

LIVING
to 100

SOCIETY OF ACTUARIES
INTERNATIONAL SYMPOSIUM

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4B – Housing, Health and Social Support for the Elderly

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2020 Living to 100 Symposium

DOUGLAS ANDREWS & LORI CURTIS

Session 4B- Housing, Health and Social Support of the Elderly

14 January 2020



Health and Social Care Analysis Regarding the State of Canadian Women Living in the Alone Stage of Retirement



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- International Centre for Pension Management

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What is the Alone Stage of Retirement?

- Period near the latter part of life when the individual has no “full-time partner” and has ceased to work full time
- Both men and women may experience this stage but the vast majority who experience it are women
- The number of women in the ASR will increase significantly as boomers’ age
- Our research is concerned with the financial (session 5B) and health and social challenges faced by Canadian women living in the ASR

Outline of Paper

- List the health and social challenges that may be encountered
- Consider 3 promising developments: **Integrated Services; Social Prescribing; Robotics**
- Identify areas for future research
- Conclude

Health, Social and Other Challenges

- Aging in place & other housing requirements
- Go-go, Slow-go, No-go & other physical challenges
- Mild cognitive impairment & other mental health concerns
- Grief, loneliness & emotional issues
- **Special considerations in Canada:** Indigenous people, those living in remote areas, how to access available resources

Integrated Services

- Poorly integrated in Canada
- Some facilities can provide required care through all stages – but uncommon and expensive
- Need to examine international experiences, e.g., “stichtings” in the Netherlands

Social Prescribing

Model from Alliance for Healthier Communities



SP's Potential Benefits for Those in the ASR

- Getting links to available programs
- Receiving support for mental, emotional and social well-being issues
- Raising satisfaction with life through changes in circumstances, enhanced confidence, greater connection
- Enhancing well-being through activity & interaction

SP's Potential Benefits for HC System

- Reducing burden on HC professionals by referrals for non-clinical services
- Increasing well-being of participants may reduce costs associated with self-harm, attempted suicide, & depression
- Balancing the burden between HC professionals & other carers may create efficiency & reduce stress

Is Social Prescribing Effective?

- Anecdotal reports are positive – especially regarding participant response in short term
- Sufficient evidence does not exist to prove it is ineffective
- Difficult to implement an innovative approach within a fragmented system with siloes

Categories Where Robotics May Help Those in the ASR

- Communication and memory aides – Paro, Pepper
- Mobility – SmartCane, SmartWalker
- Strength – Muscle Suit & other exoskeletons, Hug
- Safety – CARE-RATE, iPal
- Service – My Spoon, Chapit
- Healing and health development – Hebiium Plasticity, VR exergame

Paro, the Interactive Seal, & Tina Krliu



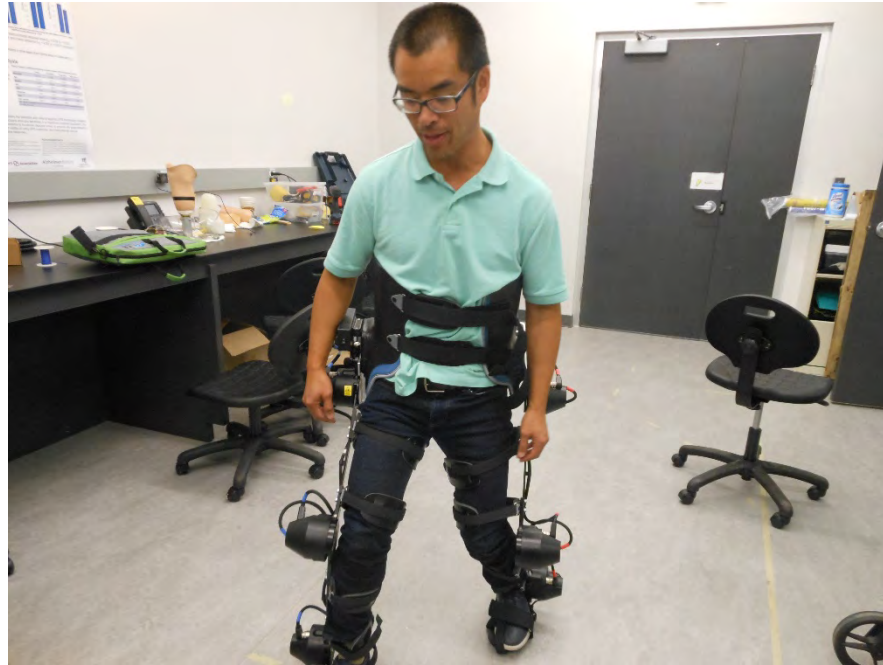
Exoskeleton



Dr James Tung, Exoskeleton & Its Box



Dr James Tung in Motion



Assessment of Robotics

- For individuals in their own setting - a long way off except for the wealthiest participants
- Within institutional settings will see gradual adoption and likely dropping costs
- Challenge – activities of daily living are complex which makes a single robot difficult to design
- Ethical considerations need to accompany design

Conclusions

- HC system needs to be able to deal with physical, mental & emotional issues seamlessly in a caring way throughout the life cycle
- Current system is fragmented but holistic approaches are being developed
- Governments are slow to act & providing adequate care will require more funding
- Robotics can be part of the solution
- As can Social Prescribing, if proven effective

Addressing the Needs of An Aging Population Requires Us to Rethink Social & Cultural Norms

- What are our goals for the elderly? What resources are to be expended? What balance between individual, family, private sector, government? What changes are required?
- Can family play a bigger role?
- Since 2015 Canada has MAID but its final form is not yet complete
- Independence/Dignity/Quality of Life/Cost – we need to talk



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Housing, Health and Social Support of the Elderly -- Discussion

PRESENTER: ANNA M. RAPPAPORT

Living to 100, January 2020



Two papers

- Does Living in a Retirement Village Extend Life Expectancy
 - By Les Mayhew, Ben Rickayzen, and David Smith
- Health and Social Care Analysis Regarding the State of Canadian Women Living in the Alone State of Retirement
 - By Douglas Andrews and Lori Curtis

Common elements and differences

- Both deal with quality of life issues
- Both include discussion of care integrated with housing in forms of Continuing Care Retirement Communities(CCRC) issues
- Mayhew paper focuses on improvement in life span and discusses quality of life – situation is in UK and individuals are lower income
- Andrews paper focuses on several strategies to improve quality of life – location is Canada (with examples outside of Canada) and individuals do not have partners, but may have adult children
- Both look at retirement communities broadly
- Both focus primarily on women, include later years in their consideration

More comments on the papers

- Very pleased to see papers on these topics
- Mayhew paper includes mortality analysis and innovations to link specific population to the overall population
 - Seems very innovative
 - I am commenting on conclusions as stated
 - Did not dissect the technical issues of the analysis
- Andrews paper has identified strategies to improve quality of life
 - Communities that integrate housing and care
 - "Social prescribing"
 - Robotics
 - I agree that these ideas have promise, which is not quantified
 - I believe that there are more strategies to be considered
 - Big issue not considered is the role of the family and particularly adult children

Quality of life and examples of SOA research

- Quality of life issues mentioned in some prior Living to 100s – For example, age friendly communities in 2017.. But this was not major topic
- Sightlines research conducted by Stanford Center on Longevity and supported by SOA – major finding – social engagement is an important contributor to quality of life at high ages
- SOA has conducted series of research studies about ages 85 and over
- Caregiving was important topic in 2017 Risks and Process of Retirement Survey
- 2019 Risks and Process of Retirement Survey – includes a section on Emotional Realities of Retirement
- 2018 Call for Essays on Family and Retirement Security

Bottom line: Increasing Focus on Quality of Life

Comments on CCRCs

- Continuing Care Retirement Communities – offer multiple levels of support
- Such communities can differ in specific services, levels of support, eligibility, financing, likelihood that people will stay long-term, how well they work for residents
- Mayhew discusses UK community structured for lower income individuals
- Mayhew demonstrates that the community studied seemed to increase life spans for lower income women
 - Seems reasonable to me --- they get good food, exercise, many opportunities for social engagement, care when it is needed
 - And life is less complex than where they were previously
 - But unclear how much effect the health requirements at entry had
 - I am not commenting on the methodology for the mortality study

More comments on CCRCs

- Andrews points out that Canadian communities require substantial financial resources, same is true in U.S.; recommends subsidies if they are to help most people
- Andrews offer several examples of communities that offer integrated services; one has payments based on need
- Integrated services can be offered in CCRC or brought to the community for aging in place
- Integrated services are very desirable, but will be difficult to achieve in the community in the U.S. environment
- Andrews discusses the challenge of paying for integrated services and the need for public/community support for some people
- Andrews does not discuss regulation but it is a substantial issue

More comments on CCRCs

*My paper: “Improving Retirement by Integrating Family, Friends, Housing and Support: Lessons Learned from Personal Experience”, published in **Managing the Impact of Long-Term Care Needs and Expense on Retirement Security Monograph**, Society of Actuaries, 2015*

- People in CCRCs often like them a lot – great solution unless things go badly
- Require substantial up-front payment and monthly payments – may not be refundable if individual leaves or at death; individuals believe that they have a guarantee of care
- Risks may not be understood – potential of financial trouble if
 - Not enough new entrants
 - Unattractive refinancing of debt
 - Too much utilization of long-term care
- Other challenges: Residents may be unable to make ongoing payments
- Other challenges: Quality of care may not be what was hoped for
- Contracts reserve rights to the CCRC that are not understood

Comments on aging in place

- Most people prefer to age in place
- U.S. policy is moving to support aging in place
- Two papers focused on communities that integrate care, but did not discuss aging in place
- Which is better – it depends
- For a person with good connections and engagement in the community, aging in place often preferred choice
- But for someone having difficult managing or with challenges, the community may be a much better choice
- Depending on the location, the community might offer a blend of both

Comments on technology

- Andrews paper discusses robots and possible potential for expanded role
- Other technologies can help improve quality of life
 - Skype, Facetime improve family communications
 - Facebook, social media help many people stay connected
 - Sensors potentially will play a role – identifying if people fall, if refrigerator has not been opened
 - Medical care – smaller diagnostic equipment, remote monitoring, three D printing and many more
 - Transportation – driverless cars
 - Smart homes
 - Robo advice opens the potential for financial advice to many more people
 - Many options, but they will require money and know how – area to watch

Reference: White House report: Emerging Technologies to Support an Aging Population:
<https://www.whitehouse.gov/wp-content/uploads/2019/03/Emerging-Tech-to-Support-Aging-2019.pdf>

Comments on “social prescribing”

- Andrews paper describes “social prescribing”
- Seems to me to shift health care professional to more of a preventative and holistic focus on the person including social engagement – in U.S. environment, difference between primary care provider and mental health professionals
- Big questions – Is health care provider focused on maintaining health vs. curing disease?
 - What is the scope of the social worker and mental health professional? When are they used?
- In the U.S. – holistic focuses on health have included a focus on building health, meditation and stress relief, exercise, yoga, etc. --- but probably not social engagement
- In the U.S. – people who work with people with depression may well focus on social engagement and activities
- In the U.S. – social workers who help people with challenges might focus on broader issues – it hard to say.

Comments on “social prescribing”

- My view – “social prescribing” is a part of life coaching and it is a good idea, but it is unlikely that the U.S. health care system will take this on, except for those who qualify for some sort of mental health treatment
 - Medicare reimbursements are very low and discourage primary care providers from spending time with patients
 - Generally, specialists have been paid more than primary care providers; heavy use of specialists discourages this approach
 - Much of the health care system is primarily focused on disease
 - I am skeptical about mental health providers
 - Need new models for getting this done

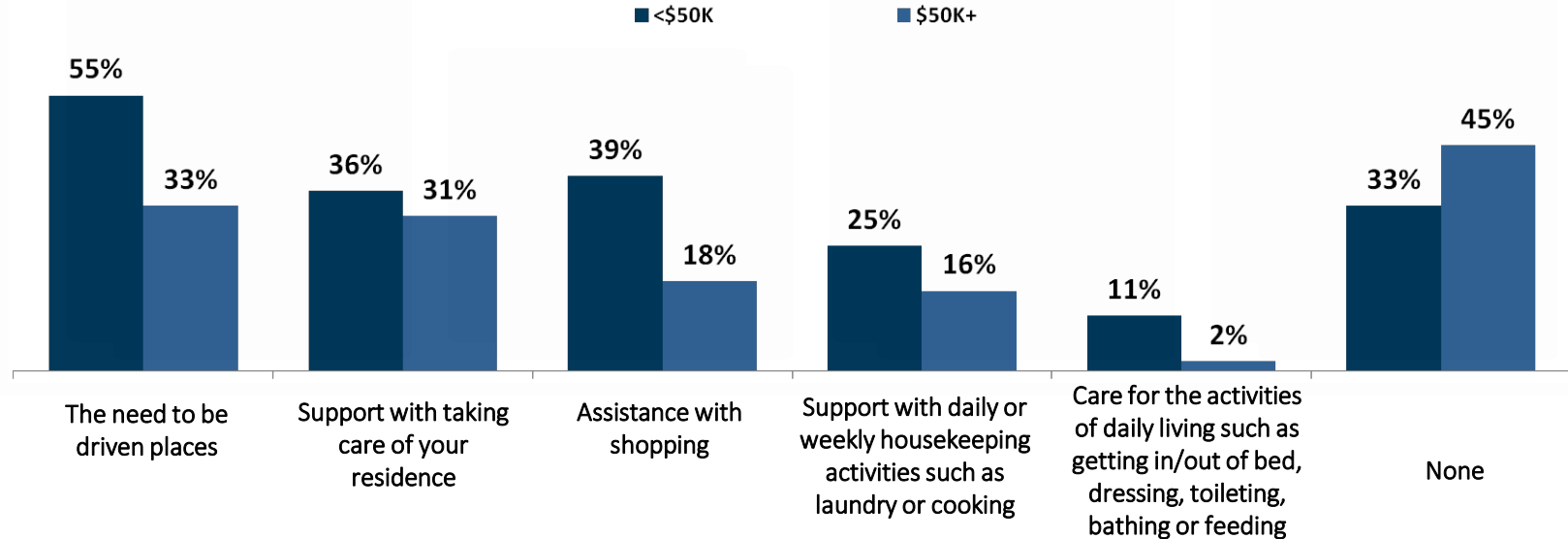
Comments on people alone and family

- Andrews paper is focused on people who are alone
- Does not distinguish between those with adult children and siblings vs. those without family at all
- I would argue that situation is very different depending on family availability
- SOA research indicates that family is major source of help, but often help is not planned for
- Slide that follows show family help from the SOA 85+ research

Most older people need help with some “regular activities”.

Do you currently require any of the following?

Assets <\$50K (n=152), Assets \$50K+ (n=49)



Comments re Future Research

Discussion suggests areas for future research

- Help for people alone in old age
- Blended family issues
- Evaluating and financing various housing+care models
- Role of public support
- Technology

Appendix



Late in Life Research Reference Material

(from the Society of Actuaries)

Preliminary Study

Management of Post-Retirement Finances for the Age 85 and Over Population: Some Advice and Lessons from Personal Experience, by Anna M. Rappaport and Sally Hass, SOA Pension Section News, February 2017

Focus Groups and In-Depth Interview Reports

Post-Retirement Experiences of Individuals 85+ Years Old, Society of Actuaries, 2017

Post-Retirement Experiences of Individual Retired for 15 Years or More, Society of Actuaries, 2016

The Decision to Retire and Post-Retirement Financial Strategies: A Report on Eight Focus Groups, Society of Actuaries, 2013

Surveys

Post-Retirement Experiences of Individuals 85+ Years Old: Report on 2017 surveys of individuals 85+ and adult children of 85+, Society of Actuaries, 2018

Other Reports

A Conversation on Dementia and Cognitive Decline by Anna M. Rappaport, 2018

Retirement Experiences of People Age 85 and Over by Anna M. Rappaport. 2019

Note: This material can be downloaded from the [Society of Actuaries Website](#)

Late in Life Research Reference Material

(related papers and essays from the Society of Actuaries)

Financial Wellness Essay Collection, Society of Actuaries, 2017

- Essays supporting content: Rappaport, Anna M., *Don't Forget the Role of Families in Lifetime Financial Security*
- Rappaport, Anna and Sally Hass, *Practical Issues in Financial and Life Management for the Late-in-Life Population*

Managing the Impact of Long-Term Care Needs and Expense on Retirement Security Monograph, Society of Actuaries, 2015

- Papers supporting content: Rappaport, Anna M., *Improving Retirement by Integrating Family, Friends, Housing and Support: Lessons Learned from Personal Experience*
- Timmerman, Sandra, *The 65 Plus Age Wave and the Caregiving Conundrum: The Often Forgotten Piece of the Long-Term Care Puzzle*

2017 Living to 100 Monograph, Society of Actuaries, 2017

- Paper supporting content: Rappaport, Anna M., *Financial Shocks, Unexpected Expenses of and Financial Experiences of Older Americans*

Retirement Section News Articles (formerly Pension Section News)

- Rappaport, Anna M., *Thinking about Spending in Retirement: Findings from SOA and EBRI Research*, Society of Actuaries Pension Section News, September, 2016
- Rappaport, Anna M. and Monica Dragut, *Financial Decision Making and Aging: Observations About the 2016 Pension Research Council Conference*, SOA Pension Section News, September 2016

Late in Life Research Reference Material

(related papers and essays from other sources)

- Banerjee, Sudipto, *Asset Decumulation or Asset Preservation? What Guides Retirement Spending?*, Employee Benefit Research Institute Issue Brief 447, 2018
- Banerjee, Sudipto, *Cumulative Out-of-Pocket Health Care Expenses After the Age of 70*, Employee Benefit Research Institute Issue Brief 446, 2018
- Banerjee, Sudipto, *Utilization Patterns and Out-of-Pocket Expenses for Different Health Care Services Among American Retirees*, Employee Benefit Research Institute Issue Brief 411, 2015
- EBRI Notes, September 2014, *How Does Household Expenditure Change with Age for Older Americans?*
- McInerney, Melissa, Matthew S. Rutledge, and Sara Ellen King, *How Much Does Out-of-Pocket Medical Spending Eat Away at Retirement Income?*, *Center for Retirement Research, CRR WP 2017-13*, 2017
- Mitchell, Olivia S, P. Brett Hammond, and Stephen P. Utkus, *Financial Decision Making and Retirement Security in an Aging World*, Oxford University Press, 2017 (see Chapters 9 and 10 on financial fraud and exploitation, and chapters 2, 3 and 4 for research on cognitive issues).
- Stepler, Renee, *Smaller Share of Women Age 65 and Over are Living Alone*, Pew Foundation, 2016
- The Sightlines Project, Stanford Center on Longevity, <http://longevity.stanford.edu/the-sightlines-project/>



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