Award, in the health and safety category, for the Alcohol and Aging Initiative, from the National Conference of State Liquor Administrators (NCSLA). The award was accepted by Virginia ABC at the NCSLA 2008 Annual Conference, June 29 - July 3, 2008, in Chicago.

As stated by Curtis Coleburn, CEO, Virginia ABC, “This initiative has taken life and become a shining example of interagency and community cooperative effort. Please know that your participation and dedication to the AAAG and the cause of educating consumers and service providers about the topic of alcohol, medication, and older adults is making a difference.”

The AAAG or Alcohol and Aging Awareness Group is a continuing coalition. Regina Whitsett of the Virginia ABC chairs the AAAG, and VCoA's Connie Coogle has been playing a prominent role.

## COMMONWEALTH OF VIRGINIA

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### Alzheimer's and Related Diseases Research Award Fund

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#### 2008-2009 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 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. The five grant awards for 2008-2009 are:

**Virginia Tech      Paul R. Carlier, Ph.D. (Department of Chemistry) "Hydroxyethylamine isostere triazole-linked BACE1 inhibitors for Alzheimer's disease"**

A vast array of evidence supports the hypothesis that Alzheimer's disease (AD) is caused by the build up of beta amyloid ( $A\beta$ ) protein deposits, or plaques, in the brain. Although the approved therapies address the memory-loss associated with AD, none treat the cause. This project aims to develop new therapeutics that will prevent the formation of plaques in the brain and thus slow or arrest clinical progression of the disease.  $A\beta$  is formed by the action of  $\beta$  secretase (BACE1 or Beta-site amyloid cleaving enzyme 1) on amyloid precursor protein (APP). The investigator aims to identify new potent and effective BACE1 inhibitors, using the enzyme to assemble its own inhibitor from a collection of building blocks. This innovative project features the use of *in situ* click chemistry and testing of the inhibitors in cell-based assays. (Dr. Carlier may be contacted at 540/231-9219)

**UVA                  Manoj K. Patel Ph.D. (Dept. of Anesthesiology) "Cleavage of sodium channel  $\beta 3$  subunit by BACE1 and  $\gamma$ -secretase modulates sodium channel activity in neurons"**

It has been proposed that the main substrate for BACE1 may not be APP, but rather the sodium channel auxiliary subunits,  $\beta 1$ ,  $\beta 2$ ,  $\beta 3$  and  $\beta 4$ . Sodium channel  $\beta$  subunits play an important role in controlling sodium channel expression levels and activity *in vivo*. Studies have shown that in a similar manner to the APP protein,  $\beta$  subunits can also be cleaved to produce a free external portion and an internal portion. Cleavage of the internal portion of  $\beta 4$  by BACE1 has recently been shown to control the expression of sodium channels on the cell surface.  $\beta 3$  is also cleaved by  $\gamma$ -secretase, but the consequence of this cleavage on neuronal activity is unknown. Since sodium channels are critical for controlling the activity of neurons, and  $\beta$  subunits are important for fine-tuning this activity, these actions by BACE1 and  $\gamma$ -secretase could be an important mechanism for the progressive dementia associated with AD. In this project, the investigator seeks to correlate changes in hippocampal membrane excitability parameters (action potentials) with the actions of both the cleaved extracellular domain and the intracellular domain of  $\beta 3$  on sodium channel activity and expression levels. (Dr. Patel may be contacted at 434/924-9693)

**UVA                  Timothy Salthouse, Ph.D. (Department of Psychology) "Detection of preclinical Alzheimer's disease"**

Because an effective treatment for Alzheimer's disease will likely have the greatest chance of success before the disease has progressed, there is a great deal of interest in achieving the earliest detection. Previous research has found that many individuals who are subsequently diagnosed with AD exhibit a pronounced decline in memory and other cognitive abilities in the years immediately prior to diagnosis. This project will conduct longitudinal retesting of adults over 70 years of age who provided cognitive and psychological data one to three years previously. Individuals will be classified as intact or impaired at the time of retesting on the basis of scores from a global screening measure (the Mini Mental Status Exam). The sensitivity and specificity of the prediction, as well as changes in a variety of self-reported psychosocial variables designed to assess depression, anxiety, and personality will be evaluated. (Dr. Salthouse may be contacted at 434/982-6323)

**Virginia Tech**      **Karen A. Roberto, Ph.D., Rosemary Blieszner, Ph.D., and Jyoti Savla, Ph.D.**  
**(Center for Gerontology) “Caring for a spouse with Mild Cognitive Impairment:  
Daily challenges, marital relations, and physiological indicators”**

Although by clinical definition Mild Cognitive Impairment (MCI) is associated with minimal interference in activity of daily living and personal relationships, preliminary studies suggest a notable impact. This project will assess the daily frequency and intensity of the behavioral symptoms and challenges of those diagnosed with MCI, examining associations with spouse care providers' psychological and physical health and well-being. Thirty spousal partners will provide physiologic measures of stress symptoms and participate in daily telephone interviews, reporting the stresses and strains they experience. Within- and between-person variability will be examined to further understanding of the day-to-day challenges facing families dealing with early memory loss. The results will provide a framework for subsequent studies to establish effective service, education, support, and program delivery systems. The investigation should also facilitate development of MCI-specific interventions to address the needs of couples before they encounter severe disease progression and more stressful caregiving conditions. (Dr. Roberto and colleagues may be contacted at 540/231-7657)

**VCU**      **Shijun Zhang, Ph.D. (Department of Medicinal Chemistry) and Tailiang Guo, Ph.D.**  
**(Department of Pharmacology and Toxicology) “Bivalent ligands targeting amyloid- $\beta$ -pep  
tide and lipid rafts”**

A growing body of evidence has recognized small, soluble oligomers of A $\beta$ , rather than the insoluble A $\beta$  fibrils, as the major toxic species for early cognitive impairment in patients with AD. Inhibition of A $\beta$  oligomerization, then, represents an attractive approach for developing potential therapeutics. A number of small molecules (including curcumin, a natural product mainly used as a food coloring agent) have been discovered to disrupt this process. Yet, only a few have moved to clinical trial due to their low *in vivo* potencies in blocking A $\beta$  oligomerization or aggregation. Recently, convincing evidence has implicated the important role of lipid rafts, the highly packed microdomains in cell membrane, in facilitating A $\beta$  oligomerization and toxicity. Although not completely understood at this stage, it is hoped that this relationship can be exploited to develop novel and potent A $\beta$  oligomerization inhibitors. The investigators propose that a bivalent ligand containing an A $\beta$ -binding moiety and a lipid raft-anchoring moiety will function as a novel A $\beta$  oligomerization inhibitor. By chaperoning the A $\beta$ -binding moiety into lipid rafts, the bivalent ligand's necessary steric interference to disrupt A $\beta$ -A $\beta$  interaction will be enhanced. Specifically, the study will design, synthesize, and biologically characterize a series of bivalent ligands containing curcumin and 3 $\beta$ -cholesterylamine connected through a linker. The investigators will optimize the linker, the linker length, and the linker attachment positions on curcumin and evaluate the bivalent ligands' ability to inhibit A $\beta$  oligomerization in *in vitro* assays. (Dr. Zhang may be contacted at 804/628-8266; Dr. Guo may be contacted at 804/828-6732)

### **2008-2009 Awards Committee**

Paul Aravich, Ph.D.  
Eastern Virginia Medical School

John W. Bigbee, Ph.D.  
Virginia Commonwealth University

Mary A. Corcoran, Ph.D., OTR  
Shenandoah University

Jorge Cortina, M.D.  
Hampton VA Medical Center

J. James Cotter, Ph.D.  
Virginia Commonwealth University

Umesh Desai, Ph.D.  
Virginia Commonwealth University

Chengan Du, Ph.D., M.P.H.  
Hampton University

Jeffrey L. Dupree, Ph.D.  
Virginia Commonwealth University

Lisa Gentile, Ph.D.  
University of Richmond

Wendy L. Golden, Ph.D.  
University of Virginia

Myra Owens, Ph.D.  
VA Department of Rehabilitative Services

Linda Phillips, Ph.D.  
Virginia Commonwealth University

Patricia A. Trimmer, Ph.D.  
University of Virginia

## Commonwealth Council on Aging Recognizes Eight Organizations with Best Practices Awards

The Commonwealth Council on Aging is pleased to announce the 2008 Best Practices Award winners for organizations serving older Virginians and their families. As organizations and agencies struggle to meet the challenges of serving a rapidly aging population during a time of budget cuts and growing demand, we need to share our best practices and applaud our successes. This Best Practices Award program does both.

The Commonwealth Council on Aging is composed of 19 citizens from all walks of life who are appointed by the Governor and the General Assembly to represent all geographic areas of Virginia. The Council helps state government meet the needs of older Virginians in the most efficient and effective manner.

The Council wishes to recognize and encourage model aging programs throughout the Commonwealth. These programs may be sponsored by local governments, municipalities, community organizations, aging services providers, universities, faith organizations, and public-private partnerships. Programs are judged for their innovation, cost-effectiveness, ease of replication, and their impact on the quality of life of older Virginians, their families, and their caregivers.

The award categories are designed

to include a broad and diverse range of creative community programs. The categories for the 2008 awards are:

- Community Partnerships,
- Education,
- Healthy Aging (Physical/Mental/Nutrition/Wellness/or Prevention),
- Long-Term Care,
- Senior Safety,
- Seniors as Volunteers, and
- Transportation.

### The 2008 Award winners are:

#### Community Partnerships Category

##### The Students & Seniors Program Shenandoah Area Agency on Aging (SAAA), Front Royal

SAAA partners with local schools, colleges, and universities to offer their students aging-related places for them to conduct their clinicals and to perform community service projects. As part of their curriculum, these students work with the older adults to provide health related programs in Active Living Centers, Respite Centers, the main office, and with homebound elders. The partnership between SAAA and the educational community pairs students with seniors, giving the students a personal introduction to the aging and older adults and giving the elders the benefit of connecting with the younger generation. For further information, contact Pamela Dodge at (540) 635-7141.

#### Education Category

The Workplace Partners Program SeniorConnections: the Capital Area Agency on Aging, Richmond  
Workplace Partners for Eldercare is a collaborative project of Senior

Connections, The Capital Area Agency on Aging, and the Richmond Area Caregivers Coalition. Started in 2005 with a grant from the Richmond Memorial Health Foundation, the project works with employed caregivers and their employers to educate them about resources and encourage the provision of benefits that support these caregivers and enhance their wellbeing. It provides customized programs and services, community resource guides, speakers for seminars, and general support for eldercare friendly companies. One product, CareCompass, is a marketing and education campaign to help caregivers connect with services such as information and referral, transportation, temporary home care, and adult day care. For information, call Thelma Watson at (804) 343-3000 or visit [www.seniorconnections-va.org](http://www.seniorconnections-va.org).

#### Healthy Aging Category Program for Independent Living The Senior Center, Inc., Charlottesville

Founded in 1960, Senior Center Inc. is a nonprofit organization for adults 50 years or better with a mission to involve, enrich, and empower seniors in the community in order to benefit the larger community as well. There are 100 activities offered each month, including 20 wellness activities, with special classes for people with Parkinson's, ALS, or who have had a stroke or heart attack; social activities like the Red Hat Society and fishing; lifelong learning opportunities, including the Osher Lifelong Learning Institute, Socrates Cafe, and an active computer club and lab; health promotion workshops



and screenings; and creative and performing arts opportunities like the 60-piece Second Wind Band, drama, and a tap dancing troupe, all of which give concerts or performances in the community. The Center encourages volunteering, and last year members donated 26,000 hours of service to the community in over 80 different locations.

For information, call Peter Thompson at (434) 974-7756.

### **Long-term Care Category**

#### Personal Care Aides (PCA) Program, The Korean Senior Center, Vienna

The Korean Senior Center's PCA Certification Program addresses three needs at once: it provides a pathway for Koreans to become certified as CPAs, provides a program that will allow older and disabled Korean seniors to remain in the community, and provides immigrants with job skills and employment opportunities. The program is built on a unique partnership between the Korean Presbyterian Church, the Northern Virginia Community College, county health care agencies, and private organizations such as the Inova Health System and Capital Hospice. Since its creation in 2004, more than 60 CPAs have graduated and been certified by the program. For information, call Heisung Lee at (703) 303-3939.

#### Community Partnerships for Improved Long-Term Care The Legal Aid Justice Center, Charlottesville

In the 12 nursing homes in Region Ten with over 930 nursing home beds, there were no viable family councils to advocate for better care.

The Partnership became that vehicle in late 2003, offering safety and strength in numbers to speak out and work towards improving care. Operating on a consensus model, its agenda is set and moved forward by talented volunteers from diverse backgrounds. It has built strong working relations with medical professionals and with other experts on aging and quality care, such as the local Alzheimer's Association, the UVA Department of Geriatrics and Institute on Aging, the Jefferson Area Board for Aging, and other allies, such as Piedmont Virginia Community College. For information, call Alex Gulotta at (434) 977-0553.

### **Senior Safety Category**

#### Communities Against Senior Exploitation (CASE)

#### Department of Human Services, Virginia Beach

To protect older adults from financial exploitation, the Virginia Beach Office of the Commonwealth's Attorney and the Virginia Beach Department of Human Services, Adult Protective Services, launched the CASE program in 2007. Its goals are to prevent financial frauds and scams against senior citizens, increase fraud detection and reporting by human services and law enforcement organizations, and provide victim support through partnerships with faith communities, advocacy groups, and public agencies. The CASE partnership provides monthly fraud alerts to individuals, organizations, faith groups, and agencies; training and education to faith groups, law enforcement personnel; and advocacy groups and professional human services staff. Fraud alerts are now reaching more than 9,000 individu-

als and organizations. For information, call Wendy Swallow at (757) 437-3428.

### **Seniors as Volunteers Category**

#### The Williamsburg Area Faith in Action Program, Williamsburg

Williamsburg Area Faith in Action helps meet the needs of the elderly, chronically ill, and disabled neighbors in Williamsburg City, James City County, and York County. It is a special organization that provides, through an interfaith coalition of volunteers from almost 35 area churches, a support system that includes non-medical support services without fees or eligibility requirements to help residents maintain independence in their own homes; these include transportation to doctors, dentists, grocery stores, pharmacies, veterinarians, and hair dressers; grocery shopping; light house and yard work; friendly visitors; telephone reassurance calls; respite care for caregivers; an even transportation to appointments over an hour away from Williamsburg. These services require the coordination of over 300 volunteers. For information, call Rita Smith at (757) 258-5890

### **Transportation Category**

#### The MEOC Transportation Program, Mountain Empire Older Citizens, Inc. (MEOC), Big Stone Gap

MEOC Transit has spent 30 years building a Coordinated Transportation program. Through coordination, MEOC is able to provide service to more people without duplication of resources. For example, aging services, including congregate and home meal delivery,

*- continued on page 24*

## Virginia Center on Aging (VCoA), Since 1978

### Before the Beginning

Legislation creating the Virginia Center on Aging (VCoA) at Virginia Commonwealth University (Chapter 170 of the Acts of 1978) was approved by the General Assembly and signed by the Governor in March 1978 and formally took effect on July 1, 1978. But did you know that, by then, the Center had been operational as a project for nine months? The VCU Office of the Associate Vice President for Research and Graduate Affairs (now the Office of the Vice President for Research and Graduate Studies) had collaborated with the Virginia Office on Aging (which became the Virginia Department for the Aging in 1982) in the development and preparation of a successful grant proposal to the U.S. Administration on Aging (AoA) that funded the project. VCU was one of 24 successful applicants nationwide that year in competition for awards to develop a Multidisciplinary Gerontology Center. Here and on the next several pages are some additional facts about the early days and subsequent progress of VCoA.

### Our Legislative Patrons in the Virginia General Assembly

On January 30, 1978, the following Delegates offered **House Bill 503**, a bill to create a Virginia Center on Aging to be located at VCU: Mary Marshall, Thomas J. Michie, Robinson B. James, Lewis P. Fickett, Sr., C. Jefferson Stafford, George W. Grayson, George W. Jones, J.S. Lambert, Franklin P. Hall, James S. Christian, Sr., Kenneth R. Plum, Walter H. Emroch, Orby L. Cantrell, Dorothy S. McDiarmid, Alson H. Smith, Jr., James F. Almand, Franklin M. Slayton, George E. Allen, Jr.

On February 6, 1978, the following patrons offered **Senate Bill 534**, a companion bill to HB 503: Sen. Edward Holland, Del. Mary Marshall

### VCoA's Directors

The Virginia Center on Aging at Virginia Commonwealth University has had three directors since its creation by the General Assembly. They are:

Gregory W. Arling, Ph.D., July 1978 - June 1986

William F. Egelhoff, M.B.A., M. Div., July 1986 - October 1989

Edward F. Ansello, Ph.D., November 1989 – Present

### There's No Place Like Home

The Virginia Center on Aging has changed its address several times over the years. VCoA's first location, a former Collegiate School building at 1617 Monument Avenue, was leased from Grace Covenant Presbyterian Church. Director Emeritus Bill Egelhoff recalls that a Collegiate graduate once told him that, during cold spells, students would head up to the icy flat roof for some skating. No word on whether VCoA staff members ever practiced speed-skating on the roof. VCoA was housed for a time at Scherer Hall, on Virginia Commonwealth University's Monroe Park Campus. Since moving to the Medical College of Virginia (Medical Center) Campus, VCoA has spent time in the Samuel Putney House, the Stephen Putney House, Grant House, the old East Hospital (razed and now the site of the Medical Sciences Building), the Lyons Dental Building (for over 10 years), the West Hospital, and, since summer 2007, the Theatre Row Building at Broad and Eighth.

## The Virginia Center on Aging - Selected Highlights 1978-2008

**March 23, 1978** Governor John N. Dalton signs legislation approved by the General Assembly creating the Virginia Center on Aging.

**1978** VCoA, in partnership with the Department of Gerontology of Virginia Commonwealth University (VCU), Capital Area Agency on Aging, and RSVP of the United Way of Richmond, develops the *Widowhood Peer Counseling Program*, with funding by the State Agency for Title I, Higher Education Act.

**1978 –1979** VCoA evaluates the Virginia Nursing Home Pre-Admission Screening Program, the first statewide pre-admission screening program in the United States. The federal Administration on Aging (AoA) funds the study.

**1978-1980** VCoA conducts the *Statewide Survey of Older Virginians*, which provides the first comprehensive data (demographic, housing, service, caregiving, etc.) on Virginians 60 years of age or older. The survey is funded by Title XX of the Social Security Act, via the Virginia Department of Social Services and the Virginia Office on Aging.

**1979** VCoA assumes the State Directorship of Elderhostel, a lifelong learning program for older adults. VCoA and Marymount College offer the first programs in Virginia.

**1979-1980** VCoA develops a training manual for employment counselors in state agencies and conducts training aimed at assisting the older job seeker. The Governor's Employment and Training Council funds this educational program.

**1981-1982** VCoA conducts *Job Clubs for Older Adults*, a project to develop and coordinate four clubs to assist middle aged and older disadvantaged workers to locate work. The Governor's Employment and Training Council funds the project.

**1982** The General Assembly establishes the Alzheimer's and Related Diseases Research Award Fund (ARDRAF), a special resource for innovative pilot studies on dementia (*Code of Virginia* § 2.1 373.9), and denotes VCoA as administrator. The annual appropriation is \$10,000. Two grants of \$5,000 are to be awarded each year.

**1982** VCoA has now produced: eight state-of-the-art publications in its Education Series, including *Geriatric Medical and Nursing Education*; *Model Programs in Mental Health and Aging*; *Drug Use and the Elderly*; and *Gerontology in Virginia: A Compilation of Course Syllabi*; six publications in its Research Series, including *The Final Report from the Study of Adult Day Care Programs in Virginia* and *Natural Support Systems for Preserving Independence of Older Persons*; five publications in its Public Policy Series, including *Property Tax Relief Programs for the Elderly*; and eight publications in its Special Series on findings from the Statewide Survey of Older Virginians.

**1982-1984** VCoA conducts *Model Training for Service Providers in Mental Health and Aging*, which trains approximately 60 providers in two regions of Virginia in mental health services to the elderly and intersystem collaboration. AoA funds this project.

**1983** VCoA becomes the first site in the nation to hold an Elderhostel program at a medical school, specifically, the Medical College of Virginia (MCV) of VCU.

**1984** The General Assembly increases the annual appropriation for the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) to \$40,000. Four grants of \$10,000 are to be awarded each year.

**1984-1985** VCoA conducts the *Long Term Care Alternatives Study*, comparing the cost and effectiveness of home care in the community and nursing home care in Virginia. The study's Final Report proposes pre-admission screening, uniform assessment instruments, and a system of case management as the most economical means of appropriate level of services. The Long Term Care Council funds the study.

**1985** VCoA conducts a study of the Virginia Medicaid Nursing Home Reimbursement System, examining assessment forms, comparing patients' conditions, and evaluating intensity of care. VCoA's Final Report recommends a new formula for reimbursement based on care requirements. The Virginia Department of Medical Assistance Services (DMAS) funds the study.

**1985-1987** VCoA develops case mix measures for comprehensive long-term care. This study, funded by the AARP Andrus Foundation, involves re-analysis of data from the South Carolina Community Long Term Care Demonstration.

**1985-1988** VCoA collaborates with the VCU Department of Gerontology, which secures support to establish a Geriatric Education Center (GEC), a multi-institutional, multidisciplinary consortium based at VCU. The U.S. Department of Health and Human Services (DHHS) funds the GEC.

**1986-1988** VCoA conducts the *Outpatient Mental Health Study*, evaluating Medicaid policies and procedures. It is funded by DMAS.

**1986-1989** VCoA evaluates the aftercare needs of elders with mental illnesses who have been deinstitutionalized and are now residents in adult homes. The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) fund this project.

**1987-1990** VCoA evaluates *Project Reach*, a community peer support program for elders with mental health problems. The project is conducted by the City of Richmond Community Services Board and the City's Department of Health, and is funded by the National Institute of Mental Health through the Office of Geriatrics, DMHMRSAS.

**Fall 1988** VCoA and the GEC jointly publish the inaugural issue of *Age in Action*, replacing the *Virginia Center on Aging Newsletter* published since 1978.

**1988-1990** VCoA collaborates with the VCU Department of Gerontology in its competitive renewal proposal for the GEC, which is funded by the U.S. Department of Health and Human Services.

**1989** VCoA develops and tests the *Second Career Program for Mid Life and Older Virginians*, and trains Virginia Retirement System counselors who will incorporate the techniques into their programming. The General Assembly funds this effort.

**1989-1991** VCoA partners with the VCU Department of Gerontology on *A Detection and Prevention Program for Geriatric Alcoholism*, aimed at educating elders, their families and caregivers, and professionals in aging, medicine, and mental health. AoA funds this work.

**1990** VCoA conducts *Geropharmacy and Gerontology for Rural Community Pharmacists*, funded by the AARP Andrus Foundation, through a subcontract with the University of Maryland. The project conducts model training programs at partner institutions across the United States.



**1990-1992** VCoA conducts *Improving Planning and Services for Older Persons with Developmental Disabilities (Partners II)*, a statewide project to address the aging of Virginians with lifelong disabilities, through cross-training, consumer and family education, and intersystem collaboration. It is funded by AoA through the Virginia Department for the Aging (VDA).

**1991** VCoA and VDA develop and publish *The Older Person as a Resource: A Position Paper*, which is initially distributed at the federal Region III Conference, Future Directions in Aging.

**1991** VCoA collaborates with the VCU Department of Psychology in the research project, *Relation of Older Adult Attributes to Self Directed and Leader Directed Career and Life Planning Interventions*, which studies different types of personal planning strategies. The AARP Andrus Foundation funds the study.

**1991** The Interfaith Coalition for Older Virginians (ICOV) becomes a reality. After hosting an organizational meeting in November 1990, VCoA's Bill Egelhoff and Ruth Finley help development of the mission and structure of this ecumenical organization to enable faith communities to better serve older Virginians. ICOV hosts its first conference in 1992 and inaugurates a newsletter in 1993.

**1991-1992** VCoA studies the balance of work and family caregiving among 10,000 VCU employees through *Elder Caregiving among University Employees: Responsibilities and Needs*, funded through VCU Grants in Aid to Faculty.

**1991-1992** VCoA collaborates with the Center for the Study of Pharmacy and Therapeutics for the Elderly, University of Maryland School of Pharmacy, as evaluator of the *Maryland Caregiver Program*, a research and training initiative for the family caregivers of 1400 frail elders. The Governor's Office of Justice Assistance, State of Maryland, supports this project.

**1991-1994** VCoA collaborates with the VCU Department of Gerontology in a proposal to operationalize the Virginia Geriatric Education Center (VGEC), which is awarded by the Bureau of Health Professions, U.S. Health Resources and Services Administration, DHHS.

**1991-1996** VCoA serves on the Geriatric Subject Matter Committee in the School of Medicine, Medical College of Virginia, VCU, for geriatrics/gerontology content to be developed and introduced into the medical students' basic sciences curriculum.

**1992** VCU becomes an Elderhostel Supersite because of VCoA (20 or more programs annually).

**1992-1993** VCoA partners with the VGEC and the VCU School of Pharmacy to conduct *Gerontology and Geropharmacy for Rural Community Practice*, an on-site seminar program for pharmacists and nurses, in the Northwest, Southwest, and Southside, and on the Eastern Shore.

**1992-1995** VCoA develops and field tests in Central and Southside Virginia the project *Families Who Care*, a curriculum for family caregivers of minority and rural elders with dementia. The project is designed to prepare trusted community leaders to be trainers of and resources to family caregivers and ties curriculum content to the progressive stages of dementia. AoA funds this intervention.

**1993** VCoA helps establish and is a charter member of the Virginia Coalition for the Prevention of Elder Abuse.

**1993-1996** VCoA and VDA jointly develop and test a model project for intersystem cooperation, *An Integrated Model for Collaborative Planning and Services to Older Adults with Developmental Disabilities* (popularly known as Partners III). This project establishes a replicable model, with three key elements, for effective intersystem collaboration to benefit older adults with lifelong disabilities, their families, and direct service staffs. AoA funds this project.

**1994** VCoA enrolls its 5,000th Elderhostel student.

**1994-1997** VCoA develops and implements in 15 counties and 12 cities across Virginia *A Consumer Driven Model for Improving Home and Community Based Care (HCBC)*, an educational intervention to build up the capacities of older Virginians to remain in their homes. AoA funds this.

**1995** VCoA establishes the Professional/Consumer Advocacy Council (PCAC) on Aging and Developmental Disabilities, a grass roots organization of individuals with lifelong disabilities, family caregivers, and academic and agency professionals for inter-agency cooperation and public education.

**1996** VCoA collaborates with the VCU School of Social Work Graduate Program on a research study of *Sheriffs as Guardians of Last Resort*, which is funded by VCU Grants in Aid to Faculty.

**1996** VCoA initiates national dissemination for the publications resulting from the *Families Who Care* project. Resources include *Families Who Care: Assisting African American and Rural Families Dealing with Dementia*, a training manual, and a replication plan.

**1996** In June VDA joins VCoA and the VGEC as a third partner in publishing *Age in Action*, which now has a circulation of over 4,000.

**1996** VCoA enrolls its 10,000th Elderhostel student.

**1996** VCoA completes a systematic revisit to the 1990-95 recipients of the ARDRAF seed grants to determine consequences of their awards, especially subsequently funded research and scientific publications. VCoA documents more than \$1.7 million in subsequent funding and 49 published research articles.

**1996** In October, in anticipation of the 15th anniversary of the ARDRAF that he sponsored in the General Assembly, VCU and VCoA honor Delegate Kenneth Plum at a special program at the Annandale campus of Northern Virginia Community College. VCU Vice President Jones, fellow Delegates and Senators, and previous ARDRAF awardees are speakers.

**1996-1997** VCoA conducts a national assessment, a two-wave survey of all 50 states, of state level mental retardation and aging services directors to determine their critical issues, priorities, funding, and practices related to public services for older adults with lifelong, developmental disabilities.

**1997** The General Assembly increases the annual appropriation for ARDRAF to \$66,000. Four grants of \$16,500 are to be awarded each year.

**1997** VCoA publishes *Partners: Building Inter-System Cooperation in Aging with Developmental Disabilities*, a detailed manual based on supervised field-testing in Virginia and Maryland, and distributes it to agencies across Virginia and to over 700 state and area agencies on aging nationally.

**1997-1998** VCoA joins with Internal Medicine, Neurosciences, and MCVH Administration in VCU's Geriatric Services Task Force, an initiative to increase community awareness of MCV's geriatric services. The Task Force develops outlines for an elder-oriented MCV "Healthline," "Seniorline" for information and referral, and "Senior Subjects Speakers Bureau."

**1997-1998** VCoA sponsors a 13-week radio discussion and call in show, "Tune into Life," on WNDJ-FM to help bring issues of health, lifelong learning, caregiving, and other aging-related matters to listeners in Virginia's Northern Neck.

**1997-2000** The Bureau of Health Professions, U.S. Health Resources and Services Administration, DHHS, awards the VGEC a grant for the *Geriatric Interdisciplinary Team Training* project. VCoA conducts the project's evaluation component.

**1997-2002** VCoA collaborates with the VCU Department of Gerontology to conduct a five year follow up to *A Model Detection and Prevention Program for Geriatric Alcoholism*. The project is self funded.

**1998** As part of its 20th anniversary celebration, VCoA partners with area agencies on aging across Virginia in conducting educational lifelong learning programs in Hopewell, Isle of Wight, Richlands, and Waynesboro; and honors in Richmond Delegate Frank Hall and Senator Benjamin Lambert for their years of commitment to Virginia's elders and their families.

**1998** VCoA enrolls its 15,000th Elderhostel student.

**1998** VCoA leads a partnership of organizations in developing a pioneering, multi-state conference entitled *Aging with Cerebral Palsy: Meeting Everyday Needs*, focusing on research and best practices related to health care and personal well-being within this population.

**1998-1999** VCoA conducts the research investigation, *Cost-Effectiveness of Family Caregiver Training*, to determine the effect of caregiving of elders and mid-life adults with disabilities on hours in the labor force and work probability. This research is funded by VCU Grants-in-Aid to Faculty.

**1998** VCoA co-founds the Central Virginia Task Force on Older Battered Women, a collaboration of aging and domestic violence service providers, to increase awareness of and capacity to respond to older women who experience domestic and sexual violence.

**1999** VCoA conducts extensive follow-up study of all previous recipients of small grants from the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) to determine consequences of funding, and learns that ARDRAF stimulates substantial research publications and enables many large federal and foundation grants, returning over \$9 in subsequent awards for every \$1 appropriated.

**2000** VCoA completes an upgrade of its web page, complying with VCU and "Bobby's" protocols and including past and current issues of *Age in Action* on-line, all past awards in the ARDRAF and call for applications, a catalog of all audiovisual holdings for loan, etc.

**2000** In March VCoA welcomes its 20,000th Elderhosteler.

**2000** VCoA leads a partnership in developing a second, multi-state conference on *Meeting Everyday Needs: Aging with Cerebral Palsy and Other Developmental Disabilities*.

**2000** VCoA hosts the first Alzheimer’s research conference based on the valuable contributions of the Alzheimer’s and Related Diseases Research Award Fund. It features 12 previous ARDRAF awardees, six each in basic and applied research, who discuss their projects and consequences.

**2000-2001** VCoA partners in an initiative led by the Virginia Department of Health and the Virginia Chapter of the Arthritis Foundation entitled the Virginia Arthritis Task Force (VATF). It assesses arthritis awareness in Virginia and issues the *2001-2005 Virginia Arthritis Action Plan*. The U.S. Centers for Disease Control and Prevention funds the VATF.

**2000–2005** VCoA directs evaluation of the *Virginia Geriatric Education Center Core Grant*, federally funded by USDHHS to improve geriatrics training of pre-service and in-practice health professionals.

**2001-2004** VCoA partners with the VGEC, the VDA, the Alzheimer’s Association Chapters, and the Nursing Assistant Institute in a multi-year, multi-part project, *Dementia-Specific Training of Long-Term Care Personnel*, to train nursing assistants and develop a core of leaders within them.

**2001–2004** VCoA and VCU’s Department of Gerontology jointly are funded by the State of Delaware for the project, *More Life Left to Live: Educating Older Adults about Healthy and Unhealthy Lifestyles*, to assist elders to break habits of gambling, smoking, substance abuse, etc., and to substitute healthy behaviors.

**2002** VCoA welcomes its 25,000th Elderhosteler, and now conducts educational programs at sites in Hampton, Hampton/Yorktown, Richmond, Petersburg, and Natural Bridge.

**2002** VCoA partners with the Alzheimer’s Association – Greater Richmond Chapter and the Virginia Geriatrics Society in hosting *Discovering Treatments and Improving the Care of Persons with Dementia: The Second Biennial Conference of the Alzheimer’s and Related Diseases Research Award Fund*.

**2002** The Alzheimer’s and Related Diseases Research Award Fund (ARDRAF), which VCoA administers with third party professional screening, has now awarded \$1 Million in small seed grants for innovative studies into the causes and consequences of dementia. ARDRAF study findings have resulted in a documented \$8.9 Million in subsequent, directly related grants from non-state sources.

**2002** VCoA receives funding from the VDA to evaluate a train-the-trainer educational intervention that prepares nursing assistants to provide in-services for their co-workers on three dementia caregiving skills, as part of AoA’s *Alzheimer’s Disease Demonstration Grants to States*.

**2002** VCoA’s work since 1999 to help establish a needed senior center in Chesterfield County culminates in the grand opening in June of the Senior Center of Richmond at Chesterfield, with the Senior Center receiving support from Chesterfield County, businesses, organizations, and individuals.

**2002-2003** As part of its 25th anniversary celebration, VCoA conducts a variety of special “birthday” educational programs across Virginia, including “Gadgets and Gizmos and Other Cool Stuff: Adaptive Products for Older Virginians” (co-sponsored with Virginia Assistive Technology System, VDA, the Virginia Association of Area Agencies on Aging, and VDSS) in Pulaski, Williamsburg, and Fredericksburg; “25 Years of Partnering for Elders and Their Families” in Richmond and Lynchburg; and “Lewis and Clark: The Journey Begins in Virginia” in Big Stone Gap.



**2003** VCoA and the VCU Police Department obtain and administer a grant awarded to the Central Virginia Task Force on Older Battered Women to raise awareness of domestic violence and sexual assault against older women and to improve the capacities of agencies in Richmond and three surrounding counties to respond. The Virginia Department of Criminal Justice Services funds this.

**2003** In February VCoA holds its Tenth *Love of Learning* program, its traditional Valentine's Day introduction to lifelong learning for older Virginians.

**2003** Governor Mark Warner officially declares VCoA's 25th legislative anniversary, March 23, 2003, as ***Virginia Center on Aging Day in the Commonwealth of Virginia.***

**2003** VCoA continues its partnership with the VCU School of Dentistry to help prepare dentists for geriatric practice, addressing upper level students on health, family, disability, and other characteristics with implications for practice.

**2003** After the 2003 session of the General Assembly decreases the ARDRAF appropriation to \$77,500 annually, a generous one-time gift by the Alzheimer's Association-Greater Richmond Chapter enables VCoA to make a fourth award possible.

**2003** VCoA, with two gubernatorial appointed commissioners on the Virginia Alzheimer's Disease and Related Disorders Commission, plays a prominent role in formulating a virtual statewide Comprehensive Alzheimer's Disease Center, chairing two of its subcommittees.

**2003** In August VCoA helps to launch the Area Planning and Services Committee (APSC) on Aging with Developmental Disabilities, a broad coalition of family caregivers and leaders across metropolitan Richmond in disabilities, health care, aging services, faith communities, parks and recreation, and more, to address challenges and opportunities of aging with lifelong disabilities.

**2003** VCoA is a member of the federally funded project *Abuse and Neglect of Children and Adults with Developmental Disabilities: A Problem of National Significance*, directed by the Partnership for People with Disabilities at VCU, to develop a web-based course for health care professionals. During 2003 the project develops and field-tests 13 interactive modules.

**2003** In December VCoA, with Chesterfield County Public Schools, the Brandermill Woods Foundation, and the Brandermill Woods Retirement Community as co-sponsors, hosts a ribbon-cutting ceremony to open the Lifelong Learning Institute (LLI) in Chesterfield, modeled on the Elderhostel Institute Network, to foster learning opportunities for adults ages 50 or better.

**2004** VCoA and the VCU Police Department, in partnership with the Central Virginia Task Force on Older Battered Women, receive a second year of funding from the Virginia Department of Criminal Justice Services to co-direct the project on domestic violence against older women.

**2004** The Lifelong Learning Institute (LLI) in Chesterfield begins offering classes in March.

**2004** VCoA sponsors three well-attended, related events in March on spirituality and the quest for meaning, each featuring renowned author Harry R. Moody, Ph.D.: *Conscious Aging*; *The Journey of the Soul: Spirituality in the Second Half of Life*, developed with colleagues at VCU and Union-PSCE; and *Spirituality and the Search for Meaning in Geriatric Practice*, a Combined Grand Rounds with VCU's Departments of Psychiatry and Patient Counseling and the School of Social Work.

**2004** VCoA's Director represents VCU in a series of events in Tokyo to help launch educational gerontology in Japan, including delivering the keynote address in the "Gerontology International General Symposium" for government ministers and business leaders.

**2004-2005** VCoA serves on the Geropsychiatric Work Group, in the Task Force charged by the Commissioner of DMHMRSAS with "Restructuring Virginia's Mental Health, Mental Retardation, and Substance Abuse Services System."

**2004-2007** VCoA directs evaluation of the project *Recognition, Respect, and Responsibility: Transforming the Direct Service Community*, awarded to DMAS by the Centers for Medicare and Medicaid to focus on recruitment and retention of direct service workers.

**2005** VCoA's co-published quarterly *Age in Action* begins its 20th volume.

**2005** The Area Planning and Services Committee (APSC) on Aging with Developmental Disabilities conducts training workshops on Down syndrome and Dementia and hosts its first statewide conference.

**2005** VCoA, in partnership with more than 15 organizations, including the American Lung Association of Virginia, CrossOver Ministries, and the Virginia Association of Free Clinics, helps launch a national initiative in Virginia, *Partnership for Prescription Assistance (PPARx)*, for qualifying patients who lack drug coverage.

**2005-2008** In July VCoA applies for and receives additional support from the Domestic Violence Victim Fund of DCJS to expand operational focus from intimate partner domestic violence to family violence, and to conduct this work statewide. VCoA, a leading agency in the renamed (2007) Central Virginia Task Force on Domestic Violence in Later Life, successfully applies for refunding of both projects for calendar years 2006, 2007, and 2008.

**2005-2008** VCoA directs evaluation of Workplace Partners for Eldercare, directed by Senior Connections: The Capital Area Agency on Aging, and funded by the Richmond Memorial Foundation; it assists some 20 employers in central Virginia in helping caregiving employees.

**2006** The General Assembly increases the annual appropriation for ARDRAF to \$200,000.

**2006** VCoA welcomes the 30,000th Elderhosteler to its programs for older learners.

**2006** Delegate Jack Reid successfully patrons a bill in the General Assembly to provide \$375,000 annually for operation of the Virginia Geriatric Education Center, after the Congress eliminates funding for GECs nationwide in the middle of their cycles. VCoA is to administer these funds.

**2006** The Central Virginia Task Force on Older Battered Women, which VCoA administers, receives a *2006 Best Practices Award* from the Commonwealth Council on Aging.

**2006** In response to House Bill 110 of the 2006 General Assembly that requires all state agencies to prepare annual reports on their continuous preparation for the aging of Virginia, VCoA begins working with the Virginia Department of Alcoholic Beverage Control (ABC) and helps establish the Alcohol and Aging Awareness Group (AAAG).

**2006-2009** VCoA competes successfully for one of only 10 grant awards nationally from the U.S. Department of Justice, Office of Violence Against Women. The grant of \$429,075 allows VCoA and collaborators to offer multidisciplinary elder abuse training to police officers, prosecutors, and court officials in the metropolitan Richmond area.

**2007** The Virginia Geriatric Education Center ceases operation. VCoA is named administrator of an annual appropriation from the General Assembly for Geriatric Training and Education (GTE).

**2007** The Alzheimer's and Related Diseases Research Award Fund (ARDRAF) celebrates its 25th anniversary, honoring original patron Delegate Ken Plum at VCoA's Legislative Breakfast.

**2007** VCoA co-directs development of an international invitational conference for Japan and Southeast Asian nations on aging and quality of life that takes place in Okinawa in March. Partners include Nippon Care-Fit Service Association, Obirin University in Tokyo, the World Health Organization, and representatives from the USA, Europe, and Asia.

**2007** VCoA begins a successful new Elderhostel site in Staunton, offering programs in cooperation with the American Shakespeare Center.

**2007-2008** Geriatric Training and Education (GTE) funds, which VCoA administers, enable 15 different initiatives across Virginia, including training non-geriatric physicians statewide in geriatrics; rural pharmacists on the Eastern Shore, Northern Neck, and in Southside in advanced medication management for geriatric patients; family caregivers of relatives with dementia in Southwest Virginia; long-term care nursing assistants in medication and alcohol interactions; and geriatric nurses statewide in end-of-life care.

**2007-2009** VCoA is partnering with the Virginia Department of Criminal Justice Services, which, with grant support from the U.S. Department of Justice, is leading development of the Virginia Victim Assistance Academy, a continuing residential academy for law enforcement and victim/witness personnel that begins in summer 2008 at the University of Richmond.

**2008** VCoA conducts its periodic follow up survey, in the spring, of past awardees of ARDRAF seed grants. Since 1982, VCoA has awarded 111 small grants, averaging \$16,700 and totaling \$1.8 million, which have produced over 242 scientific research publications and a documented \$17.9 million from non-state sources, a return on investment of \$10 for each \$1 appropriated.

**2008** Membership in the Lifelong Learning Institute (LLI) in Chesterfield reaches 400.

**2008** The Alcohol and Aging Awareness Group (AAAG) conducts a successful statewide conference *The Hidden Epidemic* for 300 professionals in April and publishes information on alcohol misuse, medications, and aging, distributed through ABC outlets across Virginia.

**2008** VCoA launches *A 21st Century Chautauqua*, a new summer offering at Natural Bridge, with 14 instructors coming from four of our sites, that receives special recognition from the President's Office of Elderhostel, Inc. for its intriguing concept and creative design reminiscent of its namesake 19th century learning camp in upstate New York.

## Virginia Center on Aging Participates in The First Virginia Victim Assistance Academy

The Virginia Department of Criminal Justice Services (DCJS) is pleased to announce the launching of the Virginia Victim Assistance Academy, to be held July 27 through August 1, 2008 on the campus of the University of Richmond. The Academy offers a 45-hour comprehensive, academic, interdisciplinary, and interactive training program for crime victim service providers, advocates, allied professionals, and others who work with crime victims. The curriculum, the product of months of collaboration among agencies, advocacy groups, and others, provides a foundation in victims' services and principles that enable Academy participants more effectively to help crime victims regain control of their lives.

Virginia is one of 34 states that have competed for and received funding from the U.S. Department of Justice to develop or present State Victim Assistance Academies.

The Academy is being designed by a multidisciplinary Steering and Advisory Committee, which includes representatives from DCJS, as well as university partners, the University of Richmond and Virginia Commonwealth University. VCoA's Ed Ansello and Lisa Furr have served on the committee since its inception. Other members of the committee include representatives from law enforcement, prosecution, the Virginia Sexual and Domestic Violence

Action Alliance, the Virginia Network for Victims and Witnesses of Crime, the Department of Corrections, the Parole Board, the Office of the Attorney General, the Criminal Injuries Compensation Fund, local victim assistance programs, and crime victims.

The Academy is residential, combining knowledge and skills building with opportunities to interact across job descriptions. The curriculum includes presentations on: History of the Crime Victims' Rights Movement; Scope of Crime and its Impact on Victims; Understanding Trauma; Domestic Violence; Sexual Assault; Homicide; Child Victimization; and Working with Special Populations. Other topics include Crisis Intervention and Trauma Assessment; Bereavement and Grief; Compassion Fatigue and Self Care; Cultural and Spiritual Competency; the Criminal Justice System; Communication Skills with Victims; Legal Protection Options and Financial Remedies; Ethics in Victim Services and Collaboration for Victims' Rights and Services. Lisa Furr is a faculty member presenting on elder abuse. She will also serve as a "coach" living on site with the participants, helping a small group of them to process their experiences and integrate their learning into their day-to-day responsibilities.

*This project is supported by Grant No. 2006-VF-GX-K026, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice.*

## Best Practices, continued

are provided on the same vehicle at the same time as public transit services, mental health and mental retardation contract services, Medicaid services, and transportation services for various other programs and clients. Thus, rather than five or more agencies utilizing separate vehicles and drivers to traverse the same area, a single agency is able to serve all these clients with far fewer total resources. For information, call Marilyn Maxwell at (276) 523-4202.

### Bill Egelhoff's 90th

VCoA's Director Emeritus Bill Egelhoff fascinated readers of the *Richmond Times-Dispatch* when writer Bill Lohmann and photographer Bob Brown captured him skiing down Massanutten ski resort to celebrate his 90th birthday in February. Bill's characteristic high energy benefits VCoA as well, for he continues to serve on our Advisory Committee. More power to you, Bill!





## Geriatric Work Force Shortage Risks Health of Aging Boomers

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The Nation's Health section of the American Public Health Association's website posted this headline July 1st, affirming what many in the field of aging have long known. The irony of having an aging America attributable more to breakthroughs in improved pre-natal, peri-natal, and pediatric research and care than to geriatric research and care lands like a thud in there being a critical shortfall of health care professionals dedicated to the reality that so many of us have survived to later life. While the need for geriatrically trained physicians, nurses, and assistants grows, Congress cuts back on reimbursements to physicians for patient care under Medicare and reduces funding for geriatric education centers.

The following draws from the Nation's Health posting, and the report it referenced, April's release by the Institute of Medicine (IOM) of "Retooling for an Aging America: Building the Health Care Workforce."

The IOM report documents that the health care work force is "insufficient and woefully unprepared" to meet the health care needs of the 78 million baby boomers who will begin turning 65 in 2011. The IOM assessment forecasts a widening breach between the numbers trained in geriatrics and the numbers in an aging America needing their services. The shortage will grow worse as the number of older adults nearly doubles between 2005 and 2030

and as life expectancy for older Americans increases. At the same time, older adults tend to have more complex health conditions and needs than their younger counterparts, with the average 75-year old American having three chronic conditions, such as arthritis, diabetes or osteoporosis. John W. Rowe, MD, professor of health policy and management at the Mailman School of Public Health at Columbia University and chair of the IOM report's authoring committee, told The Nation's Health that the deficiency is "profound" at every provider level — physician, nurse, social worker, pharmacist, direct care workers in nursing homes and home care programs — "all the way across the span of health care professions. This is not a new problem, but it may be a problem whose time has come."

Today there are only about 7,100 U.S. physicians who are certified in geriatrics, or one for every 2,500 older Americans. This is actually a significant decline from a decade ago. According to the Alliance for Aging Research, by 2030 the United States will need about 36,000 geriatricians. Among the factors contributing to the shortage is that geriatric physicians' salaries, as well as the salaries of nurses, pharmacists, social workers and others who specialize in geriatric care, lag behind those of their counterparts in other fields of practice. The report pointed to Medicare's low reimbursements for primary care as the chief reason that geriatric specialists earn lower salaries, given that so much of their income is derived from the program. Remember that this report came out before the further cuts in Medicare

reimbursements that Congress just enacted.

The nature of geriatric care is also more relational than procedural. Chronic conditions common in later life tend to require regular patient-practitioner interaction and do not lend themselves to quick fixes from "procedures or pills." Clinicians need more time to discuss and review with older patients, and third party payers do not reimburse "encounter time" as they do surgical procedures or tests. Direct care workers in many parts of the country receive less training than dog groomers and manicurists, according to the IOM report, and many earn wages below the poverty level. The IOM report urges that **all** health care providers, across the spectrum from nursing assistant to physician, be competent in geriatric care because they are likely to treat older patients to some extent during their careers. The report calls, as well, for health care facilities, community organizations, and other groups to offer training programs to help family members, friends, and other informal caregivers provide appropriate care to aging loved ones, for these caregivers number between 29 million to 52 million. To increase the number of geriatric specialists in every health profession, the report called for financial incentives and immediate training of **all** health care providers in the basics of geriatric care.

In April, Rowe testified on the report's findings before a Senate committee. Later this year, Senator Herb Kohl, D-Wis., who chairs the committee, is expected to introduce

- continued on page 26

## Calendar of Events

### July 24, 2008

*Stop Counting Sheep... Allow Yourself to Get to Sleep!* Presented by Dr. Franklin Luke, River City Chiropractic. 4:45 p.m. Circle Center Adult Day Services, 3900 West Broad Street, Richmond. This seminar is free, but seating limited. Register by contacting Lynda Gormus at (804) 355-5717 or [lgormus@circlecenterads.org](mailto:lgormus@circlecenterads.org).

### July 24, 2008

*Medicare Low Income Subsidy.* A program for Medicare beneficiaries presented by the Chesterfield Council on Aging. 9:30 a.m. Lucy Corr Village, Chesterfield. For more information, call Debbie Leidheiser at (804) 768-7878.

### August 7, 2008

*Central Virginia Training Alliance to Stop Elder Abuse, Neglect and Exploitation.* 2:00 to 4:00 p.m. Location TBD. For more information, contact Paula Kupstas at (804) 828-1525.

### August 25, 2008

The Area Planning and Services Committee (APSC) for Aging with Developmental Disabilities, regularly scheduled open meeting. 10:00 a.m. to noon. NewWell Fund, 1602 Rolling Hills Drive, Richmond. For more information, call Joey Wallace at (804) 662-9997 or [Joey.wallace@atlfa.org](mailto:Joey.wallace@atlfa.org).

### September 11, 2008

*Lifelong Learning Institute Open House and Fall Kick-Off.* 10:00 a.m. LLI, 13801 Westfield, Midlothian. For more information, contact Monica Hughes at (804) 378-2527 or [info@llichesterfield.org](mailto:info@llichesterfield.org).

### October 7-8, 2008

*Statewide Elder Abuse Training for Law Enforcement Officers.* Henrico County Training Center, 7701 East Parham Road, Richmond. For more information, contact Paula Kupstas at (804) 828-1525

### October 14, 2008

*Senior Connections' Fifth Annual Empty Plate Luncheon.* Thalheimer Pavilion, Science Museum of Virginia, 2500 W. Broad Street, Richmond. 11:30 a.m. to 1:30 p.m. Celebrate the cumulation of Senior Connections' annual Empty Plate fundraising campaign. Be a Sponsor! Be a Volunteer! Call (804) 343-3046 for more details.

### October 21, 2008

*Exercise Rx for Arthritis.* 6:00 to 8:00 p.m. Orthopaedic and Spine Center, Newport News. For more information, call Kathy Davis at (757) 456-1119 or [KKDavis@arthritis.org](mailto:KKDavis@arthritis.org).

### November 3, 2008

Estes Express Caregiver Conference. Presented by the Alzheimer's Association - Greater Richmond Chapter. Holiday Inn Select - Koger Center, 1021 Koger Center Boulevard, Richmond. 8:30 a.m. to 4:30 p.m. For more information visit [www.alz.org/grva](http://www.alz.org/grva) or call (804) 967-2580.

### November 4, 2008

*LLI Radio Theater Performance and Luncheon.* Registration is required and seats are limited. 12:00 p.m. Cost is \$3.00 per person. LLI, 13801 Westfield, Midlothian. For more information, contact Monica Hughes at (804) 378-2527 or [info@llichesterfield.org](mailto:info@llichesterfield.org).

### November 7, 2008

*Virginia Coalition for the Aging Fall Conference.* Location in Richmond TBA. For more information, call Carter Harrison at (804) 967-2594.

## Geriatric Work Force, continued

a bill to expand, train, and support all sectors of the long-term care work force.

Copies of "Retooling for an Aging America: Building the Health Care Workforce" are available from the National Academies Press at (800) 624-6242 or at [www.nap.edu](http://www.nap.edu).

### Age in Action

Volume 23 Number 3  
Summer 2008

**Edward F. Ansello, Ph.D.**  
Director, VCoA

**Linda Nablo**  
Commissioner, VDA

**Kimberly S. Ivey, M.S.**  
Editor

*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 [kivey220@yahoo.com](mailto:kivey220@yahoo.com).

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## October is Disability Awareness Month

The Health Promotion for People with Disabilities (HPPD) Project and Task Force at the Virginia Department of Health is looking for businesses, non-profit and for-profit organizations, fitness facilities, and health care providers that would like to participate in **Health Promotion for People with Disabilities Week, October 5-11, 2008**.

HPPD is encouraging service providers across Virginia to open their doors to people with disabilities and their caregivers during **Health Promotion for People with Disabilities Week, October 5-11, 2008**, to promote the programs and services they offer that are available and accessible to people with disabilities.

Join in this effort. If you are interested in being involved in these activities, please contact Holly Tiller of HPPD at (804) 864-7877 or [holly.tiller@vdh.virginia.gov](mailto:holly.tiller@vdh.virginia.gov).

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