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Introduction

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The *Support Outcomes Model of Aging Well* guides the goals of the State of Science Coinference on Lifespan Health and Function: Translating Research into Practice. This model builds on the most recent definitions of intellectual disability developed by the American Association on Intellectual and Developmental Disabilities (AAIDD, 2002) and the *successful aging* model popular in the gerontological literature (Baltes & Baltes, 1990) which has been adapted to include the concept of *aging well*. (Johnson, 1995) The resulting *Supports Outcomes Model of Aging Well* emphasizes the primacy of the environment and individualized supports in influencing outcomes for individuals across the lifespan. Outcomes of aging well are 1) maintaining health and function (physical and mental health and independence); and 2) active engagement with life (friendships, contributions to society, and community participation).

Figure 1: The supports-outcome model of the RRTC



Inherent in this model is the assumption that aging is a life-long process and that how well one ages in later life is dependent on events occurring at younger ages. This model emphasizes that

aging successfully evolves from exercising the choices that create a successful and productive life (Krain, 1995). It is a dynamic process involving individuals in their environment including the historical and cultural context. Adults with I/DD are vulnerable to conditions that will make their old age potentially more difficult with increased infirmity and dependence. This model builds on a life course approach which recognizes the importance of social determinants, such as poverty, access to services, and supports on health and function throughout life for people with disabilities and their families (Heller & Harris, in press).

Aging well is viewed as a function of multiple dimensions of the person in an environmental context mediated by the supports received. People differ in their levels of competencies and rates of age-related declines. Similarly, some groups of adults with I/DD (e.g., those with Down syndrome) experience differential rates of age-related changes in adaptive behaviors and physical and mental health.

This model stresses the role of supports in influencing outcomes of aging well. These supports include informal support, health and social services, and technological supports. Specific components include: 1) teaching, 2) in-home living assistance, 3) community access and use, 4) health assistance, 5) befriending, 6) financial planning, and 7) behavioral support. Effective supports employ consumer-directed models that are person-centered. These supports fluctuate throughout the life span. Adults often receive less service than children with ID and few mandates exist for adult services.

The environment refers to the physical, social, and attitudinal environment within the home, community, and society. Positive (disability-friendly) environments foster the growth, development, and well-being of the individual (Edgerton, 1988). As a person ages these environments also undergo changes, such as moving out of a family home when a parent dies.

Within this framework the studies included in the Rehabilitation Research and Training Center on Aging with Developmental Disabilities; Lifespan Health and Function (RRTC) place the person with disability (and or the family) in the center of the planning process, aim to increase feelings of self-efficacy in order to effect behavior change (Bandura, 1975) and focus on developing a fit between individuals and their environment (Lawton, Windley, & Byerts, 1982). Bandura's model of social learning emphasizing the role of self-efficacy, expected outcomes, and peer support, underpins our studies aimed at supporting individuals and carers to make healthy choices and to direct their supports. Lawton's environmental press model, which articulates the need to match the person's level of competencies with environmental demands ("press"), forms a theoretical basis for our study of healthy homes and communities.

The model and associated theories, serve as the basis for the RRTC. Like the more global *Social Model of Disability*, it critically evaluates the social-political context within which the person with a disability lives. The model focuses the RRTC on developing empirically derived innovative solutions to real challenges faced by adults with I/DD as they mature and experience age-related changes and gaps in their support systems.

Goals of research. The key goals of the research presented in this State of Science Conference on Lifespan Health and Function is to increase knowledge about 1) improving health and

function of the individual with I/DD and their families including health disparities and health promotion intervention; 2) enhancing family and consumer- directed community based care; 3) reducing environmental barriers and increasing supports for health and participation; and 4) developing and testing assessment tools and intervention. In addition the conference is exploring ways to bridge the disability and aging networks to provide health and long –term care supports to adults with disabilities and their families through the life span.

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