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The Blank Tablet of Aging

By

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Two conferences within days of each other this spring demonstrate the remarkable diversity of the experience of aging, its capacity for good and for bad. The first is the 16th annual conference of the Virginia Coalition for the Prevention of Elder Abuse (VCPEA), to be held June 2nd-4th in Virginia Beach. Concern years ago within the adult protective services community about the mistreatment of older Virginians prompted formation of a coalition to do something about it. Joy Duke of the Virginia Department of Social Services (VDSS) convened an assemblage in Richmond in 1993. The first meetings drew prominent attorneys, state agency representatives, housing and health care professionals from both private and public sectors, people from the faith community, university faculty, advocates from AARP, and others. Physical abuse of older adults had been so sensationalized that little attention was being paid to the more common experiences of elder abuse, namely, self-neglect, neglect by others, and exploitation. There was little recognition of elder abuse, in this truer sense, as a social problem.

VCPEA decided to focus its first efforts on education of the general public, and on increasing awareness of issues of elder abuse among those most likely to be able to prevent or respond to them, specifically, people in health professions, the criminal justice system, and the adult protective services and aging-related services networks. The fledgling VCPEA scripted and studio-recorded a series of public service announcements, targeted to family caregivers, care recipients, and older adults at risk of self-neglect, that identified the terminology of elder abuse and available community resources for help. AARP in Washington, DC underwrote the cost of producing hundreds of disks of these radio spots which were distributed to every radio station in Virginia. Members of the VCPEA constructed a training curriculum for police officers that was delivered for the first time in July 1994 at the Richmond Police Academy; wrote an article for physicians in that fall's issue of the Virginia Medical Society newsletter; launched local meetings in Roanoke and Warrenton; and developed a coherent vision statement and objectives to guide its actions. Its first "annual meeting" in June 1994 was little more than a half-day workshop in the basement of the VDSS building in Richmond, the same building where, ironically, I now have my office.

Over the years VCPEA, incorporated as a not for profit organization, has worked steadily to prevent and respond to the mistreatment of elders through annual conferences, regional training, improved legislation (e.g., broadened mandated reporters), special projects (e.g., regional conferences across Virginia on sexual abuse), a website (www.vcpea.org), and much more.

This June 2nd-4th VCPEA will host its annual conference in Virginia Beach. In confronting the bad, there's never a let up. Appropriately, VCPEA has evolved to incorporate a wider perspective of potential partners, community and institutional

settings, and approaches in meeting its objectives. This year's conference addresses the same types of issues VCPEA has tackled since its beginning, but with a more encompassing embrace. The June presentations include the basics of geriatric crisis assessment, depression and suicide among older adults; alcohol and medication misuse; older prisoners; training faith and community-based leaders to respond to domestic violence in later life; and brain injury in later life as a precipitant or a consequence of mistreatment. While the underlying issue acknowledges the darker side of aging, the concerted efforts of so many people who care bring light.

The second conference highlights the promise of the gift of time. It occurs June 7th in Richmond. Called *The Road to Inclusion*, it's the annual conference of the Area Planning and Services Committee (APSC) on Aging with Lifelong Disabilities, an unincorporated "coalition of the willing." The wondrous changes in longevity experienced by persons with such lifelong disabilities as intellectual disabilities (formerly called mental retardation) and cerebral palsy caught most everyone off guard when they began to manifest over 25 years ago. The then-named mental retardation services system was aimed at children, with the understandable conviction that intervention early in life could improve the years that followed. Health care providers, social services systems, treatment centers, and various facilities from vocational to long-term care institutions had trained staffs and organizational attitudes that were pediatric, not geriatric. To a significant degree, they still do. But along the way, the developed world had succeeded in extending the life course of individuals with lifelong disabilities, catching providers, policy makers, and families relatively unprepared.

The APSC grew from a Henrico-based project originated by Debbie Burcham about eight years ago into a multi-jurisdictional coalition of some three dozen highly committed individuals. They represent intellectual disabilities, physical disabilities, parks and recreation, aging, business, residential and day care services, higher education, assistive technology, and more; a number are themselves caregivers of their aging children with lifelong disabilities. Basing its activities on an evidence-based model for intersystem coalition building first funded by the U.S. Administration on Aging (the Partners I, II, and III Projects, 1987-1997) and field-tested in Maryland and Virginia, the APSC has established objectives, lines of communication to members' home agencies, purposive committees, and monthly meetings. These have helped it to continue its creative responses to matters that fall between the cracks that separate systems.

As we have noted before (*Public Policy & Aging Report*, 14 (4), 2004), coalitions at the intersection of aging and lifelong disabilities "function as *de facto* laboratories for emerging public policy." Such coalitions produce more than the sum of their parts, conceiving creative approaches to issues that have not existed before or for which rules and regulations seem less than adaptive. What if someone is functionally old but below the threshold age of 60 for Older Americans Act services? What if family caregivers who have devoted their lives to their children's care find themselves less able to continue this care in advancing age? Can individuals with lifelong disabilities "retire" from training services when they are old? If adults with lifelong disabilities, in fact, tend to live among

us in our communities, rather than in institutions, how can the communities adapt to ensure meaningful and productive lives for them as they age?

The June 7th APSC conference in Richmond will recognize the values, opportunities, and challenges associated with growing older with lifelong disabilities. The keynote will speak to “honoring the person within,” no mean task in a society obsessed with youth, power, and influence. Other sessions will discuss self-advocacy, good examples of enjoyable inclusive activities in the community, cultural competency, behavioral supports, the ADA, and more.

In some ways, the gift of added years of life is a blank tablet upon which can be written the best and the worst of stories. These two conferences symbolize how we as a people can celebrate the good and confront the bad.

Key Words: elder abuse and neglect, aging with lifelong disabilities, developmental disabilities, coalition building, Virginia Coalition for the Prevention of Elder Abuse, public policy in aging