

Intra- and extra-personal factors on functional ability in an urban older African American cohort

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Introduction: The transition between independence and functional limitations can be influenced significantly by the environment in which a person lives. The association of intra-personal and extra-personal factors and a person's physical or functional ability may prove to be central to healthy aging and well being in old age. Intrapersonal factors might include psychosocial attributes, cognitive performance, and physical abilities. Extrapersonal factors might include external supports like social networks or social activities that take place in the broader social environment. Few studies have examined the associations between the aforementioned factors and functional ability in older African Americans, a population that may be at increased risk for functional dependence in old age due to various medical co-morbidities. **Objective:** The objective of the study was to a) examine correlations between various demographic, cognitive, and physical performance measures with two domains of self-reported ability : the ability to perform self care activities of daily living (ADLs), and instrumental activities of daily living (IADLs); and b) identify intra- and extrapersonal factors that may be related to change in two performance-based measures, gait and balance, in a cohort of community-dwelling African Americans. **Methods:** Participants' (n=347) data were obtained from the Rush Minority Aging Research Study (MARS) (NIH-R01AG22018), a longitudinal epidemiologic study of risk factors for cognitive decline in older African Americans. **Results and Conclusion:** Demographic characteristics include: male =29.3%; mean age=73.24 ± 6.03 years, mean education level =14.84 ± 3.54 years, and mean MMSE score= 27.82 ± 6.03. Lower self-reported disability (for both ADLs and IADLs) was correlated with higher education, higher global cognition, higher MMSE scores, higher gait scores, and higher scores on Purdue Pegboard. Gait was slower and balance was worse as people were aging. Cognition, purpose in life, and late-life social activity were found to be protective of these declines. **Contribution to the practice:** Rehabilitation personnel may use this information to develop assessments and interventional strategies for healthy aging and slowing the decline in functional and physical abilities in older African Americans.