



COMMONWEALTH of VIRGINIA
Department for the Aging

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August 25, 2009

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Note: The web addresses (links) in this document may change over time. The Department for the Aging does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.

1610 Forest Avenue, Suite 100, Richmond, Virginia 23229
Toll-Free: 1-800-552-3402 (Voice/TTY) • Phone: 804-662-9333 • Fax: 804-662-9354
E-mail: aging@vda.virginia.gov • Web Site: www.vda.virginia.gov



09-167

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors

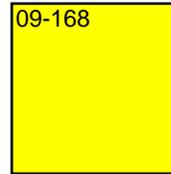
FROM: Elaine S. Smith, MS, RD
Program Coordinator

DATE: August 25, 2009

SUBJECT: JABA advocates for locally grown food

Here is a link to a very nice article featuring JABA and their leadership in the locally grown food movement. This is an excellent demonstration on how advocacy for our seniors helps the whole community. Nice work!

<http://www.flavormags.com/media/JABALocalFoodAS09.pdf>



COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman
Director of Administrative Services

DATE: August 25, 2009

SUBJECT: Recruitment State VICAP Coordinator

As many of you know, Barbara Childers has accepted a position with CMS. Barbara has accomplished a lot during her short time at VDA. She will be missed, but a good resource for VDA at the federal level!

We are currently seeking applicants to fill her position.

Position Information

Working Title: State VICAP Coordinator
Role Title: Prog Admin Specialist II - 19212
Job Open Date: 08-17-2009
Job Close Date: **Jobs close at 5pm EST.** 08-28-2009

Full-Time Salaried
Hiring Range: \$43,000-\$55,000
Position Number: 00040
Pay Band: 05

Job Description

The VICAP Program Coordinator has overall responsibility for the implementation and oversight of the insurance counseling program, including grant management, dissemination of information, partnership development, and coordination of media activities. Ensures that the program is operated within federal & state regulations,



oversees program budget, and facilitates training on health insurance, Medicare and Medicaid issues for local program staff and volunteers.

Minimum Qualifications

Applicants should have extensive knowledge of complex concepts in the areas of Medicare, Medicaid and health insurance products; experience in program implementation and management; word processing and database management skills; and grant writing experience.

Preferred Qualifications

Degree in public administration or human services preferred.
Special Requirements: Occasional overnight travel required.

A condition of employment requires that the VICAP Program Coordinator cannot be a licensed insurance agent or affiliated with an insurance company.

Special Instructions to Applicants

The Virginia Department for the Aging (VDA) will accept ONLY online applications for all VDA employment opportunities. Computers are available for applying for jobs in the DHRM Career Center, public libraries, and the Virginia Employment Commission offices. DHRM will provide, if requested, reasonable accommodation to applicants in need of accommodation in order to provide access to the application and/or interview process. If any assistance is needed when applying online, please contact DHRM at 804-225-2131. EOE/AA

Applications must be received by 5:00 p.m. on August 28, 2009

If you have any questions, please contact me.



09-169

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Directors,
Area Agencies on Aging

FROM: Bill Peterson

DATE: August 25, 2009

SUBJECT: Disaster Preparation – Update

Just a reminder that preparing for disaster is difficult and maintaining up to date contact information in your AAA disaster plan is an additional challenge. However, it is vital that neighborhoods, first responders, health officials, families, facility staff members and older Virginians themselves remain current and constant in disaster planning.

A best practice for hurricane disasters can be found at <http://www.areaagency.org/Door%20Hangers/Door%20hanger%20instructions.pdf> . An Area Agency on Aging in Florida brought older adults together to form Seniors Offering Solutions™. They developed a door hanger which can assist both public safety personnel and older adults by identifying homes where assistance is needed during a hurricane.

The Red Cross developed a guide which was developed by older adults for older adults offering practical information needed to prepare for a variety of disasters. http://www2.redcross.org/static/file_cont7435_lang0_3084.pdf

The Office of Homeland Security's FEMA continually updates its suggestions for special planning. <http://www.fema.gov/plan/prepare/specialplans.shtm>

The Virginia Department of Health is the lead agency for providing information regarding pandemics and biohazards. <http://www.vdh.virginia.gov>

Once again, I suggest that your agency develop a “disaster Library” containing information that may be critical during an emergency. Don’t forget to consider having copies of this information in an alternate location in case your offices are damaged during a disaster. To review other emailings from VDA on disaster preparedness, retrieve the following Tuesday emails: 2/21/07 (07-60), 7/14/07 (07-151), 9/5/07 (07-160), and 7/8/09 (08-127).



09-170

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Janet James, Esq. – State Legal Services Developer, Public Guardian
Program Coordinator

DATE: August 25, 2009

**SUBJECT: Virginia Advance Medical Directive Form (Updated Version)
Effective July 1, 2009 – Code of Virginia § 54.1-2984**

Important Note:

The information below is intended as general information and not intended as legal advice.

As a follow up to my prior email dated June 16, 2009, please find attached a sample Advance Medical Directive (AMD) form that has been posted to VDA's website at www.vda.virginia.gov. One of the major changes in the law and corresponding format in the *Code of Virginia* at § 54.1-2984 is the ability to choose mental health options. For example, you can decide **today**, that should you develop a mental illness in the **future** (that renders you incapable of making an informed decision regarding treatment), that you can now **choose** to authorize your health care agent to admit you for mental health treatment for up to ten calendar days. There are other changes in the new AMD form (which is much longer and needs greater explanation than the prior form).

Training Opportunities on the Revised AMD Law and Form

Planning is underway for training opportunities on the new AMD Form and other changes to Virginia's revised Health Care Decisions Act:

- October 22, 2009 sponsored by the Institute on Aging at the University of Virginia and other various health care provider organizations. This event will be held in Charlottesville.
- November 5, 2009 sponsored by the Department of Behavioral Health and Developmental Services (formally DMHMRSAS). This event will be held in Richmond.

Please save these dates and VDA will forward registration information once received.

Questions on Existing AMD Forms

Some people may be concerned that their current AMD is no longer valid as of 7/1/09 and this is absolutely **not true**. While new provisions in the law do allow additional options, they do not invalidate current AMDs. However, it is still important that persons wanting to “upgrade” to the new form retain their current AMD form until they have properly executed a new AMD form if they choose to do so. Thank you.

VIRGINIA ADVANCE MEDICAL DIRECTIVE
(Effective July 1, 2009)

THE ADVANCE MEDICAL DIRECTIVE FORM BELOW IS THE SUGGESTED FORM FROM § 54.1-2984 OF THE CODE OF VIRGINIA WITH THE FOLLOWING ADDITIONS:

- Instruction Notes have been included as general legal information.
- The term “nursing home” has been added to clarify that the definition of “Health Care” includes admission to a nursing home pursuant to § 54.1-2982 of the Code of Virginia.
- The words “Name/Signature” and “Date” have been included on the last line in *Option II: Powers of My Agent*, section *F* and section *G* to clarify where a physician or licensed clinical psychologist signs when applicable.
- Notary Acknowledgment. Space has been added to the end of the form to have the document notarized if desired.

INSTRUCTION NOTES

These instruction notes are intended as general information and not intended as legal advice.

- Virginia law does not require the use of an attorney in completing a valid Advance Medical Directive (AMD). However, some people may find it helpful to consult with an attorney although not required.
- Virginia law does not require AMD documents to be notarized. However, for future inclusion in Virginia’s Advance Health Care Registry, when implemented, documents must be notarized pursuant to Code of Virginia § 54.1-2995.
- *Option II: Powers of My Agent*, section *F* and section *G* require a physician or licensed clinical psychologist to attest that the person making the AMD is mentally capable of making and understanding the consequences as stated in their AMD.
- “Declarant” is the person who declares and makes his/her wishes known through the AMD.

DECLARATION

I, _____, willfully and voluntarily make known my wishes in the event that I am incapable of making an informed decision, as follows:

I understand that my advance directive may include the selection of an agent as well as set forth my choices regarding health care. The term "health care" means the furnishing of services to any individual for the purpose of preventing, alleviating, curing, or healing human illness, injury or physical disability, including but not limited to, medications; surgery; blood transfusions; chemotherapy; radiation therapy; admission to a hospital, *nursing home*, assisted living facility, or other health care facility; psychiatric or other mental health treatment; and life-prolonging procedures and palliative care.

The phrase "incapable of making an informed decision" means unable to understand the nature, extent and probable consequences of a proposed health care decision or unable to make a rational evaluation of the risks and benefits of a proposed health care decision as compared with the risks and benefits of alternatives to that decision, or unable to communicate such understanding in any way.

The determination that I am incapable of making an informed decision shall be made by my attending physician and a second physician or licensed clinical psychologist after a personal examination of me and shall be certified in writing. The second physician or licensed clinical psychologist shall not be otherwise currently involved in my treatment, unless such independent physician or licensed clinical psychologist is not reasonably available. Such certification shall be required before health care is provided, continued, withheld or withdrawn, before any named agent shall be granted authority to make health care decisions on my behalf, and before, or as soon as reasonably practicable after, health care is

provided, continued, withheld or withdrawn and every 180 days thereafter while the need for health care continues.

If, at any time, I am determined to be incapable of making an informed decision, I shall be notified, to the extent I am capable of receiving such notice, that such determination has been made before health care is provided, continued, withheld, or withdrawn. Such notice shall also be provided, as soon as practical, to my named agent or person authorized by § 54.1-2986 to make health care decisions on my behalf. If I am later determined to be capable of making an informed decision by a physician, in writing, upon personal examination, any further health care decisions will require my informed consent.

(SELECT ANY OR ALL OF THE OPTIONS BELOW.)

OPTION I: APPOINTMENT OF MY AGENT

► (CROSS THROUGH OPTIONS I AND II BELOW IF YOU DO NOT WANT TO APPOINT AN AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.)

I hereby appoint _____ (primary agent), of _____ (address and telephone number), as my agent to make health care decisions on my behalf as authorized in this document. If _____ (primary agent) is not reasonably available or is unable or unwilling to act as my agent, then I appoint _____ (successor agent), of _____ (address and telephone number), to serve in that capacity.

I hereby grant to my agent, named above, full power and authority to make health care decisions on my behalf as described below whenever I have been determined to be incapable of making an informed decision. My agent's authority hereunder is effective as long as I am incapable of making an informed decision.

In exercising the power to make health care decisions on my behalf, my agent shall follow my desires and preferences as stated in this document or as otherwise known to my agent. My agent shall be guided by my medical diagnosis and prognosis and any information provided by my physicians as to the intrusiveness, pain, risks, and side effects associated with treatment or nontreatment. My agent shall not make any decision regarding my health care which he knows, or upon reasonable inquiry ought to know, is contrary to my religious beliefs or my basic values, whether expressed orally or in writing. If my agent cannot determine what health care choice I would have made on my own behalf, then my agent shall make a choice for me based upon what he believes to be in my best interests.

OPTION II: POWERS OF MY AGENT

► (CROSS THROUGH ANY LANGUAGE YOU DO NOT WANT AND ADD ANY LANGUAGE YOU DO WANT.)

The powers of my agent shall include the following:

A. To consent to or refuse or withdraw consent to any type of health care, treatment, surgical procedure, diagnostic procedure, medication and the use of mechanical or other procedures that affect any bodily function, including, but not limited to, artificial respiration, artificially administered nutrition and hydration, and cardiopulmonary resuscitation. This authorization specifically includes the power to consent to the administration of dosages of pain-relieving medication in excess of recommended dosages in an amount sufficient to relieve pain, even if such medication carries the risk of addiction or of inadvertently hastening my death;

B. To request, receive, and review any information, verbal or written, regarding my physical or mental health, including but not limited to, medical and hospital records, and to consent to the disclosure of this information;

C. To employ and discharge my health care providers;

D. To authorize my admission to or discharge (including transfer to another facility) from any hospital, hospice, nursing home, assisted living facility or other medical care facility. If I have authorized admission to a health care facility for treatment of mental illness, that authority is stated elsewhere in this advance directive;

E. To authorize my admission to a health care facility for the treatment of mental illness for no more than 10 calendar days provided I do not protest the admission and a physician on the staff of or designated by the proposed admitting facility examines me and states in writing that I have a mental illness and I am incapable of making an informed decision about my admission, and that I need treatment in the facility; and to authorize my discharge (including transfer to another facility) from the facility;

F. To authorize my admission to a health care facility for the treatment of mental illness for no more than 10 calendar days, *even over my protest*, if a physician on the staff of or designated by the proposed admitting facility examines me and states in writing that I have a mental illness and I am incapable of making an informed decision about my admission, and that I need treatment in the facility; and to authorize my discharge (including transfer to another facility) from the facility.

[My physician or licensed clinical psychologist hereby attests that I am capable of making an informed decision and that I understand the consequences of this provision of my advance directive:
Name/Signature _____ Date _____];

G. To authorize the specific types of health care identified in this advance directive [specify cross-reference to other sections of directive] *even over my protest*.

[My physician or licensed clinical psychologist hereby attests that I am capable of making an informed decision and that I understand the consequences of this provision of my advance directive:
Name/Signature _____ Date _____];

H. To continue to serve as my agent even in the event that I protest the agent's authority after I have been determined to be incapable of making an informed decision;

I. To authorize my participation in any health care study approved by an institutional review board or research review committee according to applicable federal or state law that offers the prospect of direct therapeutic benefit to me;

J. To authorize my participation in any health care study approved by an institutional review board or research review committee pursuant to applicable federal or state law that aims to increase scientific understanding of any condition that I may have or otherwise to promote human well-being, even though it offers no prospect of direct benefit to me;

K. To make decisions regarding visitation during any time that I am admitted to any health care facility, consistent with the following directions: _____;
and

L. To take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to medical providers.

Further, my agent shall not be liable for the costs of health care pursuant to his authorization, based solely on that authorization.

OPTION III: MY HEALTH CARE INSTRUCTIONS

▶ (CROSS THROUGH PARAGRAPHS A AND/OR B IF YOU DO NOT WANT TO GIVE ADDITIONAL SPECIFIC INSTRUCTIONS ABOUT YOUR HEALTH CARE.)

A. I specifically direct that I receive the following health care if it is medically appropriate under the circumstances as determined by my attending physician: _____.

B. I specifically direct that the following health care not be provided to me under the following circumstances (you may specify that certain health care not be provided under any circumstances): _____.

OPTION IV: MY END OF LIFE INSTRUCTIONS

▶ (CROSS THROUGH THIS OPTION IF YOU DO NOT WANT TO GIVE INSTRUCTIONS ABOUT YOUR HEALTH CARE IF YOU HAVE A TERMINAL CONDITION.)

If at any time my attending physician should determine that I have a terminal condition where the application of life-prolonging procedures - including artificial respiration, cardiopulmonary resuscitation, artificially administered nutrition, and artificially administered hydration -- would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

OPTION: OTHER DIRECTIONS ABOUT LIFE-PROLONGING PROCEDURES.

(If you wish to provide your own directions, or if you wish to add to the directions you have given above, you may do so here. If you wish to give specific instructions regarding certain life-prolonging procedures, such as artificial respiration, cardiopulmonary resuscitation, artificially administered nutrition, and artificially administered hydration, this is where you should write them.) I direct that:

_____;

OPTION: My other instructions regarding my care if I have a terminal condition are as follows:

_____;

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this advance directive shall be honored by my family and physician as the final expression of my legal right to refuse health care and acceptance of the consequences of such refusal.

OPTION V: APPOINTMENT OF AN AGENT TO MAKE AN ANATOMICAL GIFT OR ORGAN, TISSUE OR EYE DONATION

▶ (CROSS THROUGH IF YOU DO NOT WANT TO APPOINT AN AGENT TO MAKE AN ANATOMICAL GIFT OR ANY ORGAN, TISSUE OR EYE DONATION FOR YOU.)

Upon my death, I direct that an anatomical gift of all of my body or certain organ, tissue or eye donations may be made pursuant to Article 2 (§ 32.1-289.2 et seq.) of Chapter 8 of Title 32.1 and in accordance with my directions, if any. I hereby appoint _____ as my agent, of _____ (address and telephone number), to make any such anatomical gift or organ, tissue or eye donation following my death. I further direct that: _____ (declarant's directions concerning anatomical gift or organ, tissue or eye donation).

This advance directive shall not terminate in the event of my disability.

MY RIGHT TO REVOKE

AFFIRMATION AND RIGHT TO REVOKE: By signing below, I indicate that I am emotionally and mentally capable of making this advance directive and that I understand the purpose and effect of this document. I understand I may revoke all or any part of this document at any time (i) with a signed, dated writing; (ii) by physical cancellation or destruction of this advance directive by myself or by directing someone else to destroy it in my presence; or (iii) by my oral expression of intent to revoke.-

Date

Signature of Declarant

The declarant signed the foregoing advance directive in my presence.

(Witness) _____

(Witness) _____

NOTARIZATION OF THIS DOCUMENT (OPTIONAL)

STATE OF VIRGINIA

City/County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2009, by

Signature of Notary taking acknowledgment

My Commission expires _____

Acknowledgments

Virginia Department for the Aging gratefully acknowledges the valuable assistance of the Virginia Association of Non-Profit Homes, the Virginia Poverty Law Center, the Office of the Attorney General and others who assisted in making this document available.



09-171

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors
Health Promotion and Disease Prevention Coordinators

FROM: Elaine S. Smith, MS, RD
Program Coordinator

DATE: August 25, 2009

SUBJECT: AAA's involved in Fall and Injury Prevention Projects

Following is information on VDH's Community Injury Prevention projects which are ongoing throughout 2009. Please note that four AAA's, Fairfax AAA, JABA, Senior Services of Southeastern VA, and Appalachian Agency for Senior Citizens are actively engaged in these fall and injury projects. A fifth project works closely with the Prince William AAA.

Two other projects were focused on poisoning prevention in older adults.

Contact information is included if there are questions on the implementation of any of these programs in your area.

VDH, Division of Injury and Violence Prevention 2009 Preventing Unintentional Injury Community Projects

The Division of Injury and Violence Prevention partners with local organizations to reduce preventable injuries in high risk communities. Each year, the Division supports community-based prevention projects that offer best or promising practice interventions and that reflect the leading causes of unintentional injuries in Virginia. These projects can be easily replicated at low cost in other high risk areas throughout the state. The following projects were selected through a competitive process. Organizations were asked to propose projects based on recommendations included in the Virginia Department of Health, Division of Injury and Violence Prevention's five-year Unintentional Injury Prevention Strategic Plan. For additional information, contact Leonard Recupero at Leonard.recupero@vdh.virginia.gov or (804) 864-7734. For questions about any of the projects listed below, contact the agency or organization that is listed.

Elderly Fall Prevention

Agency/Organization:

Project Mend-A-House
7987 Ashton Avenue, Suite 231
Manassas, VA 20109
Telephone: 703.792.7663



Project Title:

A Surer Step Toward Reducing Fractures and Falls for Seniors Age 65 and Over

Proposal Abstract: Project Mend-A-House's fall prevention project will help the frail, low-income elderly in Prince William County to live safely and independently in their homes for as long as possible. Volunteers will conduct home safety assessments, and based on the assessment, will do what's necessary to reduce the risk of falls for fragile elderly residents. Volunteers will install safety aids, grab bars, interior and exterior hand rails, hand-held showers, transfer benches, night lights, bath mats, and raised toilet seats. Volunteers will also repair or replace carpeting and other flooring deemed tripping hazards. Portable four – six foot ramps will also be made available to residents and their aging caregivers who are most at risk for falls.

This is the third year that Project Mend-A-House was awarded funding for their safety device installation project.

Agency/Organization:

Jefferson Area Board for Aging
674 Hillsdale Drive, Suite 9
Charlottesville, VA 22901
Telephone: 434-817-5227

Project Title:

Reducing Falls Among Residents of Mountainside Senior Living

Proposal Abstract: The Jefferson Area Board for Aging (JABA) will implement an exercise pilot project in an assisted living facility that is based on the Stay Safe, Stay Active evidence-based fall prevention intervention. 35 residents will be recruited to participate in a pre-assessment and a bi-weekly group exercise program that includes one-on-one exercises, group fall prevention education sessions, and home safety and post-project assessments. Assessments will be conducted by a physical therapist and the exercise portions of the project will be provided by an exercise physiologist under the supervision of the physical therapist.

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Agency/Organization:

Appalachian Agency for Senior Citizens
PO Box 765
Cedar Bluff, VA 24609
Telephone: 276-964-4915

Project Title:

Older Virginians Fall Prevention



Proposal Abstract: The Appalachian Agency for Senior Citizens (AASC) will implement the Falls-HIT (Home Intervention Team) evidence-based fall prevention intervention. The AASC will conduct home safety assessments and provide assistive devices and education where needed. They anticipate modifying 100 bathrooms to make them safer for their older customers. They will provide transfer bath chairs, shower chairs, hand-held shower heads, elevated commode seats with arms, safety tub/shower rails, bath mats and night lights. Modifying bathrooms of their at-risk customers will reduce the risk of falls and allow them to safely maintain their continued independence at home.

Agency/Organization:

Fairfax Area Agency on Aging
12011 Government Center Parkway, Suite 708
Fairfax, VA 22035
Telephone: 703-324-5411

Project Title:

Independent Living Project

Proposal Abstract: The Fairfax Area Agency on Aging in conjunction with ElderLink, Options for Caregiving, will implement the *Stepping On* evidence-based fall prevention intervention. The Fairfax Area Agency on Aging's multifaceted project will conduct in-home reviews and provide assistive equipment or minor home modifications based on individual needs for independent living that increase safety in their homes; offer a series of fall prevention educational workshops at multiple locations in the target area; and conduct exercise classes that build strength and balance. An estimated 1,200 seniors will be impacted by their intervention.

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Agency/Organization:

Senior Services of Southeastern Virginia
6350 Center Drive Bldg. 5, Suite 101
Norfolk, VA 23502
Telephone: 757-222-4511



Project Title:

Stay Safe! Stay Active! Virginia

Proposal Abstract: Senior Services of Southeastern Virginia (SSSV) will implement an exercise project based on the evidence-based fall prevention intervention, *Stay Safe, Stay Active*. SSSV will offer group exercise and participant contact once weekly at senior centers in conjunction with a fall prevention educational component and additional exercises to be done at home. An estimated 163 seniors will participate in the *Stay Safe! Stay Active! Virginia* project. As part of the evaluation, participants will be divided into 3 groups; those who are unafraid of falling, those who are afraid of falling, and those who have fallen. Pre and post data will be examined to measure and report on increased flexibility, strength and balance control, and increased confidence.

Drowning Prevention

Agency/Organization:

American Red Cross – Hampton Roads Chapter
4915 W. Mercury Blvd.
Newport News, Virginia 23650
Telephone: 757-838-7320

Project Title:

Preventing Drowning Among Diverse Teens



Proposal Abstract: The American Red Cross, Hampton Roads Chapter, will offer drowning prevention activities for minority teens. Students will participate in water safety education workshops and Learn-to-Swim classes that increase their swimming ability and confidence in and around water. An estimated 50 teens will participate in the project.

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Agency/Organization:

Norfolk City Health District
830 Southampton Avenue, Suite 200
Norfolk, Virginia 23410
Telephone: 757-683-2796

Project Title:

Waterline Teens, Keeping Heads Above Water

Proposal Abstract: Utilizing a health communication intervention, the Norfolk City Health District in partnership with the Aquatics Division, Norfolk Recreation Parks & Open Space will develop the *WaterLine Teens, Keeping Heads Above Water* project. The project is a multi-faceted (seminars, electronic media, print media, and clearinghouse) educational and social marketing project, expressly designed to enhance and support water safe behavior and risk-reduction practices among teens. In addition, the project will offer workshops to water safety professionals that increase awareness of safety practices among teens; explanation of the project and their potential roles; and to inform them of available local resources (swimming lessons, etc.). The Norfolk City Health Districts estimates that 7,638 high school and middle school age children will be impacted by the intervention and 50 water safety professionals (life guards, Beach Police, etc.).

Agency/Organization:

YMCA of South Hampton Roads
250 W. Brambleton Avenue, Suite 100
Norfolk, Virginia 23510
Telephone: 757-962-5519

Project Title:

YMCA Swim Lessons and Lifeguard Training to Prevent Teen Drowning in Natural Bodies of

Proposal Abstract: YMCA of South Hampton Roads will provide activities to 60 at-risk teens from Portsmouth and Norfolk. These teens will build skills by learning personal water safety and basic rescue; use of various flotation devices; water movement education with emphasis on endurance and fitness; mechanical principles; and stroke progression. Fifty of these teens will become American Red Cross CPR certified and ten of them will become licensed life guards and use those skills as employees at YMCA sponsored summer swim camps and programs. Education and risk-reduction activities to change the water safety behavior of teens in the program will also be provided.



Poison Prevention

Agency/Organization:

Blue Ridge Poison Center
UVA Health Systems
PO Box 800774
Charlottesville, VA 22908
Telephone: 434-982-3158



Project Title:

Preventing Poisoning Injuries in Adults

Proposal Abstract: The Blue Ridge Poison Center will conduct five regional workshops in rural settings that target adults between the ages of 25 and 35 with the goal of teaching them the knowledge, skills, and abilities concerning the proper use of household products and chemicals, the scope of poison center services and utilization, and safe use and storage of products and medicines. The Blue Ridge Poison Center is hoping to educate 375 adults by the end of the project period.

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Agency/Organization:

Alcohol and Aging Awareness Group
Virginia Department of Alcoholic Beverage Control
2901 Hermitage Road
Richmond, Virginia 23261
Telephone: 804-213-4445

Project Title:

The Best Is Yet To Come

Proposal Abstract: The Virginia Department of Alcoholic Beverage Control, Alcohol and Aging Awareness Group (AAAG) will design, produce, air and evaluate a television media campaign. The goal of the media campaign is to raise awareness among older adults of the risk of poisoning when mixing alcohol and medication. A 30 and 10 second television ad will be developed using local resources and will air in major markets during the Noon news hour.

Agency/Organization:

Blue Ridge Poison Center
UVA Health Systems
PO Box 800774
Charlottesville, VA 22908
Telephone: 434-982-3158

Project Title:

Training Care Providers of Senior Citizens to Perform Medication Management and Poison Prevention Education to Their Clients

Proposal Abstract: The Blue Ridge Poison Center will conduct four regional poison prevention train-the-trainer sessions for care providers of senior citizens. By attending these training sessions, providers will be prepared to teach seniors about poison prevention and awareness. Trainings will occur in Lexington, Winchester, Bedford, and Farmville. 160 caregivers from senior centers, senior day care and senior residential facilities are targeted for this project.

This is the second year that the Blue Ridge Poison Center was awarded funding for their train-the-trainer poison prevention project for seniors.



Suffocation Prevention

Agency/Organization:

Rockingham Memorial Hospital
Community Health
235 Cantrell Avenue
Harrisonburg, VA 22801
Telephone: 540-433-4421



Project Title:

Keep Kids Breathing

Proposal Abstract: Rockingham Memorial Hospital (RMH) will target parents of children ages zero to four years with a multi-faceted approach to suffocation prevention in children. Their goal is to reduce the risks of unintentional suffocation/choking that are related to toys and food among this age group through home visits; small group educational sessions; and community outreach efforts. By the end of their project, RMH anticipates impacting 1,000 parents as a result of this initiative.

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Agency/Organization:

SIDS Mid-Atlantic
PO Box 799
Haymarket, VA 20168
Telephone: 703-933-9100

Project Title:

Cribs for Kids

Proposal Abstract: SIDS Mid-Atlantic will distribute 300 portable cribs through their *Cribs for Kids* project. *Cribs for Kids* provides disadvantaged families with the most basic of needs for their babies: cribs to help prevent unnecessary and tragic deaths. SIDS Mid-Atlantic will distribute cribs by referral from various Virginia Healthy Families Programs throughout the Commonwealth. SIDS Mid-Atlantic will provide trainings for the Virginia Healthy Families staff at their regularly scheduled staff meetings as to the nature of the project. In addition, the risks of bed-sharing, soft bedding, and the necessity of babies having a safe place to sleep will be emphasized, along with information on how to obtain cribs for their needy families.

This is the second year that SIDS Mid-Atlantic was awarded funding for their Cribs for Kids project.

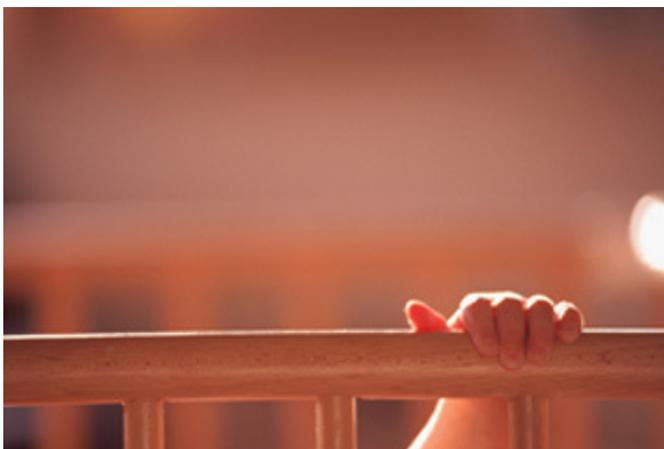
Agency/Organization:

Virginia Beach Health District
Pembroke Cooperate Center III
4452 Corporation Lane
Virginia Beach, Virginia 23462
Telephone: 757-518-2672

Project Title:

Reduce Suffocation Through Safe Sleeping Practices for Children Four Years of Age and Younger

Proposal Abstract: Virginia Beach Health District will offer safe sleeping practices' classes to WIC customers and child care providers in the Virginia Beach area. They will also provide Pack 'N Play portable baby cribs to low income families in need. Staff will conduct home visits to educate new parents on safe sleeping practices and to set up the portable crib. The project will also offer monthly Happiest Baby workshops to couples in order to reinforce 'back to sleep' and other health and safety messages for new or soon to be parents. The health district anticipates that 500 WIC customers will attend the safe sleeping practices' classes; 200 parents will attend the Happiest Baby workshops; 100 child care providers will be trained in safe sleeping practices; and 30 infants will receive portable cribs.



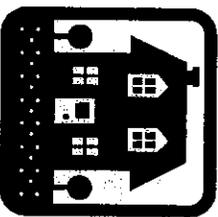
Our Partners

Fairfax County Partners:

Department of Family Services
Division of Adult and Aging Services
Fairfax Area Agency on Aging
ElderLink
Fire and Rescue Department
Health Department,
Community and Recreation Services
Library Services
Department of Transportation
Department of Housing and Community
Development.

Community Partners:

Virginia Department of Health
Virginia Department for the Aging
Northern Virginia Resource Center for Deaf
and Hard of Hearing Persons
Inova Health System
CVS/pharmacy
RPJ Housing
Alzheimer's Association, National Capital
Area Chapter
Faith-based communities in Fairfax County.



This project is partially funded by a grant from
the Virginia Department of Health.



... to ensure a more aging friendly Fairfax
County."

Fairfax County Board of Supervisors,
October 2007

www.fairfaxcounty.gov/olderadults



Department of Family Services, 12011 Government
Center Parkway, Fairfax, Virginia 22035. To request
reasonable accommodations or this information in an
alternate format, call 703-324-5374, TTY 703-449-1186.

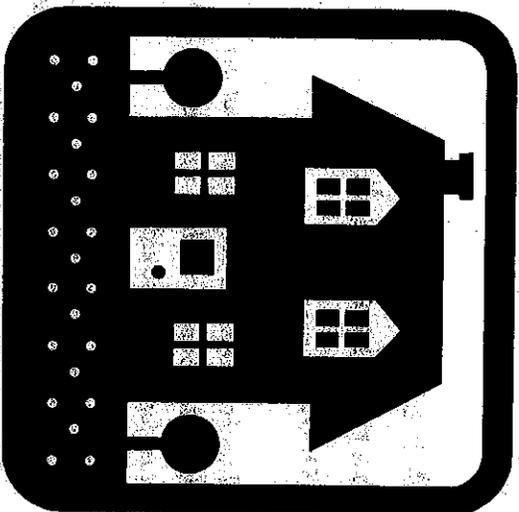
April, 2009 A Fairfax County, VA publication.

Fairfax Area Agency on Aging
Adult and Aging Services

Fairfax County's

Independent

Living Project



*Helping you live in the
home you love.*



703-324-7210
703-449-1186, TTY
www.fairfaxcounty.gov/aaa

What *The Washington Post* has to say about the Independent Living Project...

"... With the first baby boomers hitting 65 in three years—and expected to live another 18—Fairfax county officials are taking urgent steps now: They're helping residents age-proof their homes so they can stay put." Fredrick Kunkle, *The Washington Post*, January 27, 2008

What our participants have to say . . .

"Thanks so much for being with us at our church last Sunday to share with us your program for helping the elderly."

"We feel that we know more about the services the county has to offer if we need them."

"So long as you have these classes, count me in. There is nothing I can do that would give me as much benefit for one hour a week of my time."

These comments were excerpted from letters of appreciation received by the Independent Living Project.

The Fairfax County Independent Living Project

Our Goal

We help older adults and adults with disabilities stay in their homes and remain independent.

What We Offer

A mix of classes and workshops to help prevent falls, maintain health and fitness, and increase knowledge of services including:

- ◆ Free exercise classes
- ◆ Free workshops on fall prevention, nutrition, brain fitness, etc.
- ◆ Free consultation on medication management
- ◆ Free in-home consultation to identify safety risks
- ◆ Free minor home safety modifications (grab bars, etc.)

How We Work

We partner with community organizations and faith communities to provide 8-10 weeks of programming and home visits. We tailor programs for each project site. Partner community and faith organizations provide space and assist with promotion.

How to Reach Us

Call us to for information on upcoming programs throughout Fairfax County.

Fairfax Area Agency on Aging
Adult and Aging Services
Department of Family Services
703-324-7210
TTY 703-449-1186
www.fairfaxcounty.gov/aaa

Our Workshops

- ◆ *Fire and Fall Prevention*
- ◆ *Finding Services for Older Adults - Where to Begin*
- ◆ *Improving Brain Fitness*
- ◆ *Your Medications Should Make You Feel Better — Not Worse*
- ◆ *Getting the Most out of Your Next Doctor Visit*
- ◆ *Aging Eyes / Aging Ears*
- ◆ *50+ Nutrition*
- ◆ *Food Safety*
- ◆ *Getting Around in Fairfax*
- ◆ *Are You Ready? Fairfax Prepares for the Unexpected*



THE CENTER FOR AGING

“Stay Safe, Stay Active Virginia!” A Program Description

“Stay Safe, Stay Active Virginia!” (SS, SSV) is a 12-week fall prevention program for senior adults. It is based loosely on the Australian “Stay Safe, Stay Active” fall prevention program selected by the federal Centers for Disease Control as a Model Injury Prevention Program.

Created as an adjunct to an existing three (3) part senior nutrition and physical activity program, SS, SSV is funded through a grant from the Virginia Department of Health’s Brain Injury and Fracture Prevention Program. It is designed for seniors attending community-based wellness centers throughout Southside Hampton Roads. The once-weekly hour-long program is composed of a 15 minute educational component combined with 45 minutes of gentle exercise set to music. The exercises are designed to increase balance, flexibility, strength and endurance and can be done either seated or standing or in combination.

Prior to entering the program, seniors completed a Functional Performance Inventory (Leidy et al, 1999), a general enrollment form and indicated whether they were afraid of falling, not afraid of falling or previously had fallen. This formed the basis for three (3) group designations to be used in final program evaluations.

SS, SSV has proven to be our most successful wellness program to date. In many cases, participants are all those who attend a particular center. While final evaluations are still being completed, anecdotally, participants report improved balance, strength and flexibility.

For more information, please contact:

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Senior Services of Southeastern Virginia
6350 Center Drive
Norfolk, Virginia 23502
757-963-9207
mwachtel@ssseva.org