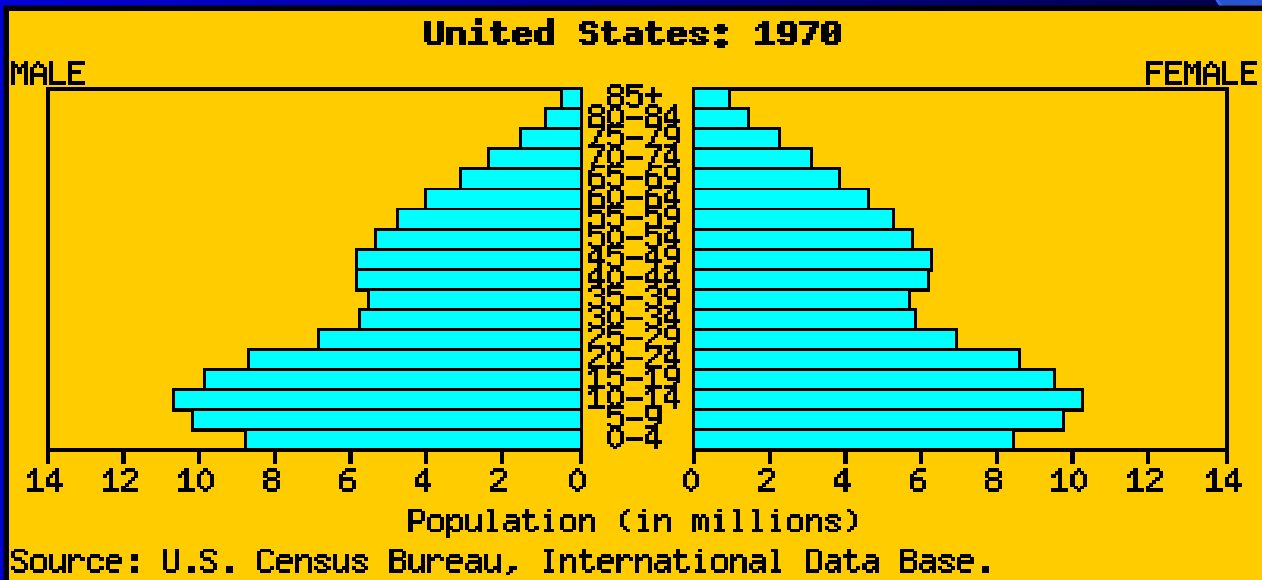
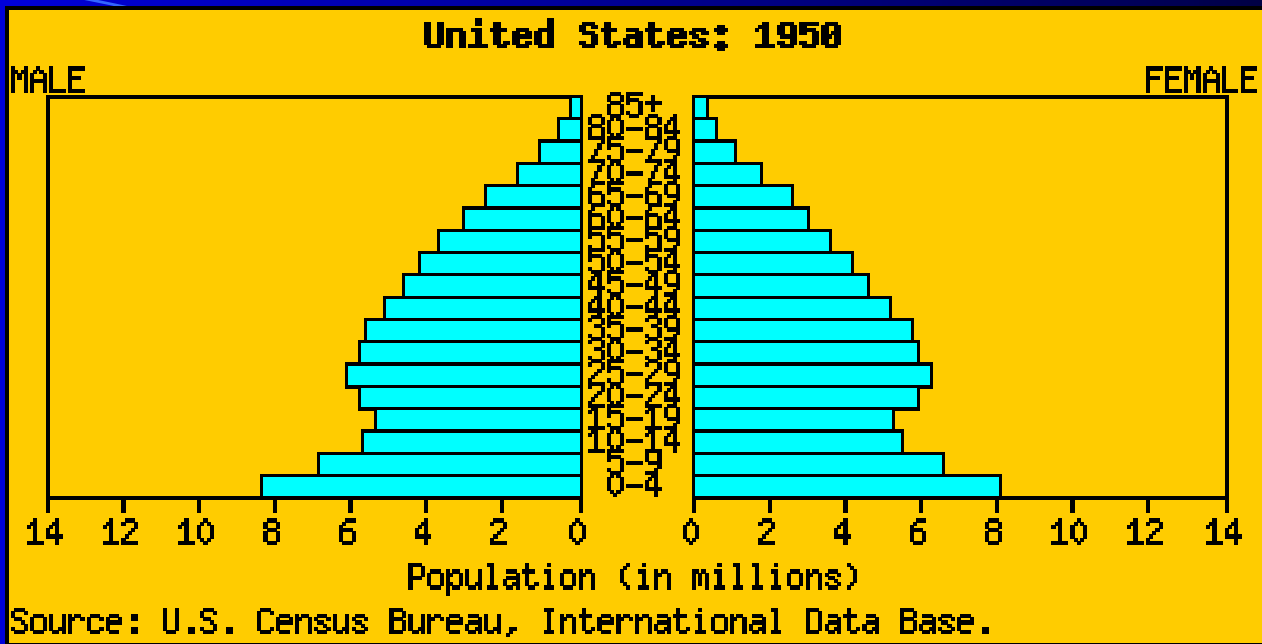
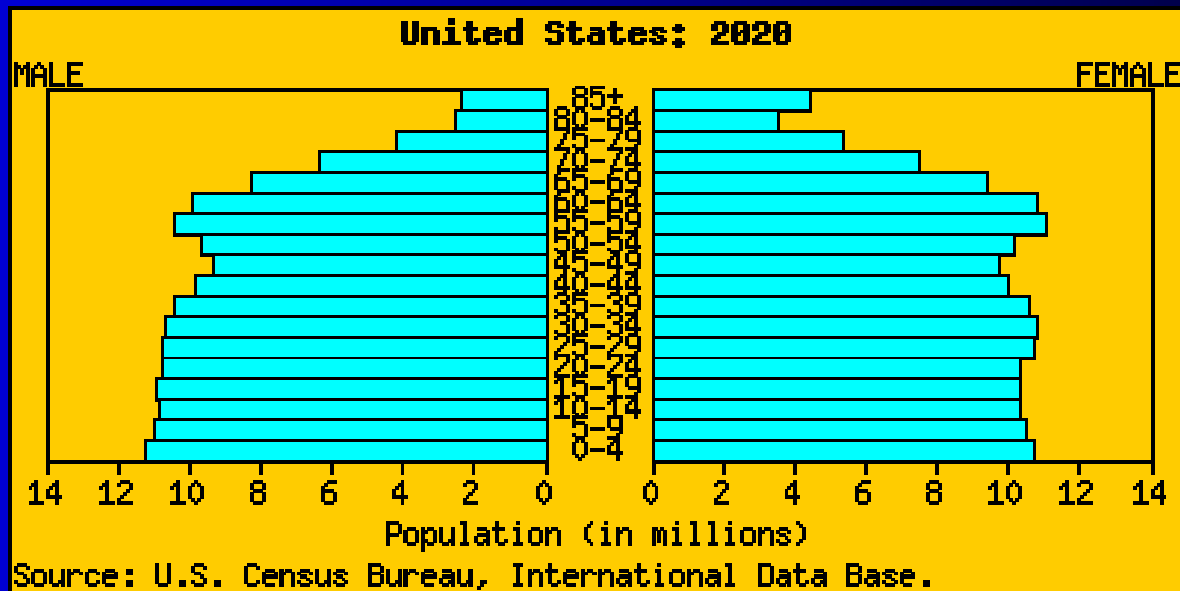
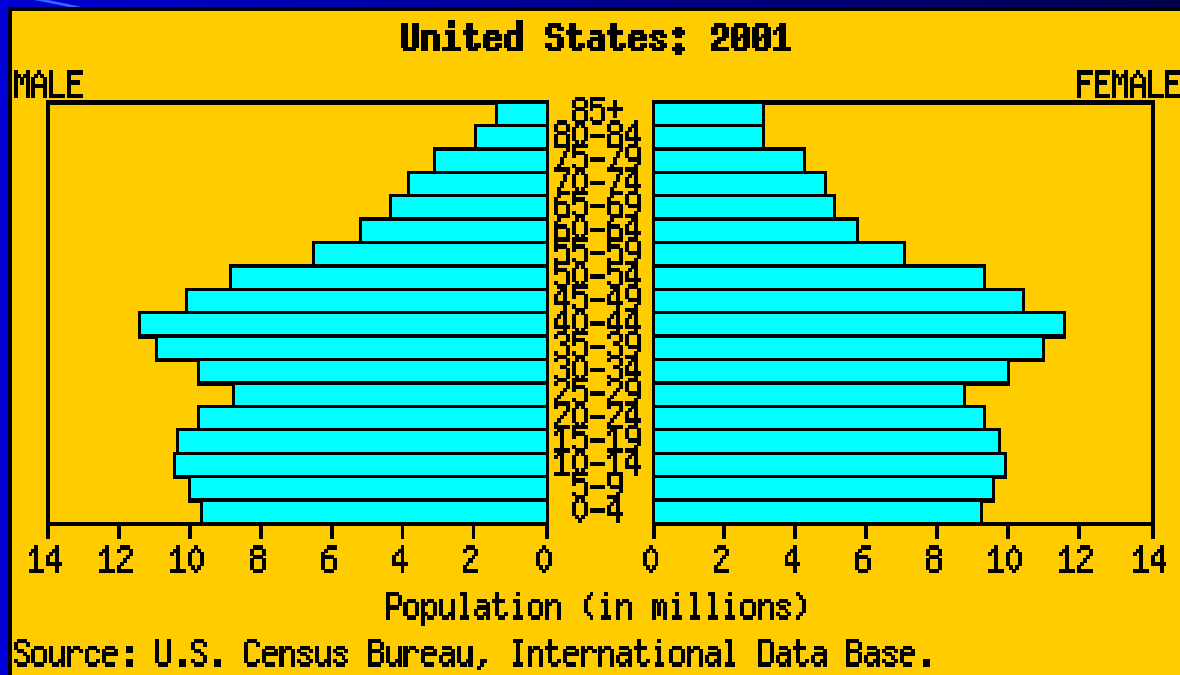


# Aging Resources & Services

Presentation:

Lawrence T. Force, Ph.D.





Number of Births, by Year, 1910 to 1984, and Relationship to 1984 Age Groups.

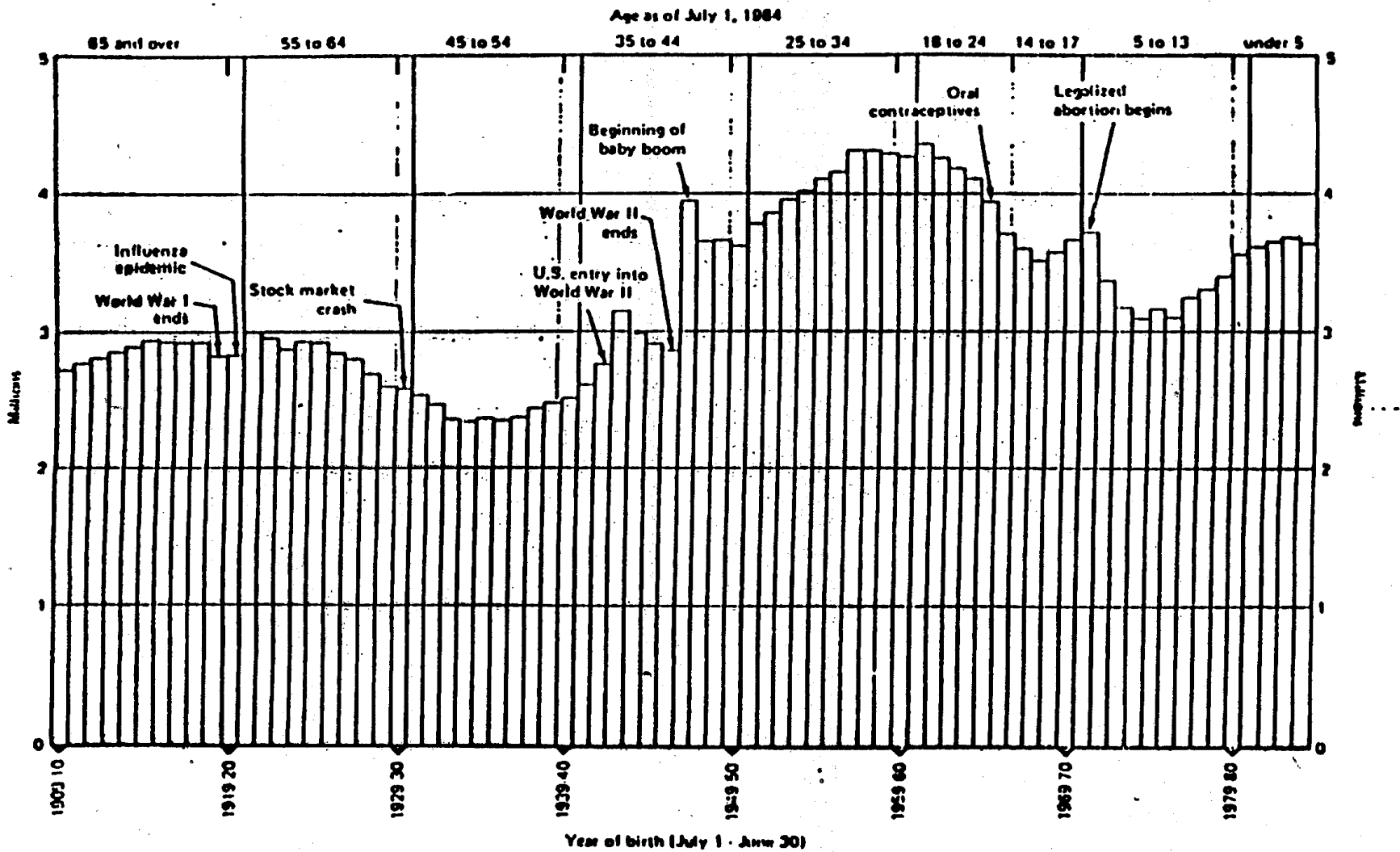


Figure 2

Schick-86

# Human Lifespan Developmental Periods

Death

Conception

Old Age  
(75 years to  
Death)

Prenatal  
(Conception-Birth)

Adulthood  
(18-75 years)

Birth

Adolescence  
(12-18 years)

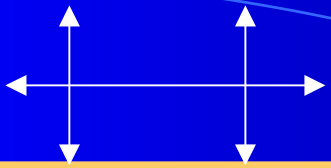
Infancy  
(0-2 years)

Puberty

Childhood  
(2-12 years)

1987 Holt, Rinehart,  
and Winston, Inc.

# Re-Definition of Aging



Oldest - Old	91+	Self – Children - Peers
Old - Old	76-90	Spouse – Children - Self
Young – Old	61-75	Spouse-Children-Peers-Work
Mid-life Phase 3	51-60	Spouse-Children-Parents-Peers-Work
Mid-life Phase 2	41-50	Spouse-Children-Parents-Peers-Work
Mid-life Phase 1	31-40	Spouse-Children-Parents-Peers-Work
Young Adulthood	19-30	Parent-Person- Peers-Work
Adolescent	11-18	Parent – Person - Peers
Childhood	3-10	Parent – Child - Peers
Infancy	0-2	Parents - Child
Prenatal Period		

# Aging Levels of Service

**FEDERAL**

**STATE**

**COUNTY**

**Aging Services**

**Local Access**

**Is**

**County Office for**

**Aging**

**ALZHEIMER'S DISEASE**

**ASSISTANCE CENTERS**

**(ADAC'S)**

# **Adult Day Health Services**

- **Medical Model Type I**
- **Social Model Type II**

# Problem Statement:

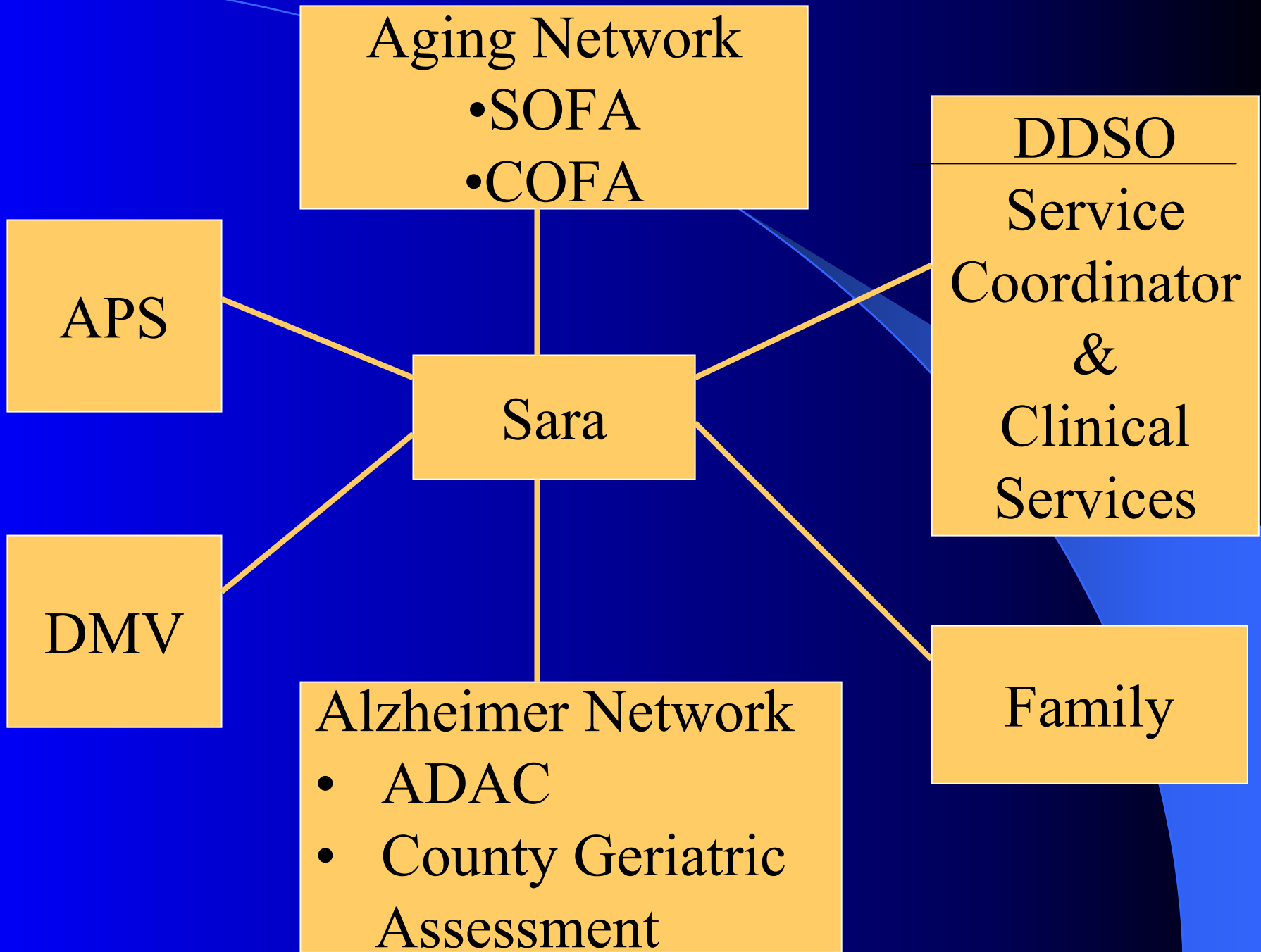
- **People are living longer. In fact, in 1900, the average life expectancy for males was 44 years of age, for females 47 years of age. In 1990, the average life expectancy for males was 77 years of age, for females 79 years of age. Everyday in the United States, 5,000 people turn age 65, with the fastest growing part of the population being age 85 and above.**
- **The impact of the increase in longevity can be felt in systems and programs across our nation. With respect to the DDSO, it is becoming increasingly apparent that our aging consumers, their parents, and family care providers, are requiring specialized focus and attention.**

**•Eleanor, an 83 year old widow, is providing care to her son Doug. Doug, a 45 year old moderately retarded male, is an only child. Doug has lived at home for his entire life and attends a day program. The Case Manager is informed at 11am that Eleanor, while preparing breakfast, fell and broke her hip. The medical team indicated that she will be hospitalized for ten days and will require three months of rehabilitation therapy. Doug will be home at 3:30pm.**

- **Betty is a 79 year old Family Care provider. For the last fifteen years, she has been providing family care for three female consumers from the local DDSO. Betty has been diagnosed with Alzheimer's disease. Her daughter has contacted the DDSO to inform them that Betty will be moving in with her. The daughter is requesting that the DDSO make arrangements for transitional housing for the three female consumers.**

- **Sal and Mary, for the last twenty-five years, have been Family Care providers for Bill. Bill is a 60 year old male with Down Syndrome. It is obvious that Bill has become more aggressive, stubborn and confused over the last three months. The providers have asked the DDSO to assist with an evaluation and to review possible residential options- including nursing home placement.**

- **Kate is a 57 year old woman with a diagnosis of Down Syndrome. Recently the staff have noticed a change in her disposition. Kate has started to show signs of disorientation. The staff have recommended that a specific Alzheimer's evaluation be completed. In addition, they are suggesting that Social Adult Day care be explored as an option. The treatment team is presently beginning to explore the diagnostic and day program options.**



# Overview of End of Life Care Issues

- **Legal**
- **Medical**
- **Psychosocial**
- **Religious**
- **Ethics**
- **Organizational**
- **Policy**

# End-of-life care issues facing providers caring for older adults with ID

- **Terminal Illness**
- **Grief**
- **Mourning and Bereavement**
- **Death and dying concerns**
- **Survivorship**

The background is a dark blue gradient. A thin, light blue curved line starts from the left edge and curves downwards towards the center. A larger, semi-transparent blue shape, resembling a spotlight or a lens flare, is positioned behind the text, originating from the bottom left and pointing towards the center.

# SOME PERSONAL STORIES:

# CASE STUDY 1

**John is a 45 year old male. He is married, and the father of three daughters. For the last 5 years, since the death of his Mother, John has played a major role in the life of his brother, Andrew. Andrew is a 39 year old male. Andrew functions in the moderate range of mental retardation. John has just left a telephone message at Andrew's group home, indicating that their father has passed away. John gave specific instructions that he does not want Andrew to be informed of the father's death.**

# Case Study 2

**Edna is a 68 year old woman with Down Syndrome. Edna functions in the Severe range of mental retardation. The staff at Edna's group home has been providing care to her for the last ten years.**

**Unfortunately, Edna's condition has deteriorated over the last two months.**

**The medical prognosis is that Edna has four weeks to live. Edna's family, her housemates, and the staff are extremely upset.**

# Case Study 3

**Jim is a 34 year old staff member. He has worked in the same residential home for the last 9 years. Over the weekend, Jim was involved in an accident and died. He was married and the father of two daughters. The consumers and staff in the house will need to be informed of Jim's death.**

# Impact of End of Life Care on :

- **People with developmental disabilities and their families**
- **Other Caregivers (Formal Network)**
- **Other Caregivers (Informal Network)**

# Aging with Dignity

The background is a dark blue gradient. A thin, light blue curved line starts from the top left and curves downwards towards the center. A larger, light blue triangular shape is positioned in the lower right quadrant, pointing towards the center.

# Aging with Dignity (AWD)

## Promoting Dignity and Success in:

- Planning for the future
- Health promotion
- Self directed opportunity
- Community based access across the lifespan

# Aging with Dignity (AWD)

**Promoting access to services  
across the lifespan with an  
emphasis on reducing  
duplicating of programs while  
promoting service integration.**

# Aging with Dignity (AWD) Themes:

- Access to residential, health related and supportive programs
- Inclusion opportunities
- Community based age related programs
- Retirement planning and options
- Aging services and programs
- Person centered planning
- End of life concerns
- Life span opportunities

- **District-Wide Aging  
Resource Contact Person**
- **District-Wide Aging/ DD  
Coalitions**

The background is a solid blue color. A white curved line starts from the top left and curves downwards towards the center. A white circular shape is partially visible on the right side, overlapping the blue background.

# **Commissioner's Task Force on Aging**

# AgeLink

- Forum providing exchange of information with representatives from: policy, program operations, work force development, rate setting, counsel's office, housing, OFA, family support, family care and quality assurance.

# Recommended Action

- **Multi-Level Planning**
- **Cross-Training**
- **Continuation of Network Development**
- **Promote Integration on all Levels**
- **Develop Working Models**
- **Arrive at Policy Decisions**

# Recommended Action

- Collaborate across agencies
- Funding the individual vs. funding the program
- Explore new models for nursing home alternatives
- Streamline funding sources

# Recommended Action

- Gather information on “Working Models”
- Further development of “exchange forums”
- Development of demonstration projects

# New Directions

- Build upon our progress
- Listen to the “grounded experience”
- Explore, create and implement