The Power of Collaboration

Presented at the ADRN Summit, Columbus, OH, 12 August 14

Edward F. Ansello, Ph.D.
Virginia Center on Aging
Virginia Geriatric Education Center
Virginia Commonwealth University
(804) 828-1525
eansello@vcu.edu

One to the Tenth Power

Topic Outline

1. The geriatric imperative
2. Aging with lifelong disabilities
3. Public policy and the role of coalitions as *de facto* policy
4. Assisted autonomy as a modus operandi
5. Keys to effective inter-system coalitions

The Geriatric Imperative

- Post-reproductive nonconformity
- Within group variance
- Individuation

Aging with Lifelong Disabilities

- Aging being enveloped by disability, because of difficulty with "aging"
- Similarities between systems:
  marginal/undervalued; underfunded; reliance on caregivers, etc.
- Differences between systems:
  person-centered vs. program-driven; large numbers of unidentified clients

Public Policy on Aging with Lifelong Disabilities

- Lagging public policy and the role of coalitions as *de facto* policy
- Newness of aging with lifelong disabilities; historical non-intersection and different priorities of the systems
- Differences between currently older and younger persons with lifelong disabilities

Assisted Autonomy

- History of “autonomy” and laissez faire indifference
- Folly of "independence“
- Assisted autonomy as a modus operandi
- Getting assistance that the person needs and can direct

Inter-System Coalitions: An Answer

- Coalitions between advocacy groups and agencies, and between agencies across systems (aging, ID/DD, late-onset, health, social services, faith communities, parks & recreation, etc) can improve services, produce savings, and reinforce families and people with disabilities.
- Coalitions are time-limited
- Coalitions can be laboratories for public policy development

Inter-System Cooperation: Barriers

- Little or no history of interaction
- Differences in perceived benefits
- Tree versus forest mentality
- Restrictive mental geography
- *Shortage of crossed-trained personnel*
- Absence of clear-cut goals
- *Lack of a non-threatening (neutral) broker*

Partners III Project: The Integrated Model of Service

- Assembled best practices from several previous projects
- Created and field-tested with AoA support a model for cooperation between the aging and developmental disabilities systems
- Evaluated results in urban, suburban, and rural settings: Evidence-Based

Partners I, II, III in Maryland and Virginia: 1986-1997

- Identified the key elements of effective intersystem cooperation as (1) formal mechanisms for collaboration at local and state levels, (2) diverse outreach strategies by local coalition acting as a virtual organization, and (3) capacity-building opportunities for staff, caregivers, and consumers
- Identified central roles for neutral brokers

Integrated Model of Service

1. **Collaboration**

- ✓ **Statewide Mechanisms**
  - Memoranda of Understanding/Agreement
  - Professional/Consumer Advocacy Council (PCAC)
- ✓ **Area Planning and Services Committee** (APSC)

✓ = essential element

Integrated Model of Service

2. **Outreach**
   - ✓ **Resource fair**
   - Home visitor survey
   - Focus groups
   - Telephone surveys

Integrated Model of Service

3. **Capacity Building**
   - ✓ **Cross-Training of Staffs**
   - ✓ **Training in Self-Care and Advocacy for Consumers and Informal Caregivers**
   - Integration of Older Adults with Lifelong Disabilities into Community Services
   - Internships across Systems

Keys to Intersystem Coalition Building: (1) Starting

Spark	a champion or zealot
Specific problem	issue(s) to be addressed
Incentive	perceived benefits
Neutral broker	non-threatening matchmaker

Keys to Intersystem Coalition Building: (2) Succeeding

Objectives	achievable through specific tasks and activities
Approvals	top-down and bottom up
Ownership	members must see the coalition as "theirs" and attend
Fit	compatibility with other like-minded individuals and groups

Keys to Intersystem Coalition Building: (3) Proceeding

Resources modest but adequate funding or pool of in-kind

Real Members must be more than just people appointed to fit a category

Executive Involvement agency heads commit to the coalition, preferably in writing

Channeling members convey content back to their agencies (minutes, etc)

Area Planning and Services Committee (APSC) in Metro Richmond

- Established in 2003, evolving from two-year single county MR task force
- Good mix of organizational members, with written commitments; meets monthly all year
- Doctoral student intern, summer 2004, helped with initial surveys of members/registrants
- Identified priorities democratically at outset: cross-training, public awareness, emerging issues
- Down and dementia; loss and bereavement; spirituality and aging; aging in place, etc

Goals of Interdisciplinary Teams

1) Understand respective roles and responsibilities on the team
2) Establish common goals for the team
3) Agree on rules for conducting team meetings
4) Communicate well with other members of the team
5) Identify and resolve conflict
6) Share decision-making and execute defined tasks when consensus is reached
7) Provide support for one another, including the development of leadership roles
8) Be flexible in response to changing circumstances
9) Participate in periodic team performance reviews to ensure that the team is functioning well and goals are being met

(Partnership for Health in Aging [PHA], 2011)

Collaborative Initiatives

- Friendship Café for adults with lifelong disabilities
- Healthy Cooking DVD
- Health Baseline Screening Protocol
- Statewide conferences every June
- Training workshops every November
  - Down and dementia; arthritis and co-morbidities; healthy heart; recreation and exercise

APSC June Conferences 2005-2014

- Spirituality, Loss, and Aging
- The Road to Wellness: Best Practices
- Aging in Place, Aging Well
- Choices: The Future Is Now
- Community Supports: Caregivers and Consumers
- Creative Roads to Inclusion
- Livable Communities
- Later Aging
- Wellness Trends and Resources
- Cutting Edge Breakthroughs

PHA Competencies

- Domain #1: Health Promotion and Safety
- Domain #2: Evaluation and Assessment
- Domain #3: Care Planning and Coordination across the Care Spectrum (Including End-of-Life Care)
- Domain #4: Interdisciplinary and Team Care
- Domain #5: Caregiver Support
- Domain #6: Healthcare Systems and Benefits

Lessons Learned

- Community partnerships; democratic advisory board; marketing vs. selling; “shared enterprise”
- Agree on a dream
- Identify a neutral broker
- Draw in interdisciplinary involvement by recognizing enlightened self-interest
- Accept slow growth