

# Forum on Aging, Disability, and Independence

The National Academies of Sciences, Engineering, and Medicine have formed the Forum on Aging, Disability, and Independence to foster dialogue and address issues of interest and concern related to aging and disability. This includes aging and the related disabling conditions that can occur, as well as aging with an existing disability. The Forum seeks to promote bridging of the research, policy, and practice interests of the aging and disability communities to accelerate the transfer of research to practice and identify levers that will effect change for the benefit of all. Of particular concern is promoting healthy aging, independence, and community living for older adults and people with disabilities.

# PERSON-CENTERED/PARTICIPANT-DIRECTED MODEL

Underpinning all aspects of achieving health and community living goals is a holistic, well-coordinated, person-centered, and participant-directed planning and implementation process. As depicted in the model below, this process should be directed by the individual in need, or by someone who either the individual has chosen or has been appropriately designated to direct and coordinate the process. The main factors that need to be coordinated include home and community settings; services and support; workforce; and financing. All of these factors exist within an environment that includes several key elements: quality; technology; research and evaluation; and policy. The Forum is focused on improving the understanding of the relationships that exist among all of these factors and examining ways to improve policies and environments that will ultimately promote independence and quality of life for older adults and people who have disabling conditions.

#### COORDINATION

Many systems need to work together successfully to support healthy aging, independence, and community living for people with disabilities and older adults. While both medical and social services are key to keeping older adults and individuals with disabilities in the setting of their choice in the community, these two systems are not always well connected. Similarly, in many communities there is a divide between service systems for those who are under age 65 and those who are over age 65. A goal of the Forum is to improve system integration and access to personcentered supports and services that can improve quality of

life for both populations. For some individuals, this could be in the form of a designated care coordinator, whereas for others it may mean ensuring that they have information about all available resources because they choose to be their own care coordinator.

# **HOME AND COMMUNITY SETTINGS**

Being an active member of a community is a priority for many people. A primary goal of the Forum is to foster access to services and supports that allow people with disabilities and older adults to live safely in the setting of their choosing and have the supports they need in the workplace if they would like to continue working.

# **SERVICES AND SUPPORT**

Having access to services and supports can be critical to improving quality of life, maximizing independence, and preventing hospital re-admission. Services and supports can include assistance with dressing or cooking, social engagement,



Model for Promoting Healthy Aging, Independence, and Community Living for People with Disabilities and Older Adults or provision of medical care. It is important to ensure that potential beneficiaries are aware of available resources and take advantage of them as appropriate.

#### **WORKFORCE**

The nation faces a growing imbalance between the supply of and demand for its health care system as the number of older adults with complex health needs increasingly outpaces the number of workers with the knowledge and skills to adequately care for them. Similarly, health care professionals are often not well-informed about proper care for people with disabilities or the problems these individuals face as they age. Fundamental reforms are needed in the ways these populations receive care, including changes to workforce education and training so that the workforce can be utilized efficiently and effectively while also providing high-quality care.

#### **FINANCING**

Although there are various sources of financing to support healthy aging and independent living services, they can be insufficient and difficult to access. Financing sources range from federal and state programs to non-profit foundations and philanthropic organizations. In addition, the private sector offers insurance (medical and long-term), and many commercial companies provide programs that can offset costs for assistive products under specified conditions. However, the individual (or family members) often finances some or, in some cases, all services that are received. Innovations in financing are needed. Preventive services are underdeveloped and "under-offered," resulting in greater expense in the long run, even though some services have found ways to cut costs while maintaining or even improving quality. The Forum examines ways to increase use of prevention strategies and provide financing that is more transparent and usable by people desiring these services.

# **TECHNOLOGY**

Technology products have improved functioning and quality of life for people with disabilities of all ages. They can range in complexity from a calendar to coordinate which days of the week different services will be provided to devices that facilitate mobility and beyond. This is an area with many possibilities to connect the needs of consumers, regulators, businesses, and product developers. It also involves assistance in a myriad of settings, such as home, transport vehicles, medical facilities, workplaces, and community venues.

#### **POLICY**

Numerous social inequities and other barriers prevent older adults and people with disabilities, particularly those with multiple chronic conditions, from realizing their full potential for social and economic participation. The Affordable Care Act offers new opportunities, both to improve the service delivery system and to provide coverage for workers who become disabled. Yet the need for policy improvements involving equitable financing for health care, access to affordable, person-centered long-term supports and services, and workplace accommodation still remains.

# **RESEARCH AND EVALUATION**

As policy changes are made, new technologies are developed, and the workforce adapts, evaluation and research are needed to determine whether these changes are beneficial and to validate best practices and inform future directions. Given that there are limited resources, wise use of existing data and effective coordination of research by all sectors of the nation are essential.

# **QUALITY**

Quality is a key characteristic that encompasses all elements of the Forum's model. It is needed in any system supporting healthy aging, independence, and community living. If the systems in place are not of good quality, then they could break down, coordination could be lost, or individuals may lose trust in the people, research, and devices that are intended to help them achieve personal goals.

#### FORUM GOVERNANCE AND ACTIVITIES

The Forum is self-governing. Thus, the Forum membership identifies the topics it wishes to address, and with assistance from staff, develops meeting agendas and identifies workshop topics. The Forum meets 2-3 times annually and also has working groups that plan workshops and other activities. Products include workshop proceedings; cooperative projects initiated by Forum members; independently authored articles concerning Forum topics; and derivative consensus studies.

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