

AgingToday

the bimonthly newspaper of the American Society on Aging

ISSN: 1043-1284
www.asaging.org

Page 1

JANUARY-FEBRUARY 2014
volume xxxv number 1

Living solo in late life: what does it take for elders older than 80 to remain at home, alone?

By **Robert L. Rubinstein** and **Elena Portacolone**

A 105-year-old woman we'll call Mary lived alone in a row house in Philadelphia. Though in relatively good health, she told a researcher that the only reason she could live alone was because several members of her church checked in on her daily and helped her with everyday basic chores.

About one-third of Americans ages 65 and older live alone (11.1 million)—a portion that increases with age, with around 40 percent of Americans older than 80 living alone (4.2 million according to Ruggles et al. in the *2011 American Community Survey: Tabulation of Age, and Persons in Household, for the United States*).

Living alone after age 80 is usually the result of various life events, including the departure of adult children, divorce or the death of a spouse or partner. What makes living alone possible at this juncture depends upon having basic elements in place: sufficient income, stable health and good social supports, and meaningful activities.

Masters of their Own Fate (or Not)

Many older women, widowed ones especially, perceive the period spent living alone in later life as a positive occurrence. It's often the first time they have had complete control over their lives, and if they have good health and enough income, they can become masters of their own fate. But underlying this opportunity are concerns about the future, driven by the awareness that their bodies and minds are not as cooperative as in the past, their income is fixed, if not dwindling, and most of their friends either face similar challenges or have passed away. They also realize long-term-care services that would allow them to remain at home are too expensive or not easily available, giving rise to the dreaded prospect of being forced to move into a nursing home.

Julia, an 83-year-old artist, says: "I've been on the planet a long time now, and the movie is almost over. Now, it's going to end. And I don't know what the ending is." Her big fear is having to move into a nursing home. Julia carefully keeps a low profile with her few friends and neighbors; when she fell recently she didn't call anyone, to avoid raising red flags about her ability to live alone in San Francisco.

All It Takes Is Money—and Know-How

Older adults with sufficient income and a penchant for planning ahead may enter a variety of age-segregated retirement communities designed to support them as they move, with changing health, from independence to needing some supportive services to requiring full-time nursing care. One smart financial planner in San Francisco, a man in his late forties, had witnessed the expenses incurred by his parents for long-term care. He purchased a long-term-care insurance policy with a single upfront payment of \$40,000—insurance that will cover homecare services or assisted living, residential care or a nursing home.

A yearly pay insurance policy could cost around \$4,000 per year for someone in their forties with similar coverage, with premiums spiking to more than \$20,000 per year for those who wait to buy insurance in their late 70s (age 80 is the upper limit for securing a policy, *if* the person qualifies from a health standpoint). Purchasing long-term-care insurance requires a good understanding of financial planning and private and public resources available in the long term, as well as the capacity to afford significant monthly payments for decades, or a hefty initial payment.

People with fewer financial and residential resources have fewer choices in how to live the solo life. They still will require informal and eventually formal support to continue living alone. Those with very low income may qualify for public services under Medicaid. They may have a homecare aide helping them remain in their home, or they could join the local PACE program, (such as San Francisco's On Lok). They also qualify for subsidized rent under Section 8 housing, however this benefit is extremely hard to access in certain areas; in San Francisco, the waiting list has been frozen for years.

Affluent older adult solo dwellers have plenty of options in the form of age-segregated facilities, private homecare aides and case managers.

Living Solo Not Always the Best—or Easiest—Plan

As Portacolone highlighted in her article in the *Journal of Aging Studies* (27:2, 2013), a concerning trend is that many elders have enough savings and income to be disqualified for public programs such as public homecare aides, yet they can't afford the hefty fees of private services, especially for long periods of time. It is important that social policies begin to address the needs of this growing population.

Living solo also has a number of negatives, mostly tied to the availability of social support and the potential for loneliness and social isolation, which contribute to diminished well-being and negatively affect health.

In recent research, Portacolone has identified older solo dwellers with cognitive impairment as an area requiring additional research and intervention. Numerous investigations, mostly quantitative, highlight that elders living alone with cognitive impairment may not be as healthy as those living with others: they usually are less likely to use health and transportation services or to follow a nutritious diet.

Inspired by a successful Italian model of social integration of individuals with cognitive impairment (<http://goo.gl/MH3yiu>) pioneered in the 1970s by Dr. Franco Basaglia, Portacolone has initiated a preliminary investigation of the unmet needs of older Americans living alone with Alzheimer's disease and mild cognitive impairment, usually a precursor to Alzheimer's. At least one in seven of those with Alzheimer's lives alone (800,000 Americans) according to the Alzheimer's Association. Future programs and studies should focus on understanding the perspective of the individual with cognitive impairment, as the physicians, nurses and social workers in the Italian model have been doing for 30 years.

A priority of Dr. Basaglia's initiative is the integration of individuals in their social network—what he calls “their right to citizenship.” Individuals were able to integrate in their community

because of available affordable housing and public benefits, as well as government initiatives dismantling the stigma attached to cognitive impairment and mental illness.

A positive attitude, good friends and meaningful activities are key components for being able to live alone at home in older age. But also critical is a solid network of support, supplemented by solid assets or steady access to essential public resources such as homecare aides, subsidized rent and transportation, and support from savvy social workers. ■

Robert L. Rubinstein, Ph.D., is a professor of anthropology and director of the Center for Aging Studies at the University of Maryland Baltimore County, Md. Elena Portacolone, Ph.D., M.B.A., M.P.H., is an assistant professor at the University of California, San Francisco, and an associate specialist at the Mack Center on Mental Health and Social Conflict at the University of California, Berkeley.