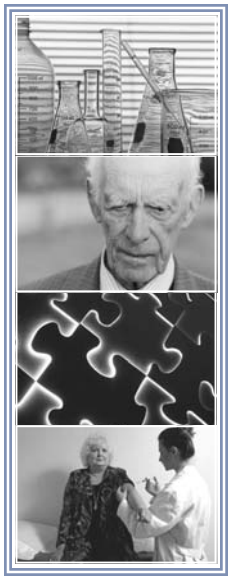
A REPORT OF THE ALZHEIMER'S DISEASE AND RELATED DISORDERS COMMISSION

AUGUST 2004



Presented to

The Honorable Jane Woods,

Secretary of Health and Human Resources

AlzPossible

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EXECUTIVE SUMMARY

Virginia's Alzheimer's Disease and Related Disorders Commission has concluded another year of significant activity consisting of several meetings and collaborative projects. The group has continued its work on the development of the Virtual Center on Alzheimer's Disease—the "center without walls" - around a mission to establish a much-needed organizational structure for coordinating purposeful activities and initiatives on Alzheimer's and other dementing illnesses within the Commonwealth. We are proud to report that the Virtual Center now has a clear roadmap (see Appendix 5) for its next year's activity including, but not limited to, the design and execution of its virtual workspace, its public representation, intra and inter workgroup communication strategies.

The present report reflects three of the Commission's recommendations to address strategic problem areas related to Alzheimer's disease as high priority targets in need of new initiatives and/or further development. These recommendations are addressing specific challenges in the areas of:

1) Education and Training,
2) Services (including diagnoses, care, and support), and
3) Research.

The details following this summary, as well as the more ample details presented in the attached CD-ROM, substantiate the Commission's recommendations:

a. to support the implementation of a full-time Curriculum Developer to coordinate and facilitate Alzheimer's and related disorders training for all public safety personnel throughout the Commonwealth. The current appropriation ($50,000 annually) only provides for law enforcement personnel training; the Commission's recommendation ($90,000 annually) would extend training to Fire and Rescue personnel and to Emergency Medical Service (EMS) personnel;

b. to have the Joint Legislative Audit and Review Commission (JLARC) or the Joint Commission on Health Care (JCHC) conduct an independent study of mental health needs of older Virginians, including individuals with dementia who need psychiatric services; and

c. to restore the Alzheimer's Disease and Related Disorders Research Award Fund (ARDRAF) to its 2002 funding level and increase the annual appropriation to support a sixth research grant.

PREFACE

The Alzheimer's Commission dedicates its 2004 Report in memory of President Ronald Reagan who lost his long battle with Alzheimer's disease earlier this year and to Nancy Reagan whose dedication as a family caregiver inspired a nation. The Commission also dedicates its 2004 Report to the more than 100,000 Virginians whose battle with Alzheimer's disease continues and to the hundreds of thousands of courageous Virginia family caregivers.

Alzheimer's disease does not define the legacy of President Reagan or of Virginians living with Alzheimer's disease but the disease and its manifestations become part of the legacy. Alzheimer's disease radically and cruelly alters the course individuals and families pursue. What would President and Mrs. Reagan have accomplished in the last decade but for Alzheimer's? What would Virginian's living with Alzheimer's have accomplished? The Reagans and so many Virginians have demonstrated indescribable courage and taught us all important lessons of compassion and commitment against the worst adversity. The Commonwealth and the country are better for having known these remarkable people and borne witness to their lives. The Commonwealth and the country owe them nothing less that to join the battle against Alzheimer's with every available resource to eliminate Alzheimer's disease through the advancement of research and to enhance quality care and support for individuals, their families and caregivers.

Your risk of getting Alzheimer's disease, just by being born, is 15%.

If you have an afflicted parent your risk rises to 30%.

If you are still living at age 85 your risk will be almost 50%.

OVERVIEW

The Alzheimer's Commission recommends that the Commonwealth invest in expanding its commitments to public safety and health care services for people with Alzheimer's disease and to funding Virginia-based scientific research into the causes, treatments, cure and prevention of Alzheimer's disease.

The Alzheimer's Commission heartily applauds Governor Mark Warner, Secretary Jane Woods, and the General Assembly for their strong focus on Alzheimer's care issues in the initial round of Olmstead compliance initiatives. It speaks volumes that Virginia is pursuing an Alzheimer's-specific federal Medicaid waiver as a first step and the Commission encourages the Commonwealth to pursue aggressively and as soon as possible the many other Alzheimer's recommendations of its 2003 Olmstead Task Force report.

The Alzheimer's Commission thanks the Governor, Secretary Woods, and the General Assembly for their prompt and vigorous attention to the emerging challenges in quality, availability, and affordability of assisted living care for vulnerable adults including those with Alzheimer's disease. The many excellent assisted living communities need and deserve support and the many inferior assisted living communities must be transformed or else replaced.

During the past year, the Alzheimer's Disease and Related Disorders Commission continued development of the Commonwealth of Virginia Comprehensive Virtual Center on Alzheimer's Disease to establish a much-needed organizational structure for coordinating purposeful activities and initiatives on Alzheimer's and other dementing illnesses within the Commonwealth. The Commission's strategic planning process—essentially a business plan for this Virtual Center—is designed to provide the Commission with a vehicle to reassess the Commonwealth's priorities in allocating health care resources and to offer well-thought out and fiscally sound recommendations for new initiatives.

MISSION: The mission of the Commonwealth of Virginia Comprehensive Virtual Center on Alzheimer's Disease is to establish a much-needed organizational structure for coordinating purposeful activities and initiatives on Alzheimer's and other dementing illnesses within the Commonwealth. Whenever possible, the objective is to form partnerships among groups or organizations within the Commonwealth to take advantage of their respective talents and resources to advance the public heath goals of the Commonwealth of Virginia.

Education and Training

RECOMMENDATION: The Commission recommends that the Commonwealth support the implementation of a full-time Curriculum Developer to coordinate and facilitate Alzheimer's and related disorders training for all public safety personnel throughout the Commonwealth. The current appropriation ($50,000 annually) only provides for law enforcement personnel training; the Commission's recommendation ($90,000 annually) would extend training to Fire and Rescue personnel and to Emergency Medical Service (EMS) personnel.

Alzheimer's disease causes millions of Americans to lose their ability to recognize familiar places and faces. They may become disoriented and lost in their neighborhood or far from home. Sixty percent of Alzheimer's patients wander and many of these patients end up lost. Patients who wander may find themselves in potentially dangerous situations. People with dementia may wander into traffic, woods, bodies of water or other dangerous environments where serious injury or death become likely. Whether the person wanders away from their own home, a place of business, a public area or a care facility, a wide array of public safety personnel often may be called upon to conduct a search and rescue. Unfortunately, many such public safety personnel have not been trained about the atypical search and rescue techniques required when the missing person has dementia

The Commission recommends that all "public safety personnel" (specifically fire, EMS, and police - including 911 operators) throughout the Commonwealth receive training on how to deal with Alzheimer's patients. Since 1998, the Alzheimer's Training and Advisory Committee working with DCJS has assumed a leadership role and is responsible for the development and implementation of a unique and comprehensive training program for the more than 23,000 law enforcement officers throughout the Commonwealth. This innovative and ongoing program has increased in value and prominence and is responsible for providing basic Alzheimer's and related disorders training for approximately 5,000 officers and more advanced training to another 4,000 officers through in-service training sessions. Train the trainer classes and specialty classes have also been provided to communications officers, jail personnel, Commonwealth's Attorneys, magistrates, and court clerks.

As training has been delivered, awareness has risen that training must be expanded to both Fire & Rescue and EMS personnel. The responsibility to train an additional 54,000 public safety personnel (beyond the 23,000 law enforcement officers) necessitates coordination and management by a full-time employee.

It is important to note that besides issues related to wandering, public safety personnel may often be confronted with Alzheimer's patients who become agitated, angry, or exhibit a psychotic or aggressive behavior.

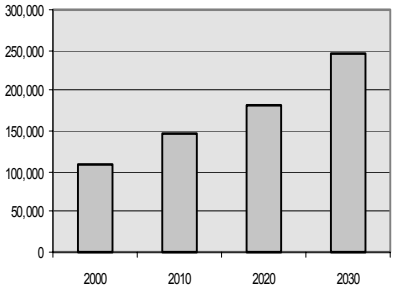
Law enforcement officers, Fire & Rescue personnel, and EMS personnel, as first responders when wandering or violence occurs, often lack training to handle and understand individuals with dementia. It is imperative that the Commonwealth take the initiative and leadership to provide all first responders with Alzheimer's and dementia related training to equip them to deal effectively and humanely with Alzheimer's patients and to reduce the risk of injury to themselves, the patients, or others.

The Commission recommends that ALL "public safety personnel" throughout the Commonwealth receive training on how to deal with Alzheimer's patients.

WHY PROVIDE A.D. TRAINING TO PUBLIC SERVICE PERSONNEL?

- 60% of A.D. patients wander, become lost and often are seriously injured or die if not found within 24 hours
- some AD patients, as a manifestation of the disease, exhibit behavioral disturbances which may endanger themselves, caregivers or responding public safety personnel.

VIRGINIANS 30+ WITH AD (2000-2030)



Services: Diagnoses, Care and Support

RECOMMENDATION: The Commission supports measures to ensure that older Virginians with dementia receive adequate mental health services and recommends that the Joint Legislative Audit and Review Commission (or the Joint Commission on Health Care) conduct an independent study of the mental health needs of older Virginians, including individuals with dementia who need psychiatric services.

Almost 20% of adults age 55+ **experience specific mental disorders** that are not part of "normal aging" and there are indications that mental disorders in the older population are underreported.

Many older Virginians -- including those with a dual diagnosis of Alzheimer's disease or other dementias plus severe mental illness or psychiatric/ behavioral symptoms -- face closed doors to mental health services. A confluence of factors at the state and federal levels often leaves this population bouncing from placement to placement with little recourse for stabilization and improvement.

I. Priority Populations. There has been extensive policy development throughout the nation about targeting mental health resources for specified priority populations. In Virginia, the Department of Mental Health, Mental Retardation and Substance Abuse Services adopted "Priority Population Implementation Guidelines" effective July 2001 and named individuals with serious mental illness as a priority. However, the DMHMRSAS Priority Population Criteria for Seriously Mentally Ill individuals tends to exclude older clients in two different ways. First, the criteria specifically exclude a diagnosis of dementia (Criterion B, "Adult Mental Health Priority Population Classification Form"). This means that if a person living with dementia has major depression or a psychotic disorder, he or she is not included in the SMI Priority Population unless it can be shown that the depression or psychosis preceded the onset of dementia – often difficult to prove. Second, the priority population criteria's "functional impairment" assessment includes the ability to function well enough to maintain employment -- yet most older adults are not in the workforce. The policy does not allow other age-appropriate activity to be used in place of "employment."

II. Facility Admission. The closing of the Western State Hospital Geriatric Center in 2001 markedly reduced the number of geriatric beds at state psychiatric hospitals. Coupled with the scarcity of geriatric beds is the fact that there are different admission criteria for individuals with dementia. Currently, clients with dementia are admitted to a state psychiatric hospital only if they "also have significant behavioral problems as determined by qualified state facility staff" (DMHMRSAS, CSB Contract). This means that the request for hospitalization must go through the receiving state facility staff, who without necessarily directly examining the person must concur that the behavioral problems are acute and will improve with inpatient care. Clients without dementia receive a face-to-face assessment by the CSB prescreening team, and based on this assessment it is determined whether they need to be hospitalized or go through a commitment process. Clients with dementia who also receive a face-to-face assessment by the CSB prescreening team additionally require acceptance by the receiving hospital, and may be denied admission by the hospital admission staff based on a written or verbal report alone.

Services: Diagnoses, Care and Support (cont.)

III. **Continuum of Care: Need for Coordinated Approach.** The double bind population with dementia + severe mental illness or behavioral symptoms faces other closed doors as well, with the result that they are "ping-ponged" from place to place without the humane treatment they need:

- They may be denied nursing home admission because facilities often are not equipped or trained to treat these residents; and because of lack of alternative placement should a resident's behavior become unmanageable.
- Affordable assisted living is hard to find, and many providers simply cannot afford to take Auxiliary Grant residents. Moreover, assisted living may offer supervision but not psychiatric assessment and treatment. Many assisted living residents with mental disabilities are not receiving the mental health services they need (JLARC, *Services for Mentally Disabled Residents of Adult Care Residences*, 1997). *The Washington Post* series on Virginia assisted living found that "the homes often are ill-prepared to deal with the unpredictable and challenging behavior of residents with dementia," as well as "a volatile mix" of residents with severe mental illness (May 2004).
- Many psychiatric units in medical hospitals are reluctant to treat such patients because of the difficulty of finding placement in a qualified facility that agrees to accept them after discharge from the hospital.
- Private psychiatric hospitals, which depend on third party payers for their survival, may deny admission unless there is a guarantee of placement after discharge or after the period of insurance coverage expires.
- Older adults need specialized programming at a slower, quieter pace in a less aggressive atmosphere than is provided for younger adults. The lack of elder-friendly partial hospitalization programs, psychosocial day programs, and residential programs only feeds the crisis in hospital admissions described above.

An initial solution recommended by the Northern Virginia Geriatric Mental Health Alliance is a pilot program to develop a coordinated approach for a continuum of care among a selected group of nursing homes, assisted living residences, a community mental health geriatric program, a community mental health emergency services, a local medical hospital psychiatric unit and a State geriatric psychiatric unit. The pilot would seek to demonstrate that with the assurance of placement, clients now considered too difficult to place can be maintained in the community or in a nursing home or assisted living rather than requiring placement in a State psychiatric facility – a goal that is squarely aligned with the *Olmstead* Task Force objectives. This and other solutions merit careful examination by JLARC or the JCHC.

Individuals with dementia frequently benefit from mental health treatment. Recent findings confirm a high prevalence of neuropsychiatric symptoms in patients with dementia. In a 2002 study, 60% of participants with dementia exhibited clinically significant symptoms in the previous month, and more than 80% exhibited some symptom from the onset of cognitive impairment (Lyketsos, C., et al., "Prevalence of Neuropsychiatric Symptoms in Dementia and Mild Cognitive Impairment," 288 *Journal of the American Medical Association* 12, 1475, September 25, 2002).

Most contemporary neurologists and geriatric psychiatrists agree that mental health treatment including mediation and psychotherapy can be essential in managing the psychiatric and behavioral symptoms of dementia.

Research

RECOMMENDATION: The Commission recommends, at minimum, restoring $47,500 annually to ARDRAF, returning it to its 2002 level of $125,000 annually. Further, recognizing its special role as a stimulus in the fight against dementia and its notable return on investment, the Commission recommends increasing ARDRAF's annual appropriation by another $25,000 to fund a sixth annual research grant.

Each ARDRAF dollar invested in state funded pilot investigations produces at least $10 for the Commonwealth from other non-state sources *(Virginia Center on Aging).*

Since 1982, Virginia has supported "...research into the causes of Alzheimer's and related diseases, methods of treatment, ways that families can cope with the stresses of the diseases, and the impact of the disease on the citizens of the Commonwealth" through the **Alzheimer's and Related Diseases Research Award Fund (ARDRAF)** [*Code of Virginia*, 2.2-719]. ARDRAF is virtually unique in the nation as a stimulus in the fight against dementia.

Because it is seed grant funding -- support that produces preliminary data for larger studies -- the ARDRAF has a multiplier effect. However, ARDRAF's appropriation has been cut significantly: 38% since 2002.

The nature and intent of the ARDRAF itself suggest other reasons why expanded Commonwealth support is deserved. Unlike other sources of research funds that are tied to a specific line of investigation, the General Assembly's broad mandate allows for the exploration of previously unexplored or understudied questions. These explorations have produced scientific advances and promising leads along several avenues of investigation.

Since 1982, the Commonwealth has invested just under $1.2 million in 88 research studies through the ARDRAF. These studies have produced results that have generated subsequent funding, bringing at least $15 million to Virginia from external funding sources, including at least $5 million in indirect charges for Virginia institutions of higher education.

The basic function of the ARDRAF is providing preliminary data; it also plays an important role directing investigative pursuits. Pilot results may lead to subsequent productive endeavors in many ways. Confirmational findings add support for a particular avenue of investigation; negative results help by terminating disappointing quests and suggesting exploration in new directions. Similarly, pilot experiment results can suggest when methodological or procedural alterations are warranted, and researchers can find insights about how best to conduct investigations. An examination of the impressive list of related publications and professional presentations deriving from the ARDRAF-funded work of previous recipients provides evidence of these indirect connections.

The ARDRAF, as a grant program, is a unique research and development infrastructure that serves the Commonwealth by enabling investigators to attract external funds for R & D through federal grants and contracts, foundations, or other sources. ARDRAF is a resource for establishing a network of collaborating investigators or laboratories/clinics to conduct multi-site, multi-disciplinary researches, development and demonstration projects. The grant recipients, and members of the Awards Committee, are important collaborators on various projects, and because of careful tracking of program participants, the ARDRAF is an invaluable source for identifying potential collaborators within the virtual center model.

CONTACT

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A REPORT OF THE ALZHEIMER'S DISEASE AND RELATED DISORDERS COMMISSION

APPENDICES

CHAPTER 749

An Act to amend the Code of Virginia by adding in Chapter 7 of Title 2.2 an article numbered 4, consisting of sections numbered 2.2-718, 2.2-719 and 2.2-720, and to repeal §§ 2.2-710 and 37.1-62.1 of the Code of Virginia, relating to Alzheimer's disease and related disorders; report.

[S 969]

Approved March 20, 2003

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 7 of Title 2.2 an article numbered 4, consisting of sections numbered 2.2-718, 2.2-719 and 2.2-720, as follows:

Article 4.

Alzheimer's Disease and Related Disorders.

§ 2.2-718. Powers and duties of the Department with respect to Alzheimer's disease and related disorders.

The Department for the Aging shall serve as a referral point for linking families caring for persons with Alzheimer's disease and related disorders with Virginia's chapters of the Alzheimer's Disease and Related Disorders Association. The Department shall provide information, counseling and referral about services and programs that may support individuals and families dealing with Alzheimer's disease and related disorders.

§ 2.2-719. Alzheimer's and Related Diseases Research Award Fund.

There is established a fund to be known as the Alzheimer's and Related Diseases Research Award Fund, hereafter referred to as "the Fund." The Fund shall be administered by the Virginia Center on Aging and the awards shall be made through an awards committee consisting of representatives from the scientific and medical community and the general public. The awards shall be given annually to scientists in Virginia in order to support research into the causes of Alzheimer's disease and related disorders, methods of treatment, ways that families can cope with the stresses of the disease, and the impact of the disease on the citizens of the Commonwealth.

§ 2.2-720. Alzheimer's Disease and Related Disorders Commission.

A. The Alzheimer's Disease and Related Disorders Commission (Commission) is established as an advisory commission in the executive branch of state government. The purpose of the entity is to assist people with Alzheimer's disease and related disorders and their caregivers.

B. The Commission shall consist of 15 nonlegislative citizen members. Members shall be appointed as follows: three members to be appointed by the Speaker of the House of Delegates; two members to be appointed by the Senate Committee on Privileges and Elections; 10 members to be appointed by the Governor, of whom seven shall be from among the boards, staffs, and volunteers of the Virginia chapters of the Alzheimer's Disease and Related Disorders Association and three shall be from the public at large.

Initial appointments of nonlegislative citizen members shall be staggered as follows:

1. Two gubernatorial appointees shall be appointed for a term of one year each;

2. One legislative member appointed by the Speaker of the House of Delegates and two gubernatorial appointees shall be appointed for a term of two years each;

3. Two legislative members, one appointed by the Speaker of the House of Delegates and one appointed by the Senate Committee on Privileges and Elections, and three gubernatorial appointees shall be appointed for a term of three years each; and

4. Two legislative members, one appointed by the Speaker of the House of Delegates and one appointed by the Senate Committee on Privileges and Elections, and three gubernatorial appointees shall be appointed for a term of four years each.

CHAPTER 749 (cont.)

Thereafter, nonlegislative citizen members shall be appointed for a term of four years. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. All members may be reappointed. However, no nonlegislative citizen member shall serve more than two consecutive four-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment. Vacancies shall be filled in the same manner as the original appointments.

The Commission shall elect a chairman and vice chairman from among its membership. A majority of the voting members shall constitute a quorum. The Commission shall meet at least four times each year. The meetings of the Commission shall be held at the call of the chairman or whenever the majority of the voting members so request.

C. Members shall receive such compensation for the discharge of their duties as provided in § 2.2-2813. All members shall be reimbursed for reasonable and necessary expenses incurred in the discharge of their duties as provided in §§ 2.2-2813 and 2.2-2825. Funding for the costs of compensation and expenses of the members shall be provided by the Department for the Aging.

D. The Commission shall have the following powers and duties:

1. Examine the needs of persons with Alzheimer's disease and related disorders, as well as the needs of their caregivers, and ways that state government can most effectively and efficiently assist in meeting those needs;

2. Advise the Governor and General Assembly on policy, funding, regulatory and other issues related to persons suffering from Alzheimer's disease and related disorders and their caregivers;

3. Develop the Commonwealth's plan for meeting the needs of patients with Alzheimer's disease and related disorders and their caregivers, and advocate for such plan;

4. Submit a report by October 1 of each year to the Governor and General Assembly regarding the activities and recommendations of the Commission; and

5. Establish priorities for programs among state agencies related to Alzheimer's disease and related disorders and criteria to evaluate these programs.

E. The Department for the Aging shall provide staff support to the Commission. All agencies of the Commonwealth shall provide assistance to the Commission, upon request.

F. The Commission may apply for and expend such grants, gifts or bequests from any source as may become available in connection with its duties under this section, and may comply with such conditions and requirements as may be imposed in connections therewith.

G. The Chairman shall submit to the Governor and the General Assembly an annual executive summary of the interim activity and work of the Commission no later than the first day of each regular session of the General Assembly. The executive summary shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.

H. This section shall expire on July 1, 2006.

2. That §§ 2.2-710 and 37.1-62.1 of the Code of Virginia are repealed.

3. Notwithstanding § 2.2-720, current members of the Alzheimer's Disease and Related Disorders Commission shall continue to serve until the expiration of their terms. Thereafter, terms established by § 2.2-720 shall apply.

Virginia Chapters of the Alzheimer's Association

Central and Western Virginia Chapter
1807 Seminole Trail, Suite 204
Charlottesville, VA 22901
Toll-free: (888) 432-9061
Phone: (434) 973-6122
Fax: (434) 973-4224 www.alzcwva.org

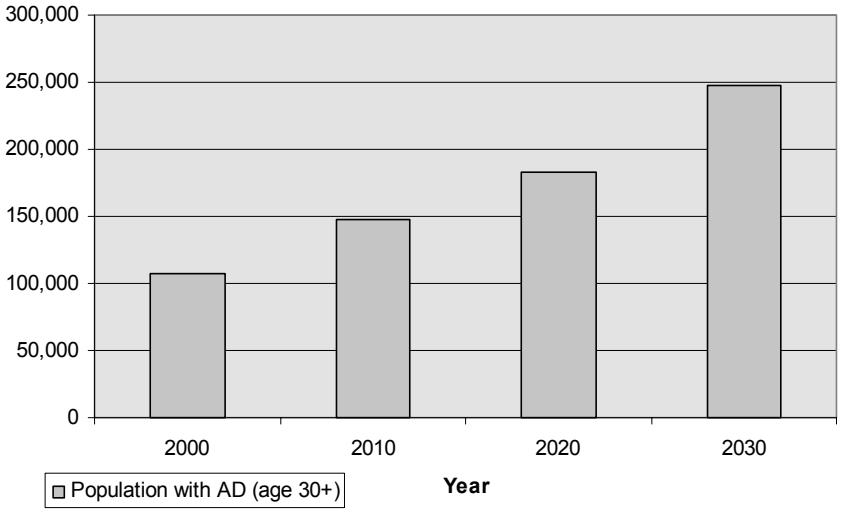
Greater Richmond Chapter
4600 Cox Road, Suite 130
Glen Allen, VA 23060
Toll-free: (800) 598-4673
Phone: (804) 967-2580
Fax: (804) 967-2588 www.richmondalzheimers.org

National Capital Area Chapter
11240 Waples Mill Road, Suite 402
Fairfax, VA 22030
Toll-free: (866) 259-0042;
Phone: 703-359-4440
Fax: (703) 359-4441 www.alz-nca.org

Southeastern Virginia Chapter
#20 Interstate Commerce Center, Suite 233
Norfolk, VA 23502
Toll-free: (800) 272-3900
Phone: (757) 459-2405
Fax: (757) 461-7902

Southwestern Virginia - a chapter does not currently exist in this region, but MEOC works closely with the Northeast Tennessee Chapter.
Mountain Empire Older Citizens, Inc. (MEOC)
P.O. Box 888
Big Stone Gap, VA 24219-0888
Toll-Free: 1-800-252-6362
Phone: (276) 523-4202
Fax: (276) 523-4208 www.meoc.org

Virginians (Age 30+) with Alzheimer's Disease



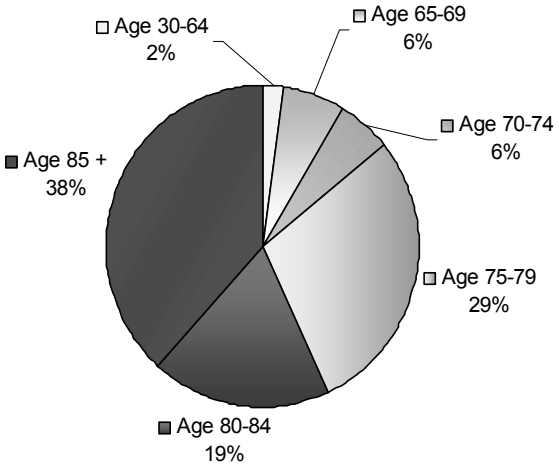
There are 4.5 million Americans living with Alzheimer's disease, more than double the number in 1980.

The figure is projected to grow to 14 million by 2050, according to the Alzheimer's Association.

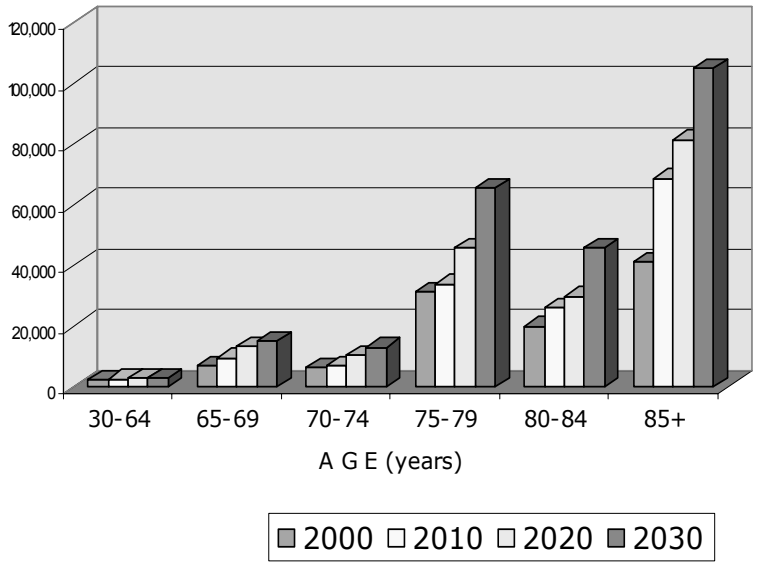
Virginians with Alzheimer's Disease - YEAR 2000

(percentages reflect AD patients within respective age brackets) -

Source: VDA/Alz Assoc.



2000-2010-2020-2030 Estimates
Virginia Population with Alzheimer's Disease



Estimates and Projections of the Incidence of Alzheimer's Disease for Population Age 65 and Over, by AAA Planning and Service Area (PSA) and Counties and Cities by PSA

		2000			2010			2020			2030		
	AREA	Estimated Persons, Age 65 & Over, with Alzheimer's	Total Persons, Age 65 & Over	Estimated Percent of Persons, Age 65 & Over, with Alzheimer's	Estimated Persons, Age 65 & Over, with Alzheimer's	Total Persons, Age 65 & Over	Estimated Percent of Persons, Age 65 & Over, with Alzheimer's	Estimated Persons, Age 65 & Over, with Alzheimer's	Total Persons, Age 65 & Over	Estimated Percent of Persons, Age 65 & Over, with Alzheimer's	Estimated Persons, Age 65 & Over, with Alzheimer's	Total Persons, Age 65 & Over	Estimated Percent of Persons, Age 65 & Over, with Alzheimer's
	VIRGINIA	**105,141**	**792,421**	**13.3%**	**145,019**	**1,014,217**	**14.3%**	**180,558**	**1,359,251**	**13.3%**	**244,305**	**1,751,646**	**13.9%**
PSA	**Area Agencies on Aging**												
01	Mountain Empire Older Citizens	1,902	14,276	13.3%	2,067	14,760	14.0%	2,239	18,029	12.4%	2,813	20,550	13.7%
02	Appalachian Agency for Senior Citizens	2,096	16,288	12.9%	2,529	19,269	13.1%	3,128	25,887	12.1%	4,294	31,351	13.7%
03	District Three Senior Services	4,191	31,304	13.4%	5,229	35,171	14.9%	5,766	41,104	14.0%	7,031	48,170	14.6%
04	New River Valley AAA	2,577	18,991	13.6%	2,994	21,199	14.1%	3,613	26,355	13.7%	4,440	30,294	14.7%
05	LOA-AAA	6,034	42,370	14.2%	7,571	48,663	15.6%	8,789	64,024	13.7%	11,736	76,177	15.4%
06	Valley Program for Aging Services	4,949	36,147	13.7%	6,434	42,985	15.0%	7,571	52,943	14.3%	9,206	62,583	14.7%
07	Shenandoah AAA	3,279	25,200	13.0%	4,578	32,727	14.0%	5,850	44,868	13.0%	8,074	59,727	13.5%
8A	Alexandria AAA	1,762	11,605	15.2%	2,135	13,304	16.1%	2,274	14,251	16.0%	2,305	14,745	15.6%
8B	Arlington AAA	2,731	17,762	15.4%	3,083	18,949	16.3%	3,150	19,381	16.3%	3,124	19,492	16.0%
8C	Fairfax Area AAA	9,963	80,833	12.3%	17,644	122,009	14.5%	19,894	137,538	14.5%	21,917	150,956	14.5%
8D	Loudoun Co. AAA	1,218	9,538	12.8%	2,608	23,214	11.2%	4,410	38,698	11.4%	6,442	55,370	11.6%
8E	Pr. William AAA	1,795	15,817	11.3%	4,152	34,355	12.1%	7,265	60,337	12.0%	13,490	99,939	13.5%
09	Rappahannock-Rapidan Community Svs. Brd.	2,201	17,143	12.8%	3,266	23,818	13.7%	4,404	34,344	12.8%	6,290	45,925	13.7%
10	Jefferson Area Board for Aging	3,202	24,608	13.0%	3,889	28,020	13.9%	4,339	32,629	13.3%	4,960	37,261	13.3%
11	Central Va. AAA	4,519	33,106	13.7%	6,207	42,009	14.8%	7,880	56,594	13.9%	10,540	70,286	15.0%
12	Southern Area AAA	5,330	40,193	13.3%	6,695	47,039	14.2%	8,267	61,728	13.4%	11,207	77,677	14.4%
13	Lake County AAA	1,954	14,828	13.2%	2,461	16,653	14.8%	2,753	19,883	13.8%	3,222	22,473	14.3%
14	Piedmont Sr. Resource AAA	2,065	14,855	13.9%	2,394	16,954	14.1%	2,783	20,763	13.4%	3,416	24,692	13.8%
15	Senior Connections: Capital AAA	12,959	95,030	13.6%	16,737	120,251	13.9%	21,867	183,291	11.9%	32,565	240,193	13.6%
16	Rappahannock AAA	2,563	19,937	12.9%	4,644	35,007	13.3%	7,773	64,344	12.1%	14,101	105,039	13.4%
17/18	Bay Aging	3,246	23,917	13.6%	4,188	28,844	14.5%	5,092	36,938	13.8%	6,818	48,614	14.0%
19	Crater AAA	2,967	22,171	13.4%	3,527	24,190	14.6%	3,868	28,665	13.5%	4,699	34,325	13.7%
20	Senior Services of SE Va.	14,128	108,096	13.1%	18,643	127,599	14.6%	22,324	160,521	13.9%	27,875	203,759	13.7%
21	Peninsula AAA	6,265	49,247	12.7%	9,882	67,217	14.7%	13,603	104,002	13.1%	21,699	157,409	13.8%
22	Eastern Shore AAA-CAA, Inc.	1,242	9,160	13.6%	1,462	10,012	14.6%	1,658	12,133	13.7%	2,040	14,637	13.9%
PSA	**Independent Cities and Counties**												
22	Accomack County	860	6,389	13.5%	1,096	7,570	14.5%	1,300	9,339	13.9%	1,606	11,519	13.9%
10	Albemarle County	1,346	10,540	12.8%	1,562	10,805	14.5%	1,461	10,324	14.2%	1,298	9,516	13.6%
5	Alleghany County with Clifton Forge)	433	3,040	14.2%	386	2,433	15.8%	363	2,413	15.1%	384	2,422	15.8%
14	Amelia County	216	1,514	14.2%	239	2,059	11.6%	349	3,000	11.6%	499	4,044	12.3%
11	Amherst County	558	4,397	12.7%	764	5,267	14.5%	912	6,567	13.9%	1,178	7,896	14.9%
11	Appomattox County	264	2,025	13.0%	409	2,880	14.2%	567	3,824	14.8%	748	5,015	14.9%
8B	Arlington County	2,731	17,762	15.4%	3,083	18,949	16.3%	3,150	19,381	16.3%	3,124	19,492	16.0%
6	Augusta County	1,056	8,429	12.5%	1,530	11,010	13.9%	1,960	15,436	12.7%	2,838	20,044	14.2%
6	Bath County	99	844	11.8%	97	758	12.9%	87	717	12.2%	78	668	11.7%
11	Bedford County	905	7,738	11.7%	1,727	12,610	13.7%	2,628	19,309	13.6%	3,775	25,355	14.9%
3	Bland County	129	993	13.0%	179	1,266	14.1%	231	1,827	12.6%	318	2,085	15.2%
5	Botetourt County	457	4,012	11.4%	810	5,949	13.6%	1,172	9,187	12.8%	1,847	12,839	14.4%
13	Brunswick County	339	2,679	12.7%	435	3,022	14.4%	488	3,775	12.9%	627	4,711	13.3%
2	Buchanan County	369	3,092	11.9%	452	3,664	12.3%	555	4,654	11.9%	715	5,453	13.1%
14	Buckingham County	281	2,118	13.2%	353	2,653	13.3%	445	3,583	12.4%	604	4,676	12.9%

Source: Census Bureau, 2000 Census; Virginia Employment Commission, "Local Population Projections, 2000 - 2030" (2003); and Alzheimer's Association, Greater Richmond Chapter. Produced by the Virginia Department for the Aging, August 21, 2003.

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11	Campbell County	826	6,879	12.0%	983	7,818	12.6%	1,182	10,334	11.4%	1,639	12,823	12.8%
16	Caroline County	381	2,857	13.3%	573	4,209	13.6%	834	5,984	13.9%	1,178	8,299	14.2%
3	Carroll County	645	4,973	13.0%	845	5,571	15.2%	905	6,019	15.0%	972	6,218	15.6%
15	Charles City County	96	874	10.9%	176	1,238	14.3%	253	1,885	13.4%	370	2,462	15.0%
14	Charlotte County	292	2,183	13.4%	318	2,301	13.8%	343	2,688	12.7%	414	3,170	13.1%
15	Chesterfield County	2,458	21,007	11.7%	4,599	36,212	12.7%	7,571	65,748	11.5%	12,724	90,252	14.1%
7	Clarke County	247	1,846	13.4%	343	2,542	13.5%	457	3,582	12.7%	644	4,820	13.4%
5	Craig County	89	691	12.8%	163	1,128	14.5%	236	1,580	14.9%	331	2,110	15.7%
9	Culpeper County	522	4,064	12.8%	772	5,498	14.0%	1,049	8,292	12.7%	1,560	11,625	13.4%
14	Cumberland County	168	1,339	12.6%	247	1,724	14.3%	299	2,181	13.7%	367	2,583	14.2%
2	Dickenson County	301	2,373	12.7%	414	3,004	13.8%	523	4,176	12.5%	757	5,020	15.1%
19	Dinwiddie County	362	2,994	12.1%	455	3,448	13.2%	519	4,210	12.3%	628	5,062	12.4%
17/18	Essex County	246	1,733	14.2%	258	1,640	15.7%	261	1,932	13.5%	308	2,177	14.2%
8C	Fairfax County	9,366	76,818	12.2%	16,659	116,437	14.3%	18,666	130,460	14.3%	20,451	142,935	14.3%
9	Fauquier County	751	5,789	13.0%	1,146	8,866	12.9%	1,662	13,654	12.2%	2,495	18,489	13.5%
4	Floyd County	323	2,206	14.6%	439	3,108	14.1%	629	4,670	13.5%	929	5,952	15.6%
10	Fluvanna County	292	2,800	10.4%	645	4,521	14.3%	887	6,382	13.9%	1,171	8,432	13.9%
12	Franklin County	826	6,765	12.2%	1,301	9,698	13.4%	1,815	13,291	13.7%	2,514	17,173	14.6%
7	Frederick County	781	6,303	12.4%	1,192	8,783	13.6%	1,598	12,718	12.6%	2,314	17,692	13.1%
4	Giles County	373	2,782	13.4%	473	3,153	15.0%	557	3,899	14.3%	690	4,682	14.7%
17/18	Gloucester County	553	4,108	13.5%	802	5,895	13.6%	1,178	9,643	12.2%	2,134	17,011	12.5%
15	Goochland County	253	2,109	12.0%	408	3,348	12.2%	622	5,183	12.0%	907	7,048	12.9%
3	Grayson County	394	2,860	13.8%	408	2,916	14.0%	428	3,342	12.8%	521	3,879	13.4%
10	Greene County	198	1,485	13.3%	243	2,014	12.1%	343	3,049	11.2%	500	4,155	12.0%
19	Greensville County	164	1,322	12.4%	224	1,714	13.1%	239	2,071	11.5%	280	2,430	11.5%
13	Halifax County	903	6,373	14.2%	1,064	7,190	14.8%	1,225	8,671	14.1%	1,387	9,094	15.3%
15	Hanover County	1,138	9,159	12.4%	1,159	10,180	11.4%	1,370	13,809	9.9%	1,886	16,850	11.2%
15	Henrico County	4,788	32,601	14.7%	5,415	35,927	15.1%	6,085	50,380	12.1%	8,408	64,193	13.1%
12	Henry County	1,063	8,692	12.2%	1,349	10,028	13.5%	1,620	12,399	13.1%	2,115	15,344	13.8%
6	Highland County	68	517	13.1%	89	643	13.8%	110	838	13.1%	165	1,074	15.4%
20	Isle of Wight County	441	3,638	12.1%	754	5,931	12.7%	1,280	11,052	11.6%	2,477	18,499	13.4%
21	James City County	1,044	8,097	12.9%	1,562	10,962	14.2%	1,988	14,645	13.6%	2,465	19,286	12.8%
17/18	King and Queen County	145	1,088	13.3%	124	935	13.3%	113	998	11.3%	132	1,137	11.6%
16	King George County	215	1,610	13.3%	311	2,496	12.5%	479	3,961	12.1%	777	6,250	12.4%
17/18	King William County	198	1,533	12.9%	333	2,297	14.5%	480	3,675	13.1%	740	5,229	14.2%
17/18	Lancaster County	488	3,295	14.8%	464	2,980	15.6%	391	2,619	14.9%	340	2,318	14.7%
1	Lee County	502	3,641	13.8%	547	3,966	13.8%	613	4,793	12.8%	750	5,371	14.0%
8D	Loudoun County	1,218	9,538	12.8%	2,608	23,214	11.2%	4,410	38,698	11.4%	6,442	55,370	11.6%
10	Louisa County	410	3,315	12.4%	591	4,749	12.4%	858	6,922	12.4%	1,227	9,570	12.8%
14	Lunenburg County	280	2,210	12.7%	369	2,479	14.9%	423	3,381	12.5%	581	4,092	14.2%
9	Madison County	264	1,883	14.0%	321	2,247	14.3%	378	2,844	13.3%	491	3,570	13.7%
17/18	Mathews County	283	1,993	14.2%	385	2,784	13.8%	566	4,200	13.5%	839	5,382	15.6%
13	Mecklenburg County	712	5,776	12.3%	962	6,441	14.9%	1,040	7,437	14.0%	1,207	8,668	13.9%
17/18	Middlesex County	293	2,230	13.1%	380	2,541	14.9%	412	2,767	14.9%	436	2,878	15.1%
4	Montgomery County	977	7,205	13.6%	1,162	7,805	14.9%	1,346	8,889	15.1%	1,450	9,537	15.2%

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10	Nelson County	298	2,420	12.3%	275	2,202	12.5%	275	2,554	10.8%	322	2,568	12.5%
15	New Kent County	142	1,268	11.2%	253	2,196	11.5%	446	4,017	11.1%	762	5,713	13.3%
22	Northampton County	383	2,771	13.8%	366	2,441	15.0%	357	2,794	12.8%	434	3,119	13.9%
17/18	Northumberland County	392	3,207	12.2%	684	4,445	15.4%	843	4,982	16.9%	892	5,402	16.5%
14	Nottoway County	387	2,696	14.4%	389	2,708	14.4%	442	2,858	15.5%	488	3,078	15.8%
9	Orange County	548	4,444	12.3%	857	5,745	14.9%	1,053	7,407	14.2%	1,382	9,783	14.1%
7	Page County	476	3,644	13.1%	652	4,403	14.8%	775	5,457	14.2%	956	6,460	14.8%
12	Patrick County	437	3,196	13.7%	445	3,589	12.4%	555	4,562	12.2%	706	5,237	13.5%
12	Pittsylvania County	1,119	8,859	12.6%	1,401	10,257	13.7%	1,742	14,214	12.3%	2,503	18,357	13.6%
15	Powhatan County	212	1,883	11.3%	455	3,833	11.9%	843	6,998	12.0%	1,385	10,173	13.6%
14	Prince Edward County	441	2,795	15.8%	479	3,029	15.8%	482	3,073	15.7%	463	3,050	15.2%
19	Prince George County	262	2,406	10.9%	341	2,803	12.2%	400	3,386	11.8%	498	3,966	12.6%
8E	Prince William County	1,508	13,473	11.2%	3,507	29,480	11.9%	5,991	50,675	11.8%	11,143	84,093	13.3%
4	Pulaski County	707	5,333	13.3%	716	5,580	12.8%	862	7,328	11.8%	1,151	8,584	13.4%
9	Rappahannock County	116	963	12.0%	170	1,462	11.6%	262	2,146	12.2%	362	2,458	14.7%
17/18	Richmond County	245	1,557	15.7%	227	1,555	14.6%	233	1,822	12.8%	289	2,352	12.3%
5	Roanoke County	1,909	13,645	14.0%	2,516	16,318	15.4%	2,975	22,068	13.5%	4,030	26,142	15.4%
6	Rockbridge County	387	3,259	11.9%	477	3,713	12.9%	546	4,238	12.9%	575	4,565	12.6%
6	Rockingham County	1,292	9,431	13.7%	1,649	11,132	14.8%	1,918	12,990	14.8%	2,256	15,447	14.6%
2	Russell County	520	3,901	13.3%	658	5,016	13.1%	868	7,133	12.2%	1,241	9,127	13.6%
1	Scott County	576	4,160	13.8%	597	4,366	13.7%	655	5,164	12.7%	803	5,989	13.4%
7	Shenandoah County	808	6,083	13.3%	1,046	7,182	14.6%	1,197	8,738	13.7%	1,471	10,622	13.8%
3	Smyth County	719	5,404	13.3%	846	5,555	15.2%	837	6,002	14.0%	936	6,679	14.0%
20	Southampton County	332	2,491	13.3%	386	3,077	12.6%	527	4,743	11.1%	889	7,319	12.2%
16	Spotsylvania County	937	7,526	12.4%	1,687	12,940	13.0%	2,660	22,363	11.9%	4,421	32,381	13.7%
16	Stafford County	669	5,474	12.2%	1,599	12,305	13.0%	3,189	27,630	11.5%	6,855	52,477	13.1%
19	Surry County	123	961	12.8%	195	1,382	14.1%	292	2,209	13.2%	492	3,488	14.1%
19	Sussex County	234	1,675	14.0%	230	1,613	14.3%	227	1,747	13.0%	256	1,993	12.8%
2	Tazewell County	905	6,922	13.1%	1,006	7,584	13.3%	1,182	9,924	11.9%	1,582	11,750	13.5%
7	Warren County	507	3,893	13.0%	743	5,664	13.1%	1,105	8,897	12.4%	1,737	13,122	13.2%
3	Washington County	999	7,834	12.8%	1,281	9,094	14.1%	1,485	11,324	13.1%	1,888	13,751	13.7%
17/18	Westmoreland County	403	3,173	12.7%	530	3,772	14.1%	616	4,300	14.3%	706	4,728	14.9%
1	Wise County	741	5,879	12.6%	835	5,845	14.3%	877	7,329	12.0%	1,136	8,323	13.6%
3	Wythe County	594	4,363	13.6%	826	5,574	14.8%	987	6,732	14.7%	1,369	8,978	15.2%
21	York County	576	5,136	11.2%	1,079	8,125	13.3%	1,711	13,993	12.2%	3,300	25,547	12.9%
8A	Alexandria City	1,762	11,605	15.2%	2,135	13,304	16.1%	2,274	14,251	16.0%	2,305	14,745	15.6%
11	Bedford City	239	1,422	16.8%	374	1,937	19.3%	459	2,446	18.8%	570	2,932	19.4%
3	Bristol City	519	3,567	14.6%	622	3,880	16.0%	683	4,589	14.9%	830	5,399	15.4%
6	Buena Vista City	148	1,034	14.3%	272	1,543	17.6%	294	1,855	15.9%	302	1,746	17.3%
10	Charlottesville City	659	4,048	16.3%	573	3,730	15.4%	514	3,398	15.1%	442	3,020	14.6%
20	Chesapeake City	2,168	17,844	12.1%	3,090	22,291	13.9%	3,786	27,997	13.5%	4,530	35,179	12.9%
19	Colonial Heights City	431	3,144	13.7%	496	3,236	15.3%	482	3,476	13.9%	517	3,841	13.5%
5	Covington City	194	1,274	15.3%	210	1,306	16.1%	231	1,595	14.5%	287	1,807	15.9%
12	Danville City	1,385	9,502	14.6%	1,543	9,718	15.9%	1,757	12,608	13.9%	2,380	15,835	15.0%
19	Emporia City	199	1,168	17.1%	229	1,264	18.1%	247	1,507	16.4%	306	1,898	16.1%

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8C	Fairfax City	386	2,753	14.0%	616	3,711	16.6%	756	4,656	16.2%	895	5,201	17.2%
8C	Falls Church City	211	1,262	16.7%	368	1,861	19.8%	472	2,421	19.5%	572	2,820	20.3%
20	Franklin City	250	1,536	16.3%	277	1,776	15.6%	346	2,541	13.6%	534	3,646	14.6%
16	Fredericksburg City	362	2,470	14.6%	474	3,057	15.5%	612	4,405	13.9%	871	5,632	15.5%
3	Galax City	191	1,310	14.6%	223	1,315	16.9%	210	1,270	16.5%	198	1,181	16.8%
21	Hampton City	1,877	15,143	12.4%	2,945	20,296	14.5%	4,105	32,396	12.7%	6,727	49,053	13.7%
6	Harrisonburg City	594	3,766	15.8%	757	4,449	17.0%	931	5,537	16.8%	1,047	6,352	16.5%
19	Hopewell City	446	3,255	13.7%	509	3,293	15.4%	513	3,505	14.6%	556	3,677	15.1%
6	Lexington City	178	1,126	15.8%	206	1,193	17.3%	238	1,389	17.1%	253	1,515	16.7%
11	Lynchburg City	1,727	10,645	16.2%	1,950	11,497	17.0%	2,133	14,113	15.1%	2,630	16,265	16.2%
8E	Manassas City	247	1,902	13.0%	549	3,885	14.1%	1,070	7,621	14.0%	1,953	12,551	15.6%
8E	Manassas Park City	40	442	9.1%	96	991	9.7%	204	2,041	10.0%	394	3,296	12.0%
12	Martinsville City	500	3,179	15.7%	656	3,749	17.5%	779	4,655	16.7%	990	5,730	17.3%
21	Newport News City	2,398	18,153	13.2%	3,777	24,446	15.5%	5,167	38,431	13.4%	8,339	57,511	14.5%
20	Norfolk City	3,552	25,532	13.9%	4,356	27,408	15.9%	4,821	30,942	15.6%	5,236	35,322	14.8%
1	Norton City	84	596	14.0%	88	583	15.1%	94	744	12.6%	124	868	14.3%
19	Petersburg City	746	5,247	14.2%	848	5,436	15.6%	950	6,553	14.5%	1,166	7,970	14.6%
21	Poquoson City	170	1,314	12.9%	265	1,763	15.0%	352	2,687	13.1%	566	3,902	14.5%
20	Portsmouth City	1,953	13,854	14.1%	2,333	14,579	16.0%	2,509	16,004	15.7%	2,667	17,852	14.9%
4	Radford City	198	1,465	13.5%	205	1,554	13.2%	219	1,570	14.0%	221	1,539	14.3%
15	Richmond City	3,874	26,129	14.8%	4,272	27,316	15.6%	4,676	35,272	13.3%	6,124	43,502	14.1%
5	Roanoke City	2,380	15,560	15.3%	2,767	16,771	16.5%	2,970	20,806	14.3%	3,761	23,583	15.9%
5	Salem City	572	4,148	13.8%	719	4,757	15.1%	841	6,374	13.2%	1,097	7,275	15.1%
6	Staunton City	639	4,300	14.9%	743	4,575	16.2%	829	5,705	14.5%	991	6,649	14.9%
20	Suffolk City	956	7,268	13.2%	1,846	12,571	14.7%	2,850	20,892	13.6%	4,659	31,393	14.8%
20	Virginia Beach City	4,476	35,933	12.5%	5,602	39,966	14.0%	6,206	46,349	13.4%	6,883	54,551	12.6%
6	Waynesboro City	487	3,441	14.1%	615	3,969	15.5%	656	4,238	15.5%	701	4,523	15.5%
21	Williamsburg City	199	1,404	14.2%	254	1,625	15.7%	280	1,850	15.1%	302	2,110	14.3%
7	Winchester City	461	3,431	13.4%	602	4,153	14.5%	719	5,475	13.1%	953	7,011	13.6%

Source: Census Bureau, 2000 Census; Virginia Employment Commission, "Local Population Projections, 2000 - 2030" (2003); and Alzheimer's Association, Greater Richmond Chapter. Produced by the Virginia Department for the Aging, August 21, 2003.

VIRGINIA'S VIRTUAL COMPREHENSIVE CENTER ON ALZHEIMER'S DISEASE

Alzheimer's Disease and Related Disorders Commission

WORKGROUPS

Coordinating Wkgrp and Ctr Coordinator
Develop a plan for leveraging, linking, partnering or coordinating the activities of established programs, services or departments with relevant expertise

Information & Referral Workgroup
Create a statewide comprehensive one-stop information and referral system accessible to all needing information on all aspects of Alzheimer's disease

Training & Education Workgroup
Establish a Commonwealth-wide Training and Education program to disseminate well-validated knowledge on diagnosis, treatments, care, services, programs, resources or other practical information to various consumers, including family members, care providers, community leaders, primary care physicians, staff of long term care & assisted living facilities, & students in professional schools

Research Workgroup
Mobilize all of the relevant scientific and professional expertise within the Commonwealth to plan and establish a network of collaborating investigators or laboratories/clinics to conduct multi-site, multi-disciplinary researches, development and demonstration projects

Technology Transfer Workgroup
Establish a formal mechanism for assessing emerging technologies and medical information, then translating these into practical applications

Services Workgroup
Establish a Virtual Memory Disorders Consultative Clinic

Database Workgroup
Create an accessible collection of extent databases on dementia-related research, clinical practices, and patient characteristics

VIRGINIA INDIVIDUALS/ORGANIZATIONS/ENTITIES

VIRGINIA PATIENTS & CAREGIVERS

VIRGINIA PARTNERS
- Alzheimer's Assoc. Chapters
- Virginia Department for the Aging
- Universities and Colleges
- Service Centers (Hospitals, Nursing Homes, Hospices, etc.)

VIRGINIA VENDORS

Companies offering services/products

VIRGINIA INVESTORS
- Funders
- Sponsors
- Supporters

NATIONAL/INTERNATIONAL ORGANIZATIONS/ENTITIES

NATL/INTL PARTNERS
- Alzheimer's Assoc - National
- Intl. Alzheimer's Society
- NIA/NIH
- WHO

NATL/INTL VENDORS
- Out of state vendors and
- international companies/
- organizations

NATL/INTL INVESTORS
- NIA/NIH
- WHO
- Private funders
- Sponsors
- Supporters

AlzPossible

A NEW HOME FOR THE VIRTUAL CENTER

Our virtual center will soon be on the web at www.alzpossible.org

The Commonwealth of Virginia's Comprehensive Virtual Center on Alzheimer's Disease will soon have a web presence at www.alzpossible.org. The website, conceived as a symbiotic portal for public and the Center's Workgroups (Information & Referral, Education and Training, Research, Services, Databases, Technology, and Coordination), will showcase the project's mission, objectives and accomplishments as well as serve as a virtual workspace for its members.

The private segment of the website will allow the workgroups to communicate effectively and initiate, develop and implement interdependent strategies towards the accomplishment of their respective missions. In this sense, this area will consist of a keyword-searchable directory of resources, an extensive forum, a calendar of events and a polling "station." The output of the virtual center's work will then be filtered into the public site, where the public-at-large would be able to review, learn and provide feedback.

This model will eventually be used as a prototype in building the full-scaled Virtual Center, designed as a pioneering tool for the Alzheimer's disease community of patients, caregivers, researchers, clinicians, technicians, etc. A thorough presentation of this development process will be forwarded in a subsequent report.