### Case Study: State Regulation of Assisted Living Facilities

by Sonya A. Sterbenz

Sonya Sterbenz is a Master’s student in the VCU Gerontology Department, a research assistant at the Virginia Center on Aging, and a public policy intern at the Virginia Association of Non-Profit Homes for the Aging (VANHA). Her case study follows from a current VANHA project on Special Care Units in Assisted Living Facilities and a review of assisted living regulations.

### Educational Objectives
1. To define the role of assisted living facilities in the continuum of long-term care options for older adults.

2. To present the various arguments concerning the regulation of the assisted living industry.

Background

The U.S. Small Business Administration has identified assisted living as the fastest growing small-business dominated industry. Assisted living is conceptualized on the continuum of long-term care between home care and skilled nursing care (Dewey, 1994). By occupying this place in the continuum, assisted living may help ward off premature or unnecessary nursing home admissions by offering another alternative (Widdes and Bruck, 1995). The growth of assisted living can be linked to “the changing nature of nursing facility services” (Dewey, 1994). An increase in populations of very sick people in nursing homes created a need for a long-term care option for people requiring less care.

Assisted living is variably defined by states, organizations, and individual facilities. The Assisted Living Facilities Association of America (ALFFA) defines it as "a special combination of housing, supportive services, personalized assistance, and health care designed to respond to the individual needs of those who need help with activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum dignity and independence for each resident and involves the resident's family, neighbors and friends" (Buckwalter, Leibrock, and Klein, 1996).

The hallmarks of assisted living are a consumer-driven approach, residential and home-like versus institutional qualities, innovation and flexibility in accommodating special populations such as Alzheimer's patients, a socio-behavioral model of care, and an emphasis on patient autonomy. However, because assisted living is considered long-term care and provides some of the services provided in the nursing home setting, it has come under intense scrutiny for regulation.

The level of state regulation has become a controversial issue in recent years. Opponents of regulation argue that increased regulation will erode the unique qualities of assisted living facilities listed above, forcing them to become more like nursing homes. They believe that increased regulation will deprive facilities of the flexibility they currently have to do things differently than nursing homes, and in particular to provide care for special populations such as Alzheimer's patients. Proponents of regulation believe that more stringent standards of care will both ensure a minimal level of care and result in higher quality care. Concerns about the safety of residents and the quality of care provided in assisted living facilities has led the move for increased regulation of assisted living facilities. However, the regulation issue cannot be categorized simply as a case of the assisted living industry versus policymakers. The controversy surrounding assisted living has also split the industry itself. The following case studies provide examples of just two of the many opposing views regarding assisted living regulation within the industry itself.

Case 1: Supporting Assisted Living Regulation

As an administrator for an Alzheimer's Special Care Unit in an assisted living facility, Mary M. is concerned about the quality of staff that facilities will hire when there are only minimal standards that applicants must meet to qualify for positions on Special Care Units. While Alzheimer's and dementia care require special training for Direct Care Staff, current standards require only four hours per year of dementia-specific training. Administrators are required to have only twelve hours of dementia-specific training per year. Mary would like to see more stringent training standards for staff on Special Care Units.

Case 2: Opposing Assisted Living Regulation
As a nurse on a Special Care Unit in an assisted living community, Jodi K. often becomes frustrated by the limitations imposed by regulations. A crisis recently occurred that Jodi felt could have been avoided. Mrs. L., an Alzheimer's patient who has resided on the unit for six years, and whom Jodi has watched deteriorate, wandered off the unit and outside the building. She was found two miles away on the other side of the highway early the next morning. In the state in which Jodi works, regulations prohibit units from being locked or having security measures to prevent patients from wandering away from the unit. If the regulations had not prohibited security measures, perhaps the whole traumatic experience would not have happened. Now both the staff and Mrs. L.'s family are constantly concerned about her safety.

Note: Currently, Virginia regulations do not prohibit the use of security measures or locked units. Regulations differ by state, and this case outlines a situation in which flexibility in providing for resident safety is reduced by the nature of the existing regulations.

Discussion

Both case studies describe Special Care Units (SCUs) or Alzheimer's units because the question of regulation in assisted living facilities has particular importance for these units. SCUs in assisted living facilities are not subject to strict nursing home regulations, and can use their flexibility to provide innovative environments for Alzheimer's residents. For example, SCUs might wallpaper over residents' doors, thereby disguising the doors to discourage wandering residents from entering other residents' rooms. SCUs might also create a home-like environment for Alzheimer's patients with props to trigger memories such as old typewriters, black and white pictures on the walls, and old music playing. The fear is that regulation will be taken to the extreme and prohibit this type of environment.

Alternatively, regulations might be viewed as a method of quality assurance in the assisted living industry. However, there is conflicting research regarding the relationship between regulation and quality of care. Although nursing homes are often looked at as examples of the benefits of regulation, nursing homes are not without their quality problems. The relationship between regulation and quality in the nursing home industry is still questionable. Since a causal relationship between the intensive regulation of nursing homes and the quality of care provided is not clearly established, some policymakers may question whether increasing regulation will assure quality care in assisted living facilities. Further research is needed to address how effectively regulations serve the goals of the assisted living industry, and how regulations can best do so. It is difficult to predict the extent to which increased regulation will change assisted living; some see such increases as potential threats to the facilities, others see them as necessary for consumer protection. More regulations might move assisted living towards nursing home care in the long-term care continuum.

Another argument opposing regulation suggests that quality care can be assured through market forces that allow consumers to make educated decisions about choosing assisted living facilities. In this line of reasoning, facilities need to compete for consumers by offering the best care and services. However, this assumes that information regarding the services provided and the quality of care offered is available and that consumers have easy access to it. It is important for consumers to take a proactive approach in obtaining this information, as it may not always be easily accessible.

An underlying ethical debate between beneficence (protecting residents) and autonomy (allowing self-determination and risk-taking) is seen in the discussion over assisted living regulation, especially in special care units caring for persons who might have difficulty making decisions (Buckwalter et al., 1996). At what point does a facility stop protecting a patient and allow him or her to take risks? This question is not easily answered. The trend in long-term care has been to sacrifice some autonomy for safety, particularly in nursing homes. These debates on the ethics of long-term care should continue as we struggle to find the best way to serve the public good.
At a fundamental level, the issue of assisted living regulations can be simplified into this dichotomy: a) regulation of assisted living facilities is needed because medical care is being provided, and b) regulations should not be allowed to undermine the basic premises (innovative, flexible, and modeled on a socio-behavioral model) motivating the creation of assisted living in the first place. Perhaps the ideal situation is offered in the words of Buckwalter, Leibrock, and Klein (1996), "the standards for assisted living should not allow substandard care, but neither can the regulatory mechanisms so restrict care as to recreate nursing home conditions. Accountability must be based on some type of outcomes system that permits innovation while maintaining quality."

**Study Questions**

1. Discuss the pros and cons of regulating the assisted living industry. What specific issues should or should not be addressed in such regulations?

2. In a regulated assisted living facility, how can flexibility and innovation in long-term care be maintained while assuring the health and safety of all residents?

**References**


**From the Executive Director, Virginia Geriatric Education Center**

*Iris A. Parham, Ph.D.*

This has been a period of both celebration and loss. Celebration, as our 1998 graduates embark on their aging careers, and loss as the VGEC says good-bye to Ms. Lois Wyatt, and both the VCoA and the VGEC, say good-bye to Dr. Michael Hite. Ms. Lois Wyatt, who so competently headed our medication management training for ACRs, left July 2nd. She will return to her full-time work as wife and mother and continue her volunteer work with hospice. Her hard work and wonderful demeanor will be sorely missed. Dr. Hite, who has served in several capacities at the Center and who has so ably edited this newsletter, will also be greatly missed as editor of this newsletter.

The pictures on later pages clearly show the great celebration we had in May as both M.S. and Certificate in Aging Studies students became alumni. Ms. Leigh Peyton, our current Project Coordinator for the VGEC grant, was part of this group. Leigh was the co-recipient of the 1998 A.D. Williams Award, jointly with her good friend, Alison Englade. In addition to a terrific group of traditional students that were graduated, we honored some exemplary off-campus students, who were originally recruited, through our distance education, video-based Certificate program. Ms. Edith Chambliss completed her M.S. degree and now assumes the head of her own nurse training program in her rural
hometown. Ms. Linda Rickabaugh, faculty of the College of Health Sciences in Roanoke, completed the video-based Certificate in Aging Studies, and will return to her job and add aging to the health sciences curriculum. Ms. Rickabaugh was also the co-recipient of the Gerontology Student of the Year Award (with Ms. Maureen Corcoran Donohue). As the pictures illustrate, a great part of the celebration was meeting and honoring the families and significant others of the graduates. On hand at the celebration was Ms. Myra Owens, who has taken the leadership for the Gerontology Scholarship Endowment Fund spearheaded by the alumni. Ms. Owens received the Gerontology Distinguished Alumni Award. We presented one additional reward to Ms. Roxanne Brinson. Ms. Brinson received the Lifelong Learner Award to recognize her diligence in completing her degree over many years, one course at a time. Our most enthusiastic congratulations to these new alumni.

The Geriatric Interdisciplinary Team Training (GITT) project is progressing and we have just completed several trainings at Sentara and have planned September programs on interdisciplinary training for early Fall. Many thanks to our own faculty at VCU and to our outstanding partners at Bon Secours, EVMS, and Sentara. Dr. Ellen Netting, Professor of Social Work, will take the lead on curriculum development for our next September training session devoted exclusively to geriatric interdisciplinary team training. There is much cause for celebration and we look forward to the second year of our GITT grant beginning in September.

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**From the Director, Virginia Center on Aging**

*Edward F. Ansello, Ph.D.*

The Virginia Center on Aging (VCoA) is 20 years old. In this issue we remember and celebrate the people whom VCoA has been privileged to call its staffs and friends, as well as the events that we have worked on to help improve the quality of growing older in Virginia. We intend to continue the remembrance in the Fall issue.

VCoA would not have existed but for the vision of the late Mary Marshall, Delegate from Arlington to the General Assembly, and Ed Holland, then Senator from Northern Virginia. As chief patrons of companion Bills, they infused life into the concept that Virginia needed a statewide center for aging-related education and training, research, and information sharing. Delegate Marshall and Senator Holland gathered co-patrons and saw the legislative process through to success. It’s important to remember one’s parentage.

The staff of VCoA have had some fun looking through old photographs, examining reports and documents from the 1970s and 1980s. It’s a telling parallel to the human life span that as an organization grows older some important people and events fade from memory. We hope that we have done them justice in our overviews. We decided not to try to list every person who’s ever worked at or with VCoA. Too many good people have helped us and, inevitably, we’d forget someone. Instead, we express our blanket thank you and broadest best wishes to those who have helped us in our first 20 years. May we all have another 20 to do the work so greatly needed.

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**From the Commissioner, Virginia Department for the Aging**
Ann Y. McGee, Ed.D.

Summer is a time of change and renewal for many of us. For some, it involves a trip to the Blue Ridge mountains while for others it is an annual pilgrimage to the Outer Banks of our sister state of North Carolina. For many of us, however, it may simply be time spent relaxing in our back yards enjoying the Summer weather and watching our gardens grow.

While the Department for the Aging cannot pack up and leave for Nags Head, Summer is also shaping up to be a time of change and new beginnings. First of all, I have now been officially appointed by Governor Gilmore as the Commissioner of the Department. Although I will continue as the acting director of the Governor's Employment and Training Department until a director is appointed by the Governor, I am excited to be able to finally move ahead with my vision of aging in the 21st century. This vision includes physical activity for older Virginians, a healthy lifestyle, spirituality, intergenerational sensitivity, and a commitment to the larger community. I am committed to working with you to strengthen our network and to serve our constituents in the most cost-effective and efficient manner possible.

Other activities that will bring change and challenges to the department include the ongoing study by the Joint Legislative Audit and Review Commission (JLARC). JLARC staff have completed their interviews with staff and may have conducted interviews with many of you by the time this newsletter arrives. The results of this study will be released sometime this Fall and we will share those results with you.

The General Assembly created the new Virginia Public Guardian and Conservator Program which has been placed within the department. We are moving forward to hire a program director for this complex project and will soon have an Advisory Board to provide input and guidance into the program's operations.

The General Assembly also created the Commonwealth Council on Aging to replace the former Governor's Advisory Board on Aging. The Senate Committee on Privileges and Elections has made its appointments to the Council. Governor Gilmore is appointing members to this Council now as is the Speaker of the House. Once a full Council has been appointed, the department will call the inaugural meeting of this new Council and start them working on the many challenges that face our network.

Our federal mandate to provide client and service data to the Administration on Aging requires us to develop a statewide MIS data collection and retrieval system. We are moving closer to purchasing the software necessary to implement this mandate. Within the next several months we hope to begin data evaluation in preparation for electronically submitting data to the Administration on Aging.

And these are just a few of the activities that are bringing change to the department during these hot months of Summer. I will also be looking at ways to reorganize the department to make it a stronger, more effective agency. I will identify activities that can be eliminated or modified in order to streamline agency operations and I will be challenging staff to apply the concepts found in the reinventing government movement to their daily work. Although I remain extremely busy with the work of two departments, I will continue to seek change that will make the Department for the Aging one of the most respected and competent agencies within the Health and Human Resources Secretariat.

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Focus on the Virginia Geriatric Education Center

A. Leigh Peyton, M.S.

Leigh Peyton is the Project Coordinator for the Virginia Geriatric Education Center. Leigh began working for the VGEC in April and is the newest member of the VGEC team. Her responsibilities include the coordination and organization of activities related to the Geriatric Interdisciplinary Team Training (GITT) grant received from the Virginia Department of Health and Human Services. The intention of the GITT project is to provide training in gerontology and geriatrics and interdisciplinary teamwork as well as to develop clinical placement sites for students in a variety of health professions.

Leigh first started working with older adults in 1987 as a nursing assistant at a local assisted-living facility. In 1989, she became a pharmacy technician at the MCV Hospital Pharmacy of Virginia Commonwealth University. During this time she decided to return to college and completed her B.S. degree in psychology at VCU in 1996. In 1998, she completed her M.S. degree at VCU in gerontology, concentrating in psychogeriatrics. Prior to completion of her degree, she was named the A.D. Williams Award Recipient and was inducted into the Phi Kappa Phi Honor Society. She intends to pursue a Ph.D. in psychology in the future.

Focus on the Virginia Center on Aging

Danielle G. Little

Danielle Little joined the Center’s staff in May, 1996, as a part-time employee through VCU’s Cooperative Education Program. In her capacity as Accounting Technician, she prepares all financial transactions and analyses of the VCoA accounts and ensures compliance with applicable University and State policies, procedures, and regulations. She also monitors and reviews all accounts, reconciles monthly reports, prepares projections for state accounts, makes recommendations for use of available funds, and assists the Elderhostel program staff in negotiating hotel and meal contracts.

Ms. Little has just completed her B.S. degree in Accounting at VCU. She is taking a CPA review course at the University of Richmond in preparation for the CPA exam in 1999. She plans to pursue an MBA starting next year.
Danielle is a member of Delta Sigma Theta Sorority through which she is actively involved in community leadership projects.

Danielle is an integral part of the VCoA mission; we have come to rely on her excellent work and dedication. We look forward to her continuing contributions to the Center, and we wish her well with her on-going studies.

Virginia Center on Aging 20th Anniversary Mini-Celebrations!

The VCoA celebrates the twentieth anniversary of its creation by the General Assembly with a series of special events through 1998. Partnering with Area Agencies on Aging across Virginia, VCoA is co-hosting several “birthday parties” with educational messages. On Thursday, September 10, 1998, VCoA and the Valley Program for Aging Services will host a half-day celebration for senior citizens that features guest speakers from VCoA’s lifelong learning Elderhostel program, a luncheon, and a birthday cake. Jim Gray, VCoA Elderhostel Coordinator and teacher at Natural Bridge, will speak on “The Natural History of the Valley,” while Nancy Sorrells of the Museum of American Frontier Culture in Staunton will discuss “Pioneers of the Valley.” The event will be held at the Waynesboro Senior Center from 10 a.m. - 2 p.m. For further information, please call Kim Smith at (804) 828-1525.

Michael Hite Goes Farther South

VCoA's Michael Hite, so successful as Assistant Director of Education, will be leaving in the Fall to assume a leadership position in the reorganized national Elderhostel system. Michael will oversee administration of Elderhostel programs in Georgia and Florida. Under Michael's direction, VCoA's Elderhostel programs have been fine-tuned, invigorated, or expanded, and Age in Action has achieved notable professionalism, all while he has maintained the friendly spirit and good humor so characteristic of him. We will follow Michael's progress in the next issue. For now, we wish him well.

VCoA Seeks New Assistant Director of Education

The Virginia Center on Aging (VCoA) in Richmond seeks applicants for its Assistant Director of Education. This is a full-time, administrative faculty position, non-tenure track, responsible for the oversight of VCoA’s extensive Elderhostel and older adult educational programs, including four well-managed sites statewide and 80 Elderhostel programs annually. Responsibilities include program and faculty development, fiscal control, marketing, and staff supervision. Requirements include creativity in program development, excellent written and verbal communication and interpersonal skills, collaborative management experience, and excellent computer skills. At least three years of experience coordinating Elderhostel is preferred. Graduate degree required, Ph.D. preferred. Position available Fall 1998. Application deadline October 15, 1998. To apply, send letter of interest, résumé, and names of references to Edward F. Ansello, Ph.D., Virginia Center on Aging, Virginia Commonwealth University, Richmond, VA 23298-0229. Inquiries: (804) 828-1525.
Alzheimer’s Research Award Fund Recipients Announced

The Alzheimer’s and Related Diseases Research Award Fund (ARDRAF) was established by the Virginia General Assembly in 1982 to stimulate innovative investigations into Alzheimer’s disease along a variety of avenues, such as the causes, epidemiology, diagnosis, and treatment of the disorder; public policy and financing care; and the social and psychological impacts of the disease upon the individual, family, and community. The ARDRAF competition is administered by the Virginia Center on Aging at Virginia Commonwealth University in Richmond. The four grant recipients from the 1998-1999 round of awards are as follows:

“Special Care for Persons with Alzheimer’s Disease and Related Disorders: The Response of Virginia’s Nursing Facilities, Adult Care Residences, and Home Care Agencies,” J. James Cotter, Ph.D., Virginia Commonwealth University.


“Improved Visualization and Localization of the Neural Substrates of Experimental Parkinsonism,” Bradley G. Klein, Ph.D. and Jeffrey Bloomquist, Ph.D., Virginia Tech.

To receive summaries of these proposals or to be placed on the mailing list to receive information for next year’s award cycle, please contact Constance L. Coogle, Ph.D., Virginia Center on Aging, P.O. Box 980229, Richmond, VA 23298-0229, call (804) 828-1525, or e-mail to ccoogle@gems.vcu.edu.

New Films from the Information Resource Center

The Virginia Center on Aging has added a few new titles to its video collection. They include:

**Curtain Call.** This is the personal story of the ties that bind a mother and daughter, even when the mother has Alzheimer's disease. The emotions of both love and hate that develop when coping with this disease are presented.

**Depression in Older Adults: The Right to Feel Better.** This video presents interviews with older adults experiencing depression and commentary from professionals. Topics covered include: prevalence, causes, treatments, suicide risk, long-term care issues, and public policy.
**Flowers for Charlie.** A film that will bring both laughter and tears, this short film will present an image of an empowered older adult and spark discussion on issues of ageism and intergenerational appreciation.

**My Challenge with Alzheimer's.** This video presents a woman in her mid-fifties diagnosed with Alzheimer's disease. She discusses the changes this diagnosis has brought to her life, the perceptions others have of her now, life, and hope.

**Solving Bathing Problems in Persons with Alzheimer's Disease and Related Dementias.** This film shows actual examples of a number of bathing situations. It teaches the caregiver how to reduce the threat of the situation, enlist cooperation, focus on the person, and individualize the bathing approach.

The Virginia Center on Aging has over 80 videos in its video library. They are available for lending to anyone in the state of Virginia at no fee. The only cost to the borrower is the cost to mail the video back to the Center. For further information about these films, to borrow these films, or to request a complete copy of the film list, please contact Kimberly Smith at (804) 828-1525.

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**The Virginia Handbook for Guardians and Conservators**

The Virginia Handbook for Guardians and Conservators has been revised! The Handbook is a tremendous resource to those serving as guardian or conservator and has been revised to include information which complies with the law which went into effect January 1, 1998. The original printing of the Handbook was very popular and sold out shortly after the Virginia Guardianship Association Annual Conference. The Handbook may be ordered through the VGA office, (804) 828-9622. The Handbook is priced at:

- 1-25 copies $10.00 each
- 26-50 copies $9.00 each
- 50+ copies $8.00 each,

with an additional charge to cover shipping. Call the VGA office to receive your order form. Everyone involved with guardianship or conservatorship will want this valuable resource.

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**“Tools for Living”: An Assistive Technology Fair**

Mark your calendars for Friday, October 23, 1998 to attend this important event. Learn how to maintain an active, safe, healthy, and productive lifestyle with assistive technology. Numerous exhibitors will be on hand to demonstrate and discuss various products and new technologies designed to manage daily living. This event is sponsored by Adult Care Services, Bon Secours Richmond Viva, Sheltering Arms Physical Rehab Hospital, The Professional/Consumer Advocacy Council for Older Adults with Developmental Disabilities, and ARC Imperial Plaza Retirement.
Community. This is an event you cannot afford to miss. The Tools for Living Fair will be held at the Imperial Plaza Retirement Community in Richmond from 10:00 a.m until 4:00 p.m. There is no fee to attend. Please call (804) 287-7600 or 828-8903.

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Virginia Commonwealth University Department of Gerontology Graduation Celebration

On May 16, 1998, the Department of Gerontology at Virginia Commonwealth University invited its faculty, staff, alumni, students, and their friends and family to celebrate its graduating class. The event, held at the Omni Hotel in Richmond, attracted its largest attendance in years. Congratulations were extended to graduates in the M.S. and Certificate in Aging Studies programs. All of us extend our welcomes to our new professional colleagues in the field of aging.

The 1998 Graduating Class (l to r):
Kim Barfield
Linda Rickabaugh
Roxanne Brinson
Leigh Peyton
Chantal Taylor
Tracy Brownstein
Maureen Corcoran Donohue
Alison Englade
Wendy Gonzalez-Chapman
Maggie Murphy
John Hurt
Edith Chambliss
Dr. James Cotter (left), a recent VCU Ph.D. and an instructor in the Department of Gerontology, and Dr. Linda Dougherty, a Gerontology faculty member, offer Leigh Peyton their congratulations.

Kim Barfield (right) accepts her diploma from Dr. Iris Parham, departmental chairperson.
The family and friends of Edith Chambliss celebrate graduation with her.

The six award winners (l to r): Linda Rickabaugh, Roxanne Brinson, Leigh Peyton, Alison Englade, Maureen Corcoran Donohue, and Myra Owens.
Tracy Brownstein celebrates graduation with her parents.

left: Chantal Taylor delights in completing her degree.
right: Ted and Jill Doucet - proud grandparents of one of our graduates.
Dr. Iris Parham (right), Chairperson of the Department of Gerontology, offers a toast (iced tea!) to the success of the graduates with Kathy Rocker, a departmental staff member.

The VCU Department of Gerontology thanks Rick Doucet of Consulting Design Management and Myra Owens for providing these photographs.

1998 Honors and Awards

Leigh Peyton and Alison Englade
A.D. Williams Award. An annual award is made to a student who demonstrates by virtue of high scholastic attainment and professional competence unusual promise and ability in the field of aging.

Maureen Corcoran Donohue and Linda Rickabaugh
Gerontology Student of the Year. Each year, the faculty chooses a graduating student who has exhibited outstanding scholastic achievement and demonstrated service in gerontology.

Myra Owens
Distinguished Alumni Award. Each year, the Gerontology Student Association, in consultation with the departmental faculty, chooses an alumna or alumnus who best exemplifies the standards of the profession.

Roxanne Brinson
Lifelong Learner Award. This award acknowledges those students who take 10 years or more to complete their degree program. Their continuing dedication

A 20-year Retrospective of the Virginia Center on Aging

Legislation creating the Virginia Center on Aging at Virginia Commonwealth University (Chapter 170 of the Acts of
1978) was approved in March 1978 and formally took effect on July 1, 1978. But did you know that, by then, the Center had been operational as a project for nine months? The VCU Office of the Associate Vice President for Research and Graduate Affairs (now the Office of the Vice President for Research and Graduate Studies) had collaborated with the Virginia Office on Aging (which became the Virginia Department for the Aging in 1982) in the development and preparation of the grant that funded the project. Here and on the next several pages are some additional facts about the early days, middle months, and later years of VCoA.

**Legislative Patrons in the Virginia General Assembly**

On January 30, 1978, the following Delegates offered **House Bill 503**, a bill to create a Virginia Center on Aging at VCU:


On February 6, 1978, the following patrons offered **Senate Bill 534**, a companion bill to HB 503:

Sen. Edward Holland, Del. Mary Marshall

**CENTERed Leadership**

The Virginia Center on Aging of Virginia Commonwealth University has had three directors since its creation by the General Assembly. They are:

- **Gregory W. Arling, Ph.D.** July 1978 - June 1986
- **Edward F. Ansello, Ph.D.** November 1989 - Present

**There's No Place Like Home**

The Virginia Center on Aging has changed its address several times over the years. VCoA's first location, a former Collegiate School building at 1617 Monument Avenue, was leased from Grace Covenant Presbyterian Church. Director Emeritus Bill Egelhoff recalls that a Collegiate graduate once told him that, during cold spells, students would head up to the icy flat roof for some skating. No word on whether VCoA staff members ever practiced triple lutzes on the roof. VCoA was housed for a time at Scherer Hall, on Virginia Commonwealth University's Academic Campus. Since moving to the Medical College of Virginia Campus, VCoA has spent time in the Samuel Putney House, the Steven Putney House, Grant House, and the old East Hospital (now the site of the Medical Sciences Building). The Center currently resides in the Lyons Dental Building of the MCV Campus.

*The 20-Year Retrospective and Timeline were researched and written by Paula Knapp of the Virginia Center on Aging.*

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The Virginia Center on Aging Timeline

October 1, 1977 - The U.S. Administration on Aging (AoA) awards Virginia Commonwealth University a two-year grant for the development of a Multidisciplinary Gerontology Center. VCU is one of 24 institutions of higher learning nationally to receive this funding. The project's initial operational budget is also based on a one-year grant from the Virginia Office on Aging and university overhead funds from the Office of the Associate Vice President for Research and Graduate Affairs.

November 1, 1977 - Gregory W. Arling, Ph.D. is appointed as Director of the Virginia Center on Aging project.

January 1978 - The Virginia Center on Aging Newsletter is launched.


July 1, 1978 - Legislation amending the Code of Virginia (§ 23-50.15) to create the Virginia Center on Aging takes effect.

1978 - VCoA, in partnership with the VCU Department of Gerontology, Capital Area Agency on Aging, and RSVP of the United Way of Richmond, develops the Widowhood Peer Counseling Program, with funding by the State Agency for Title I, Higher Education Act.

1978 - 1980 - VCoA conducts the Statewide Survey of Older Virginians, which provides the first comprehensive data (demographic, housing, service, caregiving, etc.) on Virginians 60 years of age or older. The survey is funded by Title XX of the Social Security Act, via the Virginia Department of Social Services and the Virginia Office on Aging.

1978 - 1979 - VCoA evaluates the Virginia Nursing Home Pre-Admission Screening Program, which was the first statewide pre-admission screening program in the U.S. AoA funds the study.

1979 - VCoA assumes the State Directorship of Elderhostel. VCoA and Marymount College offer the first programs in the state.

1979 - 1980 - VCoA develops a training manual for employment counselors in state agencies and conducts training aimed at assisting the older job seeker. The Governor's Employment and Training Council funds this educational program.

1981 - 1982 - VCoA develops and coordinates four job clubs for older adults. The Governor's Employment and Training Council fund this program.

1982 - Delegates Kenneth Plum and Joan Munford sponsor House Bill 863, a bill to create an Alzheimer's and Related Diseases Research Award Fund (ARDRAF). The General Assembly establishes ARDRAF (Code of Virginia § 2.1-373.9), and denotes VCoA as administrator. The annual appropriation is $10,000. Two grants of $5,000 are to be awarded each year.
1982 - 1984 - VCoA conducts Model Training for Service Providers in Mental Health and Aging, which trains approximately 60 providers in two areas within the state. AoA funds this project.

1984 - 1985 - VCoA conducts the Long Term Care Alternatives Study, comparing the cost and effectiveness of home care and nursing home care in Virginia. The Long Term Care Council funds the study.

1984 - The General Assembly increases the annual appropriation for the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) to $40,000. Four grants of $10,000 are to be awarded each year.

1985 - VCoA conducts a study on the Virginia Medicaid Nursing Home Reimbursement System. The Virginia Department of Medical Assistance Services (DMAS) funds the study.

1985 - 1988 - VCoA collaborates with the VCU Department of Gerontology, which secures support for establishing a Geriatric Education Center (GEC), a multi-institutional, multi-disciplinary consortium based at VCU. The U.S. Department of Health and Human Services funds the GEC.

1985 - 1987 - VCoA develops case mix measures for comprehensive long-term care. This study, funded by the AARP Andrus Foundation, involves re-analysis of data from the South Carolina Community Long Term Care Demonstration.


1986 - 1989 - VCoA evaluates the aftercare needs of elders with mental illnesses who have been deinstitutionalized and are now residents in adult homes. This project is funded by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS).

1986 - 1988 - VCoA conducts the Outpatient Mental Health Study, which is funded by DMAS.

1987 - 1990 - VCoA evaluates Project Reach, a community peer support program for elders with mental impairments. The project is conducted by the City of Richmond Department of Mental Health, and is funded by the National Institute of Mental Health through the Office of Geriatrics, DMHMRSAS.

January 1988 - VCoA sponsors its first Legislative Breakfast.

March 1988 - The General Assembly establishes a line item in the state biennial budget funding VCoA.

Fall 1988 - VCoA and the GEC jointly publish the inaugural issue of Age in Action.

1988 - 1990 - VCoA collaborates with the VCU Department of Gerontology on its competitive renewal proposal for the GEC, which is funded by the U.S. Department of Health and Human Services.

January 1989 - VCoA holds its second annual Legislative Breakfast. A colloquium, CENTERing on Aging, follows and brings together directors of Virginia's gerontology and geriatric centers.

1989 - Under the state directorship of Bill Egelhoff, 50 Elderhostel sites operate in Virginia and Washington, D.C. Enrollments in VCoA's Elderhostel programs total 200 for the year.

1989 - VCoA develops and tests the Second Career Program for Mid-Life and Older Virginians, and trains Virginia
Retirement System counselors who will incorporate the techniques into their programming. The General Assembly funds this effort.

November 1, 1989 - Edward F. Ansello, Ph.D., becomes Director.

November 2, 1989 - A box of Dunkin’ Donuts becomes a staple at staff meetings.

1989 - 1991 - VCoA collaborates with the VCU Department of Gerontology on a Detection and Prevention Program for Geriatric Alcoholism, which is funded by AoA.

1990 - VCoA conducts Geropharmacy and Gerontology for Rural Community Pharmacists, funded by the AARP Andrus Foundation, through a subcontract with the University of Maryland.

1990 - 1992 - VCoA conducts Improving Planning and Services for Older Persons with Developmental Disabilities (Partners II), which is funded by AoA through the VDA.

1991 - VCoA collaborates with the VCU Department of Psychology on the Relation of Older Adult Attributes to Self-Directed and Leader-Directed Career and Life Planning Interventions. The study is funded by the AARP Andrus Foundation.


1991 - 1992 - VCoA collaborates with the Center for the Study of Pharmacy and Therapeutics for the Elderly, University of Maryland School of Pharmacy, as evaluator of the Maryland Caregiver Program. This project is supported by the Governor's Office of Justice Assistance, State of Maryland.

1991 - 1994 - VCoA collaborates with the VCU Department of Gerontology on a proposal to fund the operation of the Virginia Geriatric Education Center (VGEC), which is awarded by the Bureau of Health Professions, U.S. Health Resources and Services Administration.

1992 - VCU becomes an Elderhostel Supersite (20 or more programs annually).

1992 - 1995 - VCoA develops and field-tests a curriculum for family caregivers of minority and rural elders with dementia, providing instruction about the course of the disease and how to obtain available resources. This intervention, the Families Who Care project, is funded by AoA.

1993 - 1996 - VCoA and VDA jointly develop and test An Integrated Model for Collaborative Planning and Services to Older Adults with Developmental Disabilities (Partners III). AoA funds this project.

1994 - 1997 - VCoA develops and implements A Consumer-Driven Model for Improving Home- and Community-Based Care (HCBC), an educational intervention to build up the capacities of older Virginians to remain in their homes. AoA funds this project.

1995 - 1997 - VCoA conducts a national assessment of public services for older adults with developmental disabilities.

1996 - VCoA enrolls its 10,000th Elderhostel student.
1996 - VCoA collaborates with the VCU School of Social Work Graduate Program on a research study of Sheriffs as Guardians of Last Resort, which is funded by VCU Grants-in-Aid to Faculty.

1996 - VCoA initiates a national dissemination effort for the publications resulting from the Families Who Care project. Resources include Families Who Care: Assisting African American and Rural Families Dealing with Dementia. A Training Manual and a replication plan.

1996 - VCoA participates as a founding member in the Virginia Osteoporosis Coalition, spearheaded by the Virginia Department of Health.

June 1996 - VDA joins VCoA and the VGEC in publishing Age in Action.

January 1997 - VCoA's annual Legislative Breakfast is followed by an informational forum for the state's gerontology centers.

1997 - The General Assembly increases the annual appropriation for ARDRAF to $66,000. Four grants of $16,500 are to be awarded each year.

1997 - 2000 - The Bureau of Health Professions, U.S. Health Resources and Services Administration, awards the VGEC a grant for its Geriatric Interdisciplinary Team Training project. The VGEC collaborates with VCoA, which will conduct the project's evaluation component.

1997 - present - VCoA collaborates with the VCU Department of Gerontology to conduct a five-year follow-up to the statewide model detection and prevention program for geriatric alcoholism. The project is self-funded.

1998 - VCoA receives a VCU Grant-in-Aid to Faculty to investigate the cost-effectiveness of family caregiver training.

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Elderhostel in Virginia: How It All Began

William F. Egelhoff

Virginia may well have been one of the original 13 states, but not in the case of Elderhostel. Actually, we were number 39. As is fairly well known, Elderhostel started in New England in 1975. It took three years for the word to get down to Virginia. Charlotte Wilhelmi, one of the original Virginia Center on Aging Advisory Committee members, got news of Elderhostel activity in 1978. Charlotte passed the word to Greg Arling, Director of the Center, aware that he would be interested in looking into the possibility for Virginia.

Back then the Center was just beginning. Greg thought the idea might be one the Center should pursue. Accordingly, the Elderhostel office, then in Cambridge, Massachusetts, sent down their vice president to encourage us to consider...
it. At that time, the Center's workload was not what you would call overwhelming. So I was given a joint appointment to the Center staff with the mission of getting something started.

With Charlotte's contacts in Northern Virginia, we managed to convince Marymount College to try a two-week program for the summer of 1979. Here at VCU, we talked Continuing Education into another two weeks for Richmond. Elderhostel headquarters published the programs in their catalogue. All we had to do was develop the courses, find faculty, and provide accommodations in the dorms and meals in the college dining rooms.

Success came immediately to Marymount; both weeks filled to capacity. They seemed to offer the right courses. One was called "Laws of Probability - Games of Chance". What it really came down to was how to beat the odds in gambling. No wonder so many signed up for it! It was taught by a wisp of a nun who somehow seemed to know more about gambling than many of the students who signed up for the course. And to top it off, she even had the nerve to hold a casino on the last night. To my dismay, one of the Northern Virginia TV stations covered it. I could see the next day's headlines: "Elderhostel director arrested for holding illegal casino at Marymount." But somehow we got away with it. From then on, Elderhostel did well at Marymount.

The experience at VCU in 1979 was not the same. The first week enrolled only 17 persons, and the following week only 12. The courses, revolving around a Civil war theme, were excellent. But no one seemed to have heard of VCU back in 1979. However, we pursued with a better mousetrap, and the following year we filled both weeks.

With only two participating institutions, Elderhostel initially took very little of my time, and I continued to teach full-time in the VCU Master's Program in Gerontology. In 1980, however, Virginia Elderhostel began to take off - we now offered programs at 8 institutions, including the College of William and Mary and the University of Virginia. At UVA, the director made the mistake of assigning the women to the first floor bathrooms so they would not have to climb the stairs (at this time, the accommodations for the majority of Elderhostel programs were in college dorms). The trouble was that the showers were designed for men, that is, without curtains or stalls. Some women left the first night. But others stayed while the mistake was hastily corrected.

The following year we encountered another problem at the College of William and Mary. The office in Boston invited a group of British pensioners over to try Elderhostel. About 40 of them came to Williamsburg for a week in June. Their rooms were on the top floor of a dorm without air conditioning. It was Williamsburg's hottest June on record. In desperation, the Britishers carried their sheets and pillows down to the air-conditioned first floor lounge after the first night's sweat-out. That proved the end of Elderhostel's reaching out to overseas guests.
William and Mary experienced other problems with its program. Some Elderhostelers came as tourists, looking for an inexpensive week of seeing Colonial Williamsburg and cutting classes. Finally one of the more conscientious participants put a sign on their doors reading "TOURISTS". It worked, and the chagrined tourists came to classes.

Virginia experienced several firsts in Elderhostel. We were the first medical school (MCV) and law school (Washington and Lee) to offer programs, and the first to offer off-campus programs at a conference center (Massanetta Springs). The latter was to set a trend in Elderhostel throughout the country of offering off-campus, year-around programming - and, with "private bath!" Up until that time almost all programs on college campuses had to be limited to summer when the dorms were vacant. It marked the beginning of Elderhostel programs moving to many different sites and on a year-round basis. Elderhostel had turned a page that was to move it far from its origins to the outer limits of the earth's continents, and who knows? Outer Space?

Geriatric Alcohol Abuse and Alcoholism: Current Issues and Future Directions

In the Spring Issue (1998) of the Southwest Journal on Aging, Special Guest Editors, Drs. Constance Coogle and Nancy Osgood, present the most recent thinking and research findings of their colleagues on the issues surrounding geriatric alcohol abuse. They discuss the treatment alternatives, psychosocial consequences, adverse alcohol/medication interactions, and policy implications related to geriatric alcohol abuse. They also focus on advances in preventing and detecting drinking problems in the older population, detailing some of the best practices in this needed area of endeavor. Although targeted to professionals practicing in the fields of aging, health, and substance abuse; researchers, families, and older adults will also be interested in the current issues and suggested future directions for progress in this area.

While supplies last, single copies can be obtained at a reduced rate by sending a check, money order, or purchase order made payable to Virginia Commonwealth University for $10.00 (includes shipping) to: Virginia Center on Aging, Attn: SWJA Special Issue, P.O. Box 980229, Richmond, VA 23298-0229.

Calendar of Events

September 15, 1998
Deadline for nominations for the American Society on Aging's Business of the Year Award for leadership in services for older people. For more information, contact the ASA at (415) 974-9642, or pcullinane@asa.asaging.org.

September 17, 1998
Raising Grandkids: A Love Story. A television documentary airing on local PBS stations nationally. 8:00 p.m. See below for further details.

September 19-20, 1998
Beyond the Year 2000: Statewide Conference for People Who are Deaf, Hard of Hearing, or Deafblind, Their Families
Raising Grandkids: A Love Story

According to 1991 U.S. Census figures, more than 3.2 million American children live with their grandparents, a 40% increase over the previous decade. Substance abuse, divorce, crime, homelessness, mental illness, and death are all factors that can result in a major shift in familial roles. Raising Grandkids: A Love Story is a heartwarming documentary about grandparents making sacrifices, confronting challenges, and experiencing the joys of raising their grandchildren. Five families are profiled in the program, which also includes interviews with adults who were raised by grandparents, and with national experts in the field of aging, child psychology, and social work. The program seeks to raise awareness of these families’ unique situations and special needs, and to stimulate reflection on the meaning of family, responsibility, and love.
Mark Your Calendar!
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Aging with Cerebral Palsy:
Meeting Everyday Needs

A conference focusing on growing older with lifelong disabilities and on maximizing individual and group abilities.

Topic tracks include healthcare, sexuality, and assisting independent living.

November 10, 1998
9:00 a.m. - 4:30 p.m.

Comfort Inn, 3200 West Broad Street, Richmond, VA

for more information call 804-828-1525

Sponsored by the Virginia Center on Aging,
the Professional/Consumer Advocacy Council of Virginia,
and the Virginia Department for the Aging.

Virginia Commonwealth University is an equal opportunity/affirmative action institution and does not discriminate on the basis of race, gender, age, religion, ethnic origin, or disability. If special accommodations are needed, please contact Dr. Edward F. Ansello, VCoA, at 804/828-1525 or Dr. Iris A. Parham, VGEC, at 804/828-1565.

Responses to case studies and comments on other newsletter features are invited and may be published in a future issue. Please include your name, title, institution, and signature. Mail comments to: Kimberly Smith, Age in Action, P.O. Box 980229, Richmond, VA 23298-0229, 804/828-1525, fax to 804/828-7905, or e-mail to kspuill@hsc.vcu.edu.