

Interdependence: Creating a Better Future for All of Us

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Why are older adults placed into categories of dependence and independence based on their ability to live in the community on their own?

Using an older adult's capacity to live independently as the deciding factor causes us to focus on deficits and loss of function. Perhaps it is time for us as a culture to redefine how we categorize older adults, and look more closely at the consequences of doing so. These values shape how older Americans are viewed in our society, as well as how they see themselves.

Measuring a person's ability to perform activities of daily living (such as bathing, dressing, toileting, cooking, cleaning, etc.), does not take into account the *effect* of supportive services on function. Examples of supportive services include social services (meal programs, transportation), personal care services (in-home aides),

nursing services (home care, parish nursing), caregiver support (support groups, respite care), and comprehensive agencies (Elder Life Management, an umbrella agency that provides an array of services including management and care planning).

An alternative all-inclusive concept is "interdependence" which recognizes that people are interactive naturally and rely on relationships with friends and family to survive. Interdependence truly centers on relationships, goals, values, and reciprocity, rather than function and ability.

Current practice uses a person's ability to live independently to determine whether they are eligible to receive services, and does not factor in the impact of a strong social network; this is counterproductive and extremely costly to taxpayers.

If an older woman is having a problem with bathing and dressing due to fatigue related to heart failure, supportive services are likely to be provided and reimbursed. Yet, when the woman is reassessed, her improved status

from the home health care may reduce her eligibility for ongoing services, creating a costly cycle of repeated service initiations.

It is rare that an older adult is able to continue living in the community without help from family or other informal caregivers, together with supportive services, until death.

Older adults with circles of support are more likely to be able to continue living in the community much longer, which reduces the need for expensive alternatives, such as nursing home placement.

This concept is not original; it has been used for years as a guiding principle for distribution of government funds for disabled adults. It is time that this successful, logical, and cost-saving approach be applied to how we care for our aging loved ones.

We should advocate for the use of supportive services as means for older adults to continue living in the community, and find funding methodology that can provide more choices for the individual and their families.

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