



Early onset ageing and service preparation in people with intellectual disabilities: Institutional managers' perspective

Jin-Ding Lin^{a,*}, Chia-Ling Wu^b, Pei-Ying Lin^a, Lan-Ping Lin^c, Cordia M. Chu^d

^aSchool of Public Health, National Defense Medical Center, Taipei, Taiwan

^bTaiwan Research Center for Intellectual Disabilities, Chung-Hua Foundation for Persons with Intellectual Disabilities, Taipei County, Taiwan

^cGraduate Institute of Life Sciences, National Defense Medical Center, Taipei, Taiwan

^dCenter for Environment and Population Health, Griffith University, Brisbane, Australia

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ABSTRACT

Although longevity among older adults with intellectual disabilities is increasing, there is limited information on their premature aging related health characteristics and how it may change with increasing age. The present paper provides information of the institutional manager's perception on early onset aging and service preparation for this population. We used purposive sampling to recruit 54 institutional managers who care for people with intellectual disabilities in Taiwan. The present study employed a cross-sectional design using a self-administrative structured questionnaire that was completed by the respondents in November 2009. The results showed that more than 90% of the respondents agreed with earlier onset aging characteristics of people with ID. However, nearly all of the respondents expressed that the government policies were inadequate and the institution is not capable of caring for aging people with ID, and more than half of them did not satisfy to their provisional care for this group of people. With regard to the service priority of government aging policy for people with ID, the respondent expressed that medical care, financial support, daily living care were the main areas in the future policy development for them. The factors of institutional type, expressed adequacy of government's service, respondent's job position, age, and working years in disability service were variables that can significantly predict the positive perceptions toward future governmental aging services for people with ID (adjusted $R^2 = 0.563$). We suggest that the future study strategy should underpin the aging characteristics of people with intellectual disabilities and its differences with general population to provide the useful information for the institutional caregivers.

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1. Introduction

The life expectancy for persons with intellectual disabilities (ID) will continue to increase, and many of them will live as long as the general population. However, many countries such as US and Australian studies have found the life expectancy of people with ID remains much lower than the other populations (Decouflé & Autry, 2002; Durvasula, Beange, & Baker, 2002; McGuigan, Hollins, & Attard, 1995; Patja, 2000). Research on previous studies have also found that people with ID experience many health inequalities (Kapell et al., 1998; Lin, Wu, & Lee, 2003; Lin et al., 2006, 2008; Wilson & Haire, 1990), they have

* Corresponding author at: School of Public Health, National Defense Medical Center, No. 161, Min-Chun East Road, Section 6, Nei-Hu, Taipei, Taiwan. Tel.: +886 2 87923100x18447; fax: +886 2 87923147.

E-mail address: a530706@ndmctsgh.edu.tw (J.-D. Lin).

higher levels of health needs (Beange, McElduff, & Baker, 1995; Cooper & Bailey, 2001; Lin, Wu, & Yen, 2004; Lin, Yen, Li, & Wu, 2005; Lin, Loh, Chou, et al., 2007; Lin, Loh, Yen, et al., 2007; Lin, Lin, Lin, et al., 2009; Lin, Lin, Lin, Chang, et al., 2010; Lin, Lin, Lin, Hsu, 2010; Lin, Lin, Chen, et al., 2010; Yen, Lin, Loh, Shi, & Hsu, 2009a), and they often met healthcare access difficulties in modern health service systems (Lin, Loh, Choi, et al., 2007; Lin, Loh, Yen, et al., 2007; NHS Health Scotland, 2004). Furthermore, these health needs were often unrecognized and unmet (Lin et al., 2008; Lin, Lin, Yen, Loh, & Chwo, 2009b; Yen, Loh, & Lin, 2009b), and a complete and coordinated health care policy for persons with ID has often become unattainable in society (Lin et al., 2004). Significant associations have been noted that there were factors such as biological, psychological, social, and developmental factors, as well as life experience, contribute to their inequalities in access to health and social services (Lennox & Kerr, 1997; Whitfield, Langan, & Russell, 1996; Wilson & Haire, 1990). Therefore, without an appropriate health policy approach, they will meet the ongoing health inequality, chronic ill health, and premature death in their lives.

Janicki, Dalton, Henderson, and Davidson (1999) found that the main causes of death for older persons with ID such as cardiovascular disease, respiratory disease and cancer are similar to those of the general population. However, older persons with ID are at greater risk for age-related chronic diseases and health related functional impairments than their counterparts (Durvasula et al., 2002). Many previous studies have also indicated that older persons with ID may suffer higher mobility impairments, osteoporosis and fractures (Evenhuis, Henderson, Beange, Lennox, & Chicoín, 2001), visual and hearing impairments (Evenhuis, 1990) and mental health disorders (Day & Jancar, 1994) than the other populations.

Although the modern medical technology and public health have improved life expectancy of older persons with ID. However, there is limited information on their health status and how it may change with increasing age. In addition, it is not well known whether the onset of age-related diseases occurs earlier in their life cycle. Such information is critical to families, health care providers, and public health policymakers at all levels to improve quality of care for this group of people. To close the information gap, the aims of the present paper were to examine the institutional manager's perception and service preparation on premature aging for people with ID.

2. Methods

The survey involved querying the institutional manager's perception and service preparation on early onset aging for people with ID in Taiwan ($n = 54$). We used a purposive sampling to recruit the study participants. These service providers for people with ID were defined as institutional managers who working in special educational settings, training centers for daily living or workshops, residential care centers, and rehabilitation settings for people with ID. The present study employed a cross-sectional design using a self-administrative structured questionnaire that was completed by the respondent in November 2009. Data were analyzed by SPSS 14.0, and the analysis methods included frequency distributions and

Table 1
Characteristics of the study respondent.

| Variable | <i>n</i> | % | Mean \pm SD (range) |
|---|----------|------|-------------------------|
| Gender ($N = 54$) | | | |
| Male | 16 | 29.6 | |
| Female | 38 | 70.4 | |
| Age ($N = 53$) | | | 42.2 \pm 11.4 (22–66) |
| Working years in disability institution ($N = 53$) | | | 11.0 \pm 7.8 (1–29) |
| Working years of current job ($N = 52$) | | | 6.7 \pm 6.5 (0.5–26) |
| Setting type ($N = 54$) | | | |
| Religion | 38 | 70.4 | |
| Welfare foundation | 7 | 13.0 | |
| POSOL ^a | 5 | 9.3 | |
| Private | 4 | 7.4 | |
| Institutional size ($N = 54$) | | | |
| ≤ 50 persons with ID | 17 | 31.5 | |
| 51–100 persons with ID | 12 | 22.2 | |
| 101–150 persons with ID | 3 | 5.6 | |
| 151–200 persons with ID | 4 | 7.4 | |
| ≥ 201 persons with ID | 18 | 33.3 | |
| Serving subjects ($N = 53$) | | | |
| <18 years old | 2 | 3.8 | |
| ≥ 18 years old | 12 | 22.6 | |
| No age limits | 38 | 71.7 | |
| Other | 1 | 1.9 | |
| Job position ($N = 51$) | | | |
| Director/superintendent | 34 | 66.7 | |
| Division manager | 17 | 33.3 | |
| Perception on the aged years of people with ID ($N = 49$) | | | 45.7 \pm 7.4 (35–70) |
| 35–45 years old | 33 | 67.3 | |
| >45 years old | 16 | 32.7 | |

^a POSOL: private operation of the state-owned service institution.

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