Perspectives On Rehabilitation Of Older People

By: Jane E. Myers, Ph.D., Margaret Giannini, M.D., Donald Wedewer, and Roberta Housman

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Article:

The extension of rehabilitation services to older people is an idea whose time has come. In 1900, only 4 percent of our population was aged, or over 60 years old. Today they rep-resent 11 percent. In sheer numbers, the increase has been from 3 million to over 24 million people. It has been estimated that 86 percent of all older individuals have one or more chronic, physical impairments, which are severe enough to limit living activities. Moreover, fully one-third of all people having functional impairments are elderly.

Rehabilitation services were developed in response to the needs of disabled people. Since vocational goals have traditionally been of primary importance, older persons, who are not part of the primary labor market, have been fairly systematically excluded, Although the exclusion was not always overt, it was always grounded in vocational feasibility and economic productivity.

The 1978 Rehabilitation Act amendments (PL 95-602) opened the door for change. Title VII of that legislation provides for comprehensive services for independent living with-out regard to vocational potential, When we remove this criterion, chronological age becomes an irrelevant variable for determining eligibility.

This article examines the impact of the older person's entry into the rehabilitation services delivery system. It includes attention to several perspectives, First is that of the National Institute for Handicapped Research, which has a mandate to sponsor re- search efforts to assist in improving service delivery to disabled persons. Second is that of the blind services agencies, which (historically) have worked with older people. Third is the description of one agency's model program to meet the needs of older handicapped people. And fourth is highlighted a continuing education program to help meet the counseling needs of older people.

National Institute For Handicapped Research

The situation of the nation's elderly is a matter of increasing importance that calls for attention and definitive action, not just because it is a fact of life, but because we must care for our aging population. The National Institute for Handicapped Research (NIHR), in its planning for the future, looked at the current estimates of the situation we face. The number of older people in the US today, noted above, includes 60 percent between 60 and 75 and 40 percent over 75 years of age. The "old-old" population is growing, and tends to be the group with multiple, severe disabling conditions. By the year 2030 it is estimated that the population over age 65 will double to 55 million or over 20 percent of our total population. Clearly, the elderly in the United States is the fastest growing subpopulation, with a rate of growth moving in a recognizable, geometric pattern that is ever upward.

In terms of disability, this adds a significant factor to health care planning and provision of services, In 1977, 28 percent of the costs of health care nationwide concerned the elderly, yet the median income for those heads of households over 65 was one-half of the national average. Thirty percent of the nation's elderly live in poverty. Most of those who now live alone will require institutionalization eventually, because their families cannot care for them.

NIHR has outlined some definite plans for the future to help meet the older person's needs. While tradition-ally their antecedent research pro-grams concerned only the working age population, the legislation which created the Institute (P.L. 95-602) extended the scope of concern to people of all ages and all handicaps.

This new focus has given NIHR the opportunity and challenge of affecting an ever-increasing body of handicapped and disabled Americans. Some logical starting premises for their programs included the facts that:

- The United States and other industrialized countries have and will continue to experience a rapid in-crease in the number of persons aged 60 and over, due to longevity resulting from advancements in medical technology and for other reasons.

- The majority of people in the over 60 group hover near the 70-74 and 751- age group.

- The older age group is predominately female.

- With the prevailing trend toward lower birth rates, there will be fewer family members available to care for the elderly population.

- Within the next 10 years, the elderly population will probably average a 12th grade education, which is helpful in the rehabilitation field.

The institute has planned to look closely at and prepare programs concerning those impairments which occur most often in the elderly population: arthritis, vision and hearing loss, cardiovascular illness, cancer, and orthopedic impairments. To underline the seriousness of their commitment, the NIHR issued a request for proposals for applications for a new research and training (R&T) center in aging, They received thirteen applications from centers with plans for comprehensive programs in the manner of the R & T center concept. In essence, the R & T centers are comprehensive, collaborative units at leading universities which handle, in interdisciplinary fashion, the pursuit of new knowledge in research, the dissemination of the results of re-search, the education and training of rehabilitation professionals through programs, the development of training materials, and the improvement of service delivery and professional expertise.

Ultimately, two centers on aging were funded, one at the Pennsylvania State University and one at the Ranchos Los Amigos Hospital in Southern California, in conjunction with the University of Southern California and the Andrus Gerontology Center. While the intent of these new centers is to address the handicapped elderly, as part of NIHR's re-search and demonstration program, the R & T center concept, as practiced in the 22 existing centers, seemed the appropriate focus for their first venture into this area.

NIHR plans additional programs to focus on issues related to aging, either through discrete grants to support projects, through the international program or through rehabilitation engineering centers. Basic research grants will address the vocational re-habilitation program, since little is known about vocational services for the elderly handicapped (one model program in this area is described later in this article).

NIHR's research priorities include a need to determine the numbers and characteristics of disabled elderly people who want to work; a method to assess the assets or needs of disabled elderly people; and, an identification of service needs and gaps in vocational areas for this group.

Elderly Blind

In contrast to vocational rehabilitation programs, blind services agencies have traditionally included older people among their clientele. Perhaps because 50 percent of all blind people are over the age of 60, these agencies have a basic philosophical concern for blind and severely visually handicapped people of all ages. They operate on the premise that visually impaired people can and should, regardless of age, function very

adequately in all of life's situations. They can be helped to do so with competent professional counseling and guidance, coupled with adequate training programs.

Further, these agencies believe that the highest caliber of services to the blind person is provided by highly specialized state agencies for the blind and private facilities which limit themselves to serving blind people. They consider that special, separated living facilities are not needed and that most can live independently in their homes. In these respects, older blind people are similar to blind people of all ages.

Older blind people also share a number of basic needs with the general older population, including the need for more adequate income, better transportation, adequate medical care, and suitable, affordable housing.

In addition to the needs shared by all old people, older blind and severely visually handicapped people have a number of special needs. Most blindness occurs with advancing age. For those losing sight in mid-life or later, there is a need to learn the skills of living as a visually handicapped per-son in the following areas: Independent travel (mobility and orientation training); personal care and grooming; homemaking; household arts; communications (braille typing, handwriting, telephone dial training); and training in the use of electronic recording equipment, such as talking books, cassette tape recordings for reading purposes, acquaintance with library for the blind services in their state so they can independently read books, magazines, and other reading material.

Also, elderly blind people can be helped in their social and psychological adjustment to the loss of sight by expert counseling; introduction to appropriate social services; therapeutic craft activities; participation in discussion groups; participation in social and recreational groups; making them aware of special appliances and training them in their use, such as braille alarm clocks, rulers, games, watches, and carpentry tools, and special brailles or adapted cooking utensils, *etc.;* familarizing them with radio-reading services; teaching them special benefits available to them as provided by federal, state, and local laws (to include things such as extra income deduction; real and personal property tax exemptions; white cane law: anti-discrimination statutes, etc.); acquaint them with special transportation and how to use it; if there is some residual vision, referring them to low vision clinics so they may avail themselves of low vision aids; and acquaint them with telephone assurance programs.

An all too common attitude on the part of family, community, and social groups is that of over-protectiveness of blind people, to such an exaggerated extent that normal social activities are almost completely dropped. The need is for orientation of family and community to the fact that blind people are not necessarily helpless, and there is a need to help the family and community understand how to deal comfortably and competently with visually handicapped people.

Services to the blind under the aegis of state agencies vary considerably from state to state. Twenty-seven states have identifiable agencies for the blind, either under a specialized state agency or as a section of an overall general rehabilitation agency.

Services for older blind people are expanding, due in part to the passage of the 1978 Rehabilitation Act amendments (PL 95-602). Title VII, Part C of this act is titled 'Independent Living Services for Older Blind Individuals." Since the NIHR was created as part of the same legislation, it is not surprising that they focus some of their research efforts on the population of visually impaired people.

As priority issues for that group, NIHR suggests the following:

- A need to determine the significance of relative age in treatment plans for elderly blind people (for ex-ample, will the 62 year old need far different programs than the octogenerian?)

- A study of the urban/rural or regional differences in service needs of elderly blind people.

- A need to determine the impacts of other disabling conditions, especially developmental disabilities, on this group.

Academy For Gerontological Education And Development

The Academy for Gerontological Education and Development (AGED) is one special agency serving a substantial population of older disabled people and, also, conducting research on their needs. It is located in the Bronx, which has a large, elderly population, a significant number of whom are disabled, Few receive services from vocational rehabilitation, though more do appear on the active rolls of the blind services agency.

The academy staff has found that many who become disabled with age tend not to regard themselves as having a disability, Rather, "they are suffering from the aging process." The literature suggests that older people accept the sterotypes about aging, particularly those concerning limited physical ability, learning capacities, and psychological flexibility. Through acceptance, they view their disabilities as permanent barriers to employment, thus, they withdraw from the labor market and many of life's major activities as well.

'It is also evident that older people with disabilities, who wish to increase their ability to function independently, do not have ready access to programs which are restorative in nature, either due to attitudinal barriers or a lack of information and knowledge on the part of the service deliverers and the client. It is interesting to note that service programs in the field of aging that are specifically designed for handicapped or health impaired elderly people usually follow a dependency model. The entire issue of independent living for them has been approached in a manner quite different from that of rehabilitation for the younger person. Most programs concentrate on delivering services, such as meals-on-wheels and homemaker, and home health aids. Little attention has been given to improving independent living. For example, a limited effort has been made to assess the potential of older persons to prepare their own meals if environmental barriers are removed. Older people seldom have access to information about aids and assistive devices which will help them to function more efficiently. If their physician is unaware of these needs, they have no place to turn. The person with a chronic disability is frequently out of the rehabilitation mainstream and few agencies exist that can offer rehabilitation services.

The professionals working in the field of rehabilitation lack training and expertise in working with older people and tend to share, with the general public, the stereotypes and negative attitudes towards them.

The AGED was founded to meet the need for a coordinated, efficient approach to helping urban, elderly people. It is a large facility, located in a former high school building, which has been architecturally modified to be barrier free. In addition to model programs and services for older people, it has a large continuing education component to improve the attitudes and skills of professionals who work with older, handicapped people. These include workshops on topics, such as the impact of disabilities on older the person, integrating the blind person into activity pro-grams, and techniques for geriatric occupational therapy.

AGED sponsored its first National Conference on Long Term Care in 1978.

Other aged programs include the Residential Repair and Security for the Elderly Program (RRSE), a Senior Center and Nutrition Program, and Information and Referral and Advocacy (IR&A), and Health Maintenance and Awareness programs. The RRSE provides home repairs and a system of "buddy buzzers" to link older people's apartments. The senior center includes recreation, leisure, and education programs, and a hot noon meal is provided at the center through the nutrition program. The IR&A program helps link older people with needed services, and focuses on those who have mobility limitations. Free medical screenings and referrals to physicians are provided through the health maintenance pro-gram and a variety of health awareness services are also provided. An-other, recently funded project of the academy is one which seeks to assess the needs of chronically and terminally ill older people and their families. Its goal is to maintain independence in the community.

Of particular interest here is AGED's program to help meet the employment needs of disabled older people. This is a Project with Indus-try Program. Referrals come from the state vocational rehabilitation agencies and agencies serving the blind and visually handicapped. It expands and improves the delivery of placement services for disabled Americans who are 50 years of age and older.

AGED is planning several additional programs to serve the needs of older people having disabilities, These include a self-help and therapeutic exercise program for people with Parkinson's disease, a research and training program to identify needs, a service program for stroke patients and their families, and a brokerage model for health impaired older people and their families. The latter will include functional home assessments, identification of service needs, referral for services, and follow-up-follow-along services. The overall goal is to assist families in caring for aged, disabled family members in the community.

The reader desiring more information about AGED is encouraged to write Dr. Roberta Housman, Director for Planning and Development, Academy for Gerontology Education and Development, 1500 Pelham Parkway South, Bronx, New York 10461.

National Project On Counseling Older People

The National Project on Counseling Older People is the result of a 2-year cooperative agreement between the U.S. Administration on Aging (AoA) and the American Personnel and Guidance Association (APGA). It's purposes are twofold, First, the project seeks to establish a nationwide network of locally based, self-perpetuating continuing education programs to teach basic interpersonal communications skills to service providers who with older people. Second, three training manuals are being produced to assist in the development and implementation of these pro-grams, These include a text for paraprofessionals and an accompanying trainer's manual and a guide-lines manual to help in the planning of training programs.

Although this project does not focus specifically on handicapped older people, there is a strong recognition of their special needs, Working with older people is viewed as qualitatively different from working with per-sons of other age groups. This is due, in part, to the inevitable reality of physical decline in late life, and to the increasing incidence of physical and mental impairment. It is also due to their unique life circumstances which make them more vulnerable to life stresses and potentially more in need of helping services.

According to Dr. Harold Riker at the University of Florida, the unique needs of older people arise primarily from three facets of their life circum-stances.

- First, the dramatic increase in the numbers of older people has created difficulties for social institutions. The medical professions have allowed substantial increases in the quantity of life, yet society and social agencies have not met the need for equal improvements in the quality of life.

- Second, older people lack basic information about the aging process and its effects and the kinds of assistance available to help them.

- Third, older people frequently face –social obsolescence,– a reversible condition when proper education is used to help them anticipate and re-act to changing conditions.

Based on these needs, the national project is seeking to have an impact at the level where most interactions between service providers and older people occur. The "hands-on" deliverers of services include people, such as van drivers and transportation aides, homemakers and home health care workers, senior center staff and volunteers, home delivered meals providers, and so on. When trained in basic communication and referral skills, these workers can recognize problems and provide referral to com-munity care agencies.

Moreover, a base of knowledge about older people is required for these workers to be most effective. This knowledge includes information about normal physical, mental, and social aging processes. It also includes

information about pathological conditions. Physical and mental diseases are not normal and inevitable concomitants of aging. Service providers trained to recognize these facts can provide timely referral for professional care, and help prevent minor problems from growing into major crises.

Thus. the training materials developed by the national project include modules on basic aspects of aging and illness and disability as well as sup-port systems and referral agencies. Neither knowledge of communication skills nor knowledge of aging issues alone is sufficient to enable a service provider to provide maximum assistance to older people in general, and disabled older people in particular.

Readers who wish to learn more about this project should write to Dr, Jane E. Myers, Director, National Project on Counseling Older People, American Personnel and Guidance Association, Two Skyline Place, Suite 400, 5203 Leesburg Pike, Falls Church, Virginia 22041.

Summary And Conclusions

Rehabilitation developed in response to the needs and concerns of people having disabilities. Historically, primary rehabilitation attention has focused on labor force participation, Hence. people "of working age" have been the foremost target population. Although it was recognized that many older people were also disabled, the elderly, as a group, were and are also seen as competitors for funds traditionally designated for people of working age. We have, in effect, denied the benefit of rehabilitation services to many people on the basis of an arbitrary chronological age. And we, rehabilitation professionals, have fallen into the societal trap of ageist attitudes and perception.

Yet, as we work with people having disabilities and as we ourselves grow older, many of us have come to question not only the necessity *of* the work role and the need for independent living services, but also the question of age limitations for rehabilitation services. If a person does, in fact, have a disability, what difference does age make? Declining years left to live, perhaps, but many chronic diseases also limit the life span of the person.

With the passage of PL 95-602, we now have the mechanism to deliver services. Some of the knowledge we lack may be uncovered through research programs under the auspices of the National Institute for Handicapped Research, particularly through two new Research and Training Centers focused on problems of aging. Other knowledge may come from those rehabilitative agencies with a history of serving older people, specifically the blind services agencies. Model research and service programs to meet the needs of older handicapped people are a step in the right directions. The Academy for Gerontological Education and Development providers is another way to improve service delivery, and the National Project on Counseling Older Persons is one program to accomplish this. In essence, we have a long way to go if rehabilitation services for older people are to "catch up– with rehabilitation services for disabled people of other age groups. But, we seem to be on the right track—and that's nice to know.