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How Can America Support the Health of its Diverse Aging Population?

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KEY TAKEAWAYS

- The United States is experiencing rapid population aging alongside increasing racial and ethnic diversity.
- There are significant barriers preventing minoritized racial and ethnic groups from achieving healthy aging.
- The social determinants of health (SDoH) framework highlights the non-genetic factors influencing healthy aging.
- Collective action from policymakers, healthcare providers, communities, and individuals can create a more inclusive and supportive environment for all older adults.

The intersection of rapid population aging and increasing racial and ethnic diversity is reshaping America's demographic landscape. Rapid population aging, characterized by a notable rise in the proportion of individuals aged 65 and older, is a phenomenon driven primarily by high birth rates between 1946 and 1964 (the "baby boom"), declines in birth rates since that time, and increases in life expectancy. Nearly 17% of Americans today are aged 65 or older. In 2030, one in five Americans will be 65 or older (21%), and by 2060, one in four Americans will be 65 or older (25%).¹

The older adult population has increased in every U.S. state over the past decade (see Figure 1). However, some states are seeing faster growth than others. The ten states with the largest increases in their older adult populations are Alaska, Colorado, Delaware, Georgia, Maine, Nevada, New Hampshire, New Mexico, Vermont, and Wyoming.

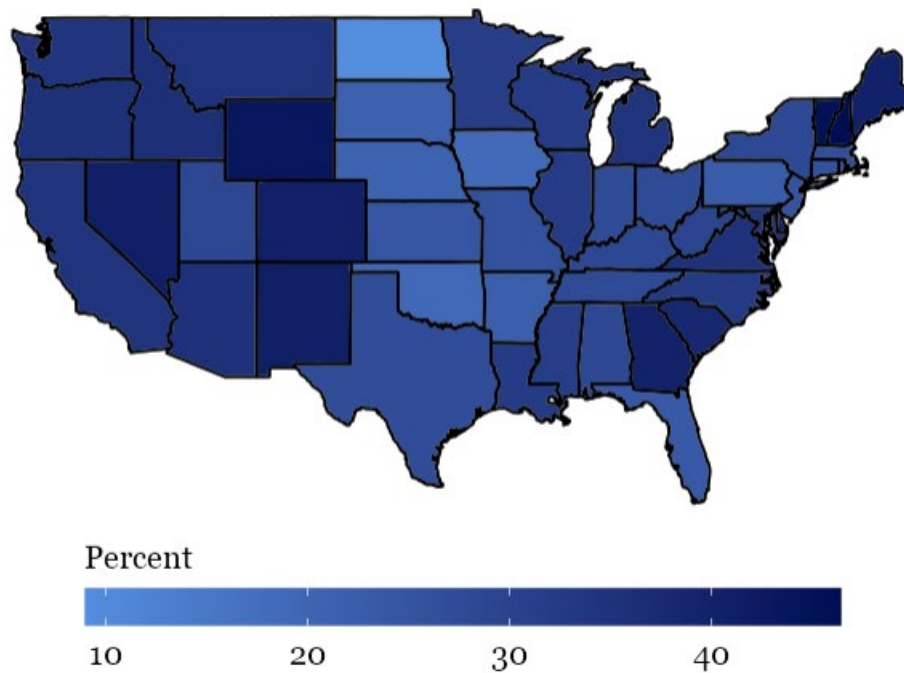


Figure 1: Increase in the Population Age 65 and Older by State, 2012 to 2022
Data Source: U.S. Census Bureau, Population Division. (2023).

Population aging is unfolding alongside a parallel trend of rising racial and ethnic diversity. The latest U.S. Census projections illuminate the significant demographic composition changes expected in the age 65+ population (see Figure 2). From now until 2060, African American, Native American, Asian, Native Hawaiian and Pacific Islander, Hispanic/Latino, and multiracial groups are projected to experience significant growth in their proportions of adults who survive past age 65.² Hispanic/Latino, Asian, Native Hawaiian/Pacific Islander, and multi-racial groups show the most population growth, which can be attributed in part to higher fertility rates than non-Latino Whites, immigration, and an increase in interracial partnerships and households.^{3,4} Furthermore, notable gains in life expectancy at ages 50-65 across racial/ethnic groups over the past several decades means significant increases in older adult minoritized populations.⁵ Despite gains in longevity, African Americans and Native Americans continue to experience numerous disadvantages that result in health disparities that contribute to shorter life expectancies compared to White Americans.

In contrast to the growth observed in minoritized populations, the proportion of the non-Latino White older adult population is projected to decline over the coming decades. Rising deaths from poisoning, suicide, chronic liver disease, and cirrhosis among middle-aged (ages 35-64) White adults – known as “deaths of despair” – are negatively impacting overall life expectancy in this population.⁶ Factors contributing to these “deaths of despair” include increasing distress, growing income inequality, and the lack of a universal healthcare system that disproportionately affects White adults with low socioeconomic status, particularly those living in rural areas.⁷

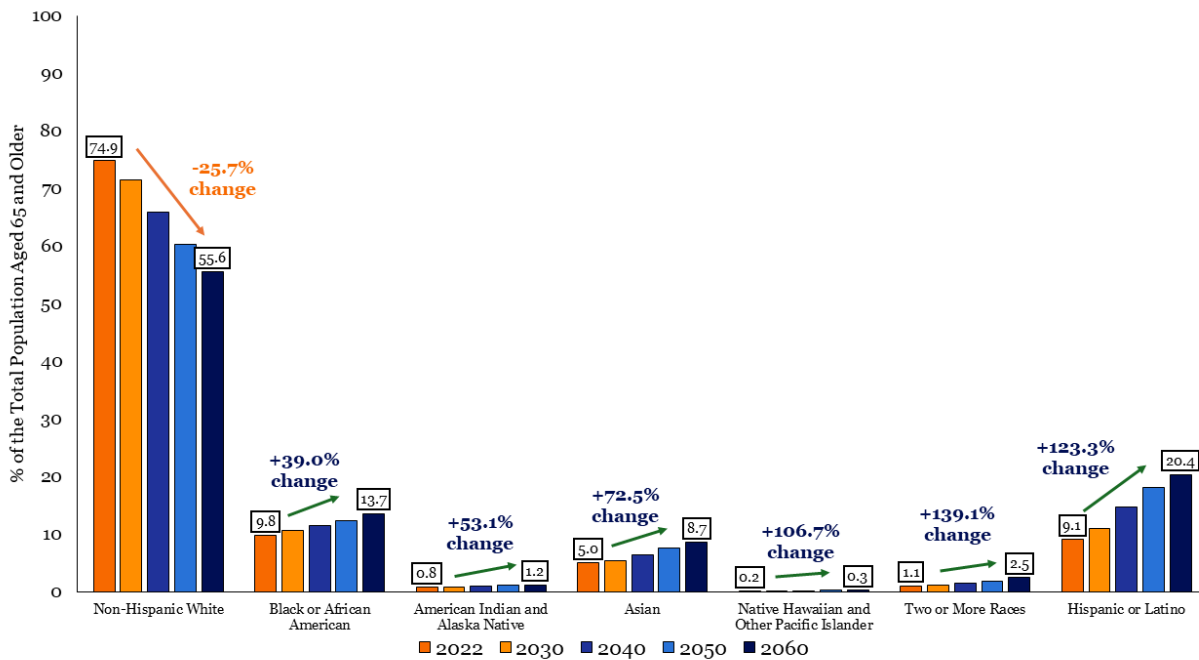


Figure 2: Projected Distribution of the Aged 65 and Older Population by Race and Ethnicity

Data Source: U.S. Census Bureau, Population Division. (2023). Projected Population Distribution by Race, Hispanic Origin, and Selected Age Groups for the United States, Main Series: 2022-2060.

The convergence of rapid population growth among older adults and the increasing racial and ethnic diversity of this population presents numerous considerations and opportunities for policymakers, healthcare providers, and communities to support an aging population. Given that the older adult population will increasingly reflect the diversity present in the U.S. at younger ages, we must address numerous disadvantages and barriers to healthy aging by promoting equitable access to education, quality housing, safe neighborhoods, and other social determinants of health (SDoH) that have historically and disproportionately harmed minoritized populations. These numerous barriers increase burden of disease and disability among minoritized adults across the life course. This brief highlights non-genetic factors that are shown to influence trajectories of health and well-being across the human lifespan through the control, distribution, allocation, or withholding of resources and hazards.

What are the Social Determinants of Healthy Aging?

We must redirect resources that support healthy aging. Extensive research on health disparities underscores the importance of creating inclusive policies and interventions to achieve health equity and address the unique needs of diverse aging communities. Thus, understanding and addressing social determinants of health (SDoH) and healthy aging are paramount.

The SDoH framework, as conceptualized by the National Institutes of Health, includes:

“...the conditions in which people are born, grow, learn, work, play, live, and age, and the wider set of structural factors shaping the conditions of daily life. These structural factors include social, economic, and legal forces, systems, and policies that determine opportunities and access to high quality jobs, education, housing,

transportation, built environment, information and communication infrastructure, food, and health care; the social environment; and other conditions of daily life.”

There are five domains within the SDoH framework, including economic stability, education access and quality, health care access and quality, neighborhood and built environment, and the social and community context. The SDoH framework presents both an understanding of how these factors influence health as well as opportunities to make concerted efforts to remove barriers that impact health, wellbeing, and quality of life.

How Can We Dismantle Barriers to Ensure Healthy Aging for All?

The U.S. could engage in numerous strategies to address each domain within the social determinants framework. Addressing race/ethnic differences in income over the life course could involve implementing policies that reduce income inequality and ensure financial and housing security for older adults. This could include expanding social assistance programs and access to affordable long-term housing, enhancing social security benefits, and promoting job opportunities tailored to the skills and needs of older adults. New research shows that providing a universal basic income that has a meaningful impact on poverty is possible in high-income countries – like the U.S. – and would require taxation only on the top 10 percent.⁸ Universal basic income would allow diverse older adults a supplemental income beyond the often insufficient amount social security provides, especially in the absence of wealth building often achieved by White Americans through investments and 401ks.

Similarly, continuing improvements in education access and quality, particularly in early life, is essential for promoting health equity among older adults. Child-parent centered preschool programs that provide comprehensive educational and family support services, such as that recently piloted in Chicago, have the potential to significantly reduce poor health outcomes, such as smoking and diabetes, in midlife.⁹ Such early childhood programs could lead to a healthier and more productive labor force as well as cost savings for federal, state, and local government healthcare programs and private health insurers. Additionally, promoting inclusive and culturally responsive lifelong learning opportunities can enhance cognitive health and overall wellbeing in later years¹⁰ as well as equip diverse older adults with the knowledge needed to navigate the complex healthcare landscape and actively participate in decisions related to their health.

Within the healthcare system, understanding and respecting diverse cultural backgrounds, including non-English languages and non-traditional health beliefs, is fundamental in ensuring equitable and effective healthcare services for the aging population. This can be achieved by expanding community health centers (CHCs) in underserved areas, implementing telehealth solutions to reach remote populations and those with limited mobility, and promoting diverse representation in the healthcare workforce to increase cultural competency and care. For instance, increased spending on CHCs improves access to care, especially for low-income and racial/ethnic minorities.¹¹ Additionally, several states are using their own funds to offer health insurance to low-income undocumented immigrants who are ineligible for federally funded coverage programs, as well as public option-style programs to help all residents access affordable and quality coverage.¹²

The COVID-19 pandemic demonstrated how telehealth can enhance the delivery of and access to healthcare services. Telehealth can enable patients to access medical care from the safety of their homes, reduce the need for travel, and ensure continuity of care for routine and non-emergency care, including mental health counseling and chronic condition management. However, there are disparities in accessibility of telehealth services, especially for individuals living in rural areas and those without access to internet service.¹³ We can enhance these systems in ways that benefit health organizations and the communities they serve. Furthermore, efforts should be made to implement the LEARN model approach for cross-cultural communication in all medical education and healthcare settings in the U.S. This approach aims to prepare physicians and clinicians to provide for a diverse patient population and reduce racial/ethnic disparities that result from poor patient-provider communication.

Age-inclusive environments can also be created through comprehensive urban planning initiatives that prioritize accessible infrastructure, green spaces, and safe walking paths while deterring gentrification that often pushes out long-term lower-income residents. The AARP livability index¹⁴ measures the “age-inclusiveness” of local communities in the U.S. and defines livability in terms of community characteristics that support older adults’ independence, choice, and safety. A community’s overall score is based on dimensions of housing, neighborhood, transportation, environment, health, engagement, and opportunity. Several small communities (i.e., population under 25,000), including Aspen, CO, Great Neck Plaza, NY, Orange City, IA, and La Crescent, MN, achieved the highest ratings across the U.S. with scores $\geq 70/100$ on the livability index. Despite their success in ranking high as an age-inclusive environment, these communities share common demographic characteristics, including being predominately White, well-educated, and having lower rates of poverty. To replicate this success in diverse communities with greater variation in culture, education, and wealth, resources must be allocated to develop and sustain high-quality, accessible built and social environments. Such age-inclusive environments can strengthen community bonds and intergenerational ties that are crucial for facilitating aging in place, allowing older adults to maintain independence and comfort within their communities.

How Can the U.S. Prepare to Meet the Needs of its Increasingly Diverse Older Adult Population?

The U.S. is simultaneously experiencing rapid population aging and increasing racial/ethnic diversity. As this demographic shift unfolds, dismantling barriers is imperative to ensure healthy aging for all groups. By fostering equitable access to resources and support systems, we can pave the way for our growing diverse older adult population to age healthily and with dignity. This requires collective action from policymakers, healthcare providers, communities, and individuals to create a more inclusive and supportive environment for all older adults. Here are several recommendations that we suggest from our collective work:

1. **Support Data Infrastructure:** Develop a comprehensive data infrastructure to better understand the needs of older adults from diverse backgrounds. This should include detailed categorization of ethnic and cultural backgrounds,¹⁵ measures of interpersonal and structural racism,¹⁶ and social determinants of health (SDoH) indicators across the lifespan.
2. **Increase Healthcare Accessibility:** Enhance healthcare accessibility by extending clinic hours, establishing community health clinics in underserved areas, increasing pathways to care for immigrant communities, recruiting and

retaining diverse staff, and integrating community workers and traditional healers into the healthcare system.

3. **Create Age-Inclusive Communities:** Foster and sustain age-inclusive communities by addressing the intersection of affordable housing, neighborhood convenience, environmental quality, transportation, safety, and economic opportunity.
4. **Implement Reparations:** Addressing historical and contemporary inequalities and injustices in income, wealth, and housing through reparations, which directly target the root causes of disparities that have long impacted African American and indigenous communities, can offer financial stability and facilitate healing and justice.

We can build a society that supports healthy aging for all, ensuring that every older adult can live with dignity and quality of life.

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