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Congregate Nutrition Programs Can Alleviate Loneliness and Isolation

Carol Cooper Driskill, MHSA
Program Coordinator
Virginia Department for the Aging

Carol Cooper Driskill, MHSA, is a Program Coordinator with the Virginia Department for the Aging where she coordinates the Elderly Nutrition Program by working with local Area Agencies on Aging. Her background includes working in nursing home administration, hospital patient relations and marketing in Virginia, New York, and Pennsylvania. She has a Master of Health Services Administration with a concentration in management of long-term care services from George Washington University.

Educational Objectives

1. Familiarize readers with the Older Americans Act congregate nutrition services provided to community-residing older adults.
2. Demonstrate how congregate nutrition services can alleviate isolation and loneliness in community-residing older adults.

Background

The Older Americans Act Elderly Nutrition Program & Aging Network in Virginia

The federally funded Older Americans Act (OAA) authorizes supportive services designed to enable persons aged 60 and older to remain in the community. OAA community-based nutrition programs include congregate and home-delivered nutrition services. Nutrition services are designed to provide low-cost, nutritionally sound meals as well as decrease malnutrition, prevent physical and mental deterioration, promote health, link older persons to social and rehabilitative services, and reduce social isolation. Historically, almost half of the OAA annual budget supports the nutrition program.

The Virginia Department for the Aging (VDA) is the state agency responsible for programs and services for persons aged 60 and older in Virginia. Its mission is to foster the independence, security, and dignity of older persons. Virginia has a network of 25 local Area Agencies on Aging (AAAs) that administer a comprehensive and coordinated system of supportive services at the community level.

In addition to other services, each AAA provides nutrition services to older persons aged 60 and over. Home delivered meals (referred to as Meals on Wheels in some communities) are delivered to persons who are homebound.

Congregate nutrition services are most often provided at a senior center, community center, renovated school, or church. The OAA gives preference for services to older individuals with greatest economic or social need, with special attention to low-income minority individuals and to those older persons living in rural or geographically isolated areas.

Congregate Nutrition Services

Congregate nutrition services are targeted to older persons who are mobile and physically, mentally, and medically able to attend a nutrition site. Each participant receives a nutrition screening and is assessed with the Uniform Assessment Instrument (UAI) to determine eligibility and need. In addition to a hot meal, participants receive information about nutrition education, disease prevention, health promotion, and community and AAA supportive services. Voluntary participant-appropriate physical activities and recreation are also offered.

Intended to improve a participant's dietary intake, the noon meal is a nutritionally balanced meal and provides a

minimum of 33 1/3 percent of the daily Recommended Dietary Allowance (RDA)/Adequate Intake, as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. To the extent practical, meals are adjusted to meet special dietary needs and participant food preferences are solicited and considered during the menu planning process.

The congregate nutrition site provides opportunities to create informal support networks, interact with other older persons, and meet new friends, all of which may alleviate isolation and loneliness. Meaningful volunteer roles for participants include serving the meal, delivering drinks, clearing off tables, and counting monetary contributions.

Case Study - Ms. R

The League of Older Americans-Agency on Aging, based in Roanoke, Virginia, operates congregate nutrition sites called "Diners Clubs." Ms. R is a vibrant and active senior who attended a Diners Club for sometime. She enthusiastically tells anyone who will listen how attending the Diners Club provides socialization, recreation, and physical activity. She emphasizes that without the program she would have spent all of her time watching television as a "couch potato." She is adamant that the Diners Club helped alleviate her isolation and depression after she had experienced significant health problems including a heart attack and stroke. She no longer attends the Diners Club because of a part time job but stays in touch with the friends she made while a participant.

Case Study - Ms. C

Mrs. C is another articulate and delightful participant who attends a Diners Club three days a week and constantly shares how it "has saved my life." She travels to the Club on the bus provided by the AAA and doesn't mind the three-hour round trip. She enjoys the noon meal and is "very grateful for the wonderful program." Prior to attending the Diners Club, she received Meals on Wheels.

Mrs. C reports that the Diners Club is the "best thing that happened to her" and, without it, she "would be dead here" or "go nuts." Attending the Diners Club breaks up her week and forces her to get up and dressed in the morning. She commented, "a person can only read so much."

The "Determine Your Nutritional Health" checklist developed and distributed by the Nutrition Screening Initiative can detect warning signs of poor nutritional health. Upon assessment, Mrs. C scored at high nutritional risk. She has a condition that doesn't allow her to eat green vegetables, lettuce, or tomato. While she does not eat a lot and spends her grocery money wisely, she does not always have enough money to buy the food she needs. She takes nine different prescription medications each day. She eats alone most of the time.

The medical conditions listed on Mrs. C's assessment include: osteoporosis, stiffness in joints and back, depression, acid problems, multiple spinal fractures, and history of colon cancer. After problems with colon cancer, she moved to Virginia to be near her youngest son. She is ambulatory but sometimes uses a cane "to get started" in the mornings. Mrs. C lives alone in a one-story house that her youngest son purchased. She drives to the grocery store, post office, and doctor's office. Her son provides assistance by doing her laundry and paying her bills.

Mrs. C confides that at her age she's lonely, but attending the Diners Club allows her to be with other people and make friends. They "chat" at the site and telephone each other at home. She likes being able to talk with someone her own age who can identify with her health problems. Mrs. C doesn't formally volunteer at the Diners Club but she helps participants who are unable to get around and makes sure they get their coffee. She reports that there is a lot of laughing and interesting activities. "It's very joyful." Groups come to entertain, give lectures, and provide blood pressure checks on a regular basis.

The Roles of Nutrition and Socialization on Old Age

Adequate nutrition is necessary for physical and cognitive functioning, mental health, and quality of life. Good nutrition can prevent, reduce, and help manage chronic disease and disease-related disabilities. Reviewing the nutrition program, Wellman, Rosenzweig, and Lloyd (2002) note that the original OAA language emphasized multiple causes of nutritional risk in later years, including a lack of money, lack of skills to prepare a well balanced meal, and limited mobility that restricts shopping and cooking. Physiological, psychological, social and economic changes that occur with aging may cause malnutrition that results in physical and mental deterioration. Furthermore, older persons may feel lonely and rejected, lacking the incentive to prepare a nourishing meal when they are eating alone.

The congregate nutrition program has always provided "more than a meal." According to Wellman, Rosenzweig, and Lloyd (2002), the original OAA language (Public Law 92-258, sec. 701) stated, "Besides promoting better health

among the older segment of our population through improved nutrition, such a program would reduce the isolation of older age, offering older Americans an opportunity to live their remaining years in dignity."

Mathematica Policy Research, Inc. published in 1996 results of a two-year evaluation of the Elderly Nutrition Program; they report that the program succeeded in improving the nutritional intakes and decreasing the social isolation of participants. Individuals identified in the study share similarities. All reported increased social interaction and contacts as a result of the program. In the evaluation, a majority of nutrition program participants were classified as meeting federal poverty levels.

Reduced loneliness and depression, and enhanced life satisfaction may result from the social environments provided by Diners Clubs, congregate nutrition sites, and senior centers. Aday (2003) surveyed senior center participants in seven states. The majority lived alone. Their ages ranged from 55 to 93 years (mean of 75) and the average center attendance was eight years. Ronald Aday of Middle Tennessee State University observed that senior centers provide a social support milieu that promotes successful aging. He found a positive relationship between degree of social support and engaging in healthy behaviors. Over 90 percent of respondents reported developing close friendships since coming to the center and 87 percent said their senior center friends provide them with emotional security. Over 50 percent of respondents relied on friends at the center for assistance and over 80 percent provided assistance to other participants.

Jaret (2000) in a WebMD article notes that two longitudinal studies followed the social engagements of more than 2700 adults for nine to thirteen years. In the first, epidemiologist James House of the University of Michigan reported in 1982 that men who had more social relationships were significantly less likely to die during the study period. Socially active women also benefited, but not quite so dramatically. In the second Thomas Glass and colleagues (1999) found that people who spend time in social activities fare just as well as those who spend the time exercising. Thus, social engagement adds a sense of purpose to life and is as critical to longevity as physical fitness.

Conclusion

From its inception, the congregate nutrition program was envisioned as a physical site where an older person could receive "more than a meal." In the case studies, Ms. R and Mrs. C share their Diners Club experiences, including the importance of interacting with other older persons, meeting new friends, and being able to get out of the home. A brief review of the literature demonstrates the importance of maintaining social connections and how congregate nutrition programs can alleviate loneliness and isolation.

Study Questions

1. List several ways that older adults may benefit from attending a congregate nutrition program.
2. How can congregate nutrition programs be organized to maximize social interaction?

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From the Executive Director, Virginia Geriatric Education Center

Iris A. Parham, Ph.D.

The consortium sponsored videoconference on Parkinson's we telecast in November was well-received by an audience of approximately 2700 viewers. The tapes from the three-hour training program are now being edited for even broader distribution. Dr. Welleford and her team have recently completed the Lifelong Health Careers (LLHC) CD on health careers in aging. Please see the ad on page 18 for more information on how to obtain a copy. During this busy quarter, the VDMAS project on Enhanced Care Assistant Training (ECAT) completed the Northern Virginia pilot project in Fairfax. The program was provided via videotape and the guidance of a site moderator was very well-received. There were nine graduates, with plans in the works to take the program statewide in early March.

The VGEC is also proud to announce its Promising Practices in Home Care Awards program. The awards program has been developed to promote high-quality care provided to older adults through home care. Please see our ad on page 16 for more information.

As a reminder, the 15th Annual Virginia Geriatrics Conference at the Homestead will be taking place in March. This year's conference will focus on geriatrics in the 21st century.

Congratulations to Ms. Rozanna Cherry who has taken on the accounting responsibilities for the VGEC and the Department while she continues to support the ECAT program. A special welcome to Eunice Newton. She has recently joined the VGEC as the medication management support person.

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From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Looking back with pride, forward with hope

The Virginia Center on Aging generated a number of important contributions to the well being of older Virginians in calendar 2003. Space allows only some highlights. We partnered with the VCU Police Department to conduct a project to train police officers and human services providers in matters related to domestic violence against older women. With help from colleagues in the Central Virginia Task Force on Older Battered Women and with leadership by project co-directors Paula Kupstas and Barbara Walker and project coordinator Anne Palmer, we increased both needed resources and the pool of knowledgeable professionals equipped to respond to the special needs of this population; significantly, the Virginia Department of Criminal Justice Services, which manages the federal funds in this subject area, has approved our grant proposal to continue this work throughout 2004.

Connie Coogle, our Associate Director for Research, completed her third year as Director of Evaluation for the VGEC Core Grant and became Co-Principal Investigator for search in the grant's Geriatric Health Professionals Mentoring Program initiative. She also continued progress in the innovative project she co-directs with Nancy Osgood of the Gerontology Department, *More Life Left to Live: Educating Older Adults about Healthy and Unhealthy Lifestyles*.

Our Elderhostel and lifelong learning enterprises broke new ground, both figuratively and literally. In the first case, we enrolled the greatest number of Elderhostelers in five years, solidifying our place as the largest provider of programs in Virginia and the 16th largest in the United States. In the second case, we culminated over a year's collaboration with the Brandermill Woods Foundation and many partners in Chesterfield County by hosting an open house in December at the Midlothian site of the Lifelong Learning Institute that we will be launching with classes in March. Jane Stephan, our Assistant Director of Education, has led this creative effort. In 2003 we enrolled 2143 older learners in our 63 Elderhostel and lifelong learning programs. Coordinators Catherine Dodson in Richmond and Jim Gray at Natural Bridge worked prodigiously to welcome Elderhostelers to programs all year round. These learners brought over a million dollars to Virginia's economy in 2003, including \$500,000 to hotels in Hampton, Petersburg, Richmond, and Natural Bridge; \$150,000 to historians, community agency speakers, lecturers, and faculty and staff at institutions of higher education; and \$60,000 for admissions to museums, cultural centers, historical sites, and other educational

venues.

We screened a large number of grant proposals to the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) that we have administered for the Commonwealth since 1982. Applicants represented a widening range of organizations, with a number of community-academic partnerships. Budget cuts by the General Assembly reduced funding to ARDRAF. With the invaluable assistance of a talented multidisciplinary peer review panel, we awarded three ARDRAF seed grants in 2003; the first, a comparative study, will identify and map pathologically impaired or vulnerable neurons in the brains of persons with Alzheimer's disease (UVA); the second will study, in predominantly rural areas, how gender influences spousal caregiving when dementia is present (Va Tech); and the third will study the effectiveness of horticulture therapy for persons with dementia in adult day services and nursing homes (Va Tech). A one-time gift to ARDRAF from the Alzheimer's Association-Greater Richmond Chapter, whose thoughtful generosity we gratefully acknowledge, enabled us to make a fourth award, a study of adult protective services data to document differences, according to the economic status of neighborhoods, in incidences of elder abuse in families dealing with dementia (ODU).

We also launched an Area Planning and Services Committee (APSC) on Aging with Lifelong Disabilities, in late summer, just in time to compete with Hurricane Isabel. Over the years VCoA has been calling attention to the relatively new concern of meaningful aging with a lifelong disability. This APSC is the fruit of collaborations with colleagues in mental retardation services, visiting nurses, recreation and parks, adult care, social services, communities of faith, and other areas, as well with family caregivers, across Henrico, Hanover, Richmond, and Chesterfield who wish to optimize both policies and practices related to growing older with mental retardation and other developmental disabilities. The APSC is identifying issues and priorities for joint actions to benefit adults with lifelong disabilities, family caregivers, and service providers.

We hope that 2004 will see you and us empowered to continue our work for older Virginians and their families.

From the Commissioner, Virginia Department for the Aging

Jay W. DeBoer, J.D.

The Virginia Department for the Aging (VDA) will partner with several other organizations to present a one-day conference featuring services available to male caregivers in Virginia. The conference will contain information of special interest to male caregivers, but we valuable to female caregivers, care-giving service providers, and professions in the care giving fields. The conference will take place in Richmond, on a day in the third full week in July. The actual date and location of the conference are still being decided. The conference is being sponsored by VDA in conjunction with the fourth and final year of the "Outreach and Support for Male Caregivers" grant that VDA received from the U.S Administration on Aging. The registration fee for caregivers will be \$10, and the fee for service and other field-related professionals will be \$30. Informative sessions will be offered in the morning, and then repeated after lunch, so that each person may attend two sessions on different topics. Some of the topics being considered for presentation at the conference include:

- End-of-Life Issues
- Managing Activities of Daily Living
- Personal Care
- Special Considerations for Dealing with Persons with Dementia
- Combating Caregiver Burnout
- Fitness and Wellness
- Community Resources
- Communicating with Healthcare Professionals
- Nursing Homes
- The Best Time for Placement
- Discussing Care Giving with Other Family Members
- Panel of Legislators to Discuss Public Policy and Care Giving
- Differences in Care Giving: Men Versus Women
- Nutritional Needs of Care Recipients
- The Value of Support Groups
- Pharmacy Assistance Programs
- Benefit Programs (Medicare, SSI, Social Security, etc.)

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- Care Giving and the Employed Caregiver
- Long-Distance Care Giving
- Internet Resources
- Tax Issues
- Spiritual Needs of Caregivers
- How to Make Your Home Safe
- Minority Care Giving
- Assistive Technology

Vendor display opportunities are also being planned for the conference. Please mark your calendar so that you can join us in July for this important event.

To be placed on the mailing list, contact Ms. Faye D. Cates, MSW, VDA Human Services Program Coordinator by calling (804) 662-9310, by facsimile at (804) 662-9354, or by e-mail at: faye.cates@vda.virginia.gov

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Focus on the Virginia Geriatric Education Center

Eunice Newton

Eunice Newton joined the staff of the Virginia Geriatric Education Center in October 2003. Mrs. Newton is responsible for maintaining the statewide database for the Medication Management training program and performing daily tasks that keep the office running smoothly.

A native of Philadelphia Pa., Eunice now resides in Petersburg with her daughter, after being a military dependent traveling the world, experiencing new cultures, and new people.

While stationed in Fort Wainwright, Alaska, Eunice obtained her A.A.S. in Business Administration in 1996 from Central Texas College and in 1998 her B.A. in Human Resources Management from St. Leo University. In her spare time, she enjoys spending time with her daughter, shopping, and most of all, snuggling up on the couch with a good book or movie.

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Focus on the Virginia Center on Aging

Constance L. Coogle, Ph.D.

Dr. Constance Coogle was recently promoted to Associate Professor of Gerontology and Associate Director for Research in the Virginia Center on Aging at Virginia Commonwealth University. She is also an Affiliate Associate Research Professor in the Department of Psychology. For the past six years, she has additionally served as Evaluation Director for the Virginia Geriatric Education Center. Since 1997 Dr. Coogle has administrated the Alzheimer's and Related Diseases Research Award Fund for the Commonwealth of Virginia, and has been a member of the Governor's Alzheimer's Disease and Related Disorders Commission since 1999.

Her extensive grant-funded endeavors in the role of Principal Investigator, Co-Investigator or Evaluation Director across almost 15 years of service to the VCoA encompass work on approximately 20 competitively-supported projects in a variety of content areas. Her areas of interest include dementia family caregiving, geriatric alcoholism and gambling, rural and minority aging, and lifelong disabilities.

Dr. Coogle has been an active leader in the Southern Gerontological Society since 1995, and currently serves on the Board of Directors, as well as the Nominating, Publishing, and Program Committees. She is also on the Local Arrangements Committee for the Association for Gerontology in Higher Education. She is the current President of the Alzheimer's Association-Greater Richmond Chapter. This past year she was elected a Fellow of the Gerontological Society of America; she also joined the Editorial Board of the *Journal of Applied Gerontology* and was listed in *Who's Who in America*.

Dr. Coogle is passionate about the need to address the direct care workforce crisis in community-based and long term care. She has been evaluating intervention strategies designed to improve levels of job satisfaction among nursing

assistants and promote quality care. "High turnover rates, staff burn-out, recruitment challenges, funding cuts, and unenlightened management practices seem like insurmountable deterrents to improved quality care," she said and continued, "but progressive techniques and practices that raise awareness about the new culture of care may begin to address these difficulties."

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Partnerships Elicit Funding

Elizabeth S. Carpenter
Jefferson Area Board for Aging

Extending services to the aging is a major goal of the Jefferson Area Board for Aging (JABA). In the past few years, in spite of the weak economy, it has built new facilities in Charlottesville and four of the five counties that it serves. This was achieved by an imaginative approach that relied on forming partnerships with compatible public agencies within the local jurisdictions in which funding was sought. Gordon Walker, CEO of JABA, was instrumental in initiating each of these creative and mutually beneficial partnerships. This type of partnership appeals to funding entities: the state government, local municipalities, foundations, businesses, and private donors, because the money given is correctly seen to have a broad range of benefits, which, in turn, maximizes its effectiveness. The possibilities of obtaining funding from a variety of sources are greatly enhanced by the partnership approach, which often results in the building of new facilities or the extensive renovation of existing ones that would otherwise be impossible in times of economic belt-tightening.

An Innovative Approach

In Nelson, Louisa, and Greene counties, JABA's innovative method has had impressive results. JABA's leadership in this area has benefited its partners, and these agencies have obtained facilities that would have been beyond their reach were it not for the cooperative relationship that JABA and they established. The three new facilities are community centers and provide meeting rooms. They are assets for the residents of all ages in their respective counties. In Louisa County, JABA formed alliances with Louisa County Parks and Recreation (which manages the facility), The ARC of the Piedmont, a childcare center and also a dental and nursing clinic, all of which operate within The Betty J. Queen Intergenerational Center. The facility benefits all ages; indeed, its Board is called "LinkAges," and serves in an advisory capacity to the Louisa County Board of Supervisors. The Center is a county owned building. The Nelson County Center partnership and ownership includes JABA, and the Nelson County Community Development Foundation. Tenants providing services include the Virginia Cooperative Extension Service, The Arc of the Piedmont, the Blue Ridge Medical Center, a Monticello Area Community Action Agency Thrift Shop, and Lovingston Physical Therapy. It involved the extensive renovation of a former school in Lovingston. It is centrally located next to the library and visitors' center and near the shopping district. An empty building has been revitalized in a way that offers multiple benefits to all ages.

Initial Steps Toward Success

In keeping with the intergenerational focus of JABA's newest facilities, in Greene County the partnership is with the Greene County Library, a branch of the Jefferson-Madison Regional Library, which serves the same jurisdictions as JABA except for Fluvanna County. JABA had been providing site-based services in Greene County in a local volunteer firehouse. It was inadequate for a number of reasons. JABA approached library supporters who had been hoping for years to move the library to a larger facility. The cinderblock, non-ADA compliant library was about one-seventh the size recommended by most library standards for the population it served.

Greene County, a rural farming area with little industry, was in greater financial difficulties than surrounding counties and likely to remain so for a longer period, as its major employer moved to another state. Funds were extremely limited. Gordon Walker went to the Perry Foundation in Charlottesville. Its Board met with him and library supporters and, having already pledged significant support for JABA's Louisa facility, and having long contributed to local libraries, it agreed to donate \$324,000 to the project over a period of several years. Then, representatives from JABA and its library partner met with individual legislators to request state funding. State Representative Paul Harris, whose district included Greene County, "Butch" Davies from Culpeper, and the late Senator Emily Couric, all strongly supported the concept of a combined center for JABA and the library. Senator Couric and Delegate Harris successfully introduced bills in the Virginia Senate and the House of Delegates, respectively, to support the project. Earl Dickinson, then co-chairman of the Finance Committee of the House of Delegates, added \$50,000 to the requested \$200,000. This brought the state funding to \$250,000.

The Continuing Process

Preliminary architectural drawings were needed to show to the Greene County Board of Supervisors. Glenn Reynolds of Reynolds Associates Incorporated in Blacksburg, Virginia, was selected on the basis of his extensive experience in building rural libraries, his track record of bringing virtually all of his projects in under budget, and his having designed buildings that are both attractive and functional. The cost of the facility was estimated to be \$1,600,000 for its 8,000 square foot area. With the money pledged from the state, the Perry Foundation, and the Theresa Thomas Foundation, and with plans to raise \$224,000 from local businesses and individual donors, Gordon Walker, the Greene County Library trustee, and the library director, met with the Greene County Board of Supervisors. On learning that \$800,000 would be given to the project from outside sources as challenge grants, the supervisors agreed to fund the remaining cost of the building. They, too, were enthusiastic about the partnership, as the facility would meet critical needs of the county in the provision of services to the aged as well as to library patrons. Land on Main Street in Stanardsville, the county seat, was purchased at a reduced price from the local Grace Episcopal Church; its congregation was supportive of the project. JABA's fundraising experience, combined with the library supporters' community connections, enabled the campaign to exceed its goal. Formerly, the most that had been contributed to a Greene County project was \$12,000; the \$250,000 raised locally was an impressive amount reflecting the widespread community support of the project.

The Facility Meets JABA's Programs' Needs

The new facility was designed with JABA's programs' needs in mind: JABA occupies 4,000 square feet of the building, which encompass a large sunlit daycare room, a commercial grade kitchen, staff offices, multiple bathrooms, one of which has an ADA compliant shower, a physician's office, a craft room, and a large room for senior center activities. An enclosed healing garden off of the day care room has raised flowerbeds at the correct height to be accessible by those in wheel chairs. JABA has been able to expand its services by the addition of a day health care component. Additionally, a physician specializing in geriatrics is available one morning a week, while a nurse is present on the other days. There is a "virtual interdisciplinary team" similar to the Medicare/Medicaid PACE model, a capitated health care delivery program. The physician and nurse practitioner get referrals from the JABA staff, from the county social worker, and the Department of Health about frail elders who may need home visits. The physician and nurse practitioner make home visits, even for routine care, as transportation to the facility may be expensive and inconvenient for the patients and caregivers. The Center's director and JABA's social worker can provide feedback to the nurse and doctor about how the seniors are doing, as they work together to develop a comprehensive care plan. For example, a day care woman fell at home, and the director asked the physician to see her. It was determined that her cane was inadequate, and within a few hours a walker was delivered to the facility for the woman. The seniors are provided with a lovely and inviting context in which to participate in their activities. One of the seniors, Louis "Pete" Madden is pleased that there is a craft room and monthly bus trips to nearby cities. Remarking on JABA's staff, he commented, "I have never lived in a place where they are so mindful of the seniors. This is great for seniors here."

Partnership Possibilities

The partnership between JABA and the Greene County Library initially focused on the fundraising element of the project. This cooperative and mutually beneficial relationship continues. JABA's seniors attend programs at the library and volunteer to greet people entering the shared lobby to direct them to their destinations. A library staff member reads to the seniors. There are plans to introduce a reading program in which seniors and children from the library read to each other and become friends, as well as for having parties for JABA's seniors and for the library's children to decorate the entire facility in ways appropriate to holiday themes. The Greene County Library/JABA Senior Center reflects the intergenerational ideal and cooperation between agencies that greatly appealed to the numerous funding sources. Gordon Walker, JABA's CEO, remarks, "Libraries and senior centers are utilized most effectively when viewed as 'catalytic' community centers promoting intergenerational engagement. In Greene County, this scenario has resulted in the transformation of concepts into reality. A multi-purpose senior center with adult day health care and a health clinic under the same roof as a public library becomes a highly visible community focal point, blending human and financial resources to achieve a common purpose-sharing across the ages." The JABA/library partnership was so successful that JABA and the regional library system are currently pursuing similar partnerships in other localities. The money donated to partnerships of this sort results in multiple benefits to people of all ages. Additionally, this type of partnership has the advantage of preserving each agency's autonomy, as all agencies remain governed by their respective boards of directors or trustees.

As JABA does not necessarily seek to own bricks and mortar, but rather to have facilities in which to provide its many services, and the library has always been located in public buildings, the new Greene facility is owned by Greene County, which was an additional reason for the Board of Supervisors to support the project.

The partnership was cost effective, as only one building had to be constructed for both agencies to be able to provide their services. The partnership approach initiated by JABA could well serve as a template for aging services agencies

in financially challenged locations to obtain new, larger, and more functional facilities. In Greene County, JABA has the gratitude not only of its seniors, but also of library patrons, and the entire community as well, all of whom JABA's creativity and commitment have so significantly benefited.

Elizabeth S. Carpenter is the Chair of the Jefferson Area Board for Aging's Ethics Committee and President of the Jefferson-Madison Regional Library's Board of Trustees, on which she is the Greene County representative. She was involved in many aspects of the library/senior center's building project.

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New Lifelong Learning Institute in Chesterfield County

Jane Stephan, Ed.D.
Virginia Center on Aging

The Virginia Center on Aging, which administers Elderhostel programs for VCU, has partnered with the Brandermill Woods Foundation and a number of organizations, schools and county agencies in an exciting new venture - The Lifelong Learning Institute (LLI) in Chesterfield County. This Institute joins over 200 others nationwide (and seven others in Virginia) as an Elderhostel enterprise. To launch our LLI, we have joined forces with a number of businesses and organizations, among them Chesterfield County Public Schools, Chesterfield County Parks and Recreation, John Tyler Community College, Wachovia Bank, the Brandermill Retired Men's Club, communities of faith, and Rotary, Lions and Ruritan groups.

The Chesterfield LLI offers year-round academic day classes and seminars for adults age 50 or above who are retired or semi-retired. There is no particular experience or educational background required to participate, just a desire to continue learning and, perhaps, to pursue interests that have been set aside for years. Course subjects grow out of members' interests. Courses are taught by members, visiting instructors, higher education faculty, and others with acquired expertise. In addition to a wide range of college-level courses, LLIs also provide a setting for adults to get together, relax, share their experiences, and make new friends.

Participants pay an annual membership fee, which allows them to take as many courses as they wish during the year. Classes begin in March at the Watkins Annex, located off Midlothian Turnpike behind Sycamore Square.

It's never too late to register for membership, to volunteer as an instructor, to donate funds or supplies, or to call for further information. Contact Jane Stephan at VCU at (804) 828-1525 or Debbie Leidheiser at Brandermill Woods at (804) 744-1173.

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COMMONWEALTH OF VIRGINIA

Alzheimer's and Related Diseases Research Award Fund

THE VIRGINIA CENTER ON AGING VIRGINIA COMMONWEALTH UNIVERSITY

Purpose: The Commonwealth of Virginia established the Award Fund in 1982 to promote research into Alzheimer's and related diseases. Because of a commitment to program balance, the Fund encourages scientifically rigorous applications from a broad spectrum of disciplines. Studies may involve:

- (1) the underlying causes, epidemiology, diagnosis, or treatment of Alzheimer's and related diseases;
- (2) policies, programs, and financing for care and support of those affected by Alzheimer's and related diseases; or
- (3) the social and psychological impacts of Alzheimer's and related diseases upon the individual, family, and community.

Funding: The size of awards varies, but is limited to \$25,000 each. The number of awards is contingent upon available funds appropriated by the General Assembly.

Eligibility: Applicants must be affiliated with colleges or universities, research institutes, or other not-for-profit organizations located in Virginia. The Fund encourages partnerships between community-based agencies/facilities and academic institutions.

Schedule: We request a non-binding letter of intent with tentative title, non-technical abstract, and a 4-5 sentence description of the project in common, everyday language for press release purposes by March 4, 2004. Applications will be accepted through April 1, 2004, and applicants will be notified by June 18, 2004. The funding period begins July 1, 2004 and projects must be completed by June 30, 2005.

Review: Three qualified technical reviewers, one of whom is identified by the applicant, will review proposals for scientific merit. The Awards Committee will make the final funding decision.

Application: Application forms, guidelines, and further information may be obtained on the World Wide Web (<http://views.vcu.edu/vcoa/ardraf.htm>) or by contacting:

Constance L. Coogle, Ph.D.
Alzheimer's & Related Diseases Research Award Fund
Virginia Center on Aging
P. O. Box 980229
Richmond, Virginia 23298-0229
Phone: (804) 828-1525
Voice Mail: (804) 278-2283
FAX: (804) 828-7905
E-Mail: ccoogle@hsc.vcu.edu

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PLEASE JOIN US

Virginia Coalition for the Prevention of Elder Abuse

Since 1993, Virginia Coalition for the Prevention of Elder Abuse (VCPEA) has been a leader in promoting awareness, training, and advocacy on behalf of abused, neglected, and/or exploited adults. Members are committed to preventing and responding to the maltreatment of older Virginians.

We invite you to join us and work with others in Virginia to encourage a greater understanding, awareness, and capacity to respond to the problem of elder abuse and domestic violence. To this end, VCPEA sponsors the Commonwealth's only annual conference focused on elder abuse issues; we collaborate with related organizations such as Virginians Against Domestic Violence and the Virginia Coalition for Aging; we develop and distribute annually each May the Elder Abuse Prevention Packet; and we will soon begin an email newsletter aimed at keeping you updated on developments and changes in the area of elder abuse and exploitation.

Annual Memberships: Organizational \$75.00 Individual \$35.00 Retired \$15.00 Student(Full-Time) \$10.00

Virginia Coalition for the Prevention of Elder Abuse Membership Application

Name _____

Organization _____

Address _____

City/State/Zip _____

Telephone _____ FAX _____

Email _____

Type of Membership (check one): Organizational _____ Individual _____ Retired _____ Student _____

Please mail this form with your check payable to VCPEA at:

VCPEA
P. O. Box 10166
Richmond, VA 23240

For further information, call the Virginia Center on Aging at (804) 828-1525.

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Calendar of Events

January 28, 2004

Virginia Center on Aging's Annual Legislative Breakfast to be held at St. Paul's, Richmond. For more info, call (804) 828-1525.

February 26-29, 2004

Global Aging is the 30th Annual Meeting and Educational Leadership Conference for the Association for Gerontology in Higher Education to be held at the Richmond Marriott in Richmond. For more info, visit their website at <http://www.aghe.org/aghe/annmeetinfo.htm>

March 5, 2004

Aging Is a Juggling Act: Have Fun with It. The 23rd Annual Community Forum on Aging, to be held at Christopher Newport University, Student Center, Newport News, from 8:00am - 1:45pm. For info, call Marilyn Belyea at (757) 877-3491.

March 10-11, 2004

The Journey of the Soul: Spirituality in the Second Half of Life, conference sponsored by the Virginia Center on Aging to be held at the Richmond Marriott. For more info, call (804) 828-1525.

March 11-14, 2004

Geriatrics in the 21st Century, the 15th Annual Virginia Geriatrics Conference to be held at the Homestead Resort, Hot Springs Virginia. For registration info, call Desiree Hodges at (804) 675-5181.

April 1, 2004

Third Annual Chesterfield Senior Center Benefit Dinner, "*An Evening in Italy.*" Fund-raising dinner and entertainment catered by Carrabas Italian Grill to support the Senior Center of Richmond at Chesterfield. For info, call (804) 594-2339.

April 1-4, 2004

Bridging Research and Practice in Gerontology. The 25th anniversary meeting of the Southern Gerontological Society (SGS) and the Student Mentoring conference will be held at the Sheraton Midtown Colony Square Hotel in Atlanta, Georgia. For more info, please visit SGS's website at <http://www.wfu.edu/Academic-departments/Gerontology/sgs/>

June 3-4, 2004

Statewide Elder Abuse Prevention Conference to be held in Virginia Beach. For more info, call Ed Ansello at the Virginia Center on Aging, (804) 828-1525.