

Aging and Disability Together

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Content

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What to keep in mind.

- Disability across the lifespan. A person with a lifelong disability who is aging may face new needs and a system not used to thinking about both at once. A person who acquires a disability later in life may not see themselves as disabled at all, which shapes how you talk with them.
- Avoid double assumptions. Ageism and ableism can stack: assuming an older person cannot decide for themselves, or that decline is just normal aging and not worth addressing. Both lower expectations unfairly.
- Person-centered still rules. Whatever the age or diagnosis, start from what the person wants for their life, and support their choices.
- Watch the seams. People can fall through the cracks between aging services and disability services. Help them across; do not hand them off and hope.

Equity in this space. Older adults and people with disabilities from communities of color, rural areas, and other underserved groups often face the steepest barriers to good long-term support. Hold that in view.

Age and disability are not the same thing, but they travel together for many people. Serving the whole person means holding both at once, with respect and without lowered expectations.

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Connect the guidance to the person's goals, program rules, access needs, and follow-up using Aging and Disability Together.

Confirm the current purpose, audience, and decision authority before using Aging and Disability Together to connect the guidance to the person's goals, program rules, access needs, and follow-up.

Choose the sections of Aging and Disability Together that match the situation; do not apply unrelated guidance as a blanket rule.

Document the action taken from Aging and Disability Together, the people affected, unresolved questions, and the responsible follow-up owner.

Check the stated limitations and evidence status for Aging and Disability Together; escalate when current authority or individual context is missing.

Review the result with the affected person, team, or community and revise the design or deliver services approach when it creates a barrier or unintended effect.

For all staff, use Aging and Disability Together to connect the guidance to the person's goals, program rules, access needs, and follow-up; use the guidance in the immediate task, check impact and access, and ask for help when authority is unclear. Start by avoid double assumptions. Ageism and ableism can stack: assuming an older person cannot decide for themselves, or that decline is just normal aging and not worth addressing. Both lower expectations unfairly.

Do not replace official legal, policy, clinical, supervisory, program, or Tribal authority.

Do not infer an individual's identity, preferences, needs, or experience from group-level information.

State uncertainty, use current authoritative sources, and escalate when the decision exceeds the user's role.

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