

Will Tomorrow's Older Persons Age as Successfully as Their Parents' Generation?

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The concept of “successful aging” was proposed as a framework to broaden the perspective of gerontology from its prior focus on losses that accrue with advancing age to a consideration of the substantial heterogeneity of the aging process (Rowe & Kahn, 1987). Since that time, many modifications of the original concept have been proposed, most relating to a greater inclusion of social and cultural contexts and varied approaches to the issue of “engagement” as a central component. Scholars have debated what successful aging is and what it is not: is it a theory, a concept, a paradigm, a process, or an outcome? Moreover, work continues in specifying how best to measure successful aging, how large a portion of the population successful aging pertains to, and how to develop policies and programs to promote it. Ongoing research in successful aging reflects an emphasis on global aspects of aging, including in low- and middle-income countries (Chen et al., 2022), the factors and characteristics of successful aging at the societal level (Chen et al., 2018), application of the concept across the life course (Dzau et al., 2019; Fried & Rowe, 2020), and the implications of technology in relation to age-friendly and longevity-friendly environments (Rowe, 2023; Wang et al., 2021). As aging has become a major issue globally, approaches to this area have risen to the top of many international policy agendas.

Given the substantial and continued scholarly work in this area, *The Gerontologist* invited authors to contribute novel conceptual manuscripts, empirical research papers, and innovative review articles focused on successful aging. As a reflection of the continued, if not growing, energy around this topic, we received numerous responses to the Call for Papers for this Special Issue, which brings together 23 innovative papers, including quantitative, qualitative, and methodologically oriented research, and a set of Review articles and diverse Forum pieces examining key issues and areas for future work.

In addition to the wide array of topics covered in this Special Issue, I would like to add an additional focus on an area of emerging interest—recent and predicted trends in successful aging at the population level. The accruing evidence in this regard is raising concerns as it appears that preretirement cohorts may be on a trajectory that will yield worsening function in late life than their predecessors. Such a scenario would

have dramatic implications for the labor force, healthcare, and national economies.

The traditional population-level metric regarding how well individuals age in a society has been life expectancy, whether measured from life or conditional on some specific age, such as a life expectancy at age 65, which provides more insight into factors relevant to older persons and eliminates the confounds of death before age 65, which may not have reflected such age-relevant factors as trauma, infections, opioid overdose, and the like. With increasing attention to healthy longevity and a focus on health span rather than lifespan, measures such as disability-free life expectancy or quality adjusted life years became of increasing interest. Regarding disability-free life expectancy, disability has been variously measured as an impairment in activities of daily living, instrumental activities of daily living, self-reported difficulties in physical or cognitive wellbeing, or performance-based measures such as grip strength, chair rise, and walking speed.

As emphasis on healthy longevity increased, it became common to estimate for various populations the proportion of remaining years of life that will be spent fully functional and the proportion associated with some degree of disability. In 1980, James Fries popularized the concept of “Compression of Morbidity” (Fries, 1980), which refers to the progressive increase in the proportion of remaining life that would be spent fully functional and the corresponding reduction, or compression, of the proportion of remaining years spent disabled. It is important to stress that compression of morbidity does not require a lack of increase in life expectancy but only conditions in which the age of onset of disability increases at a rate greater than the increase in life expectancy.

For many years, the prevailing wisdom was that advances in education and in the availability and quality of healthcare, as well as a greater understanding of preventive care and lifestyle factors such as diet, smoking, and exercise, would bring with them a sustained, gradual compression of morbidity. This view had profound implications as it predicted a future in which older populations would be healthier with lower healthcare costs as opposed to the previous expectations expressed as “expansion of morbidity” that national budgets and healthcare systems would be crushed by the demands of

a rapidly growing infirm older population. A derivative third view, that of “dynamic equilibrium,” held that diseases would be more common but less severe so that health-related costs would not skyrocket.

As scholars began to study these aspects of population dynamics in initial studies, including a longitudinal study of University of Pennsylvania alumni (Vita et al., 1998), some support emerged for Fries’ predictions. However, the literature became quite mixed on this issue, with various definitions of the presence and severity of disability, geography (United States vs Europe), and age of onset of analysis (birth vs late life) influencing findings (Mor, 2005). In 2016, Eileen Crimmins and her colleagues, who have made very important contributions in this area, found that there was little evidence for compression of morbidity in the United States over the life course during the four decades from 1970 to 2010, but there was support for modest compression after age 65 (Crimmins et al., 2016). Additional research has shown a decrease in years spent with severe disability and a corresponding increase in moderate disability, consistent with the “dynamic equilibrium” hypothesis as well as evidence that lifestyle factors and health insurance all influence disability incidence (Cai & Lubitz, 2007; Cambois & Robine, 2016; Moreno et al., 2021).

More recently, it seems the tables have turned. Studies from the Pan American Health Organization (Martinez et al., 2021) on trends in the Americas as well as evidence on global trends from WHO (2022) show clear signs of a lengthening of the proportion of late life spent disabled, which I prefer to refer to as “decompression” rather than “expansion” of morbidity as the former term emphasizes the reversal of the prior trend. In an informative recent review of national and international studies, Geyer and Eberhard (2022) identified three specific trends in morbidity, including: (1) compression with respect to certain specific diseases (dementia, lung cancer, stroke); (2) decompression for certain conditions such as diabetes and individuals with multiple morbidities; and (3) a disturbing finding they referred to as a “double development,” in which there was compression of morbidity in the older population studied but decompression in those near the age of 65, for both measures of general fitness as well as specific diseases such as myocardial infarction. They conclude, “The findings suggest that the observed secular trend toward better health among the elderly has not persisted among the more recently born cohorts” (Geyer & Eberhard, 2022).

In addition to these multinational studies, additional insights on decompression trends are available in several other reports. Tetzlaff et al. (2017), examining insurance claims data for Lower Saxony Germany, found multimorbidity rose continuously from 2005 to 2014 with decompression of morbidity. In a study of “healthy working life expectancy” in English participants aged 50–75 years of age, Lynch et al. (2022) estimated that life expectancy at age 50 rose by 5.4 years in men between 1996 and 2018, while healthy working life expectancy rose by only 2.0 years between 1996 and 2014 with similar trends for women. And more recently, Chapel et al. (2023), using data from the Health and Retirement Study, demonstrated progressive recent and likely future decompression of morbidity measured both as years lived with disability as well as quality adjusted life years for those entering retirement. A strong effect of socioeconomic status on degree of decompression of morbidity was apparent. In addition, the effect of socioeconomic status was

not limited to the poor but extended to all income groups, with a major impact on those in the lower half of the middle class, which comprises 30% of older persons. This important finding is consistent with the early observations of House et al. (2005), who emphasized the disproportionate impact of low socioeconomic status, as well as the observations of Cantu et al. (2021) regarding lack of educational attainment as a risk factor for enhanced morbidity.

As described in the *National Academy of Medicine Roadmap to Healthy Longevity*, the stakes are very high when it comes to the wellbeing of our future aging population. On the plus side, older persons can contribute significantly to society if they are fit, contributions that include enormous social capital as well as economic benefits—the so-called Longevity Dividend. On the other hand, an increasingly infirm older population will bring enormous stresses on economies and healthcare systems. Unleashing healthy longevity will require expanded investment in public health-led prevention, which could net economic and fiscal benefits to families, communities, and the nation (NAM, 2022). The combination of healthy longevity and its economic and social return on investment through the empowered social capital of older adults delivered in effective volunteer (Huo et al., 2021; Lu et al., 2024) as well as work opportunities (Berkman & Truesdale, 2022) for older people could create a previously unimagined third demographic dividend.

The research agenda needed to address these disturbing trends in the well-being of future older persons, especially those at lower levels of socioeconomic status, includes an understanding of the drivers of these trends, international and regional comparisons (especially in low- and middle-income countries and across countries with varied social supports and services), and detailed analysis of varied program and policy options that may mitigate adverse trends. This is a rich, full, and critically important agenda addressing successful aging at the population level.

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Conflict of Interest

None.

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