

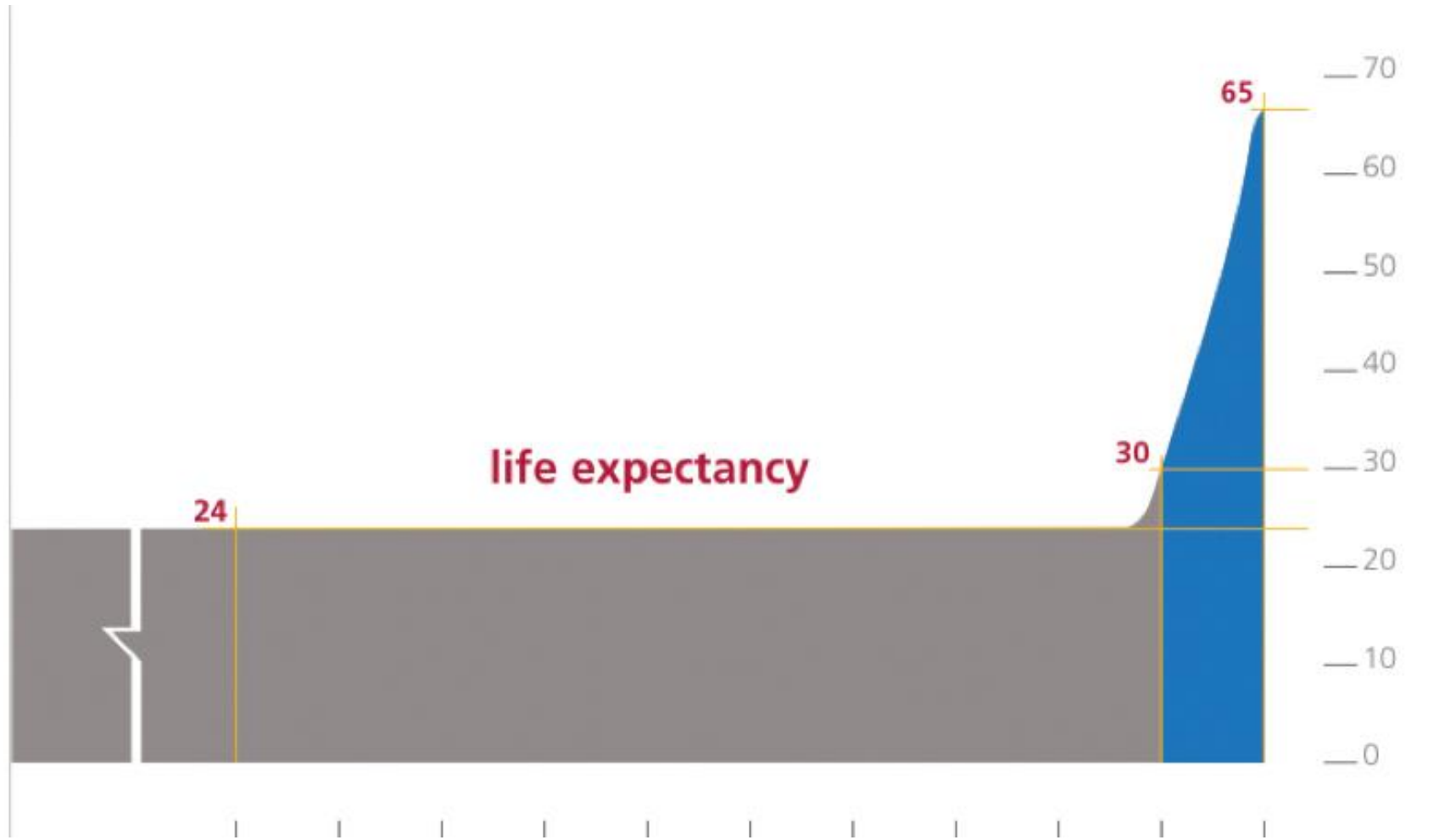


(Y)OUR LONGER LIFE: *THE CHALLENGE, OPPORTUNITIES AND NEEDS OF A WORLD OF LONGER LIVES*

*Linda P. Fried, MD, MPH
Director, Robert N. Butler Columbia Aging Center*

Longer lives

The Demographic Revolution of the 20th Century



Julio Frenk – 2010

US Life Expectancy at Birth

- 1900: 47 for whites, 36 for blacks

US Life Expectancy at Birth

- 1900: 47 years
- 1930: 59.7 years
- 1960: 69.7 years
- 1990: 75.4 years
- 2015: 79 years

US Life Expectancy at Birth

- 1900: 47 years
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- 1960: 69.7 years
- 1990: 75.4 years
- 2015: 79 years
- **2021: 76 years**

and could still increase – or decrease!

Life expectancy in US, and globally, varies by SES/social class gradients as well as race/ethnicity

U.S.: California

- 19.6 year gap in life expectancy (84.9 years v. 65.3 years) between sociodemographic groups with:
 - Longest life expectancy: highest SES quintile of Asian females,
 - Shortest life expectancy: lowest SES quintile of African-American males

Clarke CA et al; Soc Sci Med 2010

US Population 65+ (US Census Estimates)

- **2000: 35 million**
 - **2030: 72 million**
- **Older Americans 2012: Key indicators of wellbeing.
Washington DC. Federal Interagency
Forum on Aging-Related Statistics 2012**

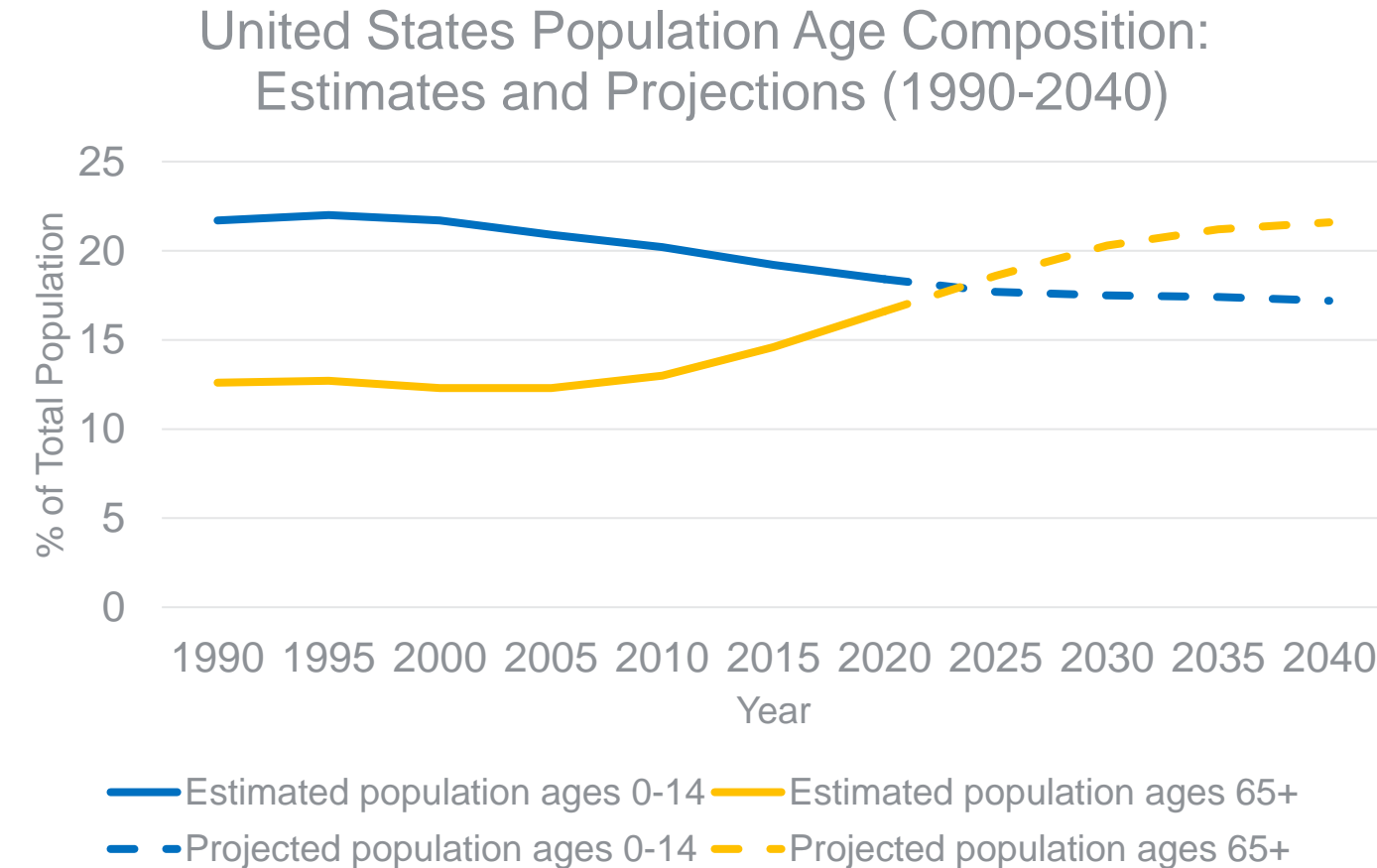
An Aging Society

- Proportion of US population 65 or older (U.S.):
 - 1900: 4%
 - 2000: 12%
 - 2030: 20%
 - 2050: 27%

US: Faster Increase in 85+ compared with 65-84

- Over the next 50 years:
 - the number of people 65-84 is projected to triple,
 - the number of those 85 and over to grow sixfold.

United States Proportion of Older Adults and Children (1990-2040)



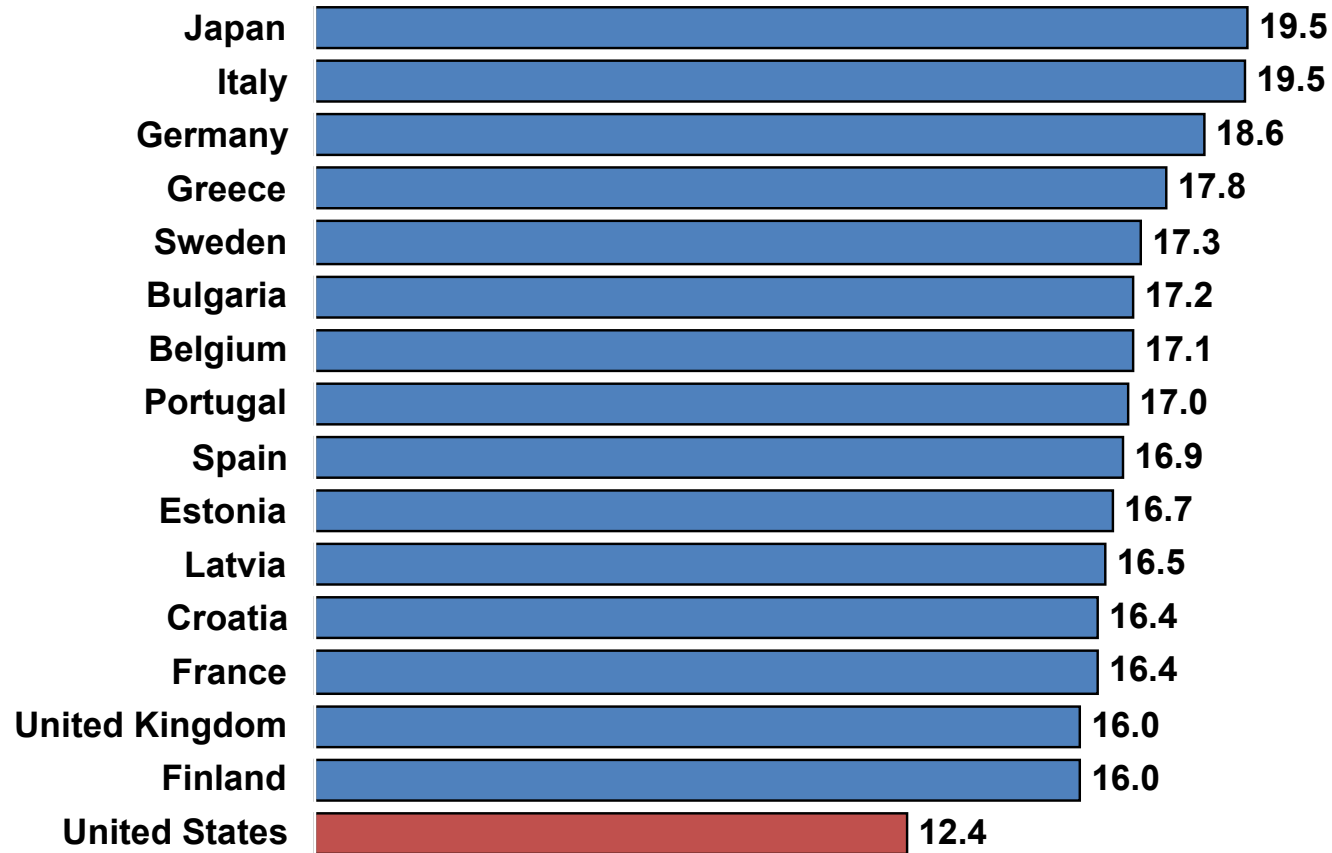
Source: UN World Population Prospects 2019

“*Aging society*” definition:
more >65 than <15 years

**BY 2050, US AGE STRUCTURE WILL HAVE
AT LEAST AS MANY
PEOPLE ALIVE AT
OLDER AGES AS
YOUNGER AGES**

The World's 15 'Oldest' Countries and the U.S.

Percent Age 65 or Older



Sources: Carl Haub, *2006 World Population Data Sheet*.

We are in the midst of a demographic revolution

- We have added 30 years to human life expectancy
- More people 65 and older alive right now than have ever previously lived past 65 – across human history!
- People will be living 1/3 of their lives in old age/after retirement!
- As many older people as children <15 for the first time in history
 - Now in US; globally in 2040

**How did we accomplish
longer lives?**

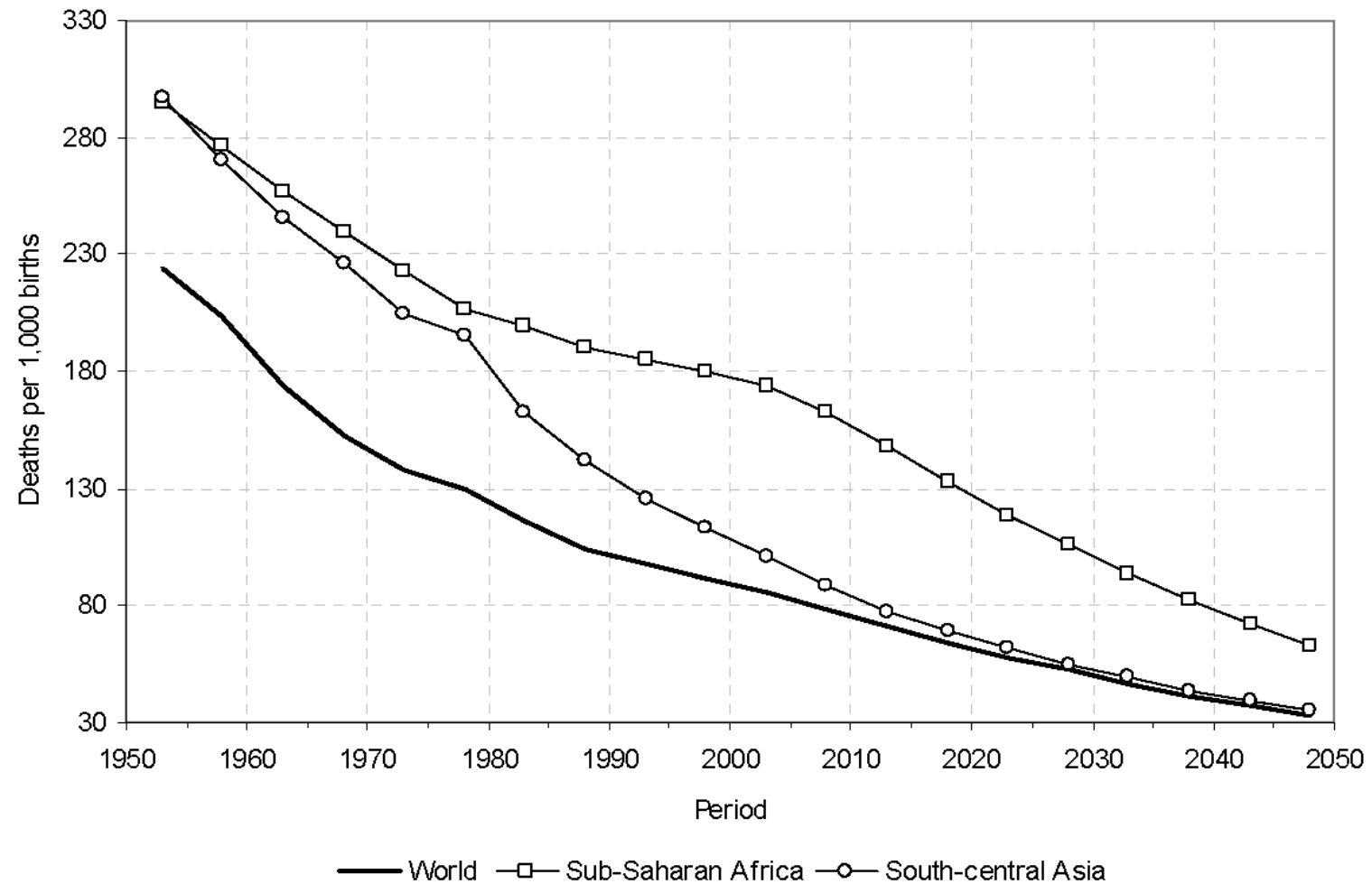
The great success: ***Increased life expectancy a result of intentional societal investments***

- Of 30 year increase in life expectancy in high income countries:
 - 25 years from public health and collective investments in environment, education and poverty alleviation
 - 5 years from better medical care
- Frieden T, CDC

Public Health Successes of the Last 100 Years Resulted from Dramatic Improvements:

- Control of infectious diseases
- Safe water and food
- Improved nutrition
- Better prenatal and maternity care
- Decreased infant and maternal mortality
- Environmental health
- Occupational health
- Prevention of chronic diseases
- Longer lives

CHILDHOOD MORTALITY, 1950-2050



WHO World Population Prospects: The 2004 Revision

Demographic Dividends: the transition from high mortality and fertility to low

- First Demographic Dividend:
 - Decreased infant, child **mortality**
 - Decreased **fertility**: from 5 to 2.5 children/woman, 1950-present; will go to 2.0 children/woman in 2050
 - Improved living standards
 - Bulge of children surviving to adulthood
- Second Demographic Dividend: potential benefits of aging society
 - Dividend 1: working age population greater than dependent children, supporting economic growth, ability to invest in human capital, raise living standards, save
 - Persisting declines in mortality and fertility; longer lives, higher % older
 - Dividend 2: Accumulation of wealth from lifetime savings

Longevity transforming society

Demographic Change Impacts

In all countries the rate of population aging stands to fundamentally impact how families, communities, societies, industries and economies function

- Family structure and relationships
- Social infrastructure
- Social insurance and retirement programs
- Housing, transportation, and public space
- Chronic conditions: patterns and prevalence
- Health care delivery and financing
- Workforce size and composition

The circumstances of our lives have not been transformed for longevity

- Increased health span as well as life span?
- Do we value older age?
- The social infrastructure for what brings meaning, enjoyment and purpose?
- Diminishing the risks of precarity: outliving one's resources, both economic and social?
- Our systems have not been re-designed for longer lives:
Eg, medical care, public health systems, housing, etc

Fears and myths about aging: the negative lenses we see through

- Physical and mental capacity inevitably decline with aging; older people:
 - are demented, dependent, take more health care than they should, and prevention doesn't work in old age
 - don't contribute to society, tech resistant and ignorant, not productive, no assets, not creative
- Aging mainly impacts the elderly
- In an aging society, the young and old are inevitably pitted against each other
- Policy makers must choose between investments in youth or the elderly
 - Older people are needy, and their needs are different than the rest of ours – so we either support one group or the others
 - Aging societies make us all poor
 - Families are nuclear families only
 - Jobs for old take away jobs from young
- The biggest public problems facing an aging America stem from Social Security and Medicare

MacArthur Network on an Aging Society, Contexts, 2009

Negative assumptions about what aging portends for society have not stood up to evaluation

Myths and fears consistently debunked

Extending life/ Adding and reshaping stages of older age?

- *Greater longevity has created a “third age” and a “fourth age” of aging, with new opportunities and needs, at an unprecedented scale*
- *Goals and Stresses of each age group need to be addressed*

“Our current approaches to aging were designed for a different society and limit our ability to experience the opportunities”

MacArthur Network on an Aging Society, Contexts, 2010

Social trends make this harder

“In the past 100 years, the US has gone from one of the most age-integrated societies in the world to arguably the polar opposite” (Freedman and Stamp, HBR 2018)

“This is the most age-segregated society that’s ever been. Vast numbers of younger people are likely to live into their 90s without contact with older people. As a result, people’s view of aging is highly unrealistic and absurd.”

Pillemer, Huff Post

The development of an age-segregated society

- Industrial age: People grouped by age, standardizing everything from education for the young to care for the elderly
- Now: Age segregation as ingrained as racial segregation; >60 vs. 20-34 as segregated as Hispanics and whites (Winkler R, 2013)
- Nearly 1/3 of people 55+ live in communities of just this age group (MetLife and National Association of Homebuilders)
- Just 6% of people over 60 discussed “important matters” with nonfamily members under 36

Freedman and Stamp HBR 2018

How often in the last month have you conversed with someone more than 20 years different from you in age (except your parents or children)?

The current reality of age segregation

Now: we have separated age groups to an extreme degree:

- The young into educational institutions
- Middle aged adults into workplaces
- Old people into retirement communities, senior centers, nursing homes

Age segregation leads to:

- Not knowing each other, stereotypes and “isms”
- worries about intergenerational conflict

Age segregation leads to loss of opportunities and efficiencies

- Intergenerational workforces more productive, innovative
- Housing that builds for intergenerational connection designs out loneliness and designs in mutual benefits (eg, Nesterly – the sharing economy for affordable housing for young adults)

The experience of aging not served by a society designed for shorter lives

Loneliness :

- A 21st Century phenomenon
- A negative feeling, a subjective experience
- U shaped prevalence: high for teens and young adults, high for 80+
- Impact: high costs to health if not resolved
- How to design out loneliness?

Mismatch between the
opportunity, goals and reality of
longer lives, and the
longstanding system we are
living in

The evidence: it is possible to have
long lives + health

Health Longevity: Definition of *Healthy Longevity Roadmap* report

“The state in which years in good health approach the biological life span, with physical, cognitive and social functioning, enabling well-being across populations.”

Foundation: preservation of *health for all* – into older ages.

The Challenge We Face

Long-lived populations are not an inherent problem for societies; rather, the problem for societies is:

- the barriers to good health throughout long lives needed to thrive and contribute to family and society
- Societies not yet designed to enable the opportunities, as well as meet needs, of longer lives - for all ages, and of social cohesion across generations.

People will be living 1/3 of their lives in
'retirement'

How do we want to design out loneliness?
What do we want to do with this time?

Social connection

The strength of weak ties

The social capital of wellbeing and interconnection

Intergenerational connection and cohesion

People will be living 1/3 of their lives in
'retirement'

How do we want to design out loneliness?
What do we want to do with this time?

*Are there ways to align goals of older adults
with what society needs from the 20% of the
population that is older?*

Is there a value to healthy longer lives?

Science offers a wider lens

The individual: Thriving across the *full* human life course and stages of life

Families: multiple generations and intergenerational supports

Intrinsic assets accrued in older age:

- Abilities, skills and goals: expertise and experience;
- Higher order cognitive skills, with complex problem solving capabilities;
- Capabilities, eg, conflict resolution; long term-ism with urgency;
- “Wisdom”: components of:
 - emotional regulation; social decision making, prosocial behavior, self reflection, acceptance of uncertainty, decisiveness, spirituality
- Socioemotional priorities: meaning, connection, giving back, values;
- Life stage goals: prosocial, generativity, legacy.

Societal implications of healthy longevity and contributions of older people:

- Resolve health disparities
- Stronger economy
- Opportunity and optimism for the young;
- Benefit from assets of older age - at a scale never before available

Older adults seek meaning, purpose and impact through new roles, both work and volunteer

US: 520,000 older adult volunteers in programs run by
US Corporation for National and Community Service



Engagement builds health as well as wellbeing

Unprecedented scale

The potential social capital of all of us as we age is vast, of high value, and mostly unrealized

From societal point of view, “having older people active and productive benefits all age groups and spurs the creation of new jobs” (Bloheim and Nice 2019)

The Costs of Inaction

- More people living with poor health, suffering, and dependence
- GDP that is lower than it would be with better health and full inclusion of older people
- Increased fiscal burdens on government
- Increased financial burdens on individuals and families
- Lost opportunities for people of all ages

The opportunities for individuals and society

What can we do now to improve our own longevity?

How to transform to societies of longer lives - good for all ages?

Many opportunities of longer lives: if we invest in them, can they balance out the needs?

- Need to design a society, systems, norms that enable and support longer lives – for all ages
 - Health is the key in the lock; 75% will come from public health
 - Health will enable reaping the opportunities
- Possible to learn from the evidence as to assets and opportunities and design for good
 - The right social compact for intergenerational equity and wellbeing

Preparing for Longer Lives: is what we have unchangeable?



NAM Global Roadmap for Health Longevity

Vision 2050- a Healthy Longevity World

The opportunity of healthy long lives and thriving for all ages

Vision 2050 – for *Individuals*

All people are enabled to have *long lives with health and function into oldest ages, and have agency in the creation of health*

Aging-associated needs are well met, for long lives of dignity

Healthy older people have *full opportunity to engage in meaningful and productive activities* that meet their goals, whether working for pay and/or bringing their social capital to contribute to societal and intergenerational well-being and cohesion and leave a better future

Loneliness and isolation are not the default experiences of aging

Young adults have greater intergenerational support and more job opportunities

Adults of all ages are valued

Vision 2050 – for *Societies*

Long health span and decreased health disparities are assets for nations and societies

Intrinsic assets and goals of older people valued and enabled, with all-of-society benefits from their contributions in monetary and nonmonetary roles

Younger people more successful, more jobs and less disaffection

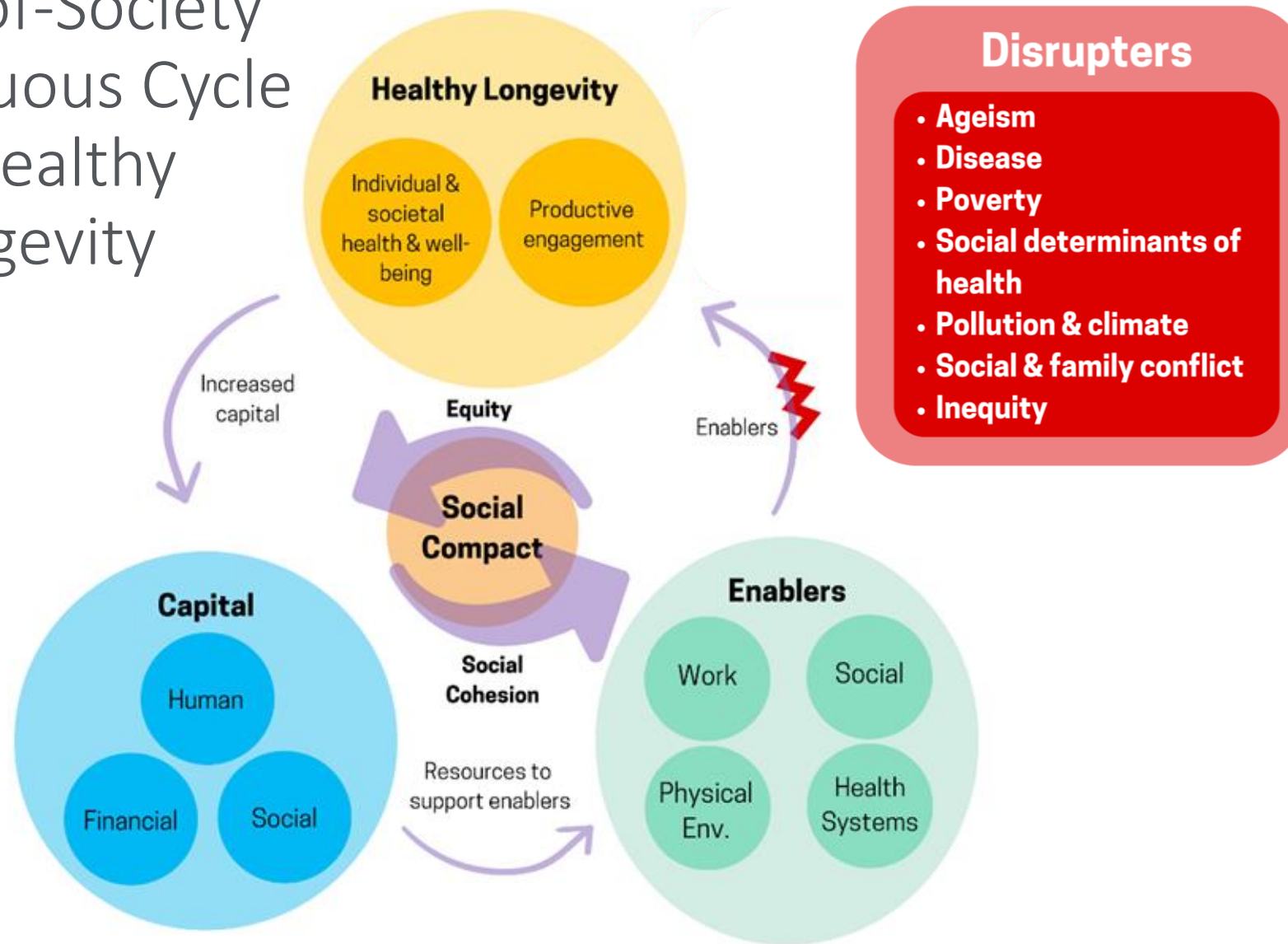
Enlarged workforce, stronger economy, increased ability to invest in human capital and public goods

Enhanced social capital, with strengthened prosocial goals

When older people thrive all people and economies thrive

Equity, intergenerational cohesion, and decreased precarity within and between countries

All-of-Society Virtuous Cycle of Healthy Longevity



(Y)OUR LONGER LIFE

Requires unprecedented need for vision, design across all sectors, conversation across generations, and long-term investment:

By ourselves ↔ by society

(Y)Our Longer Life:
a 3 credit course, Tues/Thurs January-May,
Columbia University Morningside Campus
Auditors from the community invited!

- A life journey together: your future \leftrightarrow society's
- Knowing the facts: opportunities & needs
- Designing the longer life you want, and a successful society of longer lives that enables (y)our goals
- Course co-Directors:
 - Linda P. Fried and Dana March Palmer