

# Aging in Place: Needs and Opportunities for Social and Behavioral Science Research

---

*John Haaga*

*National Institute on Aging*

*National Institutes of Health*

*June 2010*



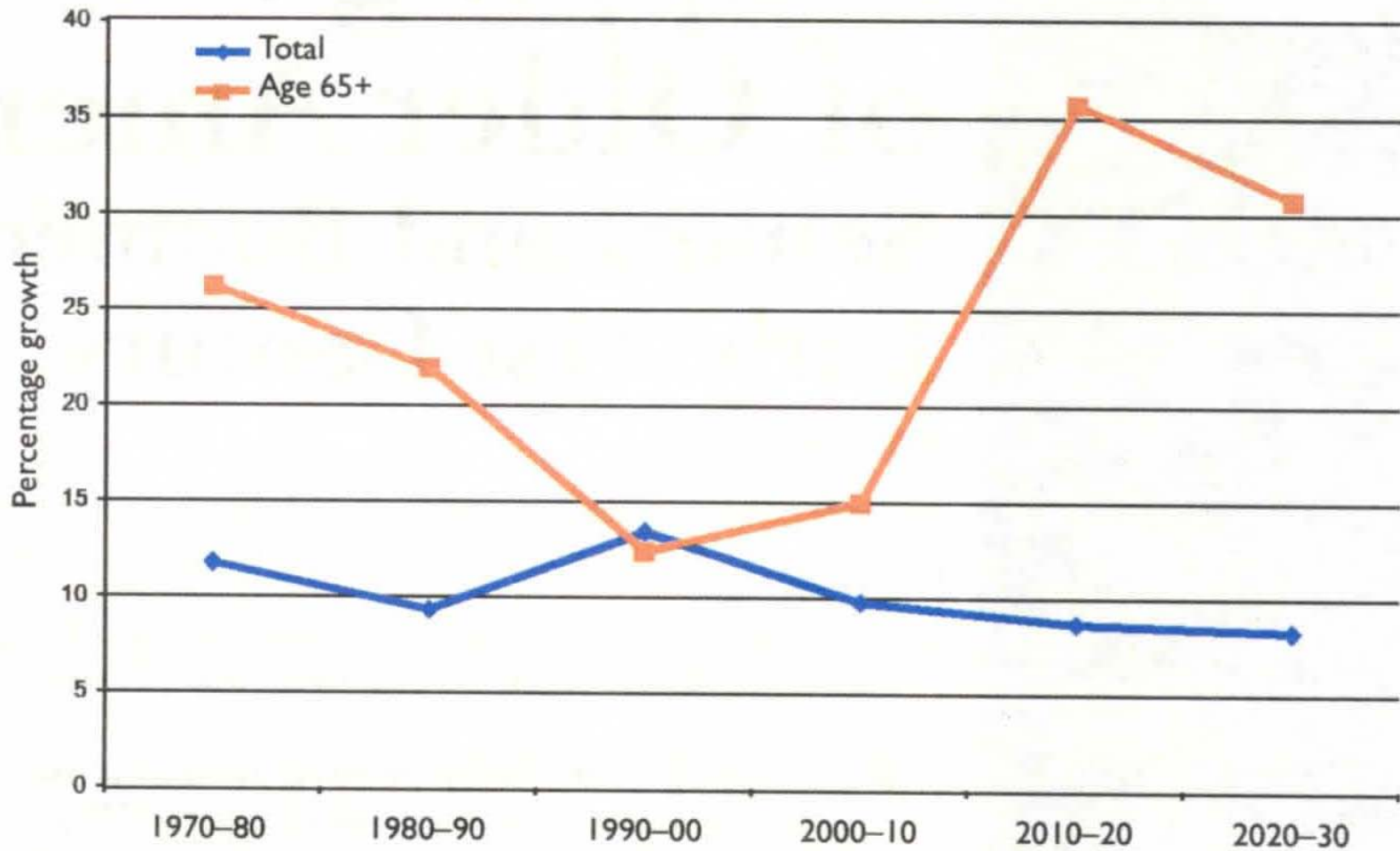
# Aging in Place

---

- Demographic change... rapid growth about to start
- Neighborhood characteristics matter
- Disability rates are declining... but absolute numbers will grow
- Home health services and intermediate living arrangements can keep people out of nursing homes (and reduce costs?)

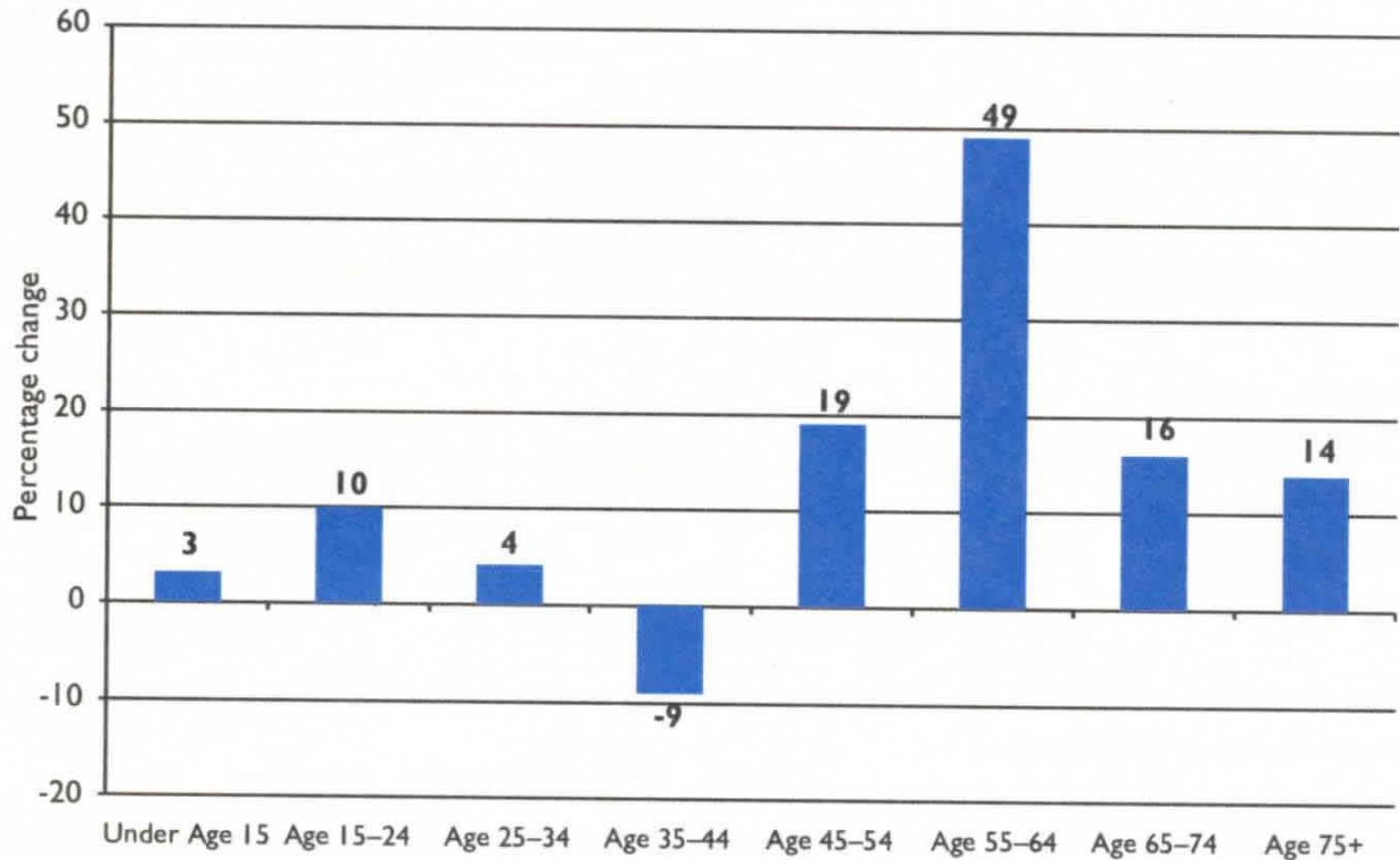


## Growth in U.S. Total and Senior Populations by Decade, 1970–2030



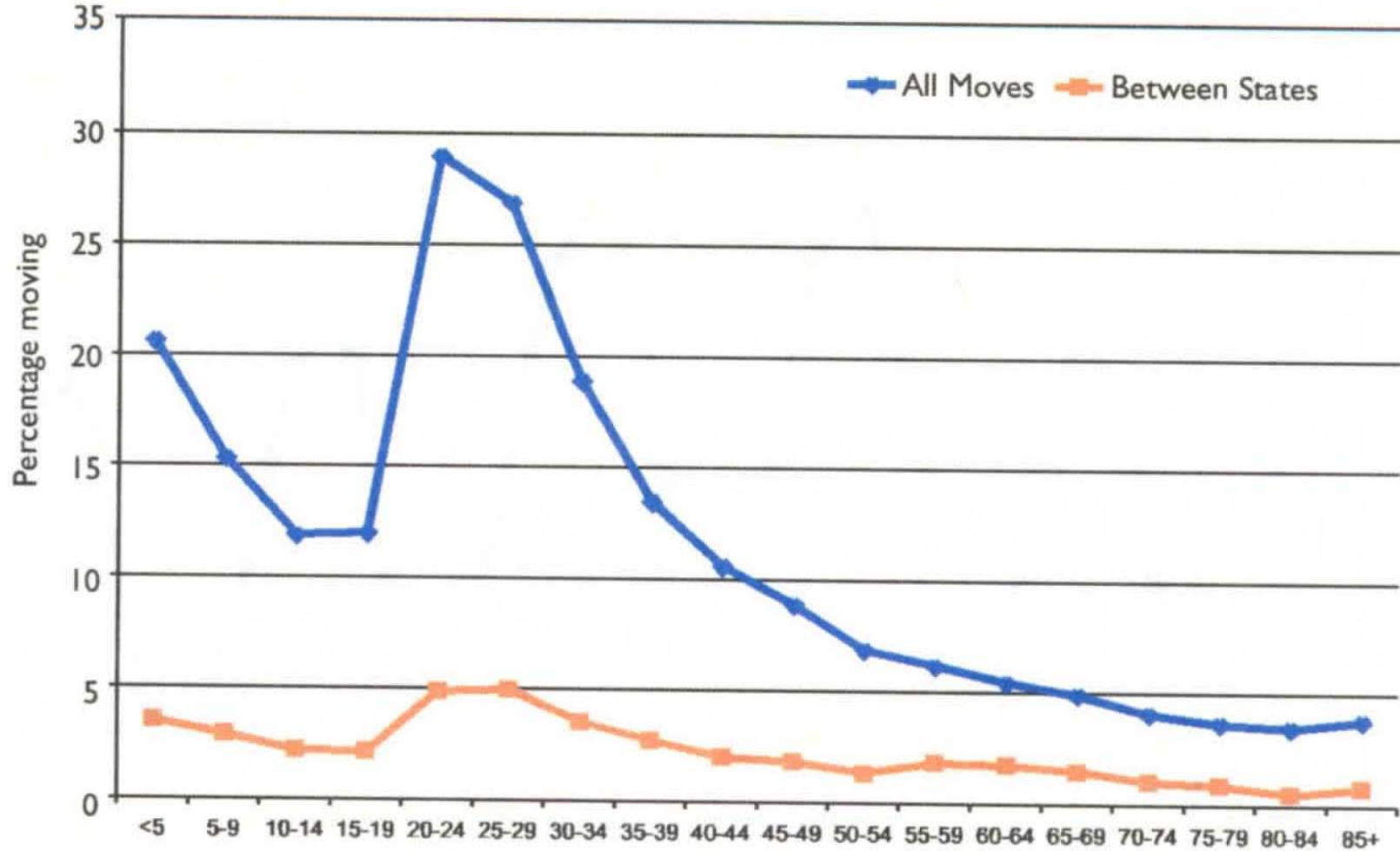
Source: Frey 2007

## Population Change by Age Cohort, United States, 2000–2010



Source: Frey 2007

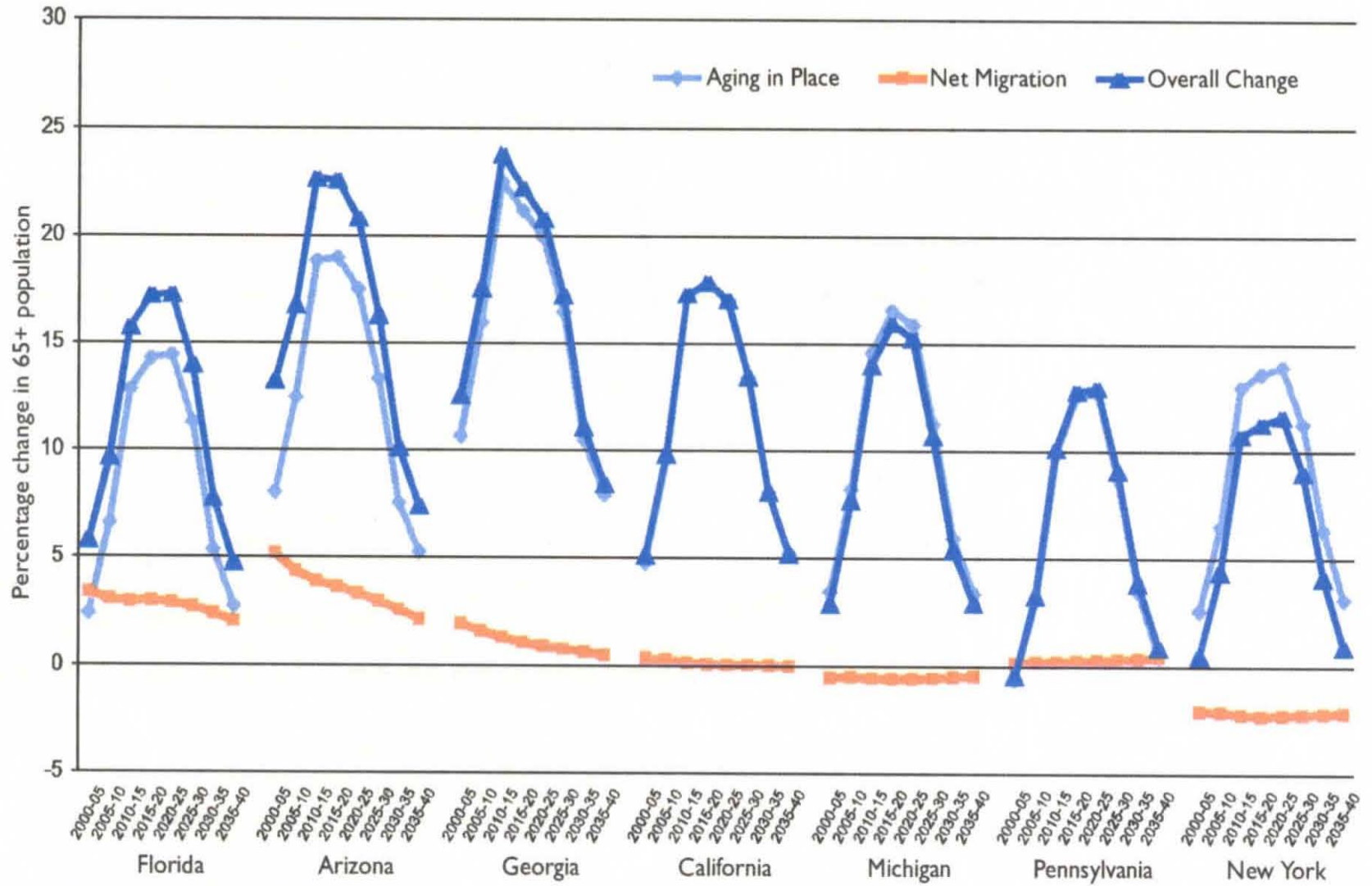
# Annual Migration Rates by Age, United States, 2004–2005



Source: Frey 2007

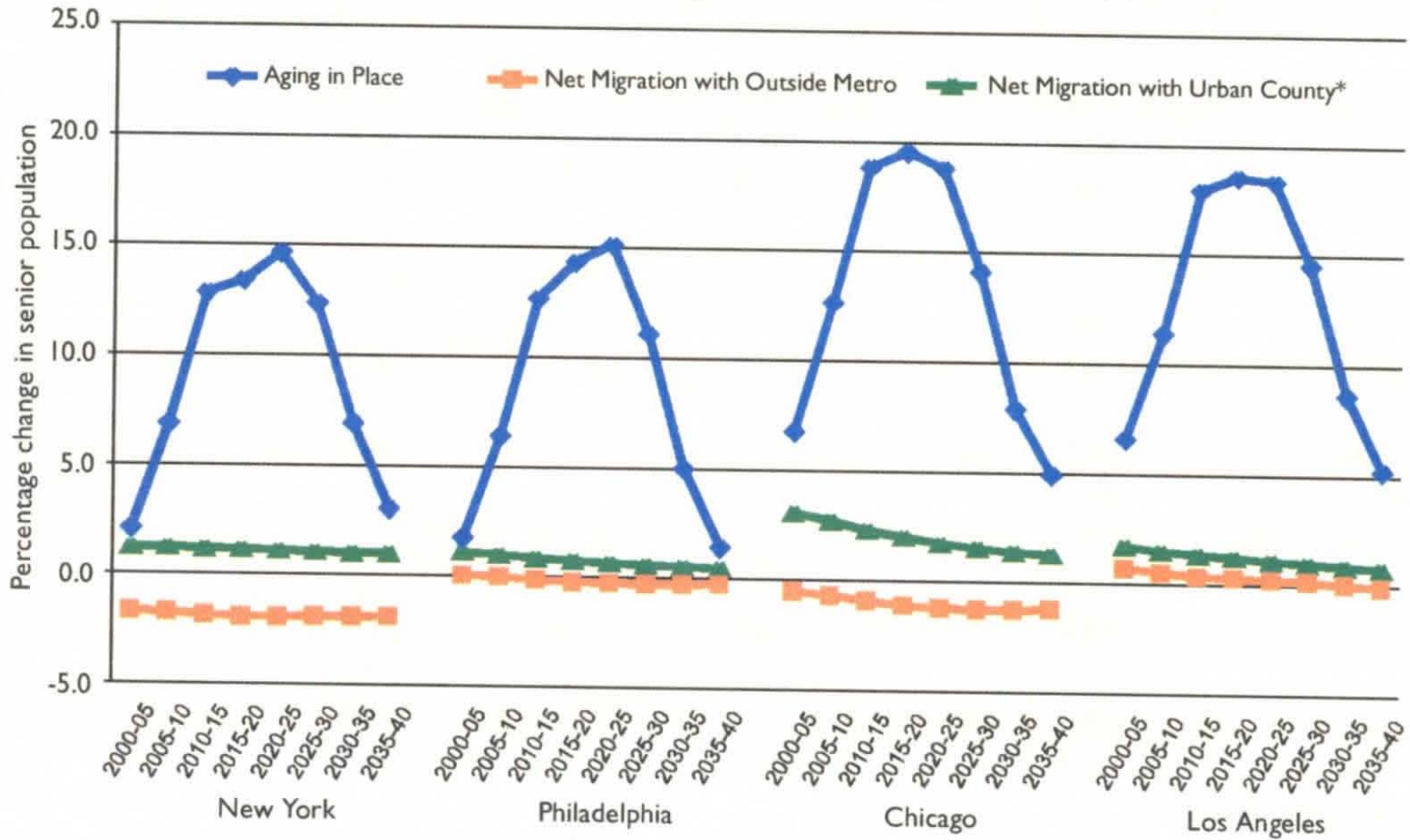


# Projected Senior Population Growth Rate in Selected States, with Aging-in-Place vs. Net Migration Components, 2000–2040



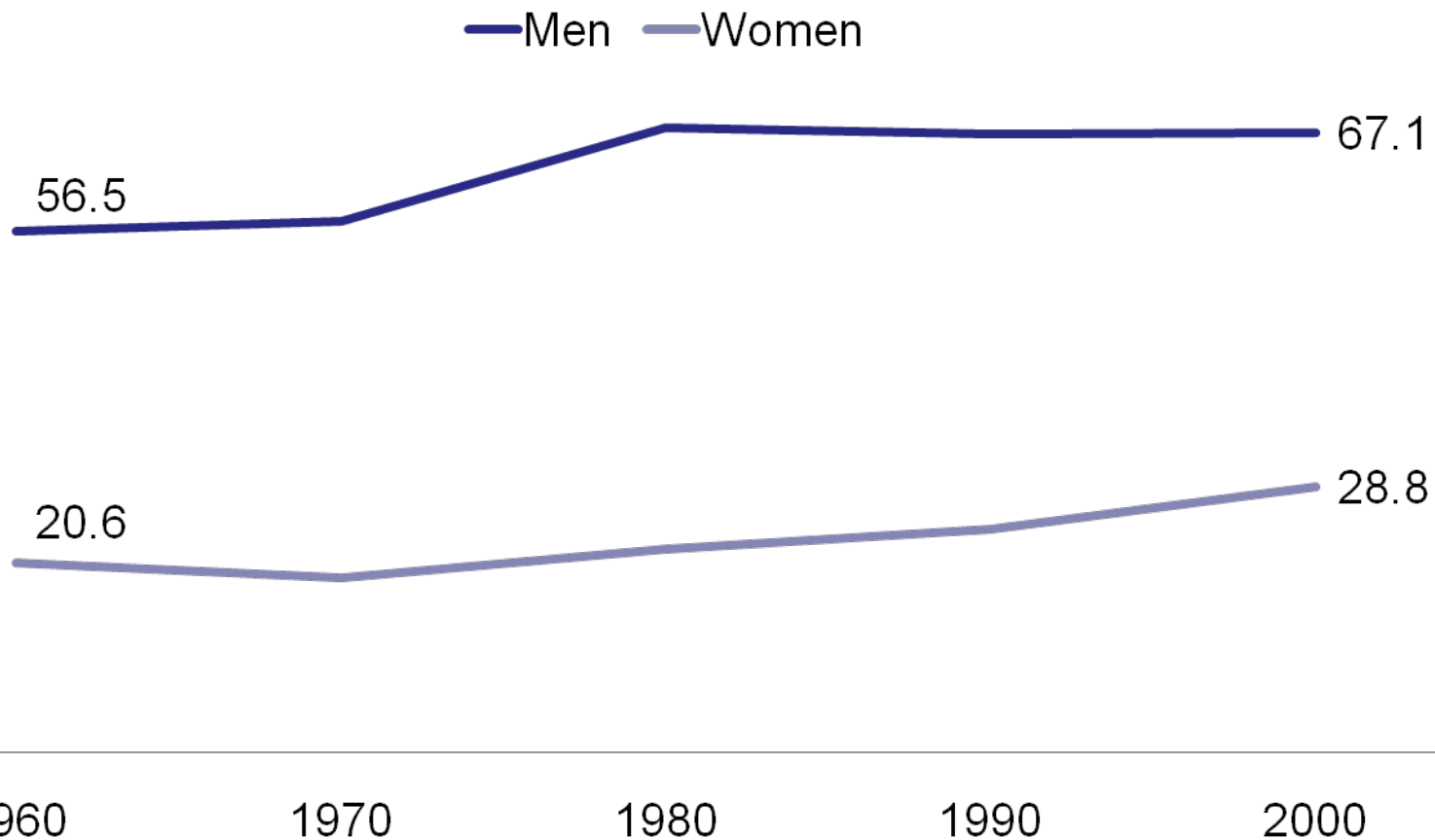
Source: Frey 2007

# Projected Senior Population Change by Source, Suburban Counties\* of Selected Metropolitan Areas, 2000–2040



Source: Frey 2007

# Percentage of Americans 75+ Currently Married



Source: *65+ in the US*, Decennial Census data

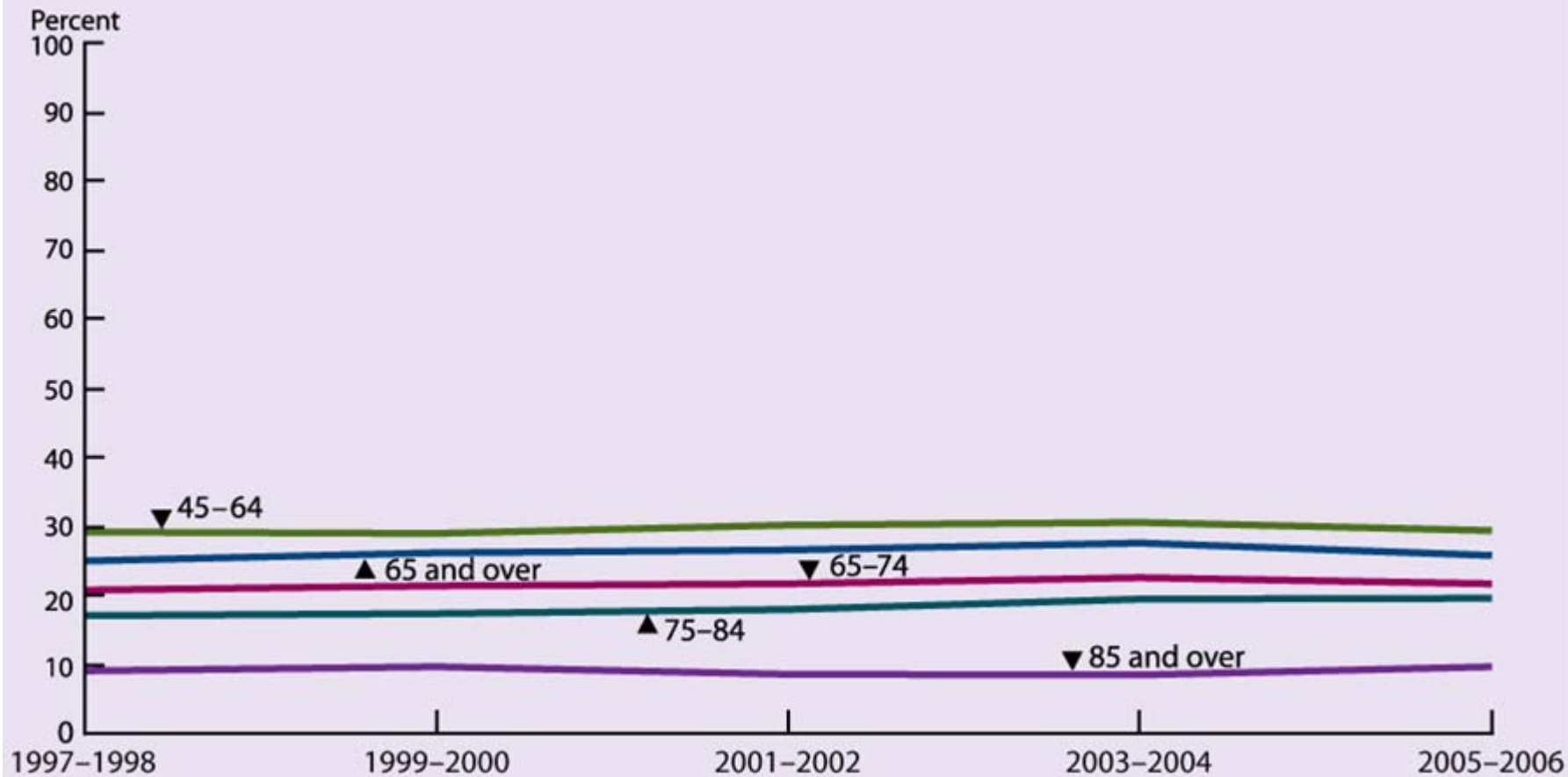
# The Built Environment Can Affect the Health and Well Being of the Elderly

NIH sponsors research on how (and how much) the social and physical characteristics of neighborhoods affect older people's health and well-being in a variety of settings around the country.



# No Change Over Time in Physical Activity

Percentage of people age 45 and over who reported engaging in regular leisure time physical activity, by age group, 1997–2006



# Neighborhood Characteristics Affect Health Outcomes and Physical Functioning for Older People



Using data from the Health and Retirement Study (> 20,000 people aged 50+ across the country), Freedman et al found

- Living in a poor neighborhood hastens the onset of disability, notably lower-body limitations, both for men and for women.
- Features of the built environment, notably “connectivity” of the street pattern, explain some of the association of neighborhood SES and disability, especially for men. Poor neighborhoods are bad in part because they discourage walking.





# Eyes on the Street



1. Above Grade



2. Stoop



6. Low Sill Height



7. Ground Floor Parking



9. Terrace

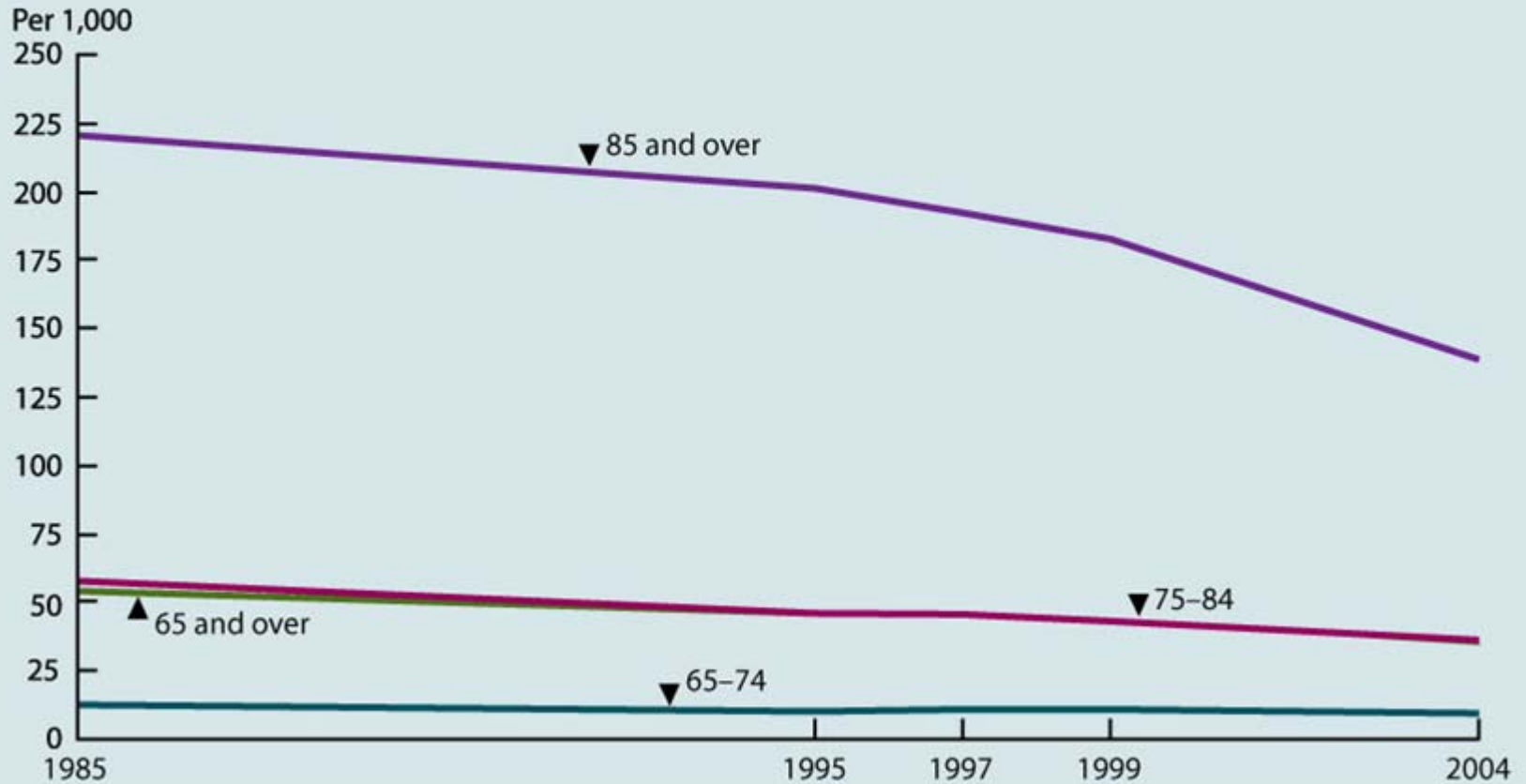


10. Balcony

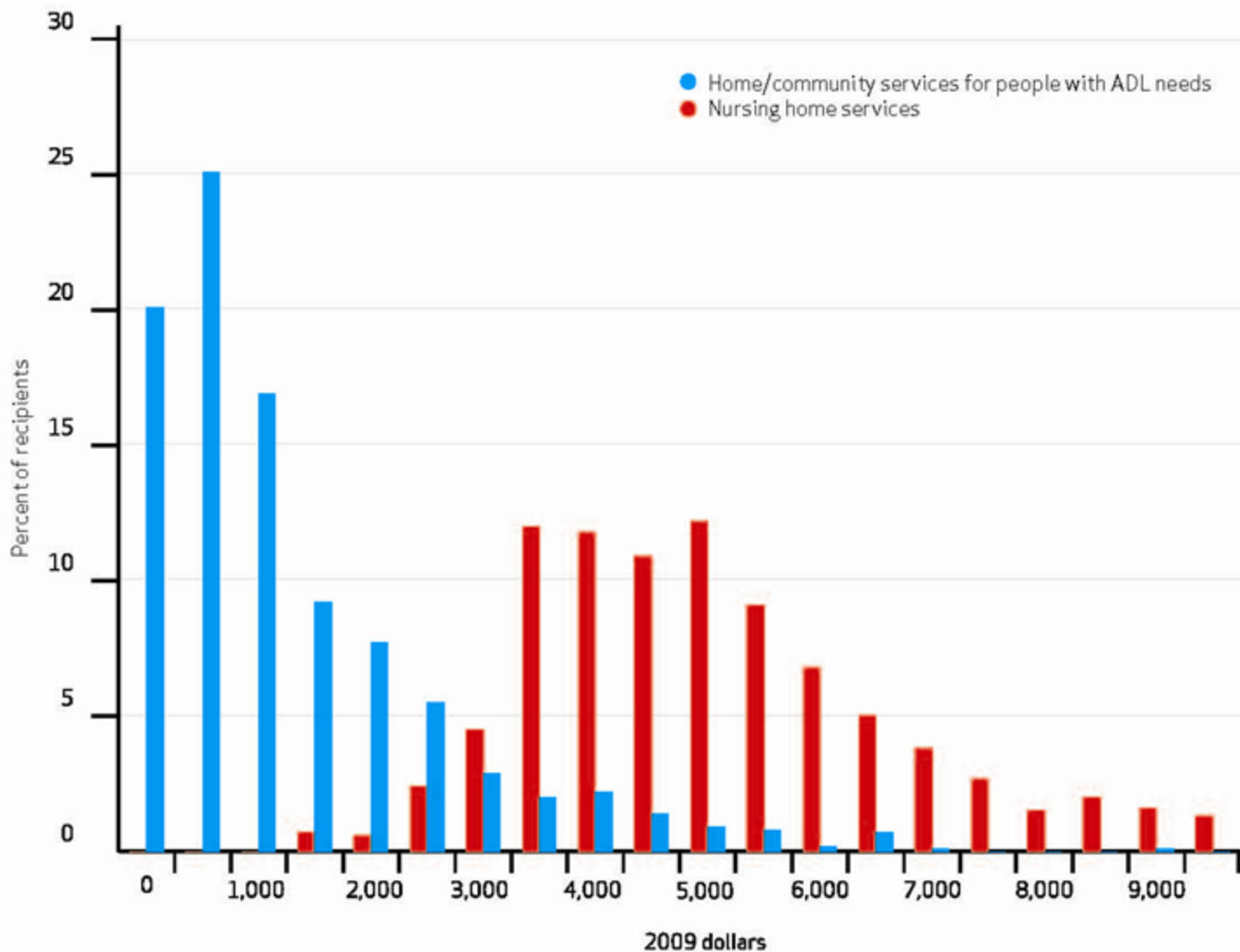
Source: Szapocznik 2007



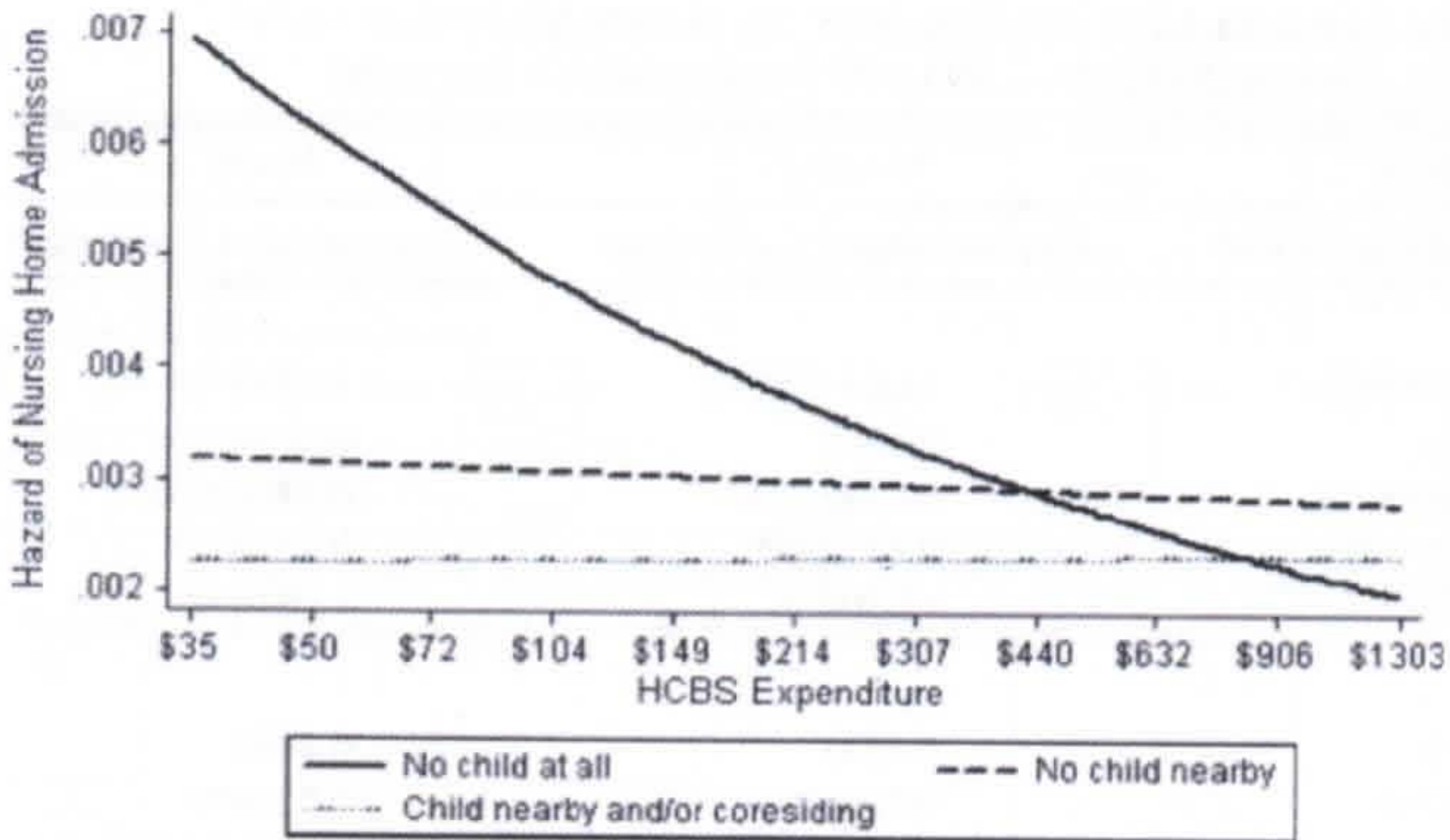
## Rate of nursing home residence among people age 65 and over, by age group, selected years 1985–2004



# Home Health Services Much Less Expensive than Nursing Homes

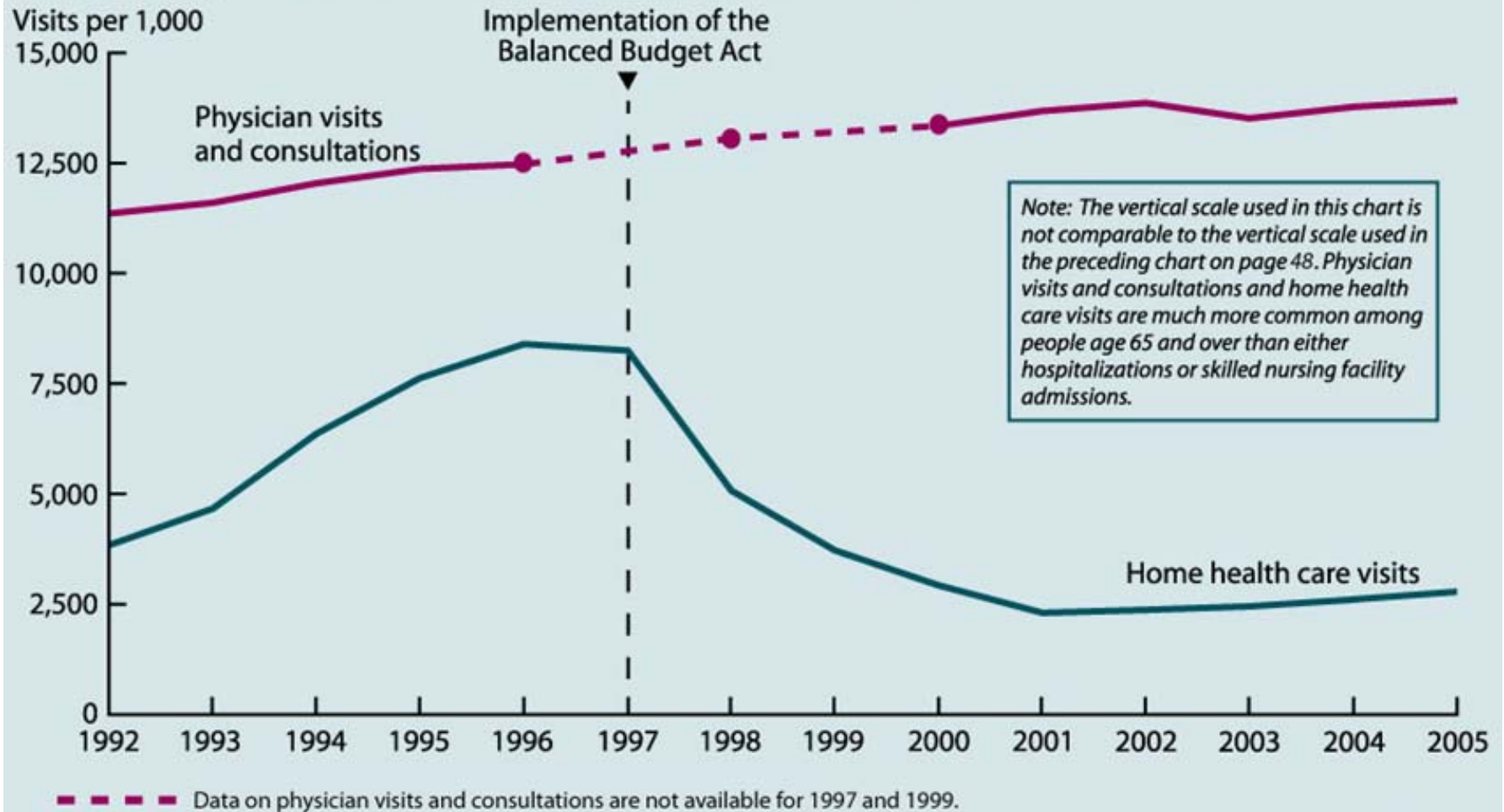


# Home Health Services Matter Most for the Childless



Source: Muramatsu 2007

## Medicare-covered physician and home health care visits per 1,000 Medicare enrollees age 65 and over in fee-for-service, 1992–2005



Source: MEPS



# Community Living and Supportive Services Act of 2010

---

Voluntary insurance for long-term care, whether community- or residential

No lifetime limit on payments; no exclusions or premium differentials except for age

Must be working now to enroll; pay premiums for 5 years to be vested

Neither individuals nor employers forced to join -- but if your employer does, automatic enrollment and individuals must opt out

Premiums and benefits set to be actuarially sound for 75-year period

Potential for overcoming adverse selection/ retention problems plaguing private LTC insurance





# Aging in Place

---

- Aging in place is hardly new... but the numbers are impressive right now
- The elderly population is growing fastest in the Sun Belt, interMountain West, and suburbs
- Neighborhoods clearly matter for older people's health and well-being... but we don't have strong evidence about which features matter and for whom
- More of the elderly with disabilities are living in communities, and home health services can help keep them there
- The CLASS Act may help create effective demand for home health services

