

The Ups and Downs of Aging: Changing the Face of Late Life





Fears of Old Age

Dementia and Cognitive declines
Physical decline
Financial security
Loneliness

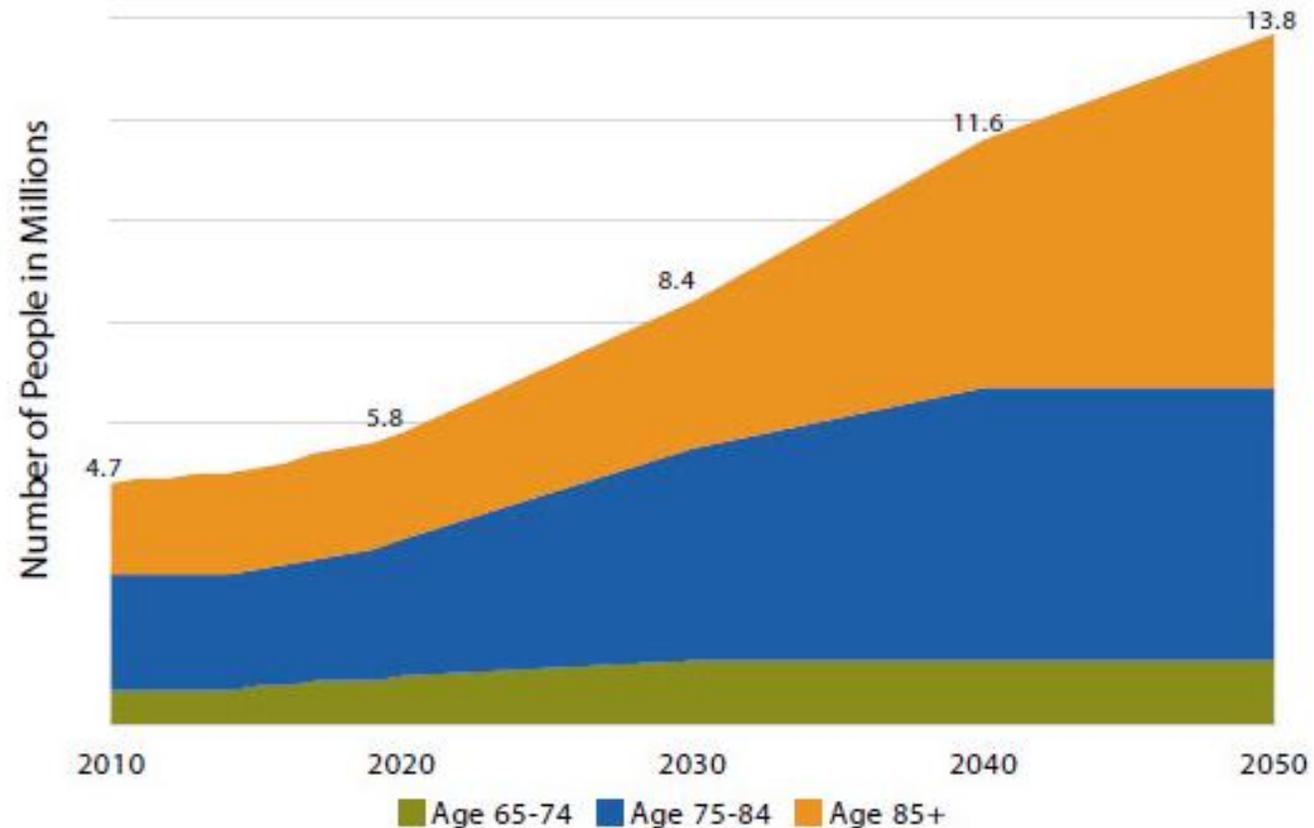


DEMENTIA



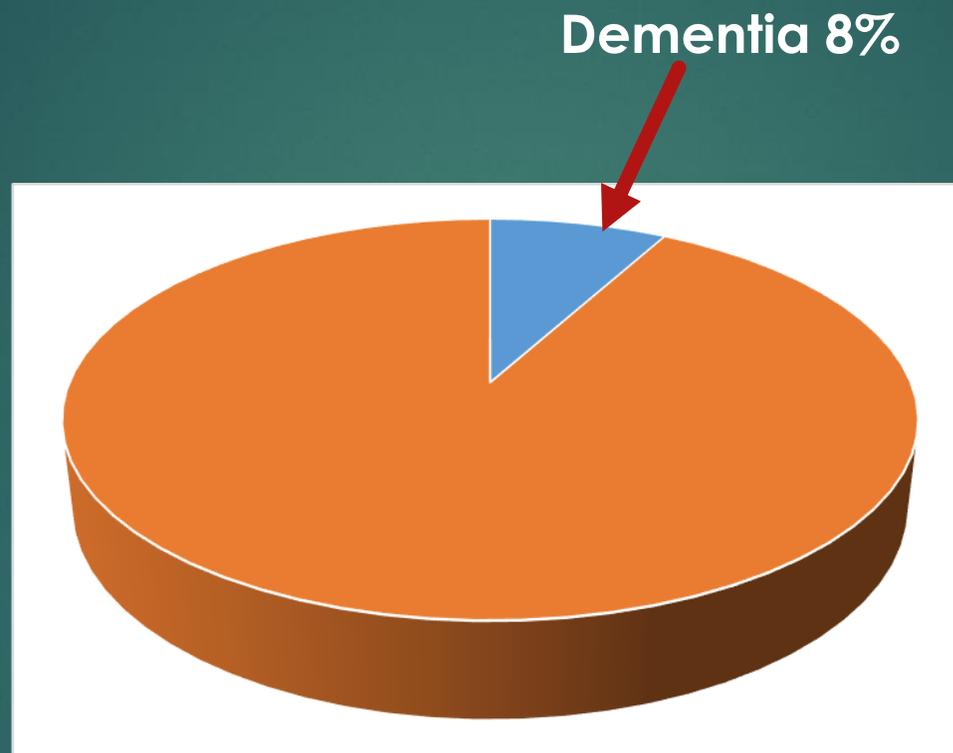
Increase in # of older adults with dementia

Projected Number of People Aged 65 or Older With Alzheimer's Disease, by Age Group, United States, 2010–2050

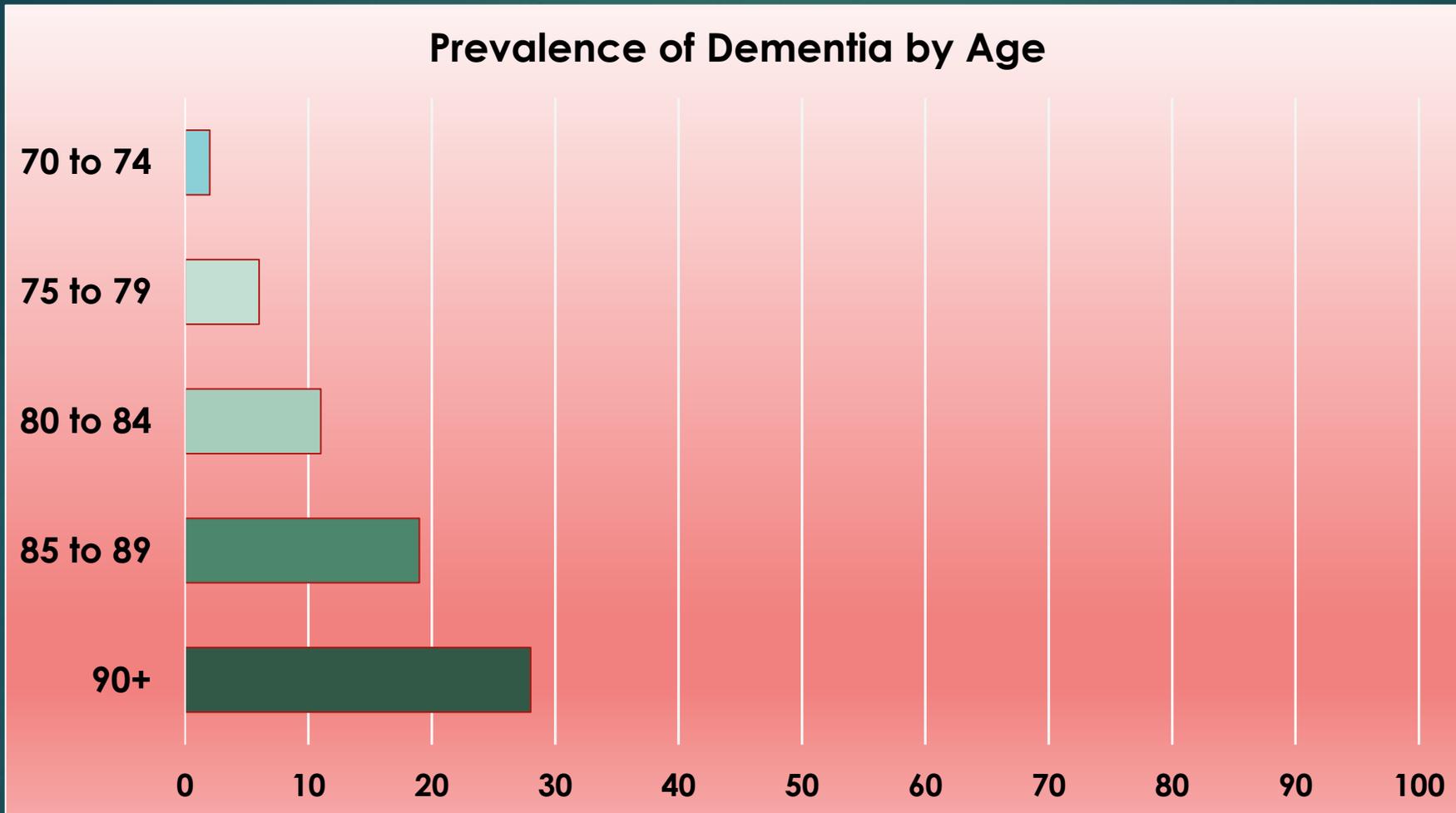


Source: Created from data in Hebert LE, Weuve J, Scherr PA, Evans DA. Alzheimer disease in the United States (2010–2050) estimated using the 2010 Census. *Neurology*. 2013;80(19):1778–1783.

Proportion adults aged 70+ with dementia...



% of adults with dementia by age



Other risk factors...

Education = More years dementia free

Aged 70+ with college degree < 5%

Aged 70+ no HS degree >17%

Ethnic/Racial minority - > Higher rates of dementia

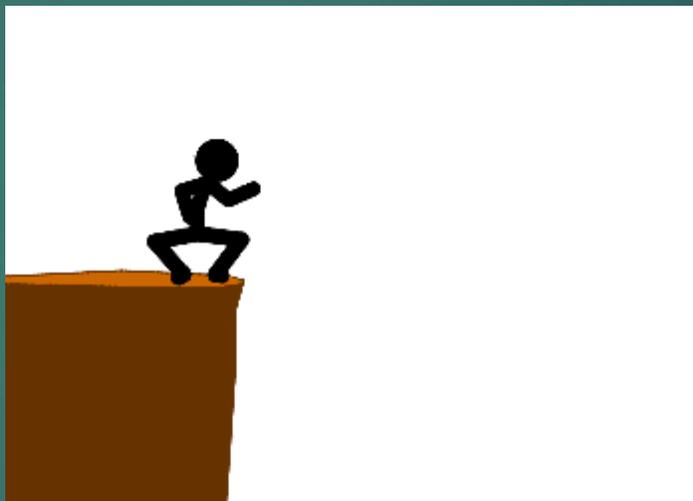
8% of non-Hispanic White

16% of Black and 16% of Hispanic adults aged 70+

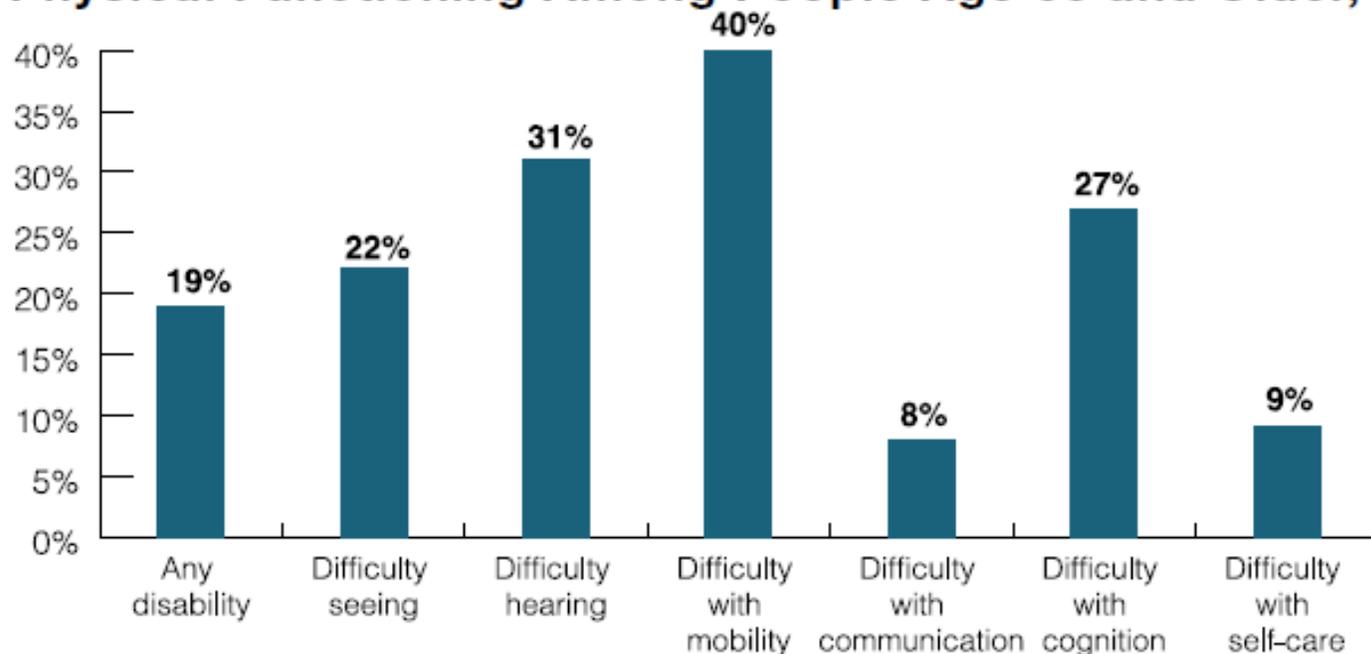
Physical Well-being



Healthy to the end...



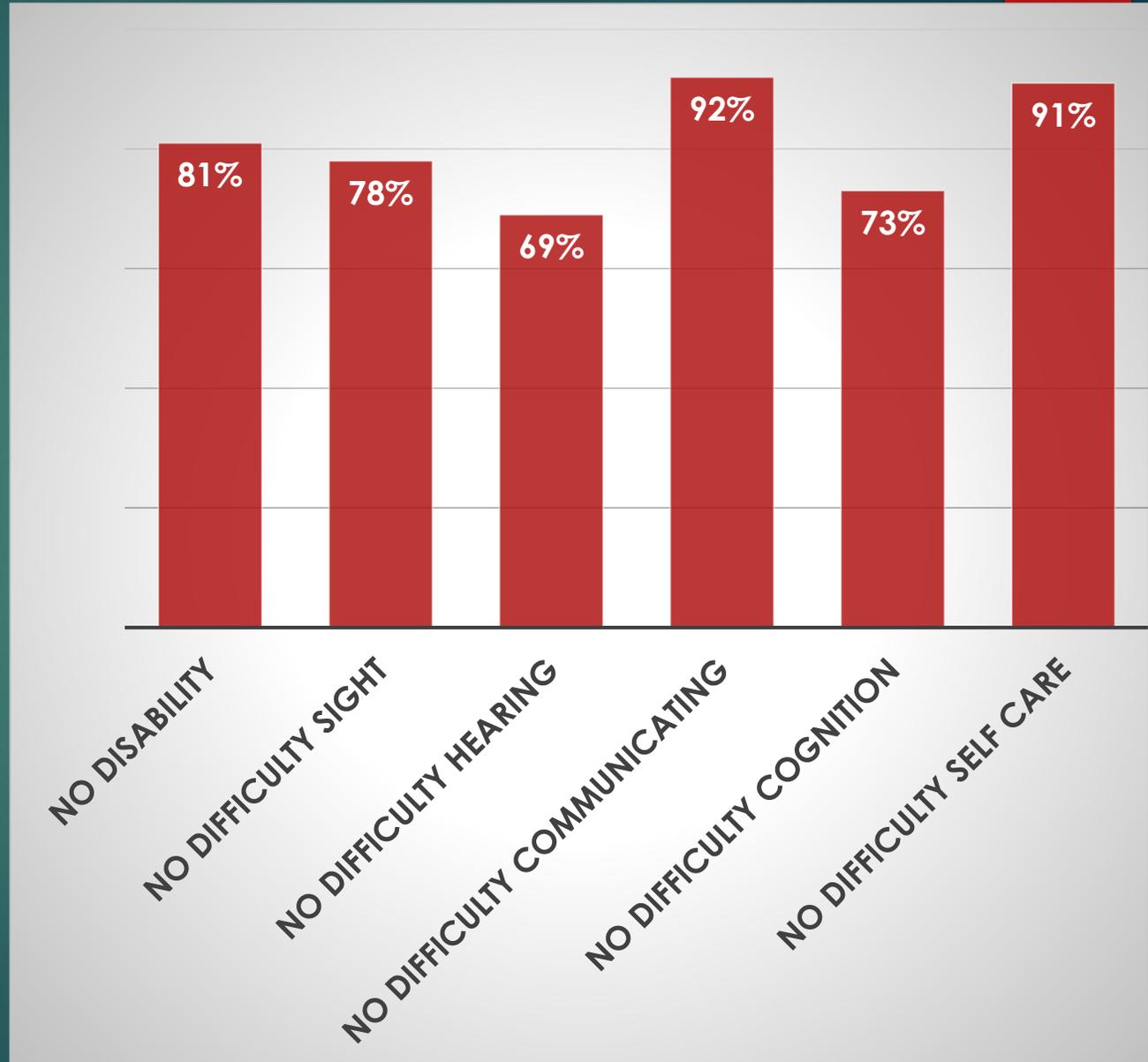
Physical Functioning Among People Age 65 and Older, 2019



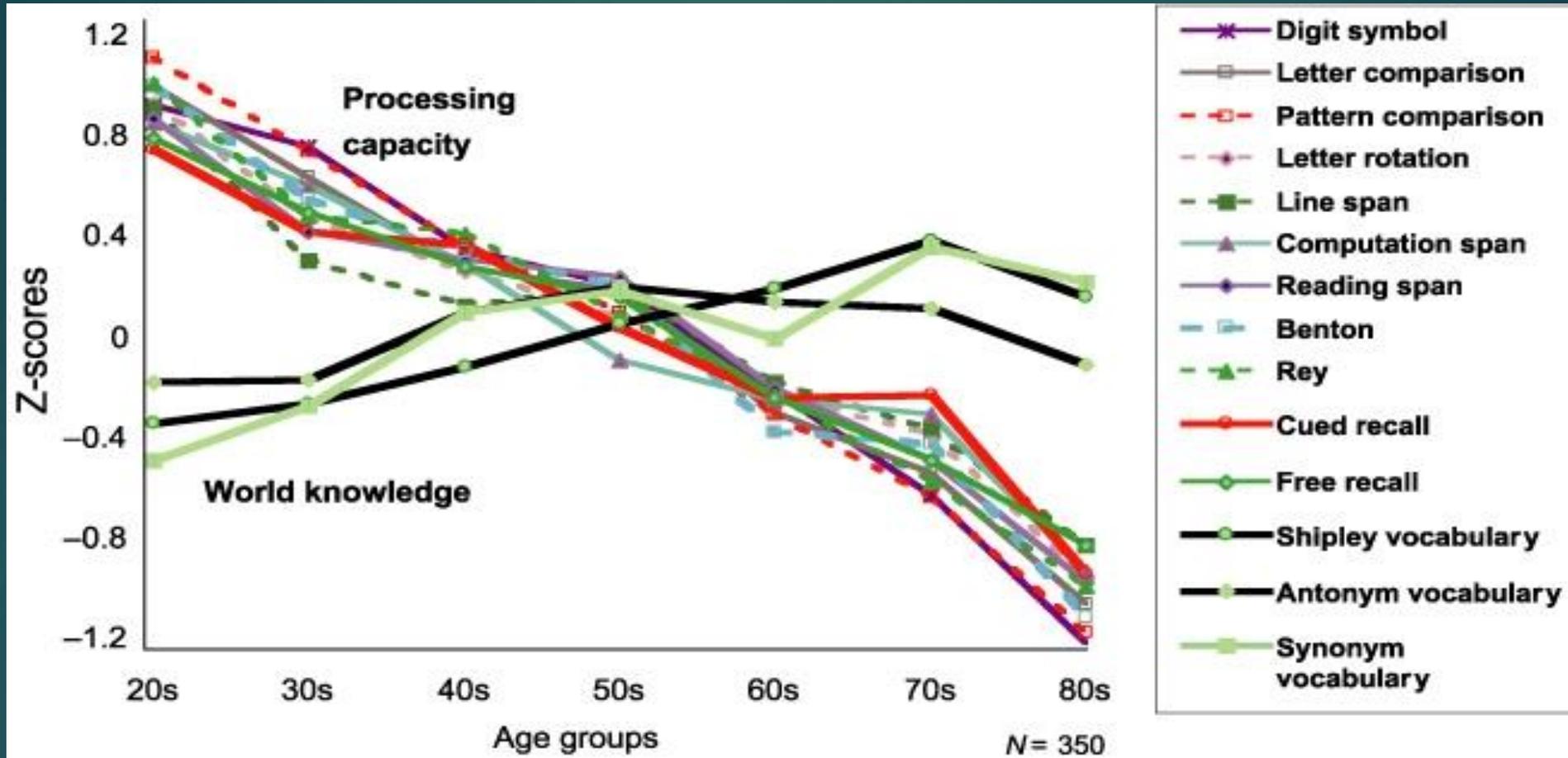
Note: "Any disability" includes those reported who "a lot of difficulty" or "cannot do it at all" in any functioning domain.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey

**% of people over aged 65
with no disability....**

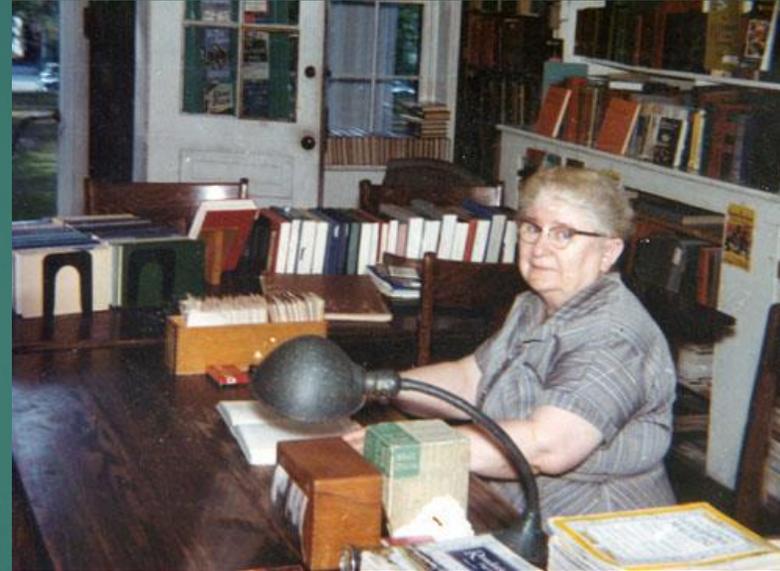


How do different areas of cognition change with age?



Park et al. (1996)

Implications for Late Life Work



Experience matters....

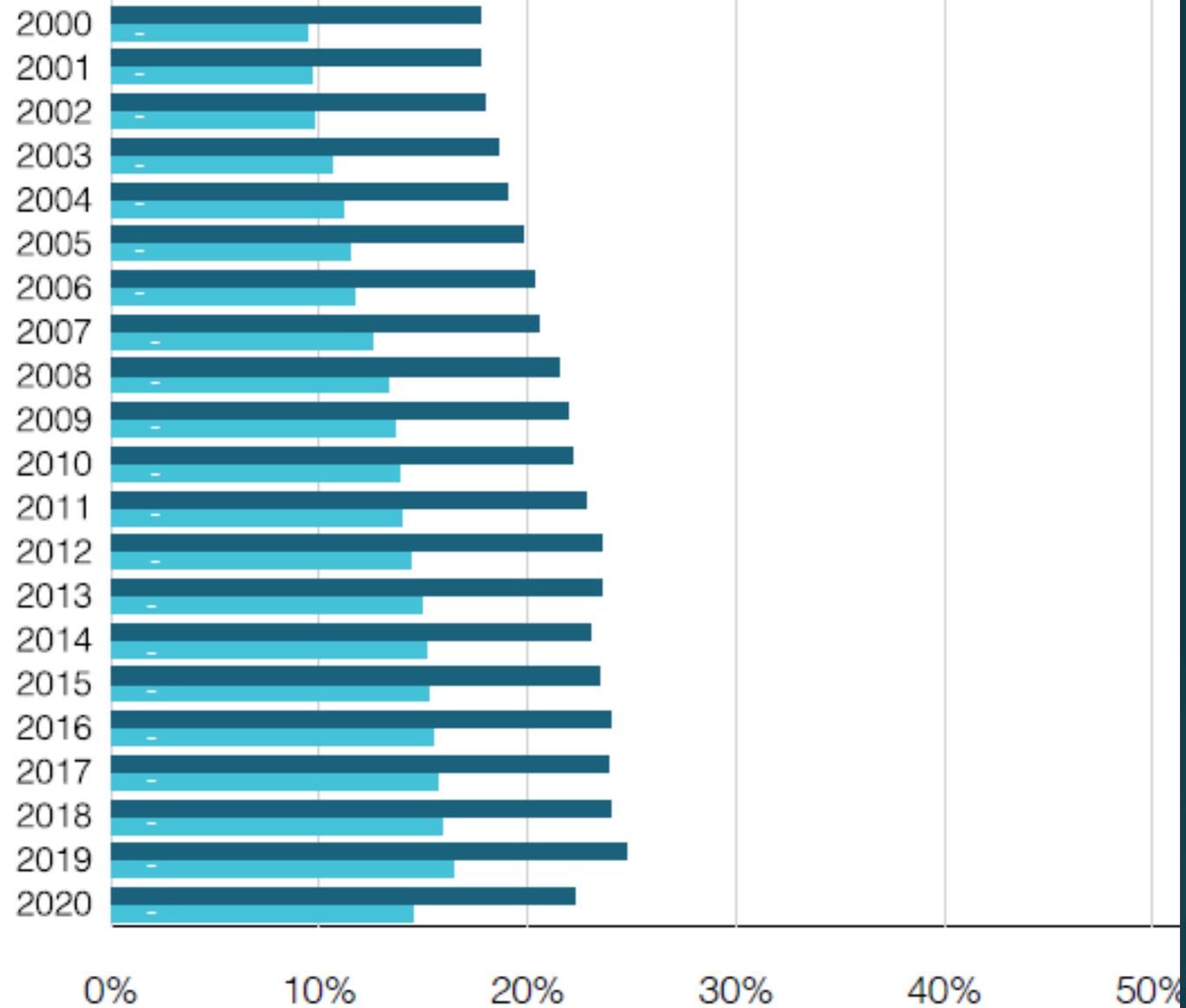
2009 57-year-old
Chelsey "Sully" Sullenberger
Landed on the Hudson River
All 155 passengers lived



Retirement Life Stage



% of adults
aged 65+
employed for pay



STEREOTYPE: GREEDY GEEZERS



Retirement savings...

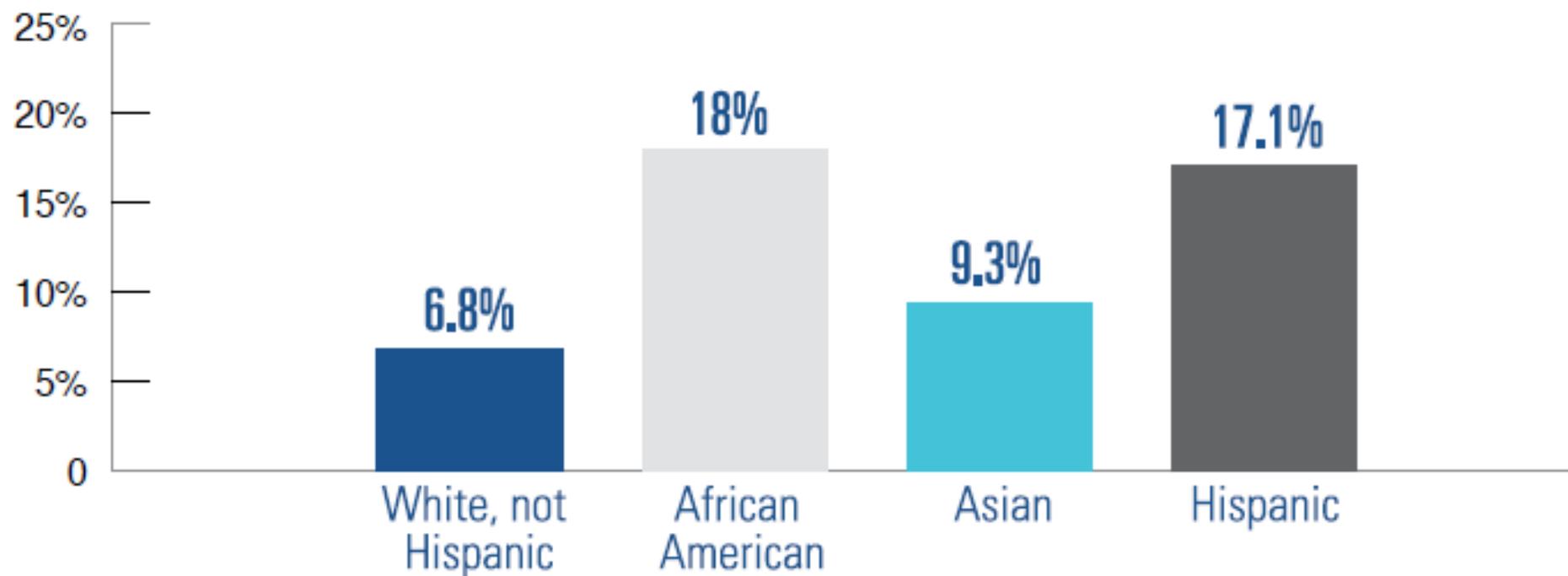
NO SAVINGS...

50% of women

47% of men



Persons Age 65 and Older Living Below the Poverty Level by Race and Hispanic Origin, 2019



Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement

FAMILY AFFAIR



Loneliness and Psychological Well-being....



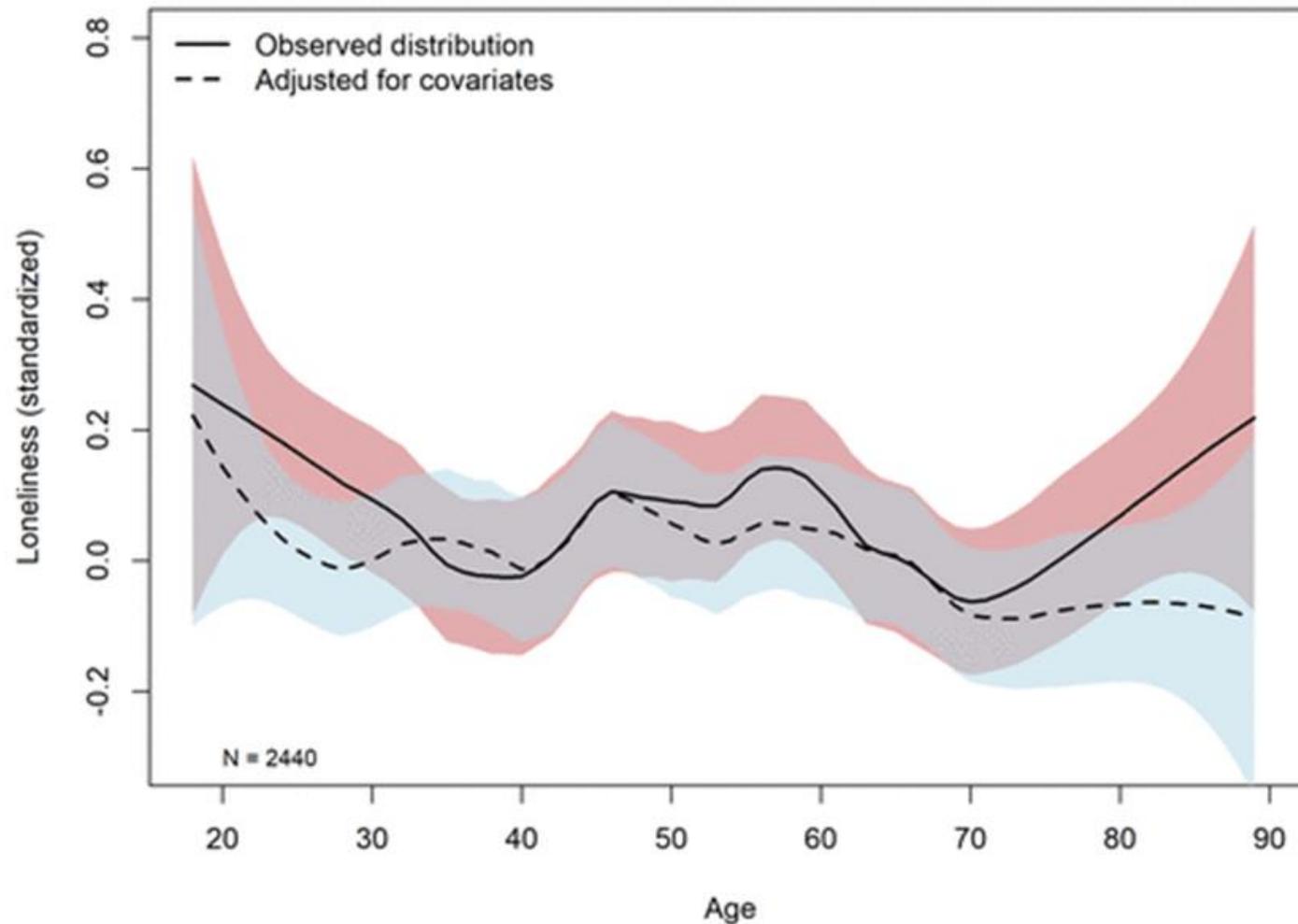


1 in 4 adults over the age of 65 is
lonely or socially isolated

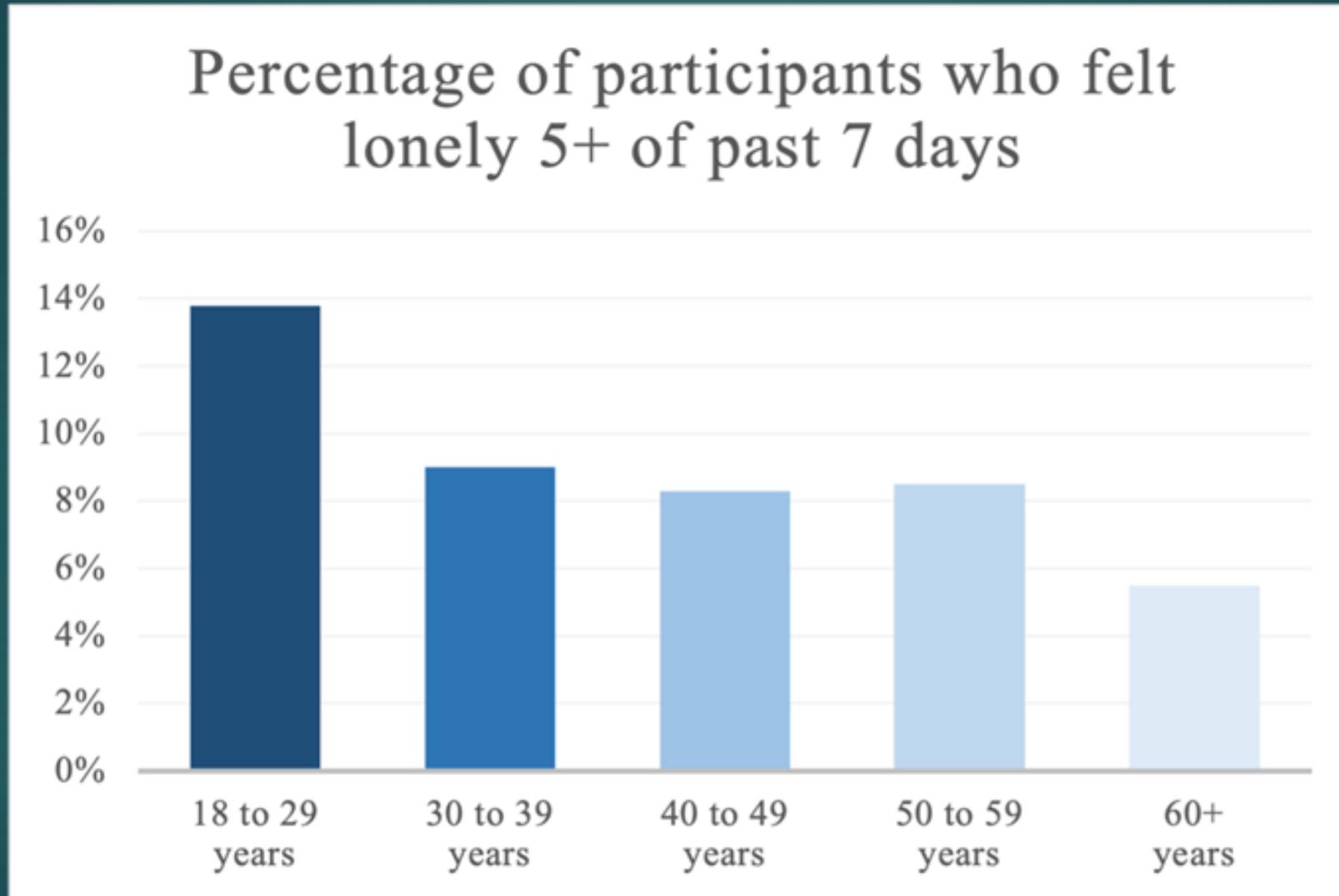
National Academy of Sciences, Engineering &
Medicine 2020



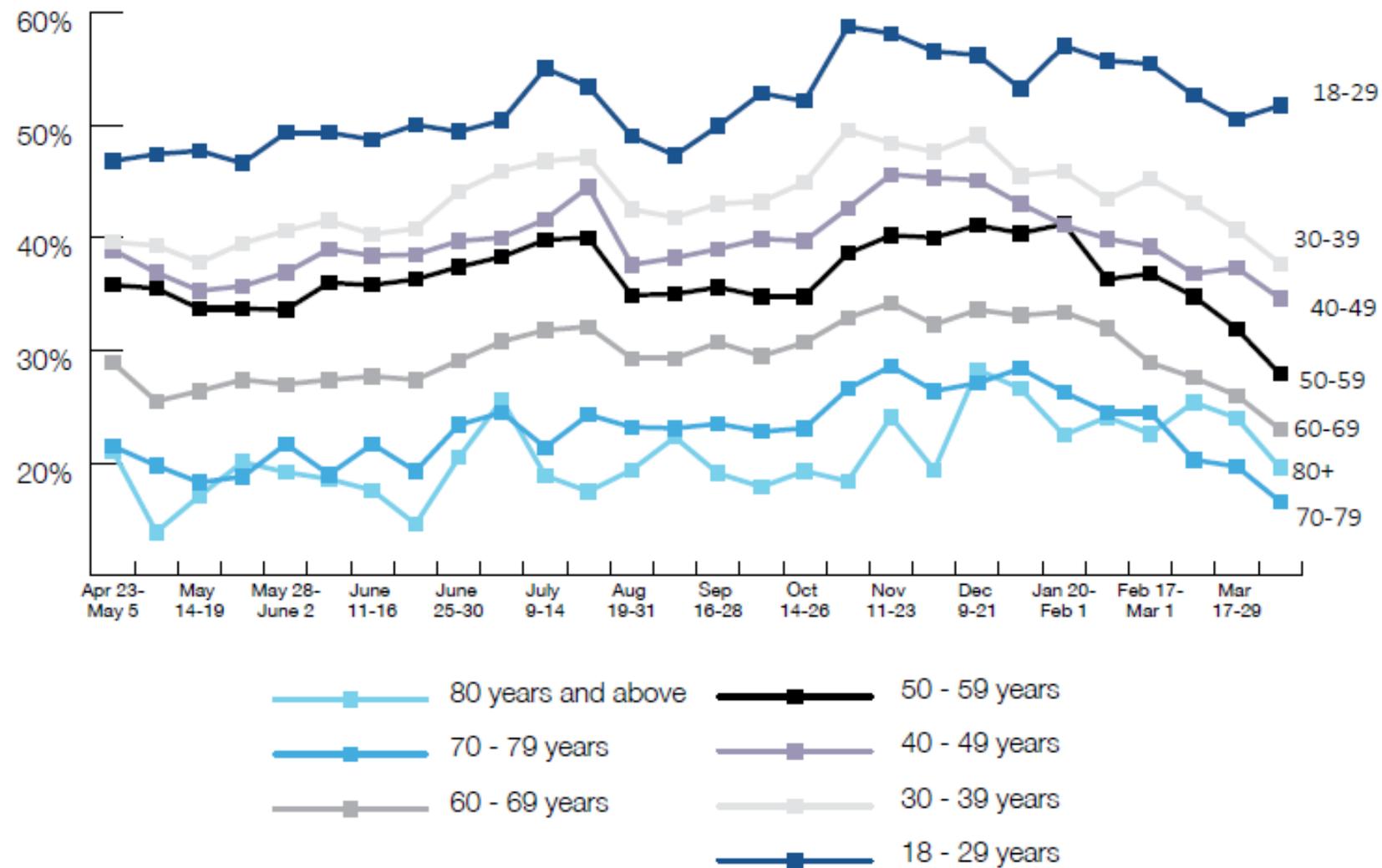
Loneliness by Age



Very Lonely during COVID



Percentage of People Reporting Symptoms of Anxiety or Depression During Last 7 Days by Age Group, 2020-2021



Source: U.S. Census Bureau, Household Pulse Survey

Some things get better with age...



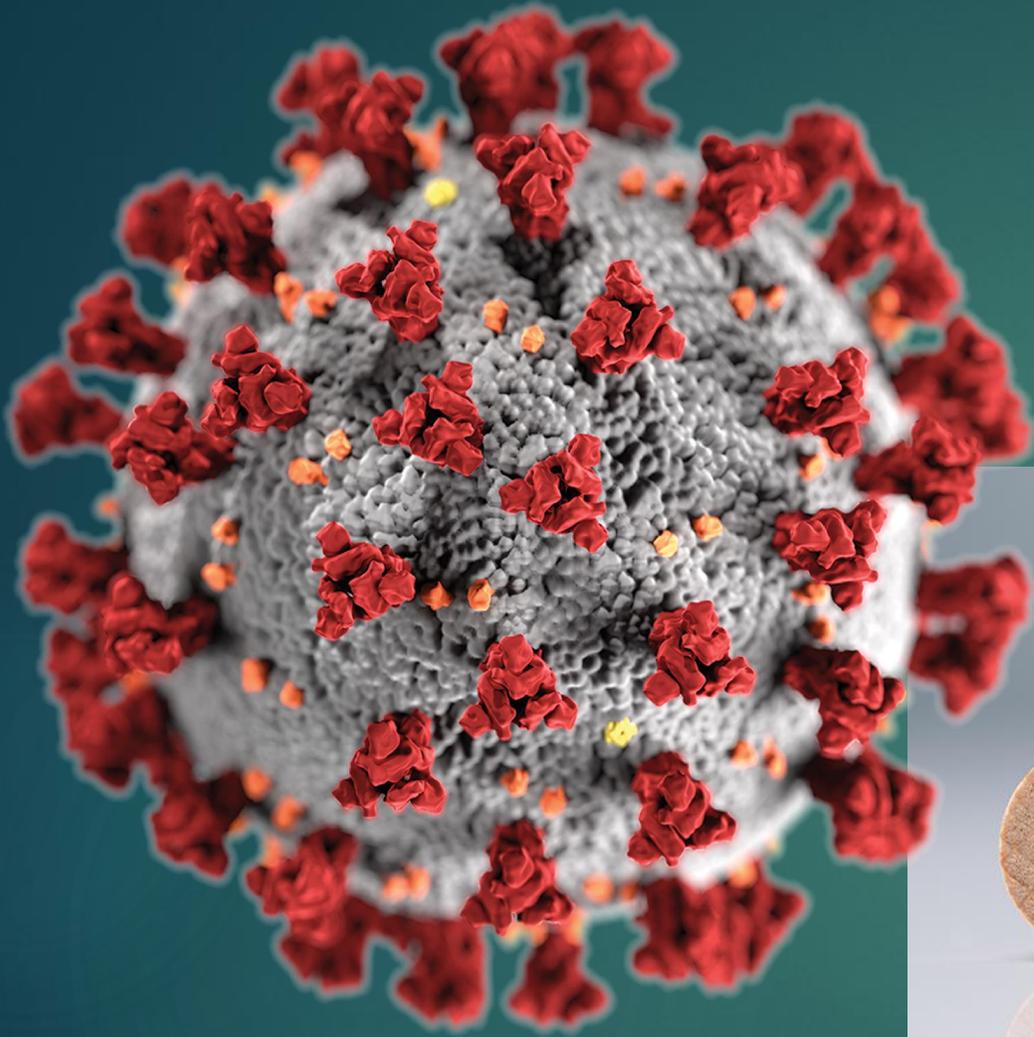
Emotions – Positivity effect

Increase in positive



Decrease in negative

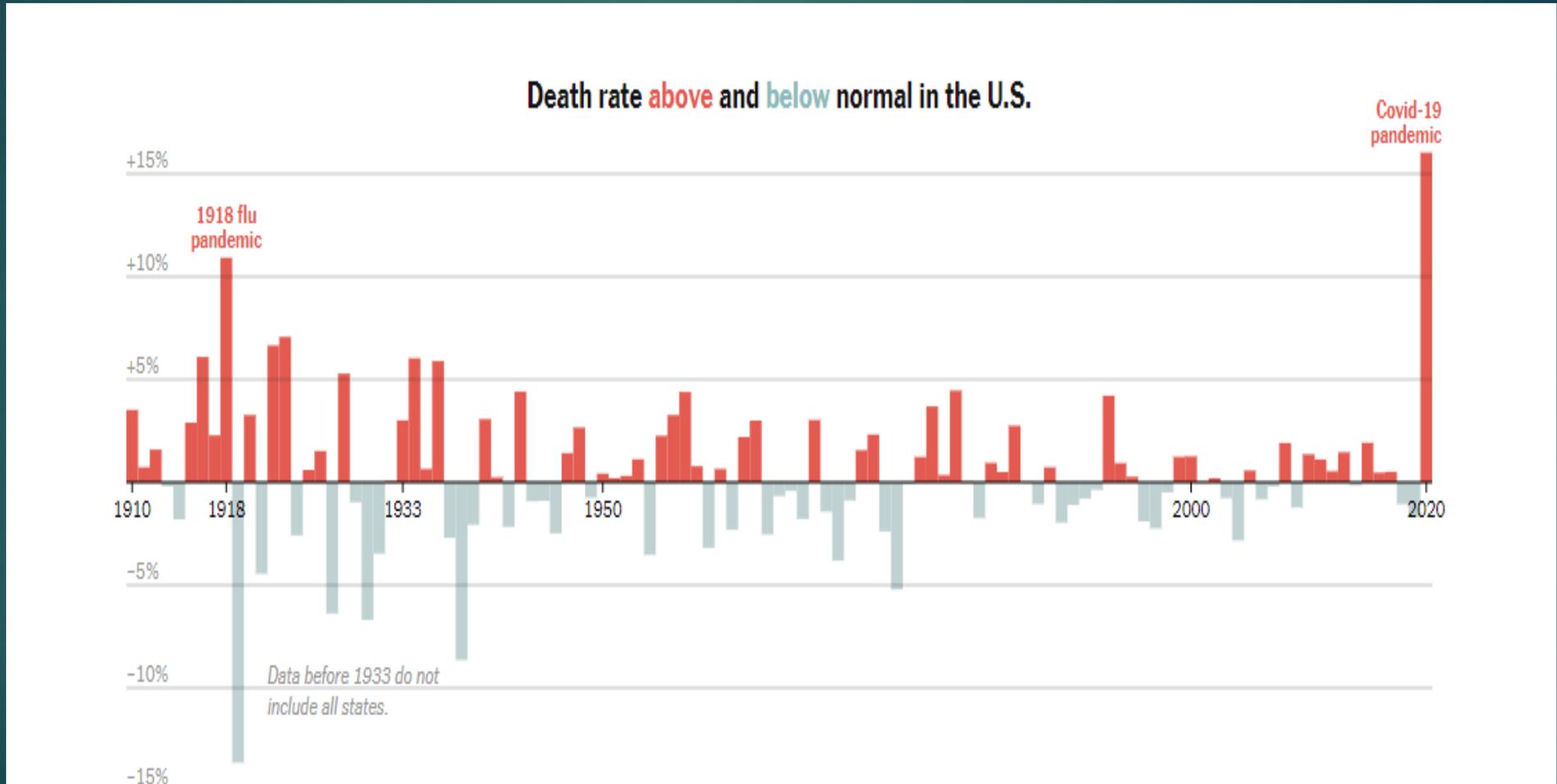




AG EISM

A reflection of the letters 'AG EISM' is visible on the white surface below the letters.

COVID Death Rates



2021

2019

2020

2021

The number of deaths in 2021 was 21% higher than in 2019.

Excess deaths since 2017

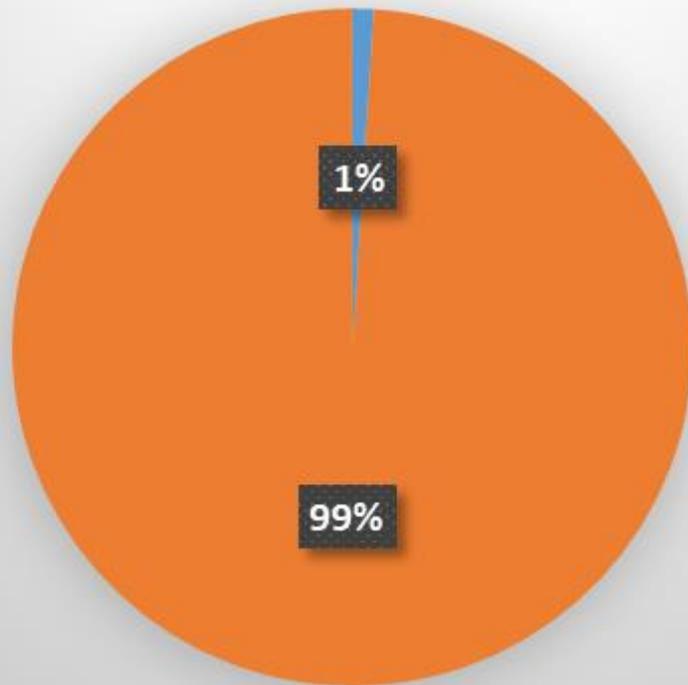
Expected deaths Observed deaths



Source: Centers for Disease Control and Prevention. [↗](#)

Infection Fatality Rate (IFR) aged 60 to 70 Prevaccine January 2021

Aged 60 IFR from COVID



The Lancet 2021

British Medical Journal

June 10 2020

One way to prioritise saving lives and life-years is to set an absolute age limit to gain access to intensive care. This was in fact proposed both in Italy and Spain during the peak of the pandemic,^{1 14} and depending on where the age-threshold is setting this approach may reduce the number of patients dramatically. As documented above, some may judge such triage as fair,

British Medical Journal

Feb 2021

Features

Pandemic ICU triage challenge and medical ethics

 Sabine Netters¹, Nick Dekker¹, Koos van de Wetering², Annie Hasker³, Dian Paasmans⁴

[ORCID](#) [5](#)

The second principle is the fair innings principle, that every individual must have the same opportunity to experience all stages of life: childhood, young adulthood, middle age and old age. Young people are put first because they have had the least opportunity thus far. Empirical evidence also suggests that the majority of people believe that younger patients should receive priority when resources are scarce.²¹

AGE AS A TRIAGE CRITERIA –

Bioethics March 2021

bioethics



COVID-19 |  Free Access

A consequentialist approach to triage decisions during the COVID-19 pandemic

Matthew C. Altman 

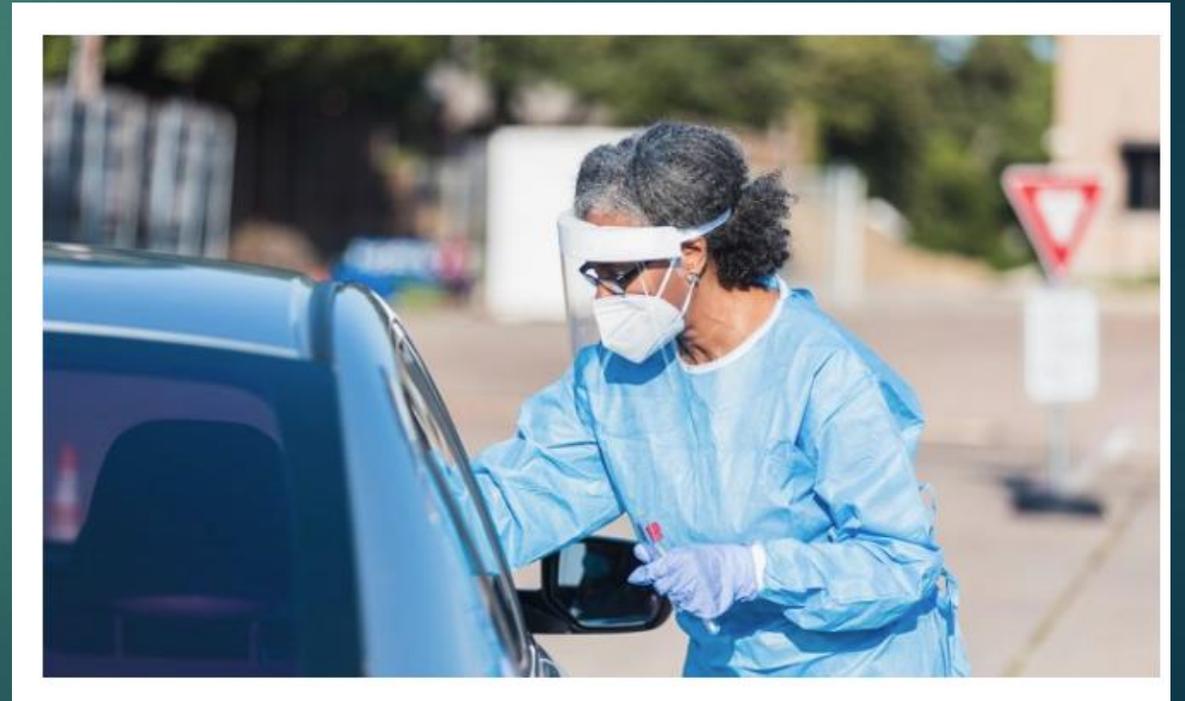
Abstract

Most ethics guidelines for distributing scarce medical resources during the coronavirus pandemic seek to save the most lives and the most life-years. A patient's prognosis is determined using a SOFA or MSOFA score to measure likelihood of survival to discharge, as well as a consideration of relevant comorbidities and their effects on likelihood of survival up to one or five years. Although some guidelines use age as a tiebreaker when two patients' prognoses are identical, others refuse to consider age for fear of discriminating against the elderly. In this paper, I argue that age is directly relevant for maximizing health benefits, so current ethics guidelines are wrongly excluding or deemphasizing life-stage in their triage algorithms. Research on COVID-19 has shown



Participation in the workforce

- ▶ 37% of the essential workforce is aged 50 +
 - ▶ Medical
 - ▶ Transit
 - ▶ Critical retail
 - ▶ Postal services
 - ▶ Agriculture
- ▶ 33% of US adults are aged 50+



2023 New Year's Resolution



How can we embrace and adapt to changes with age....



Font size...

YOUR RESTAURANT NAME

est. 1994

FOOD MENU

VOTED THE BEST RESTAURANT IN THE CITY

OPEN HOURS:
11AM-5PM
DAILY

STARTERS

Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed do eiusmod tempor incididunt ut labore magna aliqua.	
Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed.	
Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed quisque nostrud veniam minim dolore.	
Add Text Here	\$0.00
Lorem ipsum dolore site amet conector incididunt ut labore.	
Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed do eiusmod tempor.	

LUNCH

Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed do eiusmod tempor incididunt ut labore magna aliqua.	
Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed.	
Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed quisque nostrud veniam minim dolore.	
Add Text Here	\$0.00
Lorem ipsum dolore site amet conector incididunt ut labore.	
Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed do eiusmod tempor.	

CHEF'S SPECIALS

Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed do eiusmod tempor incididunt ut labore magna aliqua.	
Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed.	
Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed quisque nostrud veniam minim dolore.	
Add Text Here	\$0.00
Lorem ipsum dolore site amet conector incididunt ut labore.	

DINNER

Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed do eiusmod tempor incididunt ut labore magna aliqua.	
Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed.	
Add Text Here	\$0.00
Lorem ipsum dolor sit amet consectetur adipiscing elit sed quisque nostrud veniam minim dolore.	
Add Text Here	\$0.00
Lorem ipsum dolore site amet conector incididunt ut labore.	

BEVERAGES

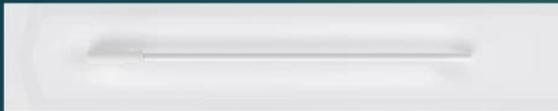
Add Text Here	\$0.00

DELIVERY & CATERING NOW AVAILABLE!

iHealth[®] Specimen Collection Swab / Hisopo de recogida de muestras

- Disposable device / Dispositivo desechable
- Do not reuse or reuse / No reutilizar ni reutilice
- Do not store at extreme temperatures and humidified place / No almacenar en lugares con temperaturas extremas y humedad

STERILE LOT: MFC
Manufactured by iHealth Labs, Inc., 150 San Lucas Ct., Sunnyvale, CA 94086, USA. Made in China. EXP: _____



iHealth[®] COVID-19 Antigen Rapid Test

2 TESTS

Self-Test At Home Results In 15 Mins

FDA Emergency Use Authorization

iHealth[®] COVID-19 Test Card

1 Test Use within 1 hour after opening

iHealth[®] COVID-19 Test Card

1 Test Use within 1 hour after opening



Flowflex[™] COVID-19 Antigen Home Test

Package Insert
REF: L031-118B5 English

A rapid test for the detection of SARS-CoV-2 antigens in anterior nasal specimens. For self-testing use. For use under an Emergency Use Authorization (EUA) only. Carefully read the instructions before performing the test. Failure to follow the instructions may result in inaccurate test results.

KIT CONTENTS

- Test Cassette
- Extraction Buffer Tube
- Disposable Nasal Swab
- Tube Holder
- Package Insert
- Timer (Not included)

PREPARATION

1. Wash or sanitize your hands. Make sure they are dry before starting the test.
2. Read the instructions.
3. Check your kit contents and make sure you have everything. Check the expiration date printed on the cassette foil pouch. Do not use if the pouch is damaged or open.
4. Open the pouch and locate the Result window and Specimen well on the cassette.

SPECIMEN COLLECTION

SELF COLLECTION **COLLECTION BY AN ADULT**

A nasal swab sample can be self-collected by an individual aged 14 years and older. Children aged 2 to 13 years should be tested by an adult.

TEST PROCEDURE

1. Unscrew the dropper cap from the extraction buffer tube. Place the tube in the tube holder.
2. Open the swab packaging at the stick end, not the swab end. Do not touch the swab head.
3. Gently insert the entire absorbent tip of the swab head into 1 nostril (½ to ¾ of an inch). With children, the maximum depth of insertion into the nostril may be less than ¼ of an inch and you may need to have a second person to hold the child's head while swabbing. **Note: A false negative result may occur if the nasal swab specimen is not properly collected.**
4. Firmly rub the swab in a circular motion around the inside wall of the nostril 5 times. Take approximately 15 seconds to collect the specimen. Be sure to collect any nasal drainage that may be present onto the swab. Repeat this in the other nostril.
5. Remove the swab from the nostril and immediately place into the extraction buffer tube. **Note: Test samples immediately after collection, and no more than one hour after the swab is added to the reagent solution, if stored at room temperature.**
6. Immediately place the tube into the tube and swirl for 30 seconds. **Note: A false negative result may occur if the swab is not swirled at least 30 seconds.**
7. Rotate the swab 5 times while squeezing the tube. **Note: A false negative result may occur if the swab is not rotated five times.**
8. Remove the swab while squeezing the tube. Dispose the swab in the trash.
9. Screw the dropper cap firmly onto the tube. Mix thoroughly by swirling or flicking the bottom of the tube. Remove the small cap from the dropper tip.
10. Gently squeeze the tube and dispense 4 drops of solution into the Sample Well. Dispose the tube in the trash. **Note: A false negative or invalid result may occur if less than 4 drops of fluid are added to the Sample Well.**
11. Set the timer for 15 minutes. Result should be read at 15 minutes. Do not read after 30 minutes. Dispose the test cassette in the trash. **Note: A false negative or false positive result may occur if the test result is read before 15 minutes or after 30 minutes.**

RESULT INTERPRETATION

Negative Only the control line (C) and no test line (T) appears. This means that no SARS-CoV-2 antigen was detected. A negative test result indicates no antigens for COVID-19 were detected. It is possible for this test to give a negative result that is incorrect (false negative) in some people with COVID-19 and negative results are presumptive and may need to be confirmed with a molecular test. This means that you could possibly still have COVID-19 even though the test is negative. If you test negative and continue to experience symptoms or symptoms become more severe, please consult your healthcare provider. It is important that you work with your healthcare provider to help you understand the next steps you should take.

Positive Both the control line (C) and test line (T) appears. This means that SARS-CoV-2 antigen was detected. **NOTE: Any faint line in the test line region (T) should be considered positive.** A positive test result means that antigens from COVID-19 were detected and it is very likely you currently have COVID-19 disease. Self-isolate to avoid spreading the virus to other people and consult your healthcare provider as soon as possible. Your healthcare provider will work with you to determine how best to care for you.

Invalid Control line (C) fails to appear. Not enough specimen volume or incorrect operation are the likely reasons for an invalid result. Review the instructions again and repeat the test with a new cassette. If the problem persists, call (800) 838-9502 for assistance.

Closed captions...



Don't think about it,
just jump as far as you can!

Driving...

Hyundai tech converts sound to visuals, vibration for hearing-impaired drivers

The automaker showed off its tech in a video featuring a hearing-impaired taxi driver.

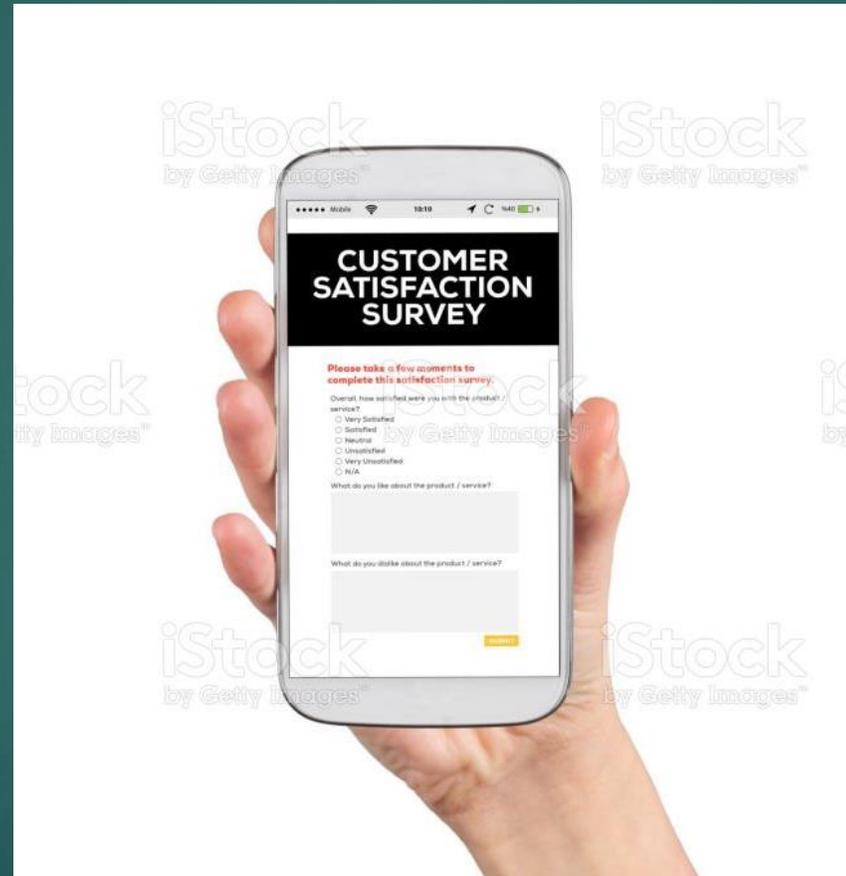


Andrew Krok

Jan. 10, 2019 1:21 p.m. PT



Low dexterity friendly devices



Generationally friendly cities



Age Friendly Universities...



[Join](#) | [Career Center](#) | [Online Store](#) | [COVID-19](#)

AAA

Search Site



[ABOUT US](#)

[MEMBERSHIP](#)

[STAY CONNECTED](#)

[PUBLICATIONS](#)

[PROGRAMS & SERVICES](#)

[MEETINGS & EVENTS](#)

[PRESS ROOM](#)

[SUPPORT GSA](#)

[Home](#) > [Programs & Services](#) > [Education Center](#) > [Age-Friendly University \(AFU\) Global Network](#)

[COVID-19 Updates](#)

[Reframing Aging Initiative](#)

[Policy Center](#)

[Alliances and Multi-Stakeholder Collaborations](#)

[Mentor Program](#)

[Webinars](#)

[Momentum Discussions](#)

[Career Conversations](#)

Age-Friendly University (AFU) Global Network

The Age-Friendly University (AFU) network consists of institutions of higher education around the globe who have endorsed the 10 AFU principles and committed themselves to becoming more age-friendly in their programs and policies. The Academy for Gerontology in Higher Education (AGHE) endorses the AFU principles and invites its members and affiliates to call upon their institutions become part of this pioneering initiative.



Joining the AFU AGHE network of global partners offers institutions the opportunity to learn about emerging age-friendly efforts and to contribute to an educational movement of social, personal, and economic benefit to students of all ages and institutions of higher education alike.

The AFU principles reflect the work of an international, interdisciplinary team convened by Professor Brian MacCraith, then President, Dublin City University (DCU) to identify the distinctive contributions institutions of higher education can make in responding to the interests and needs of an aging population. Launched by the Irish Prime Minister, (An Taoiseach) Enda Kenny in 2012 the 10 AFU principles have been adopted by institutions in Ireland, the U.K., the U.S., Canada, and beyond.

A new conversation about aging

