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Health and Wealth in the Era of Longevity

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Insights and Implications in Gerontology Series

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Founded in 1945, GSA is the driving force behind advancing innovation in aging—both domestically and internationally. Our members come from more than 50 countries.

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Mapping a Path Through Healthy Older Adulthood

"A longevity society requires focusing not only on the old but preparing the young for the challenges ahead of them."

—Andrew J. Scott, *The Longevity Imperative* (2024, page 35)

In an era of unprecedented longevity, people have numerous opportunities and risks as they navigate into older adulthood. Would they like to continue working and volunteering into their 70s and beyond? When they are no longer working, how much income can they expect from Social Security, savings, and retirement funds? How will their cognitive and physical health hold up? Do they have a social support network that will keep them engaged? Will health conditions prevent or inhibit them from participating in daily life? Are they prepared to assume the role of caregiver for a spouse, partner, parent, or friend? Do they have a plan for how their own need for care will be met?

For the individual, navigating older adulthood can be complicated in many realms—cognitive, physical, social, and financial. To take maximum advantage of the added days, months, and years people enjoy because of modern health care and healthier habits, they need to achieve competency in several areas necessary for longer lives.

- *Financial literacy:* Having the knowledge, skill, and competence to make informed decisions about money, including how to earn, save, spend, borrow, and invest it effectively (Kahn Academy, 2025)
- *Longevity literacy:* Having a clear and objective understanding of life expectancy in combination with financial literacy (Kolluri, 2024)
- *Longevity fitness:* Having the social, health, and wealth equity needed to thrive, not just survive, during an extended lifetime (GSA, 2019)

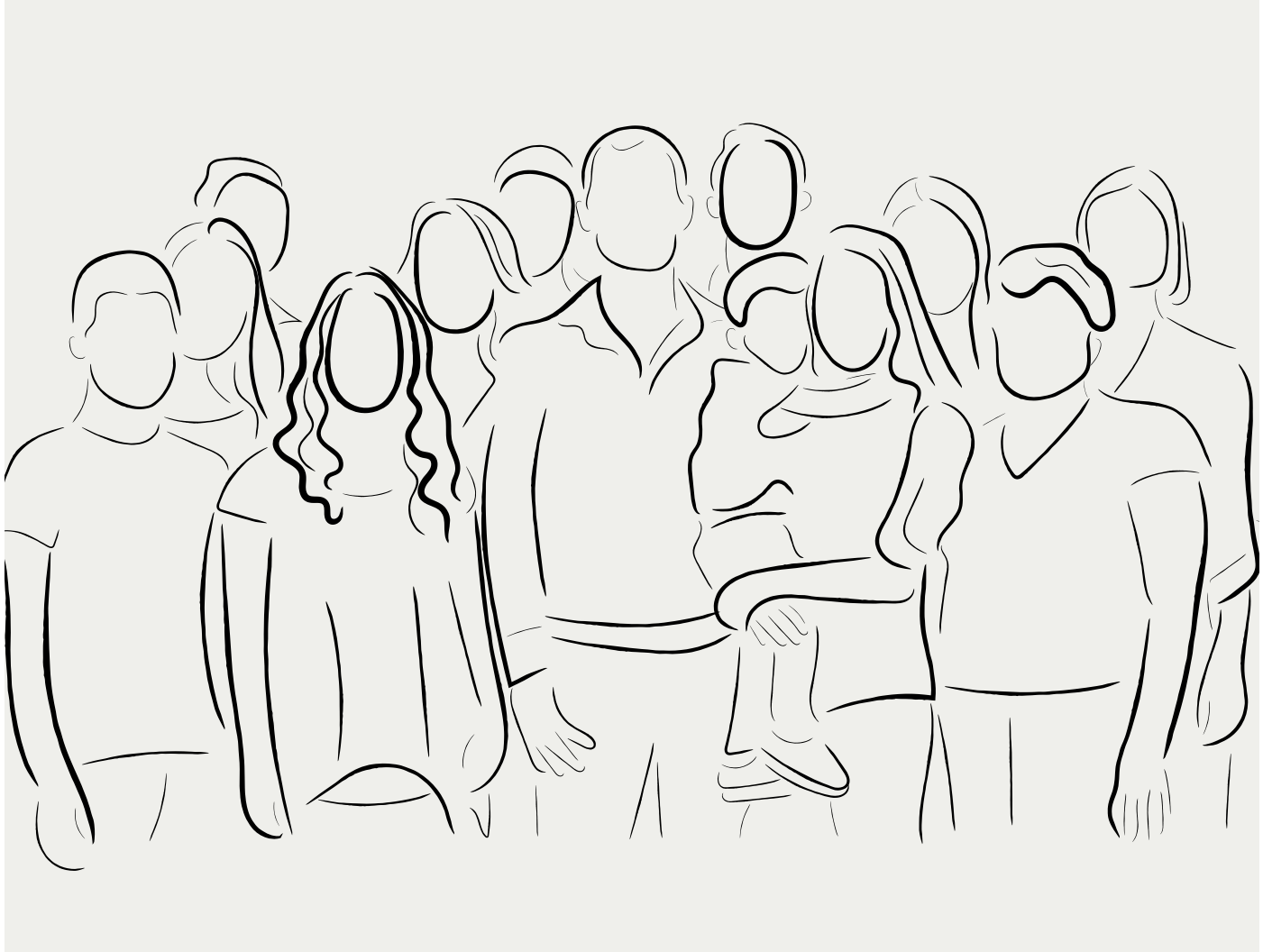
Through competence in these areas, people can develop actionable insights and decisions that help them live the best

life possible. However, individual action is only half of the story. Each of these concepts involves a social and institutional complement needed in a longevity society to support the unprecedented number of people who are living into their 80s, 90s, and centenarian years (Rehkopf et al., 2022).

- *Economic security:* Private and public institutions and structures that support the economic well-being of individuals across the life course
- *Resources for delivering longevity literacy:* Institutions that emphasize an understanding of life expectancy in combination with financial literacy
- *Places that support longevity fitness:* Having places that support the social, health, and wealth equity needed to thrive, not just survive, during an extended lifetime

In this report, the need for longevity literacy is emphasized and interpreted considering each person's health, financial, demographic, social, and socioeconomic realities. These enable the conversion of longevity literacy into an actionable map that begins at birth and progresses through young and middle adulthood, ultimately leading to a healthy older adulthood.

This report provides a map for this journey, beginning at birth and emphasizing the importance of maintaining health and well-being into middle adulthood (generally considered from 45 to 65 years of age). This helps to enable individuals to enter older adulthood with a balance of health, wealth, and social equity, along with the longevity literacy tools that maximize their years of healthy living.



Demographic Trends: Maximizing Societal Benefits as the World Changes

As this report describes in detail, global population trends are shifting, with rising proportions of people living into older adulthood. Several approaches can help mitigate related shifts in society's physical and social needs and improve population health in a technically and economically efficient manner. These include a comprehensive and integrated strategy of behavioral and infrastructure changes, technological innovations, and policy advancements.

Behavioral and Infrastructure Changes: Promoting health-seeking behaviors related to nutrition, exercise, and socialization is important given U.S. population aging. Improved infrastructure, such as parks and senior centers that enable or encourage regular and healthy meals, group exercise classes, cognitive stimulation, and social activities, can foster these behaviors.

Technological Innovations: Continued investment in technological innovation is essential for addressing the challenges of current demographic shifts. In addition to pharmaceuticals and medical devices, ongoing development and widespread use of vaccines for disease prevention can have a significant beneficial impact on reducing morbidity, mortality, and health care costs. Diagnostics—including wearables for monitoring blood glucose, hypertension, balance, and other clinically important parameters—can also play a central role in advancing health care. Continuing expansion of telemedicine platforms is also crucial for making services accessible to people without the ability or means to travel to distant health care providers.

Policy Advancements: To address increasing health care demand, one policy objective is to expand the capacity and quality of long-term care systems. Skilled nursing facilities are closing rather than opening, which is in direct contradiction to the growing number of adults who might need skilled nursing services. Relatedly, the shortage of geriatricians is significant, with less than half of medical schools requiring clinical experience in geriatrics. The number of beds in skilled nursing facilities should keep pace with the demographic shifts in the U.S. population, as should incentivizing medical students to select geriatrics as a specialty.

Ultimately, the goal is to mitigate the health, social, and economic challenges of current demographic shifts by implementing specific and targeted approaches to promote healthy behaviors and support people living with chronic health conditions. Behavioral and infrastructure changes, technological innovations, and policy advancements can accomplish this goal.

—David E. Bloom, PhD
Clarence James Gamble Professor of Economics and Demography, Department of Global Health and Population, Harvard T.H. Chan School of Public Health

The Confusion of Life Expectancy Figures

"If I'd known I was going to live this long, I would have taken better care of myself."

—Dick Van Dyke

The central and unknown factor in planning for older adulthood is one's length of life. That makes the statistic of life expectancy of great interest to people, but a frequently misinterpreted one. People of all ages believe the statistic applies to them as individuals, when in fact it represents the population-level expectation at birth, that is, for people born in a given year and country. For instance, the life expectancy of people born in 1950 in the United States was 68.2 years (71.1 for women and 65.6 for men). These figures have proven accurate for the overall 1950 birth cohort but would not be relevant to people born in 1950, who are turning 75 this year (McAllister, 2025).

Life expectancy figures for the United States have increased over many decades. Life expectancy accounts for the percentage of deaths from various causes across the lifespan for the U.S. population. Causes of death include injuries, chronic conditions, infectious diseases, cancers, and natural or man-made disasters. Very few individuals in the population will live the exact number of years predicted by life expectancy. Some will die in their first year of life, and others will live beyond age 100. Women, in general, live longer than men (**Figure 1**). Thus, life expectancy is a useful statistic for researchers and policymakers to describe the population over long periods of time, but not for an individual contemplating their own situation (Arias et al., 2025).

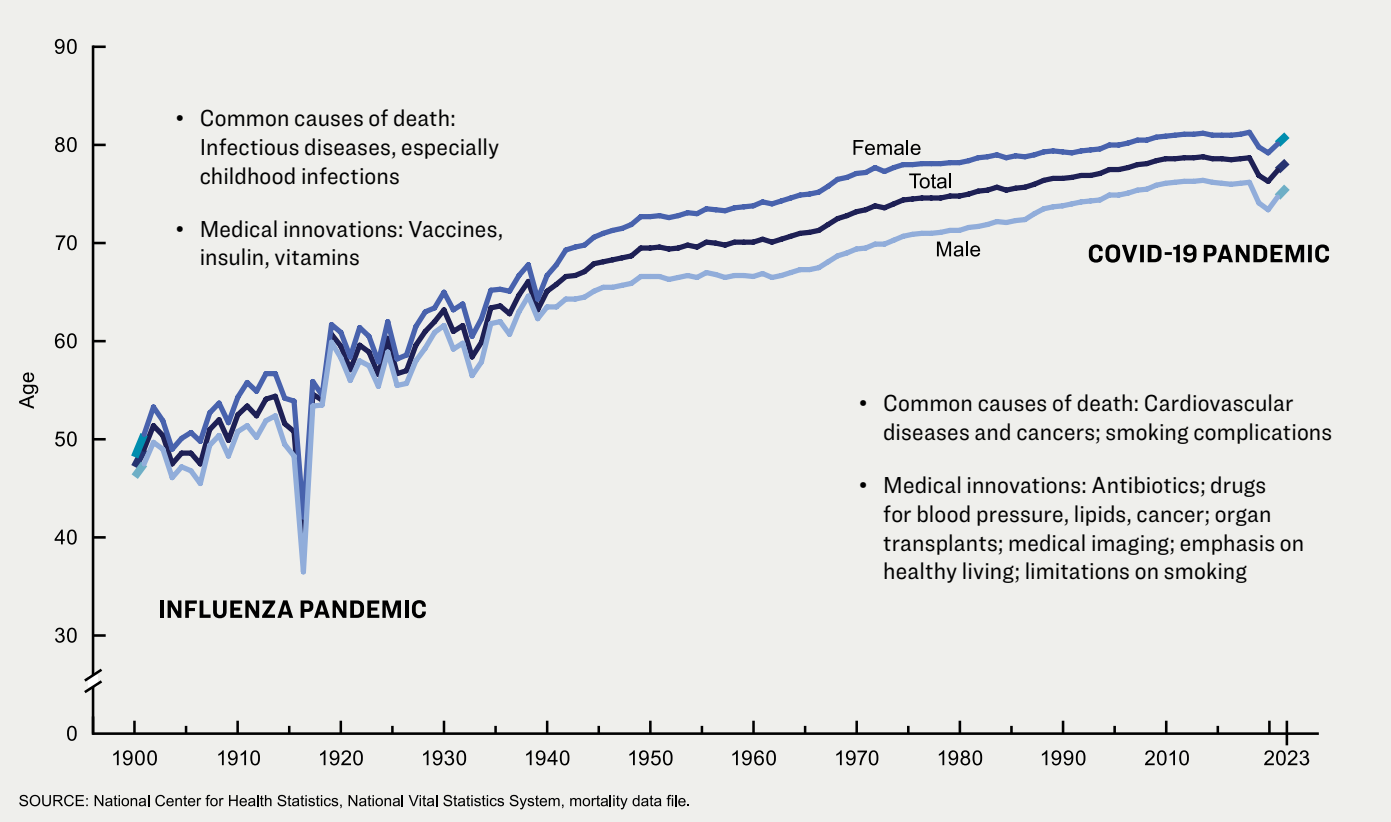
Since 1900, medical advances have been a key contributor to increases in life expectancy, with the development of vaccines, antibiotics, and medications for a variety of common chronic diseases. Other drivers of increased years of living include imaging and surgical techniques. Advances in cancer detection and treatment are also extending people's lives in unprecedented ways. Today, people routinely live into their 70s and 80s. The big challenge most people face is how to manage chronic diseases, such as arthritis and osteoporosis, neurodegenerative diseases, such as Parkinson's and Alzheimer's diseases, and aging-related changes, such as vision and hearing loss.

Another way to examine life expectancy is by considering gender and race or ethnicity in life expectancy figures. As shown in **Figure 2**, people of Hispanic or Asian descent generally enjoy longer lives than those of other races and ethnicities. American Indian, Alaska Native, and Black individuals have fewer years of expected life remaining (**Figure 2**). The "Hispanic paradox" has been studied extensively, referring to the finding that Hispanic individuals experience lower mortality rates from heart disease, stroke, and cancer compared with White individuals. This is considered paradoxical because these longer lifespans occur despite higher rates of obesity and diabetes and overall lower socioeconomic conditions (Arias et al., 2025; Hsu et al., 2018).

A fair question to ask is whether these added years of life are healthy ones. After all, most people would rather go on living for more years, but they might feel differently if those years were accompanied by poor health, decreased functionality, and loss of independence. For many years, it was widely believed that advances in modern medicine were successfully reducing morbidity—enabling most people to live healthy, independent lives until shortly before death, when advanced care would only be needed near the end of life. However, the evidence on this "compression of morbidity" is mixed. Most of the evidence suggests that the "health span"—defined as the period of one's life spent in good health, free from chronic diseases and disabilities of aging—is not growing as rapidly as the lifespan. Given the challenges that some middle-aged adults are experiencing—pandemics, drug use, unemployment, poverty, sedentary lifestyles—this compression of morbidity may be the exception in future generations rather than the rule (Fries, 2005; Mor, 2005; Crimmins and Beltrán-Sánchez, 2010; Jugran, 2025).

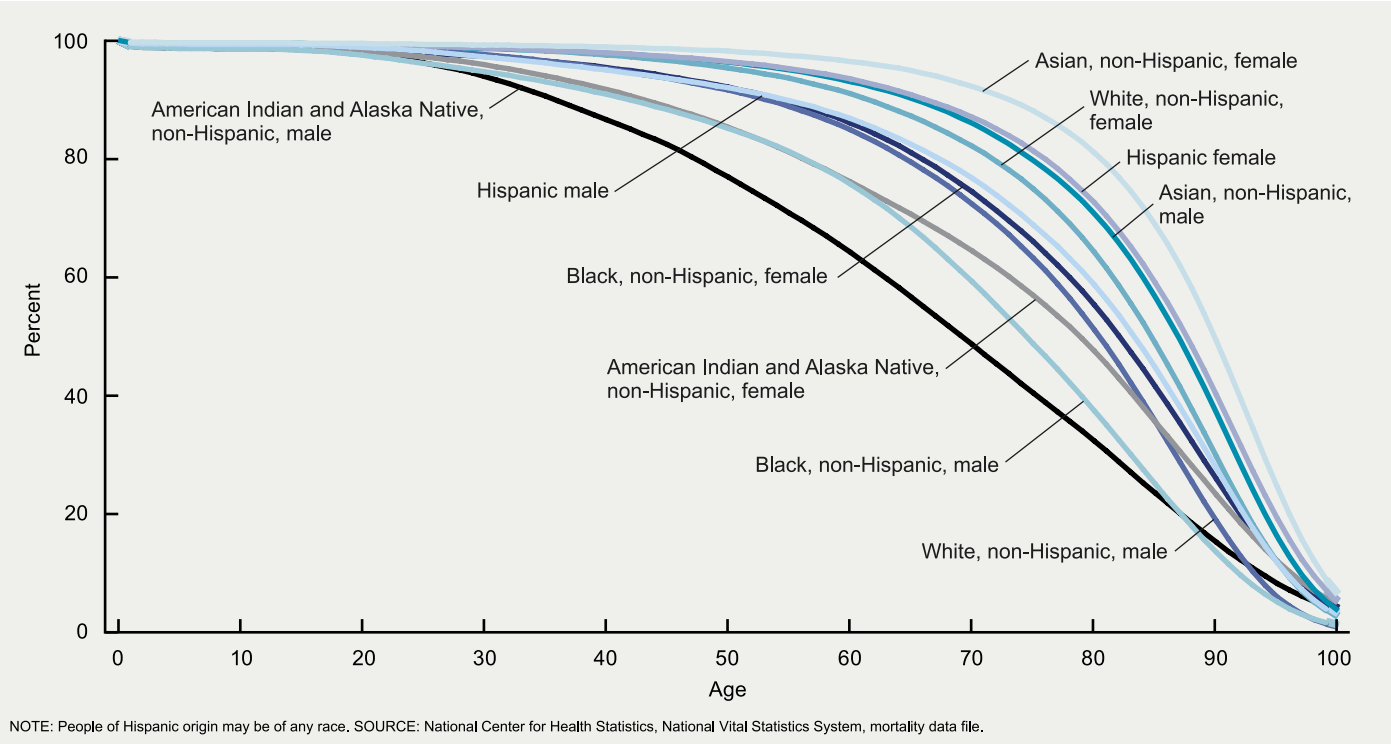
As people grow older and reflect on their own situations, they may consider how many years of life they have left. Commonly cited years of life remaining for a population are often referenced for ages 65, 75, and 85 years (**Figure 3**). Again, these are averages representing the number of years lived after these ages for cohorts or populations, as some may die the next day in a car accident or medical emergency; others will live longer. Because these are averages, people need to plan on living longer than the averages—half of the population will do so. As with life expectancy, gender, race, and ethnicity are important factors in these 65/75/85 data.

FIGURE 1. LIFE EXPECTANCY AT BIRTH, BY SEX: UNITED STATES, 1900–2023



Source: Arias, E., Xu, J., and Kochanek, K. United States life tables, 2023. *National Vital Statistics Report,* 2025 (July 15), *74*(6), 1–63. https://dx.doi. org/10.15620/cdc/174591

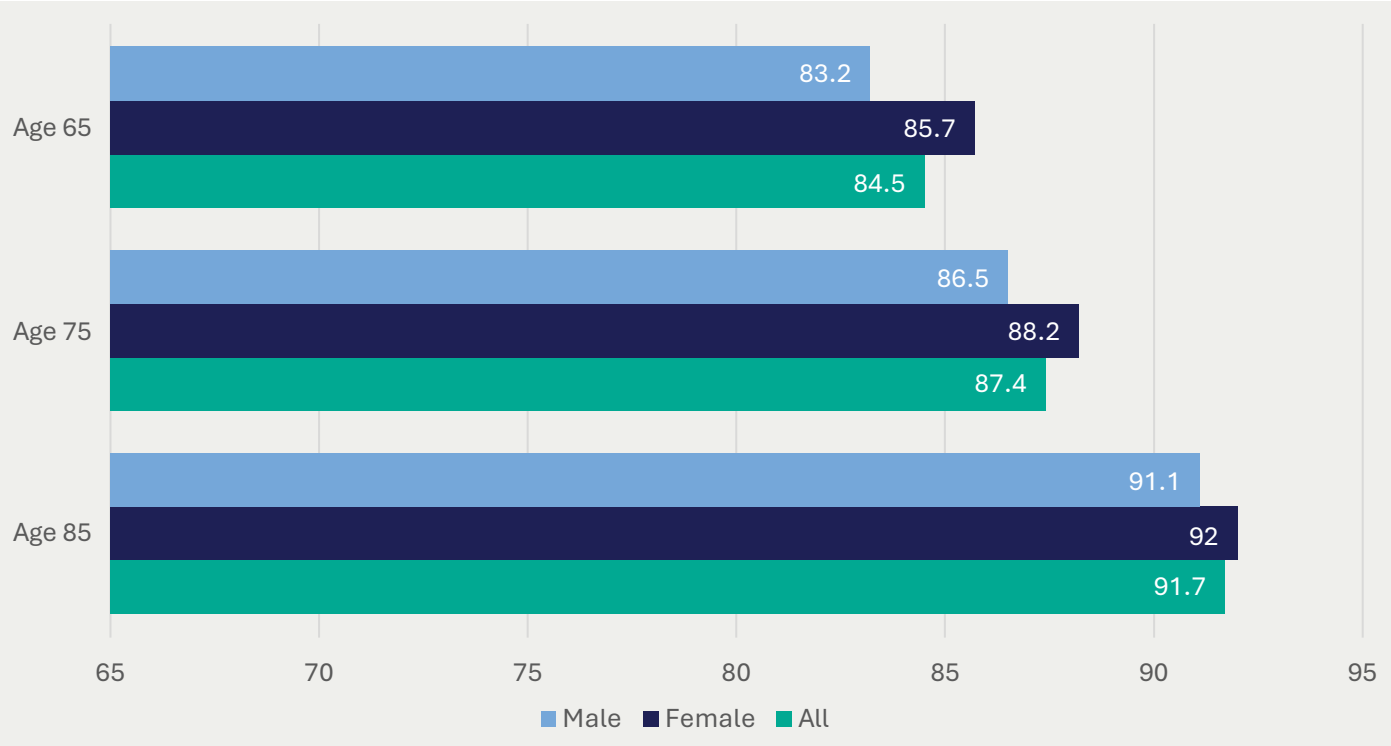
FIGURE 2. PERCENTAGE SURVIVING, BY HISPANIC ORIGIN AND RACE, AGE, AND SEX: UNITED STATES, 2023



NOTE: People of Hispanic origin may be of any race. SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.

Source: Arias, E., Xu, J., and Kochanek, K. United States life tables, 2023. *National Vital Statistics Report,* 2025(July 15), *74*(6), 1–63. https://dx.doi. org/10.15620/cdc/174591

FIGURE 3. AGE AT DEATH BASED ON YEARS OF EXPECTED LIFE REMAINING AT AGES 65, 75, 85, UNITED STATES, 2023 DATA



Source of data: Arias, E., Xu, J., and Kochanek, K. United States life tables, 2023. *National Vital Statistics Report*, 2025(July 15), 74(6), 1–63. https://dx.doi. org/10.15620/cdc/174591

Health and Wealth Among Latino Older Adults

For decades, the Latino population has been contributing to the overall health and wealth of the United States. In 2023 alone, the 65.1 million Latinos in the United States created the world's fifth-largest gross domestic product (GDP); at $4.1 trillion, this GDP is larger than the economy of India and has a growth rate faster than China's between 2019 and 2023. Latinos accomplished this feat through greater labor force participation (6.7 percentage points more likely to be active in the labor force) and working more in the private sector (3.6 percentage points) compared with non-Latinos (Hamilton et al., 2025).

However, this prodigious economic achievement was accomplished by decades of hard work in the industries and occupations that were often less likely to offer private health insurance and retirement plans. These job characteristics very much impacted Latino health and wealth during retirement, especially given the longer Latino life expectancy: at age 65, Latinos have a 1.7-year longer life expectancy than non-Hispanic White individuals (Arias et al., 2023).

More than half of Latino older adults in the United States are immigrants, and immigration status, along with employment profile, can reduce enrollment in Social Security. Eligible Latino individuals are 5.7 times more likely to have never been enrolled in this program compared to non-Hispanic White individuals (Social Security Administration, 2024). Social Security enrollment is a precursor to Medicare enrollment; hence, Latino older adults are less likely to rely on Medicare alone as a source of payment for hospital stays. Compared to non-Hispanic White people, Latino older adults are much more likely to rely on Medicaid-Medicare combinations, county medically indigent programs, or self-pay for payment source (Hayes-Bautista et al., 2012).

After a lifetime of hard, productive work, Latino older adults have a longer life expectancy; however, they enjoy less income and health insurance to make those additional years satisfying. The Latino path through retirement needs to be researched and understood for the sake of appropriate policy.

—David E. Hayes-Bautista, PhD
Distinguished Professor of Medicine and Director, Center for the Study of Latino Health & Culture, David Geffen School of Medicine, University of California, Los Angeles

Economics and Education Play a Role in Life Expectancy

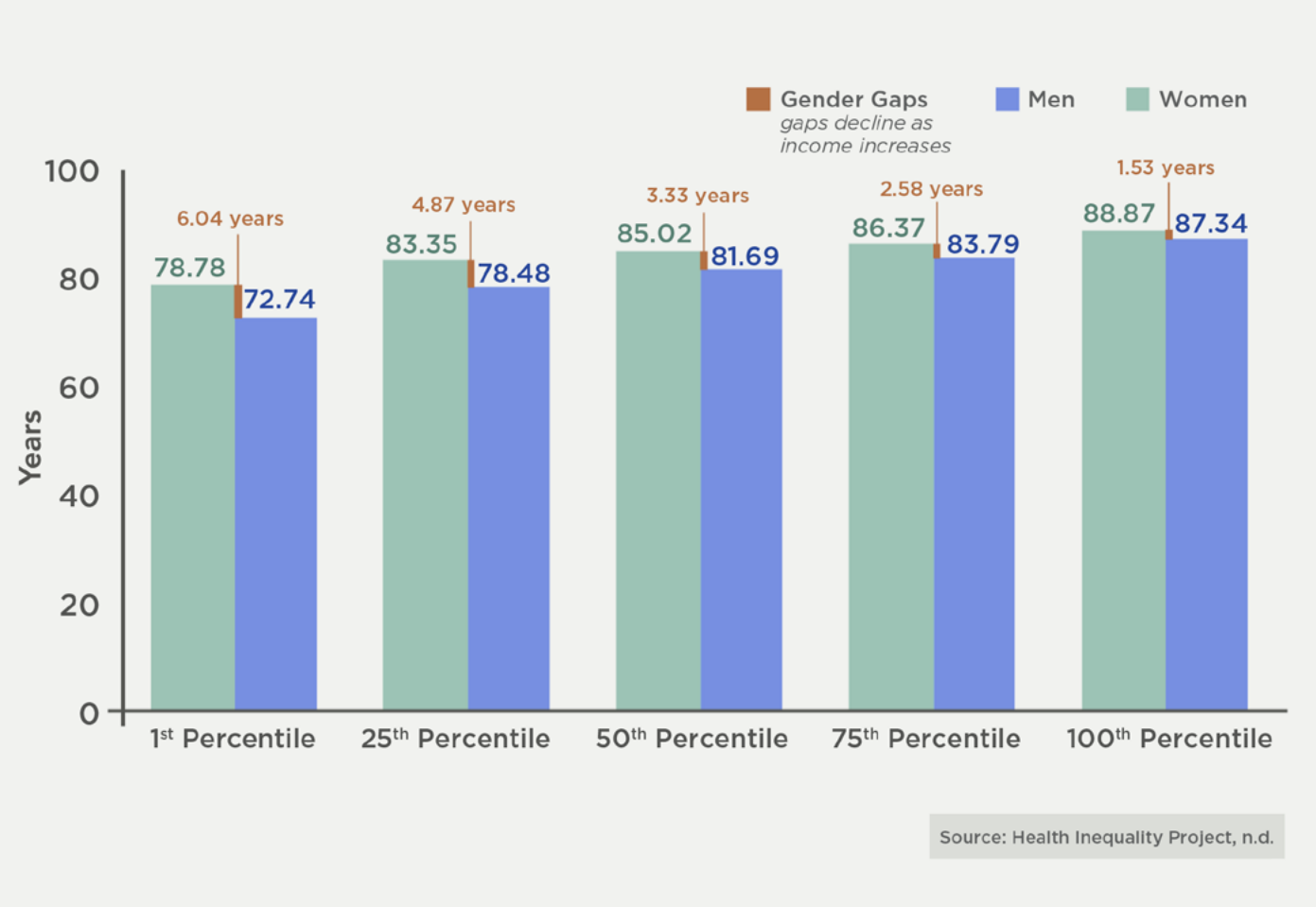
"Life expectancy increases continuously with income. . . . However, inequality in life expectancy is not inevitable. There are cities throughout America . . . where gaps in life expectancy among low-income groups are relatively small or are narrowing over time."

—Raj Chetty et al., Harvard University, Health Inequality Project (2016)

Examining years of life remaining as a function of one's current age, race, and ethnicity is somewhat informative, considering other factors provide a clearer picture of the true drivers of differences in life expectancy among people. The effects of income (the flow of money per unit of time) and wealth (money and other financial assets accumulated over the years minus debts and liabilities) on life expectancy have become understood over the past decade.

Chetty et al. (2016) reported that household income at age 40 is a predictor of age at death. Not only do people with higher incomes at age 40 live longer, the gender gap in longevity seen in lower socioeconomic levels nearly disappears among those with the highest incomes. As shown in **Figure 4**, women live about 6 years longer than men in the lowest percentile of income. In the highest percentile of income, this gender gap drops to 1.53 years. Women in the highest percentile of household income at age 40 live about 10 years longer than women in the lowest percentile, while a 15-year gap is evident in men's lifespan between the lowest and highest percentiles.

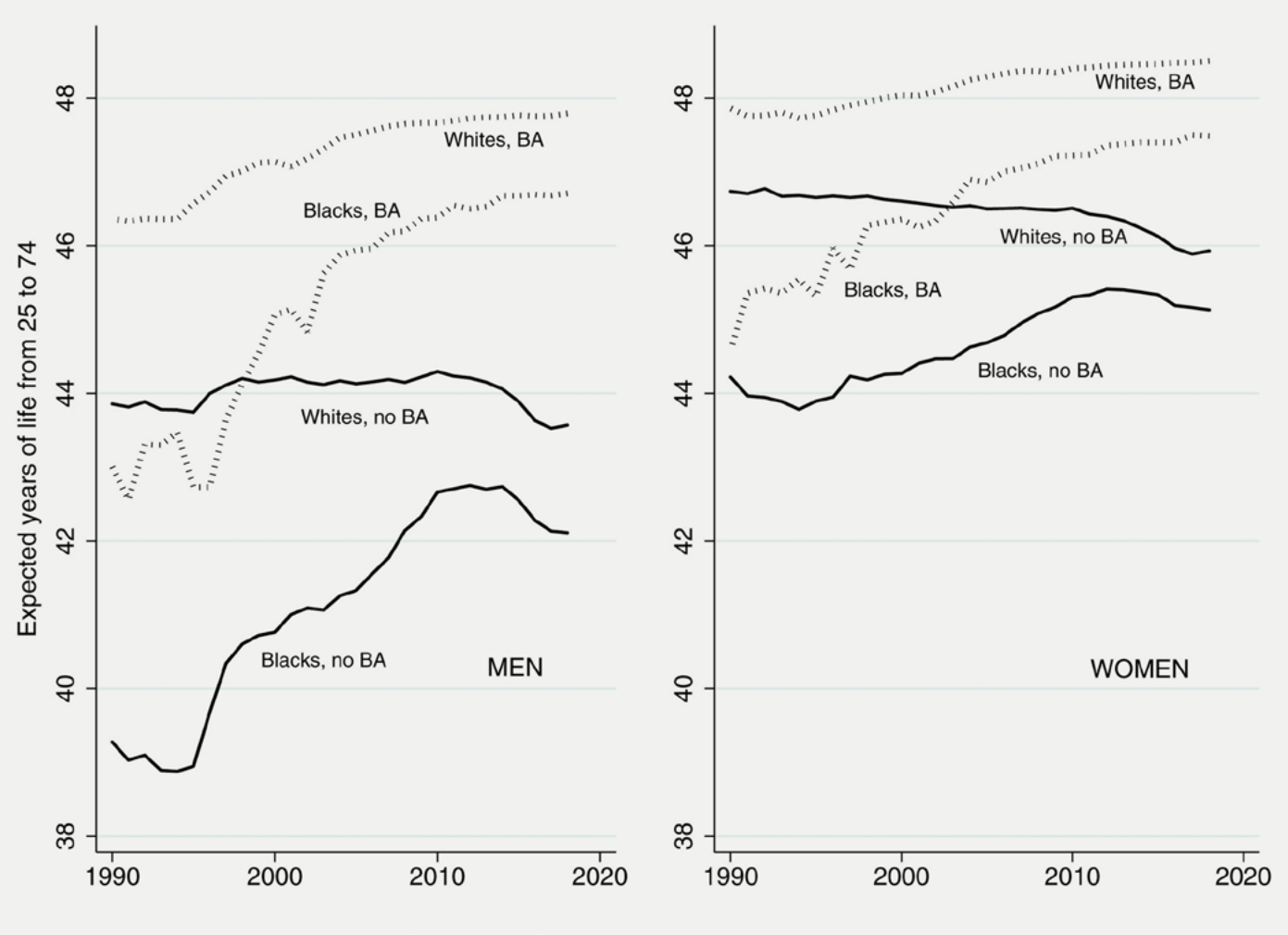
FIGURE 4. EXPECTED AGE AT DEATH BASED ON HOUSEHOLD INCOME AT AGE 40, UNITED STATES, 2001–2014



Source: Health Inequality Project, https://www.healthinequality.org

Education is another predictor of the expected years of life for both White and Black individuals (Case and Deaton, 2021). One-third of people in the United States hold a baccalaureate degree. They tend to live longer and have higher incomes than those who did not obtain this level of education. As shown in **Figure 5**, racial differences in longevity are diminished among those with a bachelor's degree. In 1990, White individuals had more expected years of life regardless of education attainment; by 2020, education was a stronger factor in longevity than race. The expected years of life among Black individuals with a 4-year college degree is approaching that of White individuals with the same education level.

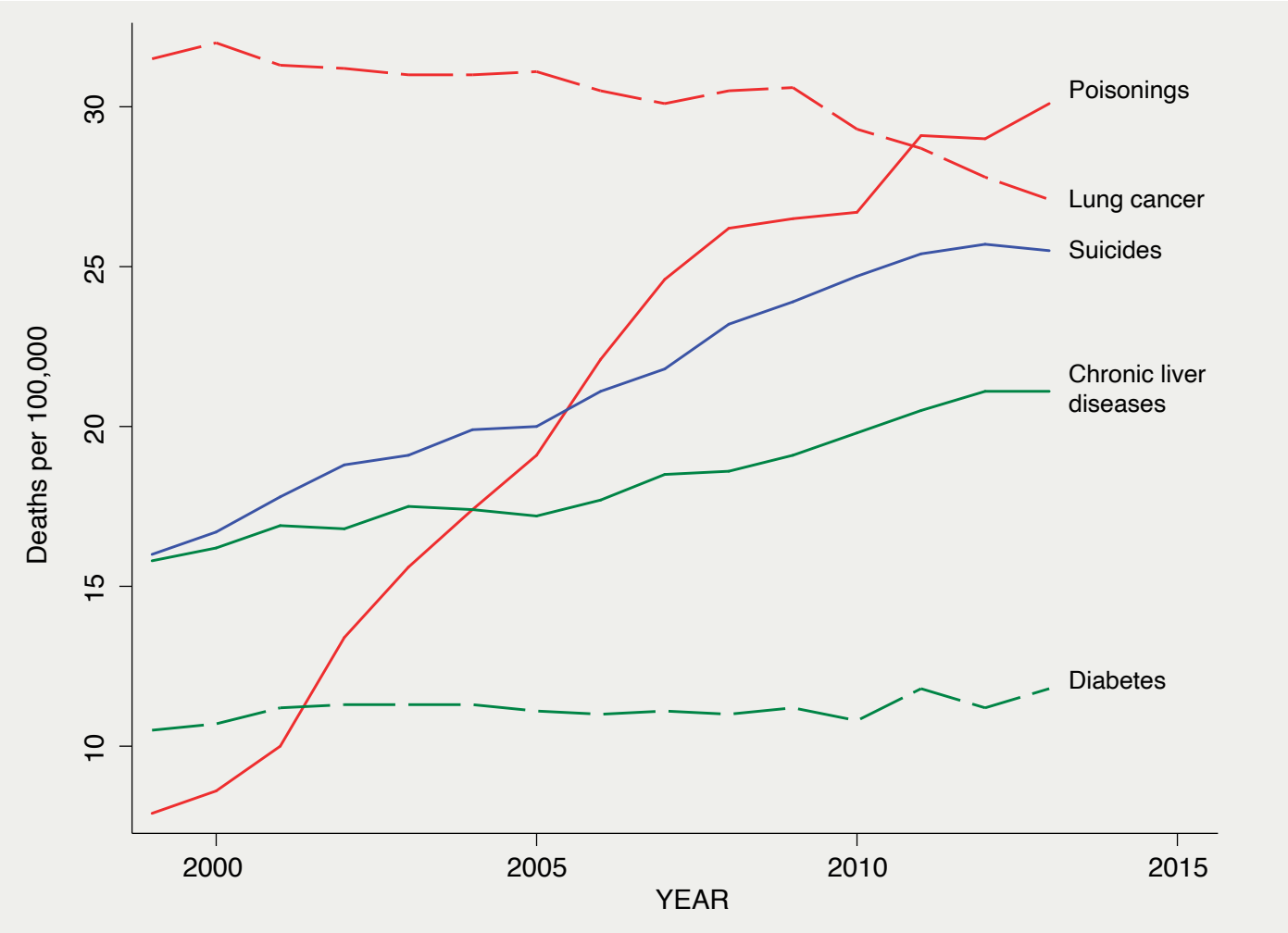
FIGURE 5. EXPECTED YEARS OF LIFE FROM 25 TO 75 YEARS BY SEX, RACE, AND BACCALAUREATE STATUS



Source: Case and Deaton (2021).

In the years leading up to the COVID-19 pandemic, serious problems were identified among individuals in the lower middle class in terms of household income (between the 15th and 45th percentiles). This growing population segment is sometimes referred to as the "forgotten middle" because people in this group are economically marginalized and often do not qualify for need-based social services. During the 2000s and 2010s, mortality rates in this group increased as a result of the opioid and obesity epidemics, suicides, and diabetes (**Figure 6**). Not only did increased numbers of middle-aged individuals die, but those who survived are now approaching older adulthood in poorer health and with fewer financial resources than previous generations (Rehkopf et al., 2025; Case and Deaton, 2015).

FIGURE 6. MORTALITY BY CAUSE AMONG NON-HISPANIC WHITE AMERICANS, AGES 45–54 YEARS, 2000–2015



Source: Case and Deaton (2015)

Bridging the Gap: Reaching Older Adults at Risk for Low Health Literacy

Only 3% of adults aged 65 and older have proficient health literacy skills. An adult with proficient health literacy skills can read a pamphlet and from it give two reasons why a person with no symptoms should be tested for a disease, or read a set of short instructions and identify what is permissible to drink before a medical test (Kutner et al., 2006).

With the growing number of individuals living long lives in the United States—approximately 58 million in 2022 or 17% of the population (U.S. Department of Health and Human Services, 2024)—we must consider the importance of health literacy, that is, the ability "to access, understand, appraise, and use information and services in ways that promote and maintain good health and well-being" (World Health Organization, 2024). For us to be effective in working and reaching older adults with low health literacy levels, we must consider *personal health literacy*, the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others, and *organizational health literacy*, the degree to which organizations enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (Office of Disease Prevention and Health Promotion, n.d.).

Given the clear link between health and financial literacy (Yu et al., 2021), we need strategies to promote well-informed decision-making among older adults at risk for low health literacy (Kutner et al., 2006). While we must focus on the many decisions that are made in older adulthood, including prescription drug coverage enrollment or retirement savings utilization (James et al., 2012), we must also include principles of longevity so that older adults can understand their life expectancy; that they are living longer in many cases (Kochanek et al., 2024).

Some strategies to consider include translating health literacy principles into financial and longevity literacy principles. On an individual level, we should teach older adults to ask questions, such as: What is my main concern? What do I need to do, and why is it important for me to do this? (Institute for Healthcare Improvement, n.d.). On a provider level, we should consider the universal precautions—treating all older adults as if they are at risk of not understanding financial longevity. On an organizational level, we need to provide clear, actionable information using plain language principles. Research is critical to link health literacy to financial and longevity literacy so that we can ensure longevity fitness for all older adults.

—Tamara Cadet, PhD, LCSW, MPH
School of Social Policy & Practice, Penn Dental Medicine, Leonard Davis Institute, Center for Public Health, Penn Center for Cancer Care Innovation/Program in Community Innovation, and Abramson Cancer Center, University of Pennsylvania

Updating and Upgrading the Health Care System

The U.S. healthcare system is at a crossroads, grappling with the challenges of an aging population, rising costs, and a persistent workforce gap.

—TIAA Institute, Towards Creating a Sustainable U.S. Healthcare System (2025)

When the early wave of baby boomers was born in the late 1940s and early 1950s, they encountered a world that was unprepared for them, and this has continued throughout their lives. New homes and schools were needed for the suddenly expanded number of children. Colleges had to be enlarged, new majors were needed to cover the explosion of knowledge, and society had to cope with changes in social values and mores.

As these baby boomers are reaching 80 years old, history is repeating itself when it comes to meeting their health care needs. As shown in **Figure 7**, the number of Americans aged 65 years or older is expected to soon surpass the number of young people. The population aged 65 years and older—the fastest growing group—increased steadily from 12.4% of the U.S. population in 2004 to 18.0% in 2024, while the proportion of children declined from 25.0% to 21.5% (**Figure 8**; U.S. Census, 2025).

In 2020, there were only three states where older adults outnumbered children: Maine, Vermont, and Florida. By 2024, this number had increased to 11 states, with Delaware, Hawaii, Montana, New Hampshire, Oregon, Pennsylvania, Rhode Island, and West Virginia joining their ranks (U.S. Census, 2025).

Similarly, from 2020 to 2024, the number of U.S. metropolitan areas with more older adults than children

increased from 58 to 112. This represents almost 30% of the nation's 387 metropolitan areas. Additionally, in 2024, three metropolitan areas with at least 1 million people (Cleveland, OH; Providence-Warwick, RI; and Hartford-West Hartford-East Hartford, CT) had more older people than younger people for the first time (U.S. Census, 2025).

Given these population shifts, the capacity of the health care system to provide care for people with chronic health conditions must be increased. Nearly three-fourths of adults aged 18 to 44 years have no chronic health conditions. These numbers climb quickly as age increases. For adults aged 65 years and older, just 12.4% had no chronic health conditions, while 63.7% had two or more (**Table 1**; Boersma et al., 2020).

TABLE 1. PERCENTAGES OF U.S. ADULTS WITH CHRONIC CONDITIONS ACROSS THE ADULT LIFESPAN

Age (years)	Number of Chronic Conditions		
	0	**1**	**2 or more**
18–44	72.6%	20.7%	6.7%
45–65	36.6%	30.4%	33.0%
≥65	12.4%	23.9%	63.7%

Source: Data from the 2018 National Health Interview Survey as reported by Boersma et al. (2020).

FIGURE 7. U.S. POPULATION PROJECTIONS (IN THOUSANDS OF PEOPLE), 2023–2100

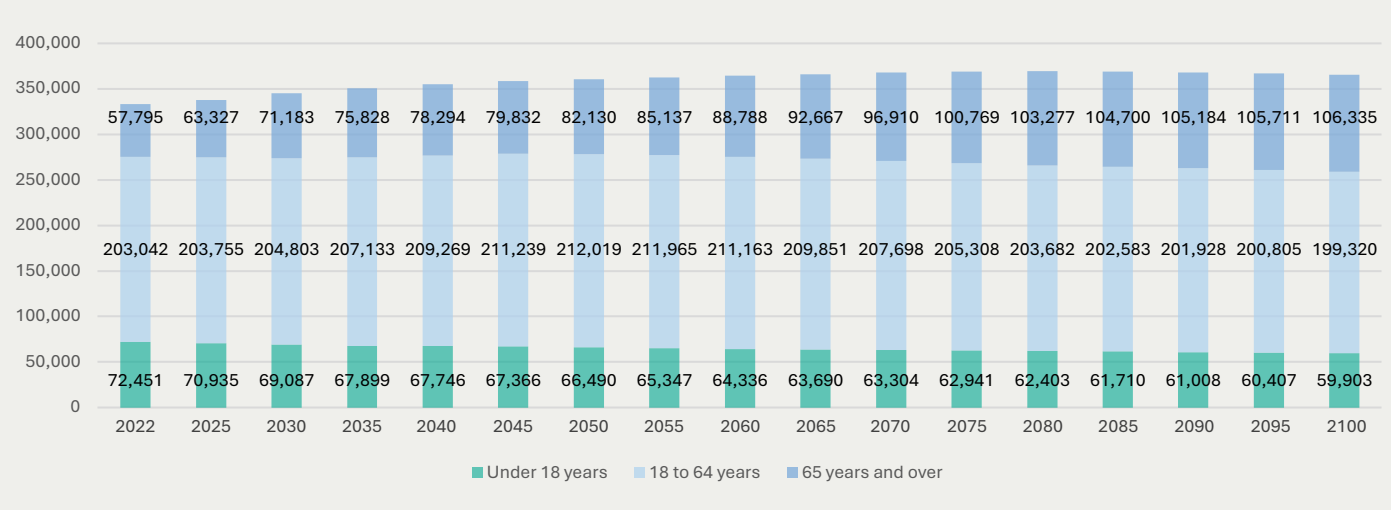
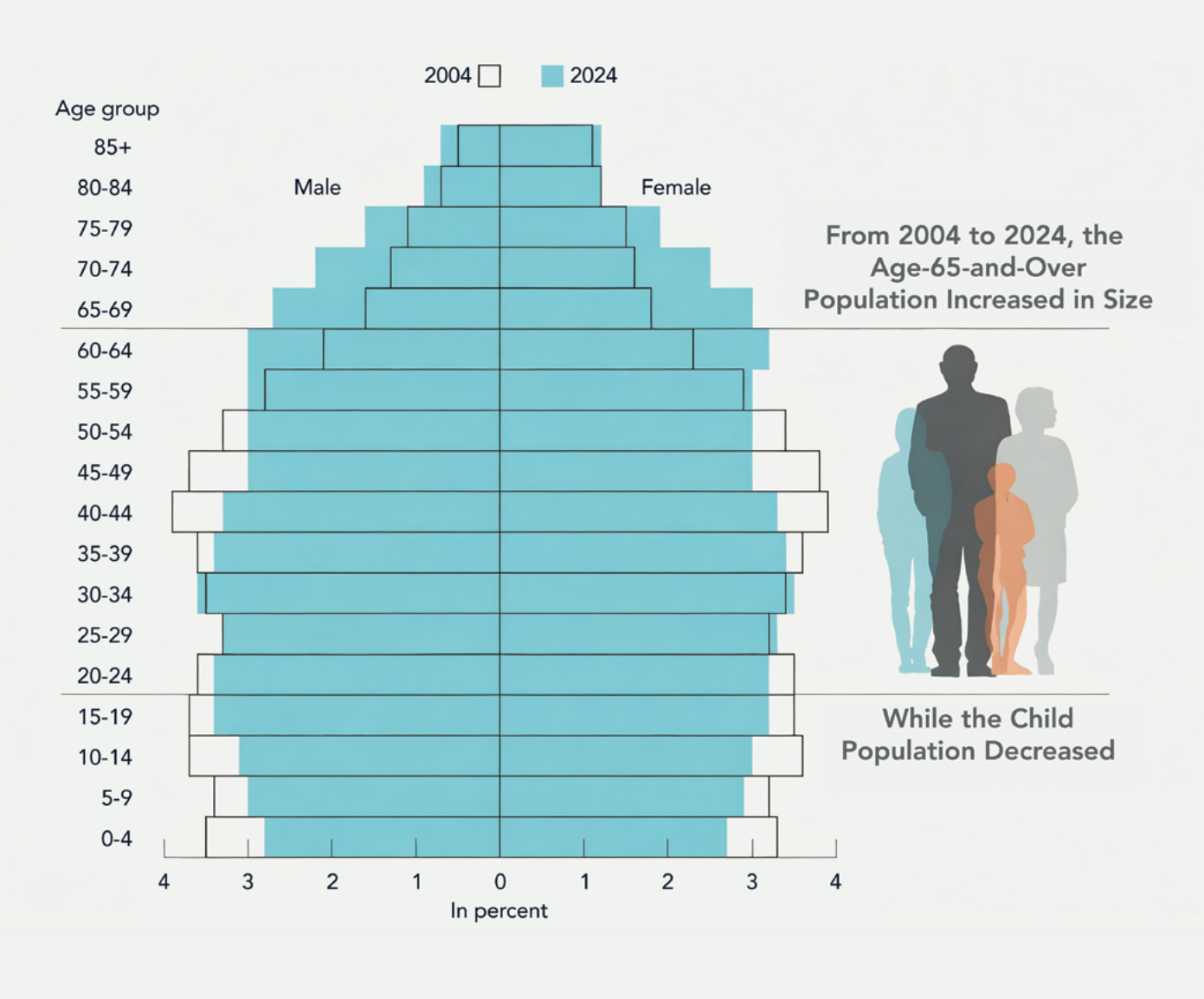


FIGURE 8. U.S. POPULATION SIZES, 2004 AND 2024, BY AGE GROUPS



Source: U.S. Census (2025).

Need for Geriatrics Expertise in the Health Care Workforce

"Geriatricians, by themselves, cannot possibly [revitalize their profession]. Meaningful advocacy, engagement, and support from key stakeholders and partners will be required, including from professional societies, healthcare organizations, medical schools, government agencies, and foundations dedicated to improving the care of older adults."

—Jerry Gurwitz and Benjamin Seligman, Saving the Profession of Geriatric Medicine (2024)

Despite rapid shifts in the U.S. population, the training and expertise of the U.S. health care workforce remain focused on younger patients. Nearly all medical schools require a pediatrics rotation; only 10% required a geriatrics rotation in 2021, a decrease from 23% in 2005 (Tomita et al., 2024).

Very few physicians, dentists, nurses, physical therapists, psychologists, pharmacists, and social workers have specialty training in geriatrics. The number of board-certified geriatricians is declining; 30,000 geriatricians are projected to be needed by 2030, but the number practicing in 2022 was 7,400 and falling. Other health care professionals with specialty training in geriatrics are similarly few in number (Gurwitz and Seligman, 2024; Lester, Dharmarajan, and Weinstein, 2020).

Not only is the population shifting, but middle-aged and older adults receive an inordinate portion of health care services, medications, and interventions. Given the need to emphasize the importance of planning to live to 100, virtually all physicians should receive training in aging and geriatrics care. Research and interventions need to include preventive steps, rather than waiting to reverse damage from chronic diseases. It is also important to increase the

rate of detection of biomarkers in the blood and tissues, as well as risk factors that predict the development of diseases in later life and, when possible, take preventive actions to reduce the occurrence and impact of these conditions (Schwartz et al., 2025; Jones and Dolsten, 2024; Farrell et al., 2025; Boyle, 2021).

Projections indicate that the U.S. health care system will have a deficit of 121,900 physicians across all specialties by 2030. Nurses will also be in short supply; another 1.2 million nurses will be needed by then. Four paradoxes are straining the U.S. health care system, according to a recent TIAA report (2025):

- Health sector employment has been rising, even though the workers' skills can be insufficient and disparities in care remain.
- Health sector wages are increasing, but satisfaction with wages is low.
- Technology and the life sciences are advancing, while health sector productivity remains flat.
- Workload, staffing shortages, and burnout are major challenges, and they only reinforce one another.

By 2037, the number of people working in long-term services and supports (LTSS) would need to increase by 39% to meet the demands in both homes and long-term care settings, according to the Health Resources and Services Administration (HRSA, 2024). These include direct care workers such as nursing aides, home health aides, and personal care aides. In 2022, the number of full-time equivalent LTSS workers was 2.42 million. This need will climb to 3.37 million by 2037, the HRSA predicts. In the anticipated scenario, the largest percentage increases will be for psychiatric aides (131%; from 2,960 to 6,850) and social workers (119%; from 22,850 to 50,130).

Mapping Out a Better Older Adulthood

"Loneliness is more than just a bad feeling—it harms both individual and societal health. . . . But the cure exists in plain sight. It lies in social connection."

—Vivek Murthy, U.S. Surgeon General, *Together* (2020)

As people plan their lives in an era of longevity, they must understand and apply the principles of longevity literacy and financial literacy. Longevity literacy is having a clear and objective understanding of life expectancy. Financial literacy includes understanding money and its management through budgeting, setting and meeting goals, understanding and managing credit, investing for the future, and protecting assets. No one can predict the future; however, individuals can take steps to understand their life expectancy and develop the resources needed to make the most of their remaining years (Kolluri, 2024; Yakoboski, Lusardi, and Sticha, 2024).

In previous generations, life insurance was a common purchase for people concerned about dying and leaving their families financially insecure. Today, "living insurance" is a bigger concern—having enough wealth and income to meet living and health care expenses during extended lifespans. This means that people need to refocus from saving to lifelong incomes—essentially, to translate their saving into a guaranteed monthly income that will last for their remaining years and possibly beyond (Scott, 2024, p. 175).

The idea of guaranteed income is incorporated into the U.S. Social Security pension system. However, Social Security is insufficient for most people to cover their basic living expenses. Families with above-average wealth, if willing, can support the needs of older family members as they age. For many people, annuities are a form of living insurance that provides guaranteed income for expected years of life and

avoids the likelihood that people will have large amounts of money left over at the end of life (Scott, 2024, p. 181).

A broader challenge is how the United States—and other nations—can address the needs of middle-income individuals who lack the financial resources of the wealthy and do not qualify for the social safety nets designed for those with the lowest incomes. Research demonstrates that more equitable distributions of wealth across populations are associated with improved health outcomes (Weeks, Lavista Ferres, and Weinstein, 2024; Hurd and Kapteyn, 2003; Semyonov, Lewin-Epstein, and Maskileyson, 2013; McKee et al., 2009). The realities of a society with growing numbers of people in the older age groups must be addressed, and the sooner the better.

As the paths toward the future are studied and changes are implemented, people of all ages should begin planning for additional years of life. To optimize their health, older adults can take the following proactive steps to extend their years of active, independent living:

- When possible, seek care from primary care physicians, nurse practitioners, and physician assistants with training in geriatrics care or who are committed to keeping up with developments in this field. One way to find specially trained providers is by searching for an Age-Friendly Health System in your area.
- Identify and seek care from geriatrics-focused providers and clinics, including those participating in the Geriatrics Workforce Enhancement Program (GWEP) or similar educational activities.
- Take advantage of local health and social services resources, such as Area Agencies on Aging in your neighborhood.
- When invited, participate in research projects seeking people with conditions you have, or seek out such projects that could benefit you.
- Seek out education about your health conditions using online and print resources and by talking with providers.
- Advocate for yourself, family members, and friends, ask questions about your condition (whether you are improving or not), and be sure that all health care providers know what others are doing.
- Develop care plans for yourself and family members to facilitate the provision of care and smooth care transitions among multiple care providers.

Recommendations

Individuals and Families

- **Engage in lifelong learning about financial and health literacy** to proactively plan for the realities of longer life expectancies and evolving care needs.
- **Advocate for comprehensive aging policies** at local, state, and national levels that prioritize healthy longevity, access to care, financial security, and community infrastructure designed for older adults.
- **Work with professional advisors to develop financial and care plans and living wills** so that assets are managed properly and plans are in place before they are needed.
- **Share your stories with your community and social media outlets** and champion research and public awareness campaigns that explore the intersections of health, wealth, and social well-being in the era of longevity.

Employers

- **Implement age-relevant workplace programs** tailored to different life stages, with key messages communicated to employees at times when they are most receptive (e.g., during younger years, when reaching a milestone age such as 40, 50, or 60 years).
- **In businesses and organizations of all sizes, work with professional financial advisors to redefine employees' retirement expectations** by fostering realistic understanding about increasing lifespans and the likelihood of extended years in retirement, as well as encouraging earlier and ongoing planning.
- **Support flexible occupational transitions** by designing phased retirement pathways, part-time roles, and intergenerational mentorship programs, enabling older workers to remain engaged while maintaining financial stability.
- **Promote age-diverse workplaces** that value the contributions of older employees and leverage their experience in roles that align with their evolving capacities and interests.

Researchers

- **Promote interdisciplinary research efforts** that integrate health, economic, and social science perspectives to understand how public and private sector actions collectively influence aging outcomes.

- **Investigate effective ways to incorporate artificial intelligence** in helping people measure and extend their longevity fitness and literacy.
- **Pursue collaborative funding partnerships**—both public and private (including philanthropic sources)—to support applied and longitudinal research that identifies actionable strategies for businesses and diverse communities to foster a successfully aging society.
- **Develop secure, interoperable data systems** that enable real-time monitoring of key health, wealth, and well-being indicators, allowing researchers and policymakers to rapidly evaluate the effectiveness of programs and policies in supporting healthy longevity.

Nongovernmental Organizations

- **Foster community-based initiatives** that address disparities in access to health and financial resources, ensuring that longevity benefits are equitably distributed.
- **Leverage National Center to Reframe Aging language to champion research and public awareness campaigns** that explore the intersections of health, wealth, and social well-being in the era of longevity. Use communication tools to convey a "we are all aging" message to all types of audiences.
- **Serve as connectors** between stakeholders—academia, policymakers, employers, and community members—to advocate for systems-level changes supporting healthy aging.
- **Connect your work to** resources available on the GSA website**,** including reports, webinars, and podcasts on topics such as ageism in health care, brain health and dementia, obesity, vaccinations, and age inclusivity in higher education.

Leaders in Higher Education and Health Care Systems

- **Advance the principles of Age-Friendly Universities (AFUs)** by creating inclusive learning environments that address the educational needs of older adults and promote lifelong learning.
- **Create more partnerships between AFUs and health care systems** to serve the needs of people as they age and conduct needed research in key age groups across the population.
- **Facilitate intergenerational engagement opportunities** through academic programs, community partnerships, and alumni networks to provide mentorship and mutual learning across age groups.
- **Expand geriatric education and training programs**, including specialized tracks for primary health care providers, to ensure a future health care workforce equipped to meet the needs of an aging population.
- **Encourage research initiatives** that focus on longevity-related challenges and innovations, fostering cross-disciplinary health care collaborations.

Policymakers

- **Develop comprehensive policies that reflect the realities of longer lives among Americans** by addressing health care access, financial security, housing, transportation, and social inclusion for older adults.
- **De-emphasize the concept of fixed retirement ages** to meet the needs of people who need to or choose to retire at earlier or later ages.
- **Integrate health and wealth policies**, recognizing the critical interplay between economic stability and health outcomes across all socioeconomic demographics.
- **Incentivize private sector innovation** that promotes healthy aging, such as age-friendly workplace practices, lifelong learning initiatives, and community-based care models.

Conclusion

> "For the first time, the young can expect to live into their tenth decade or even longer. This makes radical social change inevitable. We are entering a potentially dramatic turning point in the human condition."
>
> —Andrew J. Scott, The Healthspan Economy (2025)

Shifting societal perceptions of older adulthood present a significant challenge, requiring thoughtful strategies to reshape long-held attitudes and assumptions about aging. It's easy to worry about all the things that might be wrong at the end of life. Yet who wouldn't like to have added healthy years to enjoy life, to see children and grandchildren reach important milestones, or to continue contributing to a profession or engaging in a fulfilling avocation?

Developing an understanding of financial and longevity literacy earlier in life helps people make the right decisions at critical times, including:

- Starting to save money for retirement in early adulthood
- Staying healthy during middle adulthood
- Making realistic decisions about finances and life expectancy as they approach older adulthood
- Taking the initiative to develop health, wealth, and social assets that are important in longevity fitness

By focusing on these areas, individuals can be prepared to fully embrace older adulthood through whatever path they choose. These are not, however, only decisions for individuals to make; we also need to find ways to support individuals as they age. Health, financial, demographic, and social factors will inevitably pose challenges throughout life, but we can mitigate their impact by reshaping society to support an aging population and by promoting financial and longevity literacy—equipping individuals with an actionable roadmap that begins at birth, continues through young and middle adulthood, and culminates in a healthier older adulthood.

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