

Investing in the Longevity Dividend

Enabling seniors to vigorously contribute to America will require America to solve seniors' housing and health-care challenges.

Americans are enjoying longer, healthier lives than at any time in our nation's history. It's not idle speculation to say that reaching the age of 100 will become the norm in the not-so-distant future. When that occurs, 80 will truly become the "new 60."

Americans are also living a greater number of years without suffering from a debilitating disease. This "longevity dividend"—the result of better nutrition, technological advances and safety improvements—is empowering older adults to continue making significant contributions to their families

and communities well into their senior years.

Not surprisingly, more and more older adults are choosing to remain in the workforce, not because they have to but because they enjoy the stimulation that work provides. These working seniors are generating income and paying taxes.

Seniors also represent the largest group of charitable givers in the country, contributing more on a per-capita basis than any other. According to the Corporation for National and Community Service, members of the so-called Silent

Generation (75 and older) also rank at the top in their commitment to volunteerism. Many are using the skills acquired over a lifetime to help charities and other nonprofits.

With the number of American seniors expected to nearly double by 2030, reaching 73 million, we all stand to benefit from their talents and energies. But effectively harnessing these benefits will require deep, strategic thinking. A senior population growing so extensively and rapidly will present significant challenges to our nation's housing and health-care systems.



Growing numbers will face accessibility challenges. Yet many homes and communities lack the features and services that can make independent living a realistic option.

Developing a comprehensive public-policy response to these challenges is the objective of the Bipartisan Policy Center's Senior Health and Housing Task Force. I co-chair the task force with former HUD Secretary and U.S. Sen. Mel Martinez and former U.S. Reps. Allyson Schwartz and Vin Weber. We trust that the task force policy recommendations will inform future dialogue and action.

The first order of business must be to increase the supply of affordable and suitable homes for our nation's lowest-income seniors. A lack of supply is a major factor contributing to unsustainable housing-cost burdens for many older Americans. According to HUD, in 2013, nearly 1.5 million poor senior renters suffered "worst-case housing needs." The vast majority, none of whom received federal housing assistance, spent in excess of 50 percent of their income just on housing. If left unaddressed, this situation—compounded by years of growing income inequality—will only worsen.

Reducing the supply deficit will require much greater investment by the private sector. One of the most effective tools to encourage this investment is the Low-Income Housing Tax Credit,

which has leveraged approximately \$100 billion in private capital to support the preservation and new construction of 2.8 million affordable homes since 1986. Federal support for the housing credit should be dramatically expanded and combined with a more focused effort to utilize it to preserve and build affordable homes suitable for low-income older adults.

At the same time, growing numbers of seniors will face accessibility challenges. Surveys show that a substantial majority of older adults will seek to "age in place" in their own homes and communities. Yet many homes and communities lack the structural features and support services that can make independent living there a realistic option.

Ensuring that our homes and communities are suitable and safe for seniors must become a major national priority. The upside is great: Falls are the leading cause of injury and injury-related deaths for those 65 and older and result in annual medical costs of \$34 billion. Most falls occur in and around the home and are preventable.

At the federal level, there are numerous programs that can

help seniors age in place by supporting home retrofits and other modifications, but there is virtually no coordination among agencies to maximize the effectiveness and reach of these programs. This must change. Some states and cities offer loans, grants and tax benefits to help seniors with their home modifications. These efforts should be encouraged and more widely adopted.

It's also time to establish a "national suitability standard" for age-friendly homes and communities that can provide clear benchmarks to which cities can aspire.

And let's not forget that approximately 80 percent of seniors in the U.S. have a chronic condition like asthma, diabetes, heart disease or obesity. Seniors with these conditions account for an overwhelming share of federal health-care spending. In the coming years, demand for home and community-based services will grow as more chronically ill beneficiaries age into Medicare or become dually eligible for Medicare and Medicaid.

Fostering greater collaborative bonds between the housing and health-care fields is more important now than ever before. By more closely linking the two, we have the potential to improve health outcomes for seniors, reduce medical costs and enhance the quality of life for all Americans who will benefit from a healthier, more engaged senior population.