UMEEA Spring Event

Managing the Quality of Aging - Decisions Around Housing, Health and Family Location

Speaker
James B. Sanders
Adjunct Professor of Entrepreneurship
R.H. Smith School of Business
jsanders@rhsmith.umd.edu
Focus of this session

Highly personal view
• Search for evidence. Attempt to wade through the muddy research
• Focused on making decisions in my life
• Interest in understanding problem and improving for others

Approach/ structure of presentation
• “Peer sharing” not a formal paper
• Interaction and audience feedback encouraged
  • Please enter questions in zoom chat section-
    • Responses during breaks in session and at end
I. Approach to this presentation.
   a. Focus on methods to make decisions around self management

II. What matters
   a. Rowe model  purpose-social-health/fitness
   b. Social determinants of health-it is not just individual
   c. Problems of isolation

III. What choices do you have- what can you control?
   a. How you spend your time- purpose and social
   b. How you manage your health and fitness
   c. Which neighborhoods you choose

IV. Which housing choices are appropriate as you age
V. Housing choice - aging in place/ same house

VI. Resources
What supports quality of aging?
The Positive Aging Approach

• The Rowe & Kahn model (1998)
  • Based on 10 year MacArthur Foundation program
  • Focus is “successful agers”
  • Questions:
    • What determines how well we age?
    • What are the genetic, biomedical, behavioral, and social factors

• Successful aging is the ability to maintain three key behaviors or characteristics:
  • Purpose
  • Active engagement with life
  • Physical fitness and health management
Social determinants influence 50% of health outcomes

- Economic Stability
- Education
- Social & Community Context
- Health & Health Care
- Housing
- Transportation
- Food Security

Our communities are reporting unmet social needs

Recent survey findings show the prevalence of unmet social needs that impact health

- Food Environment: 35%
- Community Safety: 25%
- Housing: 21%
- Social Support: 17%
- Transportation: 15%

Source: https://www.cdc.gov/socialdeterminants/
Isolation Is a Health Risk

**Widespread problem**
25% of community-dwelling 65+ Americans are socially isolated
43% 60+ report feeling lonely

**Health risk of socially isolation or loneliness**
Increased risk of premature mortality from all causes;
- 50% increased risk of developing dementia;
- 4x increased risk of heart failure and death
- 68% increased risk of hospitalization, and
- 57% increased risk of emergency department visits
- Poor social relationships (characterized by social isolation or loneliness) have been associated with a 29 percent increased risk of incident coronary heart disease and a 32 percent increased risk of stroke.

Social Isolation and Loneliness in Older Adults  National Academies of Sciences, Engineering, and Medicine 2020
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Why is Volunteer Work So Popular?

What are the Benefits for Quality of Aging?

1.) Social Interaction
Reduces loneliness and isolation. Improves a sense of well-being and positive outlook.

2.) Physical Health
Regular volunteering over a certain period of time has been linked to lower blood pressure as well as leading to greater longevity.

3.) Stress Reduction
Stress reduction and lower rates of depression is linked to volunteering.

4.) Memory Retention
Studies show that volunteering can help delay or even prevent Alzheimer’s disease.

5.) Overall Happiness
Helping others gives one a sense of purpose and increased self-esteem can lead to improved mental health among volunteers.

Q: How will you spend time during retirement? %

Key points: variety and purposeful activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Traveling</td>
<td>65</td>
</tr>
<tr>
<td>Spending more time with family and friends</td>
<td>57</td>
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<tr>
<td>Pursuing hobbies</td>
<td>46</td>
</tr>
<tr>
<td>Doing volunteer work</td>
<td>24</td>
</tr>
<tr>
<td>Starting a business</td>
<td>17</td>
</tr>
<tr>
<td>Pursuing an encore career (new role, work)</td>
<td>12</td>
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<tr>
<td>Continue working in the same field</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td>None of the above</td>
<td>3</td>
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</table>

NET: Working 33%
How you can manage your health and fitness

Exercise and fitness

• “Substantial protective effect of physical activity persists even to advanced old age” National Academies of Sciences, Engineering, and Medicine 2020
  • Minimize smoking, alcohol
  • Focus on good sleep
  • Manage weight
  • Nutritious diet
  • Regular exercise

• Managing mental health- positive attitude has an impact

Active management through homework and regular assessments

• Test yourself- perform the standard assessment & tests used by physicians
  
  Assessment 1: Comprehensive Assessment of Seniors. Includes cognitive assessment.
  • Available online American Family Physician

  Assessment 2: US Preventive Services Task Force (UPSTF) inventory of assessments
  • Available online: Home page | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)
    Search Results | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)
Where you choose to live

Criteria based on WHO research: What is a livable community?

Liveable Communities Index

<table>
<thead>
<tr>
<th></th>
<th>COLUMBIA MARYLAND</th>
<th>Denver COLO</th>
<th>Austin TEXAS</th>
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<tbody>
<tr>
<td>HOUSING</td>
<td>41</td>
<td>55</td>
<td>59</td>
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<tr>
<td>- affordability &amp; access</td>
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<tr>
<td>NEIGHBORHOOD</td>
<td>61</td>
<td>66</td>
<td>59</td>
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<tr>
<td>Access to life, work &amp; play</td>
<td></td>
<td></td>
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<tr>
<td>TRANSPORTATION</td>
<td>49</td>
<td>70</td>
<td>46</td>
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<td>Safe &amp; Convenient Options</td>
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<tr>
<td>ENVIRONMENT</td>
<td>75</td>
<td>56</td>
<td>51</td>
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<tr>
<td>Clean air and water</td>
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<tr>
<td>HEALTH</td>
<td>73</td>
<td>76</td>
<td>68</td>
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<td>Prevention, access &amp; qualify</td>
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<td>ENGAGEMENT</td>
<td>73</td>
<td>57</td>
<td>64</td>
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<td>Civic and social involvement</td>
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<tr>
<td>OPPORTUNITY</td>
<td>70</td>
<td>42</td>
<td>54</td>
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<tr>
<td>Inclusion and possibilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL SCORE</td>
<td>63</td>
<td>60</td>
<td>57</td>
</tr>
</tbody>
</table>

Source: AARP https://livabilityindex.aarp.org/
Metrics based on 50 census and local data sources
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   a. How you spend your time- purpose and social
   b. How you manage your health and fitness
   c. Which neighborhoods you choose

IV. Which housing choices are appropriate as you age
   a. Stages and types of housing
   b. How do you decide which housing types are available now and at later stages

V. Housing choice - aging in place/ same house

VI. Resources
Managing Where & How I Live- Impact of Health

Persons with Limitations in Activities of Daily Living by Age


Answer:
We all will have changing health needs that will impact our housing. Few can predict when and what we will need.
The CCRC has a single operator, intake process for all levels of care and location. Individuals move from one “ring” to another as their needs change. In reality, people are moved from one location to another as care needs change. You may move “in” and back “out” of these levels as you progress through a series of health incidents as you age. Nevertheless, for someone in the throes of illness even this move on the same campus cannot be considered true aging in place.

Homely and Community-Based Services
Many people receive care from family, friends, and public or private agencies in their homes. Existing networks provide home- and community-based services for older individuals in most communities around the country. Many networks and services are associated with the Area Agency on Aging mandated by the Older Americans Act. Service providers, working in what is called the “Continuum of Care,” meet all or nearly all the needs.

Good News- There is Continuum of Care

Bad news
• Cost and availability is a problem.
• There are few affordable options. Space in health assistance facilities varies
Indicators of Type of Housing

Level of care
• If you were to fall or encounter a chronic health issue do you have family member or reliable person to help you?
• How will you get care if you are not longer able to care for yourself

Caregiving support
• Do you have consistent family or other support nearby?

Social support
• If it becomes difficult or impossible for you to leave your residence, what will your options be for social engagement so you do not become isolated or depressed?
• How easy would it be for you to visit family, friends, neighbors, or engage in hobbies and cultural activities that you enjoy?

House maintenance and safety
• Do you have a method to prevent fires, respond to alarms, and leave the house in an emergency
• How will you maintain the house and yard to prevent accidents?

Source: The Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing
Facility costs have a huge range. Good sources
Genworth
# Combining Levels of Care- Continuing Care Retirement Community

## Table 1. Wellness of Life Plan Community Residents and Community-at-Large Older Adults

<table>
<thead>
<tr>
<th>Measure</th>
<th>Scale Min and Max Values</th>
<th>Life Plan Community Residents</th>
<th>Community-at-Large Older Adults</th>
<th>Significant Difference</th>
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</thead>
<tbody>
<tr>
<td><strong>Emotional Wellness</strong></td>
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<td></td>
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<tr>
<td>Satisfaction with Life</td>
<td>1 – 7</td>
<td>5.84</td>
<td>5.34</td>
<td>Yes</td>
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<tr>
<td>Depression*</td>
<td>0 – 8</td>
<td>1.19</td>
<td>1.05</td>
<td>Yes</td>
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<tr>
<td>Mood</td>
<td>1 – 5</td>
<td>3.95</td>
<td>3.77</td>
<td>Yes</td>
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<tr>
<td>Hopelessness*</td>
<td>1 – 6</td>
<td>2.08</td>
<td>2.57</td>
<td>Yes</td>
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<tr>
<td>Perceptions of Aging</td>
<td>1 – 6</td>
<td>4.01</td>
<td>3.64</td>
<td>Yes</td>
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<tr>
<td>Optimism</td>
<td>1 – 6</td>
<td>4.86</td>
<td>4.51</td>
<td>Yes</td>
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<tr>
<td>Pessimism*</td>
<td>1 – 6</td>
<td>1.89</td>
<td>2.40</td>
<td>Yes</td>
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<tr>
<td>Perceived Control</td>
<td>1 – 6</td>
<td>4.69</td>
<td>4.62</td>
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<tr>
<td>Subjective Age</td>
<td>N/A</td>
<td>14% younger</td>
<td>15% younger</td>
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<tr>
<td><strong>Social Wellness</strong></td>
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<tr>
<td>Loneliness*</td>
<td>1 – 3</td>
<td>1.41</td>
<td>1.51</td>
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<td>Social Contact</td>
<td>1 – 6</td>
<td>4.37</td>
<td>3.23</td>
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<tr>
<td><strong>Physical Wellness</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Self-Reported Health</td>
<td>1 – 5</td>
<td>3.55</td>
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<tr>
<td>Chronic Conditions*</td>
<td>0 – 7</td>
<td>1.86</td>
<td>2.19</td>
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<tr>
<td>Physical Activity: Vigorous</td>
<td>1 – 5</td>
<td>2.22</td>
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<td>Physical Activity: Moderate</td>
<td>1 – 5</td>
<td>3.45</td>
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<td>Physical Activity: Mild</td>
<td>1 – 5</td>
<td>3.37</td>
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<td><strong>Spiritual Wellness</strong></td>
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<td>Spirituality</td>
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<td>Frequency of Praying Privately</td>
<td>1 – 7</td>
<td>4.40</td>
<td>4.71</td>
<td>No</td>
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<tr>
<td><strong>Intellectual Wellness</strong></td>
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<tr>
<td>Self-Reported Memory</td>
<td>1 – 5</td>
<td>3.70</td>
<td>2.95</td>
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<tr>
<td>Intellectual Activities</td>
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<tr>
<td><strong>Vocational Wellness</strong></td>
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<tr>
<td>Purpose in Life</td>
<td>1 – 6</td>
<td>4.70</td>
<td>4.50</td>
<td>Yes</td>
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<tr>
<td>Retirement Satisfaction</td>
<td>1 – 3</td>
<td>2.70</td>
<td>2.65</td>
<td>No</td>
</tr>
<tr>
<td>Frequency of Volunteering with Children/Young People</td>
<td>1 – 7</td>
<td>1.52</td>
<td>1.45</td>
<td>No</td>
</tr>
<tr>
<td>Frequency of Other Volunteering or Charity Work</td>
<td>1 – 7</td>
<td>3.37</td>
<td>2.14</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* A lower score is more favorable.
Discussion

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A. Housing choice - aging in place/ same house

a. The challenge of a safe house
   • Why falls are the predictor for housing choices
   • Fall are common, have negative consequences, are preventable
   • Why most seniors do not prevent falls before it is too late

b. Fall prevention/ home modifications
   • The steps assess-modify-train. Example CAPABLE model
   • AARP & CAPS assessment
   • Occupational Therapist assessment

c. Social support- response to falls, confusion, medicine issues
   • Role of family, engaged neighbors, age support programs
Fall Prevention

Problem:
• Less than 4% of homes are appropriate to aging seniors needs
• Few seniors (less then 5%) modify their homes before there is a negative health event.
• Falls are the leading cause of fatal and nonfatal injuries among older adults.
• Every 19 minutes an older person dies, 25% 65+ fall each year.
• The cost is significant: 38,000 falls in Maryland in 2018 with a cost of $515 million direct cost to Medicare
• Home safety and maintenance needs are broad and increase over time.

Denial and Stubborn Problem

Why do few seniors (less than 5%) modify their homes before there is a negative health event?

Reason given in Brandeis study-

• Don’t need it
• I am not old. I am doing OK now- no need to make changes
• Too complicated
• Not sure what modifications. I already pick up the rugs
• Reducing activity will reduce future activity
• Not ready to think about dying – changing the house indicates I am old
What Can You Do To Make Your House Safe?

Home modification steps

• Assessment of your current and future risks
• Modifying the house – often involves a contractor

Challenges

• Assessment is complicated. Understanding how your unique health needs interact with the building around you requires knowledge
• Needs change over time

Options

Self management tools
• AARP HomeFit checklist, training, and cell phone app
• Certified Aging-in-Place Specialist (CAPS) checklist

Professionals

• Occupational Therapist assessment / preferred
• Certified Aging-in-Place Specialist (CAPS)
AARP HomeFit Guide
AARP Cellphone App: HomeFit AR

HomeFit AR on the App Store

The app uses image recognition to identify design elements and appliances like refrigerators, sinks and stairs, then employs augmented reality to provide additional information with specific “to-dos” or fixes to help you stay safe in the home.

Released July 2021
Final Comments- Next Steps

My experience is that working on managing my quality of aging has positive outcomes:

• I feel happier
• I think I have more control
• I have a method or steps to interact with my doctors and community members
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   Q&A

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   Q&A

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Resources- How Can You Learn More?

Useful websites to learn about quality of aging

- AARP  aarp.org  aarp.org/livable

Web newsletters
- Nextavenue/PBS  nextavenue.org


Quality of Aging groups

- Villages - national vtvnetwork.org  DC
  https://villageoftakomapark.com
  https://hyattsvilleaginginplace.org/
- Montgomery  Montgomery County - Department of Health and Human Services - Aging and Disability Services - Villages - Villages List (montgomerycountymd.gov)
- Howard County  https://www.thevillageinhoward.org
- DC  https://capitolhillvillage.org

Positive Aging Sourcebook- listing of housing, facilities, programs with details and prices
https://www.retirementlivingsourcebook.com

Office of aging (government)

- Maryland directory:  https://aging.maryland.gov/Pages/area-agencies-on-aging.aspx
- Department of Aging and Community Living - DC.gov
Sources
Professional Resources on Home Modifications

Survey of assessment tools/ USC Davis School of Gerontology

  • JHU Integrated assessment, modification, and support program
    [CAPABLE FAQs | School of Nursing at Johns Hopkins University](https://nursing.jhu.edu/faculty_research/research/projects/capable/capable-faqs.html)

  • National Resource Center on Supportive Housing and Home Modifications [www.homemods.org](http://www.homemods.org)
For a copy of the slides
Please email
jsanders@rhsmith.umd.edu

Speaker
James B. Sanders
Adjunct Professor of Entrepreneurship
R.H. Smith School of Business
jsanders@rhsmith.umd.edu