



EDITORIAL

Aging in Ohio: Trends and Preparation

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There are multiple public health challenges faced by Ohioans although many impact some subgroups more than others. In this editorial, I want to consider an issue that is highly likely to impact many Ohioans in a variety of ways, perhaps at different points in their lives.

I am referring to challenges associated with aging—our own and the aging of people around us. Although much has been written about the aging US population, I offer a few projected trends to provide a basic view. First, one in five individuals in the United States will be of retirement age in 2030. Additionally, by 2034—roughly a decade from now—the number of older individuals is expected to be larger than the proportion of children in the United States for the first time ever in the history of the nation.¹ Along with this, chronic conditions associated with age are projected to increase at a concerning rate. Authors of a study where trends from the last 20 years were used to estimate future health outcomes projected a 99.5% increase in the number of individuals aged 50 and older with one chronic condition in the United States between 2020 and 2050, and an increase of 91% of individuals with more than one chronic condition during the same period.²

Myriad concerns and costs arise from age-associated declines that impact physical, cognitive, emotional, social, and spiritual aspects of health. Regardless of your own age or health status, where you may find yourself caught up in these issues is in caring for aging family members including parents, grandparents, siblings, partners, or others. Any change in circumstances, such as illness or injury, financial challenges, or loss of a life partner, might severely disrupt what was a comfortable or at least routine lifestyle. I have been impacted regularly by issues associated with the aging of family members for roughly the past 15 years. Based on casual conversations, I often hear others' stories about the need to focus time, energy, and sometimes their personal financial resources to provide, assist with, or coordinate care for an aging relative. Some people are simultaneously dealing with care for their parents and their children.

Some of the specific support tasks for aging family members include identifying and making arrangements for relocation to a smaller residence, senior community, or assisted living facility; helping individuals sort and redirect years of accumulated possessions to allow settling in a smaller space; setting up and transporting individuals to appointments; picking up prescriptions; assisting with self-care; and, in some instances, moving in with a family member or moving a family member into one's own family home. These tasks, based on my own experiences, can be physically and emotionally draining for both the aging individual and the caregivers.

Things are further complicated when aging friends, partners, or other relatives are exhibiting signs of cognitive decline. Medical advances including bypass surgeries, stroke recovery protocols, cancer treatments, and others often extend lifespan and functional abilities. However, declining mental health and cognitive functioning remain profound challenges to quality of life and independent living, despite promising diagnostic and treatment alternatives for some dementias. Additionally, when chronic pain is a consequence of one or more health conditions, quality of life and mental health may be greatly diminished regardless of functional ability in physical and cognitive terms.





Many things impact the ability of Ohioans to retain good health into older age. These include individual factors which may or may not be within an individual's ability to control. While genetics is a typical example of a factor beyond an individual's control, any given person's ability to manage other influential factors, such as stress, sleep hygiene, access to a high-quality diet, or physical activity resources, is highly variable and may be a matter of choices made over time, external factors, luck—good or bad, or a combination of these.

Availability of public or private insurance to finance solutions is often limited and dependent on formal and stable diagnoses. Financially viable facilities or resources are not necessarily sensitive to the unique needs of individuals based on preferences, including spiritual and cultural beliefs. Not all aging individuals are well prepared financially for loss of income, and even those who followed recommendations for retirement savings may find healthcare and support needs exhaust their savings at a far greater rate than experiencing average to good health in retirement.

For some who are financially able, senior communities which offer levels of residence options, ranging from fully independent living to fully supported living, may offer a viable alternative. There are also instances of older adults or multigenerational groups developing their own communal living arrangements.^{3,4} Disadvantages of the latter include that planning to develop or reside in one needs to begin early—well before the emergence of need. I also suspect these communal arrangements, like independent living, only work well for people until a greater level of care than typically provided by neighbor support, is needed. Multigenerational households, which I have myself participated in, might offer a mutually beneficial alternative. However, this alternative does not work for everyone, and might be only a temporary solution for others, depending on the makeup of the extended family and the ability and availability of younger or fitter family members to provide essential care.

My concern is that neither Ohio, nor the United States overall, are adequately prepared to manage the extensive care needs required by the middle of this century, should projected trends be accurate. An in-depth analysis of relevant policies is beyond the scope of this editorial, but I want to offer 3 recommendations that might be considered by any OJPH readers, regarding their own context or those of others.

First, regardless of your age and health status, I suggest you familiarize yourself with viable aging care options, including private pay alternatives for assisted living and memory care and investigate costs for services. Retirement savings recommendations may be driven by a target based on proportion of annual earnings at retirement,⁵ with the assumption that you will need slightly less income due to not having work related expenses. However, a recommendation that you be able to provide 85% of your working income in retirement may not be nearly enough to secure a space in an attractive facility, even when supplemented by government benefits. Data from the US Federal Reserve⁶ suggests an average of 25% of Americans have no retirement savings, and only about 40% believe their savings are adequate. You may want to change your retirement savings strategy or purchase a specific long-term care insurance policy. Although many individuals work hard to remain healthy and fit, there is also a chance many will experience physical and/or cognitive decline. I recommend you strive to be an active agent in your aging planning, and plan for the possibility you or a life partner may at some point require professional care on a regular basis. At the very least I suggest you discuss preferences with those who will be most likely to assist should your health decline including partners, children, or friends.

Second, assuming you prefer to live independently as long as possible, I recommend you take a critical look at the community where you intend to reside after formal retirement, whether in Ohio or elsewhere, and assess its suitability for you as you continue to age. Many in cooler climates, like Ohio, dream of moving south as they age, in part to minimize weather-related challenges. The tradeoff may be increased demand for and delays receiving aging-associated services; this is something you would want to be aware of before deciding to settle somewhere else. If you want to be around similarly aged peers, are there programs or services made available for older adults? Are facilities accessible? One thing that has often remained since the COVID-19 pandemic is availability of home and parking lot delivery options for products including food or groceries—do you have these options near you? If so, you may want to be aware of costs and restrictions such as minimum purchase requirements. If you think your community could improve resources for older adults, I suggest you engage in communications or ad-



vocacy with the appropriate local government offices or the local health department. If you live in a rural area, I recommend you consider the viability of aspects of this—including dependence on retaining the ability to drive, relative distance to services, etc— and factor this into your retirement planning.

Third, I have a specific recommendation for those whose parents, grandparents, or other friends or family members may be approaching the point in their lives when they are beginning to experience challenges in independent living, especially those who have lived in the same home for many years. Based on my experiences and anecdotal evidence from others, the burden of possessions and the anticipated challenge of condensing the household can be so stressful that it deters decision-making or action. I suggest instead of giving nonessential holiday or birthday gifts, the best present you may be able to offer is your willingness to help an aging individual sort through and clean out things. If this can be done over time—one room a year seems like an ideal standard—it can be reasonably enjoyable and not nearly as physically or emotionally stressful as when clean out must be done quickly. I've found in a couple of instances that older relatives who initially resisted discarding things (whether giving to charity or giving to family members) quickly found the process of cleaning out refreshing and took to it with enthusiasm. I do not think this challenge is unusual—the volume of possessions that can be fit in an average-sized home, especially one with a basement—is amazing. This is just one more thing that complicates a sudden need to respond to a health or other life crisis, and I think everyone benefits if things are cleaned out before there is an urgent need to do so.

There is often social benefit derived from the lives of the oldest old, when these are happy individuals who are self-determined in their choices, are able to engage in positive leisure and occupational pursuits, and can, sometimes with minimal adaptations, carry out daily activities. But even those who experience some challenges in physical, cognitive, mental, or other aspects of health can continue to experience enjoyment and make positive contributions to the lives of others. I encourage all Ohioans to consider not only how aging might impact them on a personal or family level but also to be aware of and advocate for policies that ensure all Ohioans can experience high quality experiences as they age. Also, for those who are interested, I suggest you review The Ohio Department of Aging “State Plan on Aging, 2023-2026”⁷ to become aware of current priorities.

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