

Older Adults and Acquired Disabilities

4th Thursday ADA Talks 2023 – Session 8

Hosted by: University of Kentucky (UK) Human Development Institute (HDI), Southeast ADA Center, and Burton Blatt Institute (BBI) - Syracuse University

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1. Older Adults and Acquired Disabilities

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IMAGE: In the background, two people holding hands.

2. Cares

Facilitating systems change with and for adults of all ages.

3. Meet Charlie

IMAGE: Veteran wearing glasses, an Honor Flight Kentucky t-shirt and black ballcap is reading a thank you card.

4. Learning Objectives

1. Understand the concept of acquired disabilities in older adults and recognize their significance in aging populations.
2. Identify various acquired disabilities, as well as common causes prevalent in older adults.
3. Differentiate between normal aging processes and disability-related limitations in older adults.
4. Recognize the emotional and psychological impacts of acquired disabilities on older adults and the coping mechanisms and resilience they exhibit.
5. Understand the effects of social isolation on older adults with disabilities and explore strategies to mitigate its impact.
6. Embrace the principles of person-centered care, comprehend the unique needs and preferences of older adults with acquired disabilities, and promote independence and self-determination.
7. Understand the vital role of family caregivers and support networks in caring for older adults with disabilities.

5. Defining Older Adulthood

- Chronological Age
- Biological Age
- Psychological Age (stage theories)
- Functional Age
- Cohort Model

6. Acquired Disabilities

Impairments that develop later in life due to various factors, such as injuries, chronic illnesses, or degenerative conditions.

7. Differentiating “Normal” Aging and Disability-Related Limitations

“Normal” Aging

- Skin Changes
- Presbyopia
- Slower Metabolism
- Mild Memory Changes
- Reduced Bone Density

Disability Related Limitations

- Mobility Impairments
- Severe Hearing Loss
- Cognitive Impairment
- Communication Difficulty
- Visual Impairment

8. Causes of Acquired Disabilities

- Chronic Health Conditions
- Neurological Disorders
- Injuries Accidents and Falls
- Cancer
- Cardiovascular Events
- Respiratory Diseases
- Visual and Hearing Impairments
- Musculoskeletal Disorders
- Cognitive Decline
- Infections and Complications
- Medication Effects
- Vascular Issues
- Autoimmune Disorders
- Genetic and Hereditary Factors
- Neurodegenerative Conditions (Alzheimer’s disease and related dementias)

9. Types and Classifications of Acquired Disabilities

- Physical Disabilities
- Sensory Disabilities
- Cognitive Disabilities
- Emotional Abilities
- Communication Disabilities

10. Hospital Acquired Disability

- HADs are associated with worse clinical outcomes.
- HADs are predictor of mortality after hospitalization in the older population.

11. Prevalence

- 15% of the population worldwide or some 1 billion individuals live with one or more disabling conditions.
- More than 46 per cent of older persons – those aged 60 years and over—have disabilities.
- More than 250 million older people experience moderate to severe disability.
- The number of older persons has increased substantially in recent years in most countries.
- Between 2015 and 2030, the number of people in the world aged 60 years or over is projected to grow by 56 percent, from 901 million to 1.4 billion.
- By 2050, the global population of older persons is projected to reach nearly 2.1 billion.

12. Older Adults in Rural America

- **Rural Living and Older Americans**
25% of Americans aged 65+ live in rural areas.
- **Disability Rates in Rural Communities**
Disability rate in rural areas: 14.8% (higher than in cities).
- **Transportation Challenges in Rural Areas**
People with disabilities in rural areas face transportation issues.
- **Healthcare Accessibility in Rural Areas**
Healthcare services may not be accessible for certain disabilities.

13. Why Acquired Disability Matters

- Disability Rates will rise because the older population is growing.
- Implication for housing and other services.

14. Older Adult Migration

IMAGE: Bar Graph of U.S. States with the Highest and Lowest Net Migration Rates for the Population 65 Years and Over, 2015-2019. Source: U.S. Census Bureau 2015-2019 American Community Survey 5-year estimates.

15. Emotional & Psychological Impacts of Acquired Disabilities

- Feelings
- How others perceive your health
- Outcomes

IMAGE: An arrow with these three impacts pointing from left to right.

16. Emotional and Psychological Impacts

- Loss of Identity
- Depression and Anxiety

17. Perception of Others

- Influence of Thoughts and Feelings:
- Positive Personality vs. Present Health
- Impact of Tough Health Times
- Family/Social Influence

18. Social Perception of Disability in Older Adults

- Devaluing of Older Adulthood in Western society.
- Social Assumptions about the ability to be productive.
- “Multiple Jeopardy”
- Discrimination in services and care.

19. Effects of Social Isolation

1. Loneliness and Depression
2. Cognitive Decline
3. Physical Health Issues
4. Emotional Distress
5. Decreased Quality of Life
6. Increased Mortality Risk
7. Loss of Independence
8. Limited Access to Resources
9. Exacerbation of Existing Disabilities
10. Reduced Emotional Resilience

IMAGE: Plant growing in a concrete crack.

20. Disparity

“a noticeable and usually significant difference or dissimilarity. Often used to describe a social or economic condition that's considered unfairly unequal.” (Webster)

21. Intersection of Identities

IMAGE: A cross-section of train tracks.

22. World Where Older People Feel

"A fairer, healthier, and more sustainable world is a world where older people feel accepted and feel actively part of their society. A world where they no longer feel "redundant"—they feel they have a role to play. A world where older people feel less lonely and isolated. A world where they can be happy, feel safe and know that they have friends."

Deborah Costello, Friends of the Elderly Ireland

IMAGE: Two hands holding a globe.

23. Making a Change

- Personal
- Individual
- Agency
- Policy

24. Personal Level

- Anti Ageism
- Do not deny your personal advantage
- Educate yourself about disparities that affect the populations you work with.
- Adopt Person Centered Practice

Individualized Approach

Dignity and Respect

25. Individual / Client Level

Screen

- Screen for disparities.

Empower

- Empower clients to take an active role in their healthcare.
 - Lifestyle modifications.
 - Health screenings and check-ups.
 - Incorporating safety measures in daily activities.

Make

- Make referrals to community resources.

Address

- Address social determinates of health.

26. Agency Level

- Culturally competent services, cultural humility.
- Know and partner with agencies that serve older adults.
- Outreach services.
- Advocate for agency involvement to create programs that address social determinants of health like increased transportation, affordable housing.

27. Promoting Independence and Self-Determination

- Person-centered care.
- Empower adults to make choices and decisions about their own care.
- Fostering control and agency.

28. Mitigating the Impact of Social Isolation

- Virtual Social Engagement
- Community Programs and Senior Centers
- Support Groups and Counseling Services
- Inter-generational Activities
- Home Visits and Outreach Services
- Telephone Reassurance Programs
- Pet Therapy and Animal Companionship
- Transportation Services
- Technology Training and Access
- Home-Based Activities
- Intergenerational Housing or Co-living Arrangements
- Community Outreach and Neighborhood Involvement

29. Policy Level

- Help create narratives that tell the stories of how you see people needing increased services.
- Support research projects.
- Build coalitions with others in your field and those that need to be at the table, include people with lived experience.
- Advocate for policy change.

30. Policy Considerations

- Societal ideologies & values
- Social constructions re: worthiness/merit, “normalcy,” causes of social problems.
- Participation (or lack) in the political process.
- Policy agendas & designs.
- Outcomes that reinforce the original premises.

IMAGE: A circular arrow of these five policy considerations.

31. Older Adults Bring Their Strengths

1. Experience and Wisdom
2. Problem-Solving Skills
3. Positive Mindset
4. Social Support Networks
5. Resilience from Past Experiences
6. Adaptability
7. Sense of Purpose
8. Coping Strategies

IMAGE: Group of multi-colored wooden stick figures.

32. Takeaways

- Acquired Disabilities can significantly impact the lives of older adults
- Person-centered care and support networks play a crucial role in their well-being.
- Early identification and intervention are essential for effective management.
- You can be a part of making change.

33. Foster Healthy Aging

"To foster healthy ageing, we need to work together. Older people must be central to and fully engaged in this collaboration. In practice, that means keeping alert for ageism and supporting older people by engaging them in the community, providing responsive health care and quality long-term care for those who need it. We hope that this will be taken up by the entire UN system. [...] Thank you all for your commitment to ensuring older people receive the opportunities, the respect and the care they deserve."

Dr Tedros Adhanom Ghebreyesus, Director-General, WHO

34. Contact

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Image: Southeast ADA Center, Burton Blatt Institute - Syracuse University

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