



Meeting the Growing Demand for Age-Friendly Care

Health Care at the Crossroads



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Welcome Letter

The American health care system is encountering the age wave. The rapidly expanding population of older adults needs more care for their longer lives. At the same time, health care workforce shortages are intensifying, geriatrics expertise is needed but lacking, and deep-rooted problems of fragmentation, cost, and inequity continue to dominate the system and deny too many older adults access to quality care. Medical science is making some progress against age-related conditions, but that promise will be stifled if health care delivery processes cannot keep pace.

These forces are building and converging, driving health care to the crossroads and an opportunity to set a new direction. We need to envision, define, and implement a more age-friendly system of care to support the health and well-being of the growing ranks of older adults.

The John A. Hartford Foundation has partnered with Age Wave and The Harris Poll to explore these challenges, identify where change is most wanted and needed, and encourage health care stakeholders to take action now—to build a healthier future for us all. To tap into the experience and perspectives of today's health care consumers, this investigation includes a survey of over 5,000 American adults, half of them age 65 and older. Here are some of the key messages older adults (age 65+) are sending loud and clear:

- 95% agree that “Americans of every age, income, and ability level should have access to quality health care.”
- 82% feel that “the health care system is not prepared for the growing and changing needs of our country's aging population.”

- Only 11% give the health care system overall an “A” grade.
- The majority find that it's “difficult and stressful to navigate the health care system,” particularly those with multiple health challenges and low financial resources.
- They define their health in functional terms: “It's about being able to do the things you want to do.”
- They want providers to treat them as individuals based on *what matters* to them in health and in life.
- Regardless of political affiliation, they agree that the government should prioritize lowering costs and improving long-term care.

This study informs and advances The John A. Hartford Foundation's mission of improving the care of older adults by investing in research and practice innovations that transform how their care is delivered. It takes advantage of Age Wave's decades of experience and unmatched expertise in understanding the social, economic, and health care implications of our aging population.

The entire health care system—providers, hospitals and clinics, insurers, community and emergency services, government agencies and policy makers, pharmaceutical and medical device makers, housing and transportation sectors, tech companies, retailers, and employers—should be attuned to the challenges and opportunities we discuss. We encourage all these participants to explore how they can better serve older adults, particularly those most underserved today.

We are happy to share these results with you, and we hope they stimulate your thinking, discussion, and action.



A handwritten signature in black ink that reads "Ken Dychtwald".

Ken Dychtwald, PhD
Co-Founder and CEO
Age Wave



A handwritten signature in black ink that reads "Terry Fulmer".

Terry Fulmer, PhD, RN, FAAN
President
The John A. Hartford Foundation



Section 1

Five Forces Disrupting/ Transforming Health Care Today

Major forces—demographic, technological, economic, and social—are driving health care to the crossroads. Some of these forces are unprecedented. Others are familiar but swiftly gaining urgency and impact. Together, they demand that we reshape the purpose, competence, and delivery of health care and improve outcomes for patients and practitioners alike.

1 The Age Wave—Dramatic Demographic Shifts

America is aging rapidly. Those age 65 and older are the fastest-growing segment of the population. From 2025-2050, the number of adults 65+ will increase by 30%, from 63 million to 82 million, accounting for nearly one-quarter (23%) of the total population by mid-century (Figure 1). And the “oldest old” ranks are growing even faster: the number of adults age 85 and older is projected to more than double between 2025 and 2050, from 7 million to 17 million.¹ This older American population is also growing more diverse. While 75% of today’s older adults 65+ are non-Hispanic white, that percentage will shrink to 60% by 2050.²

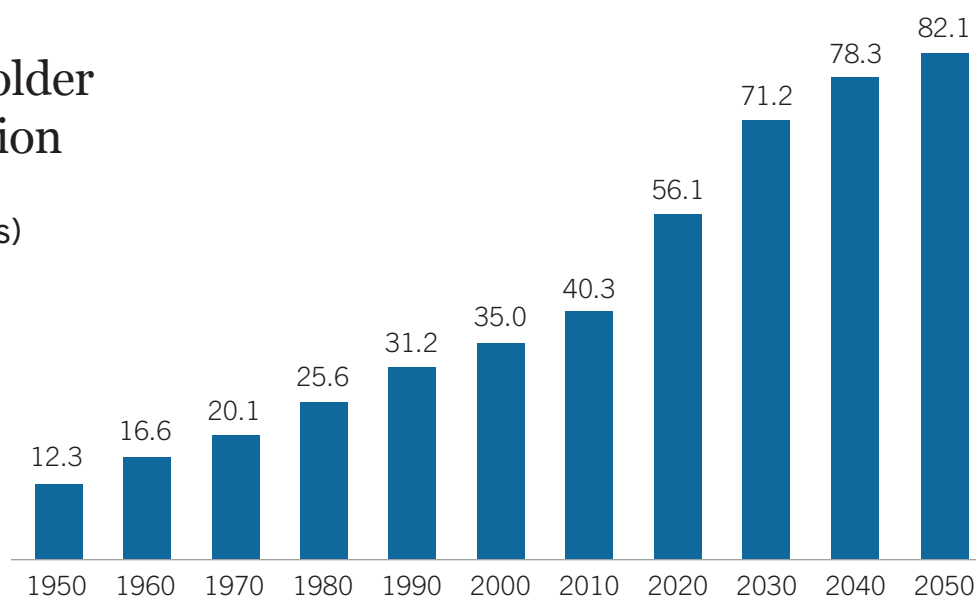
We are crossing notable watersheds. By 2034, there will be more Americans age 65 and older than under 18—more older adults than children for the first time.³ Already today, among working adults, there are more caregivers of older adults (22.8 million)⁴ than parents of young children five and under (21 million).⁵ But this increase in caregivers will not be adequate for the impending caregiver shortage.



Figure 1: ■ ■ ■ ■

The fast-growing older American population

65+ population (in millions)



Source: U.S Census Bureau, 2020; U.S. Census Bureau Population Projections, 2023

“We need to embrace aging as a normal part of life and do all we can to keep seniors healthy and active—strong, mobile, cognitively sharp, able to be independent.”

— Angela Patterson, DNP,
Vice President and Chief Nurse
Practitioner Officer,
CVS Health & MinuteClinic



The massive size of the Baby Boom generation—all of whom will be 60 and older by the end of this year—accelerates this aging trend. And Boomers’ attitudes, including a willingness to experiment and change the rules, have reshaped each stage of life they’ve inhabited. More than ever, today’s older adults appreciate their potential longevity and want to make the most of it. Most think of their later years not merely as a time of rest and relaxation but as a new chapter in life with new ambitions, hopes, and dreams.⁶ They know that good health is their number one asset and key to achieving their dreams. More than previous generations, Boomers seek to “own” their health and actively manage their relationships with health care providers.

Society and its institutions have not responded adequately to this age shift, creating challenges for their operations and the people they serve. These major challenges include stress on:

- Social Security and public sector pensions as the ratio of contributors to beneficiaries has declined dramatically (from 42:1 in 1945 to less than 3:1 today and 2:1 by 2050).⁷
- Medicare and Medicaid to maintain services and solvency.
- Employers (including in the health care sector) as they face retirement waves and labor and experience shortages.
- Families as more older adults need care and fewer adult children are on hand to support them.
- Social services such as housing and transportation that support older adults.
- Every aspect of health care and clinical services.

The growing older adult population makes it imperative that the health care system increase its capacity and capabilities. Older adults already utilize a large share of health care services. The 17% percent of adults age 65+ account for 43% of hospital admissions, 36% of doctor office visits, and 37% of total health care spending.⁸ The average annual per capita health care spend on those 65+ is over \$22,000, almost 3.5 times the average spent on adults age 18-64.⁹

In 2023, Medicare expenditures were \$1.04 trillion. By 2036, the Medicare Board of Trustees predicts that the Medicare Hospital Insurance trust fund that pays for inpatient hospital stays, hospice, and other types of care covered under Medicare Part A will be depleted, while expenses for other parts of Medicare will grow significantly. The Trustees report calls on policymakers to address Medicare’s financial challenges.¹⁰ Without action, the health and quality of care for older adults will suffer.

Demographic pressure on the health care system is inevitable. More older adults will need much more health and long-term care services. The system must reorient its skills, services, and technologies around meeting those needs. The four other forces suggest how.

2 The Healthspan-Lifespan Gap

Longevity has been one of the greatest success stories of the last century. Life expectancy in the U.S. rose from 47 to 77 years. But progress has recently stalled due to increasing deaths from COVID-19, overdoses, suicides, and chronic conditions, including heart disease, liver disease, and diabetes.¹¹ Life expectancy peaked at 78.9 years before the pandemic and has since retreated to 77.5 years.

While the United States spends more per capita on health care each year than any other country, we don't have the overall public health performance to show for it. Today, America ranks 50th in terms of lifespan—five years behind Canada, seven behind Switzerland, and eight behind Japan.¹²

Most important is the companion measure of healthspan, or health-adjusted life expectancy, the number of years people can expect to live free of disability. In healthspan, America ranks 68th in the world, and, on average, adults in the U.S. spend the last dozen years of their lives coping with poor health (Figure 2).



Figure 2: ■ ■ ■ ■

Our healthspans do not match our lifespans

- Expected years in poor health
- Healthy life expectancy

Sources: Institute for Health Metrics and Evaluation, Global Burden of Disease 2021 Diseases and Injuries Collaborators



**“We don’t
focus enough
on helping
people age well.
We simply focus
on treating
chronic disease.”**


— John Whyte, MD, MPH, Chief
Medical Officer, WebMD

Many factors can undermine healthspan: chronic health conditions, functional limitations, lifestyle factors—including lack of sleep, exercise, and nutrition—and social determinants of health, including economic stability, education, neighborhood, social isolation, and health care access and quality. Eighty-five percent of adults age 65 and older have at least one chronic condition, and two-thirds have two or more.¹³ The impact of functional limitations is often under-recognized. Nearly 20% of older adults report having a lot of difficulty in one or more of the basic areas of functional limitation: seeing, hearing, mobility, communication, cognition, and self-care.¹⁴ Limited mobility is the most common.

Unfortunately, despite continual medical technology and treatment advances, our healthspans are not improving.¹⁵ The healthspan-lifespan gap places additional pressure on the capacity of the health system to serve older adults. More people need more treatment and care for more extended periods. This should be a wake-up call. Closing the healthspan-lifespan gap should be an urgent priority. It presents an opportunity to conserve capacity, reduce costs, and raise the quality of life for older adults and their families.

Closing the gap will require effort on multiple fronts, including:

- Earlier detection and more effective treatment of infectious diseases and conditions common in older adults, including heart disease, diabetes, arthritis, cancer, and dementia.
- More focus on supporting older adults with functional limitations, including mobility.
- More comprehensive and holistic approaches to health, addressing the behavioral, social, and environmental factors that can impact healthspan, lifespan, and access to health services.


68th
U.S. ranking
in healthspan
(healthy life
expectancy)

50th
in lifespan



3 Fragmentation, High Costs, and Inequity in Health Care

Why does the nation that spends the most per capita on health care and leads the world in medical innovation¹⁶ fare so poorly in overall health? According to The Commonwealth Fund’s *Mirror, Mirror* report comparing the U.S. health system to ten other high-income countries, the U.S. ranked last in four out of five categories: access to care, health care outcomes, administrative efficiency, and equity. The U.S. health care system is notably fragmented, costly, and inequitable, all of which compromise its ability to meet the health care needs of everyone and especially older adults.

Fragmented Services and Coverage

Fragmentation starts with providers. As people age and acquire additional chronic conditions, they often see multiple physicians and specialists and visit multiple facilities. Thirty percent of Medicare beneficiaries see five or more physicians annually (Figure 3). Providers may or may not be affiliated, and they often fail to coordinate regarding medications or treatment plans. Only half of our survey respondents age 65 and older say their primary care doctor coordinates with their other providers. So care coordination falls to the individual, and that becomes more complicated with age.

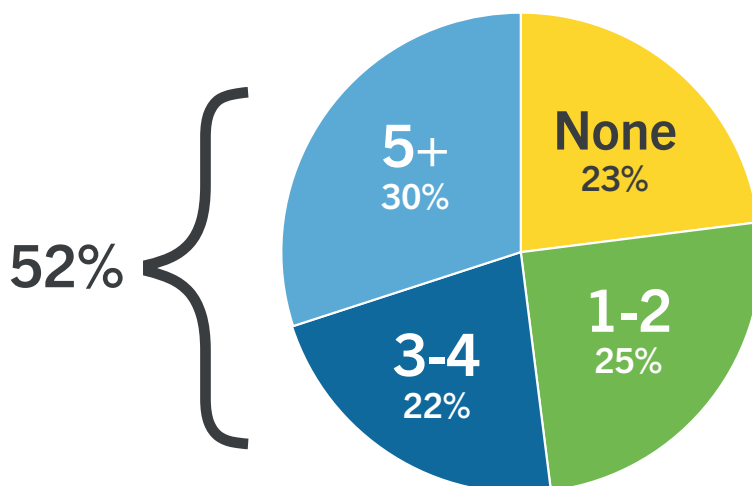


Figure 3: ■ ■ ■ ■

For many older adults, care is fragmented and often uncoordinated

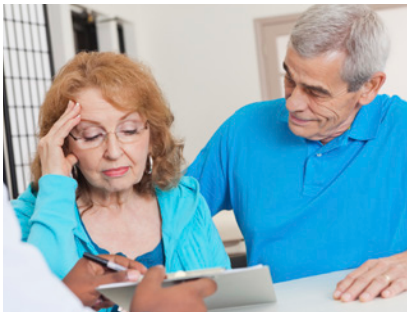
Number of physicians seen annually

Source: Barnett, M. L., et al., “Trends in Outpatient Care for Medicare Beneficiaries and Implications for Primary Care, 2000 to 2019,” *Annals of Internal Medicine*, 2021



“The U.S. does not have a health care system. It’s really lack of a system, it’s so disjointed and uncoordinated.”

— Brandon Wilson, DrPH, MHA,
Co-Interim President & CEO | Senior
Director, Health Innovation,
Public Health and Equity,
Community Catalyst



Fragmentation and complexity are also driven by the country’s public-private health care payment systems. For those over age 65, there’s Medicare with its four parts, often coupled with private Medicare Advantage insurance paid for individually or perhaps subsidized by an employer. For some individuals, Medicaid can cover additional services (that vary by state). The innumerable coverages and options form a byzantine maze that most people struggle to understand and navigate. Needed care often falls through the cracks, and unnecessary and duplicate care occurs far too frequently.

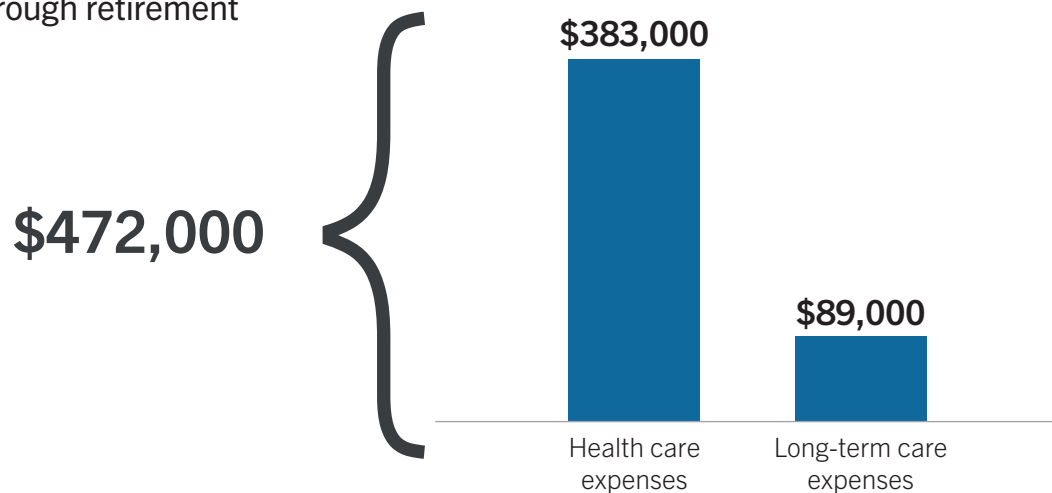
High Cost and Unaffordability

Americans spend a lot on health privately as well as publicly. Situations vary widely, but the average person over age 65 with Medicare coverage spends over \$6,600 out-of-pocket for health services, medications, and supplemental insurance annually,¹⁷ and those in poor health spend an average of 20% of their income on health care.¹⁸ That does not include long-term care costs (which Medicare generally doesn’t cover), which average \$104,000 annually in care facilities and \$69,000 in-home.¹⁹ Add it all up, and the average couple will spend \$472,000 on out-of-pocket health and long-term care expenses throughout their retirement (Figure 4).²⁰

Figure 4: ■ ■ ■ ■

The high personal costs of health and long-term care

Average total out-of-pocket
spending through retirement
per couple



Source: EBRI, Savings Medicare Beneficiaries Need for Health Expenses in 2023; Johnson, R.W., Dey, J. “Long-Term Services and Supports for Older Americans: Risks and Financing Research Brief,” HHS Office of the Assistant Secretary For Planning And Evaluation Office Of Disability, Aging And Long-Term Care Policy. 2022



“Age-friendly care focused on what matters to older adults can help us achieve health equity for all.”

— Kedar Mate, MD,
President and CEO of the Institute
for Healthcare Improvement

Due to the complexity of the payer system, Americans frequently face unexpected costs and unwelcome surprises. Insurers limit care to save money (and often to increase their profit). People with fixed incomes and limited financial resources can struggle to afford health insurance premiums, and they more often postpone or forego prescriptions or care because of cost.²¹ These short-term cost-based choices lead to worsening health and higher health care costs in the long term for far too many.

Widespread Inequity

Fragmentation and cost compound the fundamental inequities in health care access and outcomes. Those who can navigate the system and afford to pay can receive excellent care. But too many people are underserved based on financial status, gender, race and ethnicity, sexual orientation, disability, location, and age. Inequity is evidenced in the outcomes of lifespan and healthspan:

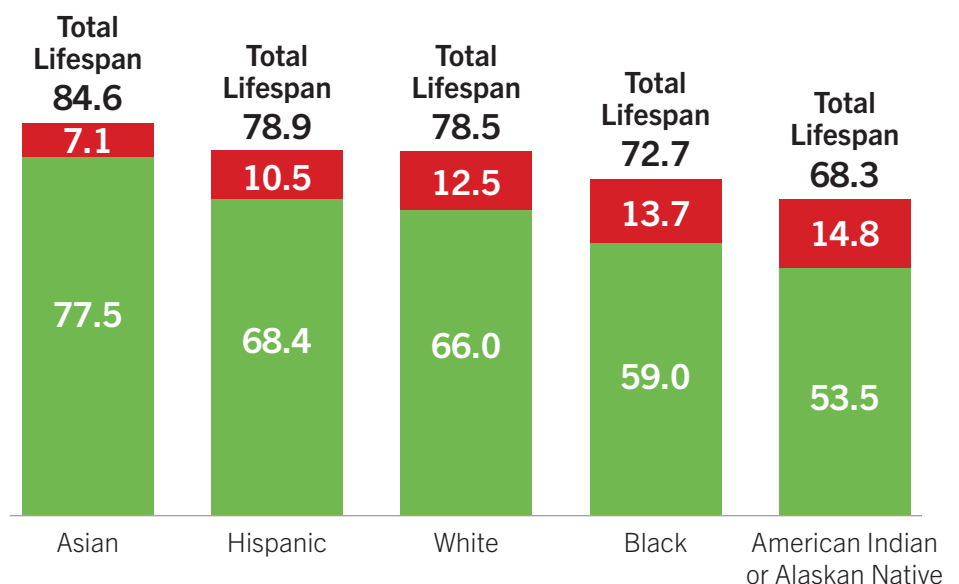
- Lifespan and healthspan vary significantly by race, and Black Americans and Native Americans both have healthspans below 60 years (Figure 5).²²
- The average life expectancy by U.S. census district ranges from living into one’s mid-fifties to one’s mid-nineties.²³
- Men in the top one percent of household income live 15 years longer than those in the bottom one percent.²⁴

Figure 5: ■ ■ ■ ■ ■

Racial disparities in lifespan and healthspan

U.S. life expectancy by race

- Expected years in poor health
- Healthy life expectancy



Source: Deloitte, “How employers can spark a movement to help us live longer and healthier lives,” June 2023.

“If you take everything that’s wrong with health care, you can put a little exponential sign next to it when it comes to aging, particularly the fragmentation of care.”

— Vivian Lee, MD, PhD,
author of *The Long Fix*

Inequity is also apparent in health care processes:

- Older adults living in rural areas have less access to health and long-term care support.²⁵
- LGBTQ older adults are more likely to be denied care or provided inferior care.²⁶
- Black and Hispanic Americans are less likely to receive an accurate or timely diagnosis of dementia.²⁷
- Women suffering from heart attacks are less likely to be diagnosed and treated than men.²⁸

Older adults experience higher rates of care-related harm, treatment delay, and discoordination of efforts.²⁹ About one in four Medicare patients admitted to a hospital experiences patient harm during their stay, such as medication-induced delirium, pressure injuries, and infections.³⁰ Older adults are also more likely to have their concerns dismissed and their conditions unnoticed. And they receive less attention in medical research and representation in clinical trials. These systemic inequities are often compounded, as when racism and ageism overlap. Those who need the most care can often receive the least.

To address these issues, fragmented services can be bridged with more advanced and interconnected information systems for individuals, building on patient portals and, for institutions, better coordinating providers and payers. Cost can be driven down through direct government action and accelerating the transition from fee-for-service to value-based care. Inequity can be reduced through increased investment in the social determinants of health and lifelong health care access.


1 in 4
hospitalized
Medicare patients
experiences harm
during their stay



4 Health Care Workforce Shortages

While an aging population and a persistent healthspan-lifespan gap are dramatically increasing the demand for health care for older adults, the health care system is already understaffed and facing growing workforce shortages. Health care professionals often feel they're running as fast as they can—just to keep pace. The National Center for Workforce Analysis predicts the country will face a shortage of nearly 140,000 physicians and 338,000 registered nurses by 2036 (Figure 6).³¹ Workforce shortages further delay effective diagnosis and proper treatment, and ultimately compromise the quality of care.

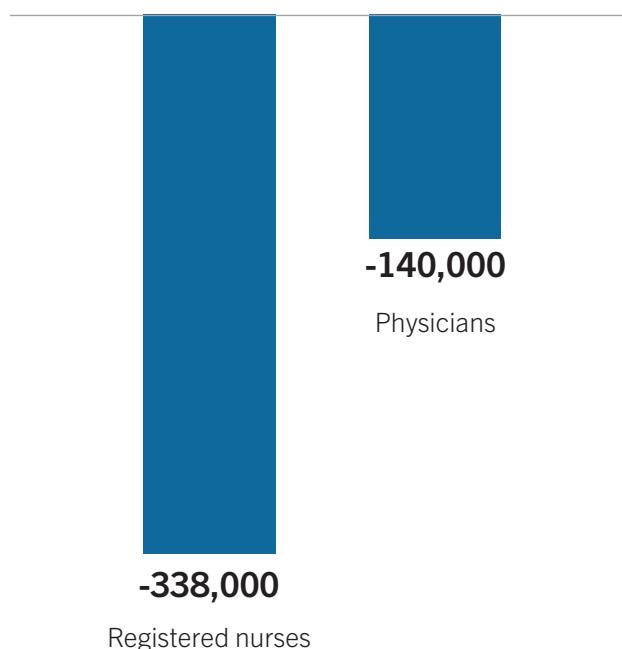
Twenty-five million Americans already live in a place designated as a primary care health professional shortage area.³² From 2010-2023, 167 rural hospitals closed or no longer offered inpatient care, and more than 400 more are vulnerable to closure.³³ Millions of Americans of all ages are now facing long wait times for medical attention and even loss of access to primary and acute care.



Figure 6: ■ ■ ■ ■

The supply of health care workers will fall short of demand as the population ages

Projected shortages by 2036



Source: National Center for Health Workforce Analysis, 2023

“Countless times I’ve heard clinicians say, ‘I treat all of my patients the same.’ But how do you know what matters to a patient if you’re treating them all the same?”

— Karen Bullock, PhD, Professor of Social Work, Boston College



87%
of nursing
homes
report staff
shortages

The long-term care workforce is even more dramatically short-staffed. In 2022, 87% of nursing homes reported serious staffing shortages, and more than 61% had to limit patient admissions.³⁴ From 2021 to 2036, the long-term care workforce would need to grow by nearly 1.5 million to keep up with demand.³⁵ Growing this workforce has been exceedingly challenging due to the physically and emotionally demanding nature of the work, coupled with extremely low pay, lack of training, and lack of career opportunities.³⁶

A companion problem is the lack of geriatric competency and training. Incredibly, less than one percent of American physicians are geriatric specialists, about one for every 10,000 geriatric patients. Only 10% of medical schools require geriatric rotations, while 96% require pediatric rotations.³⁷ Less than one percent of RNs, pharmacists, physician assistants, and physical therapists are certified in geriatrics or gerontology.³⁸

The only large-scale solution lies in training more health care professionals across all health care settings—primary care physicians, specialist physicians, physician associates, and all types of nurses—in the rudiments of geriatrics, including recognizing and respecting the specific needs of older patients. Promising initiatives are emerging:

- The Geriatrics Workforce Enhancement Program of the U.S. Department of Health and Human Services recently received more than \$200 million in government funding toward improving how clinicians, family members, and caregivers support older adults. This includes enabling 42 university and hospital programs to integrate geriatric training into primary care.³⁹
- The Geriatrics Emergency Department Collaborative (GEDC) is a nationwide initiative to improve quality of care and health outcomes for older adults in emergency departments. The GEDC provides educational and consulting services to help emergency departments implement best practices and earn geriatric accreditation through the American College of Emergency Physicians. Today there are over 500 accredited emergency departments.⁴⁰
- The Institute for Healthcare Improvement (as detailed later in this report) has recognized over 4,000 health care sites for joining the Age-Friendly Health Systems movement and introducing evidence-based interventions for all older adults in their care. The interventions systematically address the 4Ms: medications, mind, mobility, and what matters to them in terms of their health and well-being.

5 Advances in Medical Science, AI, and Health Care Delivery

A bright spot on the horizon is the promise of new medical science and health care technologies, increasingly AI-enabled, to improve health outcomes. For example, the world has seen tremendous advances in cancer therapeutics in recent decades, with significant advances projected for the near future. Technologies such as gene-editing CRISPR, high-intensity focused ultrasound (HIFU), mRNA vaccines, and theranostics are some tools already being explored to treat cancer.

Medical research is also exploring ways to prevent and even reverse diseases and markers of biological aging. Regenerative medicine, which focuses on therapies to repair and restore the body, is emerging as a promising strategy to treat chronic conditions such as heart disease, stroke, diabetes, and osteoarthritis.⁴¹ This may drive a new leap forward in both healthspans and lifespans.

Medical advances may also hold the key to saving millions of individuals and their families from one of the most devastating age-related diseases, Alzheimer's. The number of Americans with Alzheimer's is projected to double from 6.1 million in 2020 to 12.7 million in 2050.⁴² However, there are clinical and lifestyle interventions shown to slow the progression of Alzheimer's, and over 100 treatments are now being investigated to prevent or delay the disease.⁴³ One day—hopefully soon—there may be a vaccine to prevent the disease altogether.⁴⁴



“Technology can lower the disparities in access because a lot of these tools are not that expensive: the low-cost sleep sensor or fitness tracker, the personal doc-in-your-pocket app that will give you guidance or connect you with a provider.”

— Daniel Kraft, MD, Founder of NextMed Health



Clinical studies for dementia, heart disease, and diabetes show the critical role that lifestyle can play in preventing and delaying disease progression.⁴⁵ In response, new technologies and services are emerging—fitness and sleep trackers, dietary and disease management apps, and healthy lifestyle coaching apps—to help people create and stick to their health goals. Additionally, weight loss drugs like Ozempic and Wegovy, while not silver bullets, may play an important role in supporting lifestyle changes, thereby decreasing many health risks.

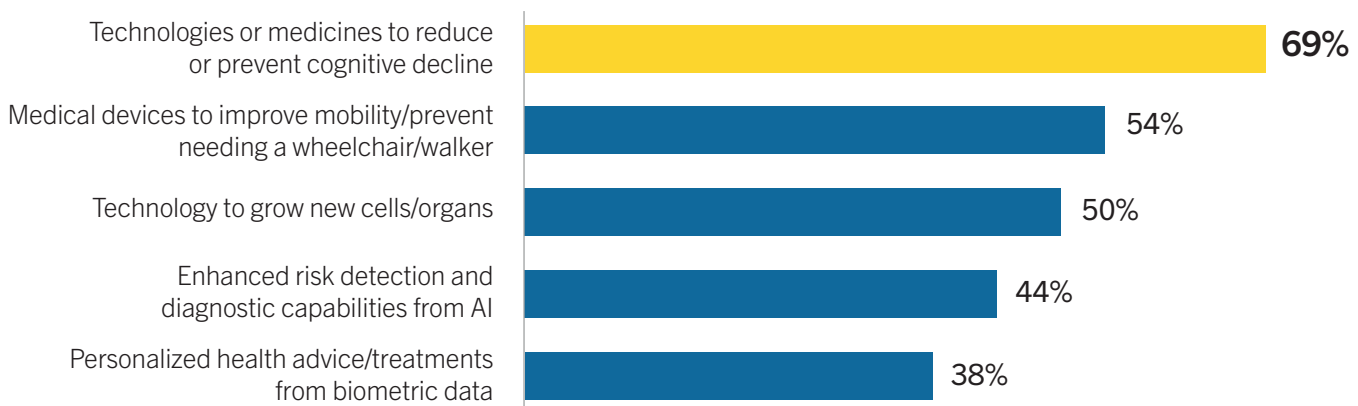
Many of these advances are now utilizing the unprecedented capabilities of artificial intelligence. Judicious use of AI has the potential to advance medical practice and health care delivery in major ways by improving diagnostics and precision treatments, accelerating clinical drug development, raising health care worker productivity, improving consumer health literacy and navigation, and enabling remote monitoring and more care at home. Worldwide, AI in the health care market is projected to grow exponentially from \$32 billion in 2024 to over \$200 billion in 2030.⁴⁶

What medical breakthroughs are older adults interested in seeing in their lifetime? Atop the list are technologies or medicines that would reduce or prevent dementia, Alzheimer's, or other types of cognitive decline (Figure 7).

Figure 7: ■ ■ ■ ■

Today's older adults are most interested in new tech to prevent or eliminate cognitive decline

Desired health care improvements/breakthroughs in one's lifetime



Base: Adults age 65+ (select all that apply)

The Urgent Demand for Change

“Policy makers, business leaders, and the health care sector must urgently prepare for older adults making up a large and growing percentage of the U.S. population.”

— Ken Dychtwald, PhD
Co-Founder and CEO of Age Wave

When we consider the convergence of these five forces, the health care delivery challenges grow more urgent. We must increase the capacity and capability of the health care system to serve the fast-growing population of older adults. We must improve access and quality of care by lowering the structural barriers of fragmentation, cost, and inequity. We must focus medical science on increasing healthspan, not just treating disease and prolonging life.

At this crossroads, we must be willing to rethink the fundamentals and innovate on multiple fronts. We envision opportunities and positive developments in all of them:

- **What** clinical advances can do in terms of prevention, diagnosis, and treatment of the major conditions associated with aging.
- **Who** delivers care and the critical role of nurse practitioners, physician associates, aides, pharmacists, community health workers, family caregivers, and self-care.
- **Where** care is delivered, with the creation of more local clinics and in-home diagnosis and treatment.
- **How** care is delivered, including, for example, telemedicine, wearable devices, and health management portals and apps.

Only **10%**
of medical schools
require geriatric
rotations

96%
require pediatric
rotations



The good news is that health care delivery is becoming a hotbed of innovation. Leading organizations are starting to transform how older adults access and consume health services. They include major health systems and local community services, foundations and non-profits, government agencies (including Centers for Medicare & Medicaid Services, Veterans Health Administration), insurers and financial services companies (such as John Hancock, J.P. Morgan, Prudential), major retailers (including CVS, Best Buy, Amazon), services companies (Lyft, Uber), and start-ups (CostPlus, Strive Global). Many consumers may be skeptical of new entrants to the health sector, but when the new entrants bring infrastructure and

scale, partner with established players, and succeed with positive patient outcomes, they can dramatically accelerate progress.

The rest of the report includes results of the survey and brief profiles of innovative organizations and programs addressing the core challenges of providing quality health care to older adults. Some are proven and expanding, others relatively new. They represent the emerging delivery models that need support to scale up and maximize benefits. We'll start here with an example of a major retailer joining the health sector to partner with large hospital systems to bring hospital services to the homes of older adults.



Bringing Quality Care Directly to Older Adults



Best Buy Health | Hospital at Home

Hospital at home began in the US at Johns Hopkins University in the 1990s. It surged during the COVID-19 pandemic to reduce overcrowding at hospitals and decrease the spread of hospital-acquired infections. Hospital at home has shown to lower costs and reduce readmissions while also resulting in higher patient satisfaction compared to traditional hospitalization.⁴⁷

In 2021, Best Buy Health, a subsidiary of the technology retailer, acquired care at home platform Current Health, which supports hospital at home, transitional care, and chronic care management. Best Buy Health partners with health care systems to enable them to deliver care at home services, including real-time remote patient monitoring and telehealth. They offer wearable monitoring devices, tablets, and a cellular-network-enabled home hub, allowing non-internet users to be part of the program. The retailer's Geek Squad can help set up the hospital at home technologies and get patients and caregivers comfortable using them.

Best Buy Health has partnered with numerous large health systems to provide remote patient monitoring, including Atrium Health, Mount Sinai, Mass General Brigham, Geisinger, NYU Langone Health, UC Davis, and more.



Section 2

Health and Health Care Redefined—Survey Results

Our study findings reveal how older adults experience the health care system today. They recognize its problems, and they are calling for change. Eighty-two percent agree that “the health care system is not prepared for the growing and changing needs of our country’s aging population.” The system at large—providers, hospitals and clinics, insurers, community and emergency services, government agencies and policy makers, pharmaceutical and medical device makers, housing and transportation sectors, tech companies, retailers, and employers—should all understand how older adults think about their health, where the system lets them down, and what these players can do to make the system more age-friendly.

How Do Older Adults View Their Health?

Older adults take a personal, pragmatic, and functional view of their health. Rather than honing in on their age or a specific disease, 97% agree that “being healthy is about being able to do the things you want to do.” And 91% agree that their “healthspan is ultimately more important to them than their overall lifespan.”

“I feel healthy when I feel alive, and that’s not just physical health, but feeling emotionally stable, feeling a sense of purpose, feeling that I am here for a reason.”

— Focus group participant, age 65+



Snapshot of Health in Older Adults

Of our survey respondents, 2,516 are age 65 and older. Here is a snapshot of their key health characteristics:

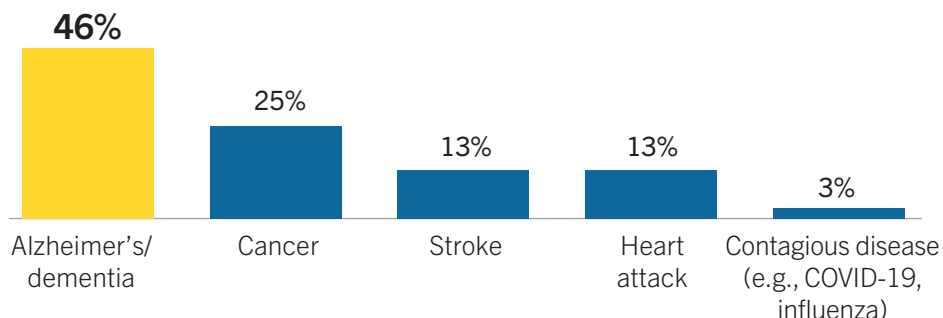
- 79% report at least one chronic health condition, with half (51%) citing hypertension. Twenty percent report three or more chronic conditions.
- 34% report at least one functional health limitation, with almost two-thirds (62%) of those citing difficulty walking or climbing stairs.
- The average older adult takes four daily medications, with 17% saying they take eight or more.
- The average respondent has interacted with three health care providers in the past year, with 7% saying they see six or more providers.
- One in four has been admitted to a hospital or visited an emergency room in the last year.
- Most remain accustomed to getting their everyday health services in their physicians' offices. Only 18% have had a telehealth visit in the past year.

Figure 8: ■ ■ ■ ■

Older adults worry more about Alzheimer's than any other disease

Most feared health condition of later life

Base: Adults age 65+ (Select one)



Hopes and Fears of Greater Longevity

Older adults often think of physical health as having the most importance in everyday life. However, when they look to the future, brain health takes center stage. They fear having Alzheimer's/dementia more than all other critical health conditions, including common causes of death, by a wide margin (Figure 8). Yet only 40% of older adults with a regular health care provider say their provider routinely evaluates their cognitive/brain functioning. For those age 80 and older, it's still under half (47%).

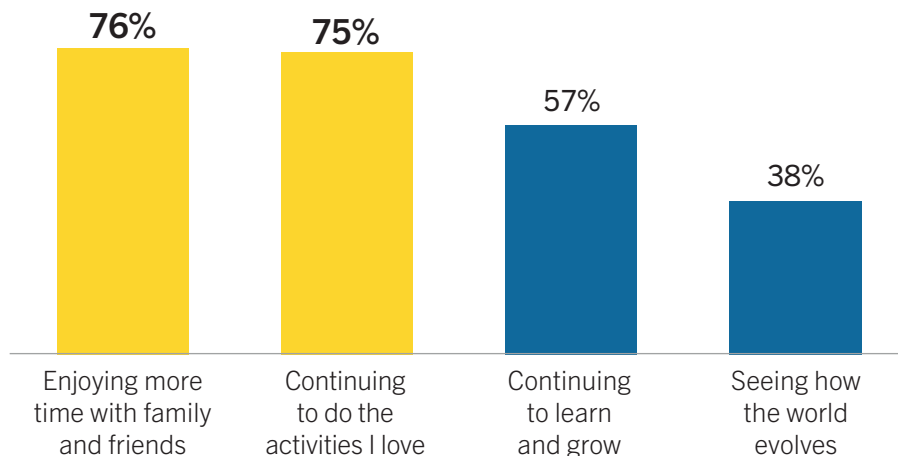
Older adults value their potential longevity, and over two-thirds say they'd like to live to 100.⁴⁸ When asked about the biggest benefits of a long life, three in four cited "enjoying more time with family and friends" and "continuing to do the activities I love," and more than half (57%) cited "continuing to learn and grow" (Figure 9).

Figure 9: ■ ■ ■ ■

Longevity means more time with the people and activities that bring joy

Biggest benefits of living a long life

Base: Adults age 65+ (Select all that apply)





■ ■ ■

Only 40%
of older adults
say their doctor
regularly
evaluates their
cognitive/brain
functioning

We also asked about the biggest worries of living a long life (Figure 10). Two-thirds cited “losing the ability to think clearly,” “becoming frail,” and “becoming a burden on my family” (and those last two concerns are even greater for adults over age 80). Just under half listed “becoming financially insecure.” While health and wealth are very intertwined, health remains the higher priority for most.

Focusing on Functional Health

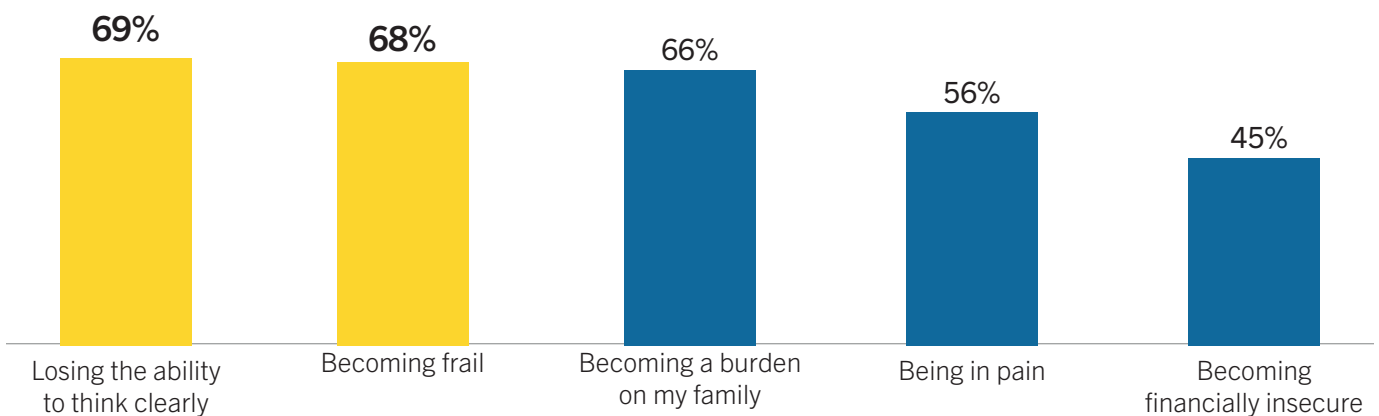
Health is about what older adults can do in daily life, not only about dealing with their health issues. That’s why there should be more emphasis on preventing and better coping with their functional limitations, such as limited vision or difficulty maneuvering in public buildings. Clinical providers tend to focus mainly on chronic conditions because they are so common. About two-thirds of older adults have hypertension, or high blood pressure, for example. But our survey showed that many of those with manageable chronic health conditions like hypertension or high cholesterol think of themselves as healthy. Those with functional limitations (which may be related to chronic conditions) are more likely to have their everyday quality of life impeded—and be less able to do all the things they want to do.

One in three older adults surveyed report having functional limitations. The most common is mobility difficulties, such as walking or climbing stairs. Others include difficulty seeing or hearing, doing errands or household tasks, and performing self-care, such as bathing. These limitations can naturally increase with age, and women (38%), those who live in rural areas (41%), and those with low financial resources (44%) are more likely to report having them.

Figure 10: ■ ■ ■

Loss of memory and mobility are the greatest potential downsides of longevity

Biggest worries of living a long life



Base: Adults age 65+ (Select all that apply)

Older adults with functional limitations, especially multiple limitations, are much less likely to rate all other facets of their health highly (Figure 11). They're also

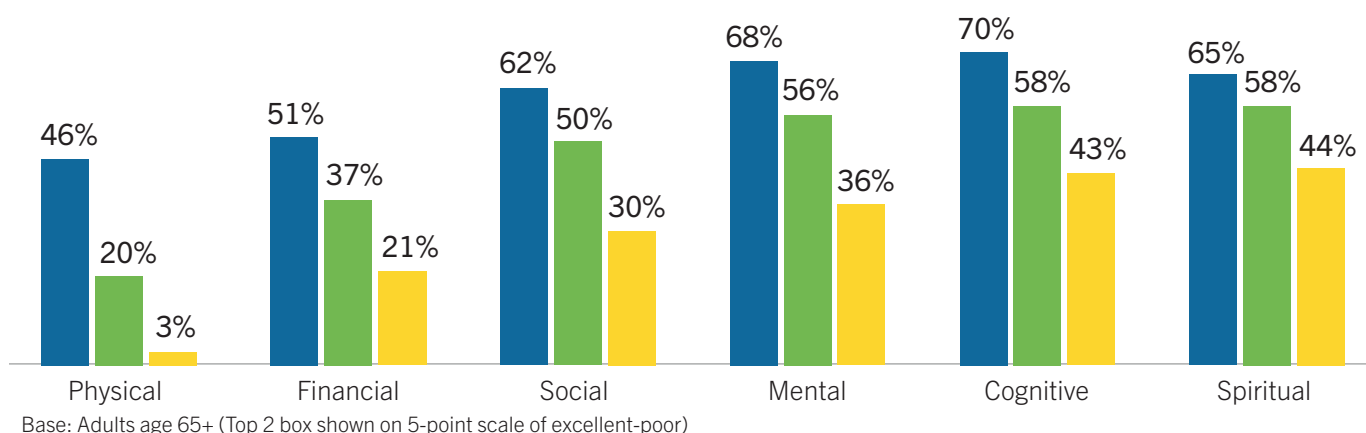
more likely to report barriers to accessing care, from long waits for appointments to getting transportation to doctors' offices and health care facilities.

Figure 11: ■ ■ ■

When functional health declines, so do many other aspects of health

Excellent/very good health

■ No functional health limits ■ 1-2 functional health limits ■ 3+ functional health limits



Person-Centered Holistic Care for Veterans

Veterans Health Administration (VHA) | Whole Health Program

The VHA has adopted Whole Health which “empowers and equips people to take charge of their health and well-being and live their life to the fullest.” Over nine million veterans, many of them older adults, are served by the VHA.

VA Medical Centers and clinics facilitate the development of personal health plans based on the individual veteran’s objectives, aspirations, and purpose, and they place these personal health plans at the center of every health care interaction. They routinely incorporate coverage of the 4Ms framework—medications, mind, mobility, and what matters—into interactions with older adults. They also connect patients with appropriate social support and complementary and integrative health services such as acupuncture, medical massage therapy, and meditation.

Whole Health users are taught about the importance of self-care and the various components of health and well-being, including diet, sleep, relationships, personal development, and mindfulness. Whole Health users experience higher satisfaction with the health care system and improved physical and mental well-being.

Whole Health services and support for veterans and employees has grown exponentially and is being offered at VHA health care facilities across the United States.





Healthy Habits: An Intention-Action Gap

A key to healthy longevity is practicing healthy habits insofar as one is able, starting with the four in Figure 12: exercising regularly, eating well, staying socially active, and engaging in activities that provide a sense of purpose. Each of these has a well-established correlation with overall health, well-being, and increased longevity. Exercise alone has been called “the most powerful longevity drug” and can help prevent physical and cognitive decline.⁴⁹ Poor diets are linked to seven of the ten leading causes of death.⁵⁰ Recent research reveals the profound impact avoiding social isolation and maintaining a sense of purpose have on our lifespans, lowering the risk of death by 32% and 15%, respectively.⁵¹

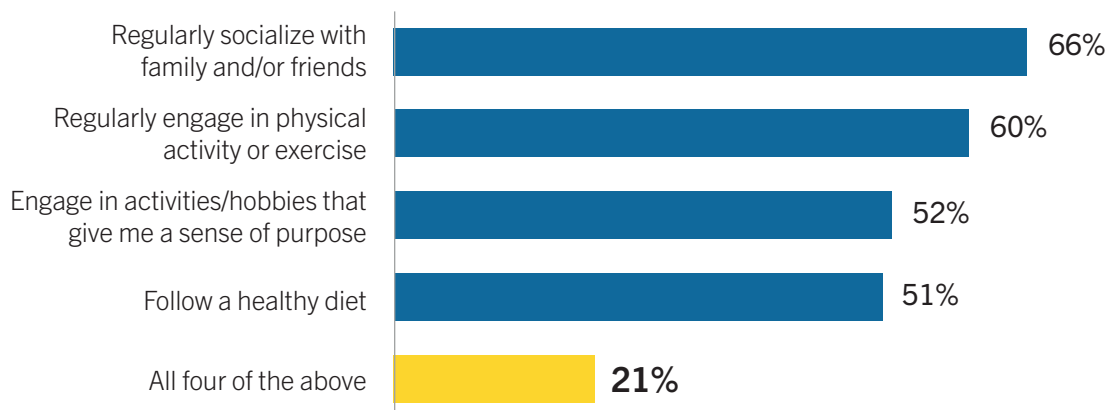
However, among older adults, there’s a troubling intention-action gap between what healthy habits they know are best for them and which ones they actually practice. Between half and two-thirds of our respondents say they do each of these healthy habits, but only 21% say they do all four. We recognize that many older adults have practical constraints on their ability to practice these habits. Those with lower financial resources and those with multiple (3+) functional limitations (often including mobility constraints) report significantly lower frequency of practicing all four activities, 13% and 7%, respectively.

Practicing these healthy habits is a personal responsibility. However, people can benefit greatly from encouragement and support. For example, we exercise more regularly when we do it with friends.⁵² Various players can help motivate older adults to adopt healthier lifestyle habits, including family and friends, medical providers, community programs, health insurers, employers, and tech companies offering age-friendly health monitors.

Figure 12: ■ ■ ■ ■

Older adults could be doing more to improve their healthspans


Current healthy habits to maintain or improve health and wellness



Base: Adults age 65+ (Select all that apply)

The Health Care System is Failing Too Many Older Adults

Only 11% of older adults give our overall health care system an “A” grade. We found that their evaluations of different facets of the health care system vary greatly (Figure 13). They are most satisfied with and trustful of their own physicians and other providers, with 40% giving them an “A” grade. Key institutions, hospitals and insurers, receive lower grades. So does their experience in terms of quality of care and degree of choice and control over the care received. The lowest grade goes to their most common source of dissatisfaction—the money they have to pay out-of-pocket to cover their health care costs.


Only 11%
of older adults
give the overall
health care system
a grade of A

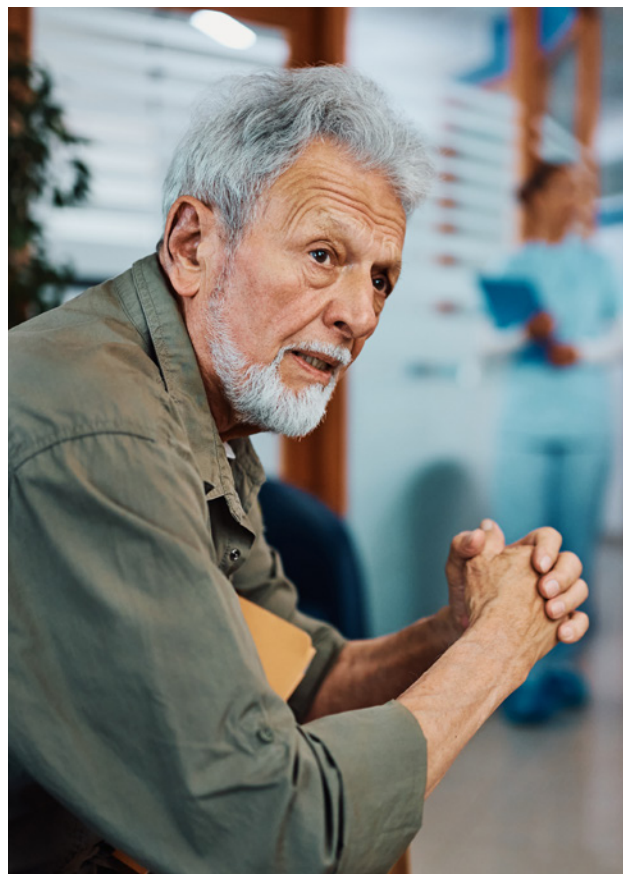

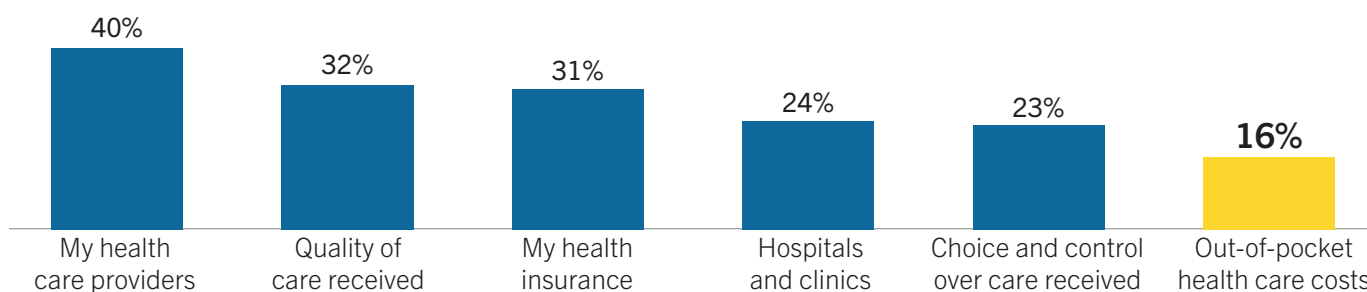


Figure 13: 

Older adults are dissatisfied with the health care system, especially out-of-pocket costs

Aspects of health care system given grade of “A”



Base: Adults age 65+ (Percent who give a grade of 'A' on scale of A-F)

“There’s just so much information, so many different plans under Medicare Advantage. You try to work through all the options, and then you’re surprised at what’s not covered when your needs change.”


— Focus group participant, age 65+

Help Needed Navigating Our Complex Health System

The majority (56%) of older adults agree that “it is difficult and stressful to navigate the health care system.” Larger majorities of women (59%), those who live alone (60%), those with low financial resources (62%), and most notably, those with multiple (3+) functional limitations (79%) are even more likely to agree.

Older adults’ evaluations of the health care system are shaped not only by the care received but also by all of the difficulties encountered when engaging with the system: finding providers for all of one’s needs, making appointments, understanding and selecting among treatment and insurance options, coordinating across providers and hospitals, managing medications, understanding costs and bills, and avoiding unnecessary treatments whenever possible. All of these things can become more challenging as people age, especially if their need for ongoing care ramps up.

Understanding and managing health insurance is especially frustrating and stressful: 62% of older adults say insurance plans offer too many confusing options. Confusion is renewed every year when coverages change during the annual enrollment period. And Medicare options and coverages are commonly misunderstood. For example, 45% of older adults mistakenly believe Medicare would cover a long-term stay in a nursing home.⁵³


62%
of older adults
agree health
insurance
plans offer too
many confusing
choices



■ ■ ■ ■

1/3
of older adults
feel like dealing
with the health
care system
“has become my
part-time job”

For many older adults, the sheer volume and complexity of interactions with the system can become overwhelming. One-third (34%) feel like dealing with the health care system “has become my part-time job,” and 31% say, “I need someone who can help me navigate and coordinate my health care and health insurance.” Not surprisingly, those with greater health needs, functional limitations, and lower financial resources are in even greater need of trustworthy guidance.

A fundamental way to simplify navigation of the health care system and reduce its inequities is to embed services where older adults live.

■ ■ ■ ■ Integrating Health Care and Community Services into Affordable Housing



Gulf Coast Housing Partnership | H3C Program

At the beginning of 2024, the Gulf Coast Housing Partnership opened a new kind of affordable housing development in New Orleans that provides on-site access to health care and social services. The complex is named H3C standing for Health, Commerce, Culture, and Community.

Costing \$80 million to develop, H3C offers 192 residential units, half of them reserved for people 55 and older and designed to enable them to age in place. The building is FitWel certified, following design guidelines crafted by CDC research to enhance the health of residents, such as a fitness center and courtyard filled with greenery. A health center on the ground floor offers medical care, behavioral health services, an on-site pharmacy, and Medicaid enrollment assistance. At a companion community center, each resident has access to a dedicated community health worker who can help them navigate their medical and social service needs. The goal is to reduce barriers to accessing care and connect residents with the resources they need to live well.

H3C is a pilot project that hopes to convince more health providers and insurers to fund similar health and housing projects in the future. The Gulf Coast Housing Partnership has already started a similar 76-apartment building project named The Pearl in Jackson, Mississippi.

“Being a caregiver, you understand what it’s like for the person you’re taking care of. They’ve lost their independence, and you don’t want to lose yours.”

– Focus group participant, age 65+

Family Caregiver Perspectives

In our study, we learned that family and friend caregivers of older adults have a unique vantage point on the shortcomings of the health care system. Four in ten survey respondents age 18+ said they have served as a caregiver to an older adult. Three-fourths (76%) of these caregivers say their role has “made them realize how inadequate our health care system is.” And 88% wish they had more support while caring for their loved ones. The support needed is highly situational and often unreliable. It may come from family and friends, employers, or community and government programs, and it may include sharing the caregiving burden, financial support, care coordination, or guidance on how better to care for both the care recipient and oneself.

Long-term Care Worries

An overwhelming majority (95%) of older adults want to age in place.⁵⁴ Most have specific concerns about living in a long-term care facility: receiving poor quality care (60%), losing their independence (60%), and being mistreated or disrespected (52%). Loss of independence is of even greater concern for those over 80. However, when they need more care than family caregivers can provide and cannot afford private caregivers, a nursing home may become the only option.

Based on our survey, we estimate that about 36 million Americans have a family member or friend living in a nursing home or memory care facility today. Many worry about the care their loved one is receiving (Figure 14). Only half feel that the care facility is the safest place for their loved one, and fewer are confident that the loved one is always treated with dignity and respect or that the loved one is receiving high-quality care.

Figure 14: ■ ■ ■

Many Americans worry about the care their loved one is receiving in a care facility

Perceived experience of family member or friend living in a nursing home or memory care facility



Base: Adults age 18+ with family member in nursing home or memory care facility today (Select all that apply)

These concerns about long-term care facilities reflect the broader problem of lack of trust in the motivations of our health care system: 81% of adults of all ages and political persuasions agree, “the health care system is more concerned with making money than providing good quality care.”

As one of our focus group participants remarked, “I am extremely suspicious of the profit motive in health care, especially when tech and other companies move in.” Health insurance and pharmaceutical companies are the least trusted players in the health care sector.



Enabling Older Adults to Stay Independent and Age in Place



Care Synergy | CAPABLE Program

CAPABLE offers a proactive and practical approach to address the functional health needs of older adults, helping them age safely and independently in their homes. First piloted by Johns Hopkins University in Baltimore in 2009, the program is aimed at older adults with complex health conditions and functional health limitations, particularly those with low incomes.

Participants work with a cross-functional care team that includes an occupational therapist, a registered nurse, and a handy worker skilled in home modifications. All visits are at the participant’s home, where the care team can focus on a simple question: “What would you like to achieve in your home?” Individuals’ goals center around what matters in their everyday lives and could include showering independently, walking up the stairs safely, or decreasing pain levels.

The program has decreased hospital and nursing home stays by improving participants’ medication management, problem-solving ability, strength, balance, mobility, nutrition, and home safety. This also helps avoid both medical and nursing home costs.⁵⁵

In 2022, Care Synergy, a non-profit network of community-based care organizations, acquired CAPABLE and now runs the national center to train and license organizations in the program. CAPABLE is now offered by over 40 organizations across 28 states in the U.S. and is beginning to roll out in Canada and Australia.

Older Adults Want and Need More Age-Friendly Care

“I want the doctor to try to get to know me, my lifestyle, and my support system. Someone who’s going to be concerned about me as an individual and not just a collection of symptoms.”

— Focus group participant, age 65+

Older adults are quite clear about how they’d like to relate to their primary care physicians and other care providers. They expect providers to understand, recognize, and respond to the health issues associated with aging. Ninety-four percent agree that “health care providers should be trained on the unique health issues of older adults.” They also want providers to look at their health needs individually and comprehensively, consider their personal situations, and focus not just on their symptoms but on their personal priorities in health and in life.

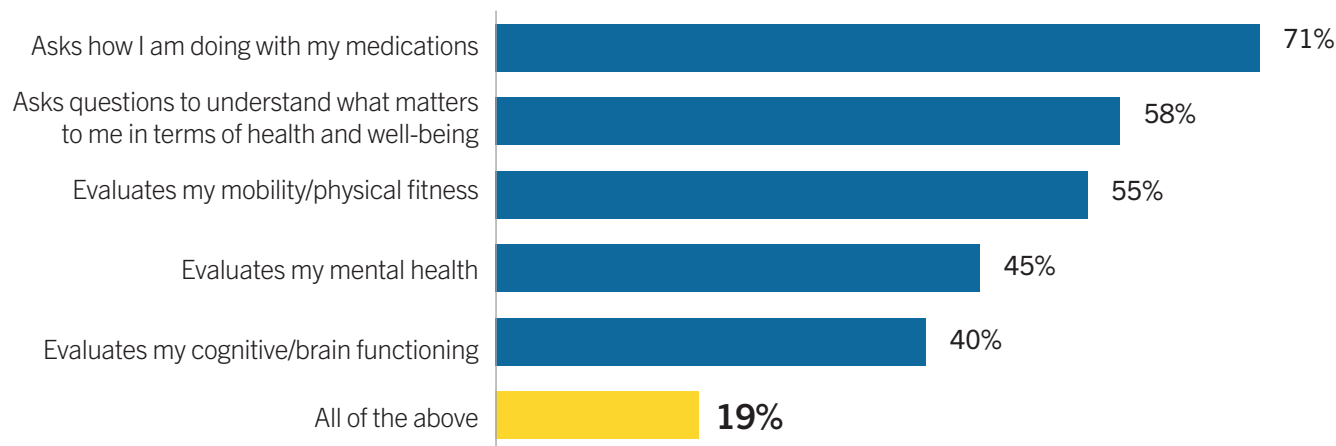
What Providers Do and Don’t Assess

Evaluating older patients comprehensively includes not just their physical fitness and mobility, their cognitive functioning and mental health, and their medication management, but also what matters to them in terms of their health and well-being. Unfortunately, only 19% of older adults with a regular health care provider report that their providers routinely cover all these essentials of age-friendly care, represented in the 4Ms framework of medications, mind, mobility, and what matters (Figure 15).

Figure 15: ■ ■ ■

Most older adults are not getting age-friendly health care

Primary care/regular health care provider routinely...



Base: Adults age 65+ who have a regular health care provider (Select all that apply)

The 19% who receive this age-friendly care are demographically similar to the other 81%, but their health care experience is much more positive (Figure 16). They give higher grades to their providers and the quality of care received. They are also more likely to practice everyday healthy behaviors (such as a nutritious diet and regular exercise), and they report better overall health. By covering the essentials with their providers, they feel better about their health and the health care system.

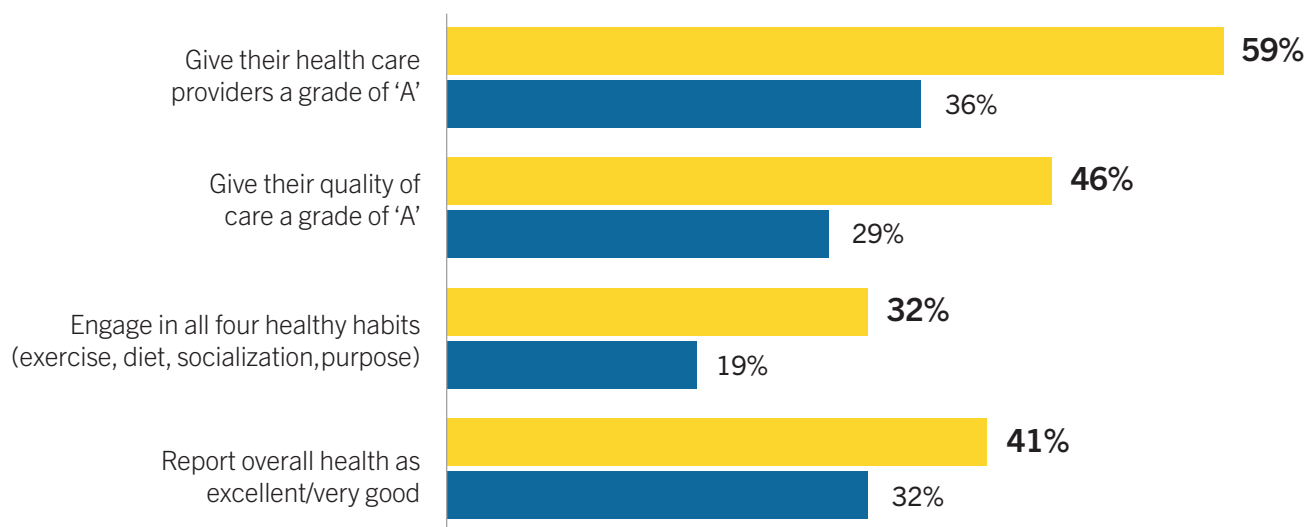


Figure 16: ■ ■ ■

Older adults who receive age-friendly care report better health care relationships and outcomes

Primary care/regular health care provider routinely...

■ Received age-friendly care* ■ Did not receive age-friendly care



*Age-friendly care defined as those who reported that primary care physician or general practitioner routinely asked about all five of the following: current medications, what matters to me in terms of my health and well-being, mobility/physical fitness, mental health, and cognitive/brain functioning.

Base: Adults age 65+

“Person-centered care starts with what matters and delivering on the quadruple aim of better patient experience, better outcomes, lower cost, and better workforce experience.”

— Tom Cornwell, MD,
National Medical Director,
Village Medical at Home



What Matters to Them, Not Just What's the Matter with Them

Two-thirds (70%) of older adults with regular health care providers said there are topics they wish their providers would spend more time discussing with them (Figure 17), including maintaining mobility, preventing disease, managing pain, and making sense of the tests and procedures they've had. But most often cited was spending more time discussing what really matters to them—their health-related hopes and objectives, priorities and concerns. Older adults want more focus on what matters to them, not just what's the matter with them.

Figure 17: ■ ■ ■

“What matters to you?” is the #1 topic older adults want their providers to discuss more

Would like their health care providers to spend more time discussing...



Base: Adults age 65+ who have regular health care provider (Select all that apply)

Preferred Patient-Provider Relationships

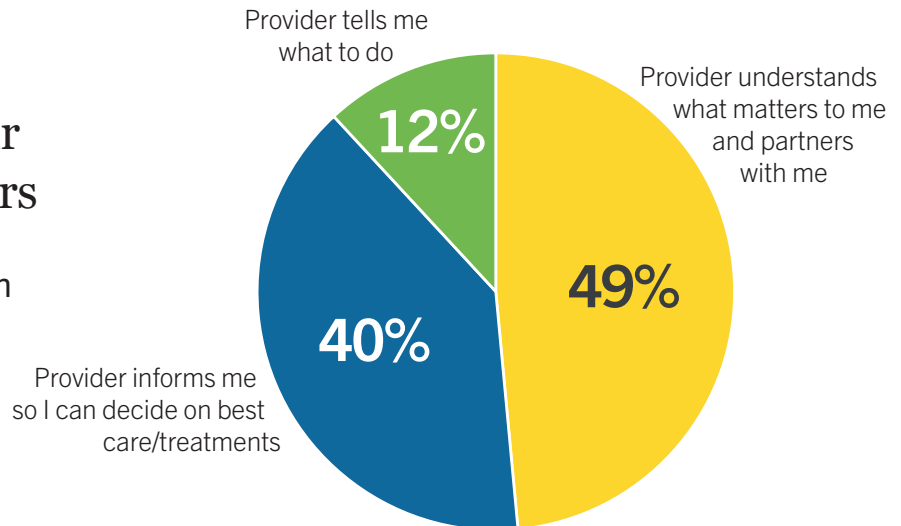
Older adults most often want a provider who understands them and partners with them in deciding on the best care and treatment plans (Figure 18). Only 12% want a provider who makes the decisions and tells them what to do.

Figure 18: ■ ■ ■

Older adults want their providers to be partners

Ideal way to interact with health care providers

Base: Adults age 65+ who interact with health care providers (Select one)



Driving the Widespread Adoption of Age-Friendly Care

Institute for Healthcare Improvement (IHI) | Age-Friendly Collaborative

Age-Friendly Health Systems implement a set of evidence-based practices that can reliably and equitably provide high-quality care to older adults across a variety of care settings. To accelerate and spread adoption of these practices, IHI recently launched the Age-Friendly System-Wide Spread Collaborative. Its vision is that every older adult in every health care encounter receives age-friendly care that addresses the 4Ms: medications, mind, mobility, and what matters to them in terms of their health and well-being.

To date, there are nearly 5,000 age-friendly certified care settings, including all CVS MinuteClinics and several large hospital networks, as well as nursing homes and primary care practices. Together, they have served 3.29 million older adults and demonstrated how age-friendly care can prevent injuries and patient harm, reduce hospitalization stays and costs, and improve patients' physical, mental, and cognitive well-being.⁵⁶

The goal of the Collaborative is to test, learn, and share new practice models and to drive the adoption of age-friendly care. Thirty health systems will participate in this 18-month endeavor, where they will receive expert coaching, participate in group learning sessions, track and share their outcomes data, and contribute to developing best practices.



“Older adults are mired in an unresponsive health care system. They want new care paradigms that maximizes their health and ability to function, and they want providers to listen to them.”

— Terry Fulmer, PhD, RN, FAAN,
president of The John A.
Hartford Foundation

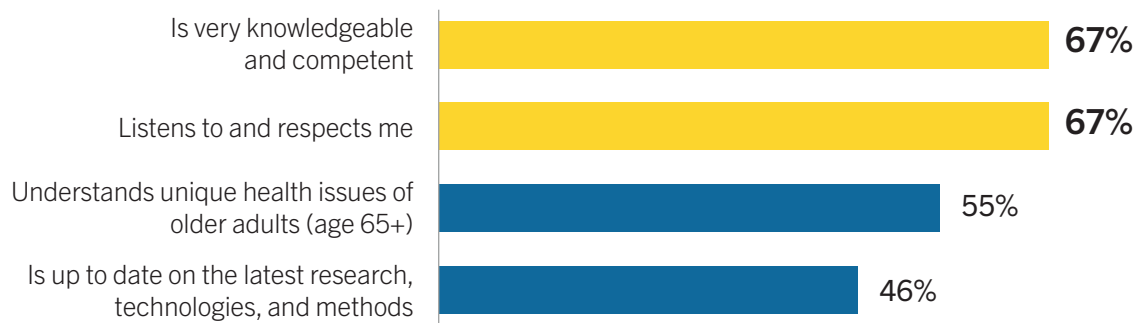


We also asked older adults about the most important traits for health care providers to have (Figure 19). Tied at the top of the list were “is very knowledgeable and competent” and “listens to and respects me.” Communication skills are valued as much as competency, but communication takes time that providers aren’t always able or willing to give. Hence the common complaint (among one in three older adults) that the amount of time their providers are able to spend with them is too short. This frustration is even more pronounced among people of color.

Figure 19: ■ ■ ■

Respect and listening skills are just as important as knowledge and competency

Most important traits for a health care provider to have



Base: Adults age 65+ (Select up to three)

The Gap in End-of-Life Preparations

Older adults are nearly unanimous (98%) in agreeing that “it’s important for their health care providers to understand and follow their end-of-life medical preferences.” They also overwhelmingly agree (94%) that “it’s more important to maintain their quality of life than it is to live as long as possible.”

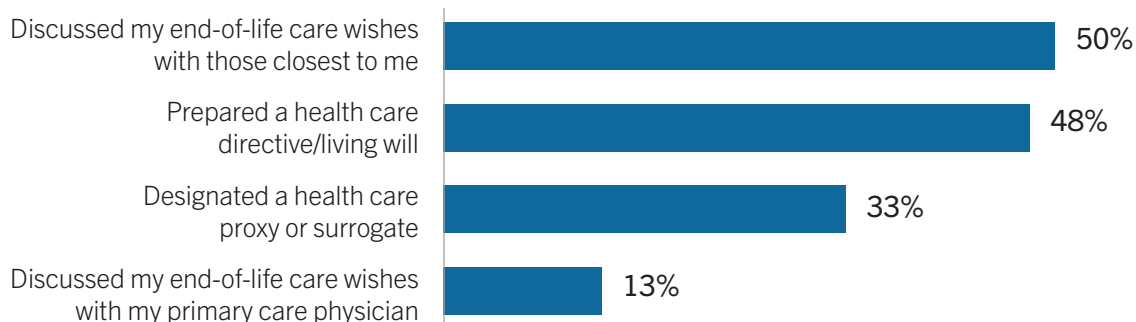
But here we see another closable gap between intention and action (Figure 20). While half of older adults have discussed end-of-life care wishes with those closest to them, only 13% have discussed those matters with their primary care physicians. Under half have prepared a living will or health care directive, and only one in three has designated a proxy or surrogate for health care decisions. Many older adults could be doing far more in terms of deciding, documenting, and communicating these matters.



Figure 20: ■ ■ ■

Too few older adults have documented and discussed their care preferences

End-of-life plans made



Base: Adults age 65+, (Select all that apply)



Section 3

Toward a Healthier Future

Our research revealed numerous ways that government agencies and employers can better support the lifelong health and well-being of older adults. We also probed how younger generations view and engage with the health care system, with implications for better supporting them today and tomorrow.

68%
of older adults
agree that
“one of my
greatest
worries is not
being able to
afford future
health and
long-term
care needs”



Government Actions Needed

Older adults overwhelmingly agree (95%) that “Americans of every age, income, and ability level should have access to quality health care.” Large majorities also agree about what actions the government should prioritize to improve health care for all (Figure 21). These focus on lowering costs, especially for prescription drugs, and improving the affordability (through Medicare coverage) and quality of long-term care. We’ve seen that older adults worry about their out-of-pocket health care costs, and two-thirds (68%) of them agree that “one of my greatest worries is not being able to afford future health and long-term care needs.”

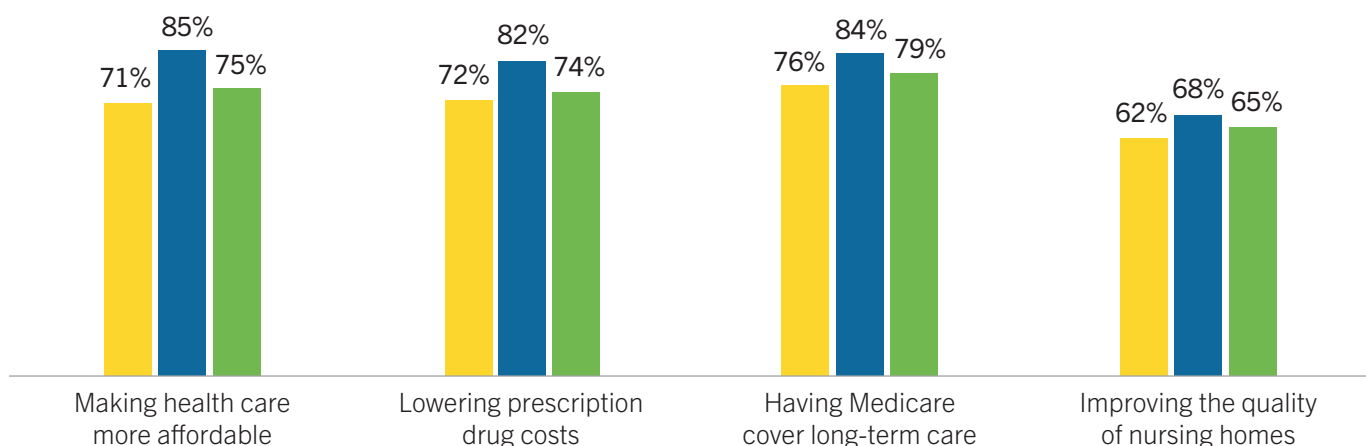
We found that older adults across the political spectrum—Republicans, Democrats, and Independents—are in agreement regarding these priorities.

Figure 21: ■ ■ ■

Older adults agree on the importance of government action to improve health care

Of the following, what should the government prioritize more?

■ Republicans ■ Democrats ■ Independents



Base: Adults age 65+ (Select all that apply)

“Companies can play a role in keeping their workforces physically, mentally and cognitively healthier which keeps employees engaged and productive.”

— Karen Moseley,
President Health Enhancement
Research Organization (HERO)

Age-Friendly Employers

Employers often play a significant role in the health of their employees by providing health insurance, offering wellness programs, and incentivizing healthy behaviors. Many businesses also recognize the ongoing shifts in workforce demographics and the benefits of engaging older employees. Many have begun implementing age-friendly practices such as valuing employee experience and maturity and committing to the hiring, development, and support of older workers. The Age Friendly Institute has certified over 200 employers as meeting these criteria.⁵⁷

The most impactful action employers can take may be encouraging and enabling older adults to continue working as they choose, including “working retirees” who typically choose part-time. Older adults who continue working enjoy better physical and mental health, stay more socialized through the workplace, and improve their financial footing.⁵⁸ Working a bit longer is simply good for them.

And it pays off for the employer by filling labor shortages and skills gaps, preserving and passing along experience and know-how, and enhancing market reputation as an employer of choice.⁵⁹

Here are five actions employers can take to be more age-friendly:

1. Offer work arrangements and programs (e.g., phased retirement, retiree hiring) to attract and retain older employees and benefit from their experience.
2. Provide a workplace (e.g., layout, lighting, noise) conducive to the comfort and productivity of older employees.
3. Work with insurers and providers to make employee health plans (including supplemental plans for the Medicare-eligible) both comprehensive and easy to deal with.
4. Support employee wellness broadly, including not just health but finances, social connections, and purpose.
5. Support working caregivers with flexible work arrangements and eldercare benefits.

**Older
Adults**
who continue
working enjoy
better physical
and mental
health



Future Generations of Older Adults

Today's younger generations—on their way to becoming tomorrow's older adults—interact with the health care system differently from how older adults do. But both groups have much in common in terms of needed improvements. Younger generations naturally report better physical and overall health than older adults. While older generations emphasize cognitive/brain health, younger generations are more focused on mental health—emotional and psychological happiness and the ability to cope with life's stressors. Contemporary young adults' struggles with mental health have been widely reported, and our survey confirms that Gen Z rates their mental health the lowest across all generations (Figure 22).

While younger generations typically have fewer interactions with the health care system, they nevertheless have a generally negative perception of it. They struggle far more with out-of-pocket costs than Medicare-covered older adults, and they are more likely to agree that the country gets poor health care given how much money is spent on it.

Perhaps due to their relative inexperience, younger generations also have more trouble navigating our complex health care system. Seventy-nine percent of Gen Z survey respondents agree that it is difficult and stressful to navigate the system, and 71% say they need someone to help guide and coordinate their health care and health insurance.

It's no surprise that younger generations are more interested in local and technology-assisted health



care delivery. Millennials and Gen Z are less likely to have visited physicians' offices in the last year but more likely to have visited walk-in clinics. Millennials show the most interest in telehealth and use it most often.

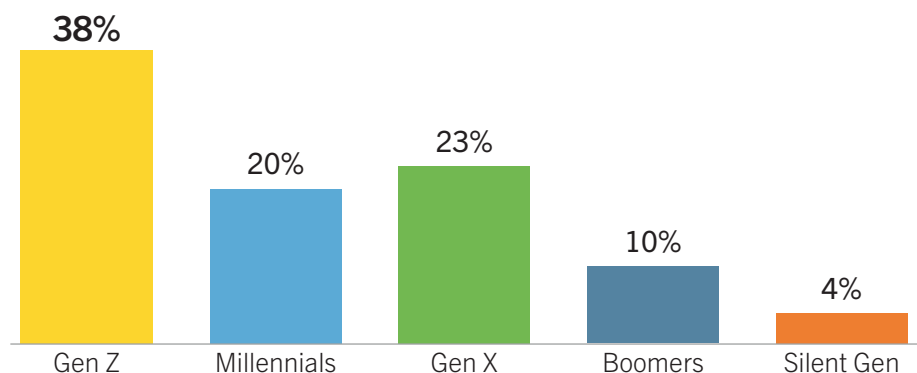
Looking ahead to medical technology advances, we've seen that older adults are most interested in preserving cognitive health and mobility. Younger adults (especially Millennials) express more interest in regenerative medicine. Our survey also revealed substantial intergenerational support. Half of Millennials and Gen Zs have served as caregivers, providing personal and/or medical support to older adult family members or friends.

It's clear that the core needs for person-centered care, affordable care, convenient access, and simplified navigation of the health care system are common across generations.

Figure 22: ■ ■ ■

Younger generations are struggling far more with mental health

Fair/poor mental health



Base: Adults age 18+, (Bottom 2 box shown on 5-point scale of excellent-poor)



Key Recommendations

Looking across the needs and preferences of older adults, the shortcomings of health care delivery today, and the clear opportunities for transformation, we can outline the desired objectives of health care delivery and some key strategies to attain them. To support the health and well-being of people as they age, health care must become more:

- **Age-friendly:** Safe, evidence-based health care attuned to the needs of older adults and focused on what matters to them as they age.

Strategy: Make basic geriatrics training and methods standard for physicians, nurses, and other health care providers, incorporating the 4Ms framework.

- **Proactive:** Aimed at maintaining health, function, and independence and preventing rather than just treating diseases.

Strategy: Redouble medical science efforts at early detection and prevention of diseases related to aging, with the specific goal of increasing healthspans.

- **Person-centered:** Delivering empathetic and respectful care tailored to the needs, circumstances, preferences, and goals of the individual.

Strategy: Scale up health-at-home and age-in-place programs to improve access to personalized care and functional support.

- **Comprehensive and Integrated:** Incorporating all facets of health (including physical, mental, and cognitive) and coordinating care across providers and institutions.

Strategy: Develop better AI-enabled navigation services that simplify access to care and enable older adults to better understand and manage their care.

- **Equitable:** Removing social and financial biases and barriers that lead to current health and care-related inequities.

Strategy: Lower costs to health care consumers, especially the costs of prescription drugs and long-term care, and screen for social determinants of health, such as social isolation.

The challenges we've discussed are pressing. The demand for more age-friendly health care is growing, and we have the opportunities to dramatically improve the health and well-being of older adults. Important changes are under way. Enabling healthy longevity should be the cornerstone of health care reform policies, blueprints, and programs across the country.



Section 4

Additional Analysis— Underserved Segments of Older Adults

This analysis shares details about key segments of older adults: those with multiple functional limitations, those with low financial resources, women, rural residents, and Black, Hispanic, and Asian older adults. In different ways and to varying degrees, all are underserved by the health care system. The many differences in their experience underscore how health care practitioners need to recognize their blind spots and to treat older adults individually.

(Note: our survey sample sizes were not large enough to analyze other underserved groups, such as Native Americans/Alaskan Natives and LGBTQ+ older adults).



Older Adults with 3+ Functional Health Limitations

Functional health limitations lead to lower overall health and more time spent in hospitals.

- Older adults with 3+ functional health limitations give themselves lower grades physically, cognitively, mentally, socially, spiritually, and financially.
- They are more than twice as likely to have been hospitalized or visited an emergency room in the last year vs. those without health limits.

Older adults with 3+ functional health limitations are less satisfied with their health care.

- They give lower grades to providers, institutions, costs, choice, and the health care system overall.
- Half feel that the time health care providers spend with them is too short (vs. 34% total).
- They are more likely to want their providers to spend more time understanding what matters to them, making sense of tests and procedures, maintaining or improving their mobility, and better managing their pain and chronic conditions.

They want better health care navigation and at-home health care options.

- Two-thirds have experienced a barrier to accessing health care in the past year (vs. 38% total), such as long wait times, and lack of transportation or money.



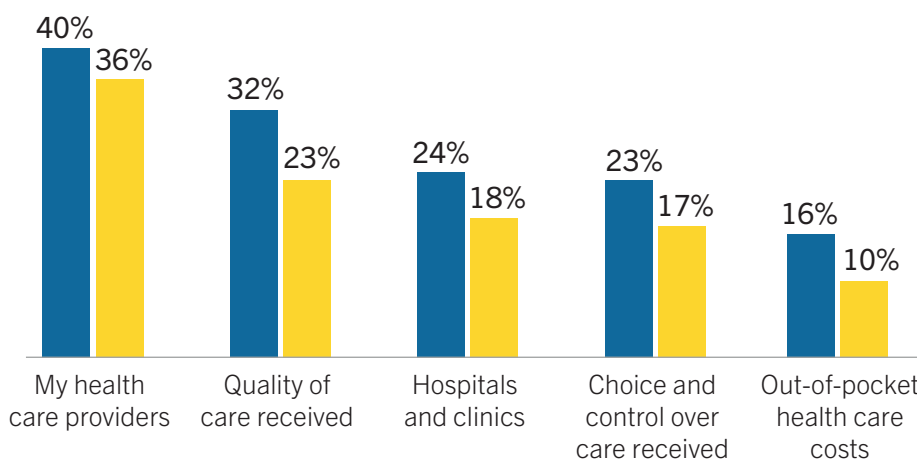
- They are more likely to find navigating the health care system stressful (79% vs. 56% total) and health insurance options confusing (75% vs. 62%).
- Over half (56%) say they “need someone who can help them navigate and coordinate their health care and health insurance” (vs. 31% total).
- They express greater interest in at-home health care delivery, including telehealth, at-home wellness visits, and hospital at home.



Those with 3+ health limits are far less satisfied with their care

Aspects of health care system with grade of “A”

- Total 65+
- 3+ Functional Health Limits



Base: Adults age 65+ (Percent who give a grade of 'A' on scale of A-F)



Older Adults with Low Financial Resources*

Older adults with low financial resources struggle more to take care of their health.

- They give themselves lower health grades across every aspect of health.
- They are less likely to engage in healthy habits, including exercising, socializing, participating in purposeful activities, and following a healthy diet.
- They report having more functional health limitations and chronic health conditions, and, on average, they take more daily medications.

Older adults with low financial resources feel less satisfied with and more stressed by the health care system.

- They are less satisfied with the health care system, giving lower grades to providers, institutions, costs, choice, and the system overall.
- 69% agree that health insurance plans provide too many confusing choices (vs. 46% of those with high resources).
- 62% agree that navigating the health care system is difficult and stressful (vs. 42% with high resources).
- They are more likely to want their health care providers to spend more time understanding what matters to them, better managing pain and chronic



conditions, and suggesting ways to address mental health issues.

Future health and long-term care needs weigh more heavily on them.

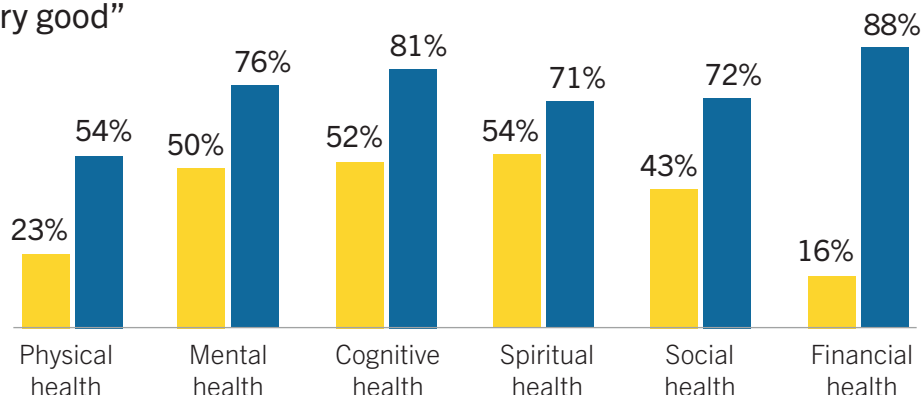
- 81% say that one of their greatest worries is being unable to afford future health and long-term care needs (vs. 35% with high resources).
- They express greater concern for being mistreated or not being able to afford quality care if they ever have to live in a long-term care facility.
- They are less likely to have taken steps for end-of-life planning, such as discussing wishes with those closest to them or preparing an advance health care directive.



Income inequality leads to health inequality

Health rated “excellent” / “very good”

- Low financial resources
- High financial resources



Base: Adults age 65+ (Top 2 box shown on 5-point scale of excellent-poor)

* The methodology section of About this Report explains how we measured resources by combining income and household savings/investments.



Women Older Adults

Women live longer but, on average, with a greater number of years spent in poor health.

- They give themselves lower grades across multiple dimensions of health: physical, cognitive, mental, social, and especially financial.
- Women are also more likely to report functional health limitations (38% vs 29% men).
- They are more likely to experience chronic pain (32% vs. 24% men).

They worry more about the downsides of their longevity and take greater steps to care for their health.

- They have greater worries about their longevity, including cognitive and physical decline and becoming a burden on family.
- On the bright side, they engage in more healthy habits than men, including socializing, challenging themselves mentally, participating in meaningful activities, and following a healthy diet—but not exercising.



They are less satisfied with the health care system.

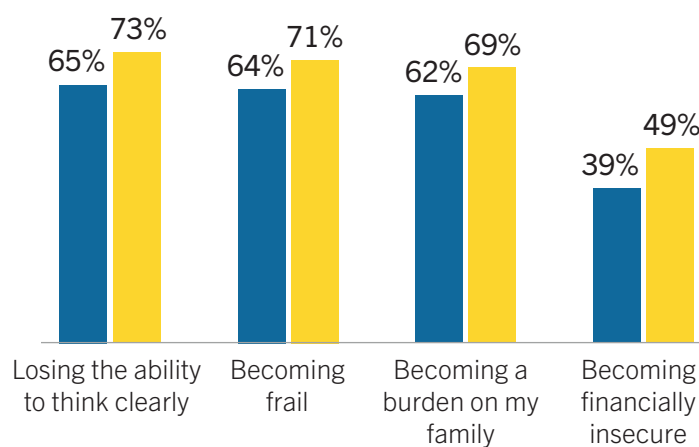
- They give lower grades to providers, institutions, costs, choice, and the system overall.
- 59% of women find the health care system more difficult and stressful to navigate (vs. 52% men).
- They show greater interest in government action to address health care affordability and long-term care quality.



Women's greater concerns about living a long life

Biggest worries of living a long life

■ Men ■ Women



Base: Adults age 65+ (Select all that apply)



Rural Older Adults

Rural older adults struggle more with multiple aspects of their health.

- They give themselves lower grades across multiple dimensions of health: physical, cognitive, mental, social, spiritual, financial.
- They are more likely than suburban older adults to have functional health limitations, three or more chronic conditions, and chronic pain.

They are less satisfied and engaged with the health care system.

- They are less likely than suburban older adults to say they have annual check-ups or stay up to date with recommended vaccinations.
- They are less satisfied with the health care system, giving lower grades to providers, institutions, costs, choice, and the system overall.
- They express less trust in the health care system.



Despite the potential for providing more access to care, rural older adults are less interested in telehealth and AI.

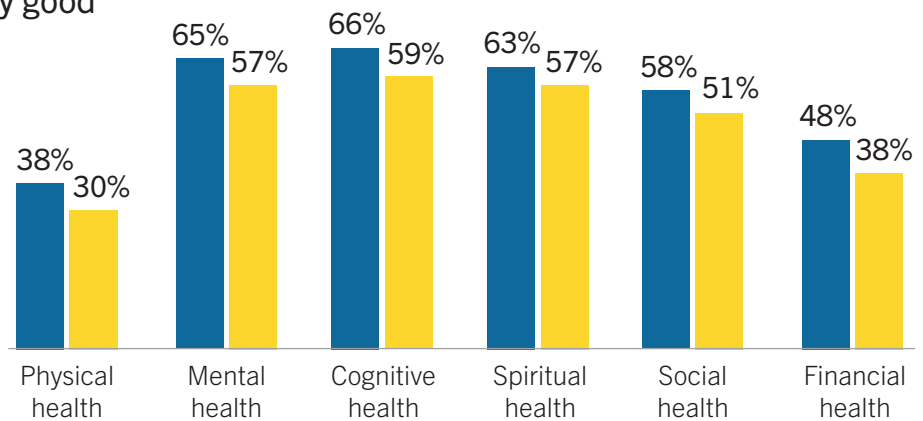
- Compared to urban older adults, rural older adults are half as likely to have had a telehealth visit in the past year (12% vs. 23%).
- They are less likely to be interested in AI-enabled medical diagnostic tools to prevent or more quickly detect diseases.



Rural older adults feel less healthy than other older adults

Health rated “excellent”/ “very good”

■ Urban/suburban ■ Rural



Base: Adults age 65+ (Top 2 box shown on 5-point scale of excellent-poor)



Black Older Adults

Black older adults are the most focused on spiritual health, personal growth, and giving back as they age.

- Black older adults rate their physical health similarly to other older adults but rate their financial health lower and their spiritual health higher.
- Nearly half (46%) of Black older adults say their spiritual health is one of the three most important aspects of their overall health, compared to 25% of total older adults.
- They are more likely to feel that continuing to learn and grow and being able to pass down life lessons and accumulated wisdom are major benefits of living a long life.

They express a greater desire for innovations to assist aging-in-place and have more concerns about long-term care facilities.

- They are more interested in prescription delivery, at-home health visits, and mobile clinics as health care delivery methods.



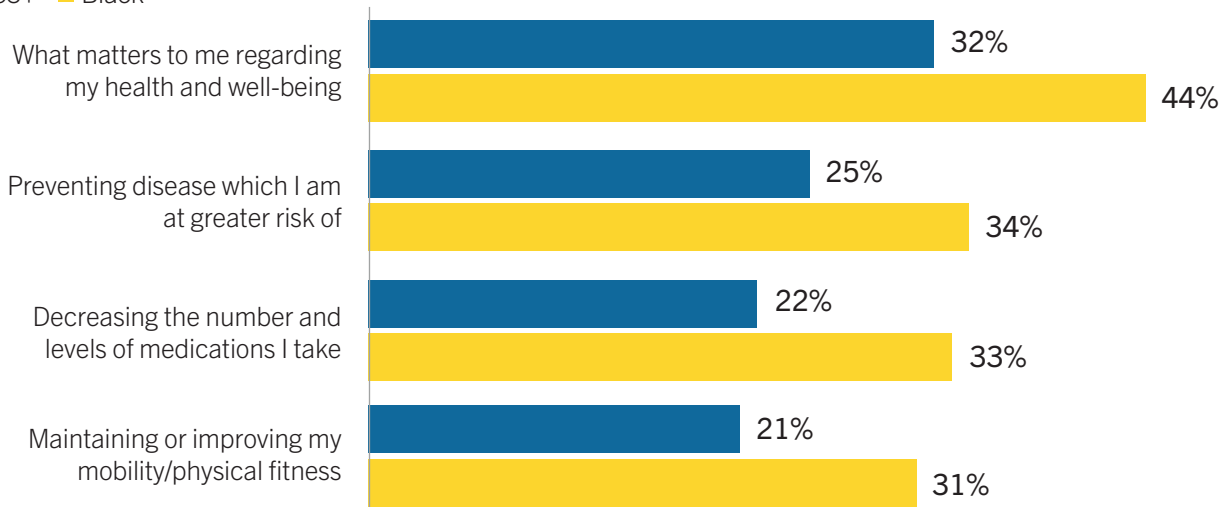
- They express greater worry about being mistreated or disrespected if they ever have to live in a long-term care facility.
- They are the least likely to have documented or discussed end-of-life plans.

Among Black older adults with a regular health care provider, they want to spend more time discussing disease prevention and decreasing their medications, as well as what matters.



Would like their health care providers to spend more time discussing...

■ Total 65+ ■ Black



Base: Adults age 65+ who have regular health care provider (Select all that apply)



Hispanic Older Adults

Hispanic older adults struggle more with several aspects of health, as well as its affordability.

- While they rate their physical health similarly to other older adults, Hispanic older adults feel less financially, mentally, and cognitively healthy.
- 81% say one of their greatest financial worries is not being able to afford health care or long-term care (vs. 68% total).

They are the least satisfied with the health care system compared to other ethnic/racial groups.

- They give the lowest grades to the health care system overall and its out-of-pocket costs.
- 65% find navigating the health care system difficult and stressful (vs. 56% total).
- 44% feel that the amount of time their health care providers spend with them is too short (vs. 34% total).

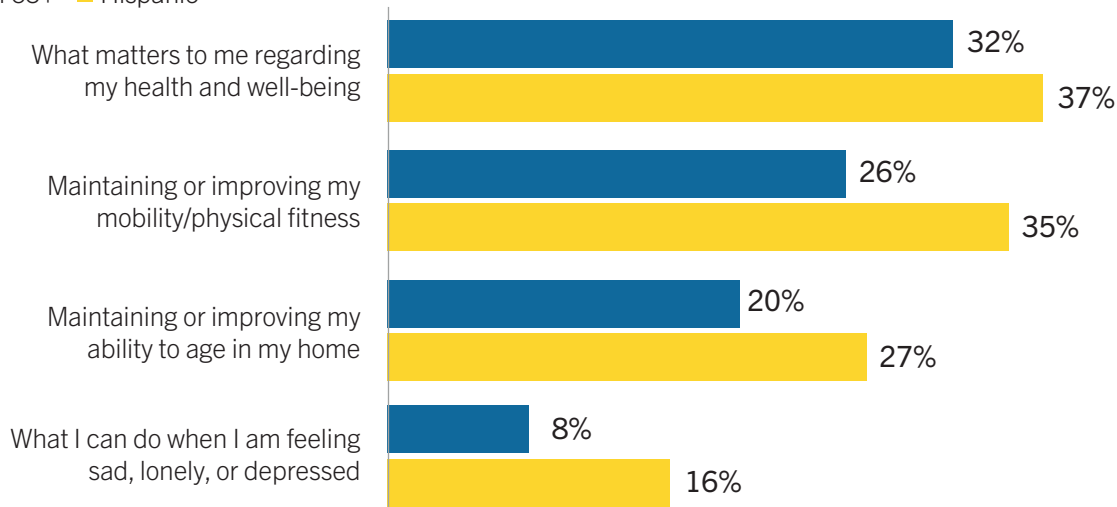


Among Hispanic older adults with a regular health care provider, they want to spend more time discussing their mobility/physical fitness and ability to age in place, as well as what matters.



Would like their health care providers to spend more time discussing...

■ Total 65+ ■ Hispanic



Base: Adults age 65+ who have regular health care provider (Select all that apply)



Asian Older Adults

Asian older adults live longer and take better care of themselves.

- Their lifespans are more than five years above the American average, and their healthspans are about a dozen years longer.
- They report fewer functional health limitations and chronic conditions.
- They are the most likely to practice all four key healthy habits—diet, exercise, socialization, and meaningful activities (29% vs. 21% total).

They are more open to telehealth and holistic/alternative treatments.

- They are the most likely to have had a telehealth visit in the past year (27% vs. 18% total).
- They are the most likely to be talking with their health care provider about holistic/alternative treatments and to be taking fewer daily medications (3.7 average vs. 4.5 total).

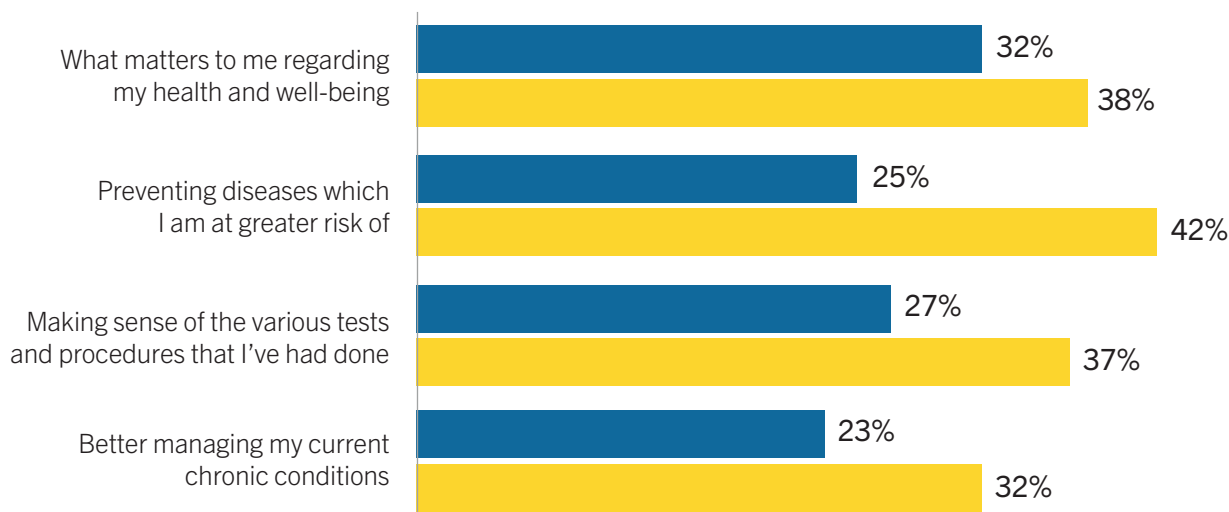


Among Asian older adults with a regular health care provider, they want to spend more time discussing disease prevention and making sense of tests and procedures, as well as what matters.



Would like their health care providers to spend more time discussing...

■ Total 65+ ■ Asian



Base: Adults age 65+ who have regular health care provider (Select all that apply)



About the Study

Methodology

The study was conducted by Age Wave on behalf of The John A. Hartford Foundation and in partnership with The Harris Poll. After thorough review of secondary research, we conducted qualitative research with older adults through online focus groups, and we then conducted a nationally representative online survey. The survey was conducted April 17 to May 9, 2024. Of 5,023 adult (age 18+) respondents, 2,516 were age 65 and older. Data were weighted where necessary to align them with their actual proportions in the population, including by age, gender, race/ethnicity, region, education, household income, size of household, marital status, and political party affiliation.

In order to segment respondents by financial resources (low, medium, high), The Harris Poll created an index that balances household investable assets and household income demographic questions. This approach recognizes that annual household income alone is not a sufficient metric of financial security for older adults.



About Age Wave

Age Wave is the nation's foremost thought leader on population aging and its profound business, social, health care, financial, and cultural implications. Under the leadership of co-founders Ken Dychtwald, PhD, and Maddy Dychtwald, Age Wave has developed a unique understanding of new generations of maturing consumers and their expectations, attitudes, hopes, and fears regarding their longevity, aging, and retirement. Through decades of collaborative efforts across a broad range of industry sectors—including nutrition, health care, financial services, packaged goods, travel, and advertising and media—the Age Wave team has the pulse of the desires and demands of today's mature adult consumers. Since its inception in 1986, the firm has provided breakthrough research, compelling presentations, award-winning communications, education and training systems, and results-driven marketing and consulting initiatives to over half the Fortune 500. For more information, please visit agewave.com.



The
John A. Hartford
Foundation

About The John A. Hartford Foundation

The John A. Hartford Foundation, based in New York City, is a private, nonpartisan, national philanthropy dedicated to improving the care of older adults. For more than three decades, the organization has been the leader in building a field of experts in aging and testing and replicating innovative approaches to care. The foundation has three priority areas: creating age-friendly health systems, supporting family caregivers, and improving serious illness and end-of-life care. Working with its grantees, the foundation strives to change the status quo and create a society where older adults can continue their vital contributions. The John A. Hartford Foundation Trustees Award is given every two years to an individual or group that has made outstanding contributions to the improvement of care for older adults through demonstrated excellence in clinical practice, education, research, or policy. For more information, please visit johnhartford.org.



About The Harris Poll

The Harris Poll is a global public opinion, analytics, and market research consultancy that strives to reveal society's authentic values to inspire leaders to create a better tomorrow. With a global research reach of more than 90 countries, Harris offers advisory services across sectors to world leaders, CEOs, and business decision-makers with state-of-the-art analytics, real-time software services, and practitioners in marketing, reputation, customer experience, trends, futures, and thought leadership/research-for-public-release. The Harris Poll translates shifting social sentiment into a competitive marketplace advantage. Harris is a Stagwell (NASDAQ: STGW) company. For more information, please visit theharrispoll.com.



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