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LONGEVITY READY:

A Systems Approach to Aging Well at Home

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FOREWORD

Longer lives are one of society's greatest achievements, but they bring new responsibilities to help people prepare for extended lifespans. Health, finances, housing, community, care, and social connection influence the quality of the extra years we've been afforded. Planning for these dimensions creates possibilities for longevity to be a gift rather than a burden.

Why focus on home? Because aging at home is both a personal preference and a demographic reality for many: older adulthood is now frequently a 30-year stage of life. And because individuals, families, and communities are not ready. The symptoms of unpreparedness manifest as late or reactive planning and piecemeal problem-solving, often in response to a crisis.

Planning tools and resources exist, with new innovations emerging. Yet without greater awareness and access, many miss out on using them. People often struggle to formulate a plan for themselves or their loved ones, and the impacts cascade. Unmet health and care needs, strain on caregivers, and the financial burden of funding longer lives exacerbate the gap between lifespan and healthspan.

While individuals are the ultimate arbiters of their decisions, the communities and institutions that touch people's everyday lives shape their choices. For this reason, we take a systems approach to developing solutions that will activate key stakeholder groups, including health-care systems and providers, employers, financial services, advocacy, community-based organizations, and government agencies.

In the following pages, report authors Lauren Dunning and Jennifer Rossano highlight three implementation strategies to guide stakeholder action. First, strengthen navigation pathways to comprehensive resource hubs. Second, leverage critical touchpoints to disseminate vetted information and nudge toward proactive planning behaviors. And third, implement communication campaigns through multiple channels that shift aging-related narratives and norms. These strategies emerged from the consensus-building research process that informs this report.

Promising developments are taking shape. Financial and health sectors are innovating, states are mobilizing, and new technologies hold the potential to expand access to tools and resources that help people prepare for their newfound longevity. At the Milken Institute Future of Aging, we remain committed to driving collective action—supporting today's older adults and enabling future generations to plan and prepare for fulfilling, healthy, long lives in their homes and communities.

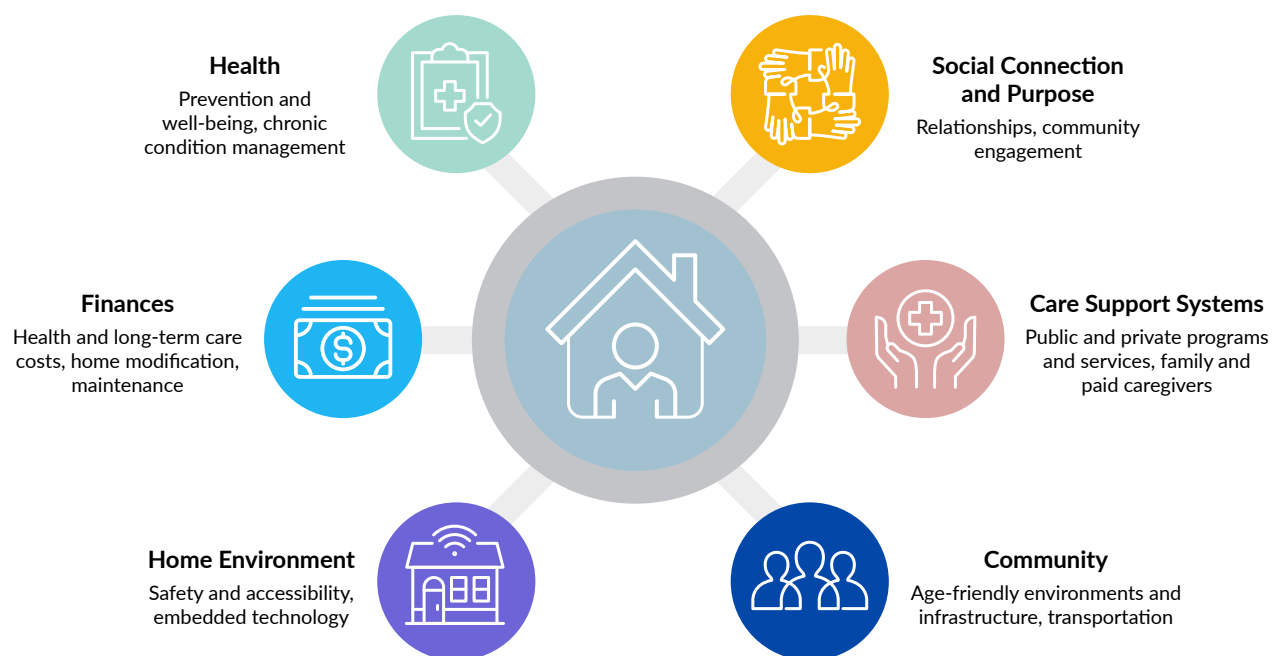
Diane Ty

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INTRODUCTION

Longer lifespans extend the years people spend in older adulthood, and most people will spend these years living in their own homes. Even among older adults aged 85 and over, less than 10 percent live in a nursing home.¹ People's ability to live safely, independently, and comfortably at home through evolving physical, cognitive, and social needs as they age requires preparation across multiple dimensions. Notably, this planning process is a life-long effort and not confined to retirement and financial security; it is commonly termed *longevity planning*. Comprehensive planning for aging well at home includes health, finances, home environment, social connection and purpose, care support systems, and community, and requires the consideration of factors impacting each area (see Figure 1).

Figure 1. Dimensions of Planning for Aging Well at Home



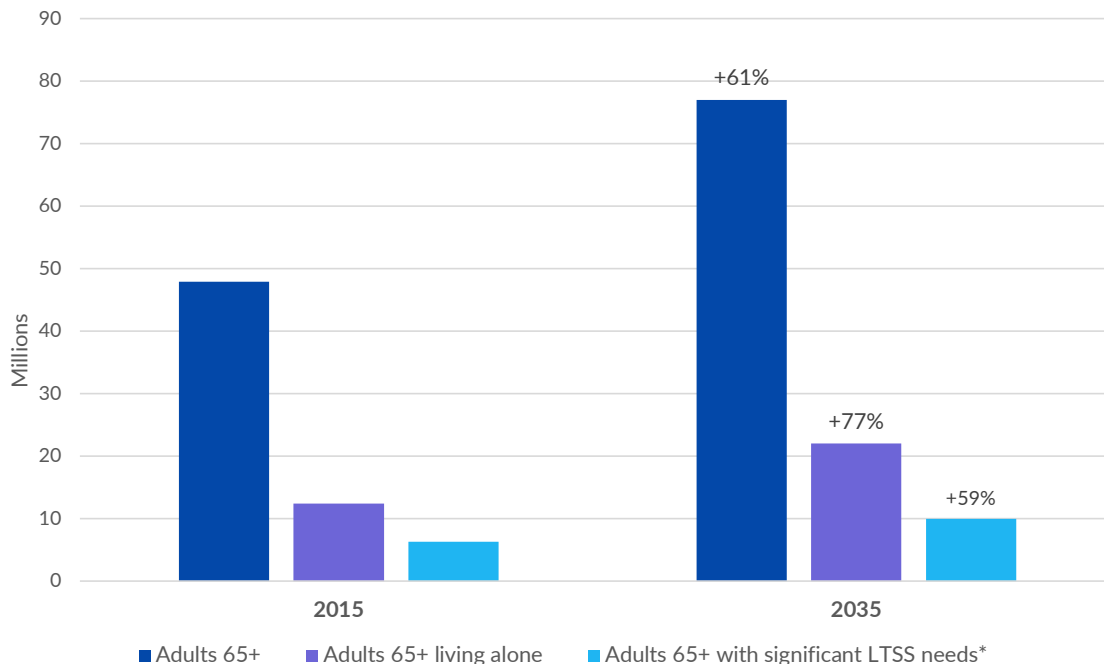
Source: Milken Institute (2025)

The ability to age well at home is not determined by a single factor but by the interplay of health, finances, housing, community, care, and social connection.

Aging and longevity are increasingly at the forefront of public awareness and there is a blossoming of tech-driven innovations designed to support older adults in their homes and communities. Yet awareness, access, and adoption remain limited. For example, only 37 percent of older adults have looked for information about aging issues and the types of care available to people as they age, and only 18 percent have modified their home to make it easier to live in as their needs change.² Personal, systemic, and structural barriers converge, leaving people without a plan or resources to navigate the complex landscape of aging at home through extended lifespans. As a result, the current practice defaults to reactivity and adoption during crisis—both of which limit potential upsides and worsen health and well-being outcomes.

The demographics of our aging population add to the urgency of addressing these barriers and developing solutions. The US population aged 65 and over is projected to surge from 61 million in 2024 to 82 million by 2050.³ Nearly 26 million Americans 50 and older now live alone—a more than 70 percent increase since 2000.⁴ There are shortages of paid and family caregivers, while 80 percent of people reaching age 65 will need some form of long-term care—assistance with personal care and health needs—in their lifetime.⁵ The older adult population, including the number of people 65 and over living alone and the number who will have significant long-term services and supports (LTSS) needs, is expected to grow by 2035 (see Figure 2).⁶

Figure 2. Household Composition and Care Needs of Older Adults, 2015–2035



* LTSS needs resulting from a disability that meet the criteria set in the Health Insurance Portability and Accountability Act

Source: Milken Institute analysis (2025) using data from US Census Bureau, Congressional Budget Office, Joint Center for Housing Studies of Harvard University, and US Department of Health and Human Services

Recognizing substantial gaps in longevity planning and barriers to engagement with tools and resources designed to support longer, healthier lives at home, the Milken Institute Future of Aging undertook research over 2024 and 2025 on how to increase awareness, access, and adoption. We explored critical themes related to preparing for longer lives at home, including current social norms and beliefs; innovative tools and resources, practices, and international approaches; strategies to promote proactive engagement, decision-making, and planning; and opportunities for public- and private-sector collaboration and intervention. This report translates findings from our research into five opportunity areas that link to action steps for stakeholders present in people's daily lives.



KEY CONCEPTS

Awareness: Knowledge and understanding of longevity planning and aging-at-home preparation

Access: Attainability, usability, affordability, and inclusivity of tools and resources

Adoption: Acceptance, integration, and utilization in plans and daily life

Tools and Resources (categories and examples):

- Roadmaps—financial and place planning guides, care planning templates
- Connected care technologies—wearables, falls-monitoring sensors, and voice assistants
- Home adaptations—smart home devices, universal design elements
- Financial products—home equity FinTech, life insurance incorporating prevention and longevity incentives
- Navigation platforms—virtual marketplaces for aging-at-home services, remote caregiving apps

Stakeholders are key to advancing a systems approach that increases preparedness for aging well at home. Financial services, health-care systems and providers, employers, community-based organizations, advocacy groups, and government agencies are chief implementers. Other sectors also contribute to progress, such as real estate, technology and start-ups, and seniors housing and care. Policymakers authorize critical programs and funding support. Together, these stakeholders can develop the components of a supportive ecosystem spotlighted in this report:

1. Navigation pathways connecting to resource hubs
2. Touchpoints enabling information nudges
3. Communication campaigns shifting the narrative

BY THE NUMBERS: **Research Process**

- 8 cross-cutting literature review topics, including aging at home, health decision-making, and financial caregiving
- 40 qualitative interviews with experts across health, finance, housing, long-term care, and more (see Participant List)
- 25 curated leaders from diverse sectors at an in-person roundtable focused on cocreating recommendations (see Participant List)
- 2 working groups tasked with developing action steps for stakeholders (see Participant List)

LANDSCAPE

Environmental Context

Macro-level trends shape how individuals and families approach the prospect of aging at home. These include extended longevity without corresponding gains in healthy years or the financial capacity to support them, overstretched caregivers, and evolving care delivery models being reshaped by technology and AI.

Longer lives are outpacing readiness amid a growing mismatch between lifespan and healthspan.

Despite longer lifespans, Americans face significant gaps in healthspan, which is the number of years lived in good health. Women can expect to live 14 years in poor health and men 11 years.⁷ Low levels of longevity literacy—understanding how long people tend to live upon reaching the traditional retirement age—negatively impact financial preparation, contributing to diminished healthspans.⁸ Ninety-one percent of older adults agree that their healthspan is more important to them than their overall lifespan, and 97 percent agree that “being healthy is about being able to do the things you want to do,” but services and support networks in our current care system do not align with these preferences.⁹ The most expansive gap in readiness for longer lives is care, according to the inaugural Longevity Preparedness Index from John Hancock and MIT AgeLab, an assessment of eight key domains for aging well.¹⁰

“Helping people prepare for longer lives requires us to think differently about retirement planning. Beyond new products, services, and technologies, planning itself needs to evolve—and ultimately address the broad set of variables shaping our longevity.”

—Aimee DeCamillo, Global Head of Retirement, Manulife Wealth and Asset Management

The home is emerging as a vital hub for health, well-being, and care.

Care is moving to the home and includes higher-acuity services such as hospital-at-home and skilled nursing facility-at-home, as well as more routine options such as home-based primary care. These shifts enable older adults to remain in their homes through health transitions and are driven by the

rise of connected care. Connected care at home includes digital health, smart home, and AgeTech devices and apps, and spans health care, home care, prevention, communication, and safety.¹¹ But adoption remains limited, with only about half of adults aged 55 and over utilizing assistive or health-related technology to help them age in place.¹²

The care crisis is exerting mounting pressure on communities and across generations.

Lack of coverage for home care and a worsening deficit of direct care workers (e.g., home health aides) mean that both family caregivers and community members, including friends, neighbors, and faith-based organizations, often provide unpaid care and play an increasingly important role in meeting older adults' needs to successfully age at home.¹³ But the number of available family caregivers for each older adult is dwindling due to changes in family size and dynamics.¹⁴ Adult children frequently assume this role and are left to search for solutions, navigate complex systems, and prompt planning conversations without sufficient resources or support networks.

Financial constraints hamper proactive planning and put healthy aging at home out of reach for many.

Most adults are not planning, saving, and preparing enough to support their later years, a complex time due to varying lengths of retirement and other uncertain variables such as health status, employment, and housing. Nearly 50 percent of people over 60 have an average income below what is needed in their area to afford basic needs such as housing, food, transportation, and health care, making aging at home financially unattainable without assistance.¹⁵ However, reimbursement and payment pathways to access support for aging at home are largely absent. Many people feel they can't afford to plan, especially given that the average couple will spend \$472,000 on out-of-pocket health and long-term care expenses throughout retirement.¹⁶ As care needs mount, some older adults find themselves stuck in their homes due to financial factors. The inability to afford paid caregiving or assisted living, difficulty or reluctance to access home equity to pay for care, and competitive housing markets often make moves in later years financially infeasible.¹⁷ For example, among adults aged 75 and older, just 24 percent of single or partnered households had enough income left—after covering housing and basic living costs—to pay for a daily home health aide visit.¹⁸

The rise of technology and AI-powered solutions is beginning to transform how people access resources and service providers make supports available.

AI-powered coordination systems are beginning to streamline service delivery by connecting older adults to tailored community resources, including meal delivery programs, social activities, and transportation services. Predictive algorithms can also help anticipate needs and proactively arrange services before gaps in support occur. But these efforts are nascent, and additional investment is needed to create platform-based approaches that integrate information related to health care, daily living, and other aspects of an individual's experience of aging at home.¹⁹ The proliferation of connected care at home—including 350,000 mobile health applications, nearly 3,000 AgeTech companies, and 18.8 billion IoT devices deployed globally—is building a technology ecosystem that augments this work.²⁰

BY THE NUMBERS:

Americans Are Not Ready for Longer Lives at Home

Health and Care

- Nearly 80 percent of older adults are managing multiple chronic conditions, and almost 20 percent have functional limitations.²¹
- 80 percent of 65-year-olds will need some form of long-term care over their remaining lives, but only 45 percent of older adults believe they will need it, and only 52 percent have discussed their long-term care plans or options with anyone.²²
- 58 percent of people mistakenly believe Medicare will cover long-term care costs.²³

Finances

- Only a third of Americans accurately estimate how long a 65-year-old will live on average, and the majority underestimate or report not knowing at all.²⁴
- Nearly 50 percent of adults over 60 have insufficient income to afford basic needs (e.g., housing, food, transportation, health care).²⁵
- 83 percent of adults report it would be impossible or very difficult to afford one year of in-home care.²⁶

Home and Community

- 47 percent of adults ages 50 to 80 have given little to no consideration to home modifications for aging in place.²⁷
- Only 10 percent of US homes have accessibility features suitable for older adults with mobility or functional challenges.²⁸
- 12 percent of older adults aged 65 and older have moved or have made plans to move to a community or facility designed for older adults.²⁹



Gaps and Barriers

The ability to age well at home is not determined by a single factor but by the interplay of health, finances, housing, community, care, and social connection. Too often, these life domains operate in silos, leaving gaps in support and missed opportunities to align systems more holistically with how adults actually live and age.

Our research reveals a range of individual, interpersonal, organizational, community, and systemic factors that influence if and how people plan for longer lives at home. Across these factors, a pervasive culture of ageism fuels stigma and undermines proactive dialogue and preparation.

“People underestimate what’s truly involved to age successfully at home: the complexities, the costs, the risks.”

—Ryan Frederick, Founder and CEO, Here

INDIVIDUAL AND INTERPERSONAL FACTORS

- **Psychological barriers to planning for one’s future self:** Temporal discounting, prioritizing immediate rewards over future benefits, and optimism bias, the tendency to overestimate the likelihood of positive events in one’s future, often lead people to inadequately prepare.³⁰
- **Stigma and negative associations with aging:** Many experts who contributed to our research noted the influence of ageism on individual behavior to explain why aging-at-home planning tools and resources frequently remain untapped until a crisis.
- **Lack of trust:** Few vetted resources and the absence of trusted messengers lead to skepticism and low levels of utilization.³¹
- **Limited understanding amid information overload:** Uncertainty about long-term care costs, financing options, and service delivery leaves many adults unprepared, creating significant challenges for families. An overabundance of information overwhelms people, obscures choices, and can lead to decision paralysis.

“Information alone rarely drives behavior change. We have to empower people with tools and innovations to ensure that longer lives are better, healthier lives.”

—Lindsay Hanson, Chief Marketing Officer, John Hancock,
and Global Head of Behavioral Insurance, Manulife

ORGANIZATIONAL AND COMMUNITY FACTORS

- **Siloed health and community care systems:** Lack of coordination between clinical care and community-based support hampers information sharing and service referrals.
- **Few comprehensive planning tools:** Planning tools typically do not expand beyond a narrow focus on one specific area, often retirement security, to address essential aging needs related to health, housing, and care. Health-care providers and systems are also siloed when it comes to preparing for housing and financial dimensions of aging at home.
- **Financing obstacles:** Misaligned incentives for prevention in health care mean missed opportunities for investment in healthspan, especially for private insurers with younger populations, where many healthy lifestyle behaviors need to be encouraged while benefits accrue years later. Older adults are less likely to use tools and resources when no subsidies or payment options cover them, causing many to delay seeking solutions and support.
- **Strained public resources for aging service providers:** Rising health-care costs, growing demand for long-term and social care, and funding challenges strain aging service providers.³² Even well-developed, resourced public service providers are facing funding and capacity challenges to meet the needs of their expanding aging populations.

SYSTEMIC FACTORS

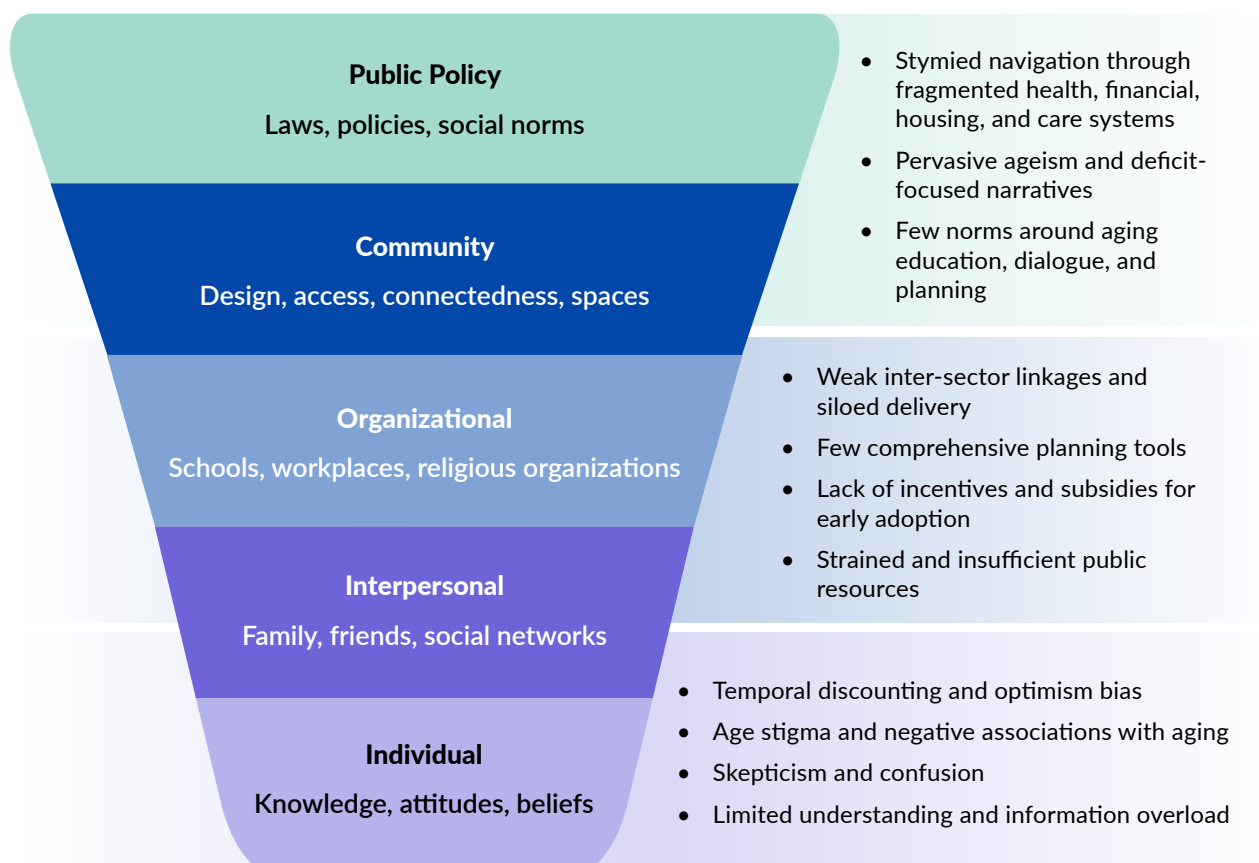
- **Fragmented health, financial, housing, and care systems:** Siloed systems hamper discovery and navigation to tools, resources, and innovation, leaving few clear pathways for people to access them. Without a coordinated, integrated infrastructure, the array of services necessary for aging at home remains structurally and financially out of reach for many. Additionally, the social support system is not adequately focused on providing integrated care for individuals with complex challenges across health and social determinants of health.³³
- **Pervasive ageism:** Deficit-focused narratives (e.g., frailty, loss, dependence) discourage people from engaging in conversations and action to plan for age-related needs.³⁴

- **Absence of social norms celebrating and planning for longer lives:** Adult lifespan development is largely absent from PK-12 health education standards and higher education.³⁵ This contributes to gaps in knowledge for people of all ages that reinforce stereotypes and a general lack of understanding, discourse, and proactive engagement about aging.

Financial, health, housing, and care systems rarely align with the real-life complexity of aging at home.

These gaps and barriers align to the levels of the social-ecological model. By applying this framework, we consider the relationship between people and the environments in which they are planning for and aging at home (see Figure 3).³⁶

Figure 3. Gaps and Barriers



Source: Adapted from US Department of Health and Human Services (2018) and Fry et al. (2022)

OPPORTUNITIES FOR PROGRESS

Five opportunity areas serve as levers for stakeholders to increase awareness, improve access, and drive adoption of tools, resources, and innovations that facilitate planning to age well at home.

Promote Earlier Awareness and Planning

- **Create timely awareness triggers across life touchpoints and milestones.** Tie planning discussions and dissemination of tools and resources to meaningful life events, like starting a new job, the birth of a child, or moving homes. Capitalize on institutional cycles where organizations already engage individuals, such as workplace benefits enrollment and annual health-care visits.
- **Make longevity planning the norm.** Develop guidance and advice to help adults navigate the complexities of longer lives.³⁷ Employers, financial services firms, and health-care providers can introduce the concept of longevity planning across key touchpoints and at earlier ages and stages. RBC Wealth Management's Aging Well program, John Hancock's *Longevity Planning Worksheet & Checklist*, and Hartford Funds' *Longevity Planning Guide* exemplify initiatives in the financial sector to help people anticipate and prepare to age well across multiple life domains.³⁸ Retirement tools and roadmaps can help households understand and prepare for aging needs and costs beyond financial changes or shocks. Within this broader effort, longevity fitness, conceptualized by TIAA Institute, has emerged as a planning framework that guides people to focus on strengthening health, financial, and social capital, while proactively managing risks.³⁹

***“Advanced directives help guide decisions at the end of life.
Imagine a movement to help families plan for care during life.”***

—Marc Cohen, Professor and Co-Director, LeadingAge LTSS Center @UMass Boston

- **Foster intergenerational communication.** Transform aging conversations from reactive problem-solving to proactive, positive life planning.⁴⁰ Ideas that surfaced in our expert interviews include creating meaningful interactions between younger and older generations and using technology and structured programs to facilitate mutual support. Public education campaigns, such as “Start the Conversation” launched by the California Department of Aging in 2024 to encourage planning discussions, also have a role to play.⁴¹
- **Standardize adult lifespan and aging education.** Embed aging and longevity curricula into health services and programs, workplace benefits, and school-based health education.⁴² For example, New York City developed an Anti-Ageism Resource Guide, which is being expanded into K-12 schools.⁴³ These types of curricula also have potential for impact within higher education settings and beyond.

PROMISING PRACTICE: Leveraging Employer Touchpoints

Stanford University offers employees a variety of resources and incentives for supporting healthy longevity, such as coaching, classes, and a wellness platform.⁴⁴ Importantly, it also offers a four-part workshop, “Aging Wisely: Proactive Planning for Long Term Care,” to equip employees with a customized long-term care roadmap supporting ongoing planning and access to solutions for themselves and loved ones.⁴⁵ Employees are prompted to participate through email communications and benefits portal reminders, while managers also make employees aware of this resource when they learn of individual circumstances.

Make Longevity Planning and Related Decisions Easier

- **Reduce friction to aging-related planning behaviors.** Implement default-based strategies through employers and the public sector to encourage early and sustained longevity planning across savings, health, and care (e.g., automatic enrollment in workplace benefits or retirement savings programs). The UK’s 2012 Automatic Enrollment policy to normalize long-term saving led to a jump in private-sector pension participation from 40 percent to over 80 percent by 2024—showcasing the power of opt-out models to create change at scale.⁴⁶ In the US, the SECURE 2.0 Act of 2022’s mandatory auto-enrollment and auto-escalation provisions, applying to plans established after 2022, kicked in for the 2025 plan year.⁴⁷
- **Leverage behavioral science insights to inform communication and intervention design.** Strengthen people’s conceptions of their future selves to reduce temporal discounting and promote decisions for a better future.⁴⁸ Frame decision-making around future age-related needs in the context of fresh starts, cultivating a sense of new beginnings during pivotal transition points (e.g., change of employment, marriage, health status change, divorce, and retirement).⁴⁹
- **Focus on activation, not just information.** Use choice architecture, the deliberate structuring of decision-making environments (e.g., default settings, option ordering, and information framing) to nudge beneficial behaviors so that longevity planning—such as automatic enrollment in retirement or health benefits—is the easier, more natural choice. Incentivization is another effective tool to move people from awareness to action. The John Hancock Vitality Program, available to life

insurance customers and rooted in behavioral science, provides education, support, incentives, and rewards to help customers take everyday steps toward living a longer, healthier, and better life, including access to innovations like multi-cancer early detection technology.⁵⁰ Health insurance companies, such as Devoted Health, Humana, and UnitedHealthCare, have also offered subsidies to Medicare Advantage plan members for health tracking wearables.⁵¹

“We’re drowning in a sea of information. Well-designed defaults ease the burden of choice and set a smart path in motion.”

—Joseph Coughlin, Director, MIT AgeLab



INTERNATIONAL SPOTLIGHT:

Canada’s Retirement Planning and Resources Campaign

In 2025, the government of Canada launched an initiative that consolidates retirement planning tools and resources into a single access point, bringing together calculators, checklists, and guides from multiple agencies.⁵² This centralized resource is designed to help Canadians take concrete action by providing practical tools like the Retirement Income Calculator, Old Age Security Benefits Estimator, Budget Planner, and step-by-step checklists that guide users through the retirement planning process. The initiative addresses that only 35 percent of Canadians aged 50 or older feel financially prepared for retirement by making government resources more accessible and actionable.⁵³

Strengthen Access to Tools and Resources

- **Develop coordinated, vetted information hubs with clear navigation pathways.** Compile a compendium of comprehensive longevity resources bringing together health, finances, home modifications, technology tools, advance care planning, and more. Create cross-referencing networks to amplify resource awareness and develop partnerships that can distribute information through multiple channels. Novel pathways include AI-powered hubs that recommend tailored resources integrating health, financial, and social considerations; serve as longevity “concierges” or “navigators” by providing aging-specific assistance; and aggregate local and personalized supports to enable aging services providers to extend their capacity and impact.
- **Engage private-sector partners as trusted messengers and channels of communication.** Create vetted resources guiding planning decisions and referral support, contributing to an actionable roadmap that enables private-sector partners to play this role. These include employers (e.g., via education, benefits, subsidies), life and long-term care insurance companies, financial and retirement planners, and health-care systems and providers.
- **Increase visibility of public-sector resources.** Improve awareness of resources and tools provided by area agencies on aging (AAA), state aging networks, and other state- and local-level bodies. Many organizations and government entities are pioneering new services and approaches. For example, Wisconsin, with a focus on independence, inclusion, and well-being, offers counseling for public benefits and long-term care, and county-based dementia specialists for family support.⁵⁴ Learning networks and coordinated evaluations can support the scale and spread of effective programs. Notably, the New York State Office for the Aging runs the NYS Innovations in Aging collaborative, partnering with AgeTech start-ups to evaluate their impact on older adult physical, mental, and social well-being in real-world settings.⁵⁵



PROMISING PRACTICE: Harnessing AI and Platform- Based Approaches

A number of private-sector companies are creating scalable, personalized AI-driven tools that support older adults and aging services providers. For example, The Helper Bees is an aging-in-place platform with infrastructure to access and deploy nonmedical services into homes; Blooming Health offers AI-assisted engagement with personalized recommendations to clients of aging services through voice, email, and text; and Bridge Social optimizes aging services’ planning, coordination, and communication. Collectively, they illustrate how technology can enhance available resources, making aging services more efficient, accessible, and responsive, so that ultimately more older adults can be reached.⁵⁶

Catalyze Community Engagement and Cross-Sector Partnerships

- **Elevate communities as a trusted source of information.** Expand digital literacy and support services, normalize preparing to age at home through peer engagement, and deploy existing networks for tech support. For example, the Village to Village Network is a community-based, volunteer-driven organization that helps older adults age independently in their own homes and communities.⁵⁷ Similarly, naturally occurring retirement communities (NORCs) emerge organically when older adults age in place within geographically concentrated neighborhoods.⁵⁸ Their growing prevalence presents an opportunity for governments, health and social service providers, and policymakers to invest in community-based strategies that support healthy aging.⁵⁹
- **Bring together experts across sectors to codevelop longevity planning and aging-at-home solutions.** Convene an interdisciplinary collaborative consortium or scientific advisory board to inform interventions, an approach several experts raised in our research. The MIT AgeLab's Preparing for Longevity Advisory Network (PLAN) is a consortium building bridges between the research and the financial services industries.⁶⁰ Community Aging in Place—Advancing Better Living for Elders (CAPABLE) is an interdisciplinary program that addresses health and home environment needs to improve older adults' ability to age in place.⁶¹ CAPABLE's person-centered approach has been shown to build self-efficacy, improve function, reduce hospitalizations, and lower health-care costs.
- **Scale up and cultivate connections across philanthropy, advocacy, and research initiatives.** Build upon cross-sector efforts, such as age-friendly initiatives, and elevate programs that champion the wants and needs of older adults. Age-friendly cities and communities (AFCs) promote health and inclusion for people of all ages, especially older adults, with a focus on the built and social environment (e.g., housing, outdoor spaces, transportation).⁶² The AFC framework provides a multi-sectoral structure that guides communities toward organizational practices, partnerships, and resource flows that strengthen the broader ecosystem for aging.⁶³ By embedding age-friendly principles across diverse sectors and institutions, AFCs catalyze the systems change needed to make neighborhoods and services more supportive of older adults.⁶⁴ The Age Friendly Health Systems Initiative, which institutionalizes the four elements of high-quality care known as the “4Ms,” exemplifies synergies between philanthropy and the health-care sector.⁶⁵

INTERNATIONAL SPOTLIGHT:

Singapore's Active Aging Centres

Active Aging Centres (AACs) are a network of community spaces for older adults that promote social, physical, and mental well-being.⁶⁶ Focused on healthy longevity and social connection, they are networked with nearby more intensive services, such as adult day programs. Silver Generation Ambassadors—trained senior volunteers—conduct home visits to assess individual needs, share information about AACs and other services, and provide aging education and support.⁶⁷ This personalized approach provides the opportunity to reach older adults through multiple touchpoints and create longitudinal relationships, enabling a response to shifting needs.

Shift the Aging Narrative

- **Create compelling narratives about aging.** Work with content creators to challenge ageist stereotypes and spotlight empowered aging journeys. For example, Changing the Narrative uses evidence-based strategies and public-facing campaigns to address ageism—highlighting positive and diverse representations of older adults—and shift societal perceptions to promote age-inclusive practices.⁶⁸
- **Rebrand aging-in-place supports and tools.** Employ a variety of marketing and communication strategies to position longevity planning as proactively empowering rather than reactively crisis-driven. Shifting from a service-delivery model to an empowerment model can help older adults see themselves as active agents in their aging process, not passive recipients.
- **Expand communication strategies.** Develop culturally relevant communication strategies that deliver consistent messaging across trusted public- and private-sector pathways.



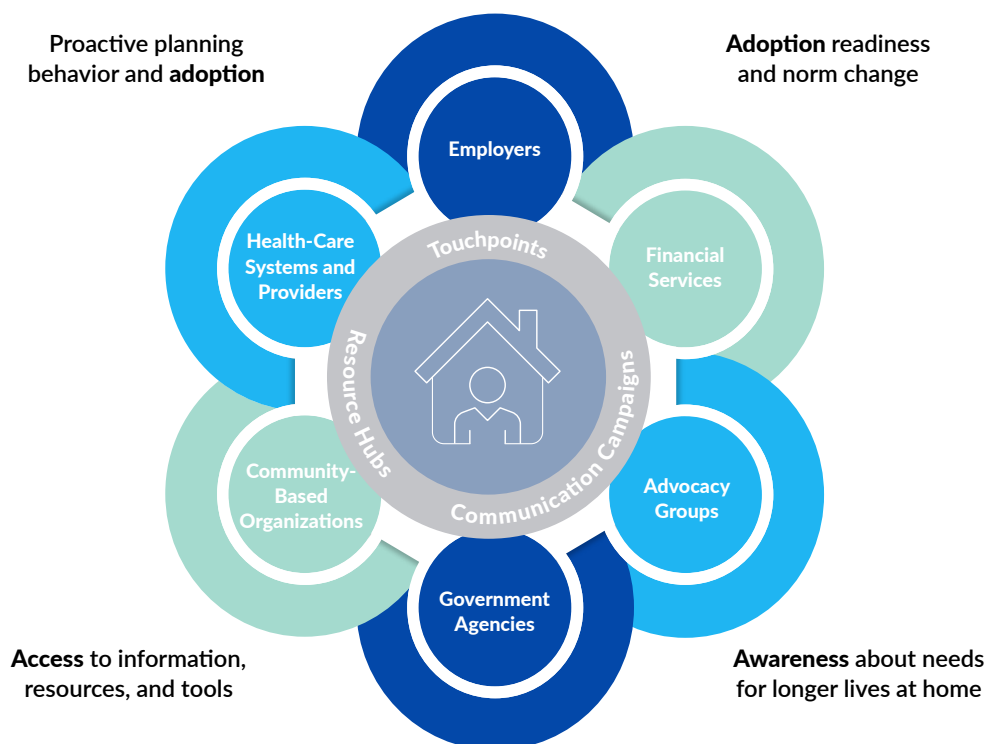
PROMISING PRACTICE: Public Messaging to Shift the Aging Narrative

The “Flipping the Script on Aging” awareness campaign created by the California Department of Aging and the National Center to Reframe Aging aims to change the aging narrative by replacing old stereotypes with new images of continued strength, personal growth, and societal contribution.⁶⁹ It encourages open discussion of aging and the programs and services that support older adults, including Area Agencies on Aging, Caregiver Resource Centers, and other community-based assets.⁷⁰

ACTIVATING THE ECOSYSTEM

A compelling vision for aging well at home is not an opaque, reactive, and “do-it-yourself” process, but instead is characterized by preparedness and flourishing through life stages. This calls for an ecosystem-based approach that mobilizes stakeholders across sectors and aligns their efforts to better support individuals as they age at home. We recommend three mutually reinforcing implementation strategies—resource hubs, touchpoints, and communication campaigns—that operationalize this vision and provide the scaffolding for action by stakeholders (see Figure 4). Health-care systems and providers, employers, financial services, advocacy groups, government agencies, and community-based organizations are integral to creating an environment where people are proactively nudged toward planning behaviors, can easily navigate to accessible tools and resources, and are ready to adopt them.

Figure 4. Ecosystem Enabling Planning and Aging Well at Home



Source: Milken Institute (2025)

Stakeholders are integral to creating an environment where people are proactively nudged toward planning behaviors, can easily navigate to accessible tools and resources, and are ready to adopt them.

Implementation Strategies

The implementation strategies developed through our research process facilitate more effective information-seeking by individuals while reducing systemic barriers to access and adoption. Simultaneously, they promote proactive information dissemination across different settings and life stages, encouraging earlier and more routine planning for aging at home. These priority areas reflect the broad consensus that emerged from our cross-sector roundtable, where experts emphasized their potential for impact and generated promising ideas for concrete action.

STRENGTHEN NAVIGATION PATHWAYS TO RESOURCE HUBS

Make “pulling” information more comprehensive and integrated by linking pathways among stakeholders who regularly interact with older adults and/or their caregivers and connecting them to resource hubs. An AI-powered platform could serve as a consolidated, locally-driven “front door” to community-based, public, and private aging services and resources. This type of hub can improve access and navigation for older adults, strengthen connections across service providers, and ultimately create a more coordinated and effective system. Such a hub might be positioned as the “Centralized Aging Resource Exchange (CARE Hub): Connecting people to the right aging resources at the right time.”

LEVERAGE CRITICAL TOUCHPOINTS WITHIN EXISTING CHANNELS

Use the key moments when people are already receiving information “pushes” to increase awareness and promote planning behaviors and adoption. For example, an employer-based program that prompts people to think about planning for future needs could integrate messaging, nudges, and resource linkage into workplace benefits communication cycles, employee transitions, and educational offerings. Developing a playbook for employer implementation—thematically structured around life milestones—would help shift norms by promoting proactive engagement with tools and resources rather than out of necessity (i.e., too late, in a crisis). Tailored touchpoints across employee life stages, coupled with on-demand resources and referrals, are features of this strategy.

SHIFT AGING NARRATIVES THROUGH RE-IMAGINED COMMUNICATIONS CAMPAIGNS

Develop multi-modal communication campaigns that are positively framed and inviting, emphasizing optimism and opportunity to make discussions about aging more approachable and engaging. In our research, consensus emerged on several promising themes. For example, financial services providers could use messages such as “I Wish I Had Known” or “Don’t Miss Out” to highlight urgency and foresight, encouraging people to act early. Health systems, by contrast, could adopt messages such as “Healthy to 100” to emphasize optimism and vitality, inviting people to envision longevity defined by purpose, engagement, and well-being rather than decline. Together, these efforts can normalize conversations about aging, stimulate adoption readiness, and motivate action across the dimensions of planning for aging well at home illustrated in this report (see Figure 1).

Action Steps for Stakeholders

Key stakeholder groups can take sector-specific action steps that align with and advance the three implementation strategies identified in our research (see Table 1). These action steps aim to support individuals, families, and caregivers by laying the groundwork for an ecosystem enabling planning and aging well at home.

“Enabling individuals to thrive with greater health, productivity, and purpose requires a movement among businesses, nonprofits, government, and communities to forge a positive path forward.”

—Elyse Pellman, President, Age Wave

Table 1. Stakeholder Groups and Action Steps

STAKEHOLDER GROUPS	ACTION STEPS
Health Care Health systems, provider groups, and community health centers	<ul style="list-style-type: none"> • Develop a longevity-focused playbook that equips providers with knowledge and resources to engage older adults and caregivers navigating aging at home. • Integrate screening tools into appropriate care settings to help adults assess their needs and goals and connect them with resources.
Employers Companies across sectors with employees, benefits administration companies, and HR services providers	<ul style="list-style-type: none"> • Offer employees education and referrals to tools and resources for current and anticipated needs in the domains of caregiving, financial well-being, and place planning. • Embed timely prompts to stimulate longevity planning into institutional and individualized touchpoints, including open enrollment announcements, employee assistance programs, and financial wellness offerings. • Increase awareness and incentivize longevity planning through employee wellness and insurance offerings (e.g., health and life).
Financial Services Financial advisors, retirement plan providers, life and long-term care insurers, and FinTech companies	<ul style="list-style-type: none"> • Equip advisors, managers, and brokers with knowledge and resources to engage in comprehensive planning discussions and development of roadmaps inclusive of finances, health, home, and long-term care goals. • Create routine touchpoints in client communications and provide AI-driven tools that help individuals and families maintain customizable roadmaps. • Participate in a consortium that develops tailored communication campaigns to ignite conversations and drive engagement.
Advocacy Groups Nonprofit organizations, coalitions, and industry associations across aging, finance, housing, health, and government policy	<ul style="list-style-type: none"> • Elevate holistic approaches to longevity planning and promote proactive, multidimensional preparation for longer lives at home across health, finances, home, social connection, care, and community. • Create playbooks for public- and private-sector partners to help practitioners improve fluency in longevity planning, enlisting cross-sector experts and people of different age groups to develop best practices.
Community-Based Organizations Local nonprofits and service providers, such as senior centers, faith-based organizations, and food delivery and transportation services	<ul style="list-style-type: none"> • Disseminate information about longevity planning resources, supports, and services, improving the navigation process and contributing to development of resource hubs. • Enable client-facing service providers within community settings to discuss dimensions of longevity planning for aging well at home and encourage adoption of tools and resources. • Expand digital literacy programming to enable participation in connected care and digital engagement.
Government Agencies Government-led or supported aging service providers, such as AAAs, state-level departments of aging and health, and relevant federal agencies	<ul style="list-style-type: none"> • Develop centralized resource hubs to connect people to relevant information, resources, and programs. • Leverage multi-sector plans on aging to increase coordination of aging, housing, health-care, and long-term care systems and services that support aging at home.

Source: Milken Institute (2025)



CONCLUSION

Most people wish to remain in their homes and communities as they age, yet few are ready for the complexities that accompany longer lifespans. Older adults make up nearly one-fifth of the US population today, and the average 65-year-old can expect to live an additional 20 years.⁷¹ We have a collective obligation and opportunity to develop an ecosystem that is equipped to help people prepare for our unprecedented longevity.

This report examines the gaps and barriers that limit people's ability to age well at home through a multilevel lens, recognizing that individual attitudes, knowledge, and behaviors are shaped by the communities, organizations, and systems meant to support them. Ageism persists as a widespread cultural norm that undermines proactive planning for the future. Shifting the narrative on aging and older adulthood is imperative to address this challenge and facilitate greater longevity preparedness.

Increasing awareness, strengthening access, and encouraging adoption of tools and resources are also essential. Leveraging technology and AI-driven innovations can improve how people find much-needed supports and enable organizations to reach people with the right support at the right time. We offer a systems approach to achieving these goals, one that involves engaging key stakeholders—from health care, financial services, and employers to community-based organizations, government agencies, and advocacy groups—each with a role to play.

Becoming longevity-ready requires an all-hands approach. By identifying the dimensions of planning for aging at home and elevating promising implementation strategies, we aim to spark collective action that enables all people to live long, healthy, and fulfilling lives in their chosen homes and communities.

Additional Milken Institute Resources

Publications

- [The Future of Connected Care: Enabling Healthy Longevity and Aging at Home](#)
- [Supporting Family Caregivers: How Employers Can Lead](#)
- [Transcending Age-Based Divides: The Case for Scaling Intergenerational Solutions](#)

Panels

- [The Roadmap to Longevity](#)
- [What's Next in Aging: Leveraging Plans and Progress to Meet the Moment](#)
- [Silver Threads: Weaving the Caregiving Tapestry](#)

ENDNOTES

1. 2023 Profile of Older Americans (Administration for Community Living, May 2024), https://acl.gov/sites/default/files/Profile%20of%20OA/ACL_ProfileOlderAmericans2023_508.pdf.
2. Liz Hamel and Alex Montero, *The Affordability of Long-Term Care and Support Services: Findings from a KFF Survey* (KFF, November 14, 2023), <https://www.kff.org/health-costs/poll-finding/the-affordability-of-long-term-care-and-support-services/>; Julie Bynam and Ana Montoya, *Long-Term Care: Are Older Adults Ready?* (University of Michigan Institute for Healthcare Policy and Innovation, May 1, 2025), <https://www.healthyagingpoll.org/reports-more/report/long-term-care-are-older-adults-ready>.
3. “Older Adults Outnumber Children in 11 States and Nearly Half of US Counties,” US Census Bureau, June 2025, <https://www.census.gov/newsroom/press-releases/2025/older-adults-outnumber-children.html>; Mark Mather and Paola Scommegna, “Fact Sheet: Aging in the United States,” Population Reference Bureau, January 9, 2024, <https://www.prb.org/resources/fact-sheet-aging-in-the-united-states/>.
4. Robert Gebeloff and Dana Goldstein, “As Gen X and Boomers Age, They Confront Living Alone,” *The New York Times*, December 1, 2022, <https://www.nytimes.com/2022/11/27/us/living-alone-aging.html>.
5. Andrew Friedson and Diane Ty, “Who Will Take Care of Mom,” *Milken Institute Review*, May 2, 2025, <https://www.milkenreview.org/articles/who-will-take-care-of-dad>; Alice H. Munnell, “Most Adults Greatly Underestimate the Realities of Aging and Long-Term Care,” Center for Retirement Research at Boston College, March 10, 2025, <https://crr.bc.edu/do-older-adults-understand-healthcare-risks/>.
6. United States Census Bureau, “Age and Sex,” American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101, accessed on September 5, 2025, <https://data.census.gov/table/ACSST1Y2023.S0101>; *The Demographic Outlook: 2025 to 2055* (Congressional Budget Office, January 13, 2025), <https://www.cbo.gov/publication/60875>; US Census Bureau, “Living Arrangements of Adults 18 Years and Over in the United States,” American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B09021, accessed on September 5, 2025, <https://data.census.gov/table/ACSDT1Y2015.B09021?q=adults+living+alone>; *Projections and Implications for Housing a Growing Population: Older Households 2015–2035* (Joint Center for Housing Studies of Harvard University, December 13, 2016), <https://www.jchs.harvard.edu/research-areas/reports/projections-and-implications-housing-growing-population-older-households>; Judith Dey and Melissa Favreault, *Long-Term Services and Supports for Older Americans: Risks and Financing Research Brief*, 2022 (Office of the Assistant Secretary for Planning and Evaluation, September 27, 2022), <https://aspe.hhs.gov/sites/default/files/documents/08b8b7825f7bc12d2c79261fd7641c88/Ltss-risks-financing-2022.pdf>; *Projections of Risk of Needing Long-Term Services and Supports at Ages 65 and Older* (US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, January 2021), <https://aspe.hhs.gov/sites/default/files/private/pdf/265136/LTSSRisk.pdf>.
7. *Meeting the Growing Demand for Age-Friendly Care* (The John A. Hartford Foundation, July 26, 2024), https://www.johnahartford.org/images/uploads/resources/The_Growing_Demand_for_Age-Friendly_Care_Report_FINAL.pdf.
8. Annamaria Lusardi, Andrea Sticha, et al., *Financial Literacy and Retirement Fluency in America* (TIAA Institute, May 29, 2025), <https://www.tiaa.org/public/institute/publication/2025/financial-literacy-and-retirement-fluency-in-america>.

9. *Meeting the Growing Demand for Age-Friendly Care.*
10. “The Longevity Preparedness Index,” John Hancock (in collaboration with MIT AgeLab), accessed October 15, 2025, <https://www.johnhancock.com/prepareforbetter>.
11. Lauren Dunning and Jennifer Rossano, *The Future of Connected Care: Enabling Healthy Longevity and Aging at Home* (Milken Institute, May 4, 2025), <https://milkeninstitute.org/content-hub/research-and-reports/reports/future-connected-care-enabling-healthy-longevity-and-aging-home>.
12. Rachel Hisle, “Aging in Place with Assistive Tech Survey,” *US News and World Report*, July 8, 2025, <https://www.usnews.com/360-reviews/services/senior-tech-aging-in-place-survey>.
13. Diane Ty and Priyanka Shah, *Supporting Family Caregiving: How Employers Can Lead* (Milken Institute, January 23, 2025), <https://milkeninstitute.org/content-hub/research-and-reports/reports/supporting-family-caregiving-how-employers-can-lead>.
14. Jennifer Cornman, Vicki Freedman, and Jennifer Wolff, “The Number of Family Caregivers Helping Older US Adults Increased from 18 Million to 24 Million, 2011–22,” *Health Affairs* 44, no. 2 (February, 2025), <https://doi.org/10.1377/hlthaff.2024.00978>.
15. Marc Cohen, Kerry Glova, et al., *Increases in Older Americans’ Income and Household Assets Still Cannot Support Most During Financial Hardship* (National Council on Aging and LeadingAge LTSS Center at University of Massachusetts Boston, August 2024), https://assets-us-01.kc-usercontent.com/ffacfe7d-10b6-0083-2632-604077fd4eca/108ad617-addf-4d8d-9919-5197cc08b4e9/2024_Research_80_Report.pdf.
16. *Meeting the Growing Demand for Age-Friendly Care.*
17. Paula Span, “Aging in Place, or Stuck in Place?” *The New York Times*, April 21, 2024, <https://www.nytimes.com/2024/04/20/health/seniors-home-equity-mortgages.html>.
18. Jennifer Molinsky, “The Dual Burden of Housing and Care for Older Adults,” *Joint Center for Housing Studies of Harvard University*, May 20, 2025, <https://www.jchs.harvard.edu/blog/dual-burden-housing-and-care-older-adults>.
19. Sojung Park, Eunhye Ahn, et al., “Artificial Intelligence and Aging in Place: A Scoping Review of Current Applications and Future Directions,” *The Gerontologist* 65, no. 6 (April 17, 2025), gna130, <https://doi.org/10.1093/geront/gnaf130>; Dunning and Rossano, *The Future of Connected Care*.
20. James Aikens, Pearl Lee, et al., *Mobile Health App Use Among Older Adults* (University of Michigan Institute for Healthcare Policy and Innovation, February 9, 2022), <https://www.healthyagingpoll.org/reports-more/report/mobile-health-app-use-among-older-adults>; “About AgeTech,” Tracxn, accessed August 18, 2025, https://tracxn.com/d/sectors/age-tech/_YFluP31FHG583F9ULS4tLP6CfdThmzVC3IK_QRkCP0#about; Satyajit Sinha, *State of IoT 2024: Number of Connected IoT Devices Growing 13% to 18.8 Billion Globally* (Internet of Things Analytics, September 3, 2024), <https://iot-analytics.com/number-connected-iot-devices/>.
21. Kurt Greenlund, Rachel Kaufmann, et al., “Trends in Multiple Chronic Conditions Among US Adults, by Life Stage, Behavioral Risk Factor Surveillance System, 2013–2023,” *Preventing Chronic Disease* 22 (April 17, 2025), https://www.cdc.gov/pcd/issues/2025/24_0539.htm; “Functional Limitation,” Centers for Disease Control and Prevention, National Center for Health Statistics, accessed August 18, 2025, <https://www.cdc.gov/nchs/hus/topics/functional-limitation.htm>.

22. Anqi Chen, Alicia H. Munnell, et al., *Do Older Adults Understand Healthcare Risks, and Do Advisors Help?* (Center for Retirement Research at Boston College, January 22, 2025), <https://crr.bc.edu/do-older-adults-understand-healthcare-risks-and-do-advisors-help/>; Bynam and Montoya, *Long-Term Care*.
23. “Many Americans Are Counting on the Wrong Safety Net for Long-Term Care,” *Nationwide*, June 16, 2025, <https://news.nationwide.com/many-americans-are-counting-on-the-wrong-safety-net-for-long-term-care/>.
24. Annamaria Lusardi, Andrea Sticha, et al., *An Unrecognized Barrier to Retirement Income Security: Poor Longevity Literacy* (TIAA Institute, August 21, 2023), <https://www.tiaa.org/public/institute/publication/2023/an-unrecognized-barrier-to-retirement-income-security-poor-longevity-literacy>.
25. Cohen et al., *Increases in Older Americans’ Income and Household Assets*.
26. Hamel and Montero, *The Affordability of Long-Term Care*.
27. Sheria Robinson-Lane, *Older Adults’ Preparedness to Age in Place* (University of Michigan Institute for Healthcare Policy and Innovation, April 13, 2022), <https://www.healthyagingpoll.org/reports-more/report/older-adults-preparedness-age-place>.
28. Jeremy Engelberg, Wan He, et al., *Old Housing, New Needs: Are US Homes Ready for an Aging Population* (US Census Bureau, May 15, 2020), <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p23-217.pdf>.
29. Hamel and Montero, *The Affordability of Long-Term Care*.
30. Hal Hershfield, “Future Self-Continuity: How Conceptions of the Future Self-Transform Intertemporal Choice,” *Annals of the New York Academy of Sciences* 1235 (October 2011): 30–43, <https://pmc.ncbi.nlm.nih.gov/articles/PMC3764505/>; Tali Sharot, “The Optimism Bias,” *Current Biology* 21, no. 23 (December 6, 2011): R941–R945, <https://www.sciencedirect.com/science/article/pii/S0960982211011912>.
31. Teresa Keenan and Cheryl Lampkin, *Health Literacy: How Well Can Older Adults Find, Understand, and Use Health Information?* (University of Michigan Institute for Healthcare Policy and Innovation, National Poll on Aging, October 22, 2024), <https://www.healthyagingpoll.org/reports-more/report/health-literacy-how-well-can-older-adults-find-understand-and-use-health>.
32. Marci Phillips, “FY26 Budget Proposal Puts Aging Services at Risk,” *National Council on Aging*, April 21, 2025, <https://www.ncoa.org/article/fy26-budget-proposal-puts-aging-services-at-risk/>.
33. Nancy De Lew and Benjamin D. Sommers, “Improving Health and Well-Being Through Community Care Hubs,” *Health Affairs Forefront*, November 29, 2022, <https://www.healthaffairs.org/content/forefront/improving-health-and-well-being-through-community-care-hubs>.
34. Susan Nash, “Taking Aim at Ageism: Stanford Summit Looks at Changing the Conversation About Longevity,” *Local News Matters Bay Area*, January 31, 2025, <https://localnewsmatters.org/2025/01/31/taking-aim-at-ageism-stanford-summit-looks-at-changing-the-conversation-about-longevity/>.
35. Danan Gu and Sheri Levy, “Adult Life-Span Development Is Largely Missing from the PK-12 Health Standards: A Risk Factor for US Society,” *The Gerontologist* 63, no. 5 (June 15, 2023), <https://doi.org/10.1093/geront/gnac169>.

36. Patricia Crawford, Lauren Dunning, et al., *The Role of Law and Policy in Achieving the Healthy People 2020 Nutrition and Weight Status Goals of Increased Fruit and Vegetable Intake in the United States* (Department of Health and Human Services, Office of Disease Prevention and Health Promotion, September 13, 2018), https://wayback.archive-it.org/5774/20211119000749/https://www.healthypeople.gov/sites/default/files/LawHealthPolicy_Report_2018.10.pdf; Andrea M. Brace, Jillian P. Fry, et al., “A Tale of Two Urgent Food System Challenges: Comparative Analysis of Approaches to Reduce High-Meat Diets and Wasted Food as Covered in US Newspapers,” *Sustainability* 14, no. 19 (September 24, 2022), <https://www.mdpi.com/2071-1050/14/19/12083>.
37. Joseph F. Coughlin, Surya P. Kolluri, et al., *The Future of Advice* (TIAA Institute, March 10, 2025), <https://www.tiaa.org/content/dam/tiaa/institute/pdf/insights-report/2025-03/tiaa-institute-mit-future-of-advice-kolluri-march-2025.pdf>.
38. “Longevity: Aging Well,” RBC Wealth Management, accessed September 23, 2025, <https://www.rbcwealthmanagement.com/en-ca/campaign/aging-well>; “Longevity Planning Worksheet & Checklist,” Manulife John Hancock Investments, accessed September 23, 2025, <https://www.jhinvestments.com/resources/all-resources/business-building/longevity-planning-worksheet-and-checklist>; “Longevity Planning Guide,” Hartford Funds, accessed September 23, 2025, <https://www.hartfordfunds.com/insights/investor-insight/navigating-longevity/building-your-longevity-network/longevity-planning-guide.html>.
39. Surya Kolluri, *From Longevity Literacy to Longevity Fitness* (TIAA Institute, February 2024), <https://www.tiaa.org/content/dam/tiaa/institute/pdf/insights-report/2024-02/from-longevity-literacy-to-longevity-fitness.pdf>.
40. Robert Powell, “Health, Caregiving and Estate Planning: How to Talk About Tough Topics with Aging Parents,” *MarketWatch*, April 23, 2024, <https://www.marketwatch.com/story/health-caregiving-and-estate-planning-how-to-talk-about-tough-topics-with-aging-parents-c9f174b0>.
41. “This Older Californians Month, Start the Conversation with Your Family to Connect with California’s Aging Resources,” California Department of Aging, May 1, 2024, https://aging.ca.gov/Newsroom/Press_Release/May0124/.
42. Gu and Levy, “Adult Life-Span Development.”
43. “NYC Aging, NYC Schools, and NYAM Receive Nearly \$400,000 to Expand Anti-Ageism Classes,” New York City Department of Aging, accessed August 22, 2025, <https://www.nyc.gov/site/dfta/news-reports/press-releases/pr--receive-nearly-400000-to-expand-anti-ageism-classes.page>.
44. “BeWell & Healthy Living,” Stanford University Cardinal at Work, accessed August 22, 2025, <https://cardinalatwork.stanford.edu/well-being/bewell-healthy-living>.
45. “Aging Wisely: Proactive Planning for Long Term Care,” Stanford University Cardinal at Work, accessed August 23, 2025, <https://cardinalatwork.stanford.edu/event/series/aging-wisely-proactive-planning-long-term-care>.
46. “Ten Years of Automatic Enrollment in Workplace Pensions: Statistics and Analysis,” Department for Works and Pensions, October 26, 2022, <https://www.gov.uk/government/statistics/ten-years-of-automatic-enrolment-in-workplace-pensions/ten-years-of-automatic-enrolment-in-workplace-pensions-statistics-and-analysis>.

47. Emerson Sprick, Mathieu Despard, et al., *Moving Forward from SECURE 2.0: Building on the Law's Most Effective Provisions, Closing the Access Gap, and Reforming Social Security* (Bipartisan Policy Center, March 17, 2025), <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2025/03/Moving-Forward-from-SECURE-2.0-BPC-CSD-Report.pdf>.
48. Hershfield, "Future Self-Continuity."
49. John Beshears, Hengchen Dai, et al., "Using Fresh Starts to Nudge Increased Retirement Savings," *Organizational Behavior and Human Decision Processes* 167 (November 2021): 72–87, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8341022/pdf/nihms-1728570.pdf>.
50. "John Hancock Vitality," John Hancock, accessed August 23, 2025, <https://www.johnhancock.com/life-insurance/vitality.html>.
51. Edward C. Baig, "Keeping Fit Could Earn You a Smartwatch," AARP, January 24, 2022, <https://www.aarp.org/personal-technology/wearables-insurance/>.
52. "Helping Canadians Be Retirement Ready," Government of Canada, February 17, 2025, <https://www.canada.ca/en/employment-social-development/news/2025/02/helping-canadians-be-retirement-ready.html>.
53. Natalie Iciaszczyk, Keith Neuman, et al., *Perspectives on Growing Older in Canada: The 2023 NIA Ageing in Canada Survey* (National Institute on Ageing, January 31, 2024), <https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/65b9aab2aa98045d4111da0/1706666677745/2023+NIA+Ageing+in+Canada+Survey.pdf>.
54. "Aging and Disability Resource Centers (ADRCs)," Wisconsin Department of Health Services, accessed August 23, 2025, <https://www.dhs.wisconsin.gov/adrc/index.htm>.
55. "Innovations in Aging," New York State Office for the Aging, accessed August 23, 2025, <https://aging.ny.gov/innovations-aging>.
56. "America's Aging-in-Place Platform," The Helper Bees, accessed August 23, 2025, <https://www.thehelperbees.com>; "Engage Older Adults and Underserved Community Members Better," Blooming Health, accessed August 23, 2025, <https://gobloominghealth.com>; "Connect with Older Adults When It Matters Most," Bridge Social, accessed August 23, 2025, <https://www.bridgesocial.io>.
57. "Village Movement," Village to Village Network, accessed August 25, 2025, https://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=248578.
58. "NYSOFA-Produced Documentary Highlights Naturally Occurring Retirement Community (NORC) Program: A NY First Model Helping Older Adults Age Successfully in Their Communities of Choice," New York State Office for the Aging, May 6, 2025, <https://aging.ny.gov/news/nysofa-produced-documentary-highlights-naturally-occurring-retirement-community-norc-program>.
59. *Enabling Aging in Place Practices: Naturally Occurring Retirement Communities (NORCs)* (NORC Innovation Centre at University Health Network, October 27, 2023), https://www.healthcareexcellence.ca/media/noubvdoa/cs_norcs_accessible_eng.pdf.
60. "Preparing for Longevity Advisory Network (PLAN)," MIT Age Lab, accessed August 23, 2025, <https://agelab.mit.edu/retirement-and-longevity-planning/projects/preparing-for-longevity-advisory-network/>.

61. "CAPABLE. Community Aging in Place. Advancing Better Lives for Elders," Capable National Center, accessed August 23, 2025, <https://capablenationalcenter.org>.
62. Lauren Dunning, Diane Ty, et al., "Awareness and Perceptions of "Age-Friendly": Analyzing Survey Results from Voices in the United States," *Geriatrics* 8, no. 3, 58, (May 28, 2023), <https://www.mdpi.com/2308-3417/8/3/58>.
63. Emily A. Greenfield and Natalie E. Pope, "'It Made Me Change the Way I Do Business': Outcomes From Age-Friendly Community Initiatives as Systems Change," *The Gerontologist* 65, no. 1 (October 25, 2024), gnae149, <https://doi.org/10.1093/geront/gnae149>.
64. Greenfield and Pope, "It Made Me Change the Way I Do Business."
65. "Age Friendly Health Systems Initiative," The John A. Hartford Foundation, accessed August 23, 2025, <https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-health-systems-initiative>.
66. "Active Ageing Centres," Agency for Integrated Care, accessed August 23, 2025, <https://www.aic.sg/care-services/active-ageing-centres/>.
67. "Be a Volunteer with Us," Agency for Integrated Care, accessed August 23, 2025, <https://www.aic.sg/community/be-a-volunteer/>.
68. "Changing the Narrative Is a National Initiative to End Ageism," Changing the Narrative, accessed August 23, 2025, <https://changingthenarrativeco.org>.
69. "Flipping the Script on Aging," California Department of Aging, accessed September 2, 2025, https://aging.ca.gov/newsroom/Age_Friendly_Resources/.
70. "Find Services in My County," California Department of Aging, accessed September 2, 2025, https://aging.ca.gov/Find_Services_in_My_County/#tblServicesInMyCounty; "Home," California Caregiver Resource Center, accessed September 2, 2025, <https://www.caregivercalifornia.org/>.
71. Sherry L. Murphy, Kenneth D. Kochanek, et al., *Mortality in the United States, 2023* (National Center for Health Statistics, December 2024), <https://www.cdc.gov/nchs/data/databriefs/db521.pdf>; "Older Adults Outnumber Children," US Census Bureau; "Life Expectancy," National Center for Health Statistics, accessed September 2, 2025, <https://www.cdc.gov/nchs/fastats/life-expectancy.htm>.

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Lauren Dunning is a director for the Milken Institute Future of Aging, where she develops initiatives and strategic partnerships that advance healthy longevity and financial security across the life course. In her role, Dunning leads work on integrated care solutions leveraging technology and oversees the Future of Aging Advisory Board, a group of global leaders from across sectors that provides advisement, expertise, and collaboration to maximize collective impact. Before joining the Milken Institute, Dunning served in key policy leadership roles over 10 years at the Los Angeles County Department of Public Health, where she was most recently the director of government affairs working with officials at all levels to shape public health policy. Dunning has written and presented on a variety of topics across public health, aging, and health care, held appointment as an adjunct professor of law at Georgetown University Law Center, and serves in an advisory capacity to a number of organizations, including LeadingAge California and the Atria Research Institute. Dunning earned a JD from Georgetown University Law Center, a Master of Public Health from Johns Hopkins Bloomberg School of Public Health, and a bachelor's degree from George Washington University. She works at the Milken Institute's Santa Monica office.

Jennifer Rossano is a researcher, writer, and thought leader working at the intersection of aging and health. As a project director at the Milken Institute Future of Aging, she conducts research, develops insights, and produces content to advance healthy longevity. Rossano is also affiliated with the Positive Psychology Center at the University of Pennsylvania, where she has written about and contributed to research examining the impact of the arts and humanities on well-being. Bringing a multidisciplinary approach to her work, she draws upon expertise in marketing, communications, psychology, and public health. Rossano is pursuing a Master of Public Health at Johns Hopkins University and holds a Master of Applied Positive Psychology from the University of Pennsylvania. Previously, she served as a marketing director in the children's toy and licensing industry and worked in the culinary field as an educator and food writer. She is dedicated to advancing initiatives that enable older adults to thrive, with a focus on disease prevention, health promotion, and positive aging.



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