



VIRGINIA DEPARTMENT FOR AGING  
AND REHABILITATIVE SERVICES



DIVISION FOR THE AGING

James A. Rothrock, Commissioner

## VDA WEEKLY E-MAILING

March 1, 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>

### NASUAD Weekly Update

Here is a link to the weekly update from NASUAD:

<http://www.nasuad.org/newsroom/friday-update>

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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## UPDATES

**February 23, 2016**

**Webinar: Falls Prevention for Adults Aging with Disabilities**

**Thursday, March 3  
3:00 - 4:30 p.m. EST**

Experts in neurology and rehabilitation will present up-to-date research about falls among adults aging with long-term physical disabilities. Prevention and management strategies for the growing population of people with chronic conditions such as such as multiple sclerosis, spinal cord injuries and cerebral palsy will be the focus. Program examples from the aging and disability communities will be highlighted.

Online Registration:

<https://cc.readytalk.com/r/mvv3qm3bm26m&eom>

This webinar will also be archived on the National Council on Aging Center for Healthy Aging [Vimeo channel](#).



## **Governor's Conference on Aging: Sponsorship and Registration Info**

*Martina James, Special Assistant to the Commissioner*



Gov. Terry McAuliffe has called for the first Virginia Governor's Conference on Aging since 2003. The day and a half conference will be held May 2-3, 2016 at the Richmond Hotel and Spa, Short Pump.

The conference theme is "Designing Our Future." The three main topics to be addressed at the conference are: culture change in long term services and supports; safety and financial security; and livable communities. The conference is designed for professionals in the aging service network, including health care professionals, government, business, academia, non-profit sector, consumer advocates, program volunteers and others. The first day will be a full conference program of interactive plenary sessions, breakout sessions, networking opportunities, an exhibit hall and an evening reception. The second day is an optional, half-day, moderated session that will result in a number of state policy recommendations.

There are still opportunities to be a conference sponsor or exhibitor. The rate to be an exhibitor was recently reduced to only \$250; space is limited.

For more information, visit the conference website: <http://vgcoa.com/>

## **2016 Federal Poverty Guidelines**

*Tim Catherman, Director of Aging Operations*

On January 25, 2016, the US Department of Health and Human Services announced updated poverty guidelines for 2016. The chart below shows the current guidelines. The [Federal Poverty / VDA Sliding Fee Scale - Majority VA](#) and [Federal Poverty / VDA Sliding Fee Scale - Northern VA](#) charts will be updated effective March 2016.

**2016 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES  
AND THE DISTRICT OF COLUMBIA**



PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,160 for each additional person.	
1	\$11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890

If you have any questions about the reporting requirement, please contact Leonard Eshmont (804) 662-9800 or Tim Catherman (804) 662-9309.

### **Slip, Trip and Fall Protection for Older Adults**

*Kathy B. Miller, Director of Aging Programs*





## What are the Risks?

Today, Americans are living longer while staying active and healthy. But adults 65 and older are at risk for falls, which can signal the beginning of the end of that active life – and their independence. Injuries from falls can lead to limited activity, reduced mobility, loss of fitness and a fear of falling, all of which increase the risk of additional injury.

Falls also are the leading cause of injury-related death for adults age 65 and older, according to *Injury Facts 2015*, the statistical report on unintentional injuries created by the National Safety Council. This is not surprising, considering falls are among the most common causes of traumatic brain injury. About 29,500 people died from falls in 2013, and the vast majority of them were over age 65.

According to the [Centers for Disease Control and Prevention](#):

- One in three older adults falls each year
- About 2.5 million nonfatal falls were treated in emergency departments in 2013
- Of those, 734,000 people were admitted to the hospital
- That year, 25,500 older adults died from unintentional falls
- More than 250,000 hip fractures are reported every year, and 95 percent of those are from falls

## The Good News

Falls are preventable and [aging, itself, does not cause falls](#).

Some of the underlying causes of older-adult falls, such as muscle weakness, medications that cause dizziness, improper footwear, impaired vision, slick floors, poor lighting, loose rugs, clutter and uneven surfaces, can be improved.

While falls can happen anywhere, they most often occur at home. What can you do to make your home or the home of someone you love safer?

- Remove clutter, small furniture, pet gear, electrical cords, throw rugs and anything else that might cause someone to trip
- Arrange or remove furniture so there is plenty of room for walking
- Secure carpets to the floor
- Wipe up spills immediately



- Make sure outdoor areas are well lit and walkways are smooth and free from ice
- Use non-slip adhesive strips on stairs
- Use non-skid mats or appliques in the bath and shower
- Install grab bars in the tub, shower and near the toilet
- Install railings on both sides of stairs
- Provide adequate lighting in every room and stairway
- Place nightlights in kitchen, bath and hallways
- Make often-used items more accessible, like food, clothing, etc., so an older person won't be tempted to use a stool or ladder to get to them
- If necessary, provide personal walking devices, such as a cane or walker, to aid in stability



### Tai Chi, Anyone?

Harvard Medical School touts the value of exercise in preventing falls and even reversing some of the many conditions associated with aging. Tai Chi, in particular, earned a spot in a Harvard Health publication. The ancient Chinese mind-body practice improves balance and muscle tone, and could be "[the perfect activity for the rest of your life](#)," according to the article. Even people in wheelchairs can do it.

PubMed.gov also conducted a six-month trial to determine the effect of Tai Chi on older adults. During the trial, [inactive older adults who did Tai Chi three times a week decreased the risk of falls by 55 percent](#) compared to a control group.

In addition to regular exercise, older adults should ask a doctor if their medications may be causing dizziness, and make sure to have regular eye exams.



## **March is Brain Injury Awareness Month**

*Devin Bowers, MPH, Dementia Services Coordinator*

The Brain Injury Services Coordination Unit at the Department for Aging and Rehabilitative Services (DARS) is holding a series of Lunch and Learns and we welcome all DARS Staff and our local offices and partners to join us. On March 2<sup>nd</sup>, we will be doing a Brain Injury 101, featuring the Executive Director of the Brain Injury Association of Virginia, Anne McDonnell. On March 15<sup>th</sup> (12:15) we are having a great panel Q/A presentation called: "What's the Difference? Brain Injury, Dementia, Alzheimer's and Aging." And on March 30<sup>th</sup>, we're going to explore "Sports Concussion: What's the Deal?" featuring an athletic trainer and noted expert on the subject. Please join us and bring your lunches AND your questions!!! For questions, please contact: [donna.cantrell@dars.virginia.gov](mailto:donna.cantrell@dars.virginia.gov) **The Lunch and Learns will be held at the DARS Central office located at 8004 Franklin Farms Drive Henrico, VA 23229 from noon to 1:15 in conference rooms 101, 103 and 105, with the exception of March 15, which will start at 12:15.**

Sincerely,

Devin M. Bowers, MPH  
Dementia Services Coordinator

## **Altarum Institute: We Risk Losing Out in Old Age if We Don't Pay Attention to the Aging Network**

*Tim Catherman, Director of Aging Operations*



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February 23,  
2016

**Just Posted**

**Today on the Altarum Health Policy Forum**



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## *We Risk Losing Out in Old Age If We Don't Pay Attention to the Aging Network*

*By Elizabeth Blair & Anne Montgomery, Altarum Institute*

*Most American families and even health policy experts have never heard of the Aging Network, a loosely organized, community-embedded aggregation of service organizations that provide elders with vital services such as housing repairs, food, and transportation. Yet this network is essential and fundamental to the health of our grandparents, parents, and, eventually, all of us as we grow older and need a bit of assistance to continue living in our communities...[Read Full Post](#)*

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## **Serving Consumers Who are Most Significantly Disabled**

*Kathy Hayfield, Director, Division of Rehabilitative Services/DARS*

**Good news! Effective tomorrow, March 1, 2016, we will begin serving all consumers who are Most Significantly Disabled - as we are opening MSD!** This means that those who applied in February, 2016 and from here on out, will not be put on the waiting list when they are determined eligible. It is time to clear the waiting list of all people in the MSD category (about 600 people)!

**In addition, we will open services to people on the waiting list who are in the SD2 Category and applied on or before June 30, 2015.** This is about 500 people.

The AWARE layout will be updated by Sandy Williams on March 1, 2016. Please notify and meet with consumers as soon as possible to determine their desire for services.

Thank you for managing case services dollars so effectively to allow us to open MSD and get hundreds of SD2 consumers off the waiting list!!! Your work has allowed more people to be served and eventually become Employed!!

*Kathy Hayfield*

*Director, Division of Rehabilitative Services*

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

804.662.9995

## **Best Practice - Anxiety and Stress Quiz (Attachment)**

*Kathy B. Miller, Director of Aging Programs*

As part of its Older Virginians Mental Health Month activities in September, **Rappahannock/Rapidan CSB** provided a voluntary anxiety and stress questionnaire to senior center participants. Open discussion was held, and participants were reminded of the CSB resources available to them. They were also encouraged to let their Senior Center Supervisors or County Support Coordinators know if they had questions or if any follow up was needed.

## **Quiz: Test Your Knowledge of Stress and Anxiety**



**1. Stress and anxiety are the same thing.**

**True or False**

**CORRECT ANSWER: False**

**Stress is your response to a change in your environment, be it positive or negative. Your body reacts to change -- falling in love, starting a new job, or suffering an unexpected loss -- with physical, mental, and emotional responses. Anxiety is an emotion that's characterized by a feeling of apprehension, nervousness, or fear.**

**2. The causes of stress are essentially the same for everyone.**

**True or False**

**CORRECT ANSWER: False**

**Something that causes stress for you may not for someone else. Something that's a source of negative stress for one person -- such as a deadline -- might actually be helpful for someone else.**

**3. Being easily annoyed and unusually irritable can be an emotional warning sign of too much stress.**

**True or False**

**CORRECT ANSWER: True**

**In addition to unusual irritability, other emotional warning signs that may indicate a need to work on how you handle stress include a short temper and an inability to concentrate.**

**4. Losing weight can be a sign of too much stress.**

**True or False**

**CORRECT ANSWER: True**

**Any change in eating pattern, such as a loss of appetite (leading to weight loss) or overeating (leading to weight gain), can be a sign of stress. Other indicators include becoming less active, experiencing more conflict in relationships, and increasing your use of alcohol, tobacco, or other drugs.**

**5. Chronic stress can contribute to depression.**

**True or False**

**CORRECT ANSWER:** True

Chronic stress is long-term stress, such as that caused by traumatic events or miserable living conditions. Untreated chronic stress can contribute to major depressive disorder, a form of intense depression that lasts for long periods and can prevent someone from living a normal life. Chronic stress also can contribute to physical illnesses, including high blood pressure, heart disease, and obesity.

**6. Rethinking your expectations may help you cope with stress.**

**True or False**

**CORRECT ANSWER:** True

One way to cope with stress is to set realistic goals at home and at work – even if that means lowering your expectations a bit. Other things that can help include accepting that some events are beyond your control, preparing well for things that you know may be stressful (such as a speech or an interview), trying to see change as a challenge instead of a threat, eating and drinking sensibly, getting plenty of rest, and exercising regularly.

**7. Anxiety is always a negative, harmful emotion.**

**True or False**

**CORRECT ANSWER:** False

Anxiety, which makes us nervous or fearful, may not always be enjoyable, but it is a normal and potentially helpful emotion. Mild anxiety can make you more alert and focused on facing challenging or threatening circumstances.

**8. An anxiety disorder can be characterized by which of the following?**

- A sudden, uncontrollable attack of terror
- An unfounded fear and dread of everyday situations
- Fear of saying or doing something that would be embarrassing or humiliating around other people
- Any of the above

**CORRECT ANSWER:** Any of the above

Although anxiety is a normal human emotion, people who experience extreme fear and worry that don't go away may have an anxiety disorder. Each anxiety disorder

has its own specific symptoms. For example, panic disorders cause sudden, uncontrollable feelings of terror, and social anxiety disorder involves the fear of being in unfamiliar social situations with expectations of scrutiny by others. Both can also manifest with physical symptoms such as shaking or breaking out in a sweat.

**9. Anxiety disorders are the most common mental illness in the U.S.**

**True or False**

**Correct Answer: True**

About 40 million American adults (18 and older) are affected by anxiety disorders each year. That's about 18% of the adult population.

**10. Men are twice as likely as women to have generalized anxiety disorder.**

**True or False**

**CORRECT ANSWER: False**

Women are twice as likely as men to be affected by generalized anxiety disorder, which is characterized by at least 6 months of excessive, unrealistic worry over everyday problems.

**11. Which of the following is a treatment option for anxiety disorders?**

- Medication
- Psychotherapy
- Both
- Neither

**CORRECT ANSWER: Both**

Anxiety disorders can be treated with medication, psychotherapy, or a combination of the two. The primary medications prescribed for anxiety disorders are certain antidepressants, anti-anxiety drugs, and sometimes beta-blockers to control physical symptoms.