



COMMONWEALTH of VIRGINIA
Department for the Aging

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AAA TUESDAY E-MAILING
May 24, 2011

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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.



11-141

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Director Administrative Services

DATE: May 24, 2011

SUBJECT: ODP Age Wave Summit II

The Older Dominion Partnership Age Wave Summit II was held May 19th. It drew over 250 people to Richmond to discuss how to prepare Virginia for a future with a more mature population. Results of a survey were released suggesting that Virginia's population age 65 or older will double from about 900,000 today to more than 1.8 million by 2030.

Here are some news articles covering the event.

- [Va. urged to develop plan for an aging population](#)
[Richmond Times Dispatch](#)
The goal is for every locality to have a plan in five years on how they will address the age wave and have a statewide coordinated effort in 10 years, ...
- [Va. Study: Many Baby Boomers Feel They Won't Be Ready For Retirement](#)
[WAMU](#)
A study released May 19 by the Older Dominion Partnership measured how the "baby boomer" generation perceives its quality of life and that of its elders in ...
- [HOW I SEE IT: May is older Americans month](#)
[Culpeper Star Exponent](#)
Based on demographic projections, by 2030, one out of every four drivers will be 65 or older. Before we know it, Virginia will indeed be an "Older" Dominion ...



11-142

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Director Administrative Services

DATE: May 24, 2011

SUBJECT: Senate Hearing to Focus on OAA Reauthorization

The Senate Special Committee on Aging will hold a Hearing on May 26, 2011 at 2:00 pm in Dirksen 106. The title of the hearing is: "Meals, Rides, and Caregivers: What Makes the Older Americans Act so Vital to America's Seniors." Check the US Special Committee on Aging website <http://www.aging.senate.gov/> on May 26, 2011 at 2:00 pm to view the live webcast.



11-143

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: James, Rothrock, VDA, Interim Commissioner

DATE: May 24, 2011

SUBJECT: Information on Lyme Disease and Other Tick-Borne Infections

Since 2007, Virginia has experienced significant increases in the number of reported Lyme disease cases and other tick-borne infections. From 2009 to 2010, there was a 37% increase. The recent increase in Lyme disease has coincided with a progressive geographic spread of activity southward and westward from northern regions of the Commonwealth as part of an overall expansion in the eastern United States.

The early localized stage of Lyme disease is usually characterized by a distinctive skin lesion that appears 3-32 days after an infectious deer tick bite. The primary lesion is a painless, non-itchy red lesion that occurs at the site of the tick bite. The rash may not have the typical bull's-eye appearance or may go unnoticed because it is painless or in a spot that's difficult to see or concealed by hair. Early recognition and prompt treatment are important in order to decrease the likelihood of long-term complications and other adverse events.

Please take the time to review this important safety information. As always, please share this information with our clients and make them aware of this potential health hazard.

NIOSH Safety and Health Topic:

Tick-Borne Diseases



Overview

Tick-borne pathogens can be passed to humans by the bite of infected ticks. Ticks can be infected with bacteria, viruses, or parasites. Some of the most common tick-borne diseases in the United States include: Lyme disease, babesiosis, ehrlichiosis, Rocky Mountain Spotted Fever, anaplasmosis, Southern Tick-Associated Rash Illness, Tick-Borne Relapsing Fever, and tularemia. Other tick-borne diseases in the United States include: Colorado tick fever, Powassan encephalitis, and Q fever. [Lyme disease](#) is the most commonly reported tick-borne disease in the United States. In 2005, more than 23,000 cases of Lyme disease were reported to the Centers for Disease Control and Prevention (CDC).

Outdoor workers are at risk of exposure to tick-borne diseases if they work at sites with ticks. Worksites with woods, bushes, high grass, or leaf litter are likely to have more ticks. Outdoor workers in most regions of the United States should be extra careful to protect themselves in the spring, summer, and fall when ticks are most active. Ticks may be active all year in some regions with warmer weather.

Frequently Asked Questions

Which workers are at risk of infection?

All outdoor workers should check with their supervisor if they have questions about possible exposure to ticks. Workers at risk of tick-borne diseases include, but are not limited to, those working in the following:

- Construction
- Landscaping
- Forestry
- Brush clearing
- Land surveying
- Farming
- Railroad work
- Oil field work
- Utility line work
- Park or wildlife management
- Other outdoor work

When are individuals at risk of infection?

Ticks are usually more active in the months of April through October and peak in the summer months of June through August. The time of year when ticks are active may vary with the geographic region and climate. Outdoor workers should be extra careful to protect themselves in the late spring and summer when immature ticks are most active.

What are the symptoms of infection with a tick-borne disease?

There are many symptoms associated with tick-borne diseases. Infected individuals may not have all of these symptoms and many of these symptoms can occur with other diseases as well. Some common symptoms of infection with tick-borne diseases include:

- Body/muscle aches
- Fever
- Headaches
- Fatigue
- Joint pain
- Rash
- Stiff neck
- Facial paralysis

What is the diagnosis and treatment for tick-borne diseases?

Tick-borne diseases are diagnosed based on symptoms and the possibility that a person has been exposed to infected ticks.

Most cases can be successfully treated with specific types of antibiotics, especially if treatment is started early. However, some workers may have symptoms such as arthritis, muscle and joint pain, or fatigue for an extended period of time.

Recommendations

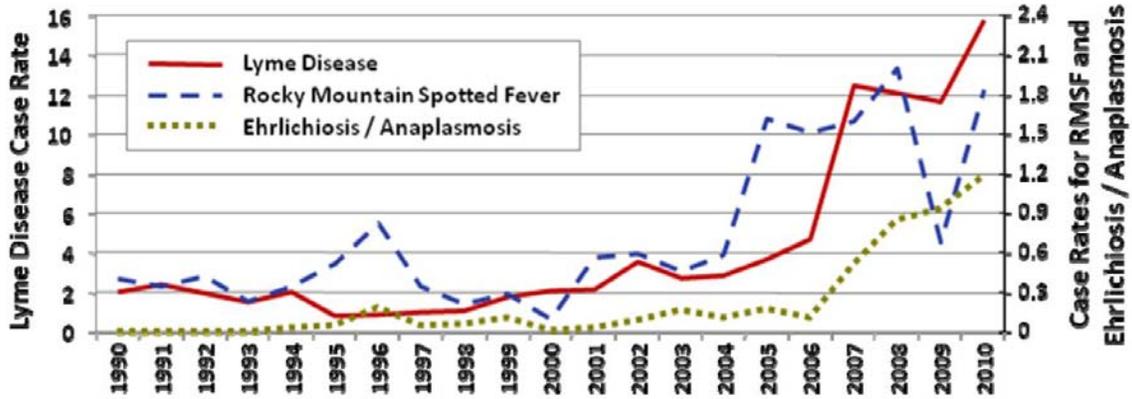
Take the following steps to protect yourself from tick bites:

- Wear a hat and light-colored clothing, including long-sleeved shirts and long pants tucked into boots or socks.
- Use insect repellents that provide protection for the amount of time you will be outdoors:
 - Follow repellent label directions for use.
 - Use repellents containing 20%-30% DEET on your exposed skin and clothing to prevent tick bites.
 - Reapply repellents as needed.
- Use repellents such as Permethrin for greater protection.
 - Permethrin kills ticks on contact.
 - Permethrin can be used on clothing but should not be used on skin.
 - One application of permethrin to pants, socks, and shoes typically stays effective through several washings.
- Check your skin and clothes for ticks every day. The immature forms of these ticks are very small and may be hard to see.
 - Remember to check your hair, underarms, and groin for ticks.
 - Immediately remove ticks from your body using fine-tipped tweezers.
 - Grasp the tick firmly and as close to your skin as possible.
 - Pull the tick's body away from your skin with a steady motion.
 - Clean the area with soap and water.
- Wash and dry work clothes in a hot dryer to kill any ticks present.
- Learn the symptoms of tick-borne diseases.
- If you develop symptoms of a tick-borne disease seek medical attention promptly. Be sure to tell your health care provider that you work outdoors in an area where ticks may be present.

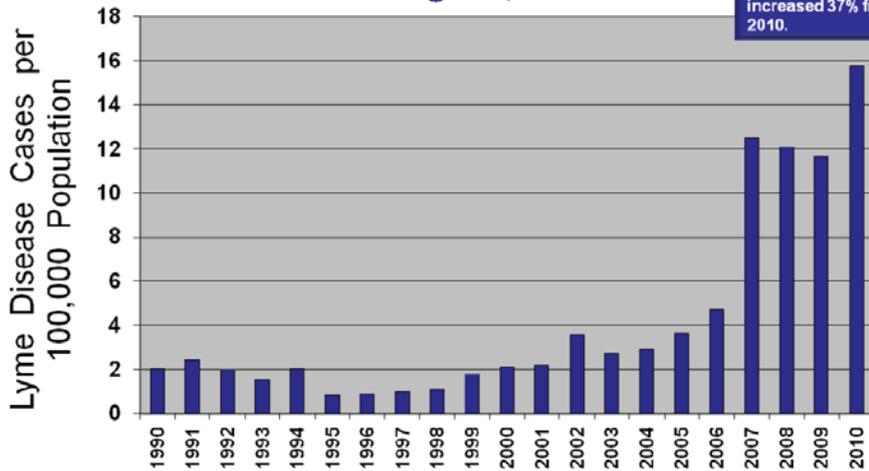
Lyme Disease Endemic Localities in Virginia for 2011 Surveillance



Cases of Tick-borne Infection per 100,000 Population in Virginia, 1990-2010



Lyme Disease Incidence in Virginia, 1990-2010



The Lyme disease case count increased 37% from 2009 to 2010.



11-144

COMMONWEALTH of VIRGINIA
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MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Ellen Nau, Human Services Program Coordinator

DATE: May 24, 2011

SUBJECT: Caregiving

New Publication

Reducing the Stress of Hospitalization for Patients with Dementia and Their Family Caregivers: A Provider's Guide is a new publication from Next Step in Care. It encourages hospital staff to look to family caregivers to help understand the patient's confusion and memory loss. Go to: www.nextstepincare.org

Ask Medicare Website

Ask Medicare now has an updated website! It features a new Caregiver Resource Kit that offers tips and tools for organizations with an interest in supporting caregivers. You can access the kit via the site's "[Partners & Professionals](#)" or go to: www.medicare.gov/caregivers,

Caregivers' Café

Sharon Brandau of Peninsula Agency on Aging shares a wonderful concept to aid caregivers of Alzheimer's patients. The concept began in Holland 14 years ago and has spread to Great Britain and Canada. A café started in New Mexico in 2008. To see **how caregivers and their loved ones enjoy the cafes, go to:** <http://www.youtube.com/watch?v=OHGfe2LdNTU>

ARCH National Lifespan Respite – Prevent Child Abuse

ARCH invites you to attend this innovative meeting, *Preventing Child Maltreatment and Promoting Well-Being: Network for Action!* to address collaborative approaches to preventing child abuse and neglect. ARCH has been selected by the Office of Child Abuse and Neglect, US Dept of Health and Human Services, to present as one of twelve Strategic Projects. For more information, please see the attached flyer!

CMS Leadership Summit on *Building Capacity and Coordinating Support for Family Caregivers and the Direct Service Workforce*

The summit was held in November, 2010. Sponsored by CMS, 12 common goals with policy recommendations emerged from the summit. A webinar is scheduled for June 3 from 1:00 P.M. until 2:30 P.M. to discuss the results of the summit. A report has been prepared by the National Direct Service Workforce Resource Center and a webinar to discuss the report is scheduled for June 3 from 1:00 P.M. until 2:30 P.M. To attend the webinar go to: <https://www1.gotomeeting.com/register/527943361>'

NCOA Multi-Generational and Civic Engagement Initiative

Need effective an effective model for utilizing the skills of older volunteers?
Check out programs funded by the NCOA's Multi-Generational and Civic Engagement Initiative Program sponsored by AoA, Atlantic Philanthropies, MetLife, and the Corporation for National and Community Service go to: <http://www.ncoa.org> to access NCOA's Strengthening Community Organizations tab on the website.

American Society on Aging – An Intergenerational Computing Model to Empower Older Adults

Thursday, May 28, 2011

1:00 PM

**Part 1 of a 2 Part Series*

This web seminar will describe the development and implementation of aging sensitivity training for college students. The focus of the program is on an experiential understanding of age related communication, sensory deficits, and strategies to assist the elderly embrace the technology. To register, go to:

<https://www3.gotomeeting.com/register/455549278>

AARP Report Intergenerational Households are Increasing!

The AARP Public Policy Institute reports that intergenerational households have increased at a faster rate in the last two years than in the previous eight years combined - 6.1% of all U.S. households are now intergenerational. The report is available at:

<http://www.aarp.org>

Workshops in the Richmond Area

Windsor Workshops has two scheduled workshops to aid caregivers:

June 2 from 12 Noon until 1:00 P.M. "Stroke Awareness" Presented by Lauren Nofzinger, OT and Joe Hoyle, Pharmacist from Healthsouth

July 7 from 12 Noon until 1:00 P.M. "Caring for the Caregiver"

Presented by Rahikya Orr-Wilson from Medi Home Health & Hospice

To attend, please contact Sue at 804-353-3881

Benefits for Veterans

The Veterans Administration has opened the application process for benefits for post 9/11 family caregivers of veterans and service members. Benefits include receiving a stipend, mental health services and access to health insurance for those not covered. Other benefits include: caregiver training and medical support, respite relief and counseling services. Veterans and their caregivers can be assisted in the application process at every VA medical center and via phone at 1-877-222 VETS.



About the Meeting

Logistics

Registration

Agenda

Get Involved



Engaging the Child Abuse Prevention Community in State Lifespan Respite Systems

Project Sponsor

ARCH National Respite Network and Resource Center

Project Goal

Increase engagement of Community-Based Child Abuse Prevention (CBCAP) Program Leads and others in building and implementing State Lifespan Respite Systems to ensure that families are able to access respite when and how they need it.

Project Description

Respite can help improve family well-being, delay or avoid more costly out-of-home placements, and prevent abuse and neglect.^[1] In the recent CAPTA reauthorization, respite was strengthened as a CBCAP core service, and crisis nurseries included in the respite definition. Also, the US Administration on Aging has funded 24 states to implement State Lifespan Respite Systems, defined by law as "coordinated systems of community-based respite services for family caregivers of children or adults regardless of special need." (PL 109-442).

A need for coordinated respite systems emerged with documentation that 90% of the nation's family caregivers, including parents of children with special needs, foster families, and families at risk of abuse or neglect, were not accessing respite. A Lifespan Respite Program relies on collaboration across state agencies and in the community to build a seamless system to overcome respite barriers and help families access care.

The purpose of the project will be, through education and outreach, to increase engagement of CBCAP leads and their funded programs, home visiting grantees, the Children's Bureau, and other relevant stakeholders in designing, implementing, and using State Lifespan Respite Systems to ensure that families are able to access respite when and how they need it. As ARCH assists in building state respite coalitions and in helping states implement Lifespan Respite, CBCAP leads and partners will be engaged in Lifespan Respite systems and Lifespan Respite programs will be engaged in CBCAP networks. Prevention network members will be asked to help develop educational and outreach materials for this project, and participate in Lifespan Respite systems or state respite coalitions.

Project Contact

Jill Kagan, Program Director
 ARCH National Respite Network and Resource Center
 4016 Oxford Street
 Annandale, VA
 703-256-2084
jbkagan@verizon.net
www.archrespite.org

[1] See relevant citations in FRIENDS Fact Sheet #14, *Respite and Crisis Care*. 2007.

The information on strategic projects has been provided because it may be of interest to you. The Administration for Children and Families (ACF)/Children's Bureau (CB) does not endorse the views expressed or the facts presented by these projects. Their projects and information produced are solely the responsibility of the authors and do not represent the official views or policies of the Children's Bureau. Access to this information does not in any way constitute an endorsement by the Department of Health and Human Services. Furthermore, ACF/CB does not endorse any commercial products that may be advertised or available on these sites.