

Carefree Solo-Aging: Planning and Preparation

By Betty Burr

Are you a Solo-Ager? That's a contemporary name for a person who doesn't have either a spouse, partner, or children, or whose family is remotely located. Studies show that over 20% of baby boomers are Solo-Agers ("Solos"). What makes them different from other "agers"? Traditionally, older people counted on the help of their younger family members for a variety of tasks - medical, personal and social. Solo-Agers don't have that support. So whether you are solo by choice or by chance, Solo-Agers have an added level of planning to do to assure their happiness and well-being as they age.

Human hearts and human hands created a world wide web long before the internet was invented. We need to have just as strong a connection to create communities of care. " (Mary Matthiesen,, "dying to make a difference")

A few months ago my cousin had serious unexpected surgery. Then he was in hospital and rehab for a couple of weeks. His daughter stayed close to him the whole time, making sure he got the care he needed. That's what family members often do. I watched her advocate for him – to get him near a door because that's what he likes - and wondered "Who's going to do that for me?" I'm a Solo-Ager – an older adult with no nearby family or spouse. As I tell other Solo-Agers in the *Carefree Solo-Ager* programs I run, we must prepare and plan to advocate for ourselves. And the time to prepare is now - long before age and/or accident requires it. (My cousin did not expect to have surgery!)

Experts tell us that in order to live as well and as long as possible, Solo older adults need the "3 P's": Purpose, People, and Planning.

Purpose: *Deciding what's most important to you in order to live a purpose-driven rest of life and a comfortable end of life.*

As people reach their mature decades, they often are inspired in a very different direction from that of their earlier interests, values and passions. Career building or family growing are often behind them. Now they have the opportunity to concentrate on activities which they have always wanted to do. In our workshop we use a gap analysis and other tools that help participants answer: *What's most important to you now? Will it be more or less important closer to the end of life?* Identifying these not only helps "Solos" plan for happier living now, it will guide your advocate in making decisions about your care later. I have told my medical advocate that if my medical condition means I cannot any longer enjoy the things I've listed as most important to me, I do not want any extraordinary measures taken to keep me alive.

People: *A frequent statement made by older adult service providers is: "Isolation = illness. Illness = a shorter lifetime."*

Avoiding isolation one of the biggest challenges for Solo-Agers. Without a supportive group, Solos are at greater risk for lack of care or inadequate care that may go against their wishes. (Carol Marak, 512-423-4098 Carebuzz@gmail.com)

In the absence of traditional family habits like "Sundays we visit with grandma," Solo's need to create their own traditions and "family" groups. This sometimes means making new friends, especially if many of their social contacts have previously been through work. Yet making new friends may be challenging at later ages. Increasingly, boomers are creating groups to answer these challenges. The Village

movement has been sweeping the country, as mature adults who want to age in their homes meet to provide social support and shared services. In San Francisco the SF Village is such a group. (SFVillage.org)

There is another critical piece of the people puzzle for Solos. In the Solo-Ager groups I've been leading, one question keeps coming up – I call it the “Big WHO” - “*Who will be there to help me if I need it?*” This is a key challenge for Solos because we don't have a natural person to swoop in and rescue us as those with family may. Having someone to call on when we are sick or confined to bed is important to everyone. But one study found that 39% of study participants had no one to call in such a situation. (Carol Marak, 512-423-4098 Carebuzz@gmail.com)

To substitute, Solos need to start early to identify people who can be their *Advocate/agent/proxy* – some of the names given to people who stand in for you and make decisions when you are unable to do so for yourself. (By naming someone, you are not giving away your independence. As long as you are capable, you continue to make your own decisions.)

Experts in the field of aging are working to help Solos figure out the right advocates and the right ways to hold a conversation about it. Said one expert: *We have to break the taboo of talking about death and dying in order to have a say in our future care.* (Mary Matthiesen,, “Dying to make a difference”, p.61)

“In my case,” said one of our workshop participants, “I have a cousin who is in the medical field. We have a good relationship. Yet it took me months to work up the courage to ask if she would be my medical advocate. What if she had said “no”? What do I do then? There's no one else.” In the workshops, we discuss effective ways of opening the conversation with a potential agent/advocate. It takes planning and support from other Solo-Agers. (*For much more in-depth information about solo-agers, see Sara Zeff Geber, “Essential Retirement Planning for Solo Agers”*)

Finally, having identified the people who will advocate for you if you can no longer do so for yourself, you need to communicate clearly what your wishes will be for medical care and other areas of life. How? First, through good planning. Start by completing an assessment of your values, as mentioned, so that you can request that your advocate(s) honor them.

Planning & Preparation: *What kind of systems can we set up for ourselves?*

Solo agers have a greater need than those with family to set up, while they are still relatively young, what they will need as they age. Yet data suggests that only around 20-30% of boomers have created the necessary plans including all important legal documents and forms such as an Advance Care Directive. What is needed nationwide is a supportive infrastructure. Without it Solos are not only lonely, but in danger of not getting adequate care in an over-stressed medical system.

When is the best time to start this planning? Certainly earlier than “end of life.” With people living so much longer than previous generations, there are at least 4 different stages of growing older: 55-64; 65-74; 75-84 and 85+ So when does “end of life” begin?

In our youth-oriented culture, the needs of seniors of all ages are frequently not considered in government or private planning. Yet between 2001 and 2016, the number of Americans 65 years and older increased by 40 percent. The rate of childlessness among boomers is twice that of previous generations. And AARP estimates that Solos will increase in number from 16 % in 2000 to about 21 % in 2040.

Planning for your care:

Create a care plan far ahead of need and communicate those plans clearly. It is our obligation to make our wishes obvious to our advocates/agents in advance of anything happening. In my home I have a red 3-hole binder divided into categories that, as a Solo, I have to plan for. In such a plan, Solo's not only specify the "Big Who", they also identify their wishes for later life and for end of life. Attorneys may be called upon to create a will or a trust. Care managers or fiduciaries may be listed as people who know my desires or needs. All of this will help my advocates when I can no longer manage alone.

Planning where to live:

Nine out of ten older adults want to age in place and many of them want to age in community. Yet only about 10% will be able to stay at home until the end of life. Because they don't have the assistance of a family member, it is harder for Solos to find the right place to age or find residential care. So one category in my binder lists places I might want to live or those where I might recuperate.

Planning my dream:

I have a dream about Solo-Agers. It's that communities all over the country create "Circles of Care" to provide Solo-Agers with those things that families have traditionally done to support their elders. Various groups will become caring supporters for each other. Some may be neighborhood groups, perhaps coming together through local media like Next Door. Some may find each other on social media like FaceBook or Meet-Up. Villages like the San Francisco Village may be sites for people to meet to create mutually caring support groups. If you would like to be part of this dream too, come to the Carefree Solo-Ager program through ReImagine End of Life or contact me. (See below.)

Betty Burr, MA is a Gerontologist, Certified Retirement Coach and Solo-Ager Specialist. Her passion is helping older adults identify their delights and build their support systems in later life. Betty runs Solo-Ager workshops in several Bay Area locations. She self-describes as a tour guide to help people find greater meaning in later life. Her workshops for ReImagine will be Saturday October 26 and Saturday November 2.

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