

# **Planning to Age Well, with AI**

**Mind, muscle and money – the OWL framework**

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# Aging Well Is Three Problems



# The Three Ms

- **Mind** – enough cognitive reserve that you are still the one making the decisions about the other two.
- **Muscle** – enough strength, balance and aerobic capacity to carry your own groceries up your own stairs at eighty.
- **Money** – enough capital that your later years are not governed by the price of things.

# Why One Plan

**Cognitive health, physical health and financial engineering are normally handled by different people, in different rooms, on different timescales.**

- **Optimise only the mind – nothing to spend the clarity on, or the strength to use it.**
- **Optimise only the body – you arrive at eighty strong, anxious, and short of options.**
- **Optimise only the money – you can fund a very comfortable confinement.**

## **This Is a Method, Not Advice**

- **Nothing here is personalised cognitive, medical or financial advice.**
- **Treat any real change in memory, word-finding or planning ability as something to have assessed – never as something to train around.**
- **Take the draft to a doctor and to a fee-only financial planner.**

# Symmetrical Compounding

**Mind, muscle and money all compound, all decay when unattended, and all fail suddenly rather than gradually.**

- **Compounds: education and novel skills (mind) · early strength training (muscle)**
  - **early, regular contributions (money)**
- **Decays: unused capacity narrows (mind) · muscle mass lost every year past 40 (muscle) · inflation erodes purchasing power 2–4%/year (money)**

**Everyone accepts cash under a mattress loses value.**

- **An untrained body loses value on the same schedule.**
- **An untrained mind does too — fewer people notice this one.**

- Behaves less like a stockpile, more like a credit line.
- Two people with identical scan-confirmed pathology can present a decade apart in symptoms.
- The gap tracks with education, occupational complexity, and how much novel demand you keep placing on your own thinking.
- Built the way the other two are — starts paying off decades before you need it.

## **45% Is Modifiable**

**The Lancet Commission on dementia prevention: an estimated 45% of dementia cases trace to fourteen modifiable factors across a lifetime.**

- Early: less education**
- Midlife: hearing loss, hypertension, obesity, alcohol, brain injury**
- Later: smoking, depression, inactivity, diabetes, isolation, air pollution, vision loss, high LDL**

**Roughly half that list is a heart, ear and eye problem — not only a brain one.**

# Muscle, in Numbers

- Roughly 3–8% of muscle mass lost per decade after thirty.
- Accelerating after sixty to something closer to 1–2% per year.
- Strength falls faster than mass. Power – force produced quickly – falls faster still, and it is what turns a stumble into a recovery rather than a fracture.

# The Three-Legged Stool

**Wealth in a wheelchair is a different asset from wealth on a mountain trail,  
and wealth you can no longer manage yourself is a different asset again.**

**A plan that skips the body leaves you half prepared. A plan that skips the mind  
leaves you unable to tell.**

**Retirement is usually modelled as a flat thirty-year line. It is not one.**

- **Cognitive reserve, physical capacity and spending are all closest to their peak at the same time – and only briefly.**

## **Phase 1 – Go-Go ( 60–72)**

**Highest vitality; discretionary spending buys the most.**

- **Mind:** build reserve in genuinely new domains; check hearing, vision, blood pressure, blood sugar; set up power of attorney and a health directive.
- **Body:** build the largest possible buffer – VO max, joint mobility, compound resistance training.
- **Money:** peak discretionary spending, matched to peak physical autonomy.

## Phase 2 – Slow-Go ( 73–82)

**Independence is won or lost here.**

- **Mind:** protect against isolation as deliberately as against a fall – a standing social commitment. Track sleep and mood.
- **Body:** balance, proprioception, fall prevention, sit-to-stand speed.
- **Money:** reallocate toward home ergonomics, local leisure, tax-efficient estate structuring.

## **Phase 3 – Care Support (83+)**

### **Preservation.**

- **Mind: orientation, communication, routine, caregiver engagement – and proof the Phase 1 paperwork was actually done.**
- **Body: functional movement, bed-to-chair independence, grip strength.**
- **Money: drawdown of ring-fenced care funds and longevity annuities.**

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- **Adherence — a weekly ten-minute review that has your plan in context.**

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- **Caring whether you do it.**

# Where This Is Heading

## Four cooperating agents:

- **Mindspan agent** – cognitive markers: processing speed, working memory, sleep, social contact.
- **Healthspan agent** – biometrics: wearables, grip strength, sit-to-stand, VO .
- **Wealthspan agent** – tax-aware decumulation, Monte Carlo stress tests past 95.
- **Cross-orchestrator** – harmonises all three, moving capital toward safeguards when a marker drifts.

None of it is off the shelf today. Instrument all three sides, keep all three plans in one place, review them together.

## **Plan One: The Mind**

- **Novel learning – a new language, instrument, or genuinely unfamiliar skill.**
- **Social contact – structured and regular, not incidental.**
- **Sleep – 7–9 hours.**
- **Vascular risk factors – hypertension, diabetes, hearing, vision.**
- **Aerobic exercise – one trial found a year of it grew hippocampal volume ~2% in older adults.**

**Set up power of attorney and a health directive now, while capacity is not in question.**

## Plan Two: The Muscles

**Three hours a week. The WHO skeleton: 150–300 min moderate aerobic, strength 2+ days, balance 3+ days.**

- **Frequency: two full-body sessions/week, 45 min.**
- **Movements: one squat, one hinge, one push, one pull, one carry.**
- **Progression: add weight or a rep whenever all sets are completed with good form.**
- **Power: once a week, something fast and light.**
- **Protein: commonly 1.2–1.6 g/kg/day for older adults.**

**Track grip strength and sit-to-stand speed — both predict later independence.**

## Plan Three: The Funds

1. Measure what a year costs you – most people are wrong by 20–30% on the first guess.
2. Set the floor – 3–6 months of spending in cash, your sequence protection.
3. Clear high-interest debt – anything above ~8–10%, after taking any employer match.
4. Fill the tax-advantaged space, in order – TFSA, RRSP, FHSA (or your equivalents).
5. Automate, then leave it alone.

**A common starting heuristic: 25× annual spending – the inverse of the 4% rule.**

# Giving an AI Your Numbers

**Plan in ratios, not identifiers.**

- **“I earn \$120,000, have \$350,000 in my RRSP” “Annual spending \$X = \$60,000. Salary 2X. RRSP 5.8X.”**
- **“Scotiabank TFSA #10293” TFSA\_Equities**
- **Debts as rate and size, highest rate first – which is also the order to clear them.**

**Never paste an SIN/SSN, account numbers, or full medical records.**

# Keep the Plan Alive

**Treat all three plans as documents, not decisions.**

- **Put them in plain Markdown files, under version control.**
- **When something changes, edit the file and commit it.**

**A quarterly ritual, twenty minutes:**

1. **Paste the current plan into a model.**
2. **Ask what changed, what assumption is now wrong, what you did not do.**
3. **Update the markers — skills and social commitments; grip strength and sit-to-stand; the portfolio number.**
4. **Edit the file. Commit with a message saying what changed and why.**

- WHO – guidelines on risk reduction of cognitive decline and dementia
- Livingston et al., Lancet Commission (2024) – the 45%, fourteen-factor figure
- Erickson et al., PNAS (2011) – aerobic exercise and hippocampal volume
- WHO – guidelines on physical activity and sedentary behaviour
- Cruz-Jentoft et al. – sarcopenia, Age and Ageing (2019)
- Bengen (1994) and the Trinity study (1998) – origin of the 4% rule

Full article: [collegica.org/aging-well/ai-planning](https://collegica.org/aging-well/ai-planning)