

President's Message

Last year we held a successful seminar titled '*The Future of Gerontology*' at the Lifelong Learning Institute on the 26 August. Our Guest-of-Honour, Ms Charlotte Beck, shared her perspective of ageing, how important it was to keep on learning and take on new challenges even as you age. As the sector grows and demands for eldercare services increases, it is imperative that professionals in the sector meet service standards.

Our keynote speaker, Prof. Kalyani Mehta, Head of Gerontology programme, SUSS, outlined the development of gerontology education in Singapore. From very few people knowing about Gerontology three decades ago, today we have several institutions offering courses at various levels on the subject. This did not happen by chance but because of the belief held by a few people who foresaw the importance of this field, notably late Mr Henry Lim, one of the founding members of this Society.

More importantly, to prevent malpractice and abuse, we need to ensure that certain professional standards are adhered to. The advent of new smart technology will also bring about new possibilities as well as challenges in the practice of gerontology.

Moving forward, I believe there will be exciting developments in the field. The Society should play a more prominent role in galvanizing local practitioners and experts to raise up the standards of Gerontology!



Tristan Gwee
President (Ag)

(Note to members: Mr Laurence Wee is taking a leave of absence. The Council has nominated Mr Tristan Gwee to be Acting President.)

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Commentary:

More retiring later, but is it for the right reason?

Professor Kalyani K. Mehta

As a sociologist and gerontologist, the retirement phase is of great importance and interest to me.

From the life-course perspective, retirement is the cessation of gainful activity or full-time work. It is a phase in one's life which has accrued much attention due to the growing longevity of human beings and demographic ageing of most societies around the globe.

In Singapore, the retirement age has been increased from 60 to 62 years, and re-employment is possible until 67 years and beyond.

Today, more seniors aged 55 to 64 are working than ever before.

One reason why people are retiring later may be that attitudes about retirement are shifting as people live longer lives.

In 1996, I conducted 13 focus groups with people in their 50s in Singapore to gain insights into the complex perceptions and processes involved in the preparation for retirement.

In Asia, many are self-employed, they do part-time work in a family business or they are housewives. In the strict sense of the word retirement, many may feel that this group would never retire.

Yet, some housewives in my focus group research mentioned they looked forward to retiring.

When asked to clarify, one lady said she would like to hand over the role of running the household to her daughter-in-law so that she would not have to worry about cooking meals and keeping the home clean.

It seems that retirement can have a different meaning for people in various cultures and contexts.

Perhaps people retire late because they haven't thought about what to do with themselves when they retire and the idea may be frightening.

The reality of impending retirement only starts to dawn when people enter their 50s.

Those who look forward to retirement as a time to achieve their dreams, to immerse themselves in a start-up or social enterprise, or take up hobbies and adventures that they could not indulge in earlier, would probably have a positive outlook.

For some others, it may be a time of uncertainty and soul-searching.

Thoughts on whether one should transit into part-time work after 62 or continue to work at the same pace even though one feels fatigued are commonplace.

THE ANSWER TO ONE'S LIFE STAGE

Another reason why people put off retirement is that their work keeps them going.

In a small study that involved interviews with older workers who had opted to continue working after 62, we found that their choice was driven by the desire to contribute to society, keep healthy, be socially

connected and mentally active. Hence, retirement was not the answer to their life stage yet.

Sociologists have explained that sometimes there is an intrinsic fear of letting go of one's work identity. Many individuals have identities largely made up of their work role, particularly men.

In a recent news report on the loneliness epidemic, former US surgeon-general Dr Vivek Murthy said:

We live in the most technologically connected age in the history of civilisation, yet rates of loneliness have doubled since the 1980s.

Many are afraid of loneliness – for instance, singles who live independently – and may hence delay retirement.

In 2016, 47,400 seniors in Singapore lived alone, about double the number in 2006. The figure is projected to swell to 61,000 in 2020 and 83,000 in 2030, according to news reports. While some seniors living by themselves may have family, others may not.

This trend of seniors living alone may outstrip the projection if we consider the trend of more adults choosing to remain unmarried in Singapore.

While not all people who live alone are lonely and isolated, I think it's safe to surmise that in the retirement phase, retirees are likely to have unmet psychosocial needs if they do not have family members.

In some cases, they may have family members but do not share cordial relations.

A TRANSITION NOT A STAGE

In my view, retirement is not a stage but a transition, and the choices people make about how much to work bear this out.

Seniors who are healthy may enjoy their work and have a passion for it, including doctors and counsellors, and they feel that work gives their lives meaning and purpose.

“Having a purpose gets more important as we grow older - it gives one the push to wake up and get going. It provides nourishment to the mind, body and soul.”

In Singapore, most financially secure people who reach 65 years exit from the workforce – they're the most unencumbered group who can make decisions about when to retire. After a few years of “honeymooning”, they may return to contribute as consultants or part-time employees.

Those whose health is deteriorating may have to leave their jobs, even if they are not financially secure.

Commentary _ continued

The last category consists of those who have financial liabilities but good health – they may continue working for as long as possible until they bid farewell.

Voluntary retirement with sufficient financial means is obviously the ideal situation.

But as much as work is important to achieving this, active preparation for retirement is vital, for it paves the

way for a more satisfying life stage in our golden years.

Professor Kalyani K. Mehta is head of the gerontology graduate programme at the Singapore University of Social Sciences.

Source: <https://www.channelnewsasia.com/news/singapore/commentary-more-retiring-later-work-longer-unhealthy-9826644>

Our Taiwan Study Trip

Sally Ting



My name is Sally Ting and I am an occupational therapist. I am currently a student of the 6th cohort Singapore University of Social Sciences (SUSS) Master of Gerontology programme (MGER).

I would like to share with you our recent study trip to Taiwan (Taipei and Hualien) from 26 March to 1 April 2017. Professor Kalyani Mehta also joined us on the trip.

We visited their 3-in-1 facility, senior day care, nursing home, dementia day care, Taiwan Association of Gerontology and Geriatric, Ministry of Health and Welfare, Taiwan Alzheimer Disease Association and the Federation for Welfare of the Elderly.

Taiwan's population is ageing rapidly like Singapore and in 2016, the Taiwan government passed a 10 year long-term care 2.0 plan. This plan will retain the long-term care services and expand coverage to people over

the age of 50 with dementia, members of indigenous tribes from low lying areas over 55 who suffer from disabilities, mentally or physically challenged and those suffering from disabilities under 49 and senior citizens over 65.

The 2.0 plan promotes preventive health care to minimize or delay the onset of disabilities. It will create an integrated community-based care system that promotes aging in place and offers diverse options to meet long term care needs.

The most striking things I learnt from the Taiwan trip was the spirit of volunteerism amongst the citizens and how they helped the elderly in their communities. They emphasized the importance of giving back to the society.

Another key aspect was preventive health outreach in the community. Singapore should have more community outreach programmes for preventive health such as vaccination and diabetic prevention. I was most impressed with the setup of the dementia day care with its homelike environment. The nursing home, too, had meaningful activities for elderly with dementia such as gardening, exercise and arts and crafts. These activities involved not just the volunteers, but the patient's caregivers as well.

Starting ElderShield at 30?

We can do better than that

Tan Jin Meng

As Singapore ages, it is opportune to think about how our healthcare system can be strengthened to provide for our long-term care needs.

So, it is timely that the ElderShield Review Committee has made a few recommendations last week.

The principal recommendation is for ElderShield enrolment to start at 30 instead of 40. The Committee has also recommended that the Government be the single administrator instead of private insurers.

The need to enhance ElderShield is clear. An elderly disabled person can require significant support - as much as S\$2,200 per month in today's dollars.

And in 30 years, when you may need nursing care, at 2%, this service may cost S\$4,000 a month.

The current ElderShield payouts of S\$400 a month for those who joined after September 2007, based on premiums averaging S\$200 a year, do not come close to covering this.

I believe the Committee could have been more bold and innovative in their proposals to get more contributions into ElderShield. While ElderShield cannot be expected to cover all costs, it should be much more substantial than it is now.

Moving the premium start age to 30 is not going to help much. What you need is a very significant increase in the coverage. However, asking to double the premium, for example, may be unacceptable to the public.

Starting ElderShield at 30? _ continued

INCREASE PREMIUMS BUT SUBSIDISE ELDERLY POOR

What can happen is that the Government increases the basic premium slightly, and then offers to co-pay a top-up to the premium. For example, increase the premium to S\$250 per year, and top it up with S\$250.

Where the aim of enhancing ElderShield is to provide better coverage for the poor elderly, the co-payment can be progressive, for example a 150 per cent top-up for the less well-off and no top-up for the better off.

This top-up need not be expensive. Assuming a S\$200 a person average subsidy and 30,000 people in each age cohort, this adds up to S\$6 million dollars a year for each age cohort. The top-up significantly increases the coverage and makes the increase in premiums more acceptable to the public.

If fiscal constraints are a challenge, like Medishield Life, transitional subsidies can also be considered in the initial years where ElderShield is made compulsory.

This top-up can be considered well-spent if it reduces pressure on the Government to spend more on its future subsidies for nursing care - currently ranging from 20 per cent to 80 per cent subsidies for Singapore citizens up to a monthly household income per capita of S\$2,600.

Essentially, it transfers future expenditure (paid for by future taxpayers) to present expenditure (paid for by the current generation who will benefit from it). In this sense, it is not a gratuitous handout, but a targeted one.

More importantly, it's in line with a fundamental principle of healthcare financing in Singapore - which is for each generation to bear its own healthcare costs, with Government assistance to insure against the unexpected, ensure healthcare remains affordable and help people save for their old age.

INCLUDE A DEMENTIA RIDER

Yet there is still a significant gap in ElderShield coverage. A recent study has concluded that 1 in 10 Singaporeans over 60 will get dementia in their lifetime. This is on par with the incidence of diabetes.

Dementia is a particularly bad illness - it affects both caregivers and victims seriously, even in the early stages.

“An insurance rider to ElderShield to include dementia and other cognitive illnesses would seem to be a must but is currently missing.”

In comparison, many developed countries routinely include this cover in their long-term care policies. In Singapore, insurance companies also consider severe dementia to be a critical illness under their critical illness coverage since 2003.

A basic S\$400 a monthly payout for five years may only require around S\$50 per year of premiums. Once



again, a co-payment system would help in buy-in from the public.

PRIVATE INSURERS STILL NEEDED

While it will indeed be more convenient for the Government to be an administrator and provide better coverage for society, other touted disadvantages, such as difficulty of claims process, are easily overcome without needing to turn to the Government as an administrator.

Do not throw the baby out with the bathwater. I think we still need the private insurers.

Profit and social causes are not an incompatible mix. We know at present that insurers actively market supplemental ElderShield plans to consumers and serve as a vital educational and marketing function in persuading people to sign up for additional coverage.

Private insurers also provide additional coverage on top of Medishield Life through integrated shield plans that give Singaporeans more hospitalisation options.

So it stands to reason that insurance companies should be given the space to provide similar plans that provide additional long-term disability coverage beyond ElderShield - and be able to administer these schemes.

Insurance companies also have an incentive to have a healthier customer - we see this with insurance companies running their own prevention programmes for their healthcare insurance customers.

More competition in this space may also temper potential profiteering, while encouraging insurance companies to focus on innovation to differentiate their products and facilitate better protection for their customers.

In summary, we need to take a much bigger step to ensure significant coverage of old age disability from Eldershield.

The ElderShield Review Committee's recommendations are to be applauded but Singaporeans must not be afraid to go further in the ElderShield review to make coverage more inclusive.

Tan Jin Meng is pursuing a full-time post graduate degree at the Lee Kuan Yew School of Public Policy and is currently engaged in research on long-term care financing for a local non-government organisation interested in eldercare matters. (reproduced with author's permission)

Source: <https://www.channelnewsasia.com/news/commentary/commentary-starting-eldershield-at-30-we-can-do-better-than-that-9935486>

Annual General Meeting 2017 & Symposium on "The Future of Gerontology"

26 August, Lifelong Learning Institute



GS President presenting Outstanding Achievement Award to A/P Goh Lee Gan



Guest-of-Honour: Ms Charlotte Beck
Senior Director of Family Development, Group & Office for Women's Development, Ministry of Social & Family Development



A Well Attended Symposium



GS Council Members FY 17-18 with Hon. Member Mrs Ann Wee (4th from rt)



Ms Ng Li Lian,
Co-Founder and Director
Tetsuya Healthcare
Holdings Pte Ltd



Mr Kelvin Tan, Head,
Business Development,
Smart Systems Institute
Deputy Director,
NUS Enterprise



Keynote Speaker:
Prof. Kalyani Mehta, Head of
Gerontology Programme,
SUSS.

Upcoming Events To Look Out For...

TAN GEOK YIN PROFESSOR OF PSYCHIATRY AND NEUROSCIENCE LECTURE

Dementia

the rising tide

FREE
ADMISSION

7 April 2018, Saturday | 2:30pm - 4:00pm | Registration at 2pm
NUHS Tower Block Auditorium, Level 1, 1E Kent Ridge Road (119228)

The debate of the age is whether dementia is preventable. This lecture will focus on dementia research in Singapore which started 30 years ago and the Jurong Ageing Study (JAS) on dementia prevention. The JAS results show that non-drug interventions like health education, mindfulness practice, music-remembrance, art therapy and horticultural therapy are effective in improving mental health of elderly people. The Age Well Everyday (AWE) program has now been introduced to 8 community centres. The translational relevance is the immense impact of the AWE program on the health of the Singapore elderly. Many Asian countries are now keen to adopt the AWE program.

SPEAKER



Dr Kua Ee Heok is the Professor of Psychological Medicine at the National University of Singapore (NUS), and Senior Consultant Psychiatrist at the National University Hospital. He graduated as a doctor from the University of Malaya in Kuala Lumpur and received postgraduate training in psychiatry at Oxford University and geriatric psychiatry at Harvard University. A member of the World Health Organization team for the Global Study of Dementia, he is the previous Head of the NUS Department of Psychological Medicine and Chief Executive Officer / Medical Director of the Institute of Mental Health.

The former President of the Pacific-Rim College of Psychiatrists, he has been invited to address the United Nations in New York in a world forum on 'Depression - the Hidden Illness.' He has won international research awards and published over 300 research papers and 23 books on psychiatry and ageing. He is Editor-in-Chief (with Norman Sartorius) of the new series of 7 books on 'Mental Health and Illness Worldwide.' His first novel, 'Listening to Letter from America', is used in Harvard University in a course on Anthropology.



Chairperson
A/Prof John Wong Chee Meng
Head, Department of Psychological Medicine
Director, Mind-Science Centre, NUS



Enquiries: Wee Cheng 67723489 or pcmlimwc@nus.edu.sg
Register: <http://bit.ly/dementia-therisingtide>

Caregivers' Celebration Dinner

Thursday 15 March 2018

6.30pm, Orchard Hotel Ballroom

Guest-of-Honour:

Ms Sim Ann, Senior Minister of State,
Ministry of Culture, Community and Youth

Contact us at 65363648 or
dinner@silvercaregivers.org.sg for more information

AGM cum Symposium

Venue:

Lifelong Learning Institute

Date: 18 August 2018

Time: 12.00 – 6.00pm

More details coming soon

If you have a gerontology-related event or article that you would like to share with our readers, please send the information to shirley@gs.org.sg, attn: The Editor