

The Future of Living: *Independently*



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*An Affiliate of
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*An Interdisciplinary Consensus Conference of the
International Longevity Center-USA*

Sponsored by Philips Healthcare

Acknowledgements

The International Longevity Center-USA gratefully acknowledges Philips Healthcare for sponsoring the consensus conferences upon which this report is based. As special note of appreciation to Ron Feinstein, president and CEO of Philips Lifeline, as well as Rob Goudswaard, Paul Simonetti and David Wolf.

Dr. Everette Dennis at the ILC-USA served as moderator for the conferences and was involved with the writing of the report. The entire project was expertly managed by Megan McIntyre, the ILC's director of communications. Laura Clutz served as rapporteur while Heather Sutton and Mario Panlilio provided editorial assistance. Finally, our gratitude to the sixteen panelists who generously brought their considerable knowledge and judgment to bear on this report.

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Preface

As people live longer their desire to live as independently as possible is challenged by the need for adequate and satisfying living arrangements. This is of great concern to individuals and their families as well as society itself. It is not simply a matter of finding the best housing and living choices for older persons, but also calibrating them against the backdrop of the culture of aging itself, health-care and caregiving needs as well as actual living arrangements coupled with matters of environmental design.

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These concerns have occupied professionals, scholars and policymakers for several decades and each of these stakeholders has generated knowledge and proposed solutions, but not fast enough to keep pace with the growing older population. Still, there is an expanding literature on the subject of independent living, some of it highly technical, some more pragmatic, but most of it reflecting the interests of those who produce it. Thus, we hear most from health care professionals and health economists, architects, technologists and planners, designers and social analysts as well as journalists and politicians, each with their own take on a matter that needs serious attention.

Rarely in the many discussions of living independently—how to achieve it and with what means—do concerned persons from differing fields, housing and healthcare professionals and constituencies get together to share their knowledge and judgment about independent living—and living independently. That’s what we aim to do in this report, which reflects the deliberations of a group of 16 eminent

experts and stakeholders who met twice in autumn 2008 to share their thoughts in the framework of an interdisciplinary consensus conference. We at the International Longevity Center-USA were privileged to host these persons, some who attended both sessions, others who could only be present for one. The conferences were made possible with an educational grant from Philips Healthcare.

This report offers an overview and an assessment of independent living through the prism of (a) the culture of aging, (b) living arrangements, (c) healthcare and caregiving and (d) environmental design. To our knowledge this is the first time these topics have been addressed in an integrated fashion by a multi-disciplinary panel with representatives from architecture, business, communications, health policy, medicine, nursing and social work among others. Leaders from living options themselves—including NORCs (naturally occurring retirement communities), assisted living, congregate living, nursing homes and others were also integral to the conversation. The report reflects a consensus of those who took part and members of the staff of the ILC-USA. There are recommendations that we hope will help older persons and their families as they consider how to achieve independent living appropriate to their needs—and also to guide professionals and policymakers, as they take on the larger, social and policy questions. Our gratitude to all who were involved in this endeavor.

Robert N. Butler, M.D

President and CEO

International Longevity Center

I think we would all agree that the ability to age in place and continue to live in the homes that we love is a vision we all share. However, with a shortage of trained caregivers, limited choices for livable communities for older adults and our current homes posing a variety of physical and mental challenges, knowing what options exist and how to prepare for the future can be a challenge and for some, frighteningly overwhelming.

We are a society of people that are living much longer than ever before and the time for thoughtful, purposeful solutions for aging in place is now. We have the right technology, people and resources at our fingertips to start the communication around this much needed area and the means to better equip our aging population with the education and resources available for us to continue to live a safe and productive life well into older age.

Because of the relevancy and importance of these topics, Philips was proud to get involved and sponsor the work done to create a new and unique “Think-Tank” focused on identifying the issues related to ‘the future of aging’, a subject that sparks high interest within Philips.

Philips has long been committed to health and well-being. With the creation of the Philips Home Healthcare Solutions group, and through a fast growing suite of products and services, varying from Medical Alert Services through Philips Lifeline, advanced cardiac monitoring services for arrhythmia patients, and innovative solutions for the global

sleep and respiratory markets, Philips has deepened their commitment to helping the ‘older old’ and chronically ill.

Our business is focused on driving innovation and delivering solutions to the many situations our aging society faces-The need for solutions to deal with the consequences of Falls (the cause of 40% of nursing home admissions in the US). The need for people to have a better way to manage their complex medication regimens. The need for medically, convenient, monitoring for patients dealing with Congestive Heart Failure and on blood thinners. Our many years of research and talking with our customers have told us that our aging generation and their caregivers predominantly prefer to age in their own homes, want to keep their active lifestyle, want to stay in control, even if they need some help.

Our society is ready to face aging issues and is looking for education and services to help navigate through the possibilities. We were honored to be a part of this significant endeavor and our sincerest gratitude to all those that participated. Philips Home healthcare will remain committed to helping our aging population with their growing needs and looks forward to taking part in shaping the “future of living independently”.

Ron Feinstein

President and CEO, Philips Lifeline

Executive Vice President,

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Introduction

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People begin life with no control over their living environment, dependent on their parents' capacity to provide the physical, social and economic conditions for their childhood development. In adulthood, people do control, or at least influence, where and how they live. Toward the end of life, older adults face a variety of choices for their living environment. Some choose aging in place at home, while others move to communities and institutions for older adults, and often they end life in a nursing home or a hospital. In effect, many older adults with diminished energy and capacity can, and do, lose control over their living environment and conditions. This is not a popular scenario since studies show (and experience confirms) that most individuals growing older want to live as independently as possible for as long as possible.

In a society in which people are living much longer than they once did, the need for thoughtful, systematic solutions to independent living and living independently is self-evident. The Baby Boomer generation has witnessed the previous generation living into their 80s, 90s and beyond, and many play a major role in housing/living choices for their parents. These choices are not made against some ideal solution, but from among available resources and alternatives. With little evidence of advance planning, Boomers, their parents and other older adults often confront less than satisfying choices for living independently.

It was that concern that brought together sixteen experts in geriatric medicine, public health, nursing, caregiving, architecture, health economics,

technology and health communications with leaders of adult communities, senior living facilities and health care facilities under the auspices of the International Longevity Center-USA supported by a grant from Philips Healthcare.

The expert panel—all with professional concerns for independent living—took part in two scientific consensus conferences in September and November of 2008, both at the ILC-USA headquarters in New York City. Under the banner of “*The Future of Living Independently*,” the sessions aimed at “downloading” knowledge from experts through a series of directed questions. Drawing upon professional and personal experience, during the first meeting participants were asked to collectively imagine a detailed vision of an ideal aging-in-place environment. Throughout the second conference, participants addressed what stands in the way of creating the ideal environment and recommended ways to address those challenges. Their conversation centered around four concerns:

- The Culture of Aging
- Living Arrangements
- Health Care and Caregiving and
- Environmental Design

SETTING THE STAGE: FACING DEMOGRAPHIC, HEALTH AND BEHAVIORAL REALITIES

As this report indicates, the singular demographic of our time—population aging—drives any discussion of independent living. In presentations by Dr. Linda Fried, dean of Columbia University's Mailman School of Public Health, and Dr. Robert

Butler, president and CEO of the ILC-USA, the nature and characteristics of the age wave and the pathways open for independent living were explicated and explored. Next, joined by the panel of experts, the conference asked about the **Next Generation of Older Adults—what they want and what they need?** This was followed by consideration of: **Where can future innovation take us in addressing the anticipated requirements for older living?** Finally, participants conjured up an image of the ideal environment.

Drs. Fried and Butler stressed the continuum of health conditions faced by older persons that can shape and even determine their needs, moving from early pathology and disease as one grows older to full blown disability—and the degrees of frailty that lie between a robust, healthy person in their sixties and someone with impairment and limitations in their 80s. The realities of the “degrees of independent living,” said Dr. Fried includes the percent of people in nursing homes at age 65+ versus those in nursing homes at 85+.

And clearly the progression of community-dwelling persons who need help with activities of daily living (ADLs) increases over time and has clear implications for assistance needed by older persons, as Table 1 indicates. Just what choices older people should make in finding the best possible solution to their living needs (including nursing homes, assisted living, Programs for All-Inclusive Care of the Elderly(PACE) and NORCs where people age in place, growing old together) will be governed by a wide range of factors including physical and mental capacity, the demands of the environment, various social supports, an individual’s actual motivation, financial capacity and the availability of care. Older adults are heterogeneous, Dr. Fried advised, with different health conditions as indicated in Table 2

which illustrates the degree to which community dwelling older adults have difficulty walking.

Table 1
Degrees of Independent Living, ≥ 65 years, US

Age Group	Community-Dwelling		
	% in Nursing Homes [†]	% Needing Help with IADLs [‡]	% Needing Help with ADLs [‡]
65+	3.48	11.6	6.1
65-74	0.94	5.9	3.5
75-84	3.61	12.1	6.2
85+	13.87	34.6	17.3

[†]NNHS, 2004 [‡]NHIS, 2006

Table 2
Community Dwelling Older Adults with Difficulty Walking, 2006, US

Age Group	% Having Difficulty Walking
65+	42.6
65-74	33.3
75-84	47.6
85+	68.2

Source: NHIS, 2006. NCHS: <http://www.cdc.gov/nchs/agingact.htm>

Ultimately care designed to optimize independent living includes prevention—decreasing risk of decline in function; recovery—from acute illness and hospitalization, as well as compensation for various disabilities and vulnerabilities must be coordinated with independent living options, whether this means proximity of a senior center, health care center, hospital, nursing home or other facility. The heterogeneous older person is not static, but moves in and around their place of residence, drawing on various services to assure independence for as long as possible. Long term, of course, this is more than an individual or family choice, but one that must be supported by larger public policy that coordinates services and community resources with the needs of citizens.

ENVISIONING INDEPENDENT LIVING FOR OLDER ADULTS IN 2030

Armed with data and information from the first conference, the second gathering was more pragmatic—asking what’s really possible, now and in the immediate and distant future. The conferees framed their remarks and responses around the present state of independent living versus those imagined in 2030 when today’s oldest Boomers will be in their 80s. In a Socratic dialogue the conferees addressed four questions, all honing in on the focus areas above, namely:

- What advances are needed to reduce isolation among older adults to change the culture of fear and denial?
- What are the necessary characteristics of livable communities for older adults?
- What health care and caregiving resources are needed for older adults in and/or around their living environment? and
- How can the living environment for older persons be most effectively designed to assure simplicity, quality and reliability?

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The purpose of this report is to share the recommendations developed by a distinguished group of invited experts and to engage the public, citizens and consumers in a national conversation about independent living in a world where greater longevity is now a fact of life. Further, it is our desire not only to fuel an important conversation that can lead to personal and social solutions, but to help overcome the haphazard thinking among so much of the public about living arrangements for older persons, perhaps even moving beyond stigma and denial.

1. Monitoring and Mastering the Culture of Aging

A utopian view of aging, if one exists, might imagine hardy and robust older adults in good health with adequate financial resources that allow for comfortable living as long as they are alive. The same scenario would also factor in living arrangements to suit the older person's requirements—sized appropriately, well designed, convenient and comfortable. They would live in environments that provide meaningful and engaging social interaction, including social connections. The older person would be comfortable in their own skin, valued by family, friends and relatives—and, above all, appreciated and treated with dignity, courtesy and respect.

By contrast, older people face a very different world, one generally beset with age prejudice or ageism, one that isolates them physically or psychologically from the rest of their community, where they are often “out of sight and out of mind.” In a society, largely built by the Baby Boomers with the celebration of youth culture as its centerpiece, some might say the older generation is getting its just desserts, as they reluctantly grow older. People retire voluntarily or are pushed toward retirement, even when they don't choose it. Intergenerational relations don't come easily as Boomers and members of the Sandwich Generation deal with the demands of their children and at the same time with those of their aging parents or grandparents.

No surprise, then, that older people often live in a world of fear and denial. They naturally fear the coming of old age with advancing frailty and

cognitive decline, the fear and worry about being a burden on their children and others and the fear of outliving their wealth. Along with fear comes denial—a failure to plan for old age, a reluctance to engage in preventive health activities or to effectively promote new social relationships as old ones fade away. In sum, they have difficulty accepting the limitations of one's advancing years. One participant in the conference offered this good-humored lament:

“When I listen to you talk about aging, I get a little knot in my stomach. I think there is a great deal of fear, anxiety and denial that exists between the generations. I don't know if I'm old yet and that's a problem. My daughter is quite sure I'm old and that's another problem. She wants to help me, but she's got her own life and I don't know whether I really need help if I'm not old yet.”

The question is how to reassure both generations that getting old is okay and that ageism can be overcome with open and honest communication. Another conferee praised broadcast anchor Diane Sawyer who recounted that when she turned sixty, some said, “Don't worry, that's the new forty.” “No,” she said, “I'm the new 60—and that's fine.”

Dr. Sean Morrison, a geriatric physician at Mount Sinai Medical School, joined in the conversation noting that there is a “spectrum of isolation among older people.” He identified three manifestations of isolation among his patients, “First, older adults who outlive their friends and relatives—in fact outliving their social connections.” These people, he

says, could benefit from assisted living [or some group living] but they resist it, in part because they would have to create a whole new social network and they argue that they are too old to do it. Second, there are people with functional disabilities—real physical limitations—whose movement and freedom is constrained, thus fostering isolation. Third, are the cognitively impaired people, physically functional, but psychologically and emotionally frail, sometimes confused. “They crave social connections, but are denied or as one elderly patient put it ‘I want to play poker, but they don’t want to play poker with me anymore’”.

To Dr. Robert Butler of the ILC-USA “fear and denial are close cousins of ageism.” And while there are many social barriers for older people, created by the outside world and transmitted by family, friends and community members, he and others argued that older people are often ageist themselves—that much of the isolation and denial comes from their own acceptance of dominant social values. As one health policy expert at the meeting commented, “some of our clients think senior centers are a great idea until they get there and then they complain, ‘that place is full of old people.’”

Steve Edelstein of PHI noted, “When you visit facilities for older people, you hear the complaint that ‘there are no young people around here except on weekends and when grandchildren come plus the kids who work in the cafeteria.’ This raises questions about what to do about this kind of age-specific self selection.”

Thus isolation among older adults is a vital concern as people become fearful of their environment, both inside and outside their homes. They become leery of going up and down stairs, sitting in a chair that is too low or using a bathroom that is not handicap friendly.

NAVIGATING ISOLATION

Julie Harding, chief operating officer of Atria Senior Living Group, said recognition of the potential for isolation even in a lively older adult community is always a concern—one that is best addressed by keeping people engaged, active and socially-connected through pleasurable and meaningful activities. It is important, she said, to make sure this happens both inside and outside senior living and other communities for older persons. “We want to make sure that people continue to be connected to their church or bridge club or other community organizations,” not retreat into a retirement home, closing the door on their previous life. To social work executive Nat Yalowitz, president and founder of the Penn South NORC (naturally occurring retirement community) in New York City, isolation is best challenged by “encouraging talk of the future urging people to reminisce about the past, thus making the step to the present and future.” Dr. Butler has promoted *life reviews* in which people systematically review their lives, which can be therapeutic and makes the desire to reminisce an asset, not a liability. In an other instance, Dr. Everette Dennis of the ILC-USA, told a story about a 90 plus year old woman in an assisted living facility who was a gifted bridge player. “When she first got there she couldn’t find anyone who played her level, so she decided to teach bridge, but that wasn’t satisfying so her nephew helped her go online to join a bridge group. This she loved and happily recounted that some of her new fellow players were young and middle aged people, remarking ‘on the Internet, no one knows you are old.’ And her online experience also gave her the confidence to join a bridge group outside her residence.”

The conferees recommended that the culture of aging be understood and combated at the social, institutional and individual levels. As Susan McWinney-Morse, founder and chair of Boston’s Beacon Hill Village, a service consortium for older residents put it,

“Early in life people are expected to learn, earn, have children and then in the blink of an eye they are 65 or 70 and nothing is expected of them anymore.” That suggests that a sense of purpose is critical—and crucial to living independently with satisfaction and ultimate happiness.

Thus, there is a profound need to confront the social environment with a powerful individual response, the conferees agreed, that maintaining independence is contiguous with maintaining control of one’s own life—and that this control fosters dignity and purpose.

WHAT’S TO BE DONE?

Short of reforming and transforming society, there are positive steps that can be taken to cope with the culture of aging, including:

- **Reframing the discussion about aging** beginning with the Boomers, projecting how one is likely to age and what needs an individual will have going forward, thus avoiding denial and being aware of the dangers of isolation;
- **Creating a plan to find meaning in life** after retirement and the departure of children by reclaiming activities and interests that have been dormant or discovering new ones;
- **Consciously assessing, reinforcing and rebuilding social relationships**—among friends and acquaintances, in the community, even online through social networking sites and other interest groups;
- **Establishing support systems**—by volunteering, creating networks, doing something useful and thus feeling validated;
- **Finding ways to embrace longevity**—and the aging process by openly discussing physical and cognitive impairment (advancing and anticipated) as well as death; and
- **Assessing and embracing available technologies** to prevent isolation, enhance functioning and enhancing security and safety.

2. Living Arrangements—Finding the Best and Right Choices

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Statistics tell only part of the story as Baby Boomers consider their basic (and desired) living needs in a fashion that assures comfort and achieves independence. AARP studies show that some 89% of homeowners prefer to stay in their own homes as long as possible while 11% say they will need to downsize, either moving to a smaller private residence or some form of adult, assisted or congregate living. Other studies report that wherever a person is living at age 65 is likely to be their domicile for life. Whether these statistics will hold as Baby Boomers age is any one's guess, but as we have implied earlier, the Boomers loudly proclaim that they are “not their father's daughters or mother's sons,” meaning that they are different and while appreciating the range of living arrangements now available for older persons—including their parents—these might not satisfy them as they grow older and cannot (or prefer not to) manage larger or more demanding homes, whether free standing residences, apartments, condominiums, modular or mobile homes—or other arrangements.

What Boomers often object to is *other old people*, not rejecting their soon to be peers wholesale, but expressing a preference for intergenerational living, rather than congregating only with others of their own age. Conferee Diane Hill Taylor of the AARP expressed this sentiment when she said, “I want to see something that approximates the whole home and community—that is a multi-generational livable community that is good for you, that works for me and that is affordable.” There are many initiatives to promote intergenerational

housing—and even studies that address them. However, many older people do opt for safe and comfortable environments that are mostly exclusively for older people—such as the previously mentioned NORCs, assisted living, senior congregate living and other quasi-independent settings where people occupy their own apartments and use shared food and other services.

Present day options are wide-ranging, the conferees agreed, but only a limited portion of the population can afford some of them, notably the high-end assisted living facilities. And others, they said, will eventually find nursing homes their only available option depending on their health, finances and other specific needs. It was suggested that living arrangements need to be subjected to a test involving psychologist Abraham Maslow's “hierarchy of needs,” that is Maslow's assertions that—esteem, love/belonging, safety and psychological needs must be met in order to overcome feelings of loneliness and isolation. For older persons the most critical factor in their living environment is safety. As one conferee said, “if you get past safety and the fear associated with it, other factors in the living environment are moot.” Safety includes physical well-being and safety from falls and other aspects associated with a decline in physical health, but also feeling safe from external harm, including crime.

Throughout the conference three words were repeated frequently—*choice, safety and control*. Ideally choice, as noted above, means selecting the best possible option for oneself, depending on needs,

interests, financial capacity and other factors. That also means finding a truly comfortable venue, whenever possible, that navigates effectively the pervasive ageism of the larger society. Choice is also related to design factors, covered later in this report. It was also suggested that considering health factors in the discussion is also critical. Like students and their families picking a college or university, there are realities about choice. The very *best* living environment by some abstract or socially motivated standard as expressed in the many *Best Places to Retire* guides, might not be the right choice for the individual in their particular circumstances.

Control has both psychological and physical dimensions, as people want to feel as though they are in control of their lives, in making decisions about what they will do when, whom they will socialize with and many other concerns. Control over one's physical environment is also crucial, the ability to open a window, navigate a door or the toilet all redound to a person's sense of well-being. Of course, these are closely related to cognitive and physical health, including memory.

Living choices that factor in choice, safety and control include:

- Types of facilities
- Size, scale and affordability
- Geographic choice and location
- Proximity to family friends and a support system
- Inter or multi-generational access
- Opportunities for pets, visitors, other amenities
- Proximity to services from shopping to health care
- Internal safety and security features
- Calibration to physical and cognitive needs
- Environmental concerns – health, physical conditions
- Setting that nurtures purpose in life

There are many different ways to define these considerations, but any and all might be important to

the individual in determining whether the environment is elevating, healthy and nourishing to the mind, body and spirit. Some arrangements for older people feel like “a waiting room for death,” as one conferee put it, while others, are “Bright, attractive and give you a reason for getting up the next morning.” But clearly, what seems like home to one person may be quite different for another. Some covet an environment that “feels like going on vacation,” while others want a homey, less pretentious setting. Some like a place where they are surrounded by their favorite physical objects, while others seek out spare, edited down living.

WHAT'S TO BE DONE?

In considering the physical space that a person will occupy in their older years, the conference, agreed that one should:

- Maximize choice, safety and control;
- Be attentive to the physical space and its features in concert with their own specific needs;
- Consider how much and what quality of space one will occupy, eliminating excess rooms and spaces;
- Consider the value of multigenerational housing or communities where multi-generational contact is easy;
- Calibrate housing choices with service and health needs;
- Select a livable, walkable community, remembering that physical exercise is essential to health;
- Find a domicile that fosters social interaction;
- Be close to transportation;
- Integrate space-saving devices and technologies that enhance safety and eliminate fear and isolation; and
- Consider the social and community environment—including access to the arts, culture and educational opportunities.

3. The Healthcare and Caregiving Conundrum

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If the panelists were quietly impartial on some matters, the discussion of the healthcare and caregiving inspired passionate exchanges. With several medical and public health specialists present, discourse centered on the disconnect in healthcare for older people seeking the *best* or *right* independent living options. While there is full agreement on the need for healthcare services to be carefully factored into the senior housing decision, there are several barriers to achieving that goal, both on the policy level and in terms of individual health choices, namely:

- An emphasis on acute care at a time when older people need chronic care;
- The delivery of healthcare mostly in hospitals, rather than venues closer to people’s homes;
- A shortage of geriatric physicians, largely due to compensation;
- Concurrent shortages of nurses and other healthcare personnel;
- A veritable crisis in caregiving with a lack of trained, reliable and properly paid home caregivers;
- Transportation to medical services is a continuing concern as is; and
- The failure of pharmaceutical companies and the Federal Food and Drug Administration to include older people in clinical trials for drugs.

The conferees agreed that by identifying key health care barriers, they can better signal business, government and other institutions about vital needs, but at the same time offer personal guidance for older persons and those working directly with them

on independent living alternatives. Some health care issues can also be greatly enhanced by the innovative and effective use of technology.

The dual problem of location—and focus of care and services was seen in several panelists’ comments. Dr. Eric Rackow of SeniorBridge said “The problem with health care is that it is located in the wrong place, mostly in hospitals and there are plenty of hospitals and plenty of ambulatory facilities in urban and rural settings.” He and others emphasized the need to treat more people in their homes and in facilities closer to their homes, which would relieve the pressure on hospitals and be better for people. “We don’t take care of them early enough and so they end up in hospitals, which might not otherwise be necessary,” added Dr. Michael Gusmano of the ILC-USA and the State University of New York. NORC leader Nat Yalowitz said his organization addressed the issue directly by going to the head of a major hospital and asking him to locate services in the NORC facility. They did and a designated group of physicians set up shop there, and, “They thought of our program as part of their office practice.” As he put it, “If you want medical care closer get doctors closer—they’ll do well economically and professionally.”

With the focus of care in the hospital, the emphasis is naturally more on acute medical issues with little or no attention given to preventive medicine and chronic care. It was noted that many physicians, physical therapists, nurses and social

workers are not trained in geriatrics and are not always keyed into the best, new treatment or knowledge about older persons. There is also a dearth of geriatricians and geriatric physicians. There are only 7,100 physicians now certified in geriatrics, due in part of their relatively lower average salaries (\$163,000 vs. \$175,000 for internists).

Dr. Dorothy Baker, a fall prevention expert Yale Medical School, emphasized the importance of keeping older people active since, “We know that becoming sedentary is the kiss of death for old folk, so we want to make sure that nurses, for example, use a restorative health model” involving the patient in physical tasks, rather than doing everything for them, even though that might be easier.

Ironically, it is improved medical care and prevention efforts as well as new drugs that have contributed to the dramatic increases in life expectancy in the U.S. Indeed, life expectancy is projected to increase from 77 years in 2008 to 82.6 years by the years 2050 when the number of centenarians will have increased markedly as will have Alzheimer’s patients. At the same time, there is no assurance that Boomers will be healthier than other generations, in spite of their emphasis on anti-aging in a youth oriented culture. As Table 3 indicates, the self-assessed health status of Americans gives pause to thoughtful commentators.

Table 3
Self-assessed Health Status, 2006, US

Age Group	Fair/Poor %	Good %	Excellent/ Very Good %
65+	3.48	11.6	6.1
65-74	0.94	5.9	3.5
75-84	3.61	12.1	6.2
85+	13.87	34.6	17.3

Source: NHIS, 2006 NCHS: <http://www.cdc.gov/nchs/agingact.htm>

Older Americans who wish to stay at home as long as possible before seeking out assisted living options, have difficulty finding caregivers who are dependable and trained. Several efforts to address the caregiving crisis—too few, too poorly paid and without status—were noted including the ILC’s Caregiving Project for Older Americans, carried out with the Schmieding Center for Senior Health as well as the Amgen, MetLife and UniHealth Foundations. Many efforts are underway to increase the supply of trained caregivers which will greatly enhance health capacity for older people. Caregivers themselves also have issues, including living under great stress, which leads to a revolving door syndrome and less attentive care for older people.

Although beyond the scope of people planning for housing and independent living, matters involving pharmaceutical products were also mentioned. It was noted that there are various medical and health care programs that now carefully evaluate the number of medications a patient is taking as well as their likely interactions, often a problem for older people who take multiple medications, sometimes over 25 pills a day. Also noted was the failure of the pharmaceutical industries and the Federal Food and Drug Administration to include older persons in clinical trials. Older people make up about 12 percent of the U.S. population but they account for 40% of those who use prescription drugs.

Among technological advances discussed were those that can monitor medications, help prevent falls, and motion detectors that help family members, relatives and caregivers track the activity of older persons without being present in the home. As several persons agreed, most technologies “are about enhancing relationships, and making it easier for older people to negotiate health services, feel safer, more independent and confident to stay as active as possible,” said Ron Feinstein, president

and CEO of Philips Lifeline, a service within Philips Home Healthcare Solutions that monitors and reminds patients to take medications, allows older people to summon help, and generally feel more connected rather than more isolated. Many of those who use this and other technologies are not necessarily the direct consumer, but get the service through the recommendation of local caregivers and family members. “It gives everyone piece of mind. For many older people though, it is less of a technology issue and more an issue of adoption.”

People who do use various technology devices and digital aides manage to stay at home longer and live more independently than those who do not. The health care area is fertile ground for meaningful innovation. Along with health care professionals, there are many online communities and social networking sites that provide health information and help solve health problems.

WHAT’S TO BE DONE?

While individuals and their families who are attentive to health care needs of older persons cannot be expected to solve the policy dilemmas that will require high level interface between the public and private sectors, the public’s understanding and support is needed to urge:

- The development of health care services closer to home;
- The augmentation of neighborhood services and those in markets and drugstores, for such needs as flu shots, etc.;
- Greater emphasis on chronic care and prevention; and
- Strengthening of efforts to improve caregiving, among others.

At the same time independent living and living independently does require consumers, including older people and their families to:

- Think strategically about independent living in concert with easy access to health care;
- Make more use of social networking systems for support groups around specific chronic diseases or other health issues;
- Equip the home with health care devices, something we take up under design issues; and
- Learn to make the best and most effective use of home health care aides as well as getting family members trained in caregiving when possible.

4. Embracing Environmental Design

Many of the places where older people live are assuredly not age friendly. Mostly built for young, stronger and more vital individuals, they need to be adapted to the diminished physical and cognitive capacity of older people. And as the conferees agreed, the model for housing in the U.S is largely the single family home and the multi-generational apartment house, most of which have stairs leading into them and inside to reach basements and second and third floors. The model for most dwellings is having bedrooms on the second floor—and bathrooms that are especially challenging for older persons. By one estimate more than 1 million older Americans have health and mobility problems as well as other unmet needs when it comes to home modernization.

Closely associated with the built environment in dwellings that are difficult to navigate for older persons is falls, a leading cause of injury, disability and eventually, death. Many of these can be prevented and should be addressed by those designing, building and outfitting senior living environments. In the face of the age-averse dwelling is the growing field of universal design which promotes barrier free or accessible design and assistive technology. The Center for Universal Design led by architects, designers and engineers says the principles of universal design include:

- Equitable use—useful and marketable to people with diverse abilities;
- Flexibility in use;
- Simple and intuitive;
- Perceptible information controls for ambience and background noise;

- Tolerance for error by anticipating hazards;
- Low physical effort; and
- Size and space for approach and use.

(Source: www.design.ncsu.edu/cud)

For older people this means ramps on porches, wider interior doors and hallways, better lighting, buttons and control panels, smooth, but not slippery surfaces or walls and floors. The mantra for the well designed dwelling for older persons is *seamless and simple*. One exchange at the conference put it plainly:

Moderator: What is the most important aspect of good environmental design for older people that ought to guide our discussion?

Male voice: “*Flat!*”

Moderator: “Flat?”

Male Voice: “Yes, flat.”

Moderator: “Ah, everything on one level, right?”

Male voice: “Yes—all on one floor.”

This is of primary concern and should make the older resident conscious of finding a domicile to live where everything is on one floor—or in a dwelling that has an elevator in the best case scenario. Of course, that is not always possible and various stair-climbing technologies and other devices are employed to make dwellings more accessible. “It all starts in the home,” said

Dr. Jeremy Nobel of Harvard's School of Public Health. "Whether it is your own home or in assisted living, a home needs to be organized to be user-friendly with higher toilets and furniture. Sometime some simple home renovations can make this possible."

Architect Richard Cook, partner in Cook + Fox Architects, a firm praised for its environmental consciousness, said that "environmental responsibility" goes hand and hand with good design, but getting too far ahead can be a mistake. Especially important, he said, are "dynamic lighting levels, because the human eye enjoys exposure to daylight as opposed to artificial light." Good design can also reduce heating costs, a major concern for seniors.

Others suggested that environmental and design audits of older persons quarters provide the basis for a strategic approach to renovation and retrofitting. Again, consciousness of health issues is important with the possibility of hip protectors and airbags and various tele-help devices that will summon outside assistance when necessary. There are many age friendly organizing devices, cupboards and shelves for homes and apartments as well as signage that will trip the memory when necessary. Essentially, the home needs to be reconfigured to be responsive to the needs of older people.

WHAT'S TO BE DONE?

As noted earlier, there was agreement at the conference that putting bedrooms on the first floor of a dwelling has a vital safety benefit. It is thought that since design is so closely linked to technology, this is an area where today's Boomers will be responsive to change and various energy savings and environmentally friendly flow. It was agreed that embracing environmental design means:

- Enhancing air quality;
- Providing better lighting;
- Benefiting from the "smart home," that uses technological devices that defer heavy lifting, excessive movement and work that requires great strength;
- Getting a design audit for handicapped and aging accessibility;
- Planning ahead for the best and worst possible scenarios with regard to one's own physical and cognitive capabilities;
- Using furniture, including beds, chairs and sofas, that is comfortable and easy to use and get up from;
- Redesigning drapes and blinds for easy use;
- Reducing use of hard or bumpy surfaces;
- Removing rugs and other impediments to walking freely or using a walker;
- Retrofitting the home to make it user friendly;
- Embracing the principles and practice of universal design; and
- Implementing the lessons of the Green Revolution in design.

Conclusion

As the Boomer generation grows older there is a critical need to develop innovative ideas for independent living. We must put greater emphasis and resources into developing living environments that provide older people the ability to maintain their independence and enhance their quality of life into old age.

The interdisciplinary group of experts who gathered for *The Future of Living Independently* conferences concluded we must continue to engage not only the various stakeholders in the discussion—health care, housing, design, public health, technology, government—but the next generation of older adults themselves. Boomers must move beyond the fear and denial of old age, and realize they are vital to the success of their own independence in old age. Education and advanced planning, or as conferees called it “early intervention”, is critical.

In an immediate and pragmatic sense, there was consensus that too little effort is being made to coordinate and integrate the direct living/housing

needs of older persons with health care facilities and services. And all too often, matters involving design for the maximum benefit in quality of life for older persons across several dimensions of their physical, cognitive and spiritual lives are missing. And while the future development of independently living must address issues of health care, design and social connection, the experts concluded the next generation of older adults desire three things: choice, safety and control in their living environment.

With a sense of optimism the panels at the two conferences viewed the growing population of older persons seeking independent living, not as an insoluble problem, but as a challenge worth addressing. It was agreed that the recommendations developed by the experts have little value unless shared with a wider public. Thus, it is imperative to build on the outcomes of these proceeding and development tools that educate the Boomer generation about their choices and engage them in meaningful discussion about the future of living independently.

Appendix

AGENDA

September 24, 2008

- 9:30 – 10:00 a.m. Breakfast Reception
- 10:00 – 10:15 a.m. Welcome and Introductions
Everette E. Dennis, Ph.D.
Opening Remarks
Robert N. Butler, M.D.
- 10:15 – 10:30 a.m. Pathways to Maintaining Independence in Late Life
Linda Fried, M.D., M.P.H.
- 10:30 – 10:50 a.m. **Presentation** The Age Wave: Who are they?
Robert N. Butler, M.D.
Diane Hill Taylor
- 10:50 – 11:30 p.m. Roundtable Discussion
- 11:30 – 11:40 p.m. BREAK
- 11:40 – 12:00 p.m. **Presentation** Next Generation of Older Adults: What do they want? What do they need?
Steve Edelstein
Susan McWhinney-Morse
Eric Rackow, M.D.
Nat Yalowitz
- 12:00 – 12:40 p.m. Roundtable Discussion
- 12:40 p.m. BUFFET LUNCH
- 1:30 – 1:50 p.m. **Presentation** Where can future innovation take us?
Richard Cook, AIA
Ron Feinstein
Jeremy Nobel, M.D., M.P.H.
- 1:50 – 2:30 p.m. Roundtable Discussion
- 2:30 – 2:40 p.m. BREAK
- 2:40 – 3:40 p.m. Living Independently in 2030: What is the Ideal?
Roundtable Discussion
- 3:40 – 4:00 p.m. Next steps and Wrap-up

AGENDA

November 20, 2008

- 9:30 – 10:00 a.m. Breakfast Reception
- 10:00 – 10:15 a.m. Welcome and Introductions
Everette E. Dennis, Ph.D.
- 10:15 – 10:30 a.m. Summary of September 24th Conference
Robert N. Butler, M.D.
- 10:30 – 11:30 a.m. Roundtable Consensus Discussion: Culture of Aging
What advances are needed to reduce isolation among older adults and change the culture of fear and denial?
- 11:30 – 11:40 a.m. BREAK
- 11:40 – 12:40 p.m. Roundtable Consensus Discussion: Living Arrangements
What are the necessary characteristics of livable communities for older adults?
- 12:40 p.m. BUFFET LUNCH
- 1:10 – 2:10 p.m. Roundtable Consensus Discussion: Health Care & Caregiving
What health care and caregiving resources are needed for older adults in and/or around their living environment?
- 2:10 – 2:20 p.m. BREAK
- 2:20 – 3:20 p.m. Roundtable Consensus Discussion: Environmental Design
How can the living environment for older persons be most effectively designed to assure simplicity, quality and reliability?
- 3:20 – 3:30 p.m. Next steps and Wrap-up
Everette E. Dennis, Ph.D.



The International Longevity Center-USA is a research policy organization in New York City and has sister centers in Europe, Asia, Latin America, Africa and Israel. Led by Dr. Robert N. Butler, a world renowned physician specializing in geriatrics, the Center is a non-for-profit, non-partisan organization with a staff of economists, medical and health researchers, demographers and others who study the impact of population aging on society. The ILC-USA focuses on combating ageism, healthy aging, productive engagement and the financing of old age. The ILC-USA is an independent affiliate of Mount Sinai School of Medicine and is incorporated as a tax-exempt 501(c) (3) entity. More information on the ILC-USA can be found at www.ilcusa.org.

Royal Philips Electronics of the Netherlands (NYSE: PHG, AEX: PHI) is a diversified Health and Well-being company, focused on improving people's lives through timely innovations. As a world leader in healthcare, lifestyle and lighting, Philips integrates technologies and design into people-centric solutions, based on fundamental customer insights and the brand promise of "sense and simplicity". Headquartered in the Netherlands, Philips employs approximately 133,000 employees in more than 60 countries worldwide. With sales of US\$42 billion (EUR 27 billion) in 2007, the company is a market leader in cardiac care, acute care and home healthcare, energy efficient lighting solutions and new lighting applications, as well as lifestyle products for personal well-being and pleasure with strong leadership positions in flat TV, male shaving and grooming, portable entertainment and oral healthcare. News from Philips is located at www.philips.com/newscenter.



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