

Exploring the Efficacy of Independence Index for Healthy Aging for the Services of Elders

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Abstract

This study explores the risk and reinforcement factors of successful healthy aging by interviewing managers and participants of elderly colleges and day care institutions for the disabled elderly. With a purpose to build an index of independence for the elderly, this study tries to help them to achieve the goal of taking care by themselves when facing different stages of aging process. The three elements of successful aging, lower risks of diseases and disability, high physical and mental function, and engagement with life, are applied to define the index of independence which is measured by asking questions for the elderly by four dimensions: physical condition, psychological condition, self-learning condition, and social engagement condition. In-depth interviews are conducted in this quantitative study to improve this independence index for the goal of the elderly's self-support. Through these interviews, the efficacy of the independence index is defined by how this index can help these managers to explain how their participants can fit their programs or change to other programs for the purpose of switching institutions for a successful integrated care system of the elders in a community.

Keywords: healthy aging, community and aging, elder colleges, independence index for the elderly

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Introduction

Taiwan has turned from an aging society to an aged society and possibly to become a super aged society in 2026. Ministry of Health and Welfare in Taiwan started the comprehensive community care service system by identifying Tier A, B, and C last year. In general, this plan is to create a comprehensive care system that integrates medical care, LTC services, housing, prevention, and social assistance to allow local people with disability to receive the care they need. This plan is to elevate community capacity to provide LTC services and implement primary prevention programs around local street blocks. Although community is planned as preventive care for the elderly's possible disability, their plan to recruit frail elder people to their program is not successful because not enough targets to enroll their program. Therefore, primary prevention programs in local community welcome all healthy people age over 65 to enroll their program this year. This shows a significant problem that frail elder people are not willing to go out of their home to participate programs in their community. In fact, there are many levels of activities designed for the elderly who may have different levels of cognition condition. Unlike the past policy, the government included the debilitated elderly living with family for the first time, and listed prevention and delay of disability as the long-term plan. The Government has included more debilitated elderly people in the long-term policy, but it has also affected the elderly who have participated in the daycare center at their own expense.

Many institutions in Taiwan offer programs to help the elderly such as elderly college funded by Ministry of Education or others activities funded Sports Administration and Social Welfare Department. However, the frail elderly face similar problems for they are not ready to participate for specific reasons. This study aims to promote effectiveness of local programs from the perspective of community integration by exploring how to integrate the elderly day care and the various levels of senior colleges or the Evergreen Academy by designing a self-supporting independence index for the elderly from a creative and progressive perspective with a goal to increase the participation of various elderly people with different conditions. This study plans to explore what factors such as individual difference, culture, psychological and physical issues can reinforce or weaken the old people's independent support trend. After combining factors into an index, the elderly, family members, caregivers or policy designers can respond to possible changes of the index and examine specific situation faced by the elderly in advance by helping them to prepare for issues about healthy aging.

Literature Review

Studies have been examining quality of life through micro level or macro level such as income, employment, housing, education, other living and environmental circumstances, perceptions of overall quality of life, individual's experiences and values, well-being, happiness and life satisfaction (Brown, et al. 2004). Rahphael et al. (1995) provides assessments of seniors' quality of life by indicating specific areas of need among seniors by a partnership of public health workers and university researchers, working closely with seniors in the community; they suggest shifts in emphasis in program delivery. Chou et al. (2011) suggests that more attention should be directed to cognitive impairment among institutionalized elderly; in addition, the environment of long term care facilities should be properly and effectively adjusted to

improve the cognitive function of their residents. Brown et al. (2004) discussed ideas of Arnold (1991) through an integrated model by assessing quality of life by emotional, behavioral, cognitive and intellectual function; social and physical functioning; and social support, life satisfaction, health perceptions, abilities to pursue interests, sexual functioning, energy and vitality and economic status. Chiu & Fu (2014) explore what influenced the evaluation of senior citizens toward the service of a care center and find that the experiences of the senior citizens toward the center varied due to the nature of the community, the organizational features of the center and systems and structures that created the service of the center. They also identify the orientation and abilities of the elders, their cognition of welfare and rights, their restricted mental states after weighing current situations and their interpretation of service providers, as factors which influenced their experiences of using a center. As self-determination is usually discussed with improved quality of life, Nota et al. (2007) indicate social abilities and opportunities to make choices as a particularly important aspect of becoming more self-determined, at least in the context of residential settings for people with intellectual disabilities. Study in Taiwan shows that almost 70% of the institutionalized elderly had cognitive impairment and residents staying in facilities more than two years had poor orientation to place (Lu et al. 2011). Lu and other authors suggests that more and closer attention should be directed to cognitive impairment among institutionalized elderly.

Avoiding disease, engagement with life, and maintaining high cognitive and physical function are discussed in Rowe and Kahn's model of successful aging (Rowe & Kahn, 1997). More scholars propose strengthening the model with more factors such as positive spirituality.

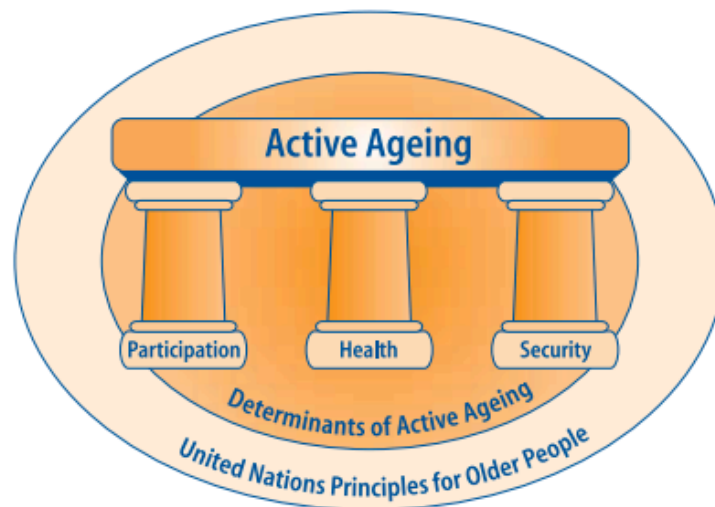
Rowe and Kahn's Model of Successful Aging Revisited: Positive Spirituality—The Forgotten Factor



By Crowther, Parker, et al, The Gerontologist Vol. 42, No. 5, 613–620, 2002

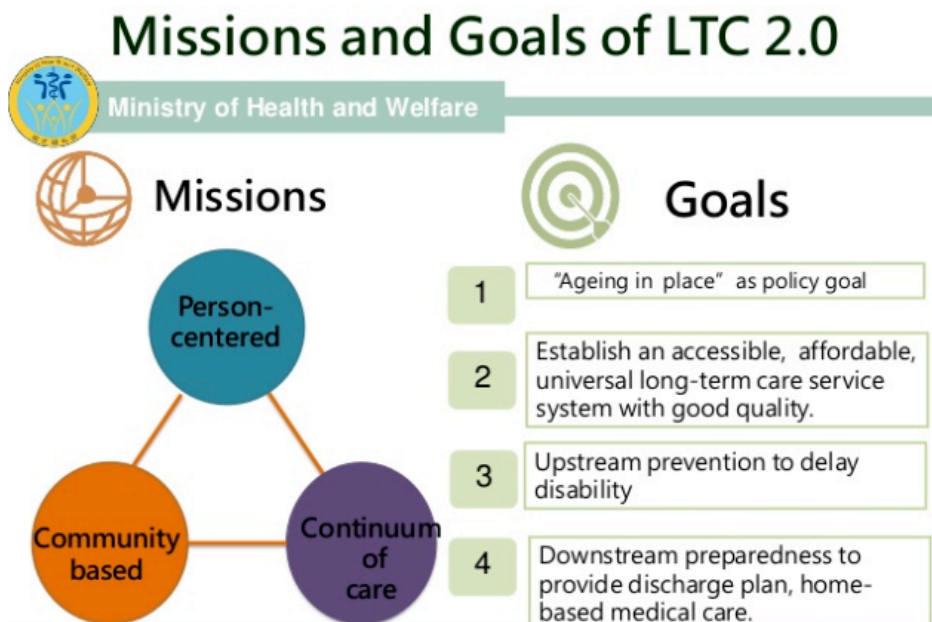
Based on WHO (2002), active aging is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. However, culture, which surrounds all individuals and populations, shapes the way in which we age because it influences all of the other determinants of active aging. (WHO, 2002) More ideas about aging are discussed such as productive aging, healthy aging. More scholars discussed about the needs to help the elderly participate in

associations, get age-appropriate replacements for past roles, develop more stable and positive self-concepts, lead to greater life satisfaction, supported active participation and integration (Havighurst, 1963). For example, elder adults show consistency in their activities, personalities, and relationships although they are different in physical, mental conditions or social status. Identity continuity theory is more widely applicable than identity crisis theory in explaining the relationship between retirement and leisure participation (Atchley, 1971). Other scholars propose disengagement theory to explain how the elderly will withdraw from society inevitably (Cumming and Henry, 1961). They mention disengagement is effected by the individual, prompted by either ego changes, organizational imperatives. WHO (2002) identify the three pillars of a policy framework for active ageing as participation, health, and security.



THE THREE PILARS OF A POLICY FRAMEWORK FOR ACTIVE AGEING
(WHO, 2002)

As WHO mentioned supportive environments are required to “make the healthy choices the easy choices (2002); however, the cultural norm in Asia values the idea that families living together as aging. More welfare technology for the elderly are discussed such as transportation, communication, the care giver, productive workplace. In Taiwan, Ministry of health and welfare identify missions and goals of LTC 2.0 to set up missions as person-centered, community based, and continuum of care. One of its goal is to use upstream prevention to delay disability.



Collected from MOHW online slides from <https://www.slideshare.net/ROC-MOHW/longterm-care-20-in-taiwan-respond-to-an-aging-society>.
Method

After problems of successful aging for the disabled elderly are identified, this study conducted in-depth interviews to explore what are the risk and reinforcement factors of successful healthy aging. Managers and participants of elderly colleges and day care institutions for the disabled elderly are interviewed. With a purpose to build a self-support index of independence for the elderly, this study tries to help them to achieve the goal of taking care by themselves when facing different stages of aging process.

The three elements of successful aging, lower risks of diseases and disability, high physical and mental function, and engagement with life, are applied to define the index of independence which is measured by asking questions for the elderly by four dimensions: physical condition, psychological condition, self-learning condition, and social engagement condition. In-depth interviews are conducted in this quantitative study to improve this independence index for the goal of the elderly's self-support. Through these interviews, the efficacy of the independence index is defined by how this index can help these managers to explain how their participants can fit their programs or change to other programs for the purpose of switching institutions for a successful integrated care system of the elders in a community.

Research Questions:

1. What are the risk and reinforcement factors to build a self-support index of independence for the frail elder people?
2. How to build this index to help the elderly and institutions to achieve the goal of raising awareness of the elderly to obtain help from their communities when facing different stages of aging process?

	Physical condition	Psychological condition	Engagement Condition	Self Learning Condition
Policy makers	<ul style="list-style-type: none"> • bondages • Tolerances of mistakes • The elderly's independence • Traffic 	<ul style="list-style-type: none"> • Confidence • Motivation to be independent • Tolerance of different opinions • Warm Relationship 	<ul style="list-style-type: none"> • Benefits of engagement • Approaches to make connection • Engagement with other institutions • Friendship circle 	<ul style="list-style-type: none"> • Choices of learning • Technological support • Supportive care for self learning • Encouragement of Learning process
Family members				
The elderly				
Care centers				

Questions are asked about four conditions such as physical, psychological, engagement, and self-learning conditions. Each person is interviewed about 20-30 minutes. Fifteen people interviewed in this study. They are one director of local health center, five staff working for community preventive care and programs to prevent or delay disability, one activity designer, four teachers and staff of the elderly college, one elder person who attends to day care center, three family members of the elderly.

Results

After interviews, this study proposes a self-support independent index to participate in community activities. Two group factors are found. One is the reinforcement factors to strengthen the elderly to participate local activities: happy experience, family support, accompanying partners, interactive motivation (activity design), platform/system design, non-expert language used in activities, higher level of needs in Maslow's model, a sense of belonging. The other is risk factors: stereotypical thinking about aging institutions (the negative view of the long term care institution), the definition of the traditional filial piety by the elder, the low trust of the elder, the low self-confidence of the elder, the unfriendly environment, the low demand requirements of the elder, communication access with the family.

After two group factors are collected form a test for an individual. The number of enhancement factors (8) is deducted from the number of risk factors (8) in a person's test. If the number is zero, it indicates that although the elderly's environment is not conducive to his or her independence of participation in the long-term community activities, the autonomy direction may change to a negative trend. If the subtraction is +8, it means that the current environment and community long-term activities of the elder are quite favorable. If the number is -8, the elderly is quite unfavorable to for him or her to participate in these activities and may cause adverse effects on his or her body and mind. In this condition, family and policy makers should get more involvement.

Conclusion

The study found that last year the government hoped to identify debilitated elderly people and help them to participate in activities to prevent or delay disability. The results were not smooth and the government could find fewer people to participate. Therefore, in this year, the policy is revised to design activities to prevent or delay disability. The result shows that the debilitated elderly are not easy to find, and the screening process is hard to implemented. The elderly, their family members, policy makers, program workers could possibly get more ideas about why the elderly want or do not want to participate in governmental elder programs by applying this index designed in this study.

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