The “New Normal” – Who cares for our aging societies?

As we age, we face not only the question of how will we pay for our retirement and our health care, but also who will provide day-to-day care?

Traditionally this care has been provided within families, especially daughters, with elderly relatives moving in with their children in the later years of their life. However, smaller and more dispersed families means fewer people able to care for their elders. “It is assumed families should just get on and do it – but that is becoming less possible,” remarked on participant. There is a growing “care gap” with the number of people needing care far outstripping the number of people who can give care.

In the UK, as with many Western nations, if you’re poor, care is paid for by the state; if you’re rich, you are likely able to pay for your own care – but what do we do about the majority of people who are in the middle?

Even for those who are able to live with younger family members, they often remark on the sense of isolation they continue to feel, especially those who are immigrants and disconnected from the unfamiliar suburbs they find themselves spending their empty days.

Increasingly, these family caregivers are not just middle-aged stay-at-home daughters caring for their elderly parents. One in four carers in the US is a millennial, 40% are men. 22% of family caregivers are offering more than 20 hours of care with an average of 61 hours – often also working a paid job.

One option is to increase the number of people working in the care profession, especially encouraging more men into caregiving jobs, but in many countries these services are poorly regulated and workers poorly trained. As more of us need care as we age, this issue needs to be urgently addressed.

For sustainable health systems we need a “culture of health”

For too long, in too many countries, promotion of health has focused on acute care delivered in hospitals. This is the most costly point of care, and if we are to support an aging society, with all the ensuing co-morbidities, we need to find a more sustainable approach to health care.

For many of the speakers and participants on the panel on “Designing Sustainable Health and Care Systems,” the answer was not an overhaul of the system or a major new innovation. “Do we need more innovation or to simply better implement what we already know?” asked one panelist.

We need a “culture of health” and a greater sense that “we’re all in it together,” posited another speaker.

This culture of health means moving away from the acute, institutional and most costly care, and investing more in “self-care”, informal care from family caregivers [see adjacent article], and community care. This includes promoting health – rather than just health care – to enable more people to live more healthily for longer. The longer we live, the more co-morbidities we will suffer; our health is not just a series of incidents which require immediate, one-off interventions, but often ongoing, interrelated conditions, exacerbated in old age by conditions such as dementia.

This investment needs to come not only from the state, but also from individuals themselves, their families, communities and the businesses they work for. Individuals need to adopt healthier lifestyles. Businesses can also help though simple measures such as installing (or in some cases, re-installing) water coolers, offering their workers a healthier alternative to sugary sodas from the vending machine. This is in businesses’ interests as a healthier workforce can be more productive and ultimately work for longer, rather than retiring early [see next article].

This culture of health needs people to also think outside of the box and include communities beyond immediate families. One such suggestion has been to train the doormen in high-rise apartment blocks in Rio de Janeiro; not only are they able to notice when Mrs. Silva doesn’t pick up her mail, but perhaps provide a link between the home and emergency care.
What sort of retirement do we want? And how will we pay for it?

As life expectancy increases, so too does the time most people will spend in retirement. But how do we want to spend this time and how will we pay for whatever it is we do?

“You can’t go on a cruise for 30 years, but I don’t want to watch TV every day either,” remarked one participant at the panel-led discussion “The Future of Retirement: How can Pensions Schemes Remain Viable?”

The decline in manual labor means many more jobs are suitable for people to continue working beyond 65 – an age that has “stubbornly” stuck around since Bismarck, and in most countries is not a mandatory retirement age but the age at which people can collect state pensions. Ending age discrimination and wrong-headed policies that favor younger workers over older professionals could help more people work longer, should they choose to do so. Some pensioners are finding alternative employment in the so-called “Uber economy”, driving their cars for Uber or renting out their homes or spare rooms for Airbnb.

For some over 65s this participation in the informal workplace is a way to keep busy and maintain a purpose. For others it is a necessity as their own savings or private pension schemes have proven insufficient to live on after the end of their formal job.

People are not saving enough for their own retirement. £30,000 of savings for a retirement which might last 30 years leaves only £1000 to live on. “Do we need more paternalism?” asked one Fellow; should the state intervene and take more in taxes specifically to pay for pensions? It would be a bitter pill to swallow for many taxpayers, especially in countries where 20-year-old workers are being told that their retirement at 65 and a state pension is no longer guaranteed. Greater reassurance that this support will still exist in another 40 years might help reduce this inter-generational conflict, maintained one speaker.

But knowing what plans to put in place now to deal with retirement in 40 years is tough; mortality is easy to forecast, morbidity is not. Experiments and innovations will have to continue.
Pieter Vanhuysse: “How do we change what we are teaching today for tomorrow?”

Heather Jaber

One of the first questions posed to participants during Aging Societies: Advancing Innovation and Equity was: why should a young person be involved in the aging industry?

Besides the fact that most people have elderly family members or friends, the aging industry presents both inevitable and lucrative trends, explains Pieter Vanhuysse, professor of comparative welfare state research at the Department of Political Science and Public Management of the University of Southern Denmark.

“It’s a billion dollar question,” he said. “Of all the major trends that are going to be happening to our societies in the next 20 years, this is perhaps the single most important one that we can predict. It is not the single most important trend… but it’s the single most important one that we can actually more or less predict, and therefore prepare for today.”

Vanhuysse’s research focuses on policy-related issues of aging populations, generational harmony or disharmony, and conflict or sustainability. Some of his work looks at the political causes and consequences of population aging. Other work includes measures of intergenerational equity to see how different countries react to burdens on the young and the overall pro-elderly bias of welfare states.

While Vanhuysse discussed bad policy-making at the introductory panel discussion on holistic approaches to aging, the deeper root explanation of these bad policies is human nature, he posits. These issues are manifested in myopia, or a focus on the present rather than the past, and self-interest.

Still, aging societies do not only present problem-areas in global trends. “The very fact that we will have a different demographic composition of our societies will lead to different economic opportunities,” he explains. Demand for elderly care will trigger influxes of caretakers from youthful societies. The robotization of economies is another source of opportunity — Japan’s industrial robot market caters to one of the oldest societies in the world. They saw a demographic change, says Vanhuysse, and created a huge market for themselves.

The most important factor in solving aging society issues lies in education, he claims. Younger generations will be faced with the enormous and unbalanced task of providing support for aging societies. Thus, it is important to encourage older people to participate in the labor markets, and to instil in young people the skills they will need for later — much later — in life.

“How do we change what we are teaching today for tomorrow?” asks Vanhuysse. The answer lies in fostering more creative, flexible mindsets as opposed to factual knowledge in our populations.

One thing we must do, he said, is avoid creating too many specialists early in education.

Vanhuysse cites Isaiah Berlin’s essay on foxes and hedgehogs, explaining that society may need more adaptable minds: “Foxes are very versatile — they do many things. They change direction, but they can adapt to different things. Hedgehogs slowly but surely do one thing. They do it well, but it’s one narrow path they follow. Perhaps we need to think about creating more foxes among the 14- and 15-year-olds of today.”

While economists may focus on more empirical or data-driven trends, he views the dialogue with those from participants in other sectors as a key feature of the session. Economists and political scientists may not discuss notions of dialogue, respect, and reciprocity on a daily basis, but he realises the benefits of such gatherings.

“The general strength of Salzburg Global Seminar…is to really bring interested, curious people form very different walks of life — both in terms of where they come from but also how they think — together for open-minded, liberal discussion.”
Hot Topic:
“Who do we need to better include in the ‘constellation of carers’ for aging societies?”

Ana Alania & Heather Jaber

“This raises fresh questions about the respective roles of individuals’ families and the state in terms of who does what. We need to rethink old assumptions about who does the caring. There are massive workforce issues, in that for healthcare we need much more generalists rather than medical specialists and we need many more people doing the physical caring which we currently delegate to the least trained, least qualified and least paid part of the workforce.”

Richard Humphries
Assistant Director of Policy, The King’s Fund, UK

“I don’t think it’s who should to be more involved; it’s the individual person themselves, the patient or the elderly person, it’s their family, it’s their community and it’s a multi-disciplinary team of healthcare providers. I’m obviously biased towards family medicine, and I do think a good family practitioner can be the coordinator – but there is not enough of us around.”

Helga Holst
Semi-retired medical doctor, South Africa

“Family caregiving today is more complex, more costly and more stressful and more demanding than ever before. We are transferring more "medical nursing tasks" to family members who feel they have no choice but to perform them and have virtually no training to do so. They are “home alone” and need guidance and support to do this crucial work.”

Susan Reinhard
Senior Vice President, AARP, USA

“Since 90% of your health is determined by factors outside of the health care system such as social, environmental, genetic and social factors everyone needs to be involved in health and health care. Individuals need access to information, services, and an environment that support them to be as healthy as possible for as long as possible regardless of their state of health. Families (defined in the broadest sense) need emotional, financial, and practical support, and training to live healthy lives and care for dependent family members. Communities (including housing) need to be designed to promote health and be age-friendly to promote participation of all ages and at all states of health and ability. Government has a large role to play in implementing policies, services, and financing to promote health and provide care for all generations. The private sector can be a source of innovation and – along with the public sector – be an engine for the economic security so essential for health. So, we are all in this together and all need to have a voice in planning and realizing the best possible health for all.”

Susan Mende
Senior Program Officer, Robert Wood Johnson Foundation