The Power of Age

Defining what Healthy Aging and a Successful Healthspan Means

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The 50+ consumer market is growing…

Over 1 billion people globally aged 65 and older by 2050.

Source: UN, Economist Impact
In the United States, from 1920 to 2020... the population of adults 65 and older grew nearly... 5x faster than the total population.

85+ is the fastest growing population.

100+ is the second fastest growing population.

75+ is the only age segment of the civilian workforce that will grow between 2020 and 2030.

Sources: U.S. Census Bureau, Decennial Census of Population, 1900 – 2000
The **50-plus** cohort’s contributions:

- **$8.3 trillion** towards GDP (40% of the total)
- **$745 billion** worth of unpaid activities such as volunteering and caregiving
- **130%** rise in annual tech purchases since 2019

**Source:** "The Longevity Economy® Outlook" AARP (2019) and "Entrepreneurial Demographics, National" Kauffman Foundation (2014)
98% of those 50-plus own at least one primary device.

82% of those 65-plus own a smart phone.

78% 50-plus rely on technology to stay connected with family and friends.

Only 5% of images in media of people over 50 depict them interacting with technology.

7x more likely to be portrayed negatively than those under age 50.

Only 15% show images of people 50+ even though 46% of U.S. population is 50+.

Only 4% show images of people 50+ with coworkers.

Population aging and related issues are often framed as a problem to be solved...

...can’t we change the way we see it and view population aging as a remarkable opportunity?
It’s time to *pivot*....

...and examine the power of *resiliency*.
The Whole Person View of Insured Members

80% of what determines health occurs outside of the health care system.

Data Sources used:
- Clinical Conditions = Evidence-Based Medicine (EBM) conditions based on Client Reporting Mart (CRM) claims from April 2021 to March 2022.
- Psychosocial and PDoHConditions = Life Survey 2022.
- SDoH = Census data of Life Survey 2022 respondents.

Note: EBM changed in 2021 to obese = BMI > 30.


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Protective factors *appear to be additive*...

N=3,573 survey study sample; adjusted for demographics, region, income, plan type and access to care. Expenditures consist of total medical costs: Medicare, Medicare Supplement and patient co-payments.

The Three *P’s*...
Purpose in Life:
Meaning in every day.
People with a sense of purpose have:

- 71% reduced risk of stroke
- 58% better sleep
- 39-61% fewer overnight hospitalizations
- 18-32% fewer doctor visits

Preliminary data shows that:

- 35% are low in purpose and cost 12% more PMPM.
Recent research supports the growing literature that **meaning and purpose in life** have a robust association with dementia...

For every one-point higher feeling of meaning...

...there was a 35% decreased risk of all-cause dementia.

People:
The impact of loneliness.
Preliminary data shows that:

Loneliness *shaves 8 years off longevity*:

Loneliness has the largest negative effect on quality of life, and is the single largest predictor of dissatisfaction with healthcare.

Mortality risk for loneliness is greater than obesity.

20% are severely lonely and cost 20% more PMPM.

20% are severely lonely and cost 20% more PMPM.

Social isolation among older adults is associated with an estimated $6.7 billion in additional Medicare spending annually.

Source: UnitedHealthcare Services, Inc. AARP Medicare Supplement Member 2018 Life Survey Data

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It’s time to talk about hearing...

...and examine the impact...

and the opportunity...
The impact of hearing loss:

$133 Billion

cost associated with disabling hearing loss per year in the U.S.

More than \textit{2/3 of adults} age 70+ in the U.S. have clinically meaningful hearing loss.

$1 Trillion

in lost productivity is linked to unmanaged or undermanaged hearing loss each year globally.

Hearing impairment has a \textit{larger negative impact} on quality of life than many common medical conditions, including diabetes, stroke, and cancer.

Sources:
  Available at: https://www.hear-it.org/sites/default/files/BS%20-%20report%20files/HearitReportHearingLossNumbersandCosts.pdf
Hearing loss

in mid- & late-life identified as the single largest potentially modifiable risk factor for dementia

Source: Hearing intervention versus health education control to reduce cognitive decline in older adults with hearing loss in the USA (ACHIEVE); a multicentre, randomised controlled trial
Authors: Frank R Lin, James R Pike, Marilyn S Albert, Michelle Arnold, Sheila Burgard, Theresa Chisolm, David Couper, Jennifer A Deal, Adele M Goman, Nancy W Glynn, Theresa Gmelin, Lisa Gravens-Mueller, Kathleen M Hayden, Alison R Huang, David Knopman et al., The Lancet – September 2023
Results from the Aging and Cognitive Health Evaluation in Elders (ACHIEVE) study

In older adults at increased risk for cognitive decline, hearing intervention slowed down loss of thinking and memory abilities by 48% over 3 years.

Hearing intervention reduced 3-year cognitive change in the ARIC cohort of older adults at increased risk for cognitive decline.

Results suggest that hearing intervention can reduce cognitive change within 3 years when implemented in older age for adults at increased risk for cognitive decline.

Cohort Note: ARIC (Atherosclerosis Risk in Communities Study) is one of the world’s most significant and longest-running heart health studies and is the largest study of heart health in African Americans – https://aric.cscc.unc.edu/aric9/

Source: Hearing intervention versus health education control to reduce cognitive decline in older adults with hearing loss in the USA (ACHIEVE): a multicentre, randomised controlled trial
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The Possibilities of Tomorrow: Optimism and positive perceptions of aging.
Those with a **positive view of aging:**

- Are **44% more likely** to recover from a severe disability.
- Have an **80% reduction** in cardiovascular risk.
- Can add up to **7.5 years** to life.

Preliminary data shows that:

- **40%** have a negative perception of aging and cost **33%** more PMPM.
- **$63 billion** annual cost due to ageism in our healthcare system.

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Age is an **equity** issue.

We need to move from design for *old* to design for *all.*
The seismic shift that has brands like Sony and Sennheiser disrupting the hearing aids market

After the FDA cleared the way for hearing aids to be sold over the counter, CES was full of new devices from brands big and small.
AARP, in collaboration with Getty Images: The Disrupt Aging Collection

Launched with over 1,400 images to help break stereotypes and combat ageist bias.
Establish baselines and key performance indicators (KPIs) to assess performance; then take an honest inventory of current marketing, setup, and support experiences through the lens of age-friendly design.

Understand and quantify market opportunities for age-friendly design.

Develop collaborative design processes to make age-friendly efforts more authentic and inclusive.

Develop consumer personas and customer journey maps for different life stages and abilities.

Beyond the UI, understand broader perceptions, usability, and experience issues for demographically diverse consumers.

Learn from industry best practices around UI design for all ages.

Incorporate age-friendly principles into the development and workflow.

Use diverse testers and collaborative processes to ensure product quality across demographic lines.

When your product is ready for market, ensure that all supporting materials, documentation, FAQs, and customer support processes are age-friendly.

Make sure product marketing, packaging, and branding reflect age-inclusive principles.
Aging is the growth engine for technology and business.”
Join us.

Let’s work together to challenge outdated beliefs and spark new solutions so more people can choose how they live and age.
“I believe that it’s not about aging in place, it’s about **thriving in motion.**”

– Charlotte Yeh, MD

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