



VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES



DIVISION FOR THE AGING

James A. Rothrock, Commissioner

VDA WEEKLY E-MAILING

January 27, 2016

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ACL News & Information

Here is a link to news & information from the Administration for Community Living (ACL):

<http://www.acl.gov/NewsRoom/NewsInfo/Index.aspx>

Note: The web links in this document may change over time. DARS-VDA 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.

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NASUAD Weekly Update

Here is a link to the weekly update from NASUAD:
<http://www.nasuad.org/newsroom/friday-update>



UPDATES

January 13, 2016

Advancing Diversity in the Disability Network: Apply for the Georgetown Leadership Institute

The Georgetown University National Center for Cultural Competence is accepting applications through February 7 for its second Leadership Academy.

The Leadership Academy seeks to increase the ability of leaders within the disability network to respond appropriately to the growing diversity among people with disabilities. The Leadership Academy includes four days of in-person learning, June 13-16, 2016 in Santa Fe, New Mexico.

The Academy is part of the Leadership Institute for Cultural Diversity and Cultural and Linguistic Competence, established through a cooperative agreement with the Administration on Intellectual and Developmental Disabilities.

[Learn more and apply.](#)

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UPDATES



January 13, 2016

Last Call for Comments on the IL Proposed Rule

The comment period for the [Independent Living proposed rule](#) closes this Friday, 1/15/2016 at 11:59pm EST.

Please let us know what you think of the proposed rule and how it can be improved in ways that are consistent with statute by submitting your comments through [Regulations.gov](#) before the deadline.

To learn more about the proposed rule and how to comment please click the links below:

[Independent Living Proposed Rule Announcement](#)

[Online Commenting Guide](#)

[Learn more about Independent Living programs](#)



UPDATES

January 15, 2016

Last Call for Comments - Measuring Quality in Home and Community-based Services

ACL encourages you to carve a few moments out of your hectic schedule to consider how the federal government should be measuring quality in home and community-based services (HCBS).

The National Quality Forum has published a 2nd draft report and materials under contract with HHS for this project. Posted materials include a synthesis of evidence and an environmental scan which were created to assess the current HCBS quality measurement landscape.

The public comment period is now open, and ACL appreciates your input, ideas, and comments on all aspects of the issue, including significant omissions, errors, or points that ring true from your perspective.

The Report is open for public comment until 6:00 PM ET on January 19.



[Read the materials and submit a comment.](#)



UPDATES

January 22, 2016

Funding Opportunity: Inclusive Transportation Planning Grants

Conference call to answer questions about the grants: Jan. 27, 2016

Application deadline: March 18, 2016

Your organization can now apply for a new round of ACL-funded demonstration grants. The grants seek to make transportation more responsive to the needs of people with disabilities and older adults by giving consumers a voice in the design and implementation of coordinated transportation systems.

Learn more about the grants and the conference call at www.transitplanning4all.org.

Inclusive Transportation Planning Grants in Action: Giving Riders a Voice and Making Dialysis Less Stressful

ACL's Eric Weakly and the Federal Transit Administration's Rik Opstelten describe how Ride Connection in Portland, Ore. is using its inclusive transportation planning grant to make getting to and from dialysis less stressful.

Dialysis patients generally receive treatment several times per week, and missing a session can have real health consequences. Unfortunately, getting to treatment can be a challenge, and programs that try to address the problem often do not understand the unique needs of these patients. This can create as many problems as the program seeks to resolve.

For many dialysis patients, rides that do not show up and waiting hours to



go home are familiar experiences.

As Troyce Crucchiola, a dialysis patient in Portland, OR describes it, “our lives are so much about hurrying up to wait.”

Often the problem is a disconnect between those developing and running the program and the consumers who are using it.

“All of the people in transportation know that they move dialysis patients, they know that we go to and from treatment, the drivers know that they have people in their cars they bring home from dialysis that don’t look good, that don’t feel good, that just want to go home...” Crucchiola said in an interview with Portland Radio Project, “but as far as the process and what we go through and what is involved, they don’t know that.”

What if those developing and running the programs did know?

[Read more.](#)



UPDATES

January 25, 2016

ACL Webinar: Translating Evidence-Based Practices to Community Settings for People Aging with Disabilities and their Caregivers: Gaps and Opportunities

Thursday, Feb. 4, 2016, 1:00 - 2:30pm ET

Webinar agenda:

- **Introductory remarks from ACL**, Margaret Campbell, NIDILRR Office of Research Sciences and Elena Fazio, Office of Performance and Evaluation
- **Setting the Context**, Ruth Brannon, NIDILRR Office of Research Sciences
- **Translating a Wellness Promotion Intervention for Individuals with Aging with Physical Disabilities: State of the Science and Next Steps**,



Ivan Molton, PhD, Associate Professor, Department of Rehabilitation Medicine, University of Washington

- **Translating Evidence-Based Dementia Caregiving Interventions into Practice: State-of-the-Science and Next Steps**, Laura Gitlin, PhD, Professor and Director, Center for Innovative Care in Aging, Johns Hopkins University
- **ACL Comments and Group Discussion**

Space is limited. In order to participate please **RSVP** to Lan Marshall at Lan.Marshall@acl.hhs.gov by **2/1/16**. You will receive an Outlook meeting invitation with Webex and conference call information upon your reply.

Bills and Budget Amendments

Tim Catherman, Director of Aging Operations

Attached is a listing of [Bills](#) and [Member Submitted Budget Amendments](#) that may be of interest.

John Payne Joins the DARS-VDA Staff

Tim Catherman, Director of Aging Operations

John Payne has joined the DARS-VDA staff. John's role will be to assist the Division for the Aging with grant budgets and reconciliation, internal financial tracking, and system and process support as we move towards a web-based application for future AAA financial reporting. John has been with DARS for 23 years. Previous to joining VDA, he was the Security Officer for WWRC and DARS and prior to this, he was the CFO for the UVA Health Services Foundation. John earned his CPA and previously worked in one of the big 8 accounting firms. John can be reached at (804) 662-7333 or by email at John.Payne@dars.virginia.gov.

Please join me in welcoming John Payne to the Division. His prior accounting, financial, and IT background is a welcomed addition to our developing needs.

Commonwealth Council on Aging 2016 Best Practices Awards

Amy Marschean, Senior Policy Analyst

The Commonwealth Council on Aging is sponsoring the 2016 Best Practices Award Program funded by Dominion Resources targeted to organizations serving older



Virginians and their families. As we struggle to meet the challenges of serving a rapidly aging population during a time of budget cuts and growing demand, we need to share our best practices and applaud our successes. Instructions, nomination forms, and information on previous Best Practices Award Winners are on the Commonwealth Council on Aging's website <http://vda.virginia.gov/council.asp>. Nominations for the 2016 Awards must be received by March 1, 2016.

This is the tenth anniversary of the first Best Practices Award and the Council is pleased to offer monetary awards to the top winners: The first place program will receive \$5,000; second place, \$3,000; and third place, \$2,000. The Council will also recognize three honorable mention programs.

The awards will be given to innovative programs and services that assist older adults to Age in the Community. This invites an opportunity to recognize creativity in services that foster "Livable Communities" and/or "Home and Community Based Supports" - from transportation to housing, from caregiver support to intergenerational programming. The Council believes the door is wide open for creative best practices.

Age in Action Quarterly Winter 2016 Issue

Tim Catherman, Director of Aging Operations on behalf of Dr. Edward Ansello

Dear Friends,

Greetings for the winter. I am pleased to attach a PDF copy of the new winter 2016 issue of the quarterly [Age in Action](#), published by VCoA and DARS.

This issue features a case study on PALETTE, an intergenerational arts and movement program that pairs older adults and pre-clinical health care professions students with notable benefits to both parties. This issue also has a good variety of articles: a piece by respected gerontologist Erdman Palmore on humor about aging; research on associations found between negative attitudes about aging held by individuals during mid-life and structural brain losses found in their later life; a brief overview of two of the objectives of our new Geriatrics Workforce Enhancement Program (GWEP); surprising data on extra sugar found in supposedly healthy drinks; and more. There are also editorials on animal cruelty and elder abuse and on legislative advocacy; Calendar notices; and other blurbs and items. As you'll see, much of the content is generalizable.



DIVISION FOR THE AGING
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Please consider sending in essays and Calendar events. We'd be happy to add newcomers to our e-mail distribution list. Tell people that they can write me directly at ansello@vcu.edu and I'll add them.

With best wishes,
Ed

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Fair Housing Accessibility Training on Design and Construction Accessibility Requirements

Kathy B. Miller, Director of Programs, Division for the Aging



Attention Builders, Architects, Developers:

**Register today for
Fair Housing Accessibility Training
on
Design and Construction**



Accessibility Requirements

February 24, 2016

1:00 p.m. - 5:00 p.m.

VHDA Virginia Housing Center

4224 Cox Road

Glen Allen, VA 23060

\$30

This training is approved for continuing education credits by the American Institute of Architects! It will be a great opportunity to receive CE credits while gaining valuable knowledge about fair housing and accessibility.

The Virginia Housing Alliance is excited to announce the first training to be hosted by its new training center, the Virginia Housing Education and Learning Partnership (VA- HELP).

The Fair Housing Accessibility Training will be held at VHDA's Virginia Housing Center located at 4224 Cox Road in Glen Allen, Va.

Robert S. Ardinger, President of Ardinger Consultants and Associates will offer a training session on the [Fair Housing Design and Construction Accessibility Requirements](#). The training will cover basic terms and concepts regarding major civil rights laws and principles of accessibility, basic design principles and guidelines, reasonable accommodation and reasonable modification, and the future universal design market.

[REGISTER TODAY!](#)

Scholarships are available for young professionals, students, and nonprofit employees interested in attending the training. [Apply here](#).

For questions about this training, contact Rachel Bates at 804-840-7582.

For more information on the 7 Design and Construction Requirements under the Fair Housing Act visit: homeofva.org/designandconstruction.



Guidance on Preventing Snow-related Injury and Illness

Kathy B. Miller, Director of Programs, Division for the Aging

Below is the Virginia Department of Health news release distributed to the public. Also, please share the following video for the deaf and hard of hearing on reducing injuries.

<https://youtu.be/eK-IOHG44NE>

Virginia Department of Health Provides Guidance on Preventing Snow-related Injury and Illness

(RICHMOND, Va.) – The Virginia Department of Health offers these tips for staying safe whether enjoying the snow or doing cleanup activities:

Reduce Risk of Cold Temperature Injuries.

- Wear snow boots, hats, gloves and scarves; cover your mouth, if possible.
- Ensure that clothing and boots have adequate insulation.
- Dress in layers to help keep body heat in.
- Take frequent breaks out of the snow.
- Monitor the time your children are out in the cold.
- Stay dry, and if you become wet, head indoors and remove any wet clothing immediately.
- Check on others who might not be able to care for themselves.

Avoid Exertion

- Cold weather puts an extra strain on the heart. If you have heart disease or high blood pressure, follow your doctor's advice about shoveling snow or performing other hard work in the cold.
- Work slowly, your body is already working hard just to stay warm, so don't overdo it.
- Do not ignore shivering; it's an important first sign that your body is losing



heat. Persistent shivering is a signal to return indoors.

Know Signs of Frostbite

- Frostbite is an injury to the body that is caused by freezing. Frostbite causes a loss of feeling and color in affected areas.
- It most often affects the nose, ears, cheeks, chin, fingers or toes. Frostbite can permanently damage the body. Severe cases may result in digit or limb amputation.
- At the first signs of redness or pain in any skin area, get out of the cold or protect any exposed skin.
- Any of the following signs may indicate frostbite: a white or grayish-yellow skin area, skin that feels unusually firm or waxy, and numbness. The person is often unaware of frostbite until someone else points it out because the frozen tissues are numb.
- If you suspect symptoms of frostbite, seek medical care.

Know Signs of Hypothermia

- Hypothermia is an abnormally low body temperature caused when your body is losing heat faster than it can be produced. Warning signs may include shivering, exhaustion, mental confusion, fumbling hands, memory loss, slurred speech or drowsiness.
- In infants, warning signs may include bright red, cold skin or very low energy. If you notice signs of hypothermia, take the person's temperature. If the body temperature is below 95 degrees, it's an emergency; seek medical attention immediately.

Wear Protective Gear

- Wear earplugs or protective headphones to reduce risk from equipment noise.

Equipment such as chain saws, backhoes and snow blowers may cause ringing in the ears and subsequent hearing damage.



- Wear eye goggles while removing or cleaning up debris to prevent eye injuries.

Prevent Muscle and Bone Injury

- Use teams of two or more to move bulky objects.
- Avoid lifting any material that weighs more than 50 pounds.
- Use proper automated-assist lifting devices.
- Use caution or seek professional assistance when removing fallen trees, cleaning up debris or using equipment, such as chain saws.
- Wear eye goggles while removing or cleaning up debris to prevent eye injuries.

Avoid Carbon Monoxide

- Carbon monoxide is an odorless, colorless gas that is poisonous to breathe.
- During snow cleanup, operate all gasoline-powered devices such as generators outdoors and never bring them indoors. This will help to ensure your safety from carbon monoxide poisoning.

Beware of Electrical Hazards

- If snow/water is present anywhere near electrical circuits and electrical equipment, turn off the power at the main breaker or fuse on the service panel. Do not turn the power back on until electrical equipment has been inspected by a qualified electrician.
- Never touch electrical equipment if the ground is wet, unless you are certain that the power is off.
- *Never* touch a downed power line.
- When using gasoline and diesel generators to supply power to a building, switch the main breaker or fuse on the service panel to the off position prior to starting the generator.



- If clearing or other work must be performed near a downed power line, contact the utility company to discuss de-energizing and grounding or shielding of power lines.
- Extreme caution is necessary when moving ladders and other equipment near overhead power lines to avoid inadvertent contact.

For more information about how to protect yourself and your family during and after a snowstorm, visit www.vdh.virginia.gov.

Independent Living Weekly News Notes

Theresa Preda, Director of Independent Living, Community Based Services

Issue 138

January 26, 2016

Please Stay Warm and Safe!!!

- **Part B Payments Processed**
- **CIL Day and SILC Meeting Next Week**
- **Your Input Into 2017-2019 State Plan for Independent Living (SPIL)**
- **ACL-Caregivers Research**
- **ACL-HUD to Test Housing Options**
- **ACL-Transportation Grant Opportunities**
- **Opportunities Impacting Employment for People With Disabilities**
- **Design and Construction Accessibility Training**
- **Virginia Board for People With Disabilities RFP Announcement**

Part B Payments Processed

First quarter Part B Payments have been processed. Centers should see payments this week, of course allowing time for snow closures. If there are questions please direct them to Theresa Preda or Eleanor Williams.



CIL Day and SILC Meeting Next Week

The DARS Independent Living Team looks forward to seeing everyone next week at CIL DAY! Please stop in at the Statewide Independent Living Council Meeting, February 4, if you have the opportunity. The meeting will be held at the DARS Central Office.

Your Input Into 2017-2019 State Plan for Independent Living (SPIL)

Comment on the SPIL Planning Process is very important. A quick review of comment to date shows that two Planning Districts covered by Centers have been unresponsive. Please ensure that consumers and advocates alike have the opportunity to respond in this important process. Comment below:

The public commenting period for the next SPIL is going on now. The public input form is "live" and available online at

https://www.surveymonkey.com/r/Va_SILC_State_Plan_2015. Hard copies of the completed forms are also welcomed and accepted. The SILC will provide stipends to all CILs that are getting the word out to their consumers and communities and generating responses. Public commenting on the SPIL will be available through February 1, 2016, allowing plenty of time to get feedback from as many interested individuals as possible. Thanks to the CILs for their assistance in this endeavor. If you have any questions, contact Rhonda Jeter at Rhonda.jeter@dars.virginia.gov.

ACL-Caregivers Research

Webinar agenda:

- Introductory remarks from ACL, Margaret Campbell, NIDILRR Office of Research Sciences and Elena Fazio, Office of Performance and Evaluation
- Setting the Context, Ruth Brannon, NIDILRR Office of Research Sciences
- Translating a Wellness Promotion Intervention for Individuals with Aging with Physical Disabilities: State of the Science and Next Steps, Ivan Molton, PhD, Associate Professor, Department of Rehabilitation Medicine, University of Washington
- Translating Evidence-Based Dementia Caregiving Interventions into Practice: State-of-the-Science and Next Steps, Laura Gitlin, PhD, Professor and Director, Center for Innovative Care in Aging, Johns Hopkins University
- ACL Comments and Group Discussion

Space is limited. In order to participate please RSVP to Lan Marshall at Lan.Marshall@acl.hhs.gov by 2/1/16. You will receive an Outlook meeting invitation with Webex and conference call information upon your reply.



ACL-HUD to Test Housing Options

The U.S. Department of Housing and Urban Development (HUD) this week announced it is making approximately \$15 million available to test a promising housing and services model for low-income seniors to age in their own homes and delay or avoid the need for nursing home care.

HUD's Supportive Services Demonstration for Elderly Households in HUD-Assisted Multifamily Housing will offer three-year grants to eligible owners of HUD-assisted senior housing developments to cover the cost of a full-time Enhanced Service Coordinator and a part-time Wellness Nurse. The purpose of the Demonstration is to test the effectiveness of this enhanced supportive services model for elderly households and to evaluate the value of enhanced service coordination paired with affordable housing for seniors.

[Read HUD's Notice of Funding Availability](#)

ACL-Transportation Grant Opportunities

Conference call to answer questions about the grants: Jan. 27, 2016

Application deadline: March 18, 2016

Your organization can now apply for a new round of ACL-funded demonstration grants. The grants seek to make transportation more responsive to the needs of people with disabilities and older adults by giving consumers a voice in the design and implementation of coordinated transportation systems.

Learn more about the grants and the conference call at www.transitplanning4all.org.

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Often the problem is a disconnect between those developing and running the program and the consumers who are using it.

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What if those developing and running the programs did know?

[Read more.](#)

Opportunities Impacting Employment for People With Disabilities

Due to your work and the work of others, unprecedented opportunities to impact disability employment are happening everywhere.

Just think,

-WIOA

-we're winning in the courts, http://www.ada.gov/olmstead/olmstead_cases_list2.htm

-a Grand Jury is investigating AbilityOne

-Federal agents raided the Goodwill in

Memphis, <http://www.cnn.com/videos/us/2015/09/04/worker-fraud-goodwill-disability-pkg-griffin-ac.cnn>

-more and more of you are writing about this, posting, etc.

-mainstream press is taking interest in the AbilityOne investigation and related issues, <http://fortune.com/2016/01/21/feds-investigate-corruption/>

-following the call to action, <https://nfb.org/leading-organizations-americans-disabilities-call-reform-abilityone-program>, a white paper (what do we want, when do we want it) is in the works

-meetings with DOJ and the WH are in the works

-calls for resignations are in the works



-733 people have signed a petition, need a 1,000 by next week, <https://www.change.org/p/abilityone-reform-the-ability-one-program-for-people-with-disabilities>

Remember Gloria's words,

<https://www.facebook.com/SelfAdvocacyOnline/videos/1015572385169863/?fref=nf>

and ask yourself, who are our allies.

Thanks,

Mark Johnson
Director of Advocacy
404-350-7490
<http://www.shepherd.org>

Design and Construction Accessibility Training
Demystify Accessibility with this Training on Fair Housing and Accessibility! February 24, 2016

The Virginia Housing Alliance is excited to announce the first training to be hosted by its new training center, the Virginia Housing Education and Learning Partnership (VA-HELP). The Fair Housing Accessibility Training will be held on Wednesday, February 24, 2016 at 1pm at VHDA's Virginia Housing Center located at 4224 Cox Road in Glen Allen, VA.

This training is approved for continuing education credits by the American Institute of Architects! It will be a great opportunity to receive CE credits while gaining valuable knowledge about fair housing and accessibility.

Robert S. Ardinger, President of [Ardinger Consultants and Associates](#) will facilitate this training session on the Fair Housing Design and Construction Accessibility Requirements. Mr. Ardinger is a nationally recognized expert on civil rights for persons with disabilities and civil rights- legislation including the Architectural Barriers Act, the Americans with Disabilities Act, the Fair Housing Amendments Act, and Section 504 of the Rehabilitation Act. He has over 30 years of experience in policy development and program planning and management at both the federal and state levels.



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The training will cover basic terms and concepts regarding major civil rights laws and principles of accessibility, basic design principles and guidelines, reasonable accomodation and reasonable modification, and the future universal design market.

Scholarships are available for young professionals, students, and nonprofit employees interested in attending the training. [Click here to apply for a scholarship!](#)

[Click here to register for the Fair Housing Accessibility Training!](#)

Virginia Board for People With Disabilities RFP Announcement

The Virginia Board for People with Disabilities has approximately \$125,000 available for Federal Fiscal Year 2017 grant awards, which are 100% federally funded by the U.S. Department of Health and Human Services, Administration for Community Living, Administration on Intellectual and Developmental Disabilities. One project related to early intervention for infants and toddlers is outlined in the FFY 2017 RFP booklet; however, multiple awards are possible. **The deadline for Letters of Interest is January 29, 2016.** You can find more information at www.vaboard.org/grants.htm.

2016 General Assembly: Virginia Division for the Aging Bills as of 1/20/16

ALZHEIMER'S DISEASE AND RELATED DISORDERS

HB 337 Neurodegenerative diseases; informed consent to experimental treatment. Brenda Pogge

Provides that in the case of persons suffering from neurodegenerative diseases causing progressive deterioration of cognition for which there is no known cure, the implementation of experimental courses of therapeutic treatment, including non-pharmacological treatment, to which a legally authorized representative has given informed consent shall not constitute the use of force. This provision replaces a current provision that informed consent to experimental courses of treatment, without reference to non-pharmacological treatment, given by a legally authorized representative shall not constitute the use of force in cases of organic brain diseases causing progressive deterioration in which there is either no known cure or medically accepted treatment to the disorder.

[01/05/16 House: Prefiled and ordered printed; offered 01/13/16 16101481D pdf | impact statement](#)

[01/05/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/19/16 House: Reported from Health, Welfare and Institutions \(22-Y 0-N\)](#)

01/20/16 House: Read first time

HB 473 Palliative Care Information and Education Program; established. Eileen Filler-Corn

Directs the Board of Health to include in its regulations a requirement that every hospital, nursing home, and certified nursing facility licensed by the Board (i) establish a system for identifying patients or residents who may benefit from palliative care and (ii) provide information about and facilitate access to appropriate palliative care services for patients or residents experiencing illness, injuries, or conditions that substantially affect quality of life for more than a short period of time, including cancer, heart failure, renal failure, liver failure, lung disease, and Alzheimer's disease and related dementias. The bill also directs the Department of Health to establish a palliative care consumer and professional information and education program to maximize the effectiveness of palliative care initiatives in the Commonwealth by (a) ensuring that comprehensive and accurate information and education about palliative care is available to the public, health care providers, and health care facilities and (b) implementing such other initiatives related to education about palliative care and the delivery of palliative care services as may be necessary to educate health care professionals and the public about palliative care. The bill further establishes the Palliative Care and Quality of Life Advisory Council to advise the Department on matters related to the establishment, operation, maintenance, and outcomes evaluations of such initiatives.

[01/08/16 House: Prefiled and ordered printed; offered 01/13/16 16103480D pdf](#)

[01/08/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/14/16 House: Assigned to sub: Subcommittee Subcommittee #3](#)

BOARDS

HB 816 Public Guardian and Conservator Advisory Board; membership. Chris Peace

Removes from the membership of the Public Guardian and Conservator Advisory Board (the Advisory Board) one representative of the Virginia Guardianship Association. The bill also moves existing provisions relating to the Advisory Board from Title 2.2 (Administration of Government) to Title 51.5 (Persons with Disabilities) for administrative purposes.

2016 General Assembly: Virginia Division for the Aging Bills as of 1/20/16

[01/12/16 House: Prefiled and ordered printed; offered 01/13/16 16101383D pdf | impact statement](#)

[01/12/16 House: Referred to Committee on Health, Welfare and Institutions](#)

HB 415 People with Disabilities, Virginia Board for; powers and duties, report. Brenda Pogge

Requires the Board for People with Disabilities to submit an annual report, beginning July 1, 2017, to the Governor that provides an in-depth assessment of at least two major service areas for people with disabilities. Under current law, the Board assesses the entire system on a triennial basis.

[01/07/16 House: Prefiled and ordered printed; offered 01/13/16 16101380D pdf | impact statement](#)

[01/07/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/19/16 House: Reported from Health, Welfare and Institutions with amendment \(21-Y 1-N\)](#)

01/20/16 House: Read first time

Amendments:

[House amendments](#)

SAVINGS TRUST ACCOUNTS

HB 1035 Elderly care savings trust accounts; established, administered by the Virginia College Savings Plan.

Sam Rasoul

Establishes elderly care savings trust accounts to be administered by the Virginia College Savings Plan to facilitate the saving of private funds to defray the medical and health-related expenses of the elderly. Elderly care savings trust accounts may be opened on behalf of qualified beneficiaries who are at least 45 years old. Contributions to an elderly care savings trust account and any earnings on the account may be used to pay or reimburse the medical and health-related expenses and costs of beneficiaries who are at least 60 years old. The account may be used solely for medical and health-related expenses and costs that are not otherwise paid or reimbursed or claimed as a federal or Virginia income tax deduction, subtraction, or credit. Contributions must be in cash. The qualified is the owner of the account and is limited to owning one account. The bill requires the Virginia College Savings Plan to establish (i) a minimum and maximum annual contribution to an elderly care savings trust account, (ii) a maximum total contribution to each elderly care savings trust account, (iii) a separate account for each qualified beneficiary, and (iv) terms and conditions for account refunds, withdrawals, transfers, and penalties. Under the bill, earnings on elderly care savings trust accounts are exempt from Virginia income tax.

Distributions for qualified medical and health-related expenses of an elderly person are also exempt from Virginia income tax. All other distributions generally will be subject to Virginia income tax, with the taxable amount computed in the same manner that distributions from ABLE savings trust accounts are includible in federal gross income under § 529A of the Internal Revenue Code. The bill has a delayed effective date of January 1, 2017.

[01/13/16 House: Prefiled and ordered printed; offered 01/13/16 16100268D pdf](#)

[01/13/16 House: Referred to Committee on Finance](#)

HB 1103 ABLE savings trust accounts; exclusion from determination of state means-tested assistance, etc.

Eileen Filler-Corn

2016 General Assembly: Virginia Division for the Aging Bills as of 1/20/16

Provides that notwithstanding any other provision of state law that requires consideration of one or more financial circumstances of an individual for the purpose of determining (i) the individual's eligibility to receive any assistance or benefit pursuant to such provision of state law or (ii) the amount of any such assistance or benefit that such individual is eligible to receive pursuant to such provision of state law, any (a) moneys in an ABLE savings trust account for which such individual is the beneficiary, including any interest on such moneys, (b) contributions to an ABLE savings trust account for which such individual is the beneficiary, and (c) distribution for qualified disability expenses for such individual from an ABLE savings trust account for which such individual is the beneficiary shall be disregarded for such purpose with respect to any period during which such individual remains the beneficiary of, makes contributions to, or receives distributions for qualified disability expenses from such ABLE savings trust account.

[01/13/16 House: Prefiled and ordered printed; offered 01/13/16 16101737D pdf | impact statement](#)

[01/13/16 House: Referred to Committee on Education](#)

[01/19/16 House: Assigned to sub: Higher Education](#)

FINANCIAL EXPLOITATION

HB 162 Incapacitated persons; expands class of victims of crime of financial exploitation. Kaye Kory

Expands the class of victims of the crime of financial exploitation of incapacitated persons to include persons incapacitated due to physical illness or disability, advanced age, or other causes. Currently, victims must suffer from a mental incapacity. The bill also allows for forfeiture of personal property used in connection with the crime.

[12/22/15 House: Prefiled and ordered printed; offered 01/13/16 16101060D pdf | impact statement](#)

[12/22/15 House: Referred to Committee for Courts of Justice](#)

SB 249 Financial exploitation of adults; documentation referred to State Police. Richard H. Black

Provides that upon receipt of a report on or during an adult protective services investigation of suspected financial exploitation of an adult 60 years old or older or incapacitated in which financial losses to such adult resulting from the exploitation are suspected to be greater than \$50,000, the local department of social services or adult protective services hotline shall immediately refer the matter to both the Department of State Police and local law enforcement. This bill is identical to SB412 (Barker), HB238 (Minchew), HB291 (Herring), HB513 (Murphy).

[01/06/16 Senate: Prefiled and ordered printed; offered 01/13/16 16101899D pdf](#)

[01/06/16 Senate: Referred to Committee on Rehabilitation and Social Services](#)

HB 620 Elderly or disabled adults; financial exploitation.

Paul E. Krizek

Authorizes a financial institution and its staff to refuse to execute a transaction or disburse funds if the financial institution or its staff (i) in good faith believes the transaction or disbursement may involve, facilitate, result in, or contribute to the financial exploitation of an adult or (ii) makes, or has actual knowledge that another person has made, a report to the local adult protective services department or adult protective services hotline stating a good faith belief that the transaction or disbursement may involve, facilitate, result in, or contribute to the financial exploitation of an adult.

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[01/11/16 House: Prefiled and ordered printed; offered 01/13/16 16101474D pdf | impact statement](#)

[01/11/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/14/16 House: Assigned to sub: Subcommittee Subcommittee #2](#)

HB 676 Financial exploitation of adults; DARS work group to study.

Chris Peace

Directs the Commissioner of the Department for Aging and Rehabilitative Services to convene a work group composed of the Director of the Department for Planning and Budget or his designee, representatives of the Department of Social Services' Adult Protective Services unit and local department of social services' adult protective services units, law-enforcement agencies, and financial institutions in the Commonwealth to review founded cases of financial exploitation of adults and (i) determine the cost of financial exploitation of adults in the Commonwealth and (ii) develop recommendations for improving the ability of financial institutions to identify financial exploitation of adults, the process by which financial institutions report suspected financial exploitation of adults, and interactions between financial institutions and local adult protective services units investigating reports of suspected financial exploitation of adults. The work group shall also develop recommendations for a plan to educate adults regarding financial exploitation, including common methods of exploitation and warning signs that exploitation may be occurring, and shall report to the Governor and the General Assembly regarding its activities and recommendations by December 1, 2016.

[01/11/16 House: Prefiled and ordered printed; offered 01/13/16 16101411D pdf](#)

[01/11/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/14/16 House: Assigned to sub: Subcommittee Subcommittee #2](#)

ACCESS TO VOTING

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=hb56>

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=hb100>

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=hb101>

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=hb430>

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=hb531>

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=Hb899>

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=HB1121>

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=HB1216>

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=sb68>

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=Sb143>

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=Sb188>

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=Sb320>

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=sb439>

ADULT PROTECTIVE SERVICES

HB 552 Adult protective services; investigations.

Vivian Watts

Requires local departments of social services and local law-enforcement agencies that initiate an investigation upon receipt of a valid report of suspected abuse, neglect, or exploitation of an adult 60 years old or older or incapacitated in a custodial setting or by a licensed health care professional to convey to all appropriate licensing, regulatory, or legal authorities (i) the name of the facility, program, or individual and (ii) the final disposition of such investigations. The bill

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requires any licensing, regulatory, or legal authorities receiving such information to retain it on file with any other information associated with the facility, program, or individual and, upon receiving the final disposition, to discard the initial report. The bill exempts any information exchanged under these provisions from the disclosure requirements of the Virginia Freedom of Information Act.

[01/09/16 House: Prefiled and ordered printed; offered 01/13/16 16102298D pdf](#)

[01/09/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/14/16 House: Assigned to sub: Subcommittee Subcommittee #2](#)

LONG-TERM CARE OMBUDSMAN

HB 740 Federal Rehabilitation Act and Older Americans Act; amends certain language in Code.

Joseph Yost

Amends certain language in the Code of Virginia to conform to the federal Rehabilitation Act and Older Americans Act. The bill includes several transfers of powers and duties, including (i) the transfer from an entity designated by the Department for Aging and Rehabilitative Services (DARS) to the Office of the State Long-Term Care Ombudsman (the Office) the authority to access clients, patients, individuals, facilities, and records in certain circumstances and (ii) the transfer from the Commissioner for Aging and Rehabilitative Services to the Office the duty to release information concerning completed investigations of complaints made under the programs of the Office. The bill also directs DARS to put in place mechanisms to prohibit and investigate allegations of interference, retaliation, and reprisals by long-term care facilities, other entities, or individuals with respect to any resident, employee, or other person for filing a complaint with, or providing information to, the Office. The bill adds to the services to be provided through grants or contracts with centers for independent living to include services that (i) facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences, (ii) provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals may remain in the community, and (iii) facilitate the transition of youth with significant disabilities, who were eligible for individualized education programs under the Individuals with Disabilities Education Act or who have completed their secondary education, to post-secondary life. The bill also requires that individualized plans for employment for recipients of vocational rehabilitation services provided or funded by DARS be developed as soon as possible, but not later than 90 days after the due date of the determination of eligibility. The bill also repeals a section of the Code of Virginia that listed certain services employers may provide through projects with DARS designed to provide vocational rehabilitation in realistic employment settings and to provide on-the-job training for persons with disabilities.

[01/12/16 House: Prefiled and ordered printed; offered 01/13/16 16101572D pdf | impact statement](#)

[01/12/16 House: Referred to Committee on Health, Welfare and Institutions](#)

INCAPACITATED ADULTS

SB 466 Guardianship; communication between incapacitated person and others.

Frank Wagner

Provides that an incapacitated person for whom a guardian has been appointed has the right of communication, visitation, or interaction with other persons with whom the incapacitated person has expressed a desire to communicate, visit, or interact. The bill provides that a guardian may place reasonable time, place, or manner restrictions on communication, visitation, or interaction

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between the incapacitated person and another person; however, the guardian may deny communication, visitation, or interaction only with consent of the court and upon good cause shown. This bill is identical to HB 342 (Pogge) and similar to SB 632 (McEachin).

[01/12/16 Senate: Prefiled and ordered printed; offered 01/13/16 16100028D pdf](#)

[01/12/16 Senate: Referred to Committee on Rehabilitation and Social Services](#)

HB 612 Diminished financial capacity; execution of revocable letter.

Rob Bell

Provides a procedure by which adults capable of making informed decisions may execute a revocable letter of diminished financial capacity, defined as a witnessed written document authorizing a financial institution to notify a trusted individual, as defined in the bill, when the declarant is exhibiting signs of diminished financial capacity. The bill provides that declarants may file a letter of diminished financial capacity with the Advance Health Care Directive Registry and the declarant's financial institution and requires financial institutions to keep letters of diminished financial capacity with their customer's financial records.

[01/11/16 House: Prefiled and ordered printed; offered 01/13/16 16101975D pdf | impact statement](#)

[01/11/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/14/16 House: Assigned to sub: Subcommittee #2](#)

HB 227 Hearsay exceptions; admissibility of statements by children & incapacitated adults in certain cases.

David Albo

Establishes a hearsay exception to certain out-of-court statements made by a child under the age of 13 or an incapacitated adult in sexual abuse, physical violence, or neglect cases. The court must hold a hearing prior to trial and find that the time, content, and totality of the circumstances provide sufficient indicia of reliability so as to render it inherently trustworthy. The bill provides factors for the court to consider in making such a determination. Notice of intent to offer the statement and the particulars of the statement must be given to the adverse party at least 10 days in advance of the proceedings.

[12/29/15 House: Prefiled and ordered printed; offered 01/13/16 16103042D pdf](#)

[12/29/15 House: Referred to Committee for Courts of Justice](#)

[01/14/16 House: Assigned to sub: Subcommittee Criminal Law](#)

ADVANCE DIRECTIVES

HB 616 Discharge from involuntary admission; advance directive.

Rob Bell

Requires that, prior to the release from involuntary admission or discharge from involuntary admission to mandatory outpatient treatment of an individual who has not executed an advance directive, the individual be given a written explanation of the procedures for executing an advance directive and an advance directive form.

[01/11/16 House: Prefiled and ordered printed; offered 01/13/16 16102316D pdf](#)

[01/11/16 House: Referred to Committee for Courts of Justice](#)

[01/14/16 House: Assigned to sub: Subcommittee Mental Health](#)

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HJ 87 Advance Care Planning Month; designating as April 2016, and each succeeding year thereafter.

Keith Hodges

Designates April, in 2016 and in each succeeding year, as Advance Care Planning Month in Virginia. This resolution is identical to SJ35 (Miller).

[01/08/16 House: Prefiled and ordered printed; offered 01/13/16 16102624D pdf](#)

[01/08/16 House: Referred to Committee on Rules](#)

AUXILIARY GRANT

HB 420 Auxiliary grants; regulations adopted by Commissioner of DARS for adult foster care home etc.

Gordon Helsel

Clarifies that regulations adopted by the Commissioner of the Department for Aging and Rehabilitative Services shall establish auxiliary grant rates for adult foster care homes and licensed assisted living facilities, the process for reporting and certification, and services to be provided to auxiliary grant recipients and paid for using auxiliary grant funds. The bill eliminates specific requirements for regulations related to reporting certain allowable costs and resident charges, the time period for reporting such costs, forms to be used, financial reviews, and audits of reported costs, and clarifies processes for calculating auxiliary grant rates.

[01/07/16 House: Prefiled and ordered printed; offered 01/13/16 16101571D pdf | impact statement](#)

[01/07/16 House: Referred to Committee on Appropriations](#)

[01/14/16 House: Assigned to sub: Subcommittee Health & Human Resources](#)

HB 675 Auxiliary grants; extends eligibility, supportive housing.

Chris Peace

Extends eligibility for auxiliary grants to include individuals residing in supportive housing, provided that the supportive housing provider has entered into an agreement for the provision of supportive housing with the Department of Behavioral Health and Developmental Services. The bill establishes requirements for providers of supportive housing that enter into agreements with the Department.

[01/11/16 House: Prefiled and ordered printed; offered 01/13/16 16102541D pdf](#)

[01/11/16 House: Referred to Committee on Health, Welfare and Institutions](#)

ASSISTED LIVING AND PACE

HB 297 Assisted living facility; definition, number of individuals receiving care.

Terry Austin

Increases from four to seven, in the definition of "assisted living facility" as it applies throughout Title 63.2, Welfare (Social Services), the minimum number of individuals who are receiving care in a facility in order for the other requirements of the definition to apply.

[01/04/16 House: Prefiled and ordered printed; offered 01/13/16 16100154D pdf | impact statement](#)

[01/04/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/14/16 House: Assigned to sub: Subcommittee Subcommittee #2](#)

HB 435 Adult day care centers; exempt from licensure, Program for All-Inclusive Care for the Elderly.

Chris Stolle

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Exempts adult day care centers that provide services only to individuals enrolled in a Program of All-Inclusive Care for the Elderly program from the requirement of a license issued by the Department of Social Services.

[01/07/16 House: Prefiled and ordered printed; offered 01/13/16 16101299D pdf | impact statement](#)

[01/07/16 House: Referred to Committee on Health, Welfare and Institutions](#)

HEALTH CARE

SB 19 Telemedicine; pilot program.

William Stanley

Directs the Department of Health, in partnership with a hospital licensed in the Commonwealth, to establish a three-year telemedicine pilot program designed to reduce patient use of emergency department facilities for the treatment of low-acuity conditions. The bill requires the Department to report the results of the pilot program to the State Board of Health and to the General Assembly by October 1, 2019.

[12/04/15 Senate: Prefiled and ordered printed; offered 01/13/16 16100390D pdf](#)

[12/04/15 Senate: Referred to Committee on Education and Health](#)

SB 20 Patient-Centered Medical Home Advisory Council; established.

William Stanley

Establishes the Patient-Centered Medical Home Advisory Council (Council) as an advisory council in the executive branch. The bill requires the Council to advise and make recommendations to the Department of Medical Assistance Services on reforms to the Commonwealth's program of medical assistance that would increase the quality of care while containing costs through a patient-centered medical home system. The bill defines a patient-centered medical home as a team approach to providing health care that (i) originates in a primary care setting; (ii) fosters a partnership among the patient, the personal provider and other health care professionals, and, where appropriate, the patient's family; (iii) utilizes the partnership to access all medical and nonmedical health-related services needed by the patient to achieve maximum health potential; and (iv) maintains a centralized, comprehensive record of all health-related services to promote continuity of care.

[12/04/15 Senate: Prefiled and ordered printed; offered 01/13/16 16100389D pdf | impact statement](#)

[12/04/15 Senate: Referred to Committee on Education and Health](#)

HB 312 VDH; increase sharing of electronic health records, report.

Bobby Orrock

Directs the Department of Health to work with stakeholders, which shall include representatives of hospitals and other health care providers in the Commonwealth, to (i) evaluate interoperability of electronic health records systems between health systems and health care providers and the ability of health systems and health care providers to share patient records in electronic format and (ii) develop recommendations for improving the ability of health systems and health care providers to share electronic health records with the goal of ensuring that all health care providers in the Commonwealth are able to share electronic health information to reduce the cost of health care and improve the efficiency of health care services. The Department shall report its findings and recommendations to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by December 1, 2016. The bill contains an emergency clause. This bill is identical to HB1205 (O'Bannon).

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[01/05/16 House: Prefiled and ordered printed with emergency clause; offered 01/13/16 16100996D pdf | impact statement](#)

[01/05/16 House: Referred to Committee on Health, Welfare and Institutions](#)

HB 319 Volunteer health care providers; agreements with Department of Health.

Sam Rasoul

Authorizes the Department of Health to enter into written agreements with health care providers for the provision of health care services, without compensation, to low-income individuals receiving health services through a local health department or a health care facility licensed by the Department and operated by a nonprofit entity; provides that health care providers who have entered into such agreements shall enjoy the protection of the Commonwealth's sovereign immunity to the same extent as paid staff of the Department while acting within the scope of the volunteer agreement; and allows health care providers who provide health care services pursuant to such agreements to use such service to satisfy continuing education requirements.

[01/05/16 House: Prefiled and ordered printed; offered 01/13/16 16101102D pdf](#)

[01/05/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/14/16 House: Assigned to sub: Subcommittee Subcommittee #1](#)

HB 1128 Spouse's liability for medical care; exemption for principal residence.

Greg Habeeb

Provides that a lien arising out of a judgment for a spouse's emergency medical care shall not attach the principal residence of the judgment debtors held by them as tenants by the entireties or that was held by them as tenants by the entireties prior to the death of either spouse where the tenancy terminated as a result of the death of either spouse.

[01/13/16 House: Prefiled and ordered printed; offered 01/13/16 16101964D pdf](#)

[01/13/16 House: Referred to Committee for Courts of Justice](#)

HB 1204 Virginia Health Care Access Fund; created.

Randall Minchew

Establishes the Virginia Health Care Access Fund to expand access to health care services through the provision of grants to health care providers who provide health care services to newly eligible individuals described in 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII), but does not expand access to medical assistance services provided through the state plan for medical assistance for such individuals.

[01/17/16 House: Presented and ordered printed 16103892D pdf](#)

[01/17/16 House: Referred to Committee on Health, Welfare and Institutions](#)

SB 394 Health care; plan to increase transparency in delivery, etc.

Kenneth Alexander

Directs the Secretary of Health and Human Resources to develop a plan to increase transparency in the administration and delivery of health care by agencies of the Commonwealth or health care providers who have entered into an agreement or contract with an agency of the Commonwealth.

[01/11/16 Senate: Prefiled and ordered printed; offered 01/13/16 16101439D pdf | impact statement](#)

[01/11/16 Senate: Referred to Committee on Education and Health](#)

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SB 429 Creation of the Commonwealth Genomics and Personalized Medicine Authority.

Richard Saslaw

Creates the Commonwealth Genomics and Personalized Medicine Authority (the Authority) as a political subdivision of the Commonwealth. The Authority's purpose is to encourage coordination and collaboration between public and private entities in the Commonwealth in translational research and commercialization related to genomics and personalized medicine.

[01/12/16 Senate: Prefiled and ordered printed; offered 01/13/16 16102071D pdf](#)

[01/12/16 Senate: Referred to Committee on General Laws and Technology](#)

HJ 61 Life-prolonging care; Joint Commission on Health Care to study legal and regulatory requirements.

Chris Stolle

Directs the Joint Commission on Health Care to study current legal and regulatory requirements regarding the medical appropriateness of life-prolonging care and options to clarify due diligence and the appropriate course of action when no physician can be found to carry out a patient's requests.

[01/02/16 House: Prefiled and ordered printed; offered 01/13/16 16102155D pdf](#)

[01/02/16 House: Referred to Committee on Rules](#)

MEDICAID

HB 505 Consumer-directed personal care services; allows parent to be reimbursed for providing

Eileen Filler-Corn

Directs the Department of Medical Assistance Services (Department) to allow a parent to be approved for reimbursement for providing consumer-directed personal care services to his child, who is at least 18 years of age and lives under the same roof as the parent seeking reimbursement, pursuant to the Elderly or Disabled with Consumer Direction waiver, provided the parent meets all other qualifications set forth in Department regulations.

[01/08/16 House: Prefiled and ordered printed; offered 01/13/16 16103180D pdf](#)

[01/08/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/14/16 House: Assigned to sub: Subcommittee Subcommittee #3](#)

SB 455 Social Services, Department of; information sharing.

Siobhan Dunnavant

Requires the Department of Social Services to provide access to information regarding a medical assistance applicant's receipt of public assistance from programs administered by the Department to entities approved by the Board of Medical Assistance Services to receive applications and to determine eligibility for medical assistance.

[01/12/16 Senate: Prefiled and ordered printed; offered 01/13/16 16102208D pdf](#)

[01/12/16 Senate: Referred to Committee on Rehabilitation and Social Services](#)

TAX

HB 23 Fuels tax; refunds of taxes to certain nonprofit entities.

Peter Farrell

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Provides refunds of fuels taxes for fuels used in highway vehicles owned or operated by or under a contract with any § 501(c)(3) entity organized with a principal purpose of providing hunger relief services or food to the needy.

[11/16/15 House: Prefiled and ordered printed; offered 01/13/16 16100208D pdf](#)

[11/16/15 House: Referred to Committee on Finance](#)

HB 163 Income tax, state; deduction for senior citizens.

Bob Marshall

Modifies the income deduction for seniors by increasing the amount from \$12,000 to \$13,000 and indexing the income restrictions to inflation. The bill is effective for taxable years beginning on or after January 1, 2016.

[12/23/15 House: Prefiled and ordered printed; offered 01/13/16 16102598D pdf](#)

[12/23/15 House: Referred to Committee on Finance](#)

HB 1252 Neighborhood assistance tax credits; low-income persons.

David Yancey

Reduces from 300 percent to 180 percent of the poverty guidelines the maximum family annual household income for a person to be deemed a low-income person for whom services provided by a neighborhood organization may be funded under the neighborhood assistance tax credit program. Under the program, businesses and individuals are issued tax credits for donations to federal tax-exempt § 501(c)(3) and § 501(c)(4) nonprofit organizations undertaking programs for which at least 50 percent of the persons served under the program are low-income.

[01/19/16 House: Presented and ordered printed 16103798D pdf](#)

[01/19/16 House: Referred to Committee on Finance](#)

CERTIFIED NURSE AIDES

HB 386 Certified nurse aides; training in observational and reporting techniques.

Randall Minchew

Adds training in observational and reporting techniques to the list of training and education requirements for nurse aide training programs. This bill is identical to SB 328 (Favola).

[01/06/16 House: Prefiled and ordered printed; offered 01/13/16 16102734D pdf | impact statement](#)

[01/06/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/19/16 House: Reported from Health, Welfare and Institutions \(22-Y 0-N\)](#)

01/20/16 House: Read first time

HB 504 Nurse aide; renewal of certification.

T. Scott Garrett

Changes the frequency with which certification as a nurse aide must be renewed from biennially to annually.

[01/08/16 House: Prefiled and ordered printed; offered 01/13/16 16101606D pdf | impact statement](#)

[01/08/16 House: Referred to Committee on Health, Welfare and Institutions](#)

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HB 551 Certified nurse aides; Board of Nursing shall require continuing education.

Vivian Watts

Provides that the Board of Nursing shall require every certified nurse aide to complete 80 hours of continuing education within 120 days of certification.

[01/09/16 House: Prefiled and ordered printed; offered 01/13/16 16102304D pdf | impact statement](#)

[01/09/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/14/16 House: Assigned to sub: Subcommittee Subcommittee #3](#)

BACKGROUND CHECKS

HB 536 Sponsored residential and shared living services; background checks for providers.

Patrick Hope

Establishes a requirement for a national fingerprint-based background check for providers of sponsored residential and shared living services.

[01/09/16 House: Prefiled and ordered printed; offered 01/13/16 16102679D pdf](#)

[01/09/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/14/16 House: Assigned to sub: Subcommittee Subcommittee #3](#)

KINSHIP CARE

HB 674 Kinship foster care; waiver of foster home approval standards.

Chris Peace

Allows local boards of social services, subject to approval by the Commissioner of the Department of Social Services, to grant a waiver regarding the Board's standards for foster home approval, set forth in regulations, that are not related to safety.

[01/11/16 House: Prefiled and ordered printed; offered 01/13/16 16101847D pdf | impact statement](#)

[01/11/16 House: Referred to Committee on Health, Welfare and Institutions](#)

SB 433 Kinship Guardianship Assistance program, established.

Barbara Favola

Creates the Kinship Guardianship Assistance program (the program) to facilitate child placements with relatives and ensure permanency for children for whom adoption or being returned home are not appropriate permanency options. The bill sets forth eligibility criteria for the program, payment allowances to kinship guardians, and requirements for kinship guardianship assistance agreements. The bill also requires the Board of Social Services to promulgate regulations for the program.

[01/12/16 Senate: Prefiled and ordered printed; offered 01/13/16 16101539D pdf](#)

[01/12/16 Senate: Referred to Committee on Rehabilitation and Social Services](#)

HOUSING

HB 972 Virginia Housing Trust Fund; revenue deposits.

Alfonso Lopez

Provides that 20% of annual recordation tax revenue in excess of \$325 million shall be deposited into the Virginia Housing Trust Fund.

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[01/12/16 House: Prefiled and ordered printed; offered 01/13/16 16101133D pdf](#)

[01/12/16 House: Referred to Committee on Finance](#)

TRANSPORTATION

HJ 171 Cross-jurisdictional transportation for persons with disabilities.

Brenda Pogge

Urges localities to make a collaborative effort to provide affordable cross-jurisdictional public transportation to persons with disabilities by modifying and expanding current transportation routes and services. The resolution urges localities to enter into memoranda of understanding to accomplish this goal and to work with all relevant agencies, organizations, and other stakeholders. The resolution is a recommendation of the Disability Commission.

[01/15/16 House: Presented and ordered printed 16103712D pdf](#)

[01/15/16 House: Referred to Committee on Rules](#)

BEHAVIORAL HEALTH DOCKET

SB 380 Behavioral Health Docket Act; established, report.

Jill Vogel

Establishes, by the Behavioral Health Docket Act (the Act), behavioral health courts as specialized court dockets within the existing structure of Virginia's court system, offering judicial monitoring of intensive treatment and supervision of offenders who have mental illness and co-occurring substance abuse issues. The bill establishes a state behavioral health docket advisory committee and requires localities intending to establish such dockets to establish local behavioral health docket advisory committees. The bill gives the Supreme Court of Virginia administrative oversight of the implementation of the Act. The Act is modeled on the Drug Treatment Court Act (§ 18.2-254.1).

[01/11/16 Senate: Prefiled and ordered printed; offered 01/13/16 16103760D pdf](#)

[01/11/16 Senate: Referred to Committee for Courts of Justice](#)

NURSING HOMES

HB 343 Nursing homes; reimbursement of unexpended patient funds.

Brenda Pogge

Requires the Board of Health to include in its regulations a provision requiring nursing homes to provide a full refund of any unexpended patient funds on deposit with the facility following the discharge or death of a patient within 60 days of a written request for such funds by the discharged patient or, in the case of the death of a patient, the person administering the patient's estate.

[01/05/16 House: Prefiled and ordered printed; offered 01/13/16 16101105D pdf](#)

[01/05/16 House: Referred to Committee on Health, Welfare and Institutions](#)

[01/14/16 House: Assigned to sub: Subcommittee Subcommittee #2](#)

FREEDOM OF INFORMATION ACT (FOIA) AND CONFLICTS OF INTEREST ACT (COIA)

HB 220 Virginia FOIA; public access to resumes and other information related to gubernatorial appointee.

Scott Taylor

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Provides that the personnel, working papers, and correspondence record exemption shall not be construed to authorize the withholding of any resumes or applications submitted by persons who are appointed by the Governor. The bill further provides that the resumes and applications for appointment submitted by persons who are appointed by the Governor shall be available to the public upon request. The bill contains technical amendments.

[12/29/15 House: Prefiled and ordered printed; offered 01/13/16 16102347D pdf | impact statement](#)

[12/29/15 House: Referred to Committee on General Laws](#)

[01/18/16 House: Assigned to sub: Subcommittee #2](#)

HB 861 Virginia Conflict of Interest and Ethics Advisory Council; extension of filing deadlines.

Jennifer McClellan

Virginia Conflict of Interest and Ethics Advisory Council; extension of deadlines. Entitles any person required to file the required disclosures an extension of the filing deadlines where good cause for granting an extension has been shown, as determined by the Virginia Conflict of Interest and Ethics Advisory Council. Good cause includes (i) the death of a relative of the filer; (ii) a state of emergency is declared that affects the area of the filer; (iii) a filer who is a member of a uniformed service is on active duty on the date of the filing deadline; or (iv) the electronic filing system fails and prevents timely filing.

[01/12/16 House: Prefiled and ordered printed; offered 01/13/16 16100705D pdf](#)

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2016 General Assembly Session Member Request Budget Amendments

HB29 and SB 29 Department for Aging and Rehabilitative Services		First Year - FY2015	Second Year - FY2016
<u>332.1 #1h</u>	Manufacturing Skills Training Program	\$0	\$100,000
<u>333.1 #1s</u>	Manufacturing Skills Training Program	\$0	\$100,000
HB 30 Department for Aging and Rehabilitative Services		First Year - FY2017	Second Year - FY2018
<u>332 #10h</u>	Expand Project SEARCH	\$200,000	\$200,000
<u>332 #1h</u>	Increase Funding for LTESS	\$750,000	\$750,000
<u>332 #1s</u>	Increase Funding for LTESS	\$890,000	\$890,000
<u>332 #2h</u>	Increase Funding for LTESS	\$1,453,746	\$1,453,746
<u>332 #2s</u>	Expand Funding for Brain Injury Services	\$1,500,000	\$1,500,000
<u>332 #3h</u>	Increase Funding for LTESS	\$750,000	\$750,000
<u>332 #3s</u>	Fund Transition Services by Centers for Independent Living (CILs)	\$850,000	\$850,000
<u>332 #4h</u>	LTESS for Competitive Employment (Language Only)	\$0	\$0
<u>332 #4s</u>	Increase Funding for LTESS	\$750,000	\$750,000
<u>332 #5h</u>	LTESS Competitive Employment (Language Only)	\$0	\$0
<u>332 #5s</u>	Increase Funding for LTESS	\$890,000	\$890,000
<u>332 #6h</u>	Fund Interdisciplinary Memory Assessment Clinics (Language Only)	\$0	\$0
<u>332 #6s</u>	Expand Project SEARCH	\$200,000	\$200,000
<u>332 #7h</u>	Add Funding for Vocational Rehabilitation Program	\$4,740,038	\$4,740,038
<u>332 #7s</u>	Add Funding for Vocational Rehabilitation Program	\$3,200,000	\$3,200,000
<u>332 #8h</u>	Expand Funding for Brain Injury Services	\$1,500,000	\$1,500,000
<u>332 #8s</u>	Increase Funding for LTESS	\$1,453,746	\$1,453,746
<u>332 #9h</u>	Fund Transition Services by Centers for Independent Living (CILs)	\$850,000	\$850,000
<u>333 #1h</u>	Virginia Lifespan Respite Voucher Program	\$100,000	\$100,000
<u>333 #1s</u>	Abuse in Later Life Project	\$100,000	\$100,000
<u>333 #2h</u>	Chronic Disease Self Management Education Program	\$535,000	\$310,000
<u>333 #2s</u>	Chronic Disease Self Management Education Program	\$535,000	\$310,000
<u>333 #3h</u>	Virginia Public Guardianship and Conservator Program	\$700,000	\$700,000
<u>333 #3s</u>	Long-term Care Ombudsman Program	\$2,012,645	\$2,012,645
<u>333 #4h</u>	Long-term Care Ombudsman Program	\$2,012,645	\$2,012,645
<u>333 #4s</u>	Virginia Lifespan Respite Voucher Program	\$100,000	\$100,000
<u>333 #5h</u>	Abuse in Later Life Project	\$100,000	\$100,000

HB29 and SB 29 Other Agency Bills of Interest		First Year - FY2015	Second Year - FY2016
	307.1 #1s Eliminates Acquired Brain Injury as Part of Waiver Redesign (Language Only)	\$0	\$0
	307.1 #2h Eliminate Inclusion of Acquired Brain Injury Stakeholders in Quarterly Meetings on Waiver Redesign (Language Only)	\$0	\$0
HB30 and SB30 Other Agency Bills of Interest		First Year - FY2017	Second Year - FY2018
SHHR	284 #1h Task Force to Provide Health Insurance to Low-income Virginians (Language Only)	\$0	\$0
VDH	294 #2s Telemedicine Pilot Program	\$0	\$1,000,000
VDH	296 #1s Mission of Mercy (M.O.M.) Dental Project	\$0	\$100,000
VDH	296 #2h Eliminate Funding - Health Wagon	(\$100,000)	(\$100,000)
VDH	296 #3h Mission of Mercy (M.O.M.) Dental Project	\$0	\$100,000
DMAS	306 #10h Increase Rates for Private Duty Nursing-Technology Assisted Waiver & EPSDT Program	\$7,322,446	\$8,534,370
DMAS	306 #12h Increase Medicaid Rates for Adult Day Health Care Services	\$1,336,681	\$1,336,681
DMAS	306 #12s Increase Medicaid Rates for Adult Day Health Care Services (Language Only)	\$0	\$0
DMAS	306 #13h Modify Rate Methodology for New I/DD Waiver for Northern Virginia Providers	\$43,593,780	\$87,167,562
DMAS	306 #13s Increase Rate Methodology for New ID/DD Waiver for Northern Virginia Providers	\$6,335,160	\$12,670,320
DMAS	306 #14h Modify Rate Methodology for New I/DD Waiver for Northern Virginia Providers	\$6,335,160	\$12,670,320
DMAS	306 #14s Restore Rates - Medicaid Intensive In-home & In-home Support Services & Therapeutic Day Treatment	\$35,158,290	\$39,688,518
DMAS	306 #15h Require Annual Review of I/DD Waiver Rates (Language Only)	\$0	\$0
DMAS	306 #15s Increase Wage Assumption in New ID/DD Waiver Rates	\$18,659,434	\$87,169,562
DMAS	306 #16h Require Annual Review of I/DD Waiver Rates (Language Only)		
DMAS	306 #16s Change Reimbursement Method for Nursing Homes with Special Populations	\$0	\$5,861,900
DMAS	306 #17h Medicaid Health Professional Training Supplemental Payment Program	\$2,400,000	\$2,400,000
DMAS	306 #17s Create Reserve Medicaid Waiver Slots for Military Personnel Stationed in Virginia	\$3,072,226	\$3,772,226
DMAS	306 #18s Increase Adult Day Health Care Rates	\$1,272,074	\$1,401,288

		Medicaid Physician & Managed Care Liaison		
DMAS	306 #19h	Comm. - ER Care Coordination Workgroup (Language Only)	\$0	\$0
DMAS	306 #1h	Add 800 Individual and Family Support Waivers	\$13,058,400	\$39,175,200
DMAS	306 #1s	5,000 Individual and Family Support Waivers for Individuals on Waiting List	\$21,043,300	\$63,129,900
DMAS	306 #20h	Restore Medicaid Rates-Intensive In-home, In-home Support Svs. & Therapeutic Day Treatment (Language Only)	\$0	\$0
DMAS	306 #20s	Restore Inflation for Hospitals	\$30,009,162	\$65,302,290
DMAS	306 #21s	Fund Medical Residencies through Medicaid	\$2,500,000	\$5,000,000
DMAS	306 #22h	Targeted Case Management Choice and Accountability Program (Language Only)		
DMAS	306 #22s	Paid Sick Days for Home Care Providers	\$2,975,532	\$2,975,532
DMAS	306 #23h	Medicaid Resource Eligibility (Language Only)	\$0	\$0
DMAS	306 #24h	Require 90 Days Notice of Effective Date of New Regulations (Language Only)	\$0	\$0
DMAS	306 #25h	Report on Impact of Mental Health Skill-Building Services Changes (Language Only)	\$0	\$0
DMAS	306 #26h	Strategic Plan for Comprehensive Brain Injury Services (Language Only)	\$0	\$0
DMAS	306 #27h	Pilot Clinical Assessment for Adult Mental Health Services (Language Only)	\$0	\$0
DMAS	306 #28h	Paid Sick Leave for Consumer-Directed Care Providers	\$2,975,532	\$2,975,532
DMAS	306 #29h	Local Funds to Leverage Medicaid I/DD Waiver Services (Language Only)	\$0	\$0
DMAS	306 #2h	Add 1,700 Individual and Family Support Waivers for Individuals on Waiting List Receiving EDCD Waiver -	\$7,984,900	\$23,954,700
DMAS	306 #2s	Change Reimbursement Method for Nursing Homes with Special Populations	\$0	\$5,861,900
DMAS	306 #31h	Eliminate Medicaid Expansion	(\$668,654,730)	(\$2,251,019,873)
DMAS	306 #32h	Restore Medicaid Reform Language (Language Only)	\$0	\$0
DMAS	306 #33h	Pediatric Mental Health Collaborative	\$50,000	\$100,000
DMAS	306 #34h	Capture Additional Medicaid Fraud Savings	\$0	\$0
DMAS	306 #3h	Restore Inflation Adjustment for Nursing Facilities	\$0	\$33,918,274
DMAS	306 #3s	Hospital Supplemental Payments (Language Only)	\$0	\$0
DMAS	306 #4h	Restore Inflation Calculation Affecting Future Nursing Facility Rates	\$0	\$11,157,680

DMAS	306 #4s	Increase Rates for Private Duty Nursing in the Technology Assisted Waiver and EPSDT Program	\$7,322,446	\$8,534,370
DMAS	306 #5h	Change Reimbursement Method for Nursing Homes with Special Populations	\$0	\$5,861,900
DMAS	306 #6h	Restore Hospital Inflation Adjustment	\$29,673,451	\$64,531,853
DMAS	306 #6s	Medicaid Physician & Managed Care Liaison Comm. - Emergency Dept. Care Coordination Workgroup (Language Only)	\$0	\$0
DMAS	306 #7h	Restore Hospital Inflation Adjustment	\$29,673,451	\$64,531,853
DMAS	306 #7s	Restore Rates - Medicaid Intensive In-home & In-home Support Services & Therapeutic Day Treatment	\$35,158,290	\$39,688,518
DMAS	306 #8h	Hospital Supplemental Payments (Language Only)	\$0	\$0
DMAS	306 #8s	Eliminate Independent Clinical Assessment for Children's Services (Language Only)	\$0	\$0
DMAS	310 #1h	DMAS Support for Patient Centered Medical Home	\$101,092	\$101,092
DMAS	310 #1s	Comprehensive Brain Injury Services Plan (Language Only)	\$0	\$0
DMAS	310 #2h	Restore Funds for Medicaid Central Processing Unit	\$5,000,000	\$5,000,000
DMAS	310 #2s	Patient Centered Medical Home Advisory Council (SB 20)	\$101,092	\$101,092
DMAS	310 #3h	DMAS Report on Eligible but Unenrolled (Language Only)	\$0	\$0
DMAS	310 #3s	Restore Funds for Medicaid Central Processing Unit	\$5,000,000	\$5,000,000
DBHDS	313 #1h	Eliminates Brain Injury Report (Language Only)	\$0	\$0
DBHDS	313 #1s	Eliminates Brain Injury Report (Language Only)	\$0	\$0
DBHDS	313 #2h	Eliminate Acquired Brain Injury Stakeholders in Quarterly Meetings on Waiver Redesign (Language Only)	\$0	\$0
DBHDS	313 #2s	Eliminates Acquired Brain Injury as Part of Waiver Redesign (Language Only)	\$0	\$0
DBHDS	313 #3h	Discharge Assistance Planning Funding	\$1,467,030	\$1,775,061
DBHDS	313 #3s	Discharge Assistance Planning Funding	\$1,467,030	\$1,775,061
DBHDS	313 #9h	Modify Auxiliary Grant to Allow Supportive Housing (Language Only)	\$0	\$0
DBHDS	315 #11h	Permanent Supportive Housing	\$2,142,900	\$7,143,000
DBHDS	315 #14h	Individual and Family Support Services	\$1,000,000	\$1,000,000
DBHDS	315 #16s	Family Supports for Non-Waiver Individuals	\$1,000,000	\$1,000,000
DBHDS	315 #17h	Peer Supports Specialists	\$1,800,000	\$1,800,000

DBHDS	315 #1h	Restore Funding for Community Services Boards	\$12,143,442	\$29,144,262
DBHDS	315 #8s	Permanent Supportive Housing	\$2,142,900	\$7,143,000
DSS	343 #1s	Kinship Care Reporting	\$27,200	\$27,200
DSS	343 #2h	Kinship Care Reporting	\$27,200	\$27,200
DSS	343 #2s	Kinship Guardianship Assistance Program	(\$75,000)	(\$75,000)
DSS	343 #3h	Eliminate Local DSS Funding for Medicaid Expansion	(\$5,499,560)	(\$8,546,814)
DSS	345 #1h	Auxiliary Grant Rate Differential	\$1,104,000	\$1,104,000
DSS	345 #1s	Auxiliary Grant Rate Differential	\$1,104,000	\$1,104,000
DSS	348 #3s	Community Action Agencies	\$3,000,000	\$3,000,000
DSS	348 #4s	Community Action Agencies	\$3,000,000	\$3,000,000
DSS	348 #5s	Community Action Agencies	\$3,000,000	\$3,000,000
DSS	349 #1h	Assess Appeals Process (Language Only)	\$0	\$0
DSS	350 #1h	Emergency Power Plan for Assisted Living Facilities (Language Only)	\$0	\$0

Case Study

PALETTE: An Intergenerational Art Program to Improve Health Care Delivery and Health Outcomes of Older Adults

by Sadie Rubin, MSSW

Objectives

1. Demonstrate the positive outcomes of the PALETTE model in training and educating health professional students in gerontological experiences.
2. Describe the partnerships developed and their importance in executing PALETTE programs.
3. Highlight student experiences in intergenerational visual arts and intergenerational movement arts.

Background

“PALETTE shows you how to look at our partners as people, compared to ‘old people.’”

Too often, health professional students’ experiences with older adults are limited to visits in nursing

homes and hospitals, providing them with a very limited, disease-focused view of what it looks like to age. Promoting Art for Life Enrichment Through Transgenerational Engagement (PALETTE) is a model of intergenerational arts programming that engages health professional students with independent, active older adults in an effort to challenge pervasive stereotypes and negative attitudes toward the aging population.

The PALETTE model was developed in 2013 by Sadie Rubin and a team of partners in Richmond, Virginia as a response to the prevalence of ageism within the health-care field, which has been shown to reduce effective care delivery and impact long-term health outcomes for older adults (Reyna, et.al, 2007). Bodner (2009) attributes these negative attitudes in younger adults, in part, to a lack of time spent with older adults, as well as to fear of their own aging and death. PALETTE has demonstrated its effectiveness in challenging these underlying issues by engaging students in meaningful relationships with older adults and by providing concrete gerontological training and

education (Rubin, et.al, 2015).

The foundation of the PALETTE model was Vital Visionaries, a demonstration project that, from 2007-2008, connected medical students with active older adults for creative arts activities in eight cities. Evaluation data showed that medical students’ attitudes toward older adults became more positive upon completion of the Vital Visionaries project and they experienced a positive change in their perceptions of commonality with older adults (Gonzales, Morrow-Howell, & Gilbert, 2010). The PALETTE model expands these positive outcomes by including diverse disciplines of young health professionals who are both likely to care for older adults and yet receive inadequate training in gerontology and geriatrics (Kovner, Mezey, & Harrington, 2002).

Participating in shared arts activities has been shown to promote mutual and holistic understanding by tapping into life experiences and emotional expression (Larson, 2006). With student and older adult participants engaged in the same creative activity, they are able to

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see each other as peers and thus establish relationship-building common ground. Further, art expression and creation has the ability to reveal a person's physical and cognitive abilities in a way that can challenge stereotypes of older adults and aging (LaPorte, 2000).

With the stresses of school and work left out of PALETTE, students can engage with their older adult Partners in Arts Learning (PALs) to build meaningful intergenerational relationships. Student participants appreciate the casual, creative environment, noting that *“one of the really nice things about the way the program was set up was that you had something else that you could bond around...it didn't feel like a formal interview, but you do end up organically finding out a lot about them and then sharing about yourself, too.”*

These personal relationships can then translate into students' careers. As one past participant, a graduate student in Social Work at the time, remarked, *“The PALETTE program reminded me of the importance of having interpersonal skills to communicate with older adults outside the realm of professional relationships. Having the context of a life story or experiences will make understanding current concerns easier and relevant.”*

The first PALETTE program was launched in January 2014, funded in part by the Geriatric Training and Education (GTE) initiative of the Virginia General Assembly, administered by the Virginia Center on Aging. PALETTE contracted local organization Art on Wheels to conduct visual arts programming with

over 40 interdisciplinary students and senior adults at the Weinstein Jewish Community Center (JCC). Since then, with additional funding through the GTE initiative, as well as from the VCU Council for Community Engagement, PALETTE has engaged over 115 participants in intergenerational arts programming, including the original visual arts (the PALETTE program) and an expansion to movement arts (PALETTE in Motion).

Partners

The PALETTE model relies on strong community and university partners to be successful. As a way to ensure best practices, it has been vital to maintain partnerships that represent the diversity of the populations PALETTE serves. During its development stages, PALETTE established partnerships with the Virginia Commonwealth University (VCU) Department of Gerontology, VCU School of Pharmacy, and the Weinstein Jewish Community Center (JCC). Since its launch, partners have grown to include VCU Departments of Physical Therapy, Dance and Choreography, VCU Schools of Dentistry and Social Work, Senior Connections (Capital Area Agency on Aging), AgeWave, and the Visual Arts Center of Richmond.

Program Structure

PALETTE programs consist of an initial training and education seminar, followed by five weekly arts engagement classes, one cultural outing, one final showcase of the participants' work, and one closing reflection seminar. Participants are required to attend all activities.

Recruitment of participants. Student participants in PALETTE programs are recruited by word-of-mouth using social media, classroom announcements, and peer recommendations. Students must be currently enrolled in a health professional program. Older adult participants are recruited by word-of-mouth from past participants, and through the efforts of community partners Weinstein JCC and Senior Connections. Older adults must be currently living independently. PALETTE requires no previous experience in arts for either group of participants and both groups reflect a diversity of cultures, backgrounds, and artistic abilities.

Training and education seminar. Gerontologists and gerontological specialists conduct this two-hour seminar to encourage thoughtful conversations about aging. Student and older adult participants attend seminars separately. For student participants, training and education seminars include an introduction to aging in the United States, topics on ageism, stereotypes of aging, working with older adults, and group discussions on how students view their own aging. For older adult participants, topics include ageism and stereotypes of aging, and discussions on how the older adults view their own aging. At the start of this seminar, participants complete a pre-test survey to measure outcomes of the program; the post-test survey is then administered at the conclusion of the program.

Arts engagement classes. A professionally-trained artist conducts each 90-minute art class to engage participants in productive arts. Through the original PALETTE

program, students and senior adults partner one-on-one in visual arts activities that include printmaking, painting, clay hand-building, and more. Through PALETTE in Motion, students and senior adults partner in intergenerational groups to participate in movement arts activities that include choreography, sculptures in motion, mirrored movements, and more. Classes are followed by light snacks or lunch (depending on time of day), which gives the participants a chance to chat informally.

Cultural outing. Cultural outings give participants the opportunity to experience art and culture together in the community. These outings also inspire participants to continue engaging in creative activities once the program has ended. Participants of the PALETTE program have visited the Virginia Museum of Fine Arts for guided museum tours, as well as the Visual Arts Center of Richmond for hands-on workshops. For PALETTE in Motion, participants experienced a performance at the Richmond Ballet.

Final event. At the semester's end, PALETTE programs host a final event open to the community to demonstrate the work developed by participants. Family, friends, colleagues, and community members attend, which not only brings the community into the PALETTE experience, but also provides participants with the sense of accomplishment that comes with presenting their work to an audience. For the PALETTE program, this event is an opening reception for a curated exhibit of the participants' visual artworks. For PALETTE in Motion, participants showcase short

pieces of learned movements in their culminating event for the community.

Reflection seminar. This two-hour seminar is an opportunity for participants to reflect on their experience in the program. As with the initial training seminar, the reflection seminar is held separately for student and older adult participants and led by gerontological specialists. The reflection seminar is invaluable for solidifying experiences and attitudes developed throughout the semester, as participants come together through shared experiences. During this seminar, participants complete the post-test survey, measuring personal and program outcomes.

Program evaluation. Student and older adult participants complete pre- and post-test surveys to evaluate the effectiveness of PALETTE programs in achieving its intended outcomes. Surveys evaluate all participants' attitudes toward older adults and aging using standardized measurement tools, including the Aging Anxiety Scale (Lasher & Faulkender, 1993), Aging Semantic Differential (Rosencranz & McNevin, 1969) and Attitudes To Ageing Questionnaire (Laidlaw, et.al, 2007). PALETTE programs are further evaluated through a qualitative analysis of student reflection papers submitted anonymously, as well as through observational data collected during PALETTE seminars.

Case Study 1: The PALETTE Program and Intergenerational Visual Arts

When Ms. C, a graduate student in

Pharmacy, signed up to participate in the PALETTE program, she did not know what to expect of her senior Partner in Arts Learning (PAL). Given her background in healthcare and focus on people with diseases, Ms. C thought her PAL might be frail and need help doing the art projects. Prior to the initial training and education seminar, Ms. C had never heard the term "ageism" nor considered the ways in which our society stereotypes older adults. Participating in the seminar helped her to realize that even her initial thoughts about what the program would be like were ageist. She began to pay closer attention to her behavior, noticing that some of the things she said or heard around the hospital might also have been ageist.

When it came time to meet Mr. S, her assigned PAL, Ms. C saw that he had no problem doing any of the assigned tasks and often it was Mr. S who would lead them in the projects. Mr. S, a recently-widowed, 83-year old, had heard about PALETTE at a luncheon and signed up because it was "an irresistible idea to combine learning new arts with meeting new people!" After many years of caring for his wife with Alzheimer's disease, he wanted to make sure that he remained connected to his community. Though Mr. S used an assisted device for mobility, he remained living independently, close to his two children and four grandchildren.

Ms. C reflected that she was surprised with how easy conversation was with her PAL. Although talking about religion can be uncomfortable, the relationship she had with

Mr. S allowed them to speak openly about religion. She was surprised by this, reflecting that she had always expected older adults would be less tolerant. That she and Mr. S were able to talk honestly helped her not only to understand someone else's faith, but also to see that it was unfair to associate closed-mindedness with older adults.

As the program progressed, Ms. C and Mr. S would use art as a conversation piece to learn more about each other. One day while they were painting, Mr. S noticed the bright colors she was using and said, "You're really good at working with colors. Where did you learn that?" Ms. C's answer involved a long response about where she was from, her culture, her hobbies, and more. This opened the door for her to learn more about him, subsequently realizing how much they had in common, while celebrating each other's uniqueness as well. Ms. C later reflected that "it was amazing how one simple aspect of art could ease any tensions in communication and strengthen a bond of friendship."

Throughout the program, Ms. C learned that her PAL was an independent, kind, and happy person. What surprised Ms. C most was how much this surprised her. Being in healthcare, she had been more exposed to older adults with medical conditions and hadn't realized just how much her mind was trained to see older adults as frail and in need of help. As a future healthcare professional, Ms. C felt that it was a great service to her future patients to have participated in PALETTE, to be able to better empathize and interact with older

adults. With her high value on patient-centered care, Ms. C was grateful for the opportunity to experience first-hand the individuality of older adults, reflecting that *"each older adult is unique in their own way: some are youthful, energetic, and independent, while others are not. PALETTE has helped me realize that I need to dig a little deeper to find these things and see past the barriers to provide the best patient-centered care for my patients. I hope to be not only a culturally competent health care provider, but also an empathic one that can understand, appreciate and celebrate the differences of all individuals."*

Meanwhile, the program meant so much to Mr. S that he reported that participating in PALETTE was "the highlight of my senior life."

Case Study 2: PALETTE in Motion and Intergenerational Movement Arts

As a first year graduate student in Physical Therapy, Ms. R joined PALETTE in Motion with no previous knowledge of the program or its intended outcomes. She entered the program with minimal expectations, thinking that the older adults would be fairly limited in what they would be able to do, and that her task would be to assist them in the movement activities.

There were a few Sundays when Ms. R walked to PALETTE in Motion overwhelmed and stressed by schoolwork, wishing that she hadn't signed up for an additional commitment. But once the group circle warm-up began, she forgot her worries and focused on what

they were doing together. Ms. R was amazed by the inviting space that the group created and the willingness of everyone to participate fully in PALETTE in Motion. She found that all of the students and older adults were open-minded and willing to step out of their comfort zones. They bonded over the fact that they were all taking a bit of a risk, trying something completely new and "acting a little silly." Being in the presence of everyone so invested in the movement eliminated feelings about her outside problems, and she would leave PALETTE in Motion brighter and lighter, ready to tackle her other work.

The connection Ms. R made with her PAL, Mrs. H., is one that will "last forever" in her heart and she knew it the first day they met. Mrs. H was friendly, loving, and so full of life and energy that it "radiated from her soul." Having worked at the VCU School of Pharmacy for most of her career, Mrs. H, a 91-year old widow living independently, gave back to the VCU community by serving on various boards. Though her children live in another state, Mrs. H travels frequently to visit them, joining them for exercise classes and other activities. Signing up for PALETTE in Motion was a "no-brainer" for Mrs. H, who was excited to engage with students.

Given her PAL's age, Ms. R was expecting to learn mostly about Mrs. H's past and what advice she had for the younger generation. However, Ms. R was surprised that they spent more time learning about each other in the here and now. Ms. R realized that just because Mrs. H

is “an elder” doesn’t mean that her life is over and that her identity is based on her past. Ms. R learned what makes her PAL laugh, what interests and hobbies they share; she learned who Mrs. H *is today*, not who she *was then*.

Ms. R loved that she got to know Mrs. H through talking and dancing. They were able to learn more about each other and express their personalities through the movement, a very different and new, but exciting mode of getting to know one another. Ms. R later reflected that communicating in this way shouldn’t have surprised her, because “we express ourselves daily through our mannerisms and our actions, so dance is just another means of that expression.” This opportunity to connect through movement rather than conversation “engaged the mind, body, and spirit of the student and senior participants on a different level” than Ms. R had experienced ever before.

Being part of PALETTE in Motion changed Ms. R’s outlook on life. Besides leaving behind the aging stereotypes that were in her mind when she entered the program, Ms. R left the program with a more optimistic view of later life, hoping to be as active as Mrs. H. when she reaches her age.

As a future physical therapist, what Ms. R learned through PALETTE in Motion will affect the way she treats older patients. She was reminded of the human side of healthcare, the compassion and empathy necessary to treating a patient as a person. In her profession, Ms. R will not equate advanced age with weakness,

inflexibility or inability to walk without some type of assistance. Through PALETTE in Motion, she realized that understanding an older adult’s functional *abilities* is just as important as understanding their functional impairments.

After the program ended, Mrs. H spent time reflecting on her experience with PALETTE in Motion, sharing that sometimes she feels like “older adults are invisible in our society. In this program I felt like I was the star, like I was really being seen.”

Conclusion

In challenging negative attitudes toward older adults and aging among future healthcare professionals, the PALETTE model has the potential to improve the health care delivery and health outcomes of older adults. In the words of Ms. R, who will take what she learned into her future career as a physical therapist: “Professors and textbooks can say as many times as they want that age is only a number, but it was not until I danced alongside 80- and 90-year-old women that I truly understood the concept.”

Study Questions

1. How does ageism affect the health outcomes of older adults?
2. What are some ways to combat ageism among health care professionals?
3. How does creative engagement help participants to foster intergenerational relationships in PALETTE programs?

References

- For a video demonstrating the impact of the pilot of PALETTE: <http://vimeo.com/98349603>.
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About the Author



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licensed social worker in the Commonwealth of Virginia. Ms. Rubin has conducted research with the VCU Department of Gerontology and VCU School of Pharmacy on PALETTE outcomes and has presented at local and national conferences. She currently serves as an adjunct instructor in the VCU Department of Gerontology. You may contact her at: srubin@paletteprogram.org and www.paletteprogram.org.

Editorials

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Animal Cruelty and Elder Abuse

Do people who mistreat animals also mistreat humans? Over the course of time, does someone who mistreats small creatures “graduate” to abusing humans, especially vulnerable older adults?

We’ve heard, of course, about the extreme, sociopathic murderers who escalated from cruelty to creatures to cruelty to humans. Clearly, there is a sub-set of simply bad people who do extreme harm to vulnerable others, whether animal or human. And their paths may have begun with awful abuse of animals. On a more modest level, is there a link with indifference or neglect of pets leading to the same with humans, with those in later life?

Quite some time ago I posed these questions to my colleague Jim Vanden Bosch, the creative mind behind Terra Nova films, during a break at the annual meeting of the Virginia Coalition for the Prevention of Elder Abuse. I was a VCPEA board member fairly constantly for 20 years from its founding in 1993 and was schooled in the theory that most elder abuse by others is really elder neglect, brought on by caregivers being overwhelmed by the burden of their responsibilities. Indeed, when office mates Marilyn Block and Jan Sinnott at the University of Maryland Center on Aging conducted and published their seminal study,

The Battered Elder Syndrome, in the late 1970s, only the third or fourth published report in this new area of investigation, “family member under stress” was a key conclusion. Despite this risk factor now being out of favor, I still believe that family caregiver stress accounts for a substantial amount, perhaps the majority of instances, of elder abuse caused by someone else, i.e., the majority of confirmed elder abuse cases remain cases of self-neglect. When someone else is involved, the family caregiver and the underpaid and under-trained hired caregiver have the greatest exposure in hours of time and amount of stressful pressures.

When I asked Jim Vanden Bosch about the animal-human link, he replied back then that his wife is a veterinarian who’d come across anecdotes recounting this very connection. So, she conducted a literature search of veterinary medicine at the time but came up with only consensus findings and anecdotal histories, with a fairly strong correlation between animal abuse in childhood and later criminality. But there was, at the time, relatively little empirical research in professional journals on the range of animal abuse and their connection to elder abuse or domestic violence in later life.

There have been a number of developments since then. Causality is difficult if not impossible to prove with human behaviors but associations and correlations now abound.

The American Psychological Association has a Section on Animal-Human Interaction. APA published guidance in 2011 under the heading

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What Every Clinician Should Know about the Link between Pet Abuse and Family Violence by Mary Lou Randour (www.apa.org/education/ce/pet-abuse-family-violence.pdf).

It states that clinicians should include a number of questions about animals in the family as a routine part of assessing family well-being.

By 2011, the number of states with animal cruelty statutes having felony-level provisions rose from seven to 43. There is some discussion among family therapists nationally about mandatory reporting to authorities about found cases of animal abuse because of its strong perceived association with other forms of family violence.

The National Link Coalition-The National Resource Center on the Link between Animal Abuse and Human Violence (<http://nationallinkcoalition.org>) has emerged as a significant voice. The Link focuses on species-spanning violence, and provides connections to coalitions, resources that include bibliographies and videos, fact sheets, and much more. They state up front on their home page: “Mistreating animals is no longer seen as an isolated incident that can be ignored: it is often an indicator or predictor of crime and a “red flag” warning sign that other family members in the household may not be safe.” The Link sees animal abuse as part of a continuum of human violence and urges that mistreatment, neglect, and intentional cruelty of animals be seen as likely to lead to species-spanning acts.

We cannot dismiss mistreatment if the victim is “only an animal.”

Indeed, child anti-cruelty laws owe their origin to already-existing animal anti-cruelty laws. Before the age of the automobile, work horses were protected before children were; subsequently, children, being considered “property,” became similarly covered under legislation that protected animals that were owned.

Behavioral scientists have been investigating animal and human abuse relationships. They have extensively documented that animal abuse is a predictor of abuse against humans. Developmental psychologist, Frank Ascione, PhD, has been investigating the connection for years; he’s written *Children and animals: Exploring the roots of kindness and cruelty* (2005), and edited both *The international handbook of animal abuse and cruelty* (2010), and, with Phil Arkow, *Child abuse, domestic violence, and animal abuse* (1999): Clifton Flynn, PhD, chair of the Department of Sociology, Criminal Justice, and Women’s Studies at the University of South Carolina Upstate wrote the textbook *Understanding animal abuse: A sociological analysis* (2012). There are positive interventions also; some believe that just as harmful behavior can be observed and internalized, so too might nurturing be assisted. Michelle Rivera has written *Early intervention: Canines in the classroom: Raising humane children through interactions with animals* (2004) and *On dogs and dying: Inspirational stories from hospice hounds* (2010).

The National District Attorney’s Association (NDAA) and the ASPCA have published *Understanding the link between violence to animals and people* (2014). Writ-

ten by Allie Phillips, JD, this 84-page manual discusses child abuse, elder abuse, domestic violence, and animal abuse. It employs “animal abuse” as a broad term to describe various crimes toward animals, including neglect and failing to protect, and “animal cruelty” to describe intentional criminal conduct. Among its pages one sees that abuse of animals is strongly predictive of battering behavior toward animals. Also, Phillips notes that older adults may hoard animals and that some may have too little funds to feed or care for a pet adequately. You can access the manual at: www.ndaa.org/pdf/The%20Link%20Monograph-2014.pdf.

The website of NCALL, the National Clearinghouse on Abuse in Later Life, has a page entitled “Intersection of Animal Abuse and Elder Abuse” which references the continuum of violence and encourages NCALL’s visitors to obtain more information at The Link’s website.

Still, the question I posed years ago is not fully answered: while cruelty apparently leads to cruelty and violence against pets predicts the same against children and spouses, is there a slippery slope from neglect of animals to that of older adults? As many dissertations conclude, “more research is needed.” Having felony-level consequences for animal cruelty and abuse may, among other results, help to produce more data, as would broadening the categories of mandatory reporters. In Virginia, for instance, veterinarians who report animal cruelty to authorities are immune from any civil or criminal liability (Code 54.1-3812.1) and preliminary

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protective orders in cases of family abuse grant the petitioner possession of any companion animal (Code 16.1-253.1). So, some level of awareness of the continuum of violence is there, but there needs to be greater public awareness that protecting the vulnerable may begin with pets and domestic animals.

On the positive, proactive side, continuing and expanding APA's guidance that those in counseling roles be alert to and ask questions about care of animals could provide some early warnings, perhaps in time to avoid harm to both animals and people. And certainly encouraging our children to interact with kindness towards animals can't help but pay dividends over the life course. We need to pay attention to the links.

Dear Readers,

Thank you for the many positive comments about my most recent editorial "Disappearing before My Eyes," which recounted some of my mother's last days with dementia. She was a quiet, private person and would have been embarrassed by the attention. Nonetheless, I am grateful on her behalf for your expressions and kind words.

EFA

From the **Commissioner, Virginia Department for Aging and Rehabilitative Services**

Jim Rothrock and
Martina James, Aging
Conference Director

Time for Advocacy

As my fingers strike the keyboard, the first full week of our General Assembly has begun. This 60-day session signals the time for advocates in the aging network to let their representatives in the House of Delegates and Senate know about their concerns and ideas.

Governor McAuliffe has submitted his budget which features expansion of coverage for Virginians who are uninsured, tax relief for many Virginians, and additions to services for Vintage Virginians and Virginians with Disabilities. The latter include:

- Public Guardian Services to those transitioning from training centers to the community: \$500,000 Year One/\$975,000 Year Two
- Public Guardian Services to Vulnerable Adults: \$425,000/\$1,010,000 with one Full Time Equivalent (FTE) position
- Replacement of the Case Management System being used by APS workers: \$50,000/\$440,000
- Contracted services to provide in-home care to low income older adults who have experienced Holocaust trauma: \$100,000/\$100,000
- Administrative support for the Chronic Disease Self-Management

Program: \$100,000/\$100,000 with one FTE

- Monitoring for the Auxiliary Grant: \$87,000/\$87,000 with one FTE
- DDS effort to manage Medicaid Only claims: \$80,000/\$80,000

Now the two chambers will consider these amendments, hear from constituents like you, monitor current revenue reports, and finalize the budget. In addition, thousands of bills and resolutions will go through committee hearings and work their way to the Office of the Governor for his signature, with effective dates of July 1, 2016.

DARS staff has been consumed with new bills to be reviewed for content and fiscal impacts. There are several that are of great interest to us all. Of particular note are the following bills:

- HB 420 (Helsel) - Removes obsolete language regarding the setting of the Auxiliary Grant rate to conform to current practice of the General Assembly's setting the rate. This bill may go straight to Finance.
- HB 740 (Yost) - Amends the *Code of Virginia* to conform to changes at the federal level in the rehabilitation act and the Long Term Care Ombudsman Program.
- HB 816 (Peace) - Removes an obsolete requirement of including a representative of the Virginia Public Guardianship Association (VPGA) on the Public Guardianship Advisory Board. The VPGA is no longer in existence. Their slot will revert to a member-at-large. The bill also moves the Board language from

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§2.2 to the DARS section of the Code: §51.5.

Auxiliary Grant

- HB 675 (Peace) – extends Auxiliary Grant eligibility to supportive housing in more integrated settings.
- HB 297 (Austin) – doubles the number of individuals allowed to be receiving certain services in a congregate setting before licensure is required as an Assisted Living Facility (ALF), that is, seven or more residents would require licensure.

Financial Exploitation

- SB 249 (Black), SB 412 (Barker), HB 248 (Minchew), HB 291 (Herring), HB 513 (Murphy) – financial exploitation over \$50,000 of individual 60 or older or incapacitated; referral to law enforcement.
- HB 620 (Krizek) – allows a financial institution to refuse to disburse funds if it, in good faith, believes that the transaction may contribute to financial exploitation of an aged or incapacitated individual.
- HB 676 (Peace) – mandates that DARS conduct a study of financial exploitation.

Guardianship

- SB 466 (Wagner), HB 342 (Pogge) – addresses guardianship and communication between the incapacitated person and others.

Service Animals

- SB 363 (Reeves), HB 270 (Cole) – concerns the fraudulent representation of a service dog.

This is certainly not a comprehensive list of relevant bills, but is a list of those that we at DARS will be tracking during this long session of the General Assembly.

Our state is fortunate to have one of the more easily accessible and citizen friendly websites enabling legislative advocacy. If you Google “Virginia General Assembly” and follow the prompts, you can, in a few clicks....

- Identify your Delegate and Senator,
- Review his or her introduced bills, committee assignments, and voting record
- Check the status of bills of interest, and finally
- Send an e-mail advancing your positions and opinions, and at the end of the session, hopefully, sending “thank you” e-mails for representing your interests.

It's easy and important to let your voice be heard. Do take advantage of these tools and do your best to make our Commonwealth known for its age-friendly supports and livable communities.

Next, there's an upcoming event of great relevance to older Virginians.

Governor McAuliffe has called for the first **Virginia Governor's Conference on Aging** since 2003 and, through partnerships with the Department for Aging and Rehabilitative Services and the Virginia Association of Area Agencies on Aging, we invite you to join us. The day and a half conference, presented by Dominion and AARP, will be held **May 2-3, 2016** at the Hilton Richmond Hotel and Spa, in Short

Pump. The first day will have a full conference program of engaging and interactive plenary sessions, a large variety of breakout sessions, networking opportunities, an exhibit hall, and an evening reception. The second day is an optional, half-day, moderated session that will produce a number of policy recommendations for the Commonwealth.

The theme of the 2016 Conference is *Designing Our Future*. By expanding the ability of individuals to work and save, promoting more options for later in life, and creating intergenerational communities and neighborhoods, we can help all Virginians. Virginia's health care system, communities, and public and private services can be designed to encourage people to “age in place” safely and as independently as possible, if we develop livable communities.

The conference will focus on three key areas:

- Culture Change in Long Term Services and Supports
- Safety and Financial Security: Older Adults in the New Virginia Economy
- Livable Communities: Overcoming Barriers and Sharing Strategies

Registration will open in February and there are still opportunities for sponsorships and exhibit space.

Please visit our website, www.vcgoa.com, for more information. You can also contact, Martina James, Special Assistant to the Commissioner, Department for Aging and Rehabilitative Services, for more information regarding sponsorship or conference details,

martina.james@dars.virginia.gov or (804)356-5935.

Virginia's population is becoming older and more diverse. Today, there are nearly 1.5 million adults in the Commonwealth who are over age 60; these numbers will expand to more than 2 million by 2030 when the entire Baby Boom generation will be between 66 and 84 years old. Virginia's aging population will live longer because of advances in health care; some older Virginians with chronic conditions may need more assistance for longer periods of time. We need to plan creatively for the opportunities that lay ahead. Come join individuals from across the Commonwealth to learn, share, and engage in the future of Aging in Virginia!

2016 DARS Meeting Calendar

Commonwealth Council on Aging

January 27, May 1, July 13, September 21

Alzheimer's Disease and Related Disorders Commission

March 22, May 1, August 30, December 6

Public Guardian and Conservator Advisory Board

March 17, May 1, September 15, November 17

For more information, call (800) 552-5019 or visit <http://vda.virginia.gov/boards.asp>.

Pam Parsons Recognized as Distinguished Professor



(l-r) Jean Giddens, PhD, RN, FAAN, Dean of the VCU School of Nursing, Dr. Pam Parsons, and Marsha Rappley, MD, Vice President for Health Sciences and CEO of the VCU Health System pose after the award.

The VCU School of Nursing held a special investiture ceremony in October to recognize Pamela Parsons, Ph.D., RN, GNP-BC, as the Judith B. Collins and Joseph M. Teefey Distinguished Professor. In addition to being a valued member of the VGEC Plenary, which oversees all of its interprofessional geriatrics training initiatives, Pam is project director of the federally funded Richmond Health and Wellness Program, an interprofessional collaborative practice for low-income older adults, and is director of practice and community engagement at the VCU School of Nursing. Pam's work for many years has focused on models of care for chronically ill older adults and vulnerable populations in the community. She has served as a content expert for the American Nurses Credentialing Center Adult-Gerontological Certification Exam.

The Judith B. Collins and Joseph M. Teefey Distinguished Professorship was established through a lead-

ership commitment by family, friends, and grateful colleagues to honor Judith Collins for her distinguished career, lifelong commitment to women's health, and leadership on the faculty of the VCU School of Nursing. The professorship also honors her husband, Joseph M. Teefey, for his lifelong professional and personal commitments to health care and well-being. The Judith B. Collins and Joseph M. Teefey professorship in nursing continues their legacy by supporting extraordinary work in the mission to educate nurses clinically and academically, with attention to teaching, service, and research.

We congratulate Pam for this well-deserved honor.

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Send requests to Ed Ansello at eansello@vcu.edu.

COMMONWEALTH OF VIRGINIA

Alzheimer's and Related Diseases Research Award Fund

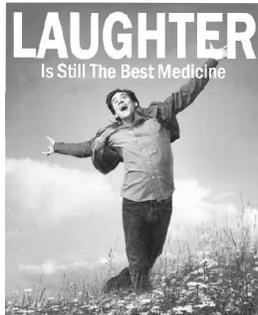
Program Announcement

- 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 \$45,000 each. Number of awards is contingent upon available funds.
- 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 in Virginia.
- Schedule:** By March 7, 2016, prospective applicants are required to submit a non-binding letter of intent that includes a descriptive project title, contact information for the principal investigator, the identities of other personnel and participating institutions, a non-technical abstract, and 4-5 sentence description of the project in common, everyday language for press release purposes. Letters on letterhead with signature affixed will be accepted electronically on the due date. Applications (hard copy sent by carriers who date stamp on or before the due date required, with an electronic copy also e-mailed *on or before the due date*) will be accepted through the close of business April 4, 2016, and applicants will be notified by June 24, 2016. The funding period begins July 1, 2016 and projects must be completed by June 30, 2017.
- 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 found at www.sahp.vcu.edu/vcoa/program/alzheimers.html or by contacting:

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Laughter as Medicine

by Erdman Palmore, Ph.D.



We are familiar with this aphorism, but recent research has shown that it actually may be true in many cases, especially for elders who are suffering from high blood pressure, stress, or cardiovascular problems.

Researchers at Loma Linda University in California conducted a series of controlled experiments which showed that watching a comic video (and the resulting laughter) reduced blood pressure and the stress hormone, cortisol, which in turn improved participants' memory and learning ability. Other studies have found that laughter improves cardiovascular health, the immune system, and releases endorphins which produce a general sense of well-being. Endorphins are hormones secreted within the brain and nervous system; they are peptides that activate the body's opiate receptors, producing an analgesic effect.

Norman Cousins, editor of the *Saturday Review of Literature*, claimed in his writings (and later in a movie starring Ed Asner) that watching and laughing at the Marx brothers had health benefits. He had heart disease and crippling arthritis but claimed that laughing helped him recover. He said that 10 minutes of good belly laughter gave him at

least two hours of pain-free sleep. A nurse, Alisa Crane of Skokie, IL, has founded the American Association for Therapeutic Humor, and this association has staged conferences devoted to the research and advancement of therapeutic humor.

The Problem with Humor about Old Age

So what's not to like about laughter in old age? The problem is that most humor about old folks is at their expense, tending to "poke fun" at them. A series of content analyses of jokes, cartoons, and birthday cards some time ago found that most of the humor about old age reflects and supports negative attitudes toward old age (Palmore, 1986).

This type of negative humor is a form of ageism because it is based on, and tends to reinforce, the negative stereotypes about old age. Most people recognize that making fun of African-Americans is an expression of racism and is usually avoided by those who are not racists. Similarly, making fun of women is usually recognized as a kind of sexism and is often avoided in mixed company. But negative humor about old people is usually not recognized as a form of ageism. In fact, "being told a joke that pokes fun at old people" was the most frequent kind of ageism reported by elders in both the United States and Canada (Palmore, 2001). Being "sent a birthday card that pokes fun at old people" was also one of the most frequent types of ageism reported.

Theories of Humor

One prominent theory of humor is that the humor is used to put down another person or group. This may make the teller feel superior to the person or group denigrated. This is the case when negative humor is used by a younger person about old people, as in several of the examples of negative humor below.

Another theory is that the humor comes from an unexpected "punch line," a conclusion not anticipated. This happens when a joke involves an old person doing something that is contrary to the usual negative stereotype of old people, as in several of the examples of positive humor below.

Negative Humor

Here are some examples of such negative humor:

- "There isn't a single thing I can't do now that I could do when I was 18, which gives you an idea of how pathetic I was at 18!" (George Burns)
- (Birthday card) The trouble with being our age, by the time our ship comes in, our piers have collapsed.
- (Birthday card) Don't just sit there. If someone calls you old, run them over with your wheel chair.
- A gerontologist was lecturing about aging processes: "There are three signs of aging. First there is loss of memory.... (Pause) and I've forgotten the other two.
- There are three stages of memory loss. First you forget names. Second you forget to zip up your fly. Third, you forget to unzip you fly.
- The secret of living to be 100 becomes less attractive as you get

older.

- An old woman met an old man and asked him why he was so pale. “Well, I’ve been in jail for the last 20 years.” “Why?” “Because I murdered my wife.” She responds, “Oh, so you’re single, eh?”
- Three elders were talking about their memory problems. First one says, “I keep forgetting to take my keys with me and I get locked out of my house or car.” The second one says, “I have a terrible time remembering people’s names.” Third one says, “My memory is pretty good, knock on wood.” He then knocks on wood and immediately turns and calls out, “Hello? Who’s there?”
- An old man losing his memory gets pills from his doctor. A friend asks, “How are they working?” Old man: “Fine, only I forget to take them.”
- The five B’s of aging: baldness, bridgework, bifocals, bulges, and bunions.
- You’re getting old when your wife gives up sex for Lent and you don’t even notice it.

Positive Humor

Even some jokes which appear to be positive may be based on negative stereotypes to make them funny. For example, an old lady tells her friend, “I didn’t sleep well last night because a man kept pounding on my door.” “Why didn’t you open the door?” her friend asks. “What and let him out?” This is funny because of the stereotype that assumes old ladies are not interested in sex. Thus, even “positive” humor may reinforce negative stereotypes.

- At 10, a child; at 20 wild; at 30

tame as ever; at 40 wise; at 50 rich; at 60, good, or never.

- To be 70 years young is sometimes far more cheerful and hopeful than to be 40 years young. (Oliver Wendell Holmes)
- To grow old is to pass from passion to compassion. (Albert Camus)
- (Birthday card front) Dearie, you may be getting to be an oldie... (inside) But you’ll always be a goodie.
- (Birthday card front) You’re only as old as you feel... (inside) And last night when I felt you, you felt as young as ever!
- Old timer: a fellow who has made the last payment on his house.
- Reporter: “How does it feel to be 100 years old?” Man, “Wonderful, not an enemy in the world!” Reporter, “What a beautiful thought!” Man, “Yep, I’ve outlived them all.”
- Reporter to man on his 100th birthday: “Do you have any sons?” Man, “Not yet!”
- An old lady talking to an old man said, “You remind me of my third husband.” “Your third husband! How many husbands have you had?” “Two,” she replied.
- A group of women were discussing at what age a woman loses her sexual appetite. They ask an 80 year old grandmother who says, “Sorry, girls, you’ll have to ask somebody older than me.”

Positive humor also includes the sagacity and learned experiences gained over a life course, such as these:

- A wise old owl sat on an oak. The more he saw, the less he spoke. The less he spoke, the more he heard. Why can’t we be like that wise old bird?

- A tourist traveling through the back country came upon an old local sitting on his front porch. Approaching him he asked, “Lived here all your life?” The old man answered, “Not yet.”

Conclusion

Most people would probably agree that negative humor about old people is a less serious type of ageism than some more harmful types, such as employment discrimination or criminal victimization. However, because negative humor is so frequent and insidious, it may well be a root cause of the more serious forms of ageism.

Personally, I try to avoid repeating negative jokes about old age. Sometimes these are funny even when the age reference is avoided. In those cases, I try telling the joke but leaving out the reference to old age.

In summary, most humor about aging tends to support negative ageism. Just as racist and sexist jokes support negative stereotypes about race and gender, most jokes about aging support negative stereotypes about old people. Tellers and listeners are most likely unaware of the ageist effects of such negative humor, but, ironically, this may actually increase the joke’s impact on the listener’s unconscious attitudes.

On the other hand, positive humor which challenges the negative stereotype about old age, may actually reduce ageism. And witness the number of positive slogans about growing older: The best wines come in old bottles; Aged to

perfection; Old age is not for sissies; Aging is living; It's never too late to learn; and more.

So laughter may often be the best medicine, but laughter at the expense of old folks may be toxic.

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About the Author

Erdman Palmore, PhD, is Professor Emeritus of Medical Sociology at the Duke Center for the Study of Aging. He began his research on bias as a student at the University of Chicago in the 1950s where he conducted research on racism. He is the author of the landmark texts *Normal Aging I, II, and III*; research on global aging, including the *International Handbook on Aging*, and *Honorable Elders: A Cross-cultural Analysis of Aging in Japan*; the widely used "Facts on Aging" quiz; and the book *Ageism: Negative and Positive*; and co-editor of *Encyclopedia of Ageism*.

Negative Attitudes about Aging Linked to Subsequent Brain Damage

A recent study published in the journal *Psychology and Aging* seems to confirm the adage about self-fulfilling prophecies and may cause some refocusing of attention on the risk factors for dementia and cognitive decline. Examining survey responses by participants in the Baltimore Longitudinal Study of Aging (BLSA), researchers found that those who thought older adults were unhappy, slow, and intellectually dull and that old age was an affliction of physical and cognitive decline tended many years later to be more likely to exhibit brain changes like those seen in Alzheimer's disease. So, negative stereotypes about aging early in life may affect brain wellness later.

The study, *A Culture–Brain Link: Negative Age Stereotypes Predict Alzheimer's Disease Biomarkers*, appeared in the December 7, 2015 issue. A research team from Yale University, Johns Hopkins University, and the National Institute on Aging compared survey responses from an average of 28 years earlier with magnetic resonance imaging (MRI) and post-mortem studies of the brain. All participants were considered to be healthy and dementia-free at the times of the surveys.

Researchers Becca Levy, Luigi Ferrucci, Alan Zonderman, Martin Slade, Juan Troncoso, and Susan Resnick inspected changes shown by MRI over the course of 10 years in the brains of 52 BLSA participants and performed autopsies of

the brains of 74 other BLSA participants. In both circumstances they found striking differences from what they found in the brains of participants who had held more positive attitudes in the surveys. Those who had held the most negative stereotypes earlier had MRI scans that tended to have substantially greater shrinkage or volume loss of the hippocampus, a structure in the brain central to memory. The post-mortems showed that those who had the most negative attitudes earlier had significantly more amyloid plaques (protein clusters that accumulate between brain cells) and neurofibrillary tangles (twisted strands of protein that accumulate within cells) scattered throughout their brains; both are classic biomarkers of Alzheimer's disease.

The study is the first to link the brain changes related to Alzheimer's disease to a cultural-based psychosocial risk factor. Interviewed by Michael Greenwood of Yale News, lead author Becca Levy said,

"We believe it is the stress generated by the negative beliefs about aging that individuals sometimes internalize from society that can result in pathological brain changes. Although the findings are concerning, it is encouraging to realize that these negative beliefs about aging can be mitigated and positive beliefs about aging can be reinforced, so that the adverse impact is not inevitable."

The Virginia Geriatric Education Center Geriatrics Workforce Enhancement Program

The VGEC's new three-year (2015-2018) federally funded project is well underway. Its overarching goal is to improve the health and well-being of older adults statewide, especially those at risk for adverse outcomes, with a focus on regions that are Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSAs). With the support of the Health Resources and Services Administration, DHHS, we are doing this through strengthened geriatrics training in primary care, in settings from pre-clinical to community practice, and through community-based partnerships focused on engaging elders and their caregivers in learning experiences to improve self-care and assisted care.

We are not working alone. The VGEC Consortium consists of Virginia Commonwealth University, University of Virginia, and Eastern Virginia Medical School. Our collaborating partners include Community Memorial Hospital in South Hill; Richmond Health and Wellness Program; the Riverside Health System; Sentara Health; the Virginia Health Quality Center (QIO); Mountain Empire Older Citizens in Big Stone Gap and its Program of All-inclusive Care for the Elderly (PACE); Senior Navigator (SN); Southside Virginia Community College; and others. For our focus on Alzheimer's disease and related dementias (ADRD), we are partnering with George Mason University; Norfolk State University; all four

chapters of the Alzheimer's Association in Virginia; at least seven Area Agencies on Aging across Virginia; and the newly retired Vice President of the Alzheimer's Association, Massachusetts and New Hampshire.

This project has four ambitious but much-needed objectives. With space limitations, we'll briefly review two.

Transforming Clinical Care. The VGEC's initiatives include:

Excellence in Primary Integrated Care-Geriatric Patients (EPIC-GP) at Eastern Virginia Medical School (EVMS). EPIC-GP will use older adults' annual Medicare Wellness Visits as a training vehicle, benefiting both the older adults and an interprofessional team of health care providers. In the MWV, providers will screen for geriatric syndromes, cognitive impairments, learn about advanced care discussions in primary care and relevant community based resources for older patients and family caregivers. EPIC-GP wants to increase providers' sense of self-efficacy and comfort in working with older patients. To gain perspectives that benefit patients, EPIC-GP will solicit input from a community consultant group and receive training on Senior Navigator's web-based and community portal resources.

The Richmond Health and Wellness Program (RHWP). This is an innovation that brings interprofessional clinical students and providers to seven housing sites in Richmond for economically disadvantaged older adults. Students and practitioners learn practical ways of team

care. The RHWP is also part of the 200-hour Faculty Development Program (FDP), first established by the VGEC in 2011; in the FDP 12 or more health care providers from various professions, e.g., medicine, nursing, pharmacy, and therapies, who have some type of academic appointment, commit to a 20-hour rotation at the RHWP to see firsthand the interprofessional team approach to geriatrics in practice.

The Virtual Interprofessional Web-Based Case System. First established through funding by the Reynolds Foundation, VCU is continuing its pre-clinical geriatrics training experience for students in medicine, nursing, pharmacy, and social work. Small teams comprised of each profession respond to an evolving patient case on-line and must learn to diagnose and treat patient conditions as a team, incorporating input from each of the other team members. Some 650 pre-clinical learners participate in this web-based, team-building experience each year.

Developing Providers to Assess and Address Needs of Older Patients and Families. The VGEC project has several initiatives:

The 200-hour Faculty Development Program (FDP). Mentioned briefly above, the FDP is a monthly seminar, September through June, including weekend retreats in October at Staunton, January at Newport News, and April at the Virginia Geriatrics Society annual conference. Its in-person, seminar format is a distinctive characteristic of the program wherein learners, called

- continued on page 17

Commonwealth Council on Aging 2016 Best Practices Awards

The Commonwealth Council on Aging is sponsoring the 2016 Best Practices Award Program funded by Dominion Resources targeted to organizations serving older Virginians and their families. As we struggle to meet the challenges of serving a rapidly aging population during a time of budget cuts and growing demand, we need to share our best practices and applaud our successes. Instructions, nomination forms, and information on previous Best Practices Award Winners are on the Commonwealth Council on Aging's website: <http://vda.virginia.gov/council.asp>.

Nominations for the 2016 Awards must be received by March 1, 2016.

This is the tenth anniversary of the first Best Practices Award and the Council is pleased to offer monetary awards to the top winners: The first place program will receive \$5,000; second place, \$3,000; and third place, \$2,000. The Council will also recognize three honorable mention programs.

The awards will be given to innovative programs and services that assist older adults to Age in the Community. This invites an opportunity to recognize creativity in services that foster "Livable Communities" and/or "Home and Community Based Supports" - from transportation to housing, from caregiver support to intergenerational programming. The Council believes the door is wide open for creative best practices.

Hidden Sugars in "Healthy" Drinks



Many of us looking to avoid well known sugar traps like Coca Cola and Pepsi (15.5 and 16.5 teaspoons of sugar, respectively, in a 20 ounce container)

have chosen apparently healthy alternatives like teas, lemonade, and smoothies. Unfortunately, we may be in for a not-so-nice surprise. The November 2015 issue of *Nutrition Action Health Letter*, published by the Center for Science in the Public Interest, reports a summary of its investigation of added sugars in popular drinks, using data from the companies producing them. First, keep in mind that nutritionists recommend that we limit our added sugars to six to nine teaspoonsful a day. That's from all foods consumed over the course of a day. Then consider the following surprising findings, from among more than two dozen drinks assessed. Each drink is listed by its name, size in fluid ounces, and the estimated number of added teaspoons of sugar in that drink:

- Silk Chocolate Soymilk (8 oz.) 4
- Starbucks Caffee Latte, Soy (16 oz.) 4
- Ocean Spray Cranberry Juice Cocktail (8 oz.) 4.5
- Blue Diamond Almond Breeze Chocolate Almondmilk (8 oz.) 5
- Schweppes Tonic Water (12 oz.) 7.5

- San Pellegrino Limonata (11 oz.) 7.5
- Snapple Lemon Tea (16 oz.) 8.5
- Simply Lemonade (11 oz.) 9.5
- Panera Signature Hot Chocolate (16 oz.) 11
- McDonald's Sweet Tea (21 oz.) 13.5
- Canada Dry Ginger Ale (20 oz.) 14
- Jamba Juice Chocolate Moo'd Smoothie (22 oz.) 19.5

Comparing the sizes of drinks may assuage pangs of guilt a bit, for the 16 ounce Starbucks soy Caffee Latte, for instance, has the same amount of added sugars as the eight ounce Silk soy drink, and a bit over a third of added sugars of the 16 ounce Panera hot chocolate. Still, it's all a bitter surprise to discover how pervasive sugar can be in our diets.

Visit Our Websites

Virginia Center on Aging
www.sahp.vcu.edu/vcoa

Virginia Department for Aging and Rehabilitative Services
www.dars.virginia.gov

Virginia Innovators Network Inspiring Products, Promoting Healthy Aging

by Catherine MacDonald, Network Integration and Outreach Specialist, Senior Connections, The Capital Area Agency on Aging

Set among 3D printers and high tech projects, more than 50 people from various sectors across Virginia gathered this past fall at Virginia Commonwealth University Art Depot to hear business pitches for innovative products and services targeting an expansive market for older consumers and caregivers. “Aging 2.0 Richmond Pitch Event: Connect! Caregiving, Transportation & Housing” served as a kick off for the new local chapter of Aging 2.0, a global innovation platform for aging and senior care. Richmond’s Aging 2.0 chapter operates under the Greater Richmond Age Wave collaborative’s Business for Life work group, focused on bringing together a network of businesses, professionals, and local providers.

The crowd heard four-minute pitches from six local entrepreneurs at varying stages in their product/service development. Two minutes were allotted for questions and answers from the audience, who then had one minute to rate the pitch via an online survey service on their smart devices.

Votes were tallied, and the top prize went to “Catch a Glimpse of Me” (trademark pending). Created by Lindsay King Seymour, it’s a tool

that helps long-term care community staff members provide a higher level of person-centered care through the use of video-taped resident interviews.

Seymour, who received her master’s degree from the VCU Department of Gerontology in 2014, said the idea for “Catch a Glimpse of Me” came to her in graduate school. She has been working as a recreation specialist at Covenant Woods Retirement Community for the past 12 years and has a particular interest in exploring ways to provide quality person-centered care for individuals living in long-term care communities. Recently, she was awarded the Marion Cotter King award to acknowledge outstanding contribution to the study of recreation, leisure, and optimal aging.

The winner was not the only VCU Gerontology representative involved: Current graduate students Sara Morris and Catherine MacDonald helped coordinate the event. As work group members, the students attended other Aging 2.0 events, created event collateral, marketing materials, and helped promote the very first local pitch session.

The Greater Richmond Age Wave thanks Genworth for sponsoring the Aging 2.0 Pitch Event, as well as fellow philanthropic partners Richmond Memorial Health Foundation, The Community Foundation, and United Way of Greater Richmond and Petersburg.

VGEC, *continued*

Scholars, engage in discussions about geriatric syndromes, falls prevention, lifelong disabilities, dementia, depression, and delirium, and other aging-related topics. They also learn about teaching strategies and technology because they must develop, implement, and evaluate a curriculum project of their own choosing, in order to pass along to their colleagues or students some aspect of what they’ve learned in the FDP. The VGEC provides mentoring help.

The 40-hour Train-the-Trainer (TTT) program. This interprofessional geriatrics training program is essentially a brief version of the FDP. It is delivered in the community, including adult day centers and professional training sites, for learners who include preceptors of health care students in training, nurse practitioners, nurses, OTs and PTs, physicians, chaplains, and others with direct contact with older patients.

The 24-hour Evidence Based Practice program. This community-based training program focuses on preventing the recurrence of falls among frail older adults. For several years the VGEC has conducted this seven-week training program at PACE sites across Virginia and at the McGuire Veterans Administration Medical Center. Participants learn varying definitions of falls (definitions determine what’s reported and treated), risk factors for falling, screening instruments used by various professions, interprofessional interventions, and team care planning.

Calendar of Events

March 29-30, 2016

Virginia Assisted Living Annual Spring Conference and Trade Show. Hotel Roanoke and Conference Center, A DoubleTree by Hilton, Roanoke. For information, visit www.valainfo.org/Spring_Conference_2016.html

March 31 - April 3, 2016

Transforming the Landscape of Caregiving: From Research to Practice. 37th Annual Meeting of the Southern Gerontological Society. The Boar's Head, Charlottesville. For information, visit southerngerontologicalsociety.org.

April 1-3, 2016

The 27th Annual Virginia Geriatrics Society Conference. Hilton Richmond Short Pump Hotel. For information, visit www.virginia geriaticsociety.org or call (434) 977-3716.

April 21-23, 2016

Leading through the Currents of Change. 31st Management and Leadership Conference of the National Hospice and Palliative Care Organization. Gaylord National Resort and Convention Center, National Harbor, Maryland. For information, visit www.nhpco.org/mlc2016-0.

April 23, 2016

Age Virginia Awards: 40th Celebration. The VCU Department of Gerontology's Age Virginia 40th Anniversary Gala Celebration. 6:00 p.m. St. Paul's Episcopal Church, Richmond. For information, visit https://training.vcu.edu/course_detail.asp?ID=14371.

May 2016

Older Americans Month

May 13, 2016

Active Aging Expo. Hosted by Senior Advocate. 7:30 a.m. - 12:15 p.m. The Westin Richmond. The Expo is for ages 55+ and is free to the public. For information, call Micah Hunt at (757) 719-2223.

May 18-20, 2016

2016 Annual Conference & Trade Show of LeadingAge Virginia. The Williamsburg Lodge, Williamsburg. For information, visit www.leadingagevirginia.org.

May 18-21, 2016

38th Virginia Senior Games. Newport News, VA. Athletes aged 50+ will compete in 18 different sports events in age-group categories (5-year increments). For information, visit www.virginiaseniorgames.org. Registration is online and available through May 1st.

June 6, 2016

Engaging the Brain. Annual conference of the Area Planning and Services Committee (APSC) on Aging with Lifelong Disabilities. Doubletree by Hilton Richmond-Midlothian. For information, contact eansello@vcu.edu.

June 7, 2016

Annual Conference on Aging: Aging Well in Mind, Body, & Spirit. Lynchburg College. Presented by the Beard Center on Aging at Lynchburg College. For information, call (434) 544-8456 or visit www.lynchburg.edu/beard.

June 8, 2016

National Council of Certified Dementia Practitioners Alzheimer's Disease & Dementia Care Seminar. (Course required for certification as a Certified Dementia Practitioner). Lynchburg College, Lynchburg. Presented by the Beard Center on Aging at Lynchburg College. For information, call (434) 544-8456 or visit www.lynchburg.edu/beard.

July 24-28, 2016

41st Annual Conference and Tradeshow of the National Association of Area Agencies on Aging. Sheraton San Diego Hotel and Marina, San Diego, CA. For information, visit www.n4a.org.

November 15-16, 2016

33rd Annual Conference and Trade Show of The Virginia Association for Home Care and Hospice. Marriott City Center, Newport News. For information, visit www.vahc.org.

Age in Action

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Workshops Include:

- Legal Documents
- Home Care versus Home Health
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- Differences between Hospice, Palliative Care, and Respite Care
- The Importance of Self-Care

FREE. Lunch will be provided.

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*Sponsored by The Chesterfield Council on Aging and
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