



# How to live well into your 80s and beyond

## Five keys to a long, healthful life

**S**IXTY YEARS AGO an American who made it to 65 could expect to live an additional 14 years. Today, it's 19 years. The most important question then: how to grow older healthfully so that we can actually enjoy those extra years? A CONSUMER REPORTS survey of 2,066 Americans age 50 and older revealed that we're eager to maintain our quality of life into retirement and far, far beyond.

"Whether you're just starting to think about your golden years or are well into retirement, it turns out that most of us have pretty similar goals: remaining independent, keeping mentally sharp, and staying as mobile as possible," says Fernando Torres-Gil, Ph.D., director of the UCLA Center for Policy Research on Aging.

But that kind of successful aging requires savvy planning and decision-making. Our survey found that multiple chronic illnesses,

shelves full of medications, and numerous medical specialists are common for Americans older than 50, so lining up good health care and managing it smartly are important. We also discovered that mobility decreases dramatically as you age; 33 percent of those older than 80 have difficulty walking, and more than 25 percent have a tough time simply getting out of chairs, so a fitness plan that maintains strength, flexibility, and balance is vital. Our survey group told us that their current home was the top choice of where to live as they aged and needed more care. But the ability to do so is highly dependent on the home's location and physical features. Also, maintaining an active social network for yourself and being a lifelong learner are the best ways to reduce the risk of cognitive decline, the situation that respondents feared most about old age.

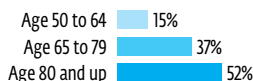
The good news: No matter whether you've just hit 50 or are well



## Survey said ...

What can you expect as you age? The Consumer Reports National Research Center conducted an online survey of a nationally representative sample of 2,066 Americans 50 and older in December 2013. Some important findings:

### Have four or more chronic conditions



### Take more than three prescription medicines



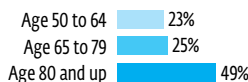
### Less active than 10 years ago



### Difficulty getting into or out of a chair



### Live alone



on your way toward the century mark, there are strategies that can help you stay healthy, keep you socially and intellectually engaged in the world around you, and create a living situation that is comfortable and safe.

This report is the fourth in a series on how to manage your health and health care in the years ahead, funded in part by a grant from the Atlantic Philanthropies.

## Managing your health

Three out of four of those we surveyed had at least one health condition, such as high blood pressure, arthritis, or diabetes—and 31 percent had three or more.

“You’re likely to end up with multiple doctors, not all of whom are coordinated with each other. The basic question is who’s in charge here anyway?” says Daniel Callahan, Ph.D., a medical ethicist specializing in aging (who, at 83, says “I’ve now got a chance to study myself”).

It’s not easy to get your arms around the complexities of modern health care. But if you assemble a capable team and take advantage of some of the recent improvements in the way doctors are organizing their services, you can minimize confusion. What are the most important items on your medical to-do list?

**A great primary care doctor.** This person (usually an internist or family practitioner) should be your main point of contact with the health care system. Seventy-two percent of our survey respondents said they already have such a doctor, but if you don’t, find one now and make an appointment for an initial visit. Look for a physician whose practice is a “patient-centered medical home.” That means the doctor’s office has organized itself to quarterback all of your care, including alerting you when it’s time for a test or visit, intervening if it looks like you’re likely to develop type 2 diabetes or high blood pressure, keeping tabs on all of your medications, and coordinating care with your specialists. That last point is critical; about three-quarters of survey respondents 65 and older said they had seen two or more specialists in the previous year. (Read more about medical homes at [ConsumerReports.org/cro/medicalhome](http://ConsumerReports.org/cro/medicalhome).)

**Well-managed medications.** Among respondents 80 and older, 72 percent took at least three prescription medications, and 84 percent took three or more over-the-counter medications, including vitamins and nutritional supplements.

“People are on five, 10, 20 medications. And nobody thinks that 20 medications are beneficial,” says Mary Tinetti, M.D., chief

of geriatric medicine at the Yale New Haven Health System and the Yale School of Medicine. A least once a year you should put all of your pill bottles in a bag (including all over-the-counter drugs and supplements) and take them to your primary care doctor for a review. Make a note of any side effects or problems you’ve noticed. If it turns out your medications are working at cross-purposes or causing unacceptable side effects, ask your doctor to work out the optimum combination of medications. Also keep an up-to-date list of your drugs (including dosages) in your wallet or handbag in case of a medical emergency. (Read more about managing your medications at [ConsumerReports.org/multiplemed](http://ConsumerReports.org/multiplemed).)

**Health-insurance savvy.** Carefully go through your health plan’s requirements, so you really know how it works and whether you need to get referrals for specialist visits or prior authorization for elective surgery or costly tests. Not following those rules could result in a nasty surprise on your bill. You can find all of that information in your plan’s summary of benefits and coverage, a standardized plan-information document that should have come with your policy. (If it didn’t, ask for it.)

A few months ahead of your 65th birthday, be sure to enroll in Medicare. The process can be complicated, especially if you are still working at a job with health benefits, so study up at [Medicare.gov](http://Medicare.gov) or at our Medicare information page at [ConsumerReports.org/cro/medicare](http://ConsumerReports.org/cro/medicare). Review your plan choices every year at open enrollment.

## Keeping your body strong

One of the ongoing effects of aging is loss of muscle mass. If you don’t do anything to fight it, you could find yourself unable to get out of an armchair or off the toilet one day. Aging also brings declines in aerobic capacity and flexibility. And those factors together increase your risk of falls—at a time in life when bones tend to be more brittle. Eighteen percent of our survey respondents said they had fallen in the past year, and of those, 71 percent were injured, including 8 percent who broke a bone.

Here’s a quick test to find out whether your fitness has deteriorated to a point that puts you at risk: Time how long it takes you to get out of an armchair, walk 10 feet, walk back, and sit down again. A healthy adult older than 60 should be able to do it in 10 seconds or less.

Flunked the test? The good news is that it’s never too late to start working out to counter aging’s effects. “There’s no medica-



tion, no medical device that has anywhere near the effectiveness of physical activity,” says Yale’s Mary Tinetti.

Here are some concrete steps you can take, based on recommendations from experts at the American Heart Association and American College of Sports Medicine:

**Get a physical-therapy evaluation.** Ask your doctor to prescribe a consultation with a licensed physical therapist who can help you design a safe exercise program.

**Do 150 minutes of cardio every week.** Aim for at least 30 minutes at a time of moderate-intensity aerobic exercise (think

a brisk walk where you’re not breathing so hard that you can’t carry on a conversation) five days per week. For motivation, consider using an activity tracker; the Fitbit One is our top-rated model.

**Add strength training.** You should strength train on two or three nonconsecutive days each week and do eight to 10 exercises targeting the muscles of your upper body, lower body, and core. Start slowly and work up to a weight or resistance that causes fatigue after eight to 14 repetitions. If you have problems with your joints or bones, consult a certified trainer or physical ther-

apist before starting a program.

**Keep your balance.** One of the simplest exercises is to practice standing on one leg. Also consider tai chi, which numerous studies have shown improves balance and reduces the risk of falls. Find local classes by putting “tai chi” and the name of your city into a search engine.

**Stay flexible.** Yoga is great for improving your flexibility. But clear the idea with your doctor first if you have any chronic problems, find a qualified instructor, and make sure he or she knows about any physical limitations you have.

### 3 Staying mentally sharp

The older Americans we surveyed said that losing their cognitive abilities was their No. 1 fear about aging. Nothing you do will protect you 100 percent from developing Alzheimer’s disease or other forms of dementia, but there are ways to reduce your risk:

**Remain physically fit.** Follow the fitness advice in the previous section because staying physically active decreases the risk of cognitive decline.

**Stay socially engaged.** Our survey found that our social lives start to dwindle even before retirement; 43 percent of respondents ages 50 to 64 said they spent less time with friends than they had a decade previously. Keep in contact with family and friends, and expand your social circle by volunteering, attending local cultural events, taking continuing-education classes at a local college or traveling with a group such as Road

## Introducing a new approach to good care

You may have received a notice that you’ve been assigned to an Accountable Care Organization, or ACO. Here’s what it is and how it’s supposed to work:

An ACO consists of a group of doctors, a hospital, or a combination of both, who have made a deal with either Medicare or a private insurance company that upends the usual financial incentives. Normally providers are paid a fee for every service they provide, even if it’s to fix a mistake they made or isn’t necessary to begin with. An ACO gets a financial bonus for providing safe and appropriate care that keeps patients healthy. It becomes “accountable”

for the overall cost and quality of care of its assigned population. ACOs that do a good job on quality measures, such as controlling diabetics’ blood sugar or giving the appropriate medications to people with heart disease, share the savings with the insurance company or Medicare. In practice, that means giving extra attention to people with serious or multiple conditions. The first

hospital-led ACOs started up in 2010, and the first Medicare ACOs in 2012. Now almost 500 of them are in operation, covering more than 31 million patients.

If you’re assigned to an ACO, it most likely means that your doctor’s office is participating in one. You can opt out, but we recommend that you don’t. Being in an ACO has no effect on your insurance coverage and doesn’t restrict your ability to see the doctor of your choice. And if the ACO



does a good job, your out-of-pocket costs might go down if you need fewer doctor visits or hospital stays to manage your condition.

For more information about ACOs, go to [ConsumerHealthChoices.org/gettinghealthcareright](http://ConsumerHealthChoices.org/gettinghealthcareright).

Scholars (formerly known as Elderhostel).

**Learn something new.** Crossword puzzles aren't enough, especially if you've been doing them for years. The key to brain fitness is to establish new neural connections by taking on fresh mental challenges. Try learning a new foreign language or taking lessons on a new musical instrument.

## 4 Living independently

Fifty-five percent of our respondents wanted to stay in their own homes, with help as needed, as they got older and required more care. But a recent AARP survey revealed that only about half of older adults thought their homes could accommodate them "very well" as they age; 12 percent said "not well" or "not well at all."

"The time to think about your housing options is when you first retire and are relatively healthy and young," says Linda Fodrini-Johnson, a geriatric-care manager in Walnut Creek, Calif. "You need to think realistically about the things that might happen over the next 20 years."

If you want to "age in place," here are some modifications to consider if your home doesn't already have them:

- Ground-floor sleeping space. Adding a first-floor bedroom and bath would be great, but at an average cost of \$225,000, according to Remodeling Magazine, it might be out of reach. A more cost-effective option might be converting a den into a bedroom and expanding the ground-floor powder room into a full bath.
- Bathroom safety features. Replace the tub with a roomy shower that has no threshold to step over. Add grab bars and a shower

seat. Install a "comfort height" toilet seat, 2 inches taller than usual, that's easier to get off of.

- Lever-type doorknobs and faucet handles. They're easier to turn for people with stiff or weak hands and arms.
- Chairlift. If your stairs are wide enough (37 inches is the recommended minimum) you can install an electric chairlift. But they are expensive—more than \$10,000, depending on needed modifications, models, and specifications.

The National Association of Home Builders has a list of Certified Aging-in-Place Specialists with special training in designing and building aging-friendly home renovations. Find one in your area by putting "NAHB CAPS directory" into a search engine.

Check to see whether you already live in an area served by a village, a membership network of people who are "aging in place" in their own homes with the help of services such as rides to the doctor, home maintenance and repair, computer troubleshooting, social events, in-home medical care, and light housekeeping in exchange for a monthly or annual fee. Find a village near you at [vtvnetwork.org](http://vtvnetwork.org).

## 5 Moving to an easier home

Renovations and villages aren't an option for everyone. You might find yourself struggling to take care of a big yard or feeling isolated because driving at night has become difficult. Those may be signs that it's time to relocate to a more aging-friendly home.

Ray Mack, 68, a retired chemist, reached that point after "one too many visits to the

emergency room" for mishaps involving heavy machinery and yard maintenance on his 5-acre spread near Houston. He and his wife relocated to a house on a small lot in Baton Rouge, La., within walking distance of a university, museums, and parks.

Some features to look for include:

- Entryways and interior doors without raised thresholds.
- Wide hallways and doorways.
- Bathroom, bedroom, and laundry on the main floor.
- "Universal design" features such as levered door handles, grab bars in bathrooms, and a place to sit while preparing meals.
- Services, shopping, transit, and recreational facilities within walking distance. Go to [walkscore.com](http://walkscore.com) to calculate a neighborhood's walkability.

In certain areas you can also buy into a cohousing development. Cohousing features regular private homes built on small parcels and clustered around common facilities such as a recreation building where residents gather to share weekly meals and social events. Find a cohousing near you at [cohousing.org](http://cohousing.org).

Or you might reach a point where even those types of homes are too much to manage. When? "If you realize you're not getting out at least three times a week," Fodrini-Johnson says. "When your vision is poor and you can't set your thermostats, or read your medicine bottle, or just don't have the stamina to take care of yourself."

Here are your top choices at that point:

- Continuing-care retirement community. These developments offer a continuum of housing options, from regular independent apartments to assisted living to skilled nursing facilities, which residents can move among as their medical and physical needs dictate. But the buy-in can run from the low six figures up, with additional four-figure monthly fees for any extra services you might require. And, warns Fodrini-Johnson, the communities might not accept you if you've already developed a serious condition such as Parkinson's disease.

- Assisted living. If you don't need skilled nursing care but can no longer manage on your own, assisted-living facilities offer some combination of housing, meals, help with daily-living tasks such as dressing and bathing, and, in certain cases, help with medical tasks such as medication management. Prices and amenities vary widely.

Start your search at [eldercare.gov](http://eldercare.gov), which will guide you to local agencies that can help you avoid unlicensed facilities.

