

Using National Core Indicators Data to Understand the Experiences of Older Adults With Intellectual Disabilities

Sarah Taub & Julie Bershadsky, HSRI

Chas Moseley, NASDDDS

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What is the NCI Program?

NCI is a multi-state collaboration of state DD agencies interested in measuring how well public systems for people with developmental disabilities perform along several areas, including: employment, community inclusion, choice, rights, and health and safety.

National Core Indicators Participation

- Launched in 1997 in 13 participating states
- Currently 25 states and 24 sub-state regions and counties
- Unparalleled 13-year database on over 12,000 individuals ~ 20,000 next year (CA)
- Supported by participating states

Program Structure

- NASDDDS – HSRI Collaboration
- NASDDDS Research Committee
 - Oversight
 - Policy direction
- HSRI
 - Data analysis
 - Technical assistance
 - State agency support
- Participating state DD agencies

Participating States 2010-11

- Alabama
- Arkansas
- California (+21 Centers)
- District of Columbia
- Florida
- Georgia
- Hawaii
- Illinois
- Kentucky
- Louisiana
- Maine
- Massachusetts
- Missouri
- North Carolina
- New Hampshire
- New Jersey
- New Mexico
- New York
- Ohio (+ 3 counties)
- Oklahoma
- Pennsylvania
- South Dakota
- Texas
- Washington
- Wyoming

NCI Vision

- Strengthen practice at the state level
- Improve the well-being and participation of people with intellectual and developmental disabilities in community life.
- Influence national and state policy
- Inform strategic planning and priority setting at state and national levels

General Trends – I/DD Population

- People with I/DD are living longer - average life expectancy has vastly increased
- Number of older people with I/DD (60+) is expected to roughly double from 641,860 in 2000 to almost 1.2 million by 2030 (Heller 2010)
- People with I/DD have higher incidence of chronic health conditions
- More people are living at home with families
- People living with family are less likely to get preventive health care

Combined Impact of Disability + Aging

- People with I/DD, in general, have less access to community experiences and employment than those who do not have a disability (Seltzer et al 2001, Stafford, 2010)
- Additionally, people who are aging also experience exclusion from community and employment (Kennedy, 2002)

Concerns for Aging I/DD Population

- Providers struggling to serve aging population (lack of additional funding, environmental adaptations, increased nursing needs)
- Lack of coordination/collaboration between aging and disability service systems
- More information is needed about the experiences and support needs of older adults with I/DD

Analysis Questions

- Descriptive

- How many older adults (65+) are included in the database?
- What are their personal characteristics?
- Where do they live?

- Comparative

- How do their personal outcomes compare to younger adults (below 65)?

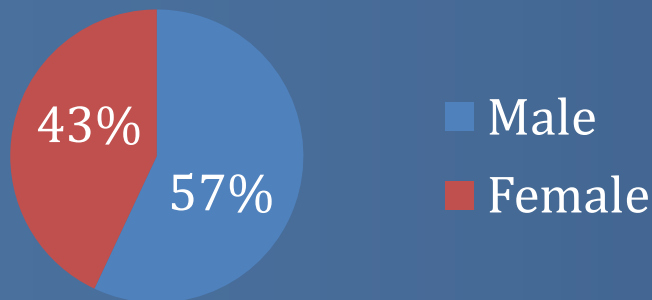
Adult Consumer Survey 2009-10

- 16 states and two sub-state entities
- 11,599 adults surveyed; minimum sample of 400 per state
- Surveys were most often conducted in person's home
- Average age of individual surveyed- 43 years

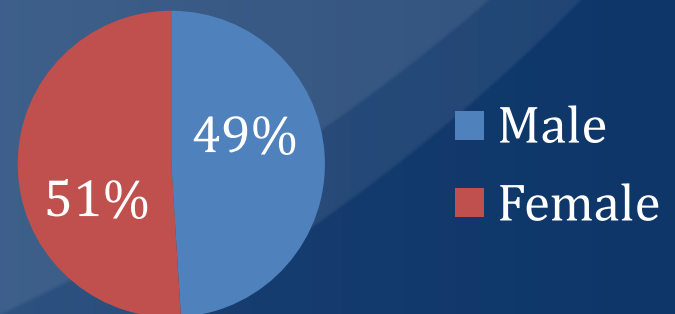
Gender Profile of Older Adults Across NCI States

- 7.1% (N=819) of sample is age 65 or older
- Gender profile shifts in older years – higher percent of females (51%) in older population

**Under 65 (N =
10652)**

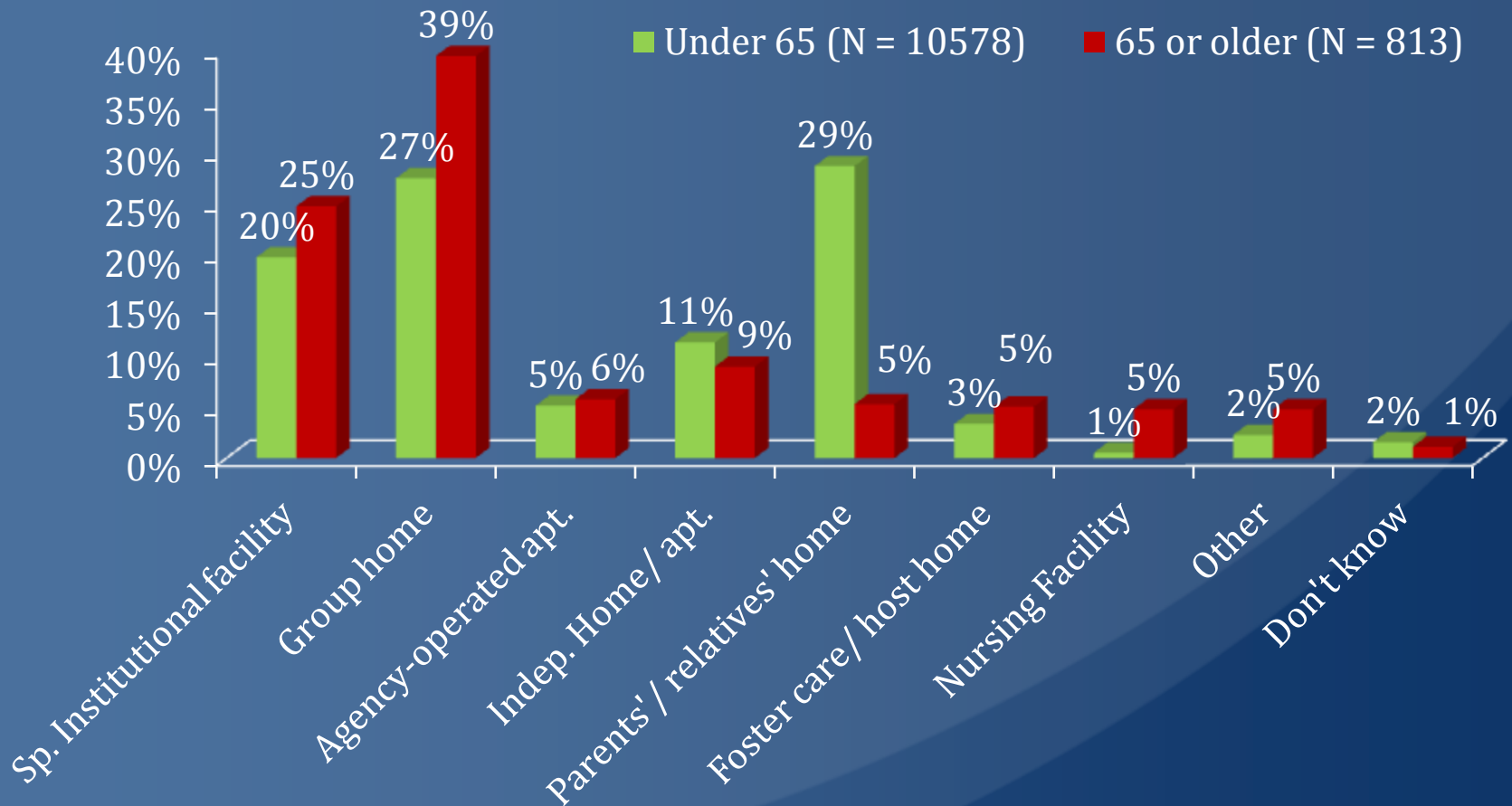


**65 or older (N =
819)**



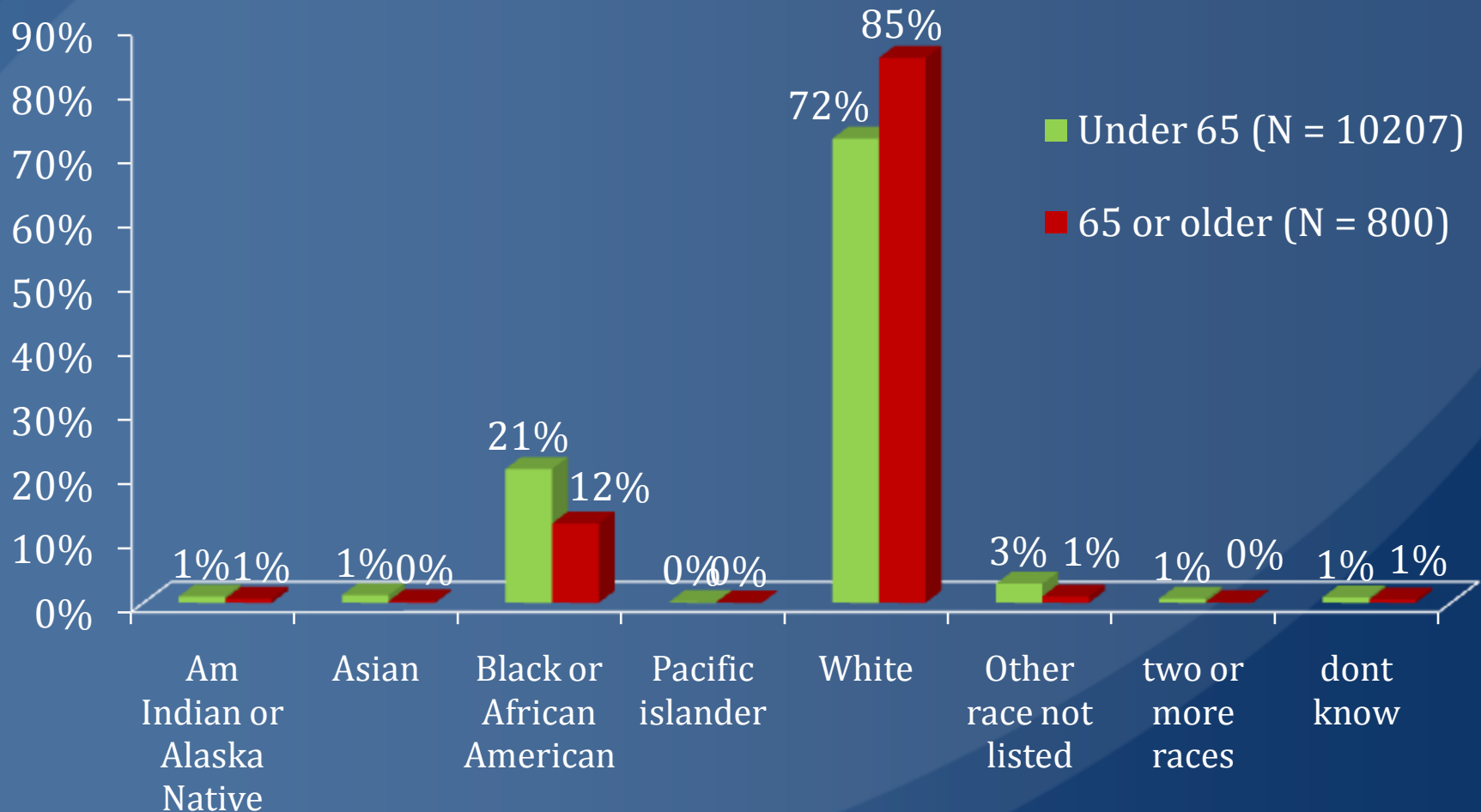
Type of Residential Setting

- Most older adults live in group homes (39%) or institutional settings (25%); however, 9% live independently and 5% live in a relative's home



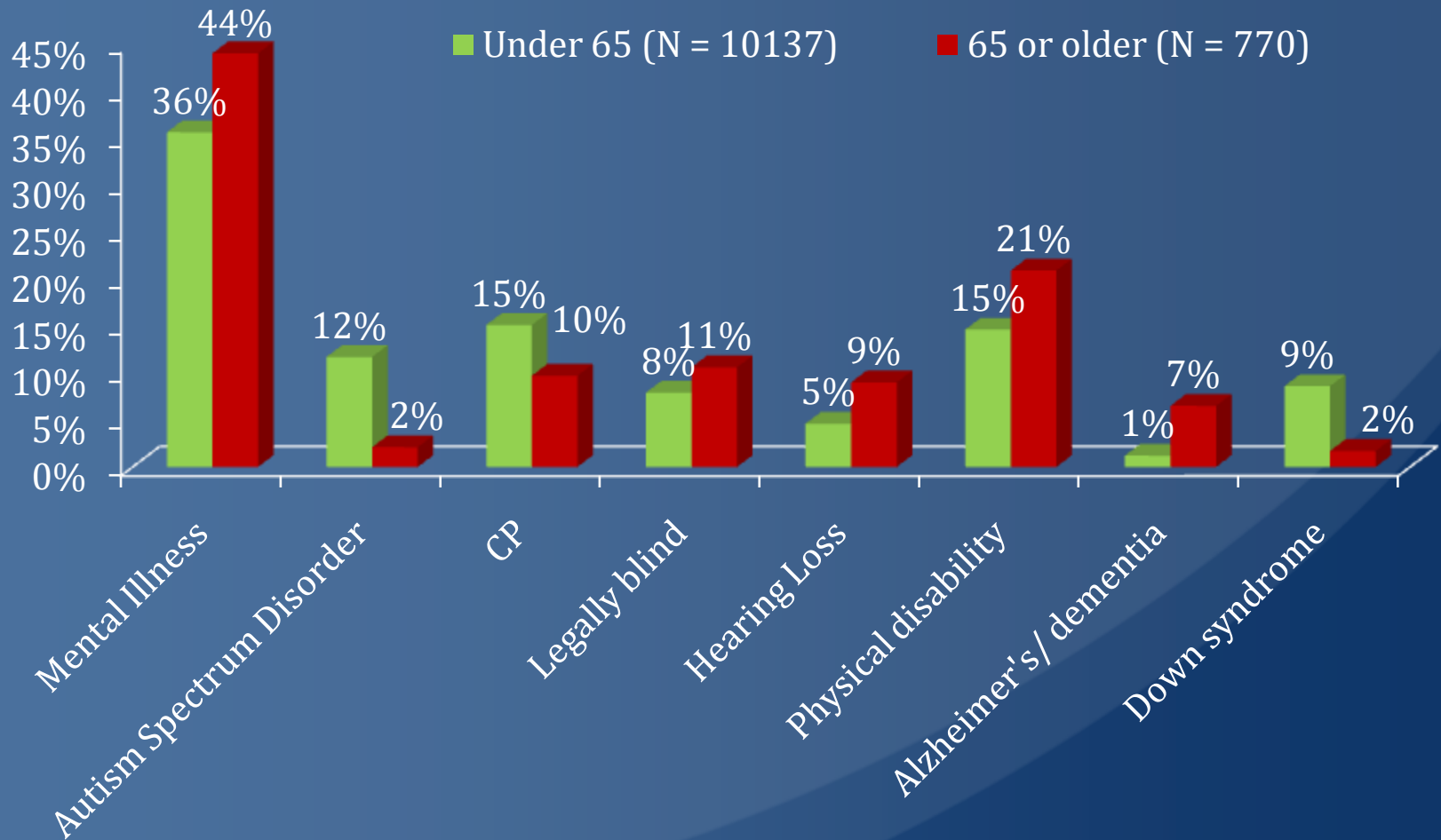
Race

- Fewer African-Americans in older group



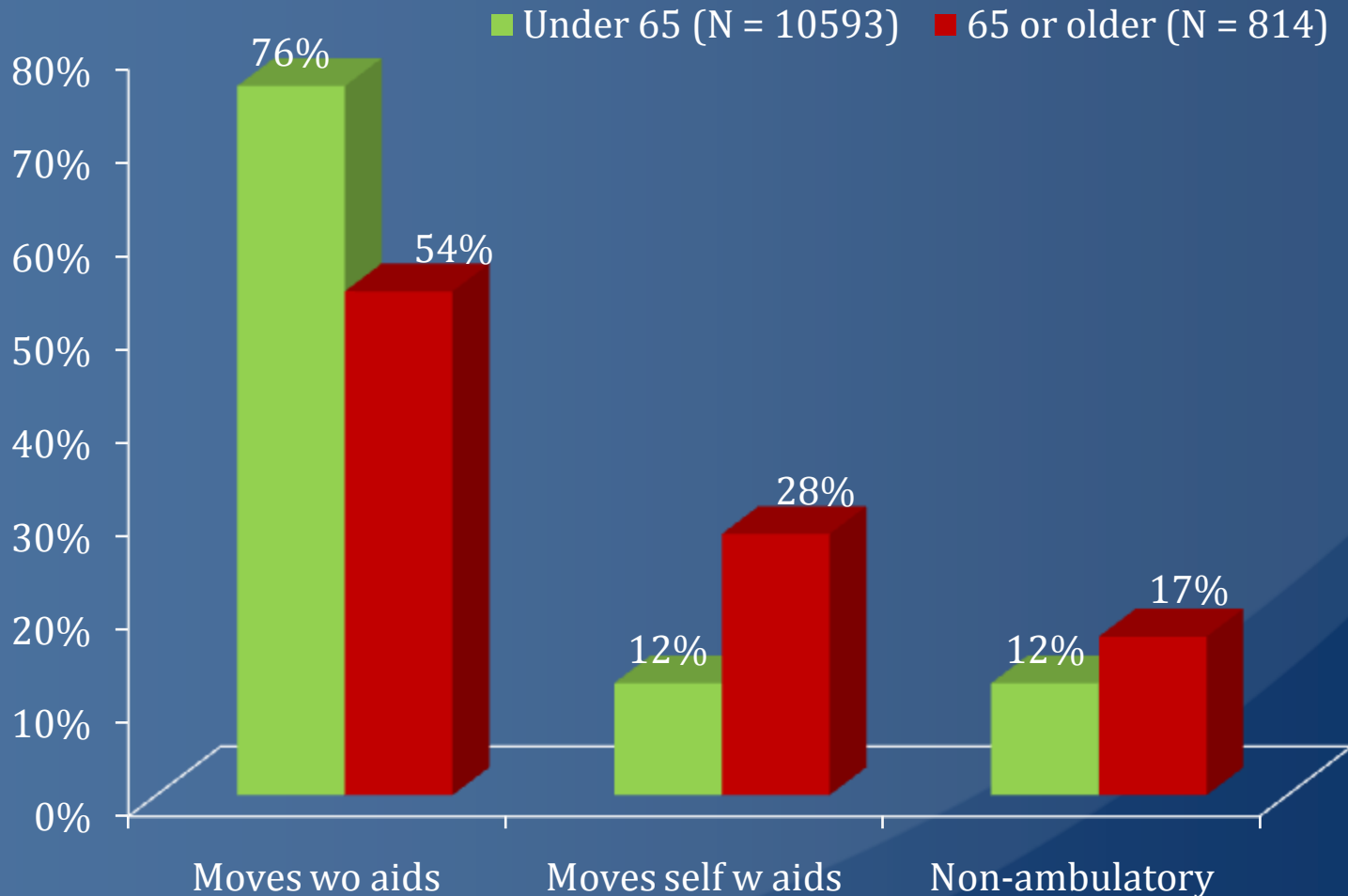
Additional Diagnoses

- Older adults have higher rate of Mental Illness and lower rate of Autism Spectrum Disorder



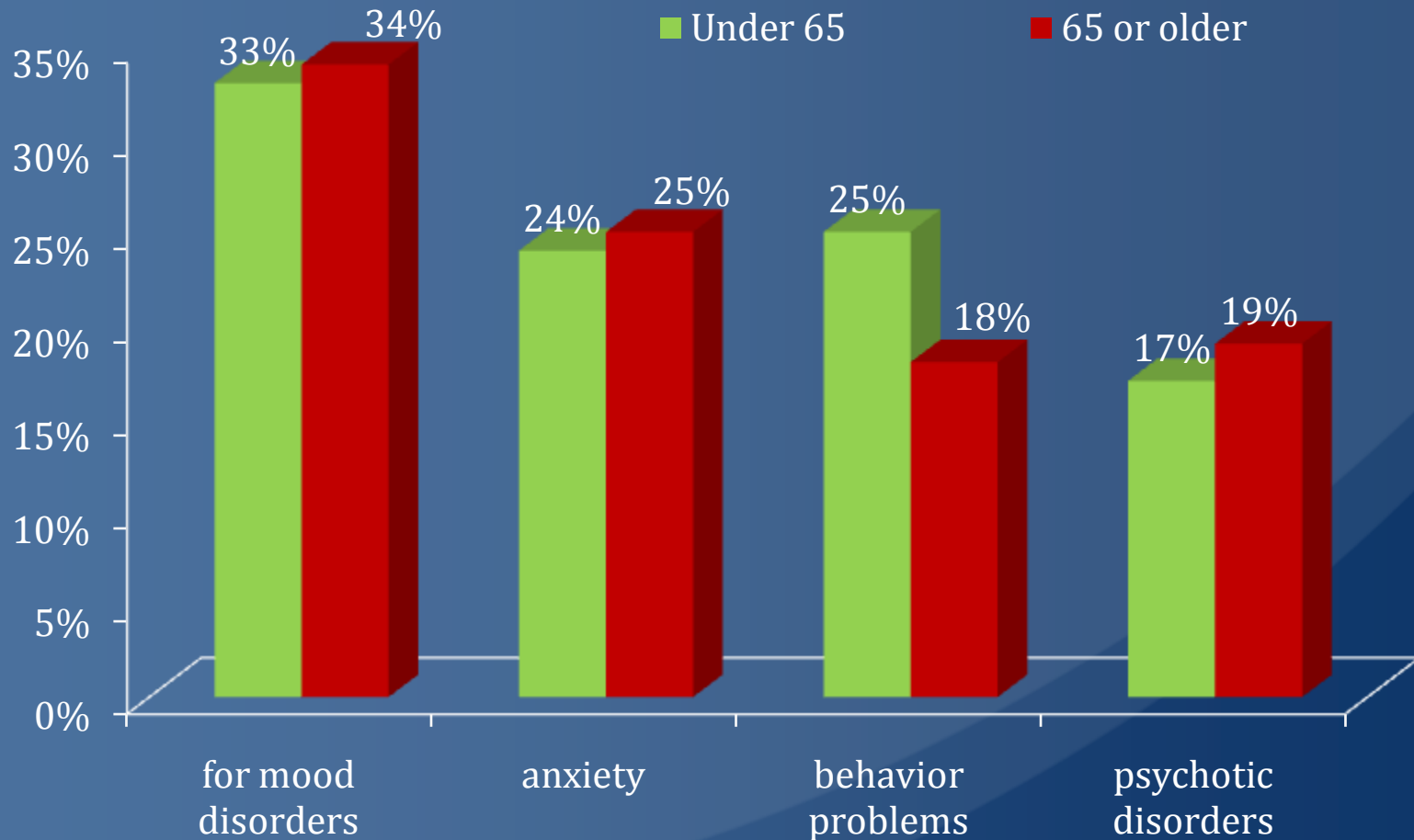
Mobility

- 45% of over 65 group uses aids or is non-ambulatory



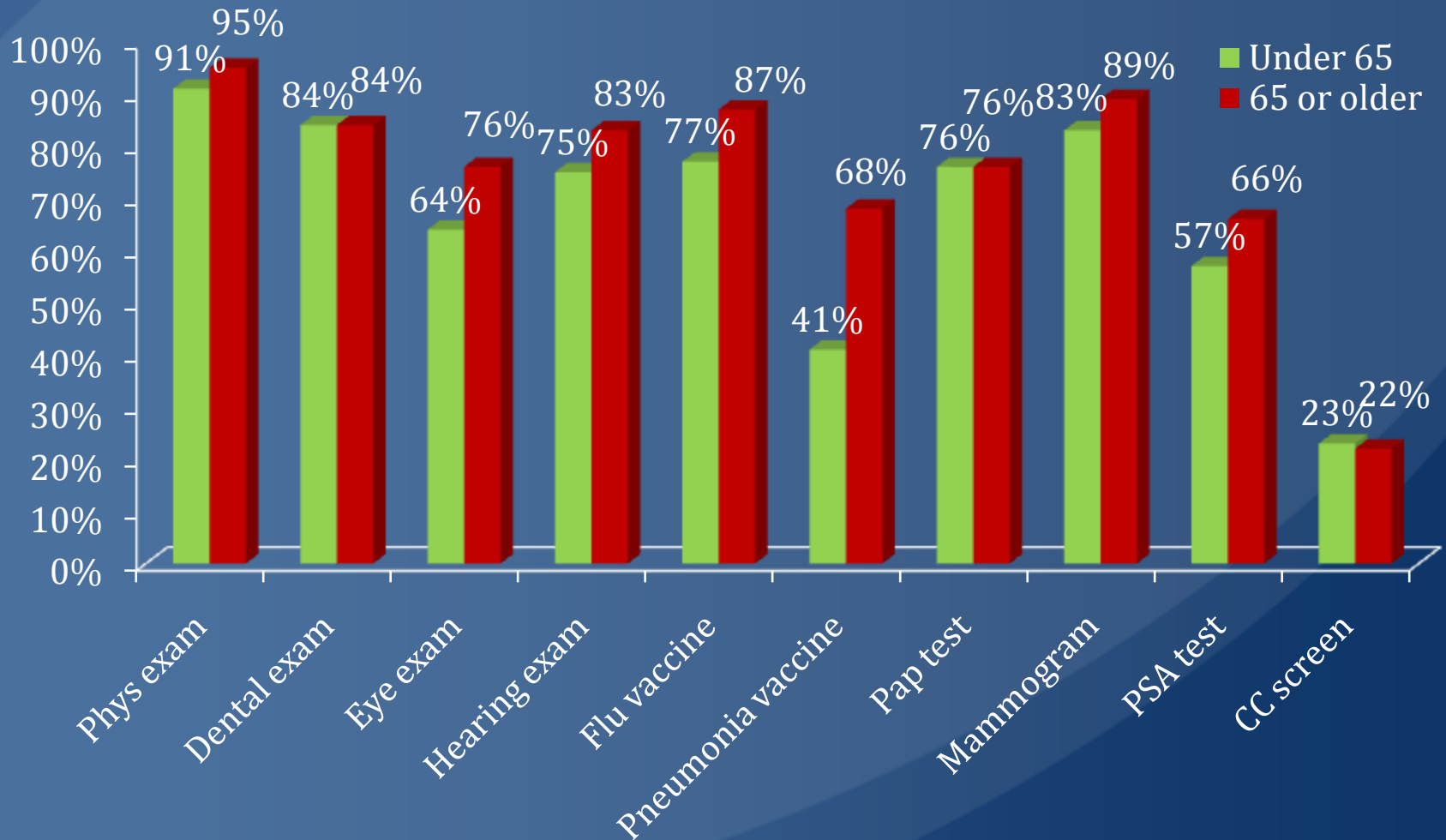
Medications Taken

- Lower percentage of older adults taking meds for behavior problems



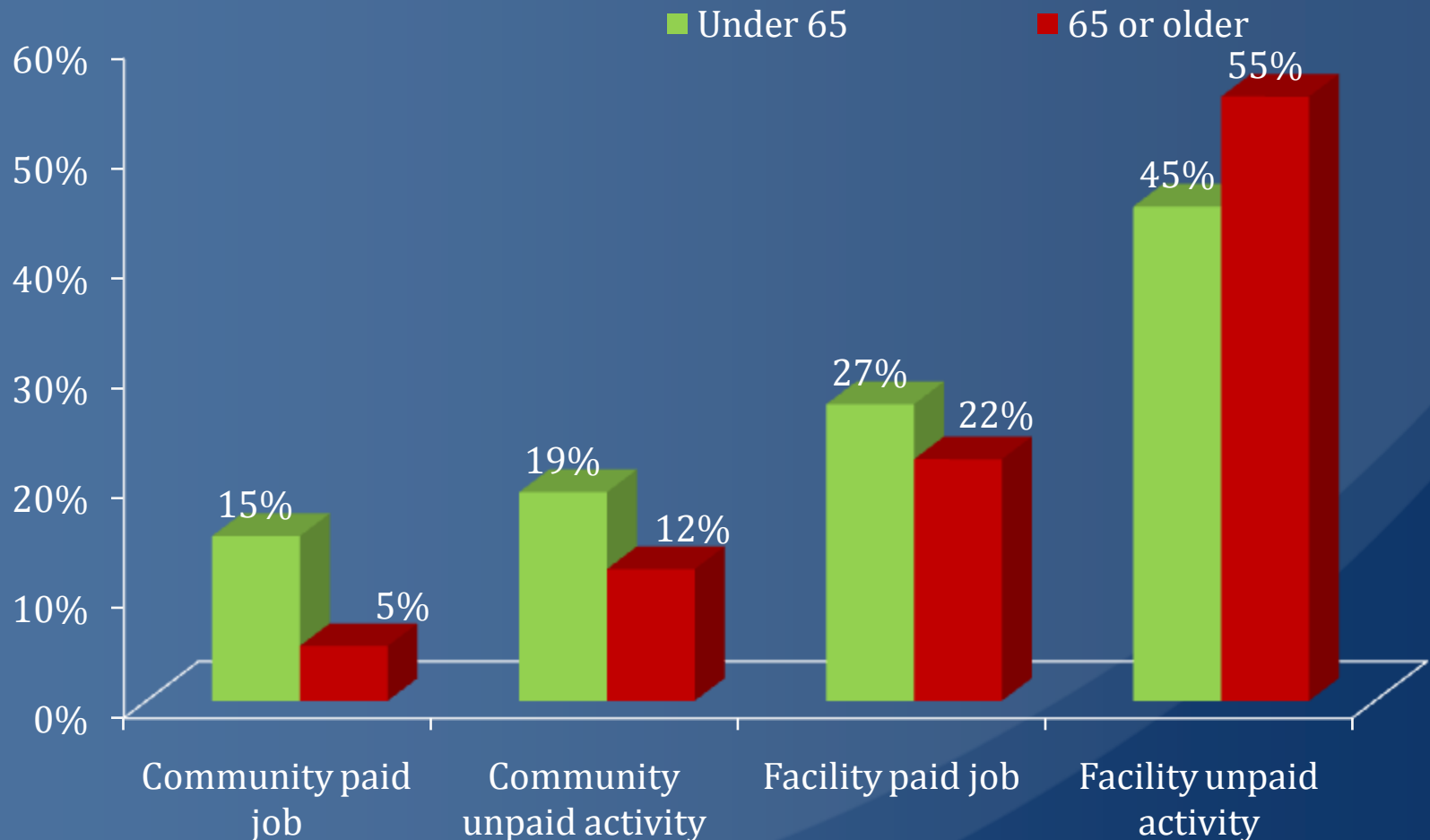
Preventive Care

- Older adults have same or greater access

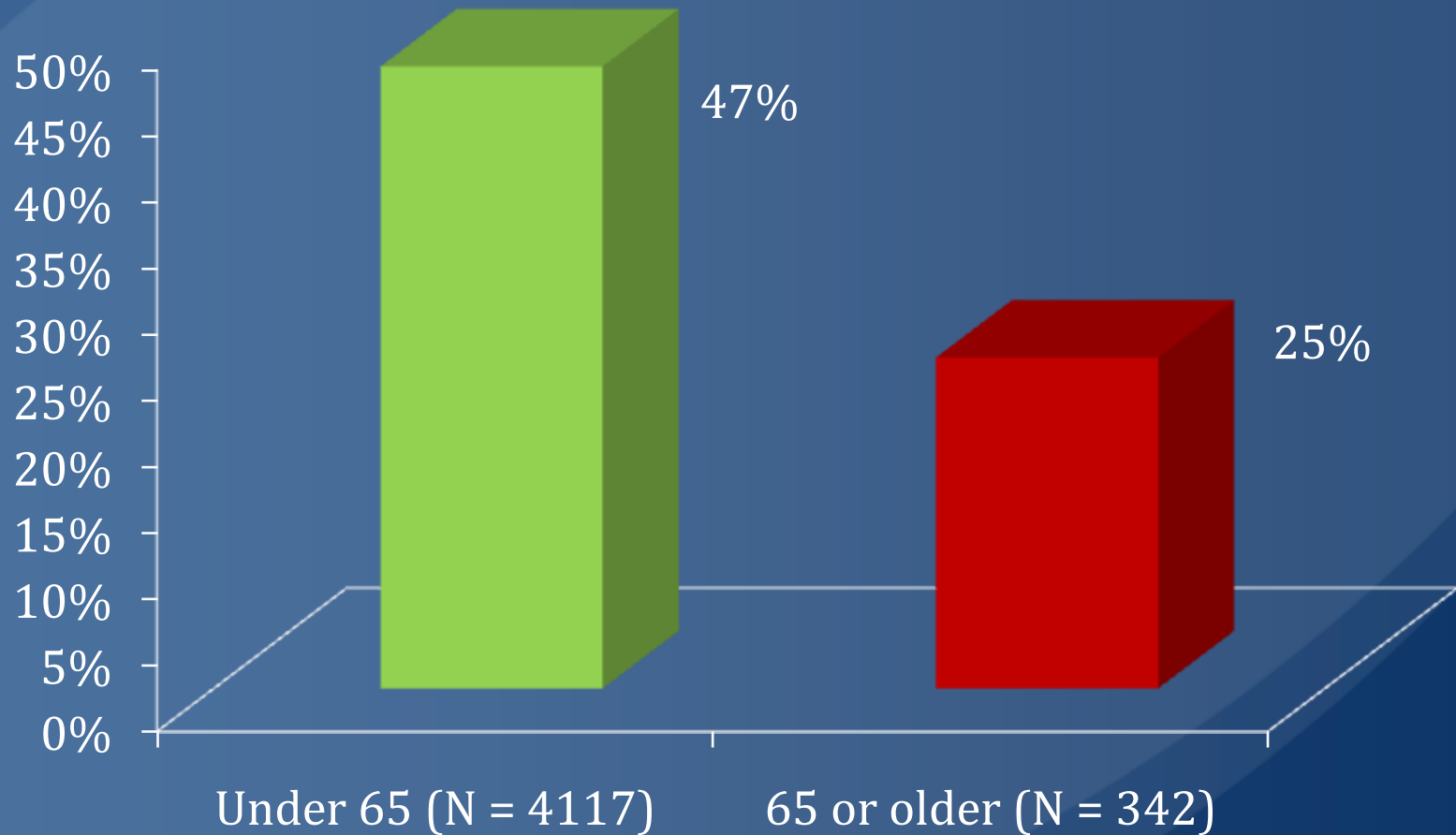


Work and Day Activities

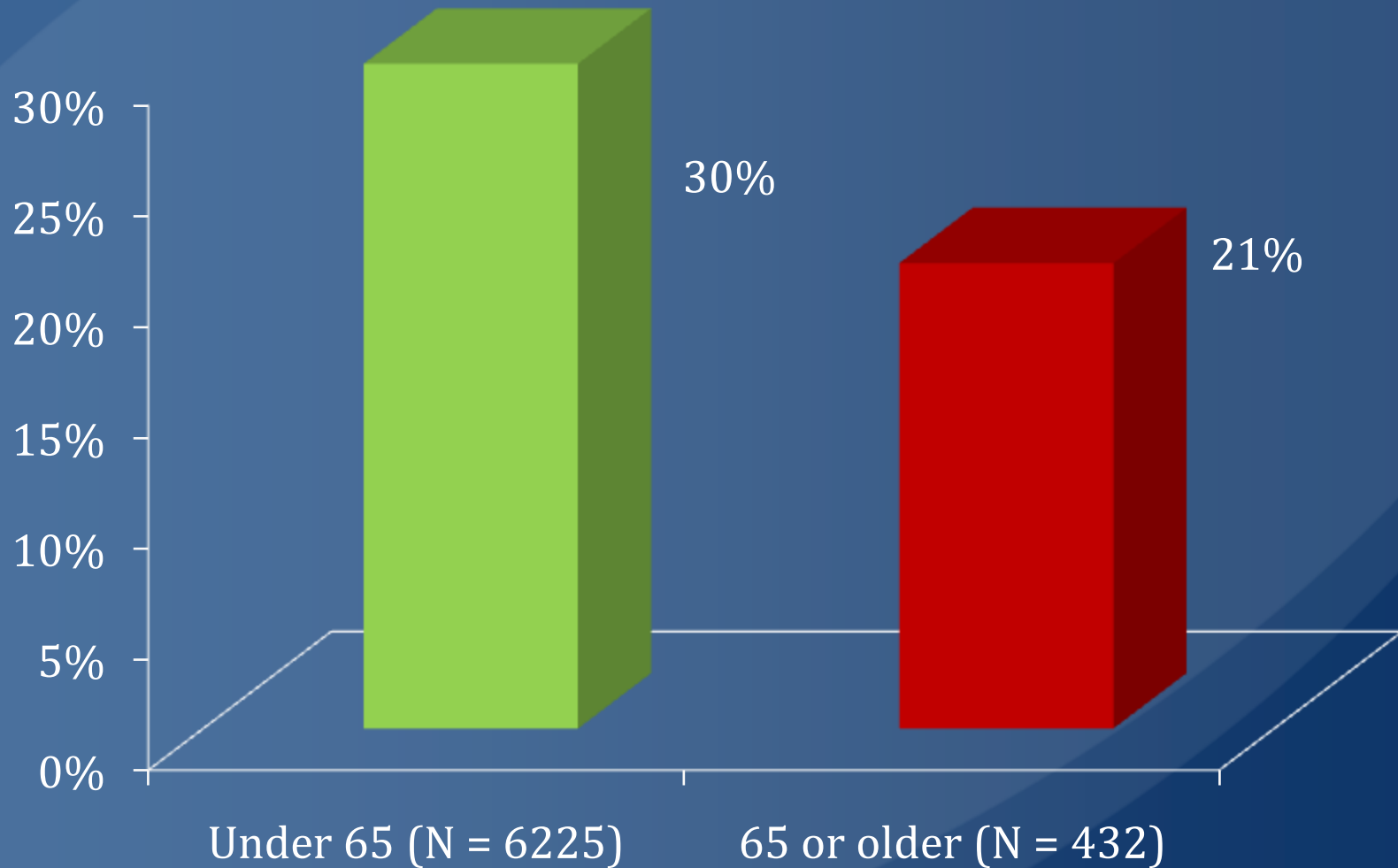
- 55% of older adults are in unpaid facility activities



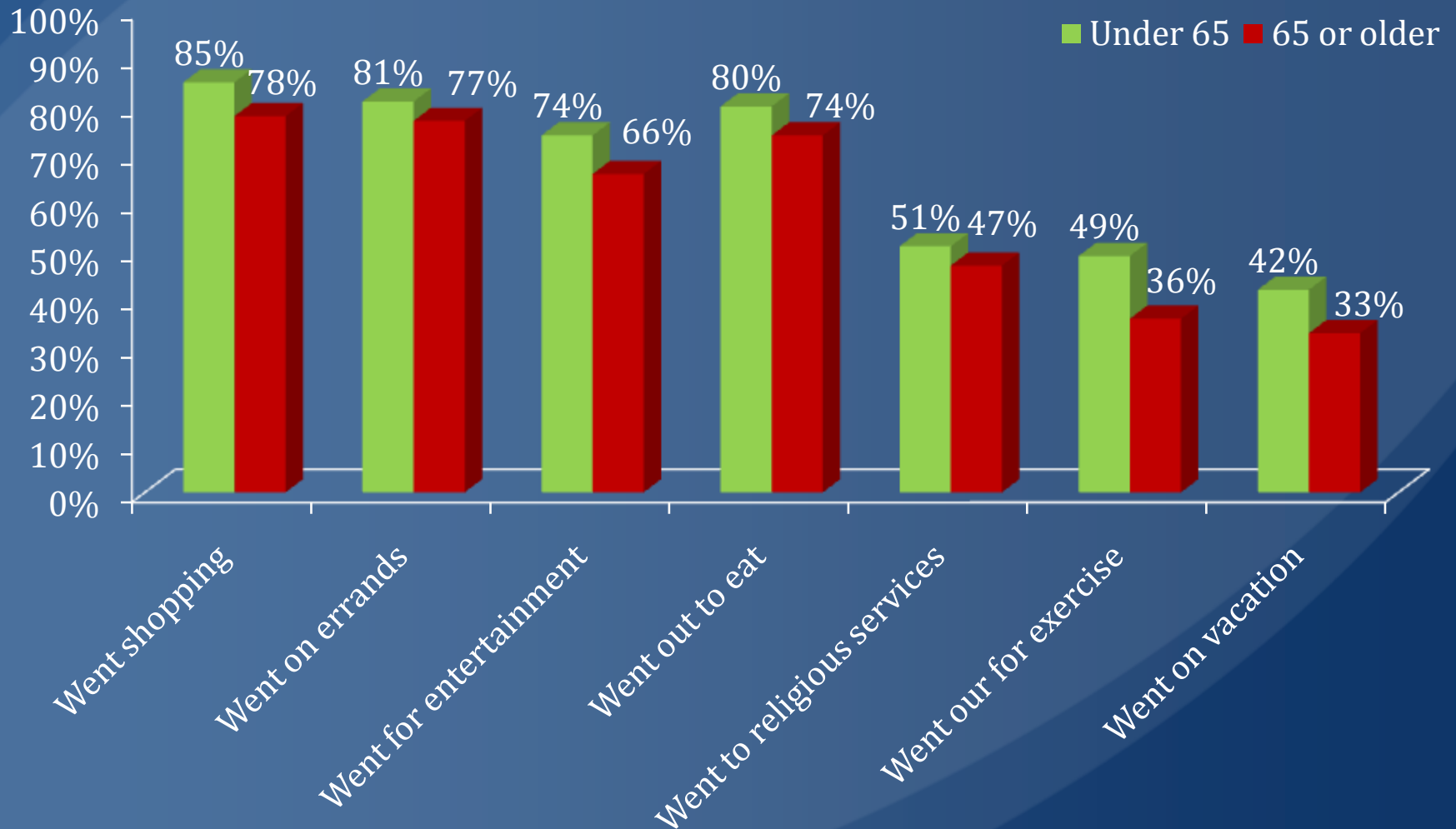
Would like to have a job



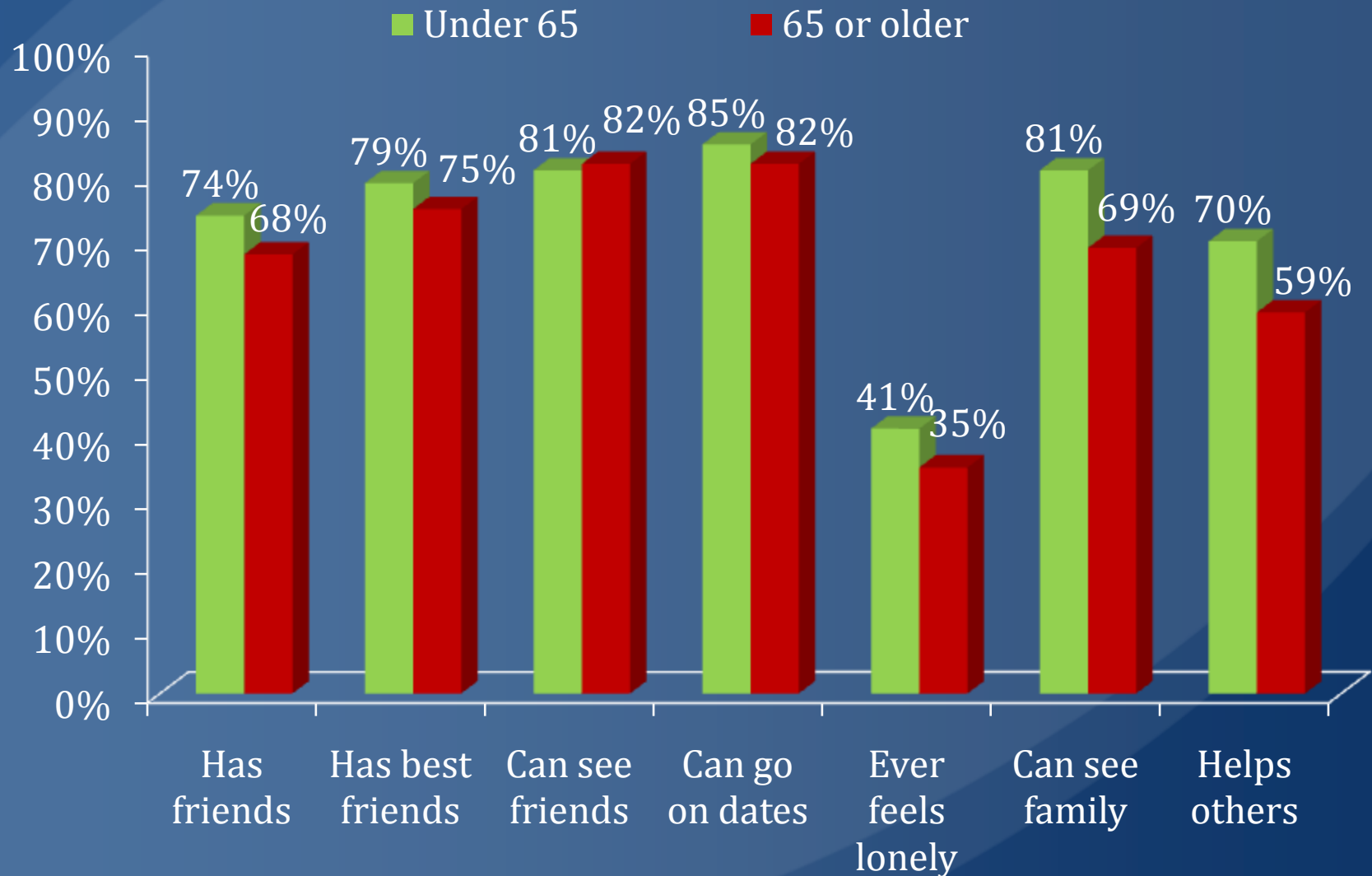
Does volunteer work



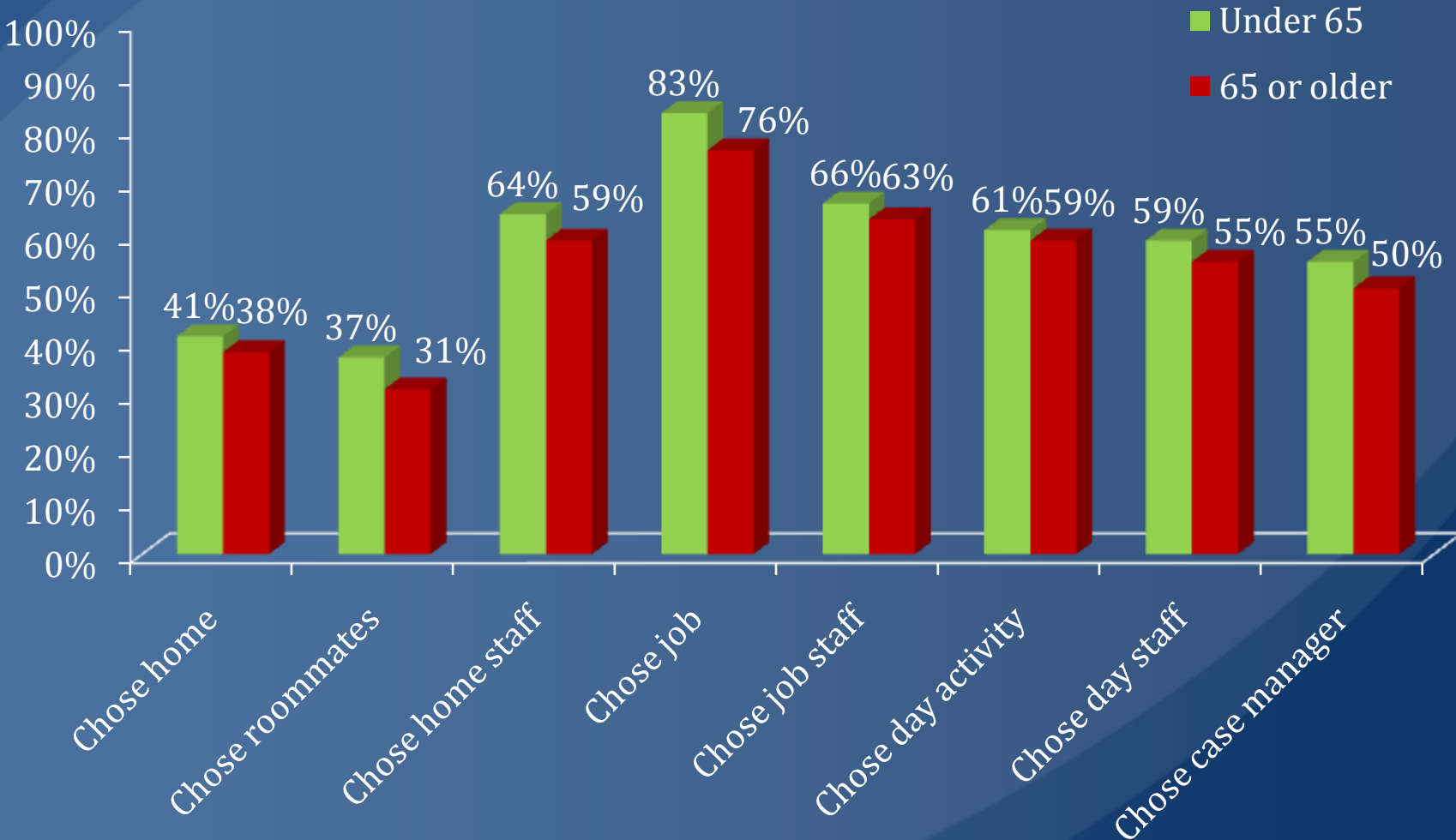
Community Inclusion



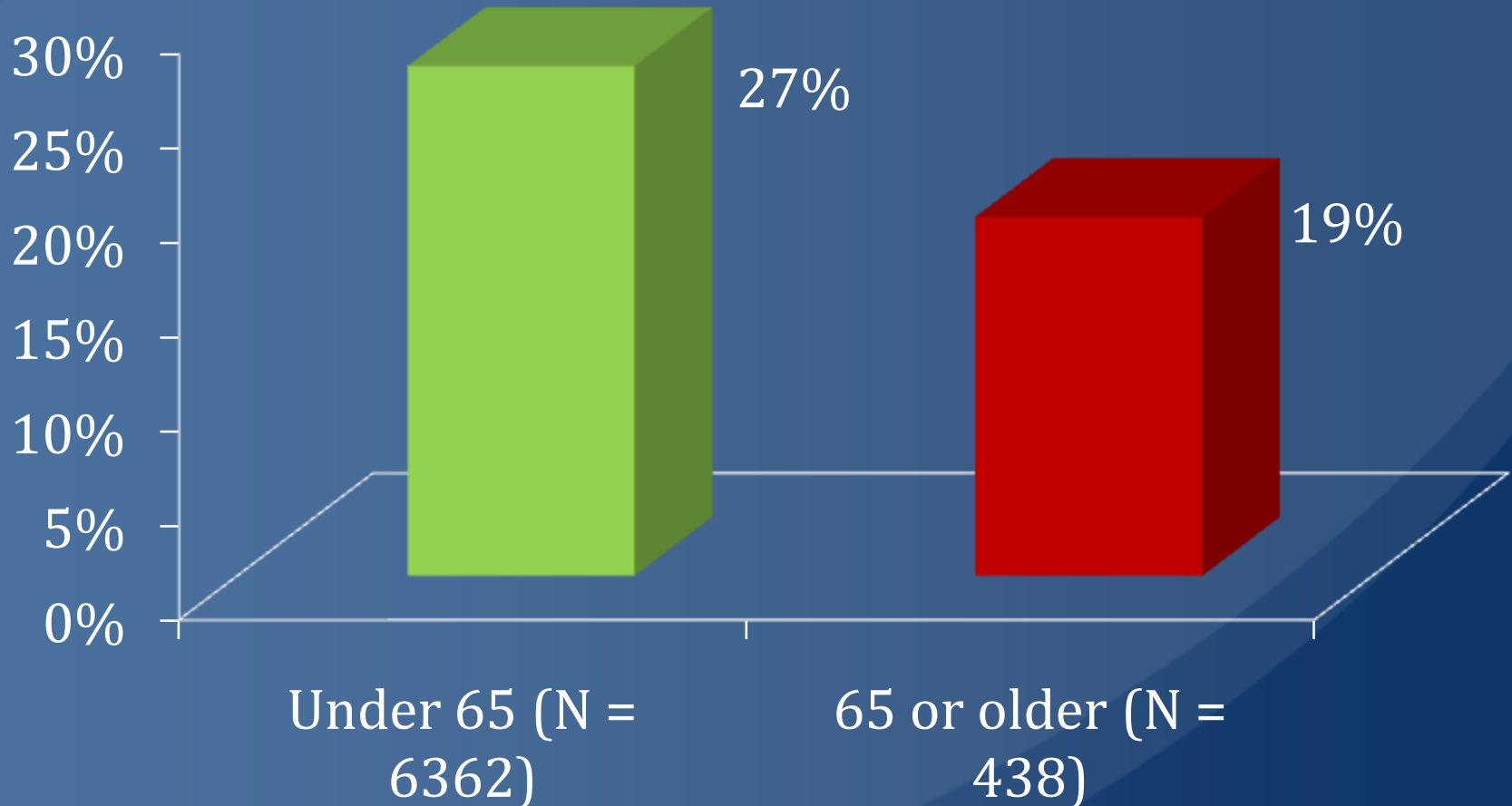
Relationships



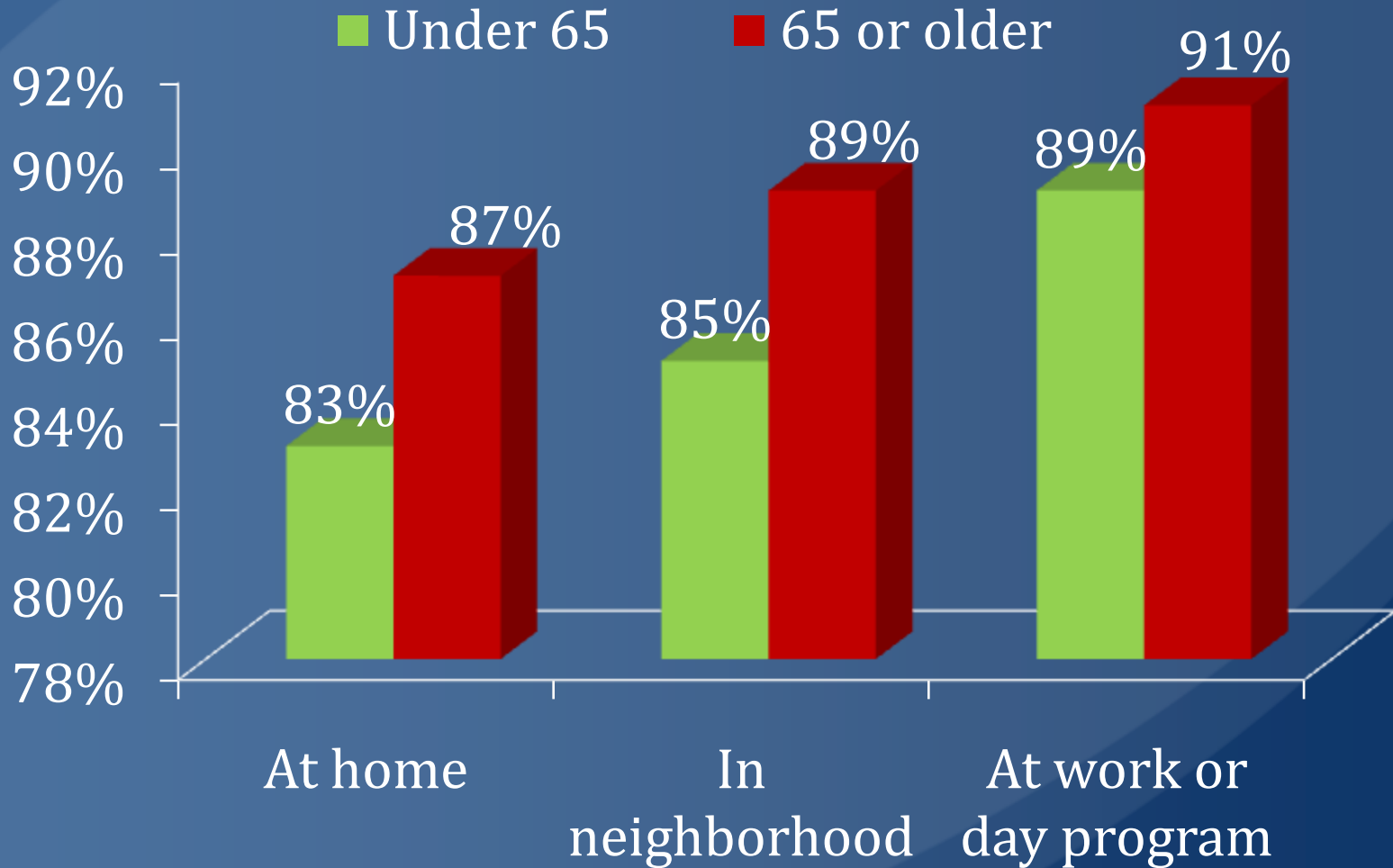
Choice



Would like to live somewhere else



Feels safe



Conclusions & Further Analyses

- Older adults have different profile of results
 - More likely to be female, white, have mental illness, take psychotropic meds (except for behavior), live in provider-based settings, spend day in unpaid facility settings
 - Less likely to be mobile, be diagnosed with Autism Spectrum Disorder, take meds for behavior problems
 - Better outcomes in terms of preventive health, satisfaction with residence, feeling safe
 - Worse outcomes with regard to choice, community inclusion, relationships, doing volunteer work
- Next steps
 - Significance testing
 - Further examination of effect of place of residence, gender, and race

For More Information

Visit website for detailed state by state results and national averages for all NCI measures:

www.nationalcoreindicators.org

cmoseley@nasddd.org

staub@hsri.org

jbershadsky@hsri.org