

# **ALEXANDRIA COMMISSION ON AGING MEETING AGENDA**

**Meeting: Thursday, October 13, 2022, 4 PM – 6 PM**

**At The Landing Alexandria – 2620 Main Line Boulevard**

This meeting is being held in person. However, electronic access will be provided. The meeting can be accessed by the public through the Zoom link or phone number provided below. Public comment will be received at the meeting. Public comments can also be sent to [daas@alexandriava.gov](mailto:daas@alexandriava.gov) in advance of the meeting. Please indicate that your comments are for a meeting related to the Alexandria Commission on Aging in the subject line. A recording will be made of this meeting.

**Zoom Link:** <https://zoom.us/j/97262502330>

**Webinar ID:** 972 6250 2330

**Passcode:** 968693

**Telephone:** 301-715-8592

## **MISSION**

To identify the needs of the elderly, develop overall planning to meet those needs, evaluate service delivery plans as implemented, and advocate on behalf of the elderly

**MEMBERS: PLEASE READ THROUGH THE AGENDA & HAVE AVAILABLE FOR REFERENCE AT THE MEETING.**

1. Call to Order
2. Approval of Agenda
3. Approval of Thursday, September 8, 2022, Minutes
4. Alexandria Police Department Liaison Report – Sgt. Ian Torrance
5. Special Presentation: Sarah Taylor – Alexandria City Legislative Director
6. Executive Committee Report
7. Discussion / Action Items
  - A. COVID Update – Gerri Wallace
  - B. Age Friendly Plan Update
  - C. Approval of NVAN 2023 Platform – Michael Schuster- see attached
  - D. Change of wording in the Mission Statement – Barbara D’Agostino
8. Liaison Reports - Please provide a written summary to [Pamela.Austin@alexandriava.gov](mailto:Pamela.Austin@alexandriava.gov)
  1. Division of Aging and Adult Services – Christopher Moore
  2. INOVA Alexandria Hospital
  3. Human Rights Commission – Tom Reeder
  4. AHA – Bob Eiffert
  5. AARP – Jane King
  6. NVAN – Michael Schuster
  7. St. Martins Senior Center – Anne Coyne- see attached
  8. Virginia Hospital Center – Kate Chutuape/Blanca Cali
  9. Commission for Women – Jenn Stowe
  10. Partnership for a Healthier Alexandria – Joanne Broderick
  11. Public Health Advisory Commission
  12. Commission on Persons with Disabilities – Michael Kamin

13. Senior Center @ Charles Houston – Pamela Guerra-- see attached
14. Senior Services of Alexandria – Mary Lee Anderson-- see attached
15. Alexandria Commission on Employment, ACE – Mary Lee Anderson
16. Northern Virginia Falls Prevention Alliance, NVFPA – Mary Lee Anderson
17. Arlington Legislative Committee – Michael Schuster
18. Arlington Commission on Aging – Linc Cummings
19. Successful Aging – Harold Little
20. Recreation, Parks, and Cultural Activities – Harold Little
21. Alexandria Adult Day Services Center, ADSC – Darrell Wesley
22. Housing Affordability Advisory Committee, AHAAC – Jan Macidull

**9. Committee Updates**

1. Housing Committee - Co-Chairs, Michael Schuster and Lois Steele
2. Outreach Committee – Co-Chairs, Ray Biegun & Barbara D’Agostino – Sept cancelled
3. Transportation – Co-Chairs, David Kaplan & Bill Campbell
4. Economic Development – Chair, Mary Lee Anderson- see attached
5. Strategic Planning – Chair, Michael Schuster
6. Health /Dementia Friendly Committee – Chair, Barbara Huelat
7. By-Laws – Chair, Michael Kreps
8. Advocacy – Michael Schuster, Chair

**10. Other Business**

**11. New Business**

**12. Public comments – please limit your comments to 3 minutes**

**13. Adjournment**

**Next Commission Meeting: Thursday, November 10, 2022 – 4 PM, at The Landing**  
**Executive Committee Meeting: Monday, October 31, 2022 - TBD, at The Landing**

**COMMISSION OFFICERS:** Michael Schuster, Chair  
 Barbara D’Agostino, Vice Chair  
 Barbara Huelat, Secretary

The business of the Commission on Aging is largely conducted by its committees. ALL COMMISSION AND COMMITTEE MEETINGS ARE OPEN TO THE PUBLIC. Please call the Division of Aging and Adult Services at 703.746.5999 for more information. In addition, the Commission has official liaisons with several other commissions, organizations or activities.

The City of Alexandria complies with the terms of the Americans with Disabilities Act (ADA). An individual with a disability who wishes to request a reasonable accommodation may contact the Division of Aging and Adult Services at 703.746.5999, email [DAAS@alexandriava.gov](mailto:DAAS@alexandriava.gov)

Visit the Division of Aging and Adult Services website for Commission on Aging agendas and minutes and other aging information: [www.Alexandriava.gov/aging](http://www.Alexandriava.gov/aging)

**The Alexandria Commission on Aging Racial Social Equity Committee**  
(as of June 01, 2021)

No one should be denied the opportunity to engage fully in our community.

We encourage people of different cultures, races, nationalities, immigration status, ages, abilities, sexual orientation, gender identities, and religious affiliation in Alexandria to be informed about and have access to the range of services available in the City, and to be engaged in civic life.

We are committed to representing a diverse community that represents the rich heritage of our city. We are committed to ensuring older persons have access: to affordable housing, transportation, health care, broadband, nutrition services and to opportunities for meaningful employment and related training.

Older adults and persons with serious medical conditions often experience various degrees of inequity, particularly in obtaining access to health care. It is essential to support older persons, family caregivers, and direct care workers since these residents face additional biases and hurdles.

## 2023 NVAN Priorities

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### LEGISLATIVE

### CONTINUING CONCERNS

- **Expand public access and transparency by allowing electronic (all-virtual) meetings** for advisory boards and commissions, with no restrictions on the number of meetings per year.
- **Increase from five to 14 days the mandatory waiting period, after a landlord serves the tenant notice in writing** of nonpayment of rent, before the landlord may begin the judicial eviction process.
- **Require guardians and conservators to complete initial and ongoing training** as a condition of their service; and direct DARS, with input from the Virginia Judicial System, to develop such training.

- Appropriate funds for the Virginia Center on Aging Geriatric Education Center Initiative, to develop the skills and capacities of the gerontological and geriatric work force.
- Direct the Department of Corrections to develop a plan to identify and to meet the specialized needs of incarcerated older adults and a Geriatric Reentry Assistance for Transitions Program.
- Establish the Older Adult Social Connection and Engagement Initiative to prevent social isolation among older adults through Area Agencies on Aging and Centers for Independent Living.
- Expand the Livable Home Tax Credit from \$1 million to \$1.5 million per year; create a Livable Home Grant Program at \$1 million per year for lower income homeowners.
- Provide living wages, overtime pay, and training for direct care workers to build a quality, cost-effective workforce.
- Require that nursing homes and assisted living facilities employ or have access to a full-time infection preventionist.

### BUDGET

### ABOUT NVAN

- **Enact minimum hourly nursing home staffing levels per resident per day** for nurses and nurse aides, along with resident acuity measures, supported by a dedicated funding source.
- **Enhance assisted living affordability** through such measures as increasing the auxiliary grant and using Medicaid funding.
- **Require employers to provide at least 10 days of sick leave for all workers**, including direct care workers in nursing homes, assisted living, and home care.

NVAN includes the Commissions on Aging and Area Agencies on Aging of Alexandria, Arlington, Fairfax, Loudoun, and Prince William, as well as regional service and advocacy organizations.

#### Contact NVAN

Northern Virginia Regional Commission, (703) 842-0700, <https://www.novaregion.org/353/Northern-Virginia-Aging-Network>. Or to request this information in an alternative format, call (703) 324-5403 or TTY (703) 499-1186.



## NVAN 2023 Priorities – Background

### Legislative Priorities

**Expand public access and transparency by allowing electronic (all-virtual) meetings for advisory boards and commissions, with no restrictions on the number of meetings per year.**

- The [Virginia Freedom of Information Act](#) generally does not allow electronic meetings of public bodies, which include local advisory boards or commissions, such as the Commissions on Aging. The Act, as amended by HB 444 in 2022, allows for only 25% of the meetings held per year to be all-virtual, and allows only limited exceptions for electronic participation of individuals at a meeting for which there is an in-person quorum. Virginia Code §2.2-3708.2.
- Electronic meetings and remote participation in meetings have been a success. Attendance has increased by both members and the public, especially those participants wishing to testify at a public meeting. For example, local governments are seeing “[huge gains in civic participation](#).” Jurisdictions have seen increased attendance and public participation in governmental advisory group meetings resulting from the electronic meeting format.
- While Virginia Code has allowed for remote participation by members of the public, there are financial and logistical constraints in integrating this with in-person meetings. Hybrid meetings where a physical quorum is required strain the technological ability of the providers and limit the number of spaces where the meetings can be held. Meeting on an electronic platform reduces these constraints, making remote access to the public easier and more affordable. In addition, recent advances in virtual formats (e.g. Zoom) allow meetings to comply with FOIA requirements. Virtual meetings can be recorded and accompanied with published minutes for public access.
- Cost and distance are factors. Advisory boards are unremunerated and there is no provision for mileage reimbursement. Economic hardship may result for state residents in geographically large locations. For both residents interested in membership and others who have not previously participated, in-person public meetings that require a quorum of members could limit the participation of residents and reduce the accessibility due to the increased transportation costs and travel time.

- Electronic meetings enhance the effectiveness of open government laws by promoting transparency in government and enabling increased opportunities for membership. More older adults, people with disabilities, parents with childcare responsibilities, and others who may find traveling to meetings difficult or whose schedules may not allow attendance at-person meetings are left out.
- Advisory boards and commissions are not regulatory or policy-making bodies. They may make recommendations, but have no authority to make decisions concerning public policies or funds.

*Now is the time to bring Virginia into the 21<sup>st</sup> century.*

**Increase from five days to 14 days the mandatory waiting period, after a landlord serves the tenant notice in writing of nonpayment of rent, before the landlord may begin the judicial eviction process.**

- In Virginia, a landlord may issue a five (5) day notice after the date the rent is due (or after any agreed upon grace period in the lease), to warn a tenant that they have defaulted on their rent payment. If the tenant fails to pay the money owed within those five days following the notice, the landlord may initiate the judicial process leading to eviction, [Code of Virginia §55.1-1245](#). Also see [Eviction Notices for Nonpayment of Rent in Virginia](#).
- In addition to causing the loss of an individual’s home, evictions disrupt communities and lead to residential instability. Evictions create barriers to securing future housing, perpetuate poverty and homelessness, and precipitate negative health and mental health consequences. ([Prevalence and Impact of Evictions | HUD USER](#))
- Homelessness is increasing among older adults. For older adults, the stress of evictions and homelessness can exacerbate health conditions, resulting in strokes, heart attacks, and death. ([Homelessness, Older Adults, Poverty, Health \(asaging.org\)](#))
- Nationally, 40 percent of older Americans rely solely on Social Security as their source of income. ([National Institute on Retirement Security \(nirsonline.org\)](#)). Social Security payments may be issued on the second, third or fourth Wednesday of each month. ([Schedule of Social Security Payments | SSA](#)). Funds may be scarce when rent is due.
- Older adults, especially those on fixed incomes, may experience higher rates of rent burden (spending more than 30% of their income on rent/housing costs). Nationally, 54 percent of older adult renters are rent-burdened. ([Older Adults Increasingly Face Housing Affordability Challenges | Joint Center for Housing Studies \(harvard.edu\)](#))
- During the COVID-19 pandemic, Virginia amended the Virginia Residential Landlord Tenant Act (“VRLTA”) to require a landlord who owns four or less dwelling units to give the tenant

a 14-day notice instead of a 5-day notice for nonpayment of rent. ([Evictions - VPLC Housing Advocacy](#)). This provision expired on June 30, 2021.

- The ending of these pandemic eviction protections has significantly increased eviction cases, causing stress on the courts, law enforcement and the use of shelters and social services. According to Legal Services Corporation [eviction data](#), in Virginia, eviction filings in June 2022 (before the end of the state pandemic relief provisions) were 7,656. In July 2022, the first month after the expiration of these protections, filings jumped to 10,839.

Virginia Eviction Filings		
April 2020	870	State moratorium in effect (until 9/20)
August 2021	4550	+3680 (CDC moratorium ended)
May 2022	5965	+1515
June 2022	7656	+1700
July 2022	10839	+3183

- In 2020, the median annual income of Virginia residents was \$49,613. About 33% of these residents were renters. The median monthly rent was \$1,257. Approximately 44% of renters are considered rent-burdened. ([LSC Trends in Eviction Filings](#))
- In Washington D.C., renters are offered a 30-day grace period and nationally, Housing Choice Voucher recipients are provided 10 days.
- Increasing the time for renters to resolve non-payment issues is critically important today, with record-setting inflation that leads to spikes in rent prices, as well as increasing the cost of living (transportation, gas, food). Older renters will experience difficulties finding and securing housing options within their budgets.

**Require guardians and conservators (family members and professionals) to complete initial and ongoing training as a condition of their service; and direct DARS, with input from the Virginia Judicial System, to develop such training.**

- Guardianship is a legal process in which a court-appointed individual or entity makes decisions and supervises the affairs of an adult whom the court has found to be incapacitated. In conservatorship, a court-appointed person or entity manages financial affairs of an incapacitated adult.
- The guardian/conservator is responsible for the health, well-being, and/or money and property of someone else. Guardians and conservators are fiduciaries, have a high duty of trust and confidentiality, and must regularly report to court.

- In 2021, the Virginia Joint Legislative Audit and Review Commission (JLARC) completed a comprehensive report on the state’s guardianship and conservatorship system. ([JLARC Report](#))
- The JLARC report found that approximately 12,000 adults in Virginia are under guardianship.<sup>1</sup> Just over 1,000 of these are under the state’s Public Guardianship Program, and the rest are under the authority of private guardians. A majority of private guardians are family members, but some are professionals such as attorneys.
- Public guardians receive ongoing training. Private guardians in Virginia are not required to undergo any training, and no statewide training is available. JLARC emphasized that training would help private guardians to better understand their responsibilities and duties.
- Virginia does not require or offer any training for conservators. According to JLARC, 43% of local commissioners of accounts—who oversee conservators—said conservators they supervise do not receive adequate training and guidance, and many do not have adequate experience and knowledge to fulfill their fiduciary responsibilities.
- A growing number of states are providing and/or requiring guardian/ conservator training. For example, see [Florida Guardian Training](#) ; and [Maryland Guardian Training](#).
- The JLARC report urges an amendment to the Virginia Code §64.2 to require any individual named as a private guardian and/or conservator – as well as staff who perform duties on their behalf – to undergo training within four months of appointment.
- The JLARC Report suggests that training for guardians be developed by the Department for Aging and Rehabilitative Services (DARS), with assistance from the Supreme Court Office of the Executive Secretary, as well as Virginia WINGS (Working Interdisciplinary Network of Guardianship Stakeholders). It suggests that local Departments of Social Services have responsibility for verifying compliance. Training could be online and without cost.
- The JLARC report recommends that the Supreme Court Office of the Executive Secretary coordinate with commissioners of accounts and the Judicial Council to develop online training for conservators.

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<sup>1</sup>Many guardians also serve as conservators. The number of separate conservators is not tracked. The Public Guardianship Program provides both, but most conservators are private." Consultation with JLARC, August 2022.



## **Budget Priorities**

**Enact minimum hourly nursing home staffing levels per resident per day for nurses and nurse aides, along with resident acuity measures, supported by a dedicated funding source.**

- Virginia has 286 certified nursing homes with 32,000 beds. Currently there are 27,853 residents with an 85% occupancy rate. ([Kaiser Family Foundation](#))
- The pandemic ravaged Virginia nursing homes, with 3086 resident deaths since January 2020, [AARP Nursing Home Covid-19 Dashboard](#). Yet the pandemic only brought to the fore long-standing problems with inadequate staffing and insufficient infection control. According to the [AARP Dashboard](#), as of May 2022, 33.8% of Virginia nursing homes had a shortage of direct care workers.
- In 2021, the Virginia [Joint Commission on Health Care Report](#) on *Workforce Challenges in Virginia's Nursing Homes* found that staffing shortages increase the risk of low-quality care, and disproportionately impact facilities with low-income and Black residents. According to the Report, 43% of Virginia nursing homes received a one or two-star CMS staffing rating. Following the Report, a [2022 JCHC Briefing](#) stated that 44% of Virginia facilities would not meet CMS acuity-based expectations.
- Numerous national studies over 20 years show a strong relationship between the number of direct care nursing home staff and the quality of care/quality of life of residents. See for example a [2020 study by Xu, Intrator & Bowlblis](#) of 11,920 nursing homes suggesting that nurse and nurse aide shortages were more likely in nursing homes with any COVID-19 cases. Other 2020 studies (see Harrington et al; Konetzka) produced similar findings.
- Federal nursing home staffing standards [42 CFR 483.35](#) require a registered nurse eight hours per day and a licensed nurse 24 hours per day; and that facilities have “sufficient staff” to meet resident needs.
- As early as 2000, CMS recommended (but did not require) national staffing standards: “[t]he minimum standards should be at least 0.75 RN hours per resident day (hprd), 0.55 LVN/LPN hprd, and 2.8 CNA hprd, for a total of at least 4.1 nursing hprd . . . adjusted upwards based on residents’ needs.” (CMS, Abt Associates Inc, [Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes; Report to Congress](#))
- Virginia is one of only 12 states without specific nursing home staffing standards ([2022 JCHC Briefing](#) ). The Virginia Department of Health regulations [12 VAC 5-371-210B](#) requires only that facilities have “qualified nurses and certified nurse aides on all shifts, seven days per week, in sufficient number” to meet the assessed needs of all residents – which is unclear, subject to varying interpretations, and has no floor to ensure safety.

- Virginia has among the highest criteria for Medicaid coverage of nursing home care, compared to other states, [12 VAC 30-60-316](#). This high bar means that Virginia residents are much frailer and in need of significantly more care.
- Implementation of any Virginia nursing home staffing standards requires funding support for nursing homes through General Funds, matched with Medicaid dollars, as well as other possible sources. Any dedicated funding must be linked directly to salaries/benefits of nurses and nurse aides. [See NVAN priority on direct care worker livable wages and paid sick leave.]
- In 2022, the National Academies report, [The National Imperative to Improve Nursing Home Quality](#), recommended that CMS “enhance the current minimum staffing requirements” along with coverage “that reflects resident census, acuity, case mix . . .” Additionally, the current Administration has proposed additional safeguards for nursing home residents, including better staffing. ([2022 White House Fact Sheet](#))
- In 2022, Virginia House bills (HB 330 by Del. Watts, based on an acuity model; and HB 646 by Del. Carr, based on minimum hourly requirements) were carried over to 2023, with a plan by the Health, Welfare and Institutions Committee to bring stakeholders together to find a solution; and in the Senate SB 406 by Sen. Barker was not voted out of the Education and Health Committee.

### **Enhance assisted living affordability through such measures as increasing the auxiliary grant and using Medicaid funding.**

- Assisted living facilities are residences for the care of four or more adults. Assisted living is licensed by the [Virginia Department of Social Services](#) to provide a room, meals, homemaking and laundry service, assistance with activities of daily living (bathing, eating, toileting, transferring, personal hygiene, dressing), 24-hour supervision, and medication management.
- Virginia has 570 assisted living facilities. Many residents with dementia live in assisted living. Nearly all assisted living facilities have memory care units or are approved as all-memory care facilities.
- The median monthly cost of assisted living in the Washington DC Metropolitan Area is \$5,948, and \$5,250 for the state. The median cost of a semi-private room in a nursing home in the DC Metropolitan Area is \$11,467, and \$8,213 for the state ([Genworth Cost of Care Survey](#)). Medicaid pays for low-income residents of nursing homes, *but not assisted living*.

- Because Virginia nursing homes serve more impaired residents than in other states (see Medicaid level of care criteria at [12 VAC 30-60-316](#)), assisted living residents are likewise more impaired than they are in other states. The level of impairment of Virginia assisted living residents is similar to that of nursing homes in other states. Therefore, low-income Virginians who qualify for assisted living would actually qualify for Medicaid nursing home care in many other states. In Virginia these individuals are left with no facility-based care due to the exorbitant cost of assisted living.
- There is a severe shortage of assisted living units available for low and moderate-income adults in need of licensed assisted living.
- Neither Medicare nor Medicaid is available to finance assisted living in Virginia. A majority of other states use various Medicaid approaches to supplement assisted living costs. ([Paying for Senior Care, Medicaid and Assisted Living; State by State Benefits and Eligibility 2019](#))
- The Auxiliary Grant program is Virginia’s public funding source for residents of assisted living. It is available to those who need help with meals, medication management, homemaking activities. Instrumental Activities of Daily Living (IADLs); and who meet the income guidelines. It is paid to the resident who in turn pays the provider.
- The 2022 Auxiliary Grant rate is \$1609 per month. In Northern Virginia<sup>2</sup> the Auxiliary Grant rate is \$1,850 per month.
- Assisted living residents are allowed to keep \$82 per month of their income [as calculated before receiving the Auxiliary Grant] for personal needs, and the remainder of the resident’s income is paid to the provider. Currently there are 118 assisted living residences in Northern Virginia that are licensed to serve 8,659 people. Those units are available to only 470 low or moderate-income individuals.
- Later this year the [Joint Commission on Health Care](#) will be releasing its report examining the accessibility and affordability of assisted living in Virginia and recommending changes to the structure and financing of programs to address this issue. The report should include considerations of increasing the Auxiliary Grant amount and full or partial coverage of assisted living through Virginia’s Medicaid program.

**Require employers to provide at least ten days of paid sick leave for all workers, including direct care workers in nursing homes, assisted living, and home care.**

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<sup>2</sup> The City of Alexandria, Arlington, Fairfax, Loudoun, and Prince William Counties make up Northern Virginia

**Providing paid sick leave for all workers** is essential to preventing contagion of illness--and saves money for businesses.

- Requiring employers to provide paid sick leave reduces the spread of infectious disease at the workplace. With over 1,000,000 deaths nationally ([CDC Covid Data Tracker](#)), and over 21,000 in Virginia ([VDH Covid-19 Data in Virginia](#)). COVID has focused increasing attention on the need for paid sick leave policies. ([Kaiser Family Foundation](#))
- The costs to businesses of NOT paying sick leave are significant. According to the [Center for Economic and Policy Research](#), “The economic costs of a serious flu outbreak are enormous.” The National Partnership for Women and Children states that, “Paid sick days reduce turnover, which leads to reduced costs incurred from advertising, interviewing and training new hires. This is particularly important in lower wage industries where turnover is highest.” ([Paid Sick Days Are Good for Business, 2020](#))
- According to the [Department of Labor](#), outside of the U.S., 22 countries require employers to provide paid sick leave. In the U.S. federal support for sick leave has been limited, and states have stepped in to fill the gap. Fourteen states and Washington DC now have paid sick leave laws. Hazard pay or bonuses are provided to direct care workers in 17 states. ([2022 PHI Essential Support](#))

**Providing paid sick leave for direct care workers** is essential to their welfare and to the life and health of the vulnerable populations they serve.

- Direct care workers in nursing homes, assisted living and home care provide vital services in close proximity to frail individuals. They clean and bathe patients, give intimate personal care, serve meals, and help with eating.
- Direct care workers have very low wages (See Continuing Concern on direct care wages). Thus, they must go to work while sick in order to support themselves and their families – and many have more than one job, further spreading the risk of illness. “These are the folks who can least afford not to go to work when they are not feeling well, and they may be unfortunately the ones who spread the virus.” ([Los Angeles Times, April 2020](#))
- In 2021 the General Assembly took a good first step in requiring up to five days of paid sick leave for providers of Medicaid consumer-directed personal, respite or companion care. ([HB 2137](#))
- The General Assembly should expand this coverage to 10 days, should cover workers in Medicaid agency-directed care in addition to workers in consumer-directed care – and should cover workers in nursing homes and assisted living as well.

## NVAN 2023 Continuing Concerns

### **Appropriate funds for the Virginia Center on Aging Geriatric Education Center Initiative**

Enacted in 2006, the [Virginia Geriatric Education Center \(VGEC\) Initiative](#) supports education and training in geriatrics across the state for a wide range of medical and allied health professionals, and clinical and caregiving services. An initial General Funds appropriation of \$375,000 annually, administered by the Virginia Center on Aging (VCoA), enabled the funding of 15-20 training grants and research initiatives across Virginia ranging from \$1,000 to \$25,000. Awards have been competitive, selected by third-party reviewers, and based on locally identified needs.

Since its inception, the GTE funded 173 projects throughout the Commonwealth focusing on a broad range of issues affecting older adults, including but not limited to, dementia and utilization of the arts in memory care, advance care medical planning, caregiving, mental health, and investigations seeking best-care practices. Despite the increased need, there is a growing shortage in Virginia of trained personnel in the geriatrics and gerontological workforce. Successive funding cutbacks impacting the VGEC initiative have whittled the VCoA ability to support vital research and creative programming. Funding will enhance the development of a gerontological and geriatric workforce with skills for managing the health care of older adults.

### **Direct the Department of Corrections to develop a plan to identify and to meet the specialized needs of incarcerated older adults and a Geriatric Reentry Assistance for Transitions Program.**

In Virginia, the cost of housing inmates was \$40,752 in FY 2021, an increase of nearly 20% from the previous year ([Virginia Department of Corrections 2021](#)). The costs associated with caring for older inmates is higher, with older populations having special needs for housing and medical care. Upon release, older inmates experience increased challenges with housing, food access, and employment that increase their need for social services and other community-based supports.

To help address the specialized needs of this population and aid successful reentry of former inmates, the Virginia Department of Corrections should develop a Geriatric Reentry Assistance for Transitions Program. A reentry team would consist of key stakeholders to provide older inmates with care coordination and support throughout the reentry experience, to help them transition to the community and remain in the least restrictive setting. According to the Department of Corrections, this effort would also reduce costs for the Commonwealth, and allow Virginia to continue to lead the nation in our low recidivism rates.

**Establish the Older Adult Social Connection and Engagement Initiative to prevent social isolation among older adults through Area Agencies on Aging and Centers for Independent Living.**

Social isolation in older adults is a [public health crisis](#) that was intensified by COVID-19. Social isolation is a significant contributor to morbidity and early mortality ([Health Affairs June 2020](#)). Social isolation and loneliness are seen as risk factors for cardiovascular and brain health. ([Journal of American Heart Association 2022](#))

Addressing social isolation in older adults requires: (1) expanding the broadband infrastructure for technological solutions; (2) sufficient in-home technological equipment for older adults, adapted to their needs if necessary, such as computers, tablets, I-pads, and cell phones; (3) training for service providers and older adults in using the technology to reduce social isolation; and (4) specific services through Agencies on Aging (for example, see the 2022 award-winning [VA Tech/New River Valley Agency on Aging](#) program) and Centers for Independent Living.

NVAN supports the establishment of an Older Adult Social Connection and Engagement Initiative to foster government/private partnerships in research; and to provide digital connectivity, access, education and training. The Initiative should be established through Area Agencies on Aging and Centers for Independent Living as a three-year competitive grant program administered by the Department for Aging and Rehabilitative Services.

**Expand the Livable Home Tax Credit from \$1 million to \$1.5 million per year; create a Livable Home Grant program at \$1 million per year for lower income homeowners.**

An estimated one in ten Virginians has a disability. Additionally, more than 25% of Virginians will be over age 60 by 2025. For these individuals, accessible housing is a high priority.

The Commonwealth's [Livable Home Tax Credit](#) program is designed to improve accessibility and universal visitability in Virginia homes. It provides state tax credits for the purchase of new units or the modification of existing units. Tax credits are available for up to \$5,000 for purchase of a new accessible unit and up to 50% of the modification cost of existing units, up to \$5,000. The program was opened to building contractors in 2011.

The tax credit is a significant incentive for accessible home modifications that keep older adults and people with disabilities in their own homes. The program has met or exceeded the allocated \$1 million for the last nine tax years, demonstrating a demand for increased funding. Raising the level above \$5,000 would provide a more effective incentive, as would developing a grant program – especially for homeowners whose income is too low to qualify for a tax credit.

**Provide living wages, overtime pay, and training for direct care workers to build a quality, cost-effective workforce.**

Direct care workers in nursing homes, assisted living and home care provide quality, hands-on care to maximize the well-being of older adults and people with disabilities and help them to live with dignity. Direct care workers are essential to enable these adults to be as independent as possible. Older Virginians and people with disabilities deserve support from a quality, stable workforce.

Yet despite the important care they provide, Virginia direct care workers make poverty-level wages and some rely on public assistance ([AARP, Nursing Home Workers Low Pay](#)). Nationally, the median hourly wage for direct care workers was \$13.56 in 2020, and the median annual income was \$20,000 ([PHI, Direct Care Workers in the United States: Key Facts 2021](#)).

To recruit and retain an effective direct care workforce, the General Assembly should ensure that all direct care workers have a living wage, overtime pay, training, health care, and full PPE both during and after the pandemic (as well as paid sick leave; see 2023 NVAN Priorities).

**Require that nursing homes and assisted living facilities employ or have access to a full-time infection preventionist.**

Long-term care deaths from COVID-19 have been staggering in Virginia. Nursing Home deaths since January 1, 2020 total 3086 (as of July 2022); and Virginia has the second highest nursing home death rate in the nation. ([AARP Virginia](#))

However, infection prevention and control have been persistent problems in the Commonwealth's long-term care facilities since long before COVID-19. The most frequent deficiency found in nursing home inspections is infection prevention and control. (Kourtney Hales-Richards, Director, Division of Long-Term Care, Virginia Department of Health, Office of Licensure and Certification, July 14, 2021). Also see [GAO Infection Control 2020](#).

Federal regulations require nursing homes to have an infection preventionist ([42 CFR 483.80](#)), but current practice is to assign the infection prevention responsibility to another employee, such as an RN or assistant administrator, making infection control a part-time responsibility competing with other priorities. State requirements for infection prevention and control for nursing homes and for assisted living are vague. ([VDH Infection Prevention Requirements for Assisted Living](#))

Each facility should designate a full-time professionally trained infection preventionist. ([Framework for Nursing Home Reform Post COVID-19](#), by six national advocacy groups).

## St. Martin de Porres Senior Center Report for Sept 2022

This report is for the October COA meeting. We continue to follow COVID-19 Omicron's community transmission rates and consult with the Alexandria Health Department for guidance on attendance capacity. There were no seniors who reported testing positive for Omicron and one staff member who tested positive and quarantined at home and did not come in contact with seniors prior. All personnel who enter the center continue to be screened, adhere to social distance, wear an approved facial covering, and sanitize hands. All personnel entering the center who are ill are encouraged to remain at home. The seating capacity at the center for participants has been increased to 40 personnel in the main room beginning in October.

There were no major changes during September. Seniors attended our activities here at the center in person. Our average daily census ranges from 22-23 seniors for August and September. During September the participants enjoyed two field trips one to Gallaudet University and the Bill Picket Black Cowboy and Cowgirl Rodeo. Our senior garden continues to flourish, and we have harvested fresh peppers, tomatoes, Seminole squash and tomatias along with fresh herbs and roselle flowers used to make herbal tea.

- The following activities and wellness checks continued throughout September include:
- Outreach addressing senior basic needs delivering supplies needed at home as well as activity kits.
- Presented an excellent cooking class using tomatias from Chef Phillippe; class/recipe requested by seniors for home.
- Daily trivia, puzzles, word search puzzles, crafts, Scrabble and various card games as well as group team games like bowling and shuffleboard.
- Encouraging eligible seniors to receive COVID-19 booster. Update seniors with weekly COVID facts from the AHD to educate and assist seniors to get the bivalent booster and answer questions.
- Continue weekly Line Dancing, in person SAIL class at PHRC and Zoom chair SAIL exercise classes.
- ESL classes are going well assisting those learning basic English communication. Currently, we have successful beginner, intermediate and advanced class levels to help nonconventional students.
- Continue to partner with Marymount University, Patrick Henry Recreation Center and SMdP offering biweekly SAIL classes.
- Recognizing Hispanic Awareness month each week one SAIL class teaches seniors to learn/practice Salsa exercise: scheduled visit to Smithsonian's American History Museum the inaugural Molina Family exhibit
- Weekly Line Dancing with Nellie and seated exercise classes promoting strengthening fitness, and balance
- Active senior participation with the SSA's Walkathon fund raiser; event well attended; promoted health and wellness exercises and seniors enjoyment of outdoors
- Recruited CUA junior/senior nursing students as part of Community Health Nursing program; screened seniors about health conditions, diseases as wellness activities; screened 20 seniors; well attended.

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Submitted by Anne T. Coyne, Senior Center Director, St. Martin de Porres Senior Center. Tele: 703-751-2766. Email: [anne.coyne@ccda.net](mailto:anne.coyne@ccda.net)



## **The Senior Center at Charles Houston**

### **September 2022 Report for October COA meeting**

**September's weather allowed participants an extended summer! We restarted our arthritis exercise classes and continue to do our mindful movement class. This gave participants a head start to prepare for our annual walkathon at Bren Mar Park. They were motivated to complete the variety of exercise stations. Participants had fun and appreciated the well-organized activities which gave them a chance to move different muscles while enjoying the outdoors and a pleasant walk around the park.**

**Our center also celebrated the fall kick off NFL football teams by decorating our tables to display different teams. It was a fun filled but slightly competitive time to enjoy tasty food and bragging rights about our teams!**

**For our cognitive activities we have added weekly spelling bees and scattergories to energize and challenge our participants.**

**September is also a monumental month to mark the 50<sup>th</sup> anniversary for the senior center @ Charles Houston. We will be celebrating with a fun filled event to commemorate this important milestone.**

**Other notable activities and events during September include:**

- **Wellness/Informative Wednesday Presentation – Chef Philippe cooking demos Featured a tasty Paella. Participants enjoyed a bowl of this delicious meal.**
- **Weekly Thursday Shopping Trip – Trips include local area markets and grocery stores, including Walmart, Dollar Tree, Roses, and the Dutch Amish Market to enable participants to buy food, medical supplies, and essential household items.**
- **Weekly Walking Cub – We continue our walk weekly at the Pentagon city Mall. Participants have been consistent in showing up to add steps to their daily routines.**
- **Mindful Movement Exercise Class – Participants are dependable in attending class every Monday. The Center has a monthly average of 16 duplicated participants in the exercise class.**
- **No Goody Bags were handed out this month.**

**activities include Bingo and cognitive/brain teaser exercises (i.e., scavenger hunt, geography, general and television trivia, word search, word scramble, and rebus puzzles). For August, we started a bi-weekly spelling test for participants. Staff continue to encourage participants to wear masks, practice proper hand washing and use of hand sanitizer. Center continues to use air purifiers to supply a safe and clean environment for all participants.**

**Submitted by Pamela Guerra @ Charles Houston Senior Center**





October 7, 2022

**To:** Commission on Aging  
**From:** Mary Lee Anderson, Executive Director  
Senior Services of Alexandria  
**Subject:** Update on Senior Services of Alexandria

On Thursday, October 20<sup>th</sup>, Senior Services of Alexandria's annual Speaker Series "*Senior Living in Alexandria*" will host a workshop on **Senior Technology Programs and Preventing Scams and Frauds**. The event will take place at 10am at Beatley Central Library, 5005 Duke Street in Alexandria. This in-person event will feature local speakers discussing technology as it relates to seniors and will also cover the latest scams targeting older adults and how to avoid them. Experts will also highlight new, easy-to-use devices that can help you stay connected to your communities and loved ones. The event is free and open to the public. Please register online at [www.seniorservicesalex.org](http://www.seniorservicesalex.org). For more information, call Lindsay Hemphill at 703-836-4414, ext. 110.

SSA and DAAS will conduct a virtual training session for new Senior Ambassadors on Wednesday, October 12 from 11am-12:30pm. If you would like to represent your community and receive weekly updates with information for Alexandria's older adults, please contact MaryAnne Beatty, SSA Director of Community Outreach, at 703 836 4414 ext 113 or email [communications@seniorservicesalex.org](mailto:communications@seniorservicesalex.org)

Minutes from October 5, 2022 meeting of the Economic Development Committee

Attending: Mary Lee Anderson, Sylvia Benatti, Jane King, Jessica Lefevre, Margaret Shetler, Michael Shuster, Evelyn Quiles (City Staff Coordinator)

Absent: Pat Miller, Jim Lindsay, Geri Wallace

The meeting began at 10:03 a.m.,

Senior Consumers. Mary Lee will be meeting with Del Ray Business Association this month and will ask for support to get new businesses to participate. Has also connected with Old Town Business Association who have offered their support.

Senior Employment. Goal is to help seniors find employment and to encourage businesses to hire. Evelyn Quiles advised the search process has begun for her replacement as 50+ specialist. She asked for input on the questions that will be asked of candidates during the interview process. WDC is in planning stages for Hiring events with INOVA and the City's HR department.

Seniors as Entrepreneurs. Kick-off event was held on September 15. First orientation/introduction event is now scheduled for 10/27 at 5:30pm. Goal is to have 10 participants. Lengthy discussion about the need to have tangible goals for the workshops. Will offer one-on-one coaching as well cohort approach.

SNAP for Seniors SSA continues to work with the City to encourage older adults to apply for SNAP benefits. Meeting scheduled with DCHS's new Food Security Coordinator to discuss best practices and possible grant opportunity.

Senior Ambassadors Next Ambassador training session is scheduled for October 12. Spanish-speaking ambassadors receive weekly emails and SSA is actively recruiting additional ambassadors to this community.

Livable Community Plan Finalizing report on the first plan to AARP, required before new plan can be submitted. Suggestion that COA reach out to DCHS, AHD, Racial Equity Officer who are currently developing plans that might incorporate goals for older adults.

New Business: Jessica LeFevre presented information about energy cost savings that older adults could realize by community effort to help funding for weatherization, solar panels, etc. Michael Schuster agreed to work with her to evaluate potential and whether it might be appropriate goal for COA.

The meeting was adjourned at 11:23 a.m. The next meeting will be held Wednesday, November 2 at 10:00 a.m. at WDC's office, 1900 North Beauregard, Suite 300.

Submitted by: Mary Lee Anderson