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Ameliorating the problems from functional disability in the aging

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ABSTRACT

This writer-up highlights individual factors, programmes and policies that contribute to achieving goals of healthy aging for adults experiencing functional impairment. It presents a range of elements that influence opportunities older adults have to meet, their individual aging objectives and how they can remain active members of their communities. Examples of interventions which include theoretical and assessment tools were highlighted and policy initiatives were introduced. Conclusion was arrived at and recommendations were advanced part of which is that certain types of rehabilitation services, including employment training, counselling and personal attendant assistance should be provide for older persons.

Keywords: Aging, Impairment, Functional, Interventions, Healthy, Disabilities.

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1. INTRODUCTION

For most old adults, being able to do the things they want to do at home and in the community is a significant component of healthy aging. This is true for older adults with and without functional impairment. Overall disability incidence rates among older adults are declining suggesting that the proportion of older adults experiencing functional impairment as an outcome of having a chronic disease or physical condition is decreasing (Menec, 2003). Together, these trends have yield an average and healthier life span for most people. However, substance abuse and misuse among the aging is seen as one of the fastest growing public health problem.The problem remain under diagnosed and underrated with the aging, a cohort with more liberal attitudes toward substance use than previous cohorts, the problem is likely to increase in the coming years. As with the younger population, the three types of substance abuse among older adults are alcohol abuse, medication abuse and misuse and illicit drug use.

2. HEALTHY LIVING AND FUNCTIONAL DISABILITY

"Healthy aging" is somewhat a trendy term that generally attempts to counter negative stereotypes portraying old age as a period when physical decline and illness are the most prevalent characteristics in an elder's life. Although, for some individuals, it may be true that their physical health greatly reduces their capacity to participate in home and community life, for the vast majority of people, withdrawal from prior activities is related more to lack of appropriate personal and environmental supports. Often, our own personal biases about disability influence our professional assessments of people with disabilities and intervention strategies we may employ to help them meet their healthy aging goals (Arias, 2004).

3. DISABILITY AS A CONTEXTUAL SITUATION

Definitions and theories of what disability is and how it occurs differ. The medical model of disability focuses mainly on the person who is experiencing disability, seeking to identify biological and physiological factors contributing to limitations in physical functions (Bickenbach, 1993). Social Models of disability move beyond a person-centered view to include social and physical environmental factors in the determination of disability (World Health Organization, 2001). Political models of disability examine assumptions and motivations of cultural, social and physical factors within the disability equation. All of these frameworks influence how persons with disability are categorized and counted, as well as what types of programme and services are designed to meet their needs. Over the past decades, social models of disability have gained wider acceptance in most countries around the world as necessary for understanding factors that contributeto disability.

The care premise of social models of disability is that disability is a situation not a characteristic. That is, individuals have a certain set of physical capacities and their environments have a specific set of demands or requirements. If an individual's capacities and the environment's demands are not at par, then it is likely that the person will experience some level of disability. For example, if an older woman needs to reach the second floor of a building that does not have an elevator, and she is unable to climb the stair, the woman will experience disability. If, however, there is an elevator that she can take to the second floor, then there is no disability. In this situation, the woman may have a physical impairment that limits her mobility, but that limitation does not create disability in and of itself. The fundamental issue is that can the person do what she needs to do? In some cases, the environment provides supports that help to limit disability. In other cases, disability technology such as wheel chairs, reaching devices and even levered door handles serve to eliminate potential disability situations. Additionally, individuals themselves can modify their physical capacities through physical or occupational therapy and health and wellness practices like maintaining a healthy diet, engaging in regular exercise and reducing or abstaining from smoking to help limit the amount of disability they experience.

Social workers can be of assistance to people with disabilities in both improving the environment and facilitating greater physical capacity by helping to identify individual needs and community resources, assess and evaluate individuals and environments and advocate for any changes required to address unmet needs

4. COMMUNITY PARTICIPATION AND FACTORS INFLUENCING HEALTHY AGING

1. Health and Wellness: Heath and Wellness is defined by persons with disabilities as including a range of factors such as health behaviours, social contribution and access to health care (Putmant, 2003). Levels of health and wellness among adults aging with and aging into disabilities are significantly lower than their nondisabled same-age counterparts when measured by prevalence of depression, self-related health status, engagement in physical activities and participation in community

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activities. Health and Wellness are sometimes believed to be unachievable goals for adult aging with and aging into disability. This is primarily the case when disability is viewed as a medical condition indicative of illness or loss of function. However, new models are being developed that point to the significance of diet, exercise and social engagement in maintaining health and wellness for persons experiencing functional limitations. Additionally, new research is producing encouraging evidence that engagement in health and wellness behaviours such as regular exercise, diet and nutrition programmes, reduction and abstaining from smoking and alcohol consumption and productive engagement such as volunteering may reduce the impact of variety chronic disease and health conditions (King, 2001).

2. Social Support: The use of social support both formal and informal is a common strategy to mediate the potential consequences of functional; impairment and disability. There are many definitions of social support. From a therapeutic perspective, social support for individuals with disability is often defined by determining whether they are cared for, loved and able to count on others should the need arise (McColl and Skinner, 2005). Social support can include practical support, informational support and emotional support. Practical support is generally considered tangible physical support. Assistance with transfer, between seating or laying positions, preparation of meals and driving to a doctor's appointment are examples of practical support. This support can be informed, that is, provided by a family member or loved one, or formal, that is, provided by a paid caregiver or personal care attendant. Information support is generally considered to be advice or guidance. Social workers often serve in this role, offering assistance across a range of activities, from case management to referrals. Peers,that is individuals with same or similar disability often provide this type of information also. Emotional support is generally the provision of a sense of belongingor esteem. Although, professionals such as social workers and occupational therapists may provide this type of support, it is generally the role of family members and peer groups to provide everyday opportunities to be a member of a group or to provide moral support during difficult times.
3. Social and Productive Engagement: There is growing body of evidence suggesting that active social engagement may provide significant health benefits for older adults with functional limitations. Broadly defined, social engagement includes interacting with friends and family, participation in community organizations and events, and engaging in leisure activities. Productive engagement can be thought of broadly as meaningful contribution to community life in a social and economical valued way (Hinterlong, Morrow-Howell and Sherraden, 2001). Positive outcomes related to greater social activity engagement include increased quality and length of life for older adults, and enhanced wellbeing among older adults serving as volunteers. However, older adults with functional impairments may encounter various personal, social and physical barriers that reduce their level of participation. For adults aging with and aging into disability.personal barriers to social engagement and productive contribution may include mental or physical health issues related to living with disability, such as chronic depression, pain, fatigue or ill health (Williamson and Shaffer, 2000). In addition, individuals may lack social support that encourages continuous engagement. Common social and physical barriers include lack of accessible environments and accommodations in social settings. Such issues as accessible parking, appropriate walking surfaces and the provision of sitting convenience may influence whether or not a person with functional limitation attempts to participate in an activity. Regarding productive engagement, flexible work schedules, ergonomic workspaces, easily accessed building and sensitive colleagues all have the potential to impact engagement.
4. Housing: "Aging in place" is a term describing aging adults living in familiar home environments. It is in the home that individuals perform some of their most important activities of daily living such as bathing, dressing, preparing meals, leisure activities such as hobbies and productive pursuit such as managing a household. The home is also the context of many activities related to valued roles such as preparing and sharing holiday meals and caring for children. As the setting of these important activities, home is frequently one of the most cherished environment in people's lives.. Home has been described as a reflection of individual values and has been associated with personal identity (Smith, 1994). Although, there is significant growth in senior communities, including independent apartment complex for older adults, continuing care communities, and assisted living facilities, most older adults say that they prefer to live out their later years in their own home.The goal of maintaining a home is often threatened by the high number of environmental barriers present in the homes of individuals who experience functional limitation. Mismatches between the home environment and the physical capacity of community-dwelling older adults is always very high. Common barriersin the home include items located out of reach, stair, controls that are difficult to manage and safety issues such as slippery floors.
5. Transportation: Older adults who are unable to drive often rely on family members, friends, public transportation and paratransit programmes to get to community destinations. Although there appear to be multiple transportation options,

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community surveys indicate that unmet need for transportation services is high (Couglin, 2001). Many older adults with functional limitation experience difficulty using public bus giving the duration of waiting, limitations in seating and distance to transportations stops. In particular, low-cost services available to transport adults with functional impairments to social engagements, community activities and during evening hours are extremely limited in most communities. Transportation is often the crucial difference between participating in community activities and becoming isolated and home-bound. Given the importance of engagement in activities on life satisfaction, health, and depression, transportation becomes a critical link to health and wellness. Despite extensive reviews regarding the problems of and potential solutions for unmet transportation needs, there seem to be a significant shortage of research to inform policy and programme development. Much available evidence suggest that the majority of older adults prefer driving themselves or using car to reach their destination. Transportation solutions range from helping older adults prioritize transportation needs to creating supplemental transportation services that fill the gaps between private and public transportation (Cvitkovich and Wister, 2011).

6. Discrimination, physical, Social and Cultural Barriers: Adults of all ages with disabilities are subject to prejudice and decimation. Experiences with prejudice and discrimination among persons aging with disability may be different from experiences among persons aging into disability, primarily, the duration bias may be longer and it may affect or have affected aspects of their lives differently. For example, limiting opportunities in employment, selection of housing and ability to engage in community activities. In some cases, it may be difficult to distinguish bias against disability from ageism as ageist beliefs tend to incorporate prejudice against physical and mental impairment commonly found among older adults (Williamson and Ferraro, 2009).
7. Broader Programme and Policy Issue: This is a web of social policies that broadly supports healthyaging and community participation for older adults with functional impairments. Although distinct in their origins and scope, taken together the form a foundation for developing, implementing and evaluating programmes and services for adults aging with aging into disability. Historically there have been different service networks and programme for adults based on age and life stage.Over the past few years, the lines separating aging and disability service networks are beginning to fade somewhat as programme innovations in medical areas emphasizing home and community based care have grown in significant (Freund, 2011).

5. THE ROLE OF THE SOCIAL WORKER

When working with older adults experiencing disability, one of the challenges professionals encounter is to understand the major range of factors that influence healthy aging and determine what type of interventions are needed for persons who are not reaching their own healthy aging goals. Social workers bring much knowledge and skill to this endeavor. However, the wide array of issues that factor into fostering healthy aging and community participation often requires partnering with professionals such as occupational therapists, psychologists, physicians, recreational counsellors, public administrators and policy makers to further interventions at the individual, community and policy levels (Seehman, 2008).

6. CONCLUSION

Much of research on interventions and strategies to improve quality of life have not been conducted across populations, either for older adults or for person with disabilities. As policies change and demographics shift, developing partnerships and building bridges across service agencies and organization will become increasingly important for understanding the needs of older adults aging with and aging into disability and the programmes that are available to help meet these demands.

RECOMMENDATIONS

To be able to meet the demands occasioned by the functional impairments of the older adults, the following would be appropriate.

1. Scholars and practitioners need to work together to identify both successful models of collaboration and areas where further research is required.
2. There is substantial role of social workers to play in fostering cross-population and cross-network connections.
3. Certain types of rehabilitation services, including employment training, counseling and personal attendant assistance should be provided for older persons experiencing disabilities.
4. Centres for independent living should be established to cater for the aging with functional disability

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REFERENCES

1. Menec, V. (2003). The Relationship Between Everyday Activities and Successful Aging. *Journal of Gerontology.*58 B (2), 74-82
2. Phelan, E., Anderson, L., Lacroix, A. and Larson, E. (2004).Older Adults Views of Successful Aging.*Journal of the American Geriatrics Society*. 53,213-216
3. Arias, E. (2004). United States Life Tables: In National Vital Statistics Report. Hyattsville, National Centre for Health Statistic.
4. Bickenbach, J. (1993). Physical Disability and Social Policy. Toronto, University of Toronto Press.
5. World Health Organization, (2001).International Classification of Functioning Disability and Health. Geneva, Switzerland: World Health Organization.
6. Putman, M. (2003), Health and Wellness: People with Disabilities Discuss Barriers and Facilitations. *Journal of Rehabilitation*. 69 (1), 37-45
7. King, A. (2001). Intervention to Promote Physical Activities by Older Adults.*Journal ofGerontology*. Series, A, 56A, 36-46.
8. McColl, M.A and Skinner, H. (2005). Assessing Inter and Intrapersonal Resources; Disability and Rehabilitation. 17(1), 24-34.
9. Hinterlong, I., Morrow-Howell, N. and Sherraden, M. (2001), Productive Aging: Princioles and Perspective. Baltimore, Johns Hopkins University Press.
10. William, G and Shaffer, D. (2000).The Activity Restriction Model of Depressed Effect.Dordrecht,Neherlandskluwer Academy.173-200.
11. Smith, S. (1994). The Essential Qualities of a Home.*Journal of Environment Psychology*. (1491), 31-46
12. Coughlin, J. (2001). Transportation and Older Persons.Washington, DC, AARP Public Policy Institute.
13. Cvitkovich, Y. and Wister, A. (2011). The Importance of Transportation to Sustain Well-Being Among Older Adults.Environment and Behaviour. 33(6), 808-829
14. Freund, k (2011). Independents Transportation Network: The Next Best Thing to Driving. *Generations*. 27(2), 70-71.
15. Seehman, K. (2008). Assistive Technology Polic; A roads to Independence for Individuals with Disabilities. *Journal of Social Issues*, 49(2), 115-122

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