

In Pursuit of Healthspan — Guided by AARP Geroscience Principles

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Global population aging is accelerating rapidly, and by 2050, one in six people in the world — more than 1 billion people — will be 65 and older. The extension of the average lifespan and the global reach of this change represent a major achievement. It also brings with it a challenge and opportunity: to ensure that the growing population of older adults around the world can age in good health.

The shift in focus from how *long* we live to how well we age as we live has prompted extensive research and innovation around extending healthspan, or the years we all live in good health. The related scientific discipline, called geroscience, seeks to delay, prevent, alleviate, or reverse a wide range of diseases and conditions associated with aging. There are indications that progress in geroscience research is accelerating. The first human clinical trials are already taking place and could result in groundbreaking therapies within a decade.

Efforts to extend healthspan have the potential to benefit people, communities, and economies everywhere — if steps are taken today to ensure that tomorrow's breakthroughs are accessible, affordable, and equitable.

Healthspan's Global Importance

With more healthy years come more opportunities for both individuals and societies. By extending healthspan broadly, geroscience could enable older adults to maintain independence, reconsider work and financial timelines, and enjoy meaningful interactions with loved ones. These changes will not be limited to individuals, families, and companies but will have implications for economies, governments, and health care systems as well.

As geroscience research evolves, it is important to balance our most optimistic visions with the very real concerns about the path of progress ahead. Paramount among these concerns is the need to ensure equity, inclusion, and accessibility in the development and deployment of geroscience advances. There is already tremendous inequality in life expectancy within and between countries. Mortality and rates of aging vary significantly among high-, middle-, and low-income communities, and social determinants of health like exposure to racism and poverty have detrimental effects on longevity and overall wellbeing.

These disparities are already beginning to emerge in geroscience. At present, much of the research on extending healthspan is taking place in wealthy, developed nations. But in the decades ahead, the vast majority of global population aging will take place in low- and middle-income countries. Every country has a stake in the way future geroscience interventions are developed and implemented, and those decisions are beginning to be made now.

Scientific innovation to increase healthspan and longevity has the potential to benefit people and nations around the world, at all income levels, and should not be limited to a wealthy few. To achieve that level of inclusion, we must move forward with intention.

AARP's Geroscience Principles

In keeping with AARP's mission to empower people to choose how they live as they age, we have developed six practical and equitable Principles, grounded in our core values, to ensure the promise of geroscience benefits all.

- 1. Recognize and affirm aging as a natural process:** geroscience should recognize that aging is a natural process, not a disease. Geroscience should not contribute to ageism but should instead increase opportunities for people to live the way they want as they age.
- 2. Increase healthspan:** the primary intention of geroscience is to increase healthspan — the years of life that a person is in good health — rather than just the total years of life. Potential increases in lifespan are a welcome secondary gain.
- 3. Ensure access and equity:** geroscience should help address the profound question of health disparities. Who will have access to and benefit from the emerging medical innovations of geroscience, and who will be left behind? Scientific advances must be inclusive and beneficial for all and must decrease rather than increase health disparities.

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4. Ensure affordability for individuals and the system: the costs of geroscience interventions should not be burdensome to consumers or limit access to care. Sufficient financial assistance should be available to ensure affordability for all. These interventions, if meaningful and accessible, should produce cost savings, or at least a good cost benefit proposition, and improve the financial sustainability of health care systems.

5. Ensure transparency: consumer voices must be elevated so the needs and concerns of all populations are taken into consideration when determining what constitutes a clinically relevant outcome. Policymaking must be transparent and engage the public to ensure that the outcomes represent meaningful changes in people's lives.

6. Utilize an integrated approach: achievements in geroscience must be fully integrated in, and remain part of, larger country-level efforts to address social determinants of health and longevity.¹

The Future is in the Making Today

Key conversations are happening today that will determine how future geroscience interventions change workforces and economic activity, affect health care systems and long-term care costs, and impact services and policies affecting older adults. While much is still to be determined in this emerging field, every country should be at the table in the effort to increase healthspan.

Rather than defaulting to the all-too-common path for major innovations — where wealthy consumers are the first in line and developed nations the first to benefit — world leaders, policymakers, investors, innovators, civil society organizations, and others should establish clear goals that promote healthspan improvements for everyone. Now is the time to elevate issues of equity and accessibility, and to ensure that geroscience can fulfill its promise of enabling healthier, more vibrant lives for people across the globe. •

¹ National Academy of Medicine. 2022. Global Roadmap for Healthy Longevity. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26144>



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