

When you're 84: What should life look like as we age?

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Have you thought about what you'd like your life to look like when you're 84?

When a leading health system leader put that question to Lewis A. Lipsitz, MD, Director, Hinda and Arthur Marcus Institute for Aging Research at Hebrew SeniorLife and Professor of Medicine at Harvard Medical School, Dr. Lipsitz published an essay in the *Journal of the American Geriatrics Society* that outlined his thoughts. What follows is a summary of his essay, titled "When I'm 84: What Should Life Look Like in Old Age."

Knowing that I am a geriatrician, an esteemed health system leader once asked me: "What would you like your life to look like in old age?" I immediately listed the top contributors to a healthy longevity: Regular exercise, a well-balanced diet, a sense of purpose, social and family connections, intellectual stimulation and preventive health care.

However, many of us have trouble meeting these goals for various reasons. While we all hope to live long, productive lives, the field of geriatrics is more focused on achieving a long "health span," in

which we're free of disease and disability, cognitively intact, and socially engaged. Since social factors account for most poor health outcomes, we need to help [older adults](#) address healthy longevity in our environment, our homes, communities, and lifestyles.

Here's what I envision:

Housing

Like most people, I'd like to live in my own home until the day I die, but only if I can avoid social isolation and loneliness. Loneliness is a life-threatening condition, causing as much damage as smoking 15 cigarettes a day.

Living alone can be isolating and dangerous to our health as we age, especially as we face various diseases that limit mobility and the loss of partners, siblings, and friends. That's why I want to live in a multigenerational, multicultural community where I can interact with other people of all ages. I'd like to be within a safe five to 10-minute walk or wheelchair ride across smooth sidewalks and safe street crossings to the retail stores, banks, restaurants, places of worship, parks, and entertainment venues that help me remain physically, emotionally, intellectually, and spiritually engaged.

My housing needs to be affordable, easy to maintain, safe, and accessible to nutritional services, housekeeping, maintenance, and transportation. Hopefully, it includes technology that automatically adjusts to my needs and allows me to get around and enjoy independence, despite any disabilities I may develop.

Engagement

I hope to remain engaged in meaningful, productive work. This could be part- or full-time, paid or unpaid, as long as it provides a sense of purpose,

intellectual stimulation, and social interaction. There is a large, untapped workforce of retirees who have the knowledge, skill, experience, and stamina to make meaningful contributions to society. Areas where such a workforce is greatly needed include the care of children and older adults; environmental protection through recycling, shared transportation, and organic farming; food preparation and delivery; education; organizational leadership; and philanthropy.

Security

Older adults fear many kinds of insecurity, including insecurity that is related to our finances (inadequate pensions or savings), health care (poor affordability, access, or quality of health care), physical (assault or theft), transportation (inadequate, inaccessible, or unsafe public transportation), food (inability to cook, access, or afford), and housing (loss of property value or increases in rent).

I would like to see the availability of government- and community-sponsored safety nets such as entitlement programs, shared ride services, communal dining areas or home-delivered meals, subsidized apartments, security alarms and guards, and trusted advisors. In a perfect world, you could access these services in community hubs, through an internet connection or telephone contact, supported in part by a senior workforce and funded through government and commercial partnerships.

Health Care

As people grow older and develop age-related diseases, two of the most common, feared, costly, yet least understood impairments are the loss of mobility and cognition (the ability to think and make decisions). These often mark the onset of frailty and decline. People with these conditions may turn to healthcare professionals in [medical practices](#), emergency departments, or hospitals for help. However, the most effective interventions, including age-friendly home renovations and exercise, can take place in your home or community.

Currently in the United States, the hospital is the center of the healthcare universe. Medical practices

are owned by or affiliated with hospital-based medical centers and networks. While many community-based health-promotion services exist, they are often disconnected from mainstream medical facilities, and most physicians are unaware of them.

I would like to see health care centered in the home and community with healthcare providers in each apartment complex or neighborhood. Home visits would be routine and technology would enable healthcare to be delivered safely and effectively at home. Practices would be equipped to provide a "hospital at home" when necessary. You could access services for vaccinations and treatment for chronic diseases in neighborhood settings. I also can see the day when using wearable and/or at-home monitors could signal [healthcare professionals](#) of your personal risks so that they could step in to prevent problems.

Progress

Several aspects of my hopes for healthy aging are influenced by programs that already exist, especially for traditionally underserved populations. For example, many cities are building more affordable and subsidized senior housing facilities, although they often lack architectural and environmental standards or supportive services that can promote the health of their residents.

- The "Community Aging in Place—Advancing Better Living for Elders" (CAPABLE) program developed at the Johns Hopkins School of Nursing provides home-based nursing, occupational therapy, and repair services for low-income older adults to increase mobility, functionality, and capacity to age in place.
- Vermont's "Support and Services at Home" (SASH) deploys a wellness nurse and care coordinator who engage social-service agencies, community health providers, and nonprofit housing organizations to enable Vermonters to live independently at home.
- The Massachusetts Health Policy Commission is supporting Hebrew SeniorLife's "Right Care, Right Place, Right Time" (R3) project in low income senior

housing to test the effect of supportive services on health care utilization.

These worthwhile initiatives are unfortunately limited to select populations. We need ways to fund programs like these across the country.

By combining the resources of government agencies, states, cities, private insurers, developers, and others, we could build model communities and test their impact on public health. I hope that by thinking about what we would like our later years to look like, future leaders can be more deliberate in creating living environments that promote a long and productive [health](#) span.

This summary is from "When I'm 84: What Should Life Look Like in Old Age?" (onlinelibrary.wiley.com/doi/full/10.1111/jgs.16408) It appears in the *Journal of the American Geriatrics Society*. The author is Lewis A. Lipsitz, MD, Hebrew SeniorLife, Beth Israel Deaconess Medical Center, Harvard Medical School.

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