

Active Aging I/DD

Offering Information, Strategies and Networking Resources
To Support Older Adults with I/Developmental Disabilities

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The Emerging Older Adult Population 2015

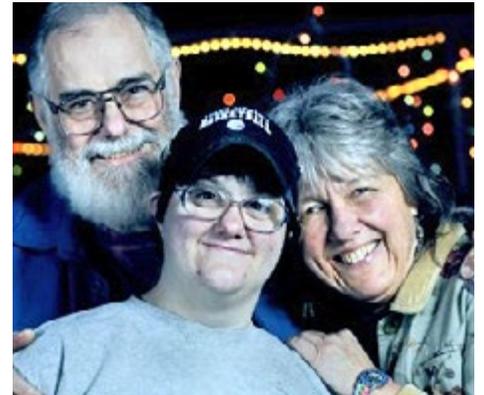
One of the major areas of growth in the I/DD community is the continued emergence of the Older Adult population. In 2015, it is estimated that there are 920,930 older adults with intellectual and other developmental disabilities. It is projected that there will be an estimated growth of 1.2 million by 2030. (UIC, RRTC Heller T., Factor, A) This substantial growth will have a major impact on families and organizations providing service now and in years to come. Issues related to this growth include Caregiver Support, Health, Housing, Productive and Meaningful Activities and Aging in Place Strategies.

Organizations serving the older adult with I/DD and families are preparing themselves for this continued growth within their structure of resources available to meet the above challenges.

Active Aging I/DD's Mission

It is the mission of Active Aging I/DD to assist families and organizations with their readiness to gain information, develop effective strategies and establish networking resources to better support and serve the Older Adult w/ I/DD emerging population.

Active Aging I/DD will accomplish this mission in three specific ways. The first is to highlight a **Best Practice** in each issue that has a specific and unique offering to assist our readers. Secondly is to provide **Current Information** about news and events related to the older adult. Thirdly, to offer proven **Strategies, Tactics and Activities** in supporting and serving the older adult population and their families.



Best Practice

As a parent, do you ever worry and think: "What will happen to my child when I can't be there for them!" Dr. Donna Lane, director at TASC in California, believes by completing a **Successful Aging Plan** there will be no more worries. **A Successful Aging Plan** is a document that describes the consumer's and their family's desires and needs for the future. It includes residential, social, financial, health, end-of-life desires and emergency disaster planning. TASC's newest program, made possible by a grant from the John Gogian Family Foundation, is a unique program focusing on the specific needs of consumers and their families as they face the challenges of aging. Dr. Lane conducts bi-monthly trainings

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A Model for Nurse Intervention

Health education was the most common service provided in home visits by nurse practitioners to aging developmentally disabled adults — followed by nutrition and weight management counseling — in a study conducted by Keene State's Director of Nursing, Joan Earle Hahn. The idea of the study was to give nurse practitioners a tool for helping adults with developmental disabilities stay healthy and manage their own health needs to avoid being placed in long-term care facilities. The results have implications for nurse practitioner training and the development of nursing curricula as well.

The study utilized a statistical analysis called “market basket”. It identifies which services were most often paired together when nurses provided intervention. Typical interventions could include coaching on oral hygiene, routine health screenings, management of incontinence, or referral to a specialist.

So which nursing interventions were often found together? “What was interesting,” says Dr. Hahn, “was that the interventions that clustered together were really aimed at health promotion and health behaviors. For example, if a person had nutrition management help, they usually had weight management help. If they had weight management, they typically had behavior management.”

The market basket analysis highlights nutrition, weight, and behavior management, along with health screenings, as key interventions. Health Education was shown to be the most central nursing intervention in this in-home preventive intervention program for individuals with developmental disabilities. “Knowing this validates the need for nurse practitioners to have the skills to teach persons with varying learning needs,” Dr. Hahn writes.

Editor's Note: The importance of nurse intervention in the care and service to the older adult I/DD is an invaluable resource. It is well worth the time and effort to find the necessary funding, collaborations and/or volunteers to assure for their availability.

Keene State College

[\(http://www.keene.edu/news/stories/detail/1415283481274/\)](http://www.keene.edu/news/stories/detail/1415283481274/)

Active Aging I/DD
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Best Practice



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working with families addressing the overall services needed.

Consumers and their families develop Successful Aging Plans where it is clearly stated the consumers' desires for where he/she wants to live, their healthcare needs and desires, their planned financial arrangements, their plans for socialization opportunities and their end of life wishes. Dr. Lane hopes to expand this effort in collaboration with Regional Centers throughout the L.A. area.

NEW Strategies and Tactics

Designate a staff person(s) or family member to be trained in the role of “Specialist—Aging I/DD”. Collaborate with the local Area Agency on Aging and/or college to provide workshops in key areas related to:

Characteristics of the Older Adult, Advocacy, Community Collaboration and Service Linkages, Risk Identification, Supporting Independence, Health and Well Being, Quality, and Ethics, Law and Regulations.

Groundbreaking Home for Persons with I/DD

NUMBER OF PEOPLE WITH BOTH
DOWN SYNDROME, ALZHEIMER'S RISES

A new housing development on the 11-acre campus of **Noah Homes**, a nonprofit residential community for people with developmental disabilities, is said to be the first in California designated specifically for those with both Down syndrome and Alzheimer's disease. Two specially outfitted homes, each with 10 beds, are expected to be completed in early 2016, part of a \$6.7 million project that includes \$1 million in upgrades to existing housing for disabled residents.



Kathy R., 54, who has Down syndrome and Alzheimer's disease, is a resident of Noah Homes in San Diego County, California

"This new memory care unit means that those who do have Alzheimer's don't have to leave their home at Noah. ... They'll be able to stay there as they live out their years," she said. Since 1983, the life expectancy for people with Down syndrome has risen dramatically from 25 to 60 years old, due in great part to medical advances, such as corrective heart surgery.



Russell S., 64, has been at Noah Homes for 30 years.

"Many of (the older residents') parents are in their 80s or deceased," said Molly Nocon, Noah Homes CEO. "Here, their families don't have to worry about them." Nocon said that residents live at Noah on average 20 years, with four of the six original residents from when it opened 31 years ago still there. "They will start with us and they will end with us," she said. Safety, security and high-tech care will be integral to the design of the new homes.

(Story credits: U-T San Diego by Michele Parente Jan. 22, 2015)

By the Numbers

1 in 691

Babies born in the U.S. with Down syndrome, 6000 per year.

400,000

Americans with Down syndrome

50

Age by which more than half of people with Down Syndrome show signs of dementia

80 percent

Of 60 year old people with Down syndrome who have Alzheimer's disease

9 years

Life expectancy for people with Down syndrome in the U.S. in 1929

25 years

Life expectancy for people with Down syndrome in the U.S. in 1983

60-plus years

Life expectancy for people with Down syndrome in the U.S. Today.

Sources: UC San Diego Down Syndrome Center for Research and Treatment; National Down Syndrome Society

Organizational Readiness Checklist — Older Adult I/DD

1. Assessing the Environment

- Conduct a demographic analysis (current and 5 year projections) of your population served with regard to ages, gender and other characteristics related to older adults such as health concerns, type of residence and culture.
- Assess the awareness and knowledge of the leadership, governance and personnel pertaining to the characteristics and needs of the Older Adult I/DD and their caregivers.
- Review current resources, their allocation and use e.g. health education, nursing, music and art therapy.
- Identify local community resources specific to Aging Services and Networks such as Senior Centers, Area Agency on Aging, Caregiver Support Groups, Alzheimer Association, Adult Day Care, Senior Companions, Dementia Care Units.
- Establish strategic alliances, networking opportunities and partnerships where appropriate with those organizations listed above.
- Identify national, state, regional and university resources to provide information, research, training and assistance to your efforts.

2. Obtain Input and Set Strategy

- Request and obtain input from the Older Adults I/DD, caregivers and other stakeholders to help determine their expectations and preferences as it relates to services and supports.
- Use the input in program planning, performance improvement, organizational advocacy and resource planning.
- Include in the organization's written strategic plan with specific goals and priorities related to the Older Adult's I/DD needs, expectations and preferences.
- Share the strategic plan to the needs of the Older Adults I/DD with persons served, personnel and other stakeholders.

3. Staff Development and Training

- Identify and train staff on key topic areas related to Aging and I/DD e.g. dementia care, characteristics of older adults, activities planning, service coordination, community collaborations.
- Establish an Aging/IDD Specialist role for staff whenever possible. This role emphasizes knowledge and skill competency in the area of Aging and I/DD Services and Supports.

4. Review Results — Outcomes

- Identify key outcomes to program services e.g. overall satisfaction of the person served, number of community outings per week, increase in health and wellness to the person served.

Turn to the
Active Aging e-Newsletter

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—on—

Servicing and Supporting
the Older Adult I/DD

To sign up email
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