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THE HIDDEN EPIDEMIC

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If you give direct care to older Virginians, you are invited to attend an educational one-day conference to learn about alcohol and medication misuse. You will learn about this important issue, available resources and how you can address this with your clients, staff and families.

For registration information: www.abc.virginia.gov/education.html

REGISTRATION DEADLINE: April 15, 2008

Alcohol, Medication and the Older Adult

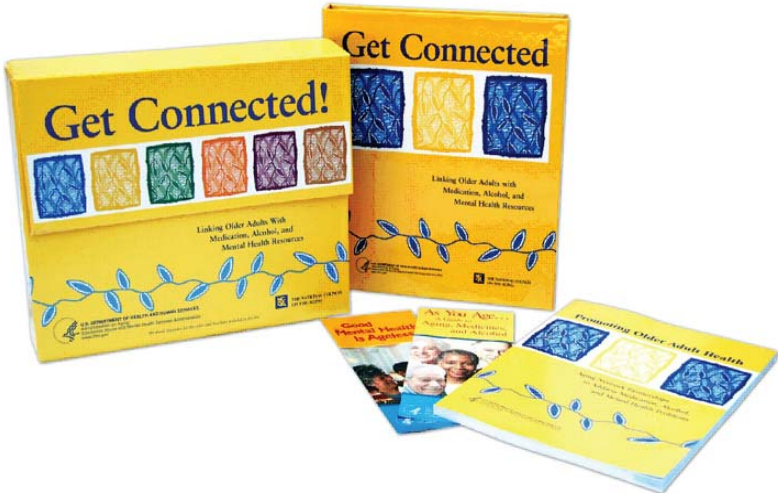
THE HIDDEN EPIDEMIC: ALCOHOL, MEDICATION AND THE OLDER ADULT BEST PRACTICES 2009



STRATEGIC PLAN

Fiscal Years 2011 – 2012

September 2010



Alcohol and Aging Awareness Group (AAAG)

Strategic Plan

Table of Contents

Executive Summary..... 4

Alcohol, Medication and Older Adult Data 6

AAAG History..... 8

AAAG Organizational Structure 10

AAAG Vision Statement 14

AAAG Mission Statement..... 14

AAAG Strengths..... 15

 Awards and Recognition 15

 Conference and Training Sponsorships 15

 Media Campaigns and Placements 16

 Speaking Engagements 16

 Educational Materials 17

 Research..... 17

 Web Development 17

 Conferences Attended 18

 Partnerships 18

Beneficiary Expectations and Services Requested..... 19

 Beneficiaries Expectations 19

 Summary of Beneficiary Requests 19

Diagram of AAAG’s Customers and their Needs..... 20

Core Issues Facing AAAG:..... 21

 Opportunities 22

AAAG Goals	23
Prioritized Strategies to Achieve each of AAAG’s Five Goals.....	24
Goal 1: Increase AAAG regional and statewide membership through strategic marketing targeting various stakeholders.	24
Goal 2: Develop a sustainable organizational structure and secure financial resources required to implement AAAG’s mission.....	25
Goal 3: Educate individuals by increasing awareness and knowledge about the use of alcohol and medication as adults age.	25
Goal 4: Train service providers to implement prevention or intervention best practices with adults who are aging while abusing or misusing alcohol and medications.....	26
Goal 5: Research, develop and maintain information resources on alcohol, medication and aging for dissemination to individuals and service providers.....	26
Funding	28
Funding Subcommittee:.....	29
Summary	30
Appendix	31
Critical Issues Facing AAAG	32
Internal Issues	32
External Issues	32
Internal Customer Complaints -AAAG membership	32
External Customer Complaints	33
AAAG Weaknesses	33
External Weaknesses	33
Threats	34
Potential Strategies to Achieve each of AAAG’s Five Goals.....	35

Executive Summary

Currently, 35 million people in the United States are over the age of 65. By 2030, 71 million people will be over 65, representing 20% of the nation's population. According to the U.S. Census, over 940,000 Virginians are currently 65 or older. It is projected that by 2030, Virginia will have more seniors as a percentage of the population than Florida does today. In addition to the Commonwealth's aging population, studies predict the need for mental health and substance abuse services for this population is expected to double over the next 25 years.

The Virginia Department of Alcoholic Beverage Control (ABC) is addressing the health and well being of older Virginians through the Alcohol and Aging Awareness Group (AAAG). Pursuant to a 2006 Governor's mandate, the AAAG was created in March 2007, consisting of diverse key state stakeholders and other various agency heads, private and not-for-profit organizations who service seniors. The AAAG has large representation in the Richmond area and numerous contacts in Western Virginia, Roanoke, Harrisonburg, Northern Virginia and Norfolk.

AAAG's Vision

Virginians aging successfully, safe from alcohol and medication misuse.

The following two-year strategic plan introduces the AAAG's vision, establishes a renewed customer-focused mission and identifies the goals and strategies required to achieve its mission. Developed with key stakeholders during the spring of 2010, the plan herein highlights the group's high expectations, as well as reenergizes and builds upon the AAAG's accomplishments over the previous three years.

AAAG's Mission

To be the leader in providing education, training and resources on the use of alcohol and medications as adults age.

The AAAG established five goals to achieve in pursuit of its mission. The first goal is to increase AAAG regional and statewide membership through strategic marketing targeting various stakeholders. The second goal is to develop a sustainable organizational structure and secure financial resources required to implement AAAG's mission. The third goal is to educate individuals by increasing awareness and knowledge about the use of alcohol and medication as adults age. The fourth goal is to train service providers to implement prevention or intervention best practices with aging adults using alcohol and medications. The fifth goal is to research, develop and maintain information resources on alcohol, medication and aging for dissemination to individuals and service providers.

The AAAG looks forward to continued partnerships with key stakeholders and executive level support and approval for the critical initiatives described in the following plan. Enacting this plan will ensure the AAAG elevates its current level of activity and increases its impact on stakeholders.

The Alcohol and Aging Awareness Group (AAAG) is a collaborative effort funded by the following sponsoring organizations:



Virginia Commonwealth University



Alcohol, Medication and Older Adult Data

Currently, there are 35 million people over the age of 65 in the U.S. This is 12% of the U.S. population. By 2030, it is estimated there will be 71 million people over the age of 65. This will account for 20% of the U.S. population. A staggering one million Americans reach 60 years of age each month.

While alcohol misuse affects all people, it is a growing problem facing older Virginians, especially when older adults mix alcohol with medications. In addition, older adults are susceptible to increased alcohol consumption due to age-related risk factors, including life-changing events such as retirement, isolation, health changes, bereavement, depression, loneliness, loss of self-esteem, and mental health challenges. For these reasons and others, alcohol misuse among older Virginians has become a "hidden epidemic."

A 2002 study recently released by the Substance Abuse and Mental Health Services Administration <http://www.oas.samhsa.gov/aging/toc.htm> indicates the aging of the baby boom generation is resulting in a dramatic increase in levels of illegal drug use among adults 50 and older as well. These increases may require the doubling of substance abuse treatment services needed for this population by 2020, according to the report.

In a recent study released by Duke University Medical Center, it was reported that 23% of men aged 50-64 years of age admitted to binge drinking (four or more drinks on one occasion) and 9% of women reported to binge drinking (three or more drinks on one occasion).

Additional national statistics for consideration are as follows:

- Eighty-three percent of people over 65 years of age take some form of prescription medication;
- Seventeen percent of Americans 65 years of age or older, or 2.5 million older Americans, misuse alcohol; and
- Almost one in five older adults misuses alcohol and/or prescription drugs.

(Source: Dr. Patricia W. Slattum, VCU School of Pharmacy)

- 25% of community dwelling older adults are at risk of alcohol-drug interactions;
- 38% of older people in retirement communities were drinkers who used alcohol-interacting drugs;
- 60% of older people referred for prescription drug abuse showed evidence of alcohol use;
- 77% of older adult prescription drug users were exposed to alcohol-interacting drugs; and
- 19% of those taking alcohol-interacting drugs reported concurrent alcohol use.

(Source: Dr. Constance L. Coogle, Virginia Center on Aging, VCU)

Virginia specific statistics include the following data:

- According to the 2000 census, there are 792,333 Virginians age 65 or older.
- In 2030, Virginia will have more seniors as a percentage of the population than Florida does today.
- Patient level data for Virginia acute care hospitals on patients 60 and older who present with primary alcohol/drug dependence conditions reflects charges totaling \$9,352,864.26 in 2006. This figure does not include patients who may present with other primary conditions but may also have secondary conditions related to alcohol and drugs.

(Source is 2006 Patient Level Data, collected by Thomson-Solucient on behalf of the Virginia Hospital and Healthcare Association and Virginia Hospitals.)

Substance abuse among adults 60 years of age and older is one of the fastest growing health challenges facing our country. To better serve this age group, agencies, organizations and service providers need education, training and resources on this topic.

AAAG History

The Virginia Department of Alcoholic Beverage Control (VA ABC) mission is to provide excellent customer service, a reliable source of revenue, and effective public safety. Addressing impacts of alcohol on society is part of VA ABC's mission of public safety and is considered a strategic priority. VA ABC has a leadership role in the Commonwealth in alcohol prevention and community education initiatives.

VA ABC is addressing the health and well being of older Virginians through the Alcohol and Aging Awareness Group (AAAG). The AAAG was created in March 2007 as a result of a Governor's mandate, HB 110 (2006 Session) amended VA Code § 2.2-5510:

“Each state agency must include in its strategic plan an analysis of the impact that the aging of the population will have on its ability to deliver services, and a description of how the agency is responding to these changes.”

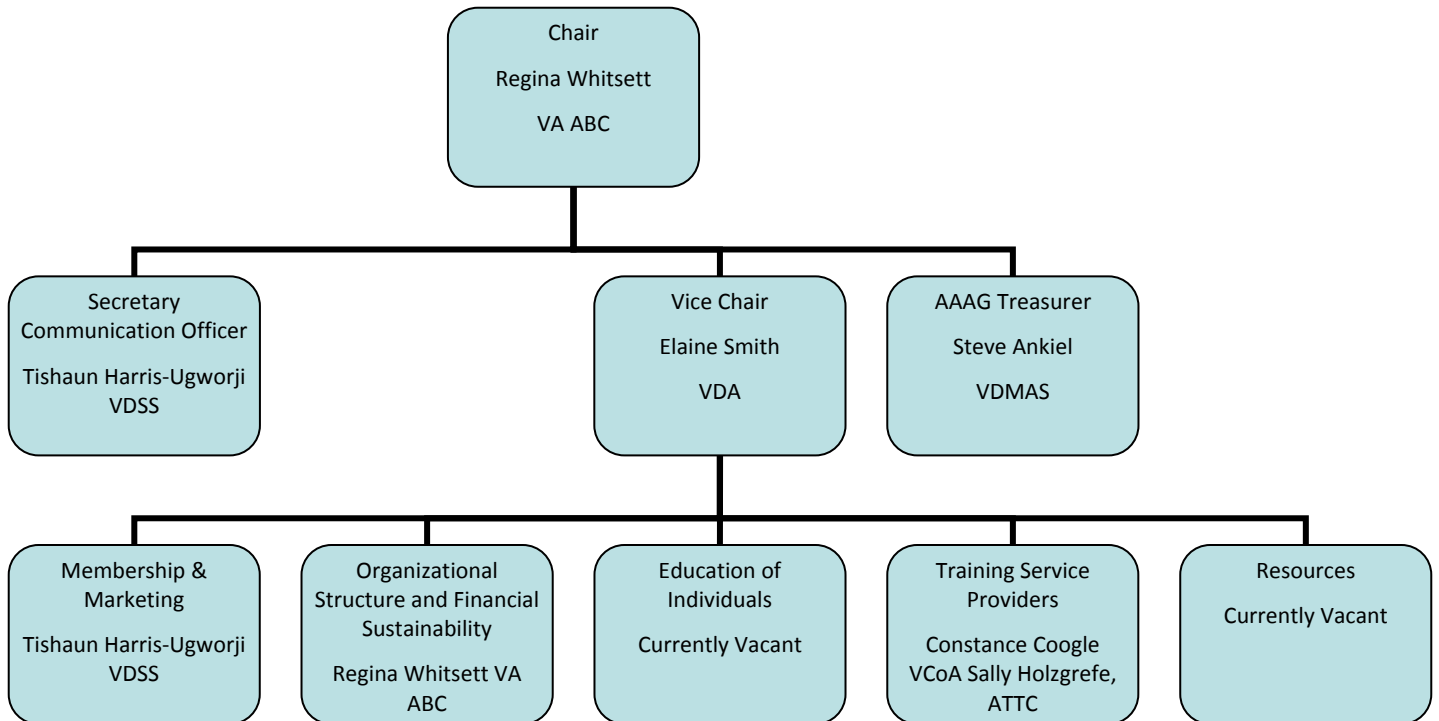
In response to the Governor's initiative, in March 2007, VA ABC convened a meeting of key stakeholders and various agency heads, private and not-for-profit, that provide services to the aging population of Virginia. The purpose of this meeting was to establish what was currently available concerning the older adult and alcohol education and prevention services, to identify the gaps in these services, and to establish the points of collaboration. The VA ABC Education Section took the leadership role in convening this meeting at the VA ABC office. This group evolved into the Alcohol and Aging Awareness Group (AAAG) and has been meeting monthly. The AAAG has large representation in the Richmond area and numerous contacts in Western Virginia, Roanoke, Harrisonburg, Northern Virginia and Norfolk. While the AAAG continues to pursue statewide representation, the following agencies have been or are actively represented in this group:

- Virginia Department of Alcoholic Beverage Control
- Virginia Department for the Aging
- Virginia Department of Behavioral Health and Developmental Services
- Virginia Department of Health
- Virginia Department of Social Services
- Virginia Department of Medical Assistance Services
- Virginia Department of Fire Programs
- Virginia Center on Aging, Virginia Commonwealth University
- Virginia Medical Society
- Virginia Hospital and Health Care Association
- Virginia Health Care Association
- Virginia Association of Area Agencies on Aging
- Virginia Association of Nonprofit Homes for the Aging
- Virginia Commonwealth University, School of Internal Medicine & Psychiatry
- Virginia Commonwealth University, School of Pharmacy
- Virginia Commonwealth University, Office of Communications and Public Relations
- Virginia Poison Control Center

- Triad, Attorney General's Office
- Virginia Beer Wholesalers Association
- 2-1-1 Virginia
- SeniorNavigator
- Center for Excellence in Aging
- Mid-Atlantic Addiction Technology Transfer Center
- Seniors Helping Seniors
- Fauquier County Social Services
- James City County Social Services
- Prince Edward County Department of Social Services
- Westmoreland County Department of Social Services
- Senior Connections
- Lutheran Family Services of Virginia, Inc.
- Faulk Care Management
- Senior Center of Richmond
- Sterling Geriatric Care Management
- The Daily Planet
- District Three Senior Services
- Central Area Agency on Aging
- Southside Geropsychiatric Services
- Rappahannock-Rapidan CSB/AAA
- Alexandria C.S.B./Department of Community and Human Services
- Alzheimer's Association
- Meals on Wheels

AAAG Organizational Structure

VA ABC chairs the AAAG initiative. Virginia Department for the Aging, Virginia Center on Aging (VCoA) at Virginia Commonwealth University (VCU), and VCU School of Pharmacy representatives served as AAAG co-chairs previously. Following is the current organizational makeup of the AAAG.



Goal 1: Membership/Marketing

Workgroup Chair: Tishaun Harris-Ugworji, Virginia Department of Social Services

Kathleen Shaw, Virginia Department of Alcoholic Beverage Control

Eddie Wirt, Virginia Department of Alcoholic Beverage Control

Regina Whitsett, Virginia Department of Alcoholic Beverage Control

Pete Landergan, Seniors Helping Seniors

Barb Putney, 2-1-1 Virginia

Malorie G. Janis, Virginia Commonwealth University Public Relations and Communications

Jaunita Balenger, Triad

Sue Kindred, Virginia Association of Non-Profit Homes for the Aging

Nancy H. Nagle Bolio, Senior Connections

Goal 2: Organizational Structure and Financial Sustainability

Workgroup Chair: Regina Whitsett, Virginia Department of Alcoholic Beverage Control

Annette Kelley, Virginia Department of Social Services

Steve Ankiel, Virginia Department of Medical Assistance Services (Treasurer) (Funding Subcommittee)

Connie Coogle, Virginia Center on Aging, VCU, (Funding Subcommittee)

Bev Morgan, Virginia Department of Behavioral Health and Developmental Services, (Funding Subcommittee)

Tishaun Harris Ugworji, Virginia Department of Social Services (Funding Subcommittee)

Christine J. Jensen, PhD, Center for Excellence in Aging (Funding Subcommittee)

Dennis Gallagher, Virginia Beer Wholesalers Association

Goal 3: Education of Individuals

Workgroup Chair: Currently Vacant

Christina D. Dhir, Luthern Family Services of Virginia, Inc.

Annette Kelley, Virginia Department of Social Services

Dr. Patricia Slattum, School of Pharmacy, VCU

John D. Jenkins, Virginia Department of Fire Programs

Pat Giesen, Senior Connections

Rocky Caponigro, Pecht Distributing

Juanita Balenger, Triad

Judith Koziol, Retired Licensed Professional Counselor

Elizabeth Bowen, Westmoreland County Department of Social Services

Undra Woods, RN, Faulk Care Management

Linda D. Brown-Burton, Senior Center of Richmond

Mary Ann Hamilton, Sterling Geriatric Care Management
Vermenia C. Washington, James City County Social Services
Kysha Washington, The Daily Planet
Katie Zawacki, SeniorNavigator
Mike Guy, District Three, Senior Services
Michelle Cook, Senior Connections, CAAA

Goal 4: Training of Service Providers

Workgroup Chair: Dr. Constance Coogle, Virginia Center on Aging, VCU

Workgroup Co-chair - Sally Holzgreffe, Mid-Atlantic Addiction Technology Transfer Center

Annette Kelley, Virginia Department of Social Services
Elaine Smith, Virginia Department for the Aging
Bev Morgan, Virginia Department of Behavioral Health and Developmental Services
Blair Swanson, Virginia Medical Society
Mittie Wallace, Fauquier County Social Services
Jen Kaufman, Fauquier County Social Services
Mike Asjodi, Fauquier County Social Services
Evelyn Waring, Virginia Poison Control Center
Steve Ankiel, Virginia Department of Medical Assistance Services
Michael Weaver, MD, VCU
Sue Kindred, Virginia Association of Non-Profit Homes for the Aging
Kathleen O'Connor, Southside Geropsychiatric Services
Undra Woods, Faulk Care Management
Ray Parks, Rappahannock-Rapidan CSB/AAA
Rhonda Williams, Alexandria C.S.B./Dept. of Community and Human Services

Katie Zawacki, SeniorNavigator

Suncica Sue Vilic, Prince Edward County Department of Social Services

Goal 5: Resources

Workgroup Chair: Currently Vacant

Katie Zawacki, SeniorNavigator

Sheri Vanlandingham, Westmoreland County Social Services

Katy Brooks, Westmoreland County Department of Social Services

Karen Bresach, Senior Services/Central VA Area Agency on Aging, CVAAA, Inc.

Michael Weaver, MD, VCU

Dr. Nicole Lee, Virginia Department of Health, Office of Chief Medical Examiner

The outcomes of this nationally and state recognized collaborative effort are a vast supply of educational resources, expert speakers, and highly evaluated trainings for older adults and their service providers on the topic of alcohol, medication and the older adult.

AAAG Vision Statement

Virginians aging successfully, safe from alcohol and medication misuse. This vision is intended to prevent, if not eliminate, unintentional injury due to alcohol and medication misuse in older adults. The vision will be fulfilled through education, training and resource dissemination that will increase the knowledge of individuals and their service providers regarding alcohol and medications.

AAAG Mission Statement

To be the leader in providing education, training and resources on the use of alcohol and medications as adults age. This mission will be achieved by providing educational materials and specialized trainings for individuals and service providers informing them of the risks associated with alcohol and medication misuse in the aging population. The mission will be pursued to prevent, if not eliminate, unintentional injuries of aging adults related to alcohol and medication misuse.

AAAG Strengths

Since its founding in 2007, the AAAG has garnered national and statewide recognition for its collaborative efforts in supplying educational resources, expert speakers and trainings for older adults and their service providers on the topic of alcohol, medication and the older adult. Although a small group with limited funds, the AAAG has recognized the urgency and importance of conveying its prevention message to older adults and their service providers. Following is an outline of accomplishments, conferences, speaking engagements, media campaigns, educational materials, and more, that attest to the strengths of this emerging and innovative organization.

Awards and Recognition

VA ABC and the AAAG have received three awards since 2007: two national awards and one state award.

- VA ABC received a Best Practices Award in the health and safety category from the National Conference of State Liquor Administrators in Chicago, Ill., on July 2, 2008. The concept of the AAAG was presented to the audience of **300** to be replicated in their states.
- VA ABC/AAAG received a 2008 Innovative Injury Prevention Award from the Virginia Department of Health for its injury prevention work focusing on alcohol, medication and the older adult on July 23, 2008 in Richmond, Va.
- VA ABC/AAAG received Special Recognition from the National Conference of State Liquor Administrators in Nashville, Tenn., on June 17, 2009 for its community collaboration in producing and airing *The Best Is Yet to Come* media campaign.

Conference and Training Sponsorships

- VA ABC and the AAAG co-sponsored The Hidden Epidemic, Alcohol, Medication and the Older Adult Conference, April 29, 2008, at VCU, Richmond, Va. **Two Hundred and twenty service providers** from across Virginia attended this conference. It featured nationally recognized keynote speaker/author, Debra Jay, along with nine different workshops.
- VA ABC and the AAAG co-sponsored The Hidden Epidemic, Alcohol, Medication and the Older Adult, Best Practices 2009 Conference on April 7, 2009 with **168 geriatric service providers** in attendance. Keynote speakers included Dr. Frederic Blow, University of Michigan, and Carol Colleran, The Hanley Center, West Palm Beach, Fla.
- VA ABC, AAAG, Virginia Center on Aging (VCOA), and Substance Abuse and Mental Health Services Administration co-sponsored Get Connected! Toolkit

training, VCU, Richmond, Va., September 24, 2008. **Sixty-five service providers were in attendance, and 3,000 brochures and 70 Get Connected! Toolkits were disseminated.**

- AAAG sponsored Screening, Brief Intervention and Referral to Treatment (SBIRT) training for **32 doctors at INOVA Fairfax Hospital**, November 2009.
- AAAG sponsored keynote speaker Dr. Frederic C. Blow at the Virginia Geriatrics Conference in Williamsburg, Va., April 2010. Dr. Blow, a legend in the field of older adult substance abuse, was keynote to **325 physicians**.

Media Campaigns and Placements

- VA ABC and the AAAG obtained a grant from Virginia Department of Health to develop and implement a media campaign entitled *The Best Is Yet to Come*. The prevention message about risk factors involved when older adults mix alcohol with medications and listing resources available for assistance, aired on stations in Richmond/Petersburg, Hampton Roads/Newport, Roanoke/Lynchburg and Harrisonburg/Winchester. These viewing markets are **more than 1.2 million “fifty-plus” adults**.
- AAAG published articles statewide in *Age in Action*, Senior Connections’ newsletter, *Mature Life*, *TRIAD* newsletter, and *Fifty Plus*.
- VA ABC published an article on alcohol and the older adult in its *Licensee* newsletter circulated to **15,000 licensees**.

Speaking Engagements

- AAAG presented to the Governor’s Substance Abuse Services Council (SASC). SASC included the topic of alcohol and aging as a priority in its 2008 Annual Report to the Governor.
- AAAG Speakers Bureau, consisting of two physicians, three pharmacists and four prevention professionals, have presented at more than 60 venues, **reaching more than 4, 500 individuals and service providers**.
- An AAAG Speakers Bureau physician presented at the Virginia Association of Community Service Boards (CSB) Conference and the Virginia Association of Community Psychiatrists, May and October 2009, respectively.
- An AAAG Speakers Bureau physician presented Grand Rounds at Sentara Virginia Beach General Hospital and Mary Washington, August and October 2009, respectively.
- A member of the AAAG Speakers Bureau presented to Virginia Department of Medical Assistance Services staff, September 2009.

- The AAAG Speakers Bureau presented to Area Agencies on Aging, Virginia Assisted Living Association Conference and Virginia Alliance of Social Work Practitioners, October 2009.
- Four members of the AAAG presented a symposium at the Southern Gerontological Society's 31st Annual meeting, April 2010.
- Two AAAG members presented at the National Conference of Social Workers in West Virginia, April 2010.
- The AAAG presented at the Virginia Coalition for Prevention of Elder Abuse 16th Annual Conference, June 2010.

Educational Materials

- AAAG developed and disseminated more than **50,000 copies** of an alcohol and aging brochure, *The Best Is Yet To Come*, to outlets throughout the state, including placement in 332 stores statewide.
- VA ABC updated all training materials addressing the risks of older adults' use of alcohol (2007).
- VA ABC and the AAAG created an educational resource library on the topic of alcohol, medication and the older adult. The library consists of brochures, pamphlets, booklets, toolkits, videos, DVDs, and web site links for the older adult and their service providers. **Approximately 20,000 pieces of literature have been disseminated annually since 2007.**
- AAAG developed an extensive Resource Guide and Referral List that has been distributed, as well as posted on the Virginia ABC Web site (AAAG Web pages).

Research

- AAAG surveyed Area Agencies on Aging regarding referral procedures and surveyed physicians to determine interest in trainings.

Web Development

- VA ABC enhanced its Web site to include an AAAG page with a calendar of trainings, conferences, meetings, speakers' bureau events, video clips, brochure links, and links to various agencies working with older adults.
- Web-based training for medication aides was implemented in 2008.
- Web based training for service providers was launched on the VA Assn of CSB web site in May 2010.

Conferences Attended

- AAAG presented a poster on the initiative at the Southern Gerontology Society Annual Meeting in Atlanta, Georgia, April 2008.
- AAAG had an exhibit table at the Virginia Geriatrics Conference in Williamsburg, Va., April 2008/2009. **More than 475 geriatric physicians** received educational materials.
- AAAG had an exhibit table at the Western Regional TRIAD conference in Roanoke, Va. **More than 200 older adults** and vendors received educational information.
- AAAG had an exhibit table at the 7th Annual Boomers and Beyond Expo, Civic Center, Roanoke, Virginia. **One thousand older adults were in attendance**, along with 120 vendors.
- AAAG participated in an exhibit table at Williamsburg Place and the William J. Farley Center. Sixty-five service providers were in attendance, and **600 brochures were disseminated**.
- AAAG had an exhibit table at the 20th Anniversary National Triad Conference in Williamsburg, Virginia, and **disseminated 1,000 brochures to 300 attendees**. Contact was made with 13 different states. Speakers' Bureau presented to 65 participants. National Triad Association requested presentation to circulate to 850 Triads and 5,800 sheriff's associations nationwide.

Partnerships

- AAAG became a Member of the National Coalition of Mental Health and Aging in February 2010.
- The Commonwealth Council on Aging presentation at the Virginia Department for the Aging (June 2010) resulted in the council chair offering letter of support for future goals of AAAG.
- AAAG became an At-Large Member of Virginia S.A.L.T. (Seniors and Law Enforcement Working Together) Council in July 2010.
- Partnerships have been established at the national level with National Alcoholic Beverage Control Association, National Conference of State Liquor Administrators, Substance Abuse and Mental Health Services Administration, Southern Gerontological Society, National Council on Aging, and National Coalition on Mental Health and Aging.
- Virginia Department for the Aging Four Year Plan submitted to the Governor in 2009 referenced the AAAG initiative.

Beneficiary Expectations and Services Requested

Beneficiaries Expectations

In reviewing the work and accomplishments of the AAAG over the past three years, it has become apparent the beneficiaries of the AAAG have come to expect the following services:

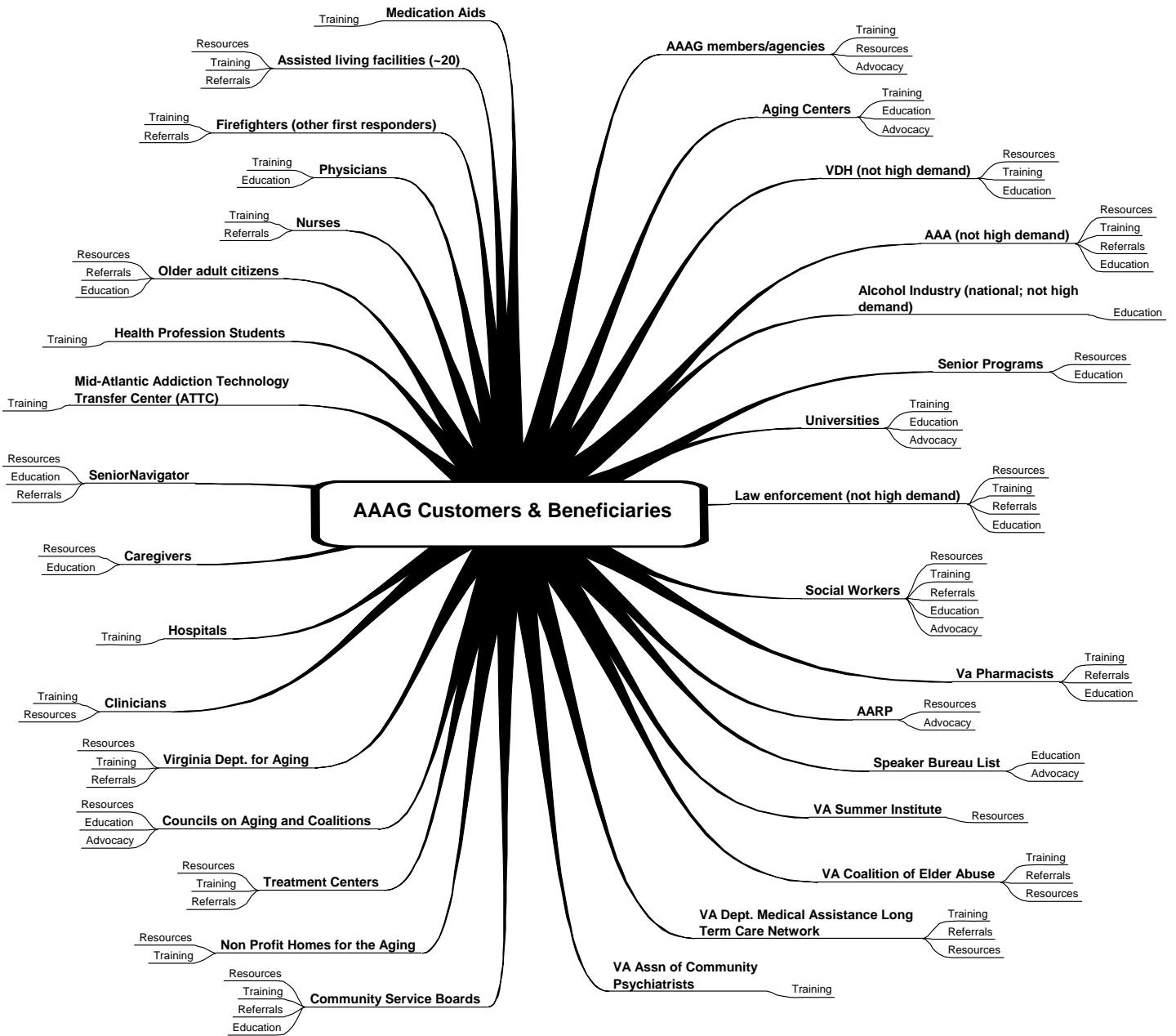
- Training and training materials on the topic;
- Information, educational tools and skills on the topic;
- Best Practices methods on the topic;
- Referrals to service providers for older adults who present with signs and symptoms;
- Consumer Education on the topic; and
- Advocates for the issue.

Summary of Beneficiary Requests

As shown in the diagram on the following page, the type of services requested by each beneficiary varies greatly. The numbers below reflect the percentage of inquiries or requests coming in for each service the AAAG provides:

1. Tools/Skills/Training/Training Materials -30%
2. Consumer Education – 19%
3. Information/Resource Clearinghouse – 26%
4. Referrals to Service Providers – 17%
5. Issue Advocacy – 8%

Diagram of AAAG's Customers and their Needs



Critical Issues, Complaints, Weaknesses and Threats

Through the strategic planning process, critical issues facing the AAAG were clearly identified. These included internal and external issues, complaints, weaknesses and threats that need to be addressed for the AAAG to accomplish its goals. Issues were lack of membership capacity and lack of awareness about the organization across the state. Complaints were lack of administrative support and difficulty meeting customer demands. Weaknesses and threats were only one grant writer, lack of a marketing message to potential members and customers, and state budget cuts. A more expansive list of the critical issues, complaints, weaknesses, and threats can be found in the attached appendix. [[Click here to view this appendix item](#)] However, rest assured, the AAAG will address these challenges and overcome the obstacles with implementation of the strategic plan.

Core Issues Facing AAAG:

The core issues facing the AAAG were grouped into the following categories:

1. Membership – The AAAG needs to increase its membership capacity to fulfill its mission at a regional and state level.
2. Organizational Structure – The AAAG needs to formalize its organizational structure to effectively increase regional and state capacity and to continue to implement its mission critical goals.
3. Funding – The AAAG needs to secure and sustain funding in order to continue to accomplish its mission critical goals.
4. Marketing – The AAAG needs a marketing strategy to increase group capacity and to publicize its mission.
5. *Training
6. *Education
7. *Resources

AAAG Vision: Virginians aging successfully, safe from alcohol and medication misuse.

AAAG Mission: To be the leader in providing education, training, and resources on the use of alcohol and medications as adults age.

		Idea Evaluation (estimated)							
Issue/ Goal #	Core Issues	Impact on Success ¹	Total Cost ²	Internal Time ³	Expertise ⁴	Executive Level Support Required ⁵	Dependency (points) ⁶	Notes re: Dependency	Total
1	Membership (Marketing)	H	L	H	Y	H	3	after org. structure in place, resources will be needed to carry out initiatives	20
2	Organizational Structure	H	H	H	Y	H	4	lack of structure prevents future growth	17
3	Funding	M	M	H	Y	H	2	\$\$ resources required for expansion and to support organizational structure and resource provision	15
4	Marketing/Branding (external)	L	H	L	Y	H	1	increasing awareness will become easier with all of the above in place	14
5	Training*								
6	Education*								
7	Resources*								

¹ Mission Critical Activities provided for AAAG customers (consensus to focus on internal issues first)
² General Consensus of how the idea/project will aid in achievement of the goal stated above (H=5 pts., M=3 pts., L=1 pt.)
³ Estimated Total Cost of the idea/project (L = \$1 TO \$5K, M = \$5-\$10K, H = \$10-\$15K+)
⁴ Estimated amount of AAAG resource time required to complete the project (L = 1 TO 10 hrs, M = 10 to 20 hrs, H = 20+ hrs)
⁵ Does the expertise required for the project currently reside within the AAAG?
⁶ Is AAAG member agency executive level support required to start/complete the project (L = no approval, M = one agency, H = more than 1 agency)
⁶ Are there any projects within this same list that must be completed before this one can begin (the higher the dependencies, the higher the number)

*Mission critical: Items 5, 6 and 7 above have been identified as mission critical core issues of the AAAG.

Opportunities

The weaknesses and threats listed in this strategic plan, both external and internal, are the numerous opportunities the AAAG will pursue. Below are the opportunities the AAAG intends to capitalize on to accomplish its mission.

- Enhance research efforts to reveal current data and trends on the topic.
- Continue to educate greater numbers of older adults about this topic.
- Continue relevant best practices training and information dissemination.
- Expand to encompass the state by establishing regional AAAGs and developing local programs.
- Expand involvement in formation of state and national partnerships to assist others willing to address this issue.
- Enhance collaboration with the Center for Excellence on Aging, Virginia Department of Behavioral Health and Developmental Services and Virginia Department for the Aging to pursue Substance Abuse and Mental Health Services Administration federal funding to bring Screening, Brief Intervention and Referral to Treatment to Virginia (SBIRT).

- Coordinate letter of support from Commonwealth Council on Aging to Secretary of Health and Human Resources to encourage support of pursuit of federal SAMHSA funds to bring SBIRT to Virginia.
- Continue to pursue state level funding/grant opportunities to address this issue.
- Enhance use of technology for greater customer reach, including web based training and expansion of group.
- Target increasing demographic changes in aging population, especially aging Baby Boomers and those older adults increasing binge drinking.
- Engage more service providers through membership recruitment and additional best practice trainings, especially at the local level.
- Create a sustainable and financially secure organization.

AAAG Goals

The AAAG created the following five goals during the strategic planning process.

Goal 1: Increase AAAG regional and statewide membership through strategic marketing targeting various stakeholders.

Goal 2: Develop a sustainable organizational structure and secure financial resources required to implement AAAG's mission.

Goal 3: Educate individuals by increasing awareness and knowledge about the use of alcohol and medication as adults age.

Goal 4: Train service providers to implement prevention or intervention best practices with aging adults using alcohol and medications.

Goal 5: Research, develop and maintain information resources on alcohol, medication and aging for dissemination to individuals and service providers.



Prioritized Strategies to Achieve each of AAAG's Five Goals

The adoption of specific ideas was based on numerous qualitative and quantitative factors. In some cases, specific strategies were adopted based on the need for short-term success, or due to the overall feasibility of an initiative although the ideas generated for each goal were evaluated and prioritized using a standard evaluation matrix. [Note: A list of all ideas developed during strategic planning sessions is located in the Appendix section of this report. [Click here to view this section of the Appendix](#)]. The strategies recommended for adoption by the planning committee following group discussion and thorough evaluation are detailed by goal in the following section.

Goal 1: Increase AAAG regional and statewide membership through strategic marketing targeting various stakeholders.

Goal 1 will be achieved by:

- Strategy 1: Executive Roundtable presentation
- Strategy 2: Re-engagement of previous members and recruitment of new members
- Strategy 3: Change in meeting format
- Strategy 4: Development of a marketing plan to increase membership and raise awareness on mission critical goals of education, training and resources
- Strategy 5: Utilizing Alcohol Awareness Month, Older American Month, and Older Virginian Mental Health Month

AAAG membership will be expanded in an effort to encompass regional and statewide representation and access to alcohol, medication and older adult information. This goal will be accomplished through an executive level roundtable presentation to obtain increased and committed representation at the state and regional level from appropriate agencies and organizations. A member to previous member re-engagement campaign will be initiated to revitalize membership participation. The meeting format will be changed with large group meetings occurring on alternate months of the calendar year; i.e., January, March, May, July, September and November. The goal workgroups will meet on the alternating months of the year; i.e., February, April, June, August, October and December. An effective marketing campaign will be developed and implemented to increase membership and raise awareness about the existence and mission of the AAAG. Mission critical months such as April, Alcohol Awareness Month, May, Older American Month, and September, Older Virginian Mental Health Month, will be utilized to highlight this marketing campaign. These strategies will result in the development of regional AAAGs and a strengthened state level AAAG that will both provide education, training and resources on alcohol, medication and the older adult.

Goal 2: Develop a sustainable organizational structure and secure financial resources required to implement AAAG's mission.

Goal 2 will be achieved by:

- Strategy 1: Formalizing leadership and committees
- Strategy 2: Establishing officers and their respective roles
- Strategy 3: Developing regional AAAG chapters
- Strategy 4: Obtaining administrative support
- Strategy 5: Securing ABC continuous funding
- Strategy 6: Identifying a grant writer
- Strategy 7: Pursuing previous and new funding opportunities
- Strategy 8: Nurturing national relationships

A sustainable organizational structure will be developed and secured financial resources will be obtained and sustained. This will be accomplished by formalizing the leadership through renewed commitments to officer positions and committee chair positions. The creation of an organizational chart with stated and shared roles and responsibilities of each officer or committee chair will be produced and disseminated. Committee workgroup chairs will be identified and charged with forming workgroups for each responsible strategic goal. These workgroups will proceed with the implementation of their delegated strategies to include creation and inclusion of regional AAAG chapters across the Commonwealth. Administrative support will be obtained to assist the officers and committee chairs in carrying out their respective duties. A grant writer will be identified and responsible for securing continuous ABC funding while pursuing previous and new funding sources through grant submissions. The officers and committee chairs will continue to pursue and nurture national relationships through initiated communications with National Council on Aging, Substance Abuse and Mental Health Services Administration, and National Coalition of Mental Health Association. The goal of these national relationships will be potential funding sources, pilot programs, and service collaboration.

Goal 3: Educate individuals by increasing awareness and knowledge about the use of alcohol and medication as adults age.

Goal 3 will be achieved by:

- Strategy 1: Expanding AAAG Speakers Bureau to include regional AAAG speakers bureaus
- Strategy 2: Scheduling speaking engagements and maintaining calendar of events
- Strategy 3: Obtaining and coordinating appropriate expert speakers for events
- Strategy 4: Maintaining and disseminating supplies needed for speaking engagements
- Strategy 5: Collecting and reporting evaluation data from speaking engagements

The AAAG will solicit, schedule and deliver various speaking engagements to diverse audiences targeting older adults across the Commonwealth. Preferred target audiences will be large venues of previously congregated older adults. A calendar of speaking engagements will be kept current with outcomes listed. Presenters will be awarded honorariums for their presentations. Academic students will be utilized to provide research assistance in developing white papers for publication.

Goal 4: Train service providers to implement prevention or intervention best practices with adults who are aging while abusing or misusing alcohol and medications.

Goal 4 will be achieved by:

- Strategy 1: Establishing regional AAAG's to coordinate services, share information and operate area speakers' bureaus
- Strategy 2: Collaborating with other trainers and conference organizers
- Strategy 3: Determining how to provide CEU credits/contact hours for all training
- Strategy 4: Continuing dissemination/utilization of Get Connected Toolkit and training
- Strategy 5: Pursuing the establishment of web-based courses
- Strategy 6: Working with the Center for Excellence in Aging to bring SBIRT training on older adults to Virginia

The AAAG will plan and implement additional service provider trainings, including access to web-based training, encompassing different regions of the state. These trainings will improve the skill level of service providers with respect to prevention and/or intervention best practices on this topic. There will be an increased focus on local services and treatment statewide and point of access trainings for referrals. AAAG will also collaborate with the Center for Excellence in Aging to expand targeted Screening, Brief Intervention and Referral to Treatment training for primary care physicians, Community Service Board staff, and Area Agency on Aging personnel in different regions of the state. Appropriate contact hours, CEUs, or CMEs will be made available as part of these trainings. These trainings will be coordinated and implemented utilizing the speakers' bureau and will include professional trainers from various regions of the state.

Goal 5: Research, develop and maintain information resources on alcohol, medication and aging for dissemination to individuals and service providers.

Goal 5 will be achieved by:

- Strategy 1: Referral and Resource Material list development and maintenance
- Strategy 2: Sources i.e. SeniorNavigator
- Strategy 3: Speakers' Bureau
- Strategy 4: AAAG Web site maintenance

AAAG will continue to research, develop and obtain the most current educational resources for distribution through speaking engagements, exhibit fairs and trainings. These resources will include the AAAG resource list and referral list, which will be updated and maintained. Continued partnerships with SeniorNavigator, 211 Virginia, and other referral sources will be pursued and maintained. Speaker's bureau events will be used as opportunities to disseminate the resource information. The AAAG Web site will be enhanced to include the educational resource information available from the AAAG. Supplies will be ordered and secured for future dissemination.

Funding



VA ABC identified funds within the agency in an education line item for the 2009-2010 fiscal years to sustain the activities of the AAAG. A total of \$26,152.84 was set aside for the projects of the AAAG from July 1, 2009 to June 30, 2010. Funding in the amount of \$50,000 has been identified for fiscal year 2010-2011 as well.



VA ABC received a \$10,000 grant from the National Alcoholic Beverage Control Association in 2008 for revision, reprinting and distribution of *The Best Is Yet To Come* brochure.



The Virginia Center on Aging



VA ABC/AAAG received \$29,900 in geriatric training and education grants from Virginia Center on Aging, VCU, (VCoA) over the 2008 and 2009 grant cycles to fund three trainings for service providers on alcohol and aging and to cover expenses of the AAAG speakers' bureau.



VA ABC/AAAG received a \$15,000 grant from the Virginia Department of Health, Injury and Violence Prevention Division in 2009 to produce and air a media campaign. The commercial aired during the noon news hour on three stations in Richmond/Petersburg and two in Roanoke/Lynchburg. The commercial aired during the month of April and the first week of May 2009, Monday through Friday.



Virginia Beer Wholesalers' Association (VBWA) contributed \$5,000 to the AAAG initiative during the 2009 calendar year. This funding sponsored a Critical Conversations workshop during the 2009 Hidden Epidemic Conference. The remainder of the funding was used to air *The Best Is Yet to Come* commercial in the Harrisonburg/Winchester market during May and June 2009. VBWA contributed an additional \$5,000

during the 2010 calendar year. This money was used to air The Best Is Yet to Come commercial in the Hampton Roads/Newport News market during the last week of April and the month of May, 2010.



The Mid-Atlantic Addiction Technology Transfer Center (ATTC) contributed \$725 towards the recording of the 2009 Hidden Epidemic Conference.

The ATTC also sponsored a presentation by two AAAG speakers at the National Conference of Social Workers in West Virginia in April 2010.

The total amount of funding received by the AAAG to date is \$141,777.84.

Funding Subcommittee:

A funding subcommittee was established at the October and November 2009 AAAG meetings. The following AAAG members are a part of the funding subcommittee:

Regina Whitsett, Virginia Department of Alcoholic Beverage Control, AAAG Chair
Steve Ankiel, Virginia Department of Medical Assistance Services – AAAG Treasurer
Connie Coogle, Virginia Center on Aging, VCU
Bev Morgan, Virginia Department of Behavioral Health and Developmental Services
Tishaun Harris-Ugworji, Virginia Department of Social Services
Christy Jensen, Center for Excellence in Aging

Summary

The aging of Virginia's population will have a significant impact on the work of the AAAG. It will be even more critical to have a continuous supply of educational resources available as the demand for dissemination of this information to the aging population increases. Requests for speakers and additional trainings for audiences about older adult life style changes, physical changes, recommended safe levels of alcohol consumption and potential medication interactions will also increase. Trainings on risk factors, identification, screenings, intervention techniques, and referrals will be crucial to further equip service providers and their ever-expanding older clientele. The aging population will also have a direct impact on the need for additional treatment facilities to service older adults who identify with a substance abuse problem.

Therefore, it is imperative this strategic plan be adopted and implemented by AAAG membership. It is also crucial this plan obtain the executive level support from partnering key agencies in order for the AAAG to fulfill its vision and mission.

Appendix

Critical Issues Facing AAAG

Internal Issues

The following have been identified as critical internal issues of the AAAG:

- Membership capacity;
- Responsibility of group comes down to one person and one agency;
- Lack of administrative support; and
- Funding seeking limited due to manpower.

External Issues

The following have been identified as critical external issues:

- State budget cuts
- Growing responsibility for members in their home agencies
- Not enough people know about our group in the state
- Difficulty getting statewide exposure

Internal Customer Complaints -AAAG membership

The following have been identified as internal complaints from AAAG membership:

- Getting harder to meet deadlines imposed;
- Meetings, too often, too big of an agenda;
- Few-same workers;
- Cannot pursue additional funding due to lack of manpower;
- One staff person;

- Membership has other responsibilities;
- AAAG not priority with agency's leadership statewide;
- Low membership-declining; and
- Lack of statewide membership, mainly Richmond focused.

External Customer Complaints

The following have been identified as external customer complaints:

- Getting difficult to fulfill customer demands; i.e. Speakers' Bureau, information dissemination;
- Not statewide organization; and
- Not having a conference this year.

AAAG Weaknesses

The following have been identified as weaknesses of the AAAG:

- Not enough people;
- Continuity of membership;
- Balance of responsibility among members of group;
- Statewide representation;
- Adequacy of statewide representation;
- Need different chapters;
- One grant writer; and
- No IT support.

External Weaknesses

The following have been identified as external weaknesses of the AAAG:

- Not marketed – public-professional;
- Resistance to the topic;
- Lack of spokesperson;
- Lack of awareness of group;
- Lack of availability in communities across state; and
- Lack of perceived benefits to external customers.

Threats

The following have been identified as threats to the AAAG:

- Human Resources;
- Funding; and
- State budget cuts.

Potential Strategies to Achieve each of AAAG's Five Goals

Goal 1: Increase AAAG regional and statewide membership using strategic marketing targeting various stakeholders.

The table below represents the evaluation matrix used to prioritize ideas for achieving Goal #1.

#	Idea	Idea Evaluation (estimated)							Notes re: Dependency	Total
		Impact on Success ¹	Total Cost ²	Internal Time ³	Expertise ⁴	Executive Level Support Required ⁵	Dependency (points) ⁶			
1	Technology /Meeting Format	H	M	L	Y	M	5	currently being researched and changed accordingly	26	
2	Existing Members/work to reengage, renew commitment	H	L	L	Y	L			25	
3	Calling Old Members - reengage-each one reach one	H	L	L	Y	L			25	
4	Build upon recognition awards	H	M	L	Y	L			23	
5	Utilize Alcohol Awareness Month (April)	H	L	M	Y	L			23	
6	Utilize Older American Month (May)	H	L	M	Y	L			23	
7	Look at other states as examples	L	L	L	Y	L	1		22	
8	Review what we have done	M	L	M	Y	L	1		22	
9	Executive level Roundtable w/strategic plan to obtain support and agency membership	H	M	H	Y	H	5		20	
10	Come up with approach	H	L	M	Y	H	1		20	
11	Identify who we could pull in - Pat Giesen	L	L	M	Y	L	1		20	
12	Agency Coop Agreement/MOUs advantages of linkages and what can be accomplished/stabilize support at relevant agencies	H	L	M	Y	H			19	
13	Utilize Mental Health and Aging Month (Sept.)	H	L	M	Y	H			19	
14	Review and update marketing strategies/develop more comprehensive plan/increase marketing	H	L	H	Y	H			17	
15	Determine what we can get done legislatively	L	L	H	Y	H	1		14	
16	Data to Support Initiatives	M	H	H	N	L			10	
17	Have VA CSBs conduct a survey for our purposes	L	H	H	Y	H			9	
18	Public Policy Focus (Consider seasonality) legislative visits	L	L	H	Y	H	(5)	#s 3, 4, 5, 6, 7	8	
19	Medicaid reimbursement increased for older adults specifically - capitalize on this	L	H	H	N	H			4	

¹ General Consensus of how the idea/project will aid in achievement of the goal stated above (H=5 pts., M=3 pts., L=1 pt.)
² Estimated Total Cost of the idea/project (L = \$1 TO \$5K, M = \$5-\$10K, H = \$10-\$15K+)
³ Estimated amount of AAAG resource time required to complete the project (L = 1 TO 10 hrs, M = 10 to 20 hrs, H = 20+ hrs)
⁴ Does the expertise required for the project currently reside within the AAAG?
⁵ Is AAAG member agency executive level support required to start/complete the project (L = no approval, M = one agency, H = more than 1 agency)
⁶ Are there any projects within this same list that must be completed before this one can begin

Goal 2: Develop a sustainable organizational structure and secure financial resources required to implement AAAG’s mission.

The table below represents the evaluation matrix used to prioritize ideas for achieving Goal #2.

		Idea Evaluation (estimated)							
#	Idea	Impact on Success ¹	Total Cost ²	Internal Time ³	Expertise ⁴	Executive Level Support Required ⁵	Dependency (points) ⁶	Notes re: Dependency	Total
1	Develop leadership roles and responsibilities Officers, ie secretary	H	L	M	Y	H	10		29
2	Identify people for roles	H	L	H	Y	H	10	2, 8	27
3	Maintain ABC internal funding	H	L	H	Y	H	5	Majority of AAAG activities	22
4	Create organizational chart	L	L	L	Y	L		1,2	21
5	Identify agency ownership	L	H	L	Y	M	5		20
6	Identify grant writer	H	H	H	Y	M	5		20
7	Identify grant sources	H	L	M	Y	H			19
8	Expand and formalize leadership	H	L	H	Y	H		2, 3	17
9	Create organizational committees with chairs-leaders and identify members on each committee	H	L	H	Y	H		3, 8	17
10	Pursue previous funders	H	L	H	Y	H			17
11	Pursue leads to new funding sources	H	L	H	Y	H		#1	17
12	Continue to nurture national relationships for funding and education/training/screening sites	H	L	H	Y	H		#1	17
13	Pursue Sponsors - Businesses	H	L	H	Y	H			17
14	Look for people to collaborate with on grants	M	L	M	Y	H			17
15	Identify agency partnerships/obtain MOUs	M	L	H	Y	H		7,1,2,3,5	15
16	Obtain administrative support	H	H	H	Y	M		7	15
17	Obtain IT support	H	H	H	Y	M		7	15
18	Create by-laws, handbook, MOUs	L	L	H	Y	H		2, 4	13
19	Assign Fiscal Manager	L	L	H	Y	H		7,8,9	13
20	Seek national funding	M	H	H	Y	H		#1	11
21	Seek foundation funding	M	H	H	Y	H		#1	11

Goal 3: Educate individuals by increasing awareness and knowledge about the use of alcohol and medication as adults age.

The table below represents the evaluation matrix used to prioritize ideas for achieving Goal #3.

		Idea Evaluation (estimated)							
#	Idea	Impact on Success ¹	Total Cost ²	Internal Time ³	Expertise ⁴	Executive Level Support Required ⁵	Dependency (points) ⁶	Notes re: Dependency	Total
1	Older Adults-part of Expos, piggy-back other events; incorporate AAAG message in other events	H	L	M	Y	L			23
2	Workshops at Senior Centers	L	L	L	Y	L			21
3	YMCA - physical health promotion program	L	L	L	Y	L			21
4	Meals on Wheels	L	L	L	Y	L			21
5	Articles in appropriate periodicals (Boomer Life, Mature Life, 50+)	M	L	M	Y	L			21
6	Speaker's Bureau hit larger venues/groups	H	M	M	Y	M			19
7	Alzheimers Group	M	L	M	Y	M			19
8	Summits	M	M	M	Y	M			17
9	Caregiver Conferences	L	L	M	Y	M			17
10	Existing Service Provider Conferences	H	M	M	Y	H			17
11	Regional Speakers Bureau (Establish & Operate)	M	L	H	N	H	5	establish this one first could enable #1, 2, 3, 4, etc. to become easier	15
12	Presentations at National Conferences	H	H	H	Y	H			13
13	Newsletter - AAAG published; website; email, blog, etc.	M	M	H	N	M			10
14	Media Campaign	H	H	H	N	H			8
15	Commercial/national medical information TV shows	H	H	H	N	H			8

Goal 4: Train service providers to implement prevention or intervention best practices with those aging adults using alcohol and medications.

The table below represents the evaluation matrix used to prioritize ideas for achieving Goal #4.

		Idea Evaluation (estimated)							
#	Idea	Impact on Success ¹	Total Cost ²	Internal Time ³	Expertise ⁴	Executive Level Support Required ⁵	Dependency (points) ⁶	Notes re: Dependency	Total
1	Collaboration with other trainers in other projects/venues	H	L	M	Y	L			23
2	Get Connected	M	L	M	Y	L			21
3	regional AAAGs to coordinate services & share information	H	M	M	N	H	5	others become easier with this in place	17
4	Determine how to have CEUs/contact hours associated with training	H	H	M	N	H	5	listed as dependent on several	15
5	regional speakers bureaus	H	L	M	N	H			14
6	Conferences	H	H	H	Y	H		9	13
7	Web-based Courses	H	H	H	N	H		9	8
8	SBIRT-physicians; other health/social service/mental health and aging providers	H	H	H	N	H		9	8
9	panel presentations to demonstrate teaming	L	L	H	N	H			8

Goal 5: Research, develop and maintain information resources on alcohol, medication and aging for dissemination to individuals and service providers.

The table below represents the evaluation matrix used to prioritize ideas for achieving Goal #5.

		Idea Evaluation (estimated)							
#	Idea	Impact on Success ¹	Total Cost ²	Internal Time ³	Expertise ⁴	Executive Level Support Required ⁵	Dependency (points) ⁶	Notes re: Dependency	Total
1	Referral List-Develop & Maintain	H	L	M	Y	L			23
2	Speakers Bureau Curricula/updates	H	H	M	Y	M	5		22
3	DVD-conference	H	M	H	N	M	10	2 ideas dependent on this idea	22
4	Resource Guide-Create/Maintain/Update	H	L	H	Y	L			21
5	Literature - obtain and distribute, inventory/storage	H	L	H	Y	L			21
6	Agency Links	M	L	L	Y	M			21
7	YouTube	M	L	L	Y	M		# 5 must occur first	21
8	Referral Sources-Senior Navigator, 211	H	L	L	Y	H			21
9	Speakers Bureau-Coordination/Maintain	H	L	H	Y	L		#11 must take place first	21
10	Brochures - Creation/Distribution	H	M	M	Y	M			19
11	AAAG website/page	H	M	M	Y	M			19
12	Powerpoint presentations (CONFERENCES)	M	L	L	N	L			18
13	Tracking Dissemination for evaluation, funding and justification	H	L	M	Y	M	(5)	Dependent on #s 2, 3, 4, 5, etc.	16
14	Web-based Trainings	H	H	H	N	H		#5 and #12 must occur first	8