



The National Academy of Medicine's Global Roadmap for Healthy Longevity Report Summit: Enabling a Virtuous Cycle for Healthy Longevity in the U.S.

A meeting co-organized by the National Academy of Medicine and AARP

November 14, 2022

Question & Answer

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Session II: A Longevity Dividend

1. **Question:** More than one speaker, including Linda Fried, stated "the cost of inaction is very high". Yet, legislation—such as H.R.2062 – Protecting Older Workers Against Discrimination Act of 2021 (POWADA)—that would strengthen age discrimination laws in the workplace has yet to be passed. What can we do to take action?

Answer: Redressing age discrimination through legal means often is a critical but often “last resort” action. It is also important for employers to monitor for acts of age discrimination in their workplaces – such as the exclusion of older workers from opportunities or the unfair evaluation of their performance – to eradicate those acts and thus reduce legal risks. —Rick Guzzo, Mercer

2. **Question:** Rick and the speakers make a compelling case for the value of older adults to employers, younger people and the broader society. It's empirical and intuitive. But negative age bias remains widespread in the face of the evidence. In your view, what must be done to change hearts and minds and accelerate recognition of the potential of healthy longevity?

Answer: Given the shortage of skilled workers in the USA and Europe, for example, employers are increasingly looking to more creative ways of retaining their talent pool, including older workers. This makes employers more receptive to understand the data and recommendations, as well as best practices for healthy longevity. —Mehmood Khan, Hevolution Foundation

3. **Question:** Can we have some specific data on what must be extraordinary savings to health care costs for the benefit of all society?



Answer: Please refer to the following Nature Aging article “[The Economic Value of Targeting Aging](#)”. Additionally, the biggest impact on GDP is through productivity increases, not just avoidance of health care costs. It is important to note that this is a more impactful fact (growth in GDP) to leaders, versus reduction in health care costs (cost avoidance, which is often less persuasive). —Mehmood Khan, Hevolution Foundation

Session IV: Physical Environment

1. **Question:** Nearly 40 years ago, Singapore started to require elements of universal design in all residential construction. In the U.S., we have only paltry requirements, and we don't require adapted housing to be rented or sold to people who need them. You listed a good list of the adaptations needed. Shouldn't we start requiring and incentivizing widespread disability-adapted housing - for example, in rebuilding after disasters, and in HUD-supported housing?

Answer: You are correct in your recommendation. As a nation we should do a better job of requiring elements of universal design and of producing more housing stock with disability adaptations. HUD can take the lead with federally-funded housing and localities can set local goals and stipulations. Many adaptations are not prohibitively expensive to incorporate at the time of initial construction and new building technologies and materials make it more cost-effective to do so. —Henry Cisneros, Former Secretary of HUD

Session V: Health Systems

1. **Question:** Please speak to the prevalence and detrimental effects of ageism in the medical profession and possible steps to address this.

Answer: Please visit the following link at Reframing Aging - <https://www.reframingaging.org/> . —Terry Fulmer, John A. Hartford Foundation

2. **Question:** In general, it seems that the medical care system focuses on state-of-the-art treatment that may not consider the priorities of older adults, particularly those living with disabilities. Should we consider offering care options that are more supportive and responsive to patients' priorities?

Answer: I agree that it is important to be thinking about the whole person, not just the individual diseases people have. The framework from the Age-Friendly movement emphasizes the importance of understanding what matters most to older adults. Please see the following links.



- https://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHI_Age_Friendly_What_Matters_to_Older_Adults_Toolkit.pdf
- <https://patientprioritiescare.org/>
- <https://geriatricscareonline.org/ProductAbstract/Framework-for-Decision-making-for-Older-Adults/CL026>

—Cynthia Boyd, Johns Hopkins University School of Medicine