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Age is just a number: How older adults view healthy aging

The results of a survey from the McKinsey Health Institute shed light on the health perceptions and priorities of people aged 55 and older.

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When someone contemplates growing older, it's likely with a wish for physical and financial independence, joyful and engaging activities, and closeness with loved ones. Whether by playing pickleball or mah-jongg, working a part-time job, or running after grandchildren (or all of the above), the big question is how every older adult, no matter their country or socioeconomic status, can manifest what matters to them.

A new McKinsey Health Institute (MHI) survey of more than 21,000 older adults (defined as those aged 55 and older) across 21 countries finds that respondents largely agree about the importance of having purpose, managing stress, enjoying meaningful connections with others, and preserving independence.[1] Consistent with external literature, and building on MHI's previous work in this area, the analysis examined the intersection of many of those factors with respondents' subjective, or perceived, health and well-being across the dimensions of mental, physical, social, and spiritual health (see sidebar "Methodology").[2]

Among the results, unsurprisingly, is that older adults who have financial stability—no matter their country—are more likely than their peers to be able to adhere to healthy habits, including those that boost cognitive health.[3] And contrary to the perception that older adults are tech laggards compared with their younger peers, the results find widespread technology adoption, especially in smartphone use, among the older adult population.

But on other topics, including how respondents perceive their health across the four dimensions, how they want to engage in society, and how they view the best ways to stay healthy, responses vary widely.

Respondents largely agree about the importance of having purpose, managing stress, enjoying meaningful connections with others, and preserving independence.

Methodology

To gain a better understanding of the health perceptions, preferences, and activities of older adults (those aged 55 and older) around the world, the McKinsey Health Institute conducted an internet-based survey between late December 2022 and February 2023, collecting information on about 1,000 older adults per country. For the participants unable to fill out the survey because of medical conditions or lack of internet access, we collected responses from a spouse, child, or child-in-law.

Within each country, we applied quotas and respondent weights to ensure that the final sample was representative for the entire country with respect to age, gender, and proportions of urban and rural location and tertiary education. We also used weights within each country to balance the sample, as much as possible, on respondents' self-reported health status. This design was to ensure that results in one country on some measures don't look better than those from another solely because a higher proportion of their respondents report health substantially above the average for their age cohort.

[1] The online survey was in the field from late December 2022 to February 2023 and garnered responses from more than 21,000 participants aged 55 and older across 21 countries.

[2] Martin Dewhurst, Katherine Linzer, Madeline Maud, and Christoph Sandler, "Living longer in better health: Six shifts needed for healthy aging," McKinsey Health Institute, November 11, 2022; Angus Deaton, Andrew Steptoe, and Arthur A. Stone, "Subjective wellbeing, health, and ageing," *Lancet*, February 2015, Volume 385, Number 9,968. The analysis approach is meant to provide a comprehensive picture of how older adults perceive their health, how their perceptions compare with objective measures of health, and what behaviors are most closely associated with their perceptions.

[3] Bishwajit Ghose, Rui Huang, and Shangfeng Tang, "Effect of financial stress on self-rereported health and quality of life among older adults in five developing countries: A cross sectional analysis of WHO-SAGE survey," BMC Geriatrics, August 2020, Volume 20, Number 1.

In particular, respondents in high-income economies (HIEs) aren't necessarily thriving more than their counterparts in upper-middle-income economies (UMIEs) and in low- and middle-income economies (LMIEs) are. For example, almost 20 percent of respondents in HIEs say they would like to work in their old age but aren't currently doing so. Respondents living in HIEs also describe substantially lower levels of societal participation[4] compared with their counterparts in other countries.

In the insights that follow, we share findings around mental, physical, social, and spiritual health and what a healthy lifespan can mean in a world that is growing older. They build on MHI's previous work on six shifts needed for healthy aging, with the goal of reenvisioning perceptions of aging around capacity rather than chronological age.[5] They also support MHI's assertion that empowering individuals in optimizing health doesn't undermine the roles of systems, institutions, countries, or cities.[6] It's our hope that every stakeholder, from employers to local governments to healthcare providers, can see what older adults want, evaluate what's possible, and feel motivated to be a part of wide-scale aging transformation.

Methodology (continued)

Considerations for cross-generational surveys

We asked about each participant's attitudes and behaviors only at the time of the survey. Therefore, when differences in average answers between age cohorts exist, we can't determine how much they result from different generations thinking differently versus people getting older and their preferences changing. It's possible that younger cohorts will eventually think and behave like older cohorts once they reach the same age.

Considerations for surveys conducted online

The survey was conducted online. Without proper guardrails, the survey would have been affected by substantial nonresponse bias, because individuals without reliable internet access couldn't have been part of the sample. This is why we asked spouses, children, and children-in-law to answer on behalf of participants without reliable internet access. We used the best information available to decide on the proportions of responses to come directly from participants and from somebody answering on behalf of an older adult. It is possible, however, that we have slightly under- or overcorrected.

Considerations for cross-country surveys

Substantial cultural differences are known to exist across countries, and they can affect how respondents interpret survey questions and answers, how they use the scales, how likely they are to agree with survey questions, and how likely they are to answer truthfully. For example, past McKinsey analysis has shown that, in general, survey respondents in India have a higher propensity to agree and to agree strongly with survey statements than respondents in most other countries do.

Although we relied on cultural experts to safeguard equivalence of meaning during translation across languages, some observed differences across countries may still be induced in the process. Country differences were computed as differences among country averages. Unless specified, we analyzed by taking a simple average across countries within a country income archetype and then took the simple average across archetypes in order to get an overall average.

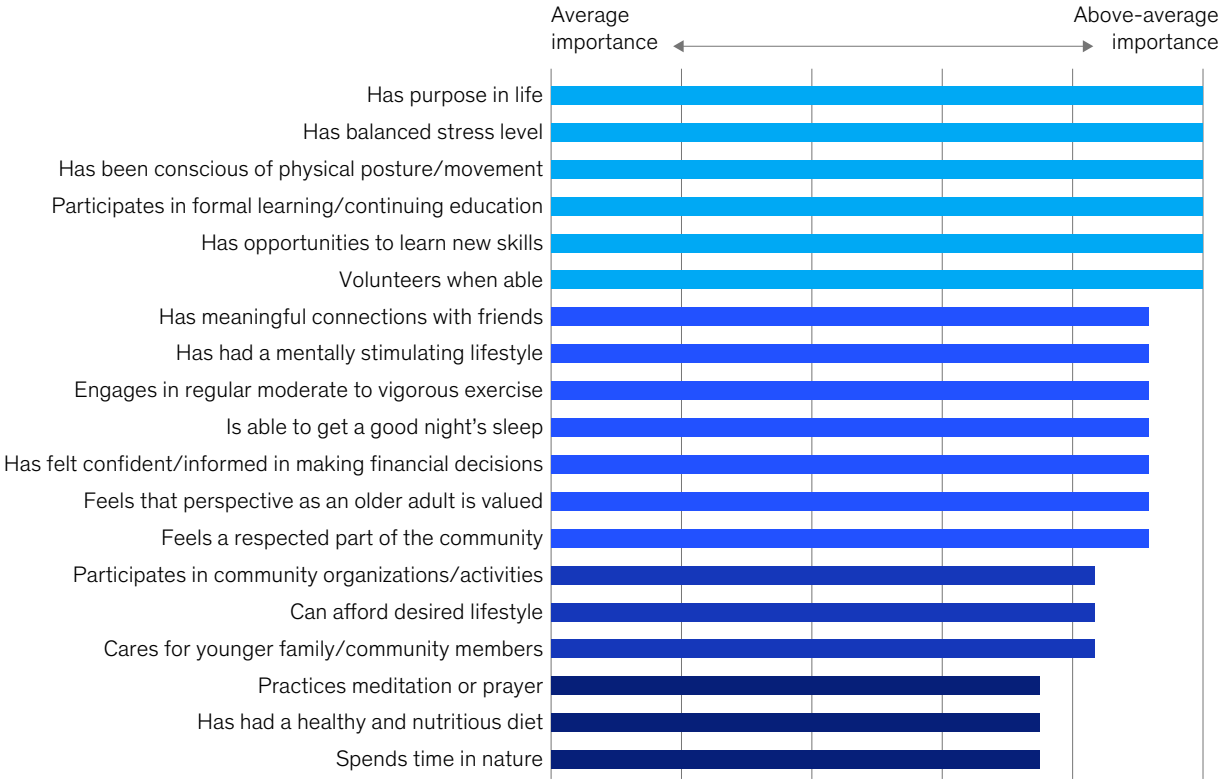
[4] Based on extensive literature review, we define "societal participation" as participating in at least one of the following activities: working, volunteering, pursuing education, and being active in community programs.
[5] For more, see "Living longer in better health," November 11, 2022.
[6] For more, see Lars Hartenstein and Tom Latkovic, "The secret to great health? Escaping the healthcare matrix," McKinsey Health Institute, December 20, 2022.

A dozen factors emerge as most closely associated with perceived health

MHI asked survey participants about 53 factors, ranging from societal participation to exercise, to assess what matters most to older adults and how those individual factors may affect health. The analysis reveals that purpose, stress, physical activity, lifelong learning, meaningful connections with others, and financial security are the factors most strongly associated with respondents' overall perceived health. While there are nuanced differences by country, overall, respondents in HIEs and UMIEs emphasize stress and financial decisions, while those in LMIEs highlight the importance of exercise and sleep. These factors often tie into how respondents perceive their mental, physical, social, and spiritual health.

Having purpose, managing stress, physical activity, lifelong learning, and interacting with others matter most to overall health.

Top factors of individual health (out of 53 factors tested),[1] relative importance index[2]



[1]Questions: When considering the entire course of your life, how much do you agree with the following statements? Today and moving forward, how much do you agree with the following statements?
[2]To understand the importance of individual factors of health, we calculated the correlations of each factor with each of the four health dimensions across countries in aggregate. We grouped these correlations in magnitude levels based on quartiles. Each factor was then assigned an index value, and these values were summed across dimensions to arrive at an overall relative importance index.
Source: McKinsey Global Healthy Aging Survey, 2023

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Mental and spiritual health are the most favorably rated dimensions

Overall, survey respondents' perceived health across all four dimensions declines with age. Physical health has the sharpest drop—38 percent—when looking at the average response, across all countries, between the youngest and oldest cohorts. For those aged 55 to 64, mental health tends to be the most positively rated dimension. For those aged 65 and older, spiritual health becomes the most positively rated dimension.

When examining economies and whether they affect health, the picture is mixed. On average, respondents in LMIEs report better average health than those in HIEs did. Yet respondents in HIEs report an increase in health across all dimensions from about age 55 to about age 79, which may be correlated to retirement.

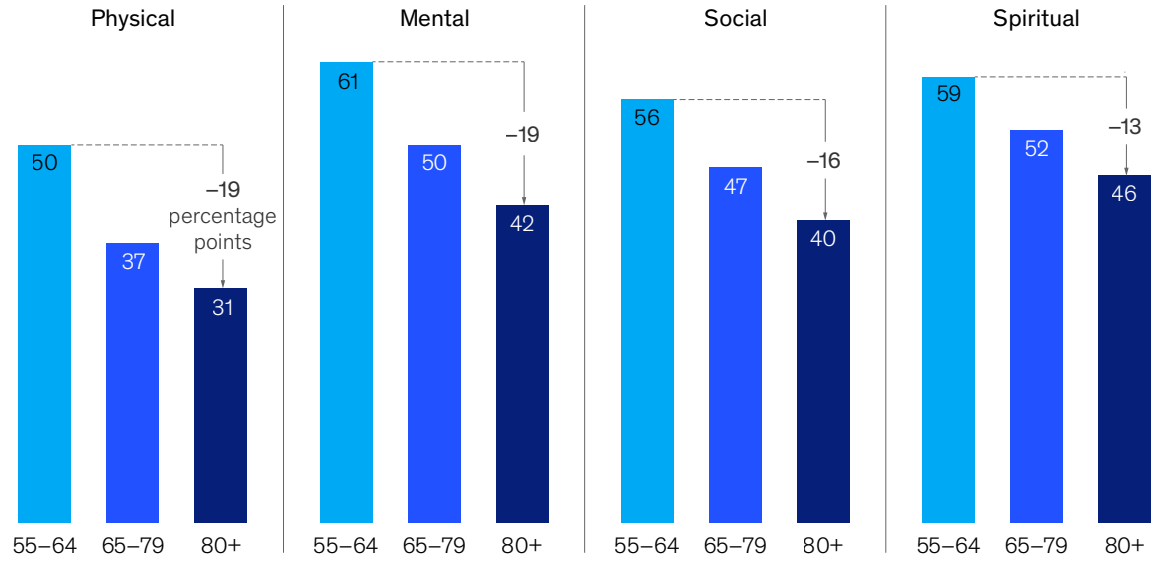
Of the countries represented in the survey, Australia and Japan were the only two where perceived mental, social, and spiritual health increased with age, with scores among those aged 80 and older higher than those of their counterparts aged between 55 and 64.

Respondents in China report the smallest declines in physical health, while those in Sweden report the smallest declines in mental and social health. Respondents in Egypt, Nigeria, and South Africa—the African countries represented in the survey—report the smallest declines in spiritual health.

Yet perceptions of health don't always connect to life expectancy.

Overall, perceived physical and mental health drops the most by age 80.

Perceived good or very good health, by dimension of health, % of respondents (n = 22,661)



Note: At the overall level, differences greater than 2% are statistically significant at a 95% confidence level. At the country-income-archetype level, differences greater than 5% are statistically significant at a 95% confidence level.
Source: McKinsey Health Institute Global Aging Survey (2023)

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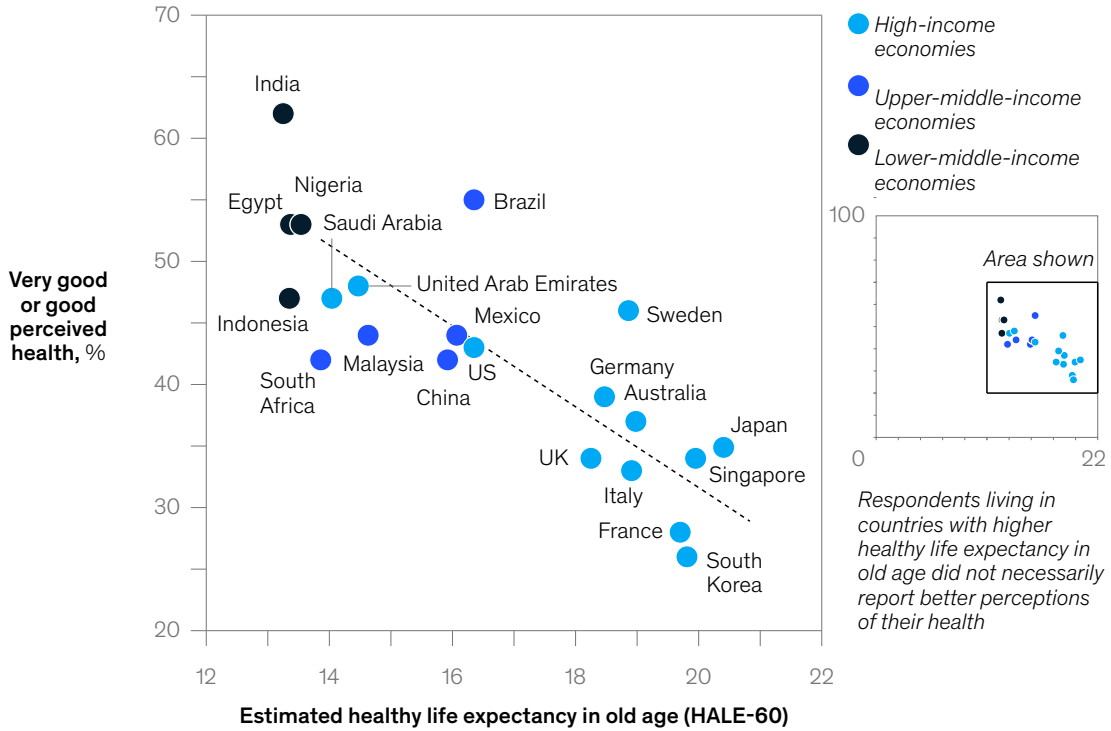
Living longer may not mean better perceived health

On average, older people can expect to have an additional 20 years of life expectancy compared with those in 1960.[7] But survey respondents living in countries with higher healthy life expectancy in old age (as measured by the WHO[8]) don't necessarily report better perceived health. What's more, those with chronic conditions don't necessarily report poor health. The report rates of perceived overall positive health status of respondents with the greatest disease burden are 27 percent, 40 percent, and 53 percent by those in HIEs, UMIEs, and LMIEs, respectively. This reaffirms that health is much more than the absence or presence of disease and consists of multiple dimensions.

Across the 21 countries represented in the survey, Japan has the highest healthy life expectancy for those in old age, but the share of Japanese respondents reporting very good or good perceived health is among the lowest. In general, a lower share of HIE respondents reports very good or good perceived health compared with other economies. The exception is in Saudi Arabia and the United Arab Emirates, where respondents have relatively high perceptions of their health.

There is dissonance between perceived health and healthy life expectancy.

Perceived health and healthy life expectancy of older adults aged 65–79, by country,[1] (n = 21,022)



Note: To create comparable sample across countries, analysis was conducted on the 65–79 age cohort that was most likely no longer working and also of sufficient sample size (80+ sample size varied widely across countries).
[1]Question: How would you/older adult rate your/their health across each of the dimensions below? Very good/good health is the average of those self-reporting "very good" and "good" health across each of the four dimensions of health.
Source: 2021 population estimates (55+ and all ages), United Nations Department of Economic and Social Affairs, Population Division (2022); World Population Prospects 2022; McKinsey Global Healthy Aging Survey, 2023

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[7] World Bank Open Data, World Bank, accessed on May 10, 2023. For more, see "Living longer in better health," November 11, 2022.
[8] Measurement of "the average number of years in full health a person (usually at age 60) can expect to live based on current rates of ill-health and mortality." Global Health Observatory, WHO, updated on December 4, 2020.

The factors with the greatest uplift broadly align with those identified as most important

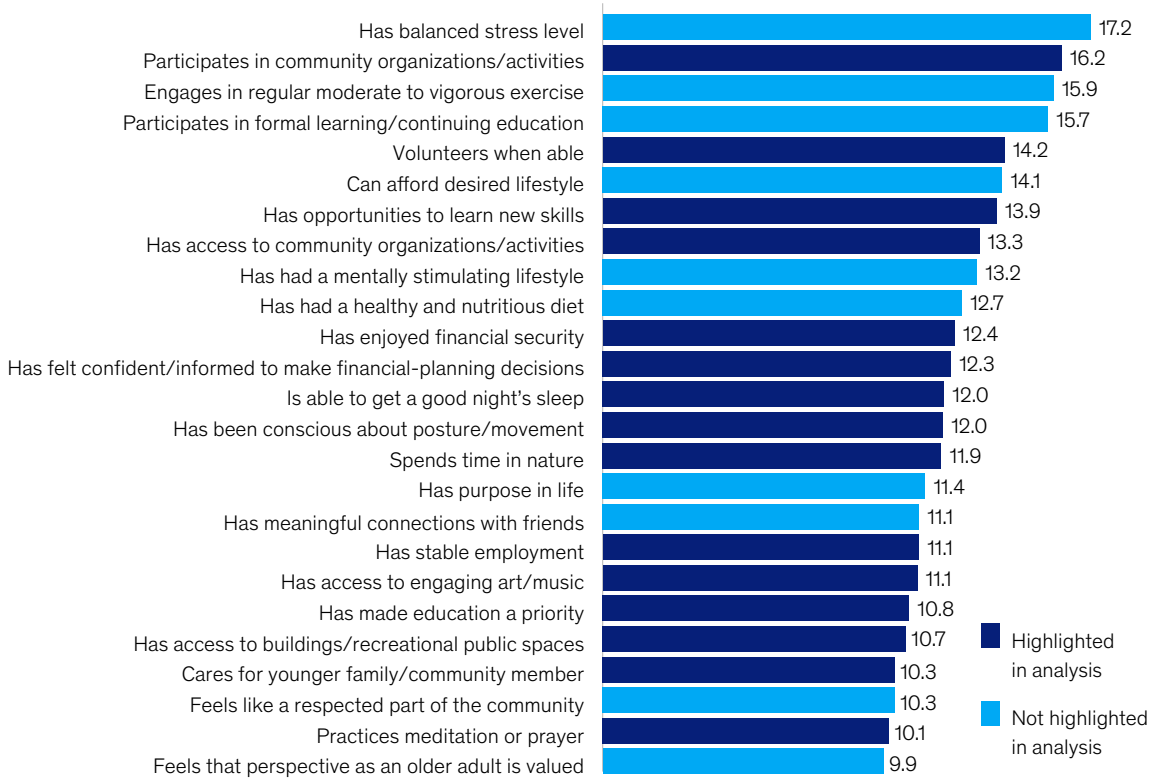
In addition to looking at the factors that respondents report as most important to their health, our analysis looked at the factors with the greatest uplift.[9] We examined what would happen if everyone could achieve the same level of perceived health as those with the best reports of a specific factor. For example, managing stress has meaningful potential uplift. Among respondents aged 65 to 79, those who agree or strongly agree that they "manage their stress levels" have a 17-percentage-point uplift, on average, in their perceived overall health.

Feeling respected by one's community and feeling that one's perspective as an older adult is valued also result in substantial uplifts, with the greatest effect seen in respondents in HIEs—so much so that the difference between perceived health and life expectancy almost completely disappears. This supports the idea that reframing aging has the potential to alter how older adults perceive their own health.

At first glance, there appears to be less potential uplift for respondents in LMIEs, but the picture is more complicated. Such respondents give a higher baseline rating across most factors at the onset compared with their peers. For example, among respondents in LMIEs, a sense of purpose is largely ubiquitous. So selecting for the population subset that rates purpose most favorably invariably includes almost the entire sample, leading to little room for uplift.

Addressing factors of health individually can have outsize impact on overall perceived health.

Average uplift in perceived health, by factor of health,[1] percentage-point uplift in very good/good health from baseline



Note: Uplift is calculated as the average of those self-reporting "very good" and "good" health across each of the four dimensions of health. To create comparable sample across countries, analysis was conducted on the 65–79 age cohort that was most likely no longer working and also of sufficient sample size (80+ sample size varied widely across countries).
[1]Question: How would you/older adult rate your/their health across each of the dimensions below? All uplifts are statistically significant at a 95% confidence level. Differences between uplifts greater than 4% are statistically significant at the 95% confidence level.
Source: McKinsey Global Healthy Aging Survey, 2023

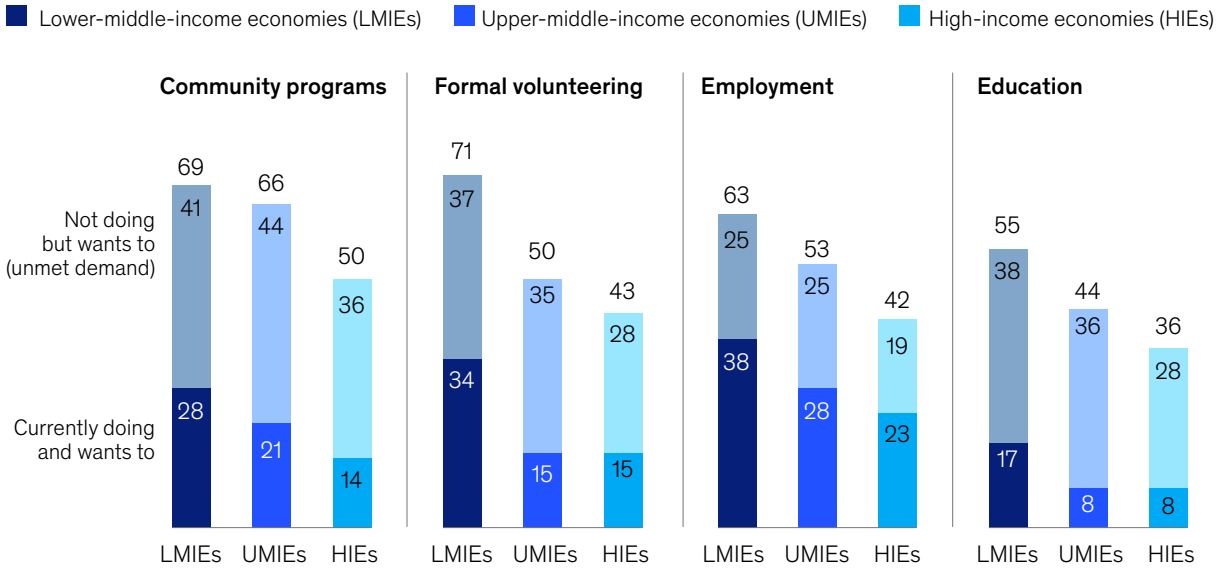
[9] "Uplift" is defined as the net-positive impact on overall health status when including only the survey participants who respond that they agree or strongly agree with the statement related to the specific factor compared with the average of all respondents. Uplifts are based on correlation, not causation. The factors that are deemed important and also result in substantive uplift are shown. Factors with insufficient sample size in numerous countries are excluded from this analysis.

Older adults in high-income economies are active but less engaged than their peers

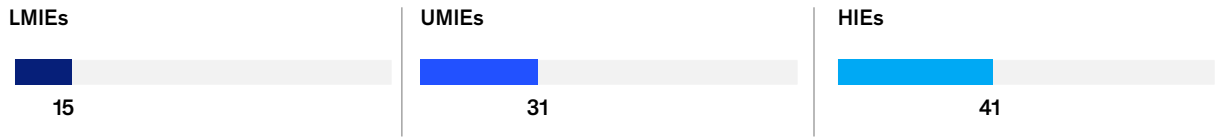
Across countries and incomes, employment is the most frequently reported societal-participation activity, followed by formal volunteering by respondents in LMIEs and community activities by respondents in HIEs and UMIEs. Most surprising: fewer than 60 percent of the respondents in HIEs report engaging in any type of societal participation. While reasons may vary, our research finds a meaningful opportunity around increasing societal participation, with up to 44 percent of older adults expressing a desire to engage in a new type of activity.

Older adults are socially active, and many want to do even more.

Engagement in and desire to engage in societal-participation activities,[1] % of respondents (n = 20,677)



Not participating in any activities,[1] % of respondents



Note: The total share that "wants to do an activity" plus the total share that "does not want to do an activity" (not shown) will equal 100%.
[1]Questions: Which of the following activities are you currently engaged in? Which of the following activities are you not currently engaged in?
Source: McKinsey Global Healthy Aging Survey, 2023

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Greatest perceived-health benefit is seen with volunteering and employment

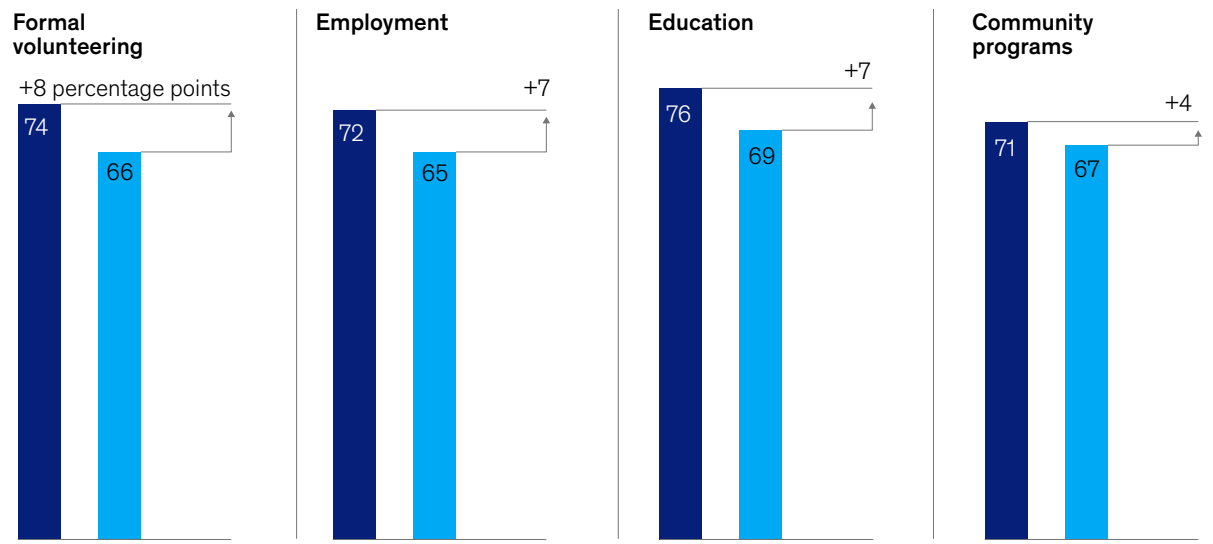
Participating pays off. Reports of overall health are better for survey respondents who engage in working, volunteering, education, and community activities than for those who don't. The greatest gain is seen with volunteering (eight percentage points, on average). When looking at country and country income archetypes, results vary, but in one example, the perceived benefit of volunteering correlates to increased wealth.

Declining health can be a barrier to overall societal participation but isn't a deal-breaker. Our data show that there is strong demand in this area even for those in less-than-ideal health. More than one-fifth of respondents in poor health report working, and the rates rise to 32 percent and 44 percent for respondents in average and good health, respectively.

There is an opportunity to both boost older adults' participation in society and benefit society overall. While it's intuitive to connect more economic impact with employment, this analysis also indicates that older adults who volunteer, participate in community activities, or further their education are potentially more likely to report better health, reducing their healthcare costs in turn (see sidebar "Isolation is complex").

Societal participation aligns with better perceived health.

Perceived health, by involvement and interest in societal participation,[1]
% of respondents reporting good or very good health[2] (n = 20,677)



[1]Questions: Which of the following activities are you currently engaged in? Which of the following activities are you not currently engaged in? How would you/older adult rate your/their health across each of the dimensions below?
[2]Simple average of self-reported health across each dimension. Excludes participants with low health. Differences greater than 3.5% are statistically significant at a 95% confidence level.
[3]Unmet demand.
Source: McKinsey Global Healthy Aging Survey, 2023

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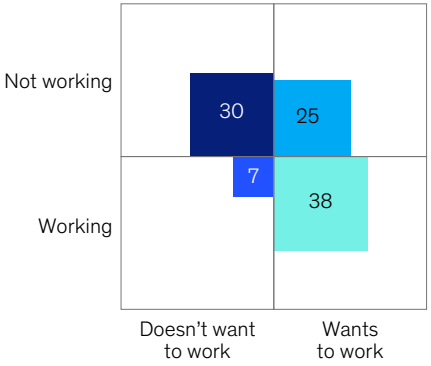
Many older adults who wish to work are unable to find a job

While the desire to work tends to decline with age—to 38 percent for respondents aged 80 and older, from more than two-thirds of those aged 55 to 64—a sizeable share of older adults report wanting to work. When evaluating the associated economic implications, there is the potential for $5 trillion in incremental annual GDP in HIEs. Across economies, 19 to 25 percent of survey respondents want to work but aren't doing so. They most often cite a lack of attractive opportunities and difficulty in landing jobs as their primary barriers.

Older adults work and want to work in large numbers for reasons beyond just financial.

Employment preferences and status across lower-middle-income economies,[1] % of respondents (n = 3,927)



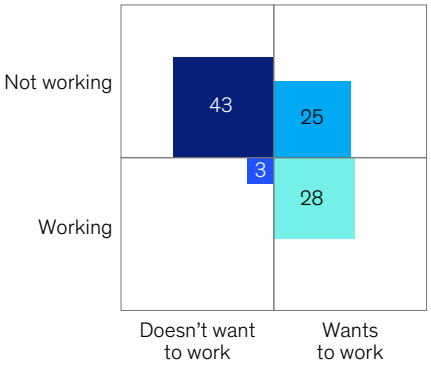
Top 3 barriers cited among those not working but wanting to

- Lack of attractive opportunities
- Difficulty landing a job
- Societal barriers (eg, mandatory retirement policies, cultural norms)

Top 3 motivations cited among those wanting to work and doing so

- Personal fulfillment
- Financial reasons
- Health reasons

Employment preferences and status across upper-middle-income economies,[1] % of respondents (n = 5,003)



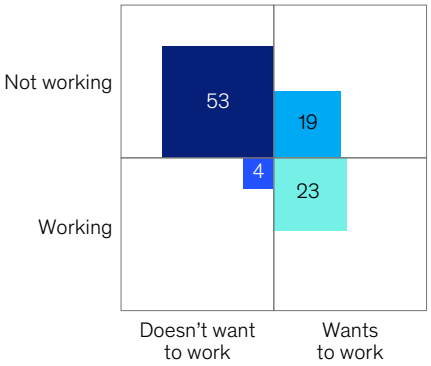
Top 3 barriers cited among those not working but wanting to

- Difficulty landing a job
- Lack of attractive opportunities
- Societal barriers (eg, mandatory retirement policies, cultural norms)

Top 3 motivations cited among those wanting to work and doing so

- Financial reasons
- Personal fulfillment
- Health reasons

Employment preferences and status across high-income economies,[1] % of respondents (n = 11,747)



Top 3 barriers cited among those not working but wanting to

- Difficulty landing a job
- Lack of attractive opportunities
- Skills aren't in demand

Top 3 motivations cited among those wanting to work and doing so

- Financial reasons
- Personal fulfillment
- Health reasons

Note: Differences greater than 3% are significant at a 90% confidence level. Differences greater than 3.6% are statistically significant at a 95% confidence level.
[1]Question: Which of the following activities are you currently engaged in?
Source: McKinsey Global Healthy Aging Survey, 2023

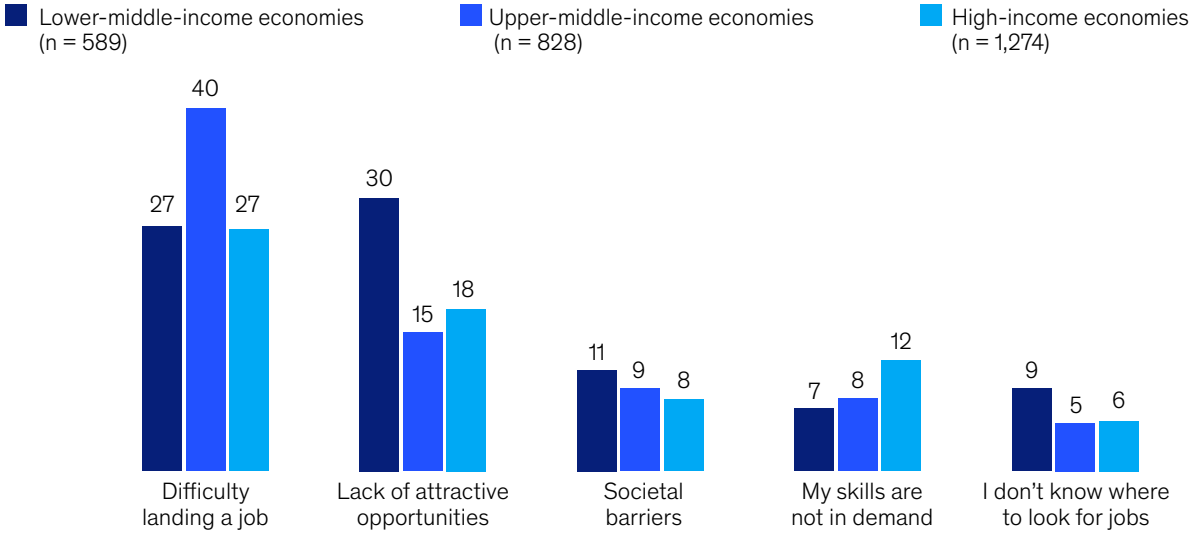
Challenges with finding a job and attractive opportunities

Roughly three in ten respondents in LMIEs and HIEs cite "difficulty getting a job" as their top barrier to employment.[10] Within countries, the range of respondents citing this as the top challenge is 25 (in Malaysia) to 55 percent (in Mexico).

Many respondents across economies name a "lack of opportunities" as a barrier to working. However, more respondents in LMIEs than in other economies also say "not knowing where to look for jobs" is a barrier.[11] Could technology help with that challenge?

Difficulty landing a job and lack of attractive opportunities are greatest barriers to employment.

Barriers to employment, by country income archetype,[1] % of respondents[2]



Note: Differences greater than 4.5% are significant at a 90% confidence level.
[1]Question: Which of the following options describe the barriers you encounter to find work?
[2]Percentage of respondents intending to become employed in the next year reporting as top barrier to employment.
Source: McKinsey Global Healthy Aging Survey, 2023

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[10]For more, see *Achieving equitable healthy aging in low- and middle-income countries: The Aging Readiness & Competitiveness Report 4.0*, a joint report from AARP and Economic Impact, 2022.
[11] A further examination on the barriers and opportunities to societal participation will be published in summer 2023.

Debunking the myth about older adults and technology

The vast majority of survey respondents aged 55 to 64 use a smartphone; the percentage drops almost in half for residents aged 80 and older. When looking at countries, usage also varies widely. Three-fourths of those aged 80 and older in China have a smartphone, compared with less than one-third of that cohort in France.

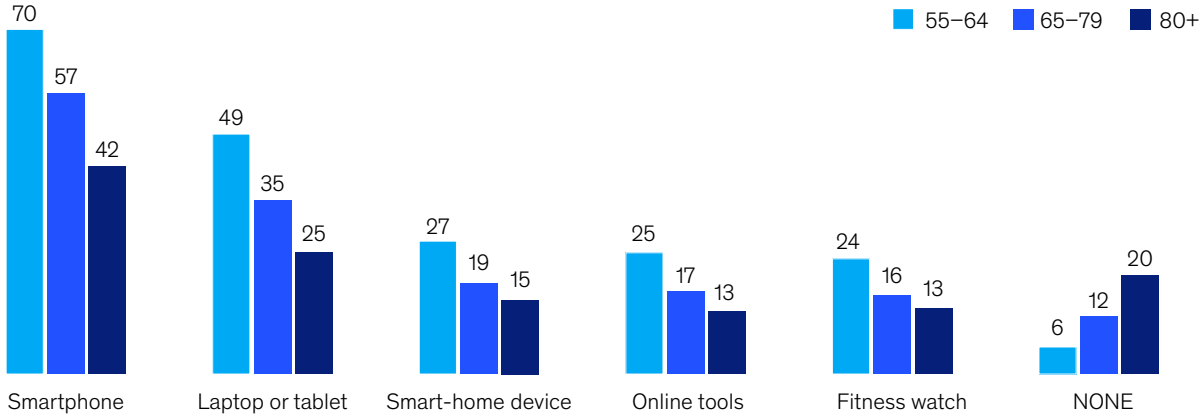
While more than 40 percent of those oldest respondents say they want to use a smartphone, and 25 percent say they want to use a laptop or tablet, there is a share uninterested in using technology. Roughly one in five respondents aged 80 and over are saying no to all technology products in their life. Within countries, that share ranges from more than 40 percent (in Brazil and France) to under 10 percent in China, India, Nigeria, Saudi Arabia, and Sweden.

These differences reflect a variety of factors, from access to interest to lifelong use. Respondents say the biggest barriers to technology adoption are around cost and a lack of knowledge, with the former more important for younger cohorts and the latter more important for older cohorts. Other barriers include lack of availability, lack of trust, and poor internet.

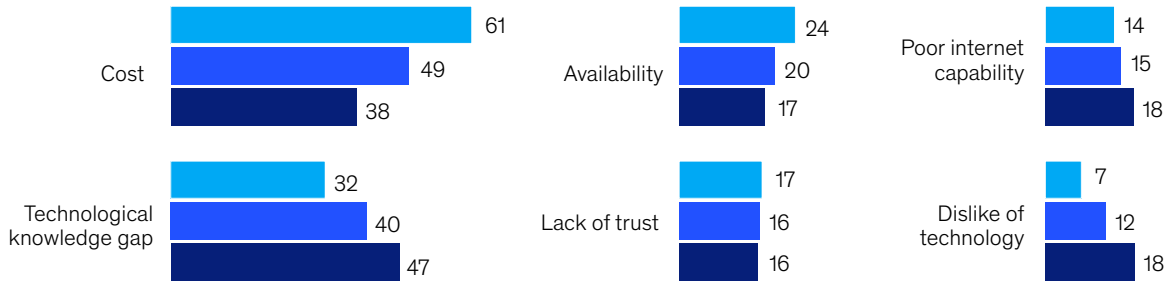
To address these issues, it's possible that lower costs and more education could help the oldest respondents. But given how the youngest cohort of older adults is invested in technology, there will be a naturally higher penetration of use among older adults over time. In other words, stakeholders are wise to start dismantling the idea that elderly people don't want, know how to use, or have a smartphone.

Overcoming the knowledge gap is the key to greater technology adoption.

Most desired technology products,[1] by age, % of respondents (n = 21,022)



Barriers to use of technology,[2] by age, % of respondents



Note: Differences between uplifts greater than 2.5% are statistically significant at a 95% confidence level.
[1]Question: Which tools and devices would you want to use in your life? Only includes technology products where at least 20% of respondents within one age cohort expressed a desire for specific type of technology product. All uplifts are statistically significant at a 95% confidence level.
[2]Question: What are the barriers to using these tools and devices in your life?
Source: McKinsey Global Healthy Aging Survey, 2023

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Economic inequality poses challenges to health

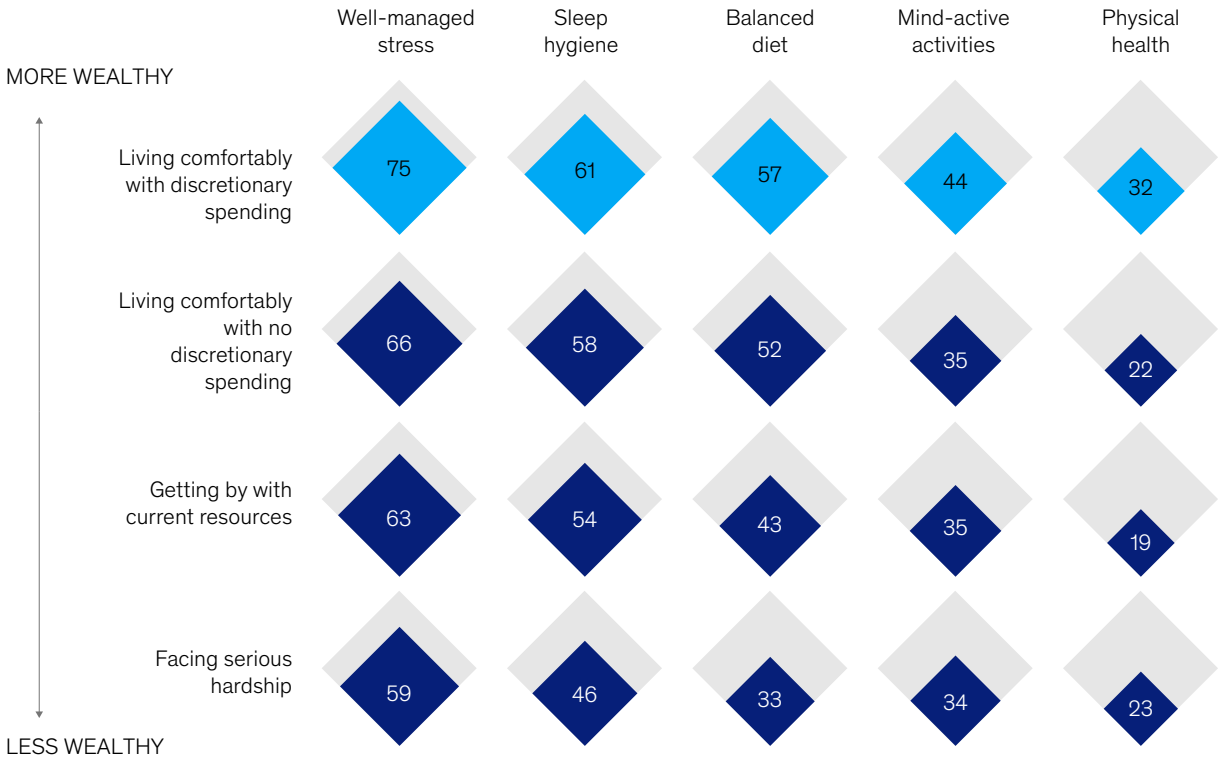
MHI also tested older-adult adherence to behaviors shown to affect either the development or the progression of dementia.[12] Our research indicates that older adults need more support to follow healthy behaviors. Managing stress is the only behavior in which a majority of respondents across financial-situation cohorts report surpassing the minimum generally acceptable benchmark.

Respondents least adhere to the behavior of "taking care of one's physical health." Some of this could be attributed to financial situation; those who report living comfortably, with discretionary spending, are 73 percent more likely than their peers to eat healthy foods and subscribe to a balanced diet. Yet even for those who are financially stable, many are still avoiding best health practices.

Behavior dissonance isn't a problem unique to older adults; there are fathomless actions that individuals know are good for them yet don't do. However, the survey results are worrisome when contemplating the rising rate of cognitive decline. This ties into the need to address global poverty's impact on healthy habits.

Economic inequality aligns with poorer adherence to healthy brain habits.

Participation in healthy brain habits, by financial-situation cohort,[1] % of respondents (n = 21,022)



Note: Differences greater than 2% are statistically significant at a 90% confidence level. Differences greater than 2.5% are statistically significant at a 95% confidence level. Benchmarks based on best practice matching from academic-literature search to standardized scale used in survey: I keep stress at a manageable level (at least weekly); I take care of my physical health; I keep my mind active with meaningful activities; I eat healthy foods and subscribe to a balanced diet; I make an effort to have good sleep hygiene (at least a few times per week).
[1]Question: To what extent do you/does this person follow the below lifestyle behaviors?
Source: McKinsey Global Healthy Aging Survey, 2023

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[12]This was based on adjusted selections from the "Dementia prevention, intervention, and care" report by the *Lancet* Commission.

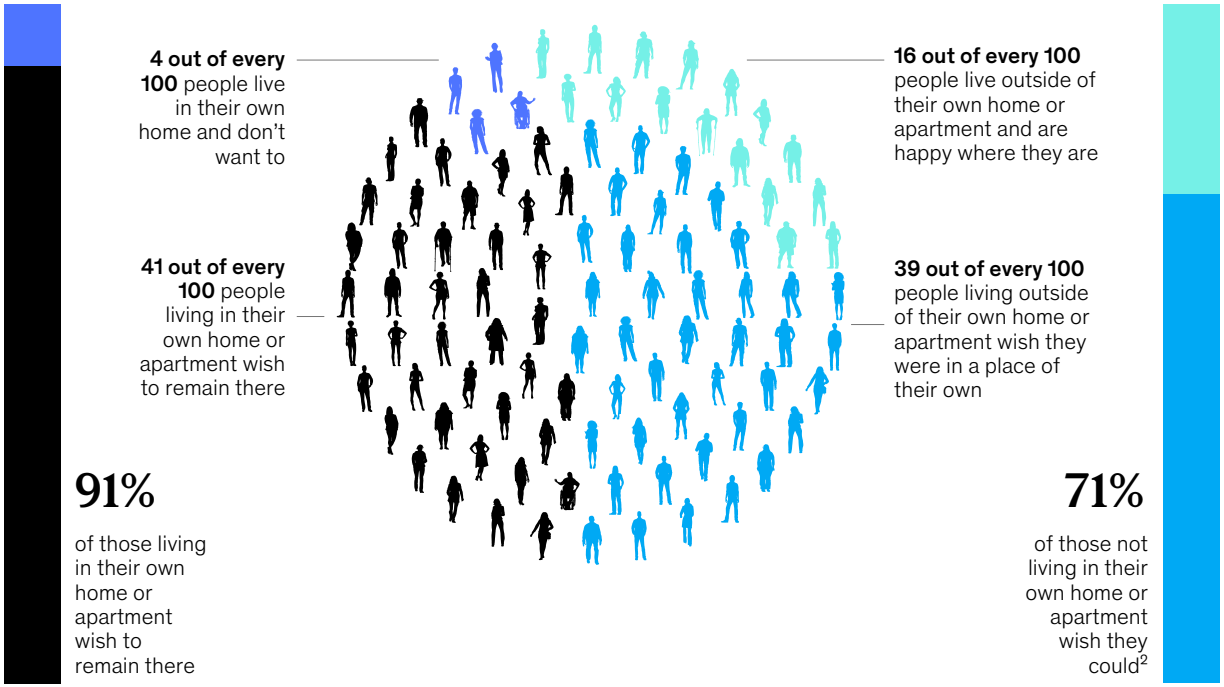
Older adults want to stay in their homes, but that's not always possible

Not surprisingly, most survey respondents want to stay in their homes as they age. However, living at home isn't without challenges for older adults. For example, those living alone may be at risk of having a sudden medical emergency without the ability to access help or a potentially life-threatening household problem (such as forgetting to turn off the stove).

Employing external supports (for example, a laundry service), using technology (such as remote monitoring), and embarking on home renovations (such as a ground-floor bedroom and ramps) could potentially let older adults stay in their homes longer.[13] The discussions about how to plan for aging should start early, preferably in midlife (see sidebar "Living intergenerationally might benefit one's health").

Eighty percent of older adults want to live in their own home, but not all are able.

Living situation and preferences,[1] share of respondents (n = 21,022)



[1]Questions: Where do you currently live? What is your most preferred living situation as you age?
[2]Includes respondents living in a friend's or relative's home/apartment, in a minimum-support unit/room, in a residential aged-care or memory care facility, or all other living situations not enumerated.
Source: McKinsey Global Healthy Aging Survey, 2023

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[13] For more, see Michele Lerner, "More older people are opting to age in their homes. Here's how they're doing it," *Washingtonian*, March 13, 2023.

The desire to remain independent can be a barrier to accessing care

All respondents report at least one unmet care need. Participants in UMIEs and HIEs report the desire to remain independent as the main barrier to accessing care. While that's also a concern for those in LMIEs, they report access to care and affordability as more pressing. These trends persist across gender and age cohorts.

As populations age and dependency ratios increase, health stakeholders will need to ensure not only access to care and its quality but also responsiveness of available care to older adults' desire to remain independent. This could include increasing the focus on in-home services and other community-based types of care. In this area, Norway is a lighthouse for its use of technology, such as care coordination platforms and digital-key systems, and Singapore is a notable example of intergenerational care tied to health.[14]

In upper-middle-income and high-income economies, the desire for independence trumps having care needs met.

Barriers to the delivery of care[1] and population reporting unmet care needs, by age and country income archetype,[2] % of respondents (n = 9,193)

Note: Differences greater than 4% are statistically significant at a 90% confidence level. Differences greater than 5% are statistically significant at a 95% confidence level.
[1]Question: What are the biggest challenges you face in getting support or assistance? Please select all that apply. Self-assessed challenges reported by those already receiving at least one type of care.
[2]Question: Which of the following areas would you like to receive support or assistance with but do not currently? Please select all that apply.
Source: McKinsey Global Healthy Aging Survey, 2023

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[14] For more, see *The global roadmap for healthy longevity*, National Academy of Medicine, June 3, 2022.

Aging well isn't only possible: it's attainable. But to make this a reality for a rapidly aging population, global stakeholders should consider not only how to boost the number of years in a life but also how to enable healthy life in those years.

Some of this starts with reexamining assumptions. MHI's previous research found that many older adults report good overall health as they age, even as their physical health declines.[15] The current survey results support that research. Even among those facing the greatest disease burden, up to 46 percent report good overall health.

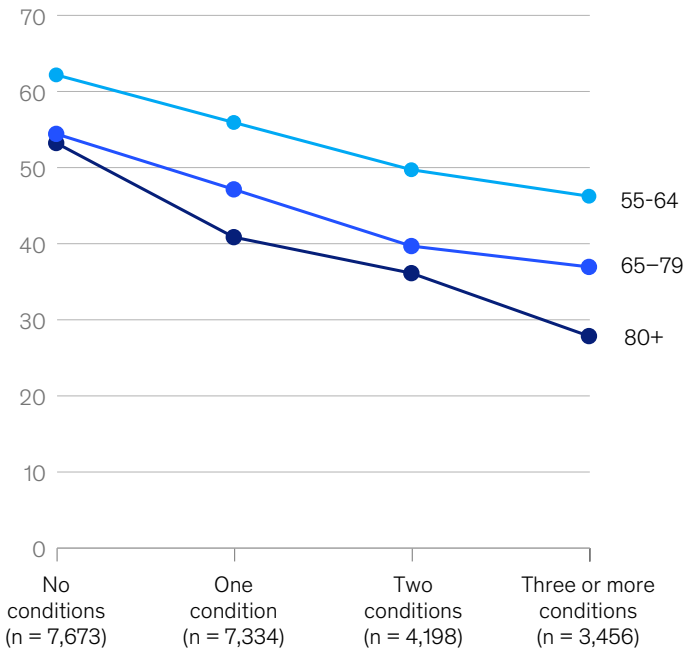
And when surveyed older adults cite lower physical-health scores, it's notable that the rates of the other dimensions (mental, social, and spiritual) decline less rapidly—or even rise, in some countries—with older age. For example, in Japan, those aged 65 to 79 report the highest mental-, physical-, social-, and spiritual-health scores. One explanation for this could be that the other dimensions act as a buffer, protecting or mitigating the decline of people's perception of their overall health despite a decline in their physical capabilities.

The extent to which other aspects of health could compensate for the decline in physical health, and balance people's view of their overall health, is a topic for further research. As we consider actions to add life to years, part of any solution will need to focus on what drives people to take action to stay in good health. Purpose and meaningful connections with others are critical contributors to good health, as our research indicates.

And the underlying reasons for creating those connections and the definition of purpose vary. For example, our research on societal participation highlights the point that many older adults engage in activities for a variety of reasons, from staying healthy to being

Respondents with chronic conditions do not necessarily see themselves as being in poor health.

Perceived very good or good health, by age, % of respondents by number of chronic health conditions[1] (n = 22,661)



[1]Arthritis, cancer, cardiovascular diseases (heart disease); cognitive diseases (dementia, Alzheimer's), diabetes and kidney diseases; high cholesterol; hypertension; chronic mental illness (eg, depression).
Source: McKinsey Global Healthy Aging Survey, 2023

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[15]Clément Desmouceaux, Martin Dewhurst, Daphné Maurel, and Lorenzo Pautasso, "In sickness and in health: How health is perceived around the world," McKinsey Health Institute, July 21, 2022.

connected to their communities and, for some, pursuing financial gain. The motivations are multifaceted, but providing opportunities to fulfil those motivations must be a critical priority for societies.

Too often, society and individuals accept health declines as inevitable—the passing of time leading to physical deterioration. An important objective for many societies could be to ask "What would it take for more than half of people aged 80 and older to report good health over the next decade? What would it take to expand what it means to be in good health at ages 60, 70, 80, 90, and beyond?" For example, in forthcoming work, MHI will explore how a healthy city framework ties into older adults' abilities to stay active, access care, and keep connected.

Healthy aging also starts with individual actions, such as a person following behaviors proven to improve health, supported by an environment that makes them accessible to all. It's a lifelong journey, and it's never too late to set out on the path to becoming well aged.

If you would like to learn more about the McKinsey Health Institute 2023 Global Healthy Aging Survey and the additional data and insights MHI has from the survey, please submit an inquiry via the MHI "contact us" form. The McKinsey Health Institute, as a non-profit-generating entity of McKinsey, is creating avenues for further research that can catalyze action.

Many older adults engage in activities for a variety of reasons, from staying healthy to being connected to their communities and, for some, pursuing financial gain.

Isolation is complex

No one wants to feel alone. Consistent with existing research on social isolation's harm,[1] our analysis of responses from older adults finds that isolation is a wide-ranging problem. Globally, 10 to 20 percent of respondents report feeling isolated.

Additionally, we find that more income doesn't necessarily help in this area. While an average of 12 percent of respondents in low- and middle-income economies report isolation, the share jumps to 19 percent in high-income economies.

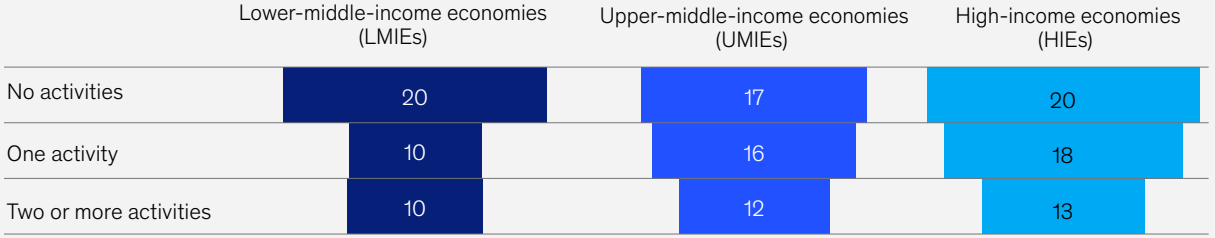
What potentially helps is when older adults can participate in society. In the survey, higher societal-participation[2] rates correlate to decreased isolation rates: by one-third in upper-middle-income economies and up to one-half in low- and middle-income economies. How much adults benefit from the activities varies by country, potentially reflecting different structures for societal participation and perceptions of what isolation means to an individual (exhibit).

In two countries represented in the survey, India and the United States, jumping into societal activities seems to have a particularly large impact. The reported isolation rate is 8 percent for respondents in India participating in two or more activities, increasing to 33 percent for those who don't participate in any activities. In the United States, the increase is from 9 to 25 percent. Comparatively, respondents in the United Kingdom appear to benefit less from societal participation. For UK respondents reporting no participation in social activities, the isolation rate is 19 percent, which drops minimally for those who report participation in two or more activities.

Exhibit

Participation in societal activities aligns with lower self-reported isolation.

Self-reported isolation, by societal-participation levels,[1] % of respondents (n = 20,677)



[1]Saudi Arabia and United Arab Emirates excluded from HIEs in this analysis, as they show patterns closer to UMIEs and LMIEs in the topics considered, likely due to largely expatriate and migrant worker populations.
Source: McKinsey Global Healthy Aging Survey, 2023

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[1] John T. Cacioppo and Stephanie Cacioppo, "Older adults reporting social isolation or loneliness show poorer cognitive function 4 years later," *Evidence-Based Nursing*, April 2014, Volume 17, Number 2.
[2] Based on extensive literature review, we define "societal participation" as participating in at least one of the following activities: working, volunteering, pursuing education, and being active in community programs.

Living intergenerationally might benefit one's health

Good news for those planning to move in with their children: as noted in previous research, older adults often benefit when they can live in intergenerational households.[1] As part of our research in healthy aging, we looked at survey results for older people living intergenerationally (defined in our study as those living with their adult children). Respondents in that cohort who are retired and have low levels of care needs tend to report being in better or much better than average health across dimensions compared with those not living with their children or spouse and children.

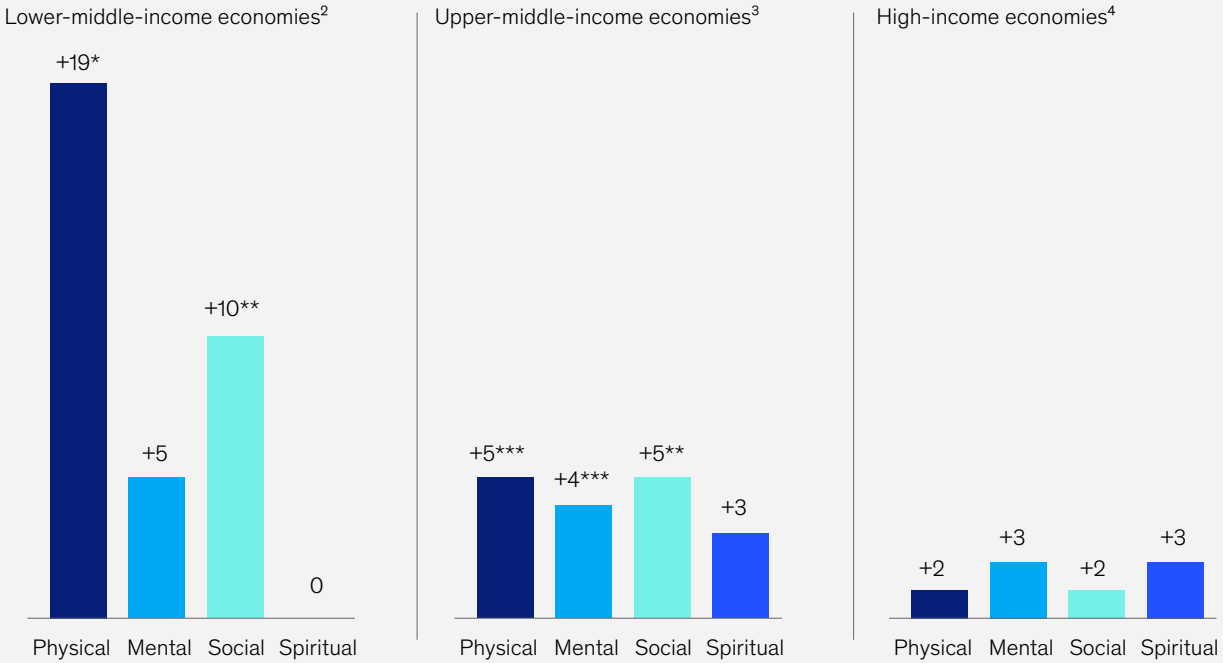
This trend varies across economy archetypes, with the greatest benefits, especially related to physical and social health, in respondents in low- and middle-income economies (exhibit). Moderate benefit is seen across all four health dimensions (mental, physical, social, and spiritual) by respondents in upper-middle-income economies. For respondents in high-income economies, those living intergenerationally report very little benefit from intergenerational living. In some countries (such as the United States), stigma against intergenerational living may contribute to an observed decline in mental health.

This research adds to an important body of evidence pointing toward the benefits of older people living with family, especially after retirement. Coupled with the trend away from extended- or nuclear-family living, this evidence suggests an opportunity to create intentional, age-inclusive communities where older adults can interact with younger generations—whether family or otherwise—in their daily lives.

Exhibit

In lower-middle-income economies and upper-middle-income economies, older adults living with their adult children report better health.

Perceived health of older adults living intergenerationally,[1] percentage-point increase



[1]Questions: Which of the following areas do you receive assistance with currently? Which of the following areas would you like to receive assistance with but do not currently? (Respondents who indicated they receive/desire to receive care in neither clinical support nor personal support rated "low"; either clinical or personal support rated "medium"; both clinical and personal support rated "high.") This analysis includes only those who have low-intensity care, defined as living with either their children only or with their spouse and children.
[2]Intergenerational (n = 170), nonintergenerational (n = 191).
[3]Intergenerational (n = 333), nonintergenerational (n = 566).
[4]Intergenerational (n = 479), nonintergenerational (n = 2,407).
*Statistically significant at a 95% confidence level. **Statistically significant at a 90% confidence level. ***Statistically significant at an 80% confidence level.
Source: McKinsey Global Healthy Aging Survey, 2023

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[1] Faizan Bhatia and Raiya Suleman, "Intergenerational housing as a model for improving older-adult health," *BC Medical Journal*, May 2021, Volume 63, Number 4.

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