

The economic case for investing in healthy aging: Lessons from the United States

Investing \$1 annually in healthy aging interventions can yield \$3 in economic and healthcare benefits in the United States—and potentially in other countries.

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As the world undergoes one of the most profound demographic shifts in history, societies are confronted with a once-in-a-generation choice: adapt and reimagine systems to support longevity for all or risk stagnation with outdated structures.

As adults age, they run a higher risk of physical challenges, such as becoming seriously injured in a fall, and emotional challenges, such as becoming isolated or lacking [societal participation](#). While older adults bring valuable wisdom and life experience to professional and personal settings, society often lacks the structures or opportunities that allow them to make these contributions.¹ Addressing these physical and emotional challenges, whether at a city, state, or country level, has often been considered financially unfeasible.

However, previous research by the McKinsey Health Institute (MHI) demonstrated that improving the quality of life for older adults and achieving economic growth are not mutually exclusive. On the contrary, initiatives that improve healthy aging often result in [social and economic benefits](#).² These findings underscore the importance of promoting healthy aging through disease prevention, social inclusion, and support for a healthy lifestyle, as these strategies improve quality of life for older adults and generate economic benefits.³

Building on this research, MHI examined 18 interventions across eight avenues (Table 1) that address some of the most common physical and social challenges facing older adults in the United States, with the goal of promoting healthy aging. We assessed the ROI, impact, and feasibility of seven of eight avenues for investing in healthy aging, projected to the year 2030⁴ (see sidebar, “Methodology”). In this publication, we present a set of interventions aimed at improving outcomes for older adults. We examine the value generated by those interventions that are already in place and assess the potential impact of innovative approaches being considered for future expansion.

While older adults bring valuable wisdom and life experience to professional and personal settings, society often lacks the structures or opportunities that allow them to make these contributions.

¹ Andrew Scott and Peter Piot, “The Longevity Dividend,” *Finance & Development Magazine*, June 2025.

² See also, “The promise of longevity for human health and prosperity,” McKinsey Health Institute and Future Investment Initiative Institute, October 31, 2024.

³ Vincenza Gianfredi et al., “Aging, longevity, and healthy aging: The public health approach,” *Aging Clinical and Experimental Research*, 2025, Volume 37, Number 125.

⁴ We did not evaluate ROI for the “Invest in science” avenue due to its long-term nature, uncertain impact, and the inherent challenges in quantifying future scientific progress.

Methodology

The McKinsey Health Institute assessed the economic benefits of investing in healthy aging to improve the lives of older adults. Eight avenues were identified, with 18 interventions categorized across them. ROI was calculated for 17 of the interventions. The research assessed both qualitative and quantitative data for the interventions.

Given that many of the interventions will require time and ecosystem activation, all of the benefits and costs have been projected to occur by 2030, recurring

annually. Furthermore, all costs and benefits were normalized to provide an annual ROI estimate, whether the cost was a one-time cost or a multiyear cost.¹ We calculated ROI by dividing the quantitative benefit (either economic uplift or healthcare cost savings) by the necessary cost of the investment over one year.²

The calculations in this publication were made by estimating the number of individuals who may potentially benefit from a particular intervention (potential healthcare or economic benefits,

depending on the primary effect of the intervention) and then identifying the relevant associated costs.³

Measurement for the x- and y-axes is an absolute number between one and four. The impact (x-axis) number was calculated by taking the average of the size, novelty of the program, and relevance. The feasibility (y-axis) number was calculated by taking the average of the cost, speed of implementation, and stakeholder engagement.

¹ While many of the interventions have recurring costs and benefits, they have been normalized to one year. In a handful of interventions, a one-time investment can lead to multiyear benefits. However, in those situations, the cost and benefits have been annualized (that is, spread across the lifetime of the intervention).

² Interventions were selected by analyzing reports from organizations with aging research (such as WHO, National Council on Aging, AARP) and identifying successful case studies/proofs of concept of innovative practices in cities, states, and countries globally.

³ A set of broad guiding principles underlies the ROI calculations: (1) *ROI estimates were aimed to be conservative* by calculating either healthcare savings or economic uplift benefits as the “primary” benefit and excluding downstream/secondary benefits, not calculating the monetary value of qualitative benefits (for example, quality of life, racial equity), focusing on relevant subsegments of the aged 65 and over population for each intervention, taking the most conservative point estimates from studies used; (2) *benefits were nonexhaustive*: only impact on economic uplift or healthcare savings was considered to avoid double counting impacts, and quantitatively, only five categories of benefits were included in the publication to provide illustrative examples; (3) *analysis used recent available public data* when possible, projected to 2030: data in the model relied on recent public sources from 2020 or later that were able to demonstrate and quantify the effect of existing interventions, used demographic characteristics of the United States’ older adult population when possible, and projected to 2030 expected values; (4) *ROI estimates were sized individually by intervention, and represent only one factor in implementation considerations*; other factors include policy priorities, stakeholder engagement, applicable demographic, budget, etcetera; (5) *costs, which may be incurred by the state or federal government across interventions, were sized on a public sector basis*, meaning that every cost represents what the federal or state government could expect to pay for the intervention, and no distinction was made to affect the ROI.

Table 1

Eight avenues and 18 interventions were assessed to understand the impact of investing in healthy aging.

Avenue	Intervention	Description
Support societal participation	<ul style="list-style-type: none"> Enabling employment reentry Orchestrating volunteer-matching programs Expanding continuing education programs 	<ul style="list-style-type: none"> Supporting older adults in returning or staying in the workforce through anti-aging discriminatory training, cross-generational mentorship programs, and upskilling workshops Creating programs and platforms to match older adults with volunteering opportunities in their community Investing in offerings for older adults specifically across diverse higher education programs
Invest in science	<ul style="list-style-type: none"> Investing in Geroscience research 	<ul style="list-style-type: none"> Accelerating aging research to unlock high-impact interventions that promote healthy longevity¹
Strengthen healthcare	<ul style="list-style-type: none"> Preparing the next generation of healthcare workers 	<ul style="list-style-type: none"> Incentivizing healthcare workers to upskill or specialize in geriatrics
Address social determinants	<ul style="list-style-type: none"> Improving housing affordability Subsidizing home modifications to prevent falls Subsidizing nonemergency medical transportation (NEMT) Improving access to outdoor spaces 	<ul style="list-style-type: none"> Providing affordable housing options for older adults through rental subsidies or capital investments Subsidizing home modifications for low-income adults (eg, grab bars, slip mats, better lighting) to prevent falls and help adults navigate their homes safely Subsidizing NEMT for older adults to attend nonemergency medical appointments Building green spaces and parks in underresourced areas for older adults and neighboring populations to enjoy
Promote consumer-driven wellness	<ul style="list-style-type: none"> Increasing Supplemental Nutrition Assistance Program (SNAP) matriculation Expanding physical-activity programs Investing in social-connectivity programming 	<ul style="list-style-type: none"> Providing application and renewal support, while raising awareness, to ensure eligible older adults can access available benefits Scaling age-appropriate fitness programs to promote strength, mobility, and social engagement Promoting and expanding social connectivity through community centers, group classes, and shared interest clubs
Provide technology	<ul style="list-style-type: none"> Improving older adults' digital literacy Investing in at-home medication reminder technology Investing in wearable fitness trackers 	<ul style="list-style-type: none"> Sponsoring local digital literacy programs for older adults Providing easy-to-use devices that help older adults adhere to medication schedules Increasing access to wearable devices to promote physical activity, monitor health metrics, and support healthy habits
Ensure financial inclusivity	<ul style="list-style-type: none"> Expanding financial coaching 	<ul style="list-style-type: none"> Offering one-on-one and group-based coaching that helps older adults build financial literacy
Enhance public safety	<ul style="list-style-type: none"> Expanding scam awareness training programs Subsidizing defensive-driving courses 	<ul style="list-style-type: none"> Providing targeted trainings to help older adults recognize, avoid, and report most common scams faced in local context Subsidize defensive driving courses for older adults who are driving to refresh skills, adapt to age-related changes, and support continued safe driving

¹This intervention was sized qualitatively to determine impact and feasibility.

The economic case for investing in healthy aging

To understand the impact of investing in healthy aging, MHI developed a model to assess the potential ROI across a variety of healthy aging interventions in the United States (selected as the research focus because of its emphasis on healthy aging initiatives), with the goal of providing insights on what worked to stakeholders in other countries. Overall, the analysis revealed that for every \$1 invested in healthy aging, \$3 may be returned to society via economic and healthcare benefits.

More than 30 US states have developed or are developing aging-specific strategic plans (for example, multisectoral plans, master plans, et cetera).⁵ These plans often include interventions across sectors aimed at enhancing the quality of life for older adults, reflecting a strong commitment to preparing communities for shifting demographics. Analyzing these interventions can help scale the ones that are evidence-based and fiscally responsible.⁶

What is a ‘healthy aging intervention’?

MHI outlined a framework to define the world of healthy aging (Exhibit 1), divided into eight avenues, ranging from supporting societal participation and strengthening healthcare to enhancing public safety and providing technology.⁷ Within each avenue, a series of interventions (for example, programs, subsidies, and training) can be analyzed; when implemented together, the interventions can support aging populations holistically. This analysis specifically evaluated interventions categorized under seven of the eight avenues (17 interventions in total).

Exhibit 1

A host of societal, scientific, and technological interventions within eight avenues offers a path to holistic healthy aging.

Eight avenues influencing healthy aging



Support societal participation
Formal employment, lifelong learning, community engagement, volunteering (eg, employment reentry, volunteer-matching programs)



Invest in science
Specialized research for aging pathways (eg, geroscience research)



Strengthen healthcare
Prevention-focused and resourced healthcare facilities (eg, retrain/hire specialized workers for specialized care)



Address social determinants
Accessible housing, transportation, education, etc (eg, home modifications to prevent falls)



Promote consumer-driven wellness
User-focused wellness products (eg, wearable fitness trackers)



Provide technology
Technology-driven supports (eg, at-home medication reminder technology)



Ensure financial inclusivity
Economic security and wealth retention (eg, financial coaching)



Enhance public safety
Proactive public safety and standards for consumer goods (eg, scam awareness training programs)

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⁵ “Multisector plan for aging activity across states,” Multisector Plan for Aging, accessed August 2025.

⁶ The methodologies utilized in this study can be adapted to other countries, although modifications may be necessary to account for different contexts. For instance, healthcare payment models vary globally—while healthcare costs for older adults in the US are typically covered by the government (via federal Medicare or state Medicaid), other countries may operate on an out-of-pocket payment system or have a single payor system. Factors like these necessitate tailoring the methodologies in this study when analyzing the economic case for investing in healthy aging in other regions and contexts.

⁷ These avenues were developed after analyzing several healthy aging frameworks, including International Longevity Center (UK), WHO Age-Friendly Cities Framework, AARP Domains of Livability, ASEAN Active Aging Index, Singaporean Action Plan for Successful Aging, European Parliament Aging Policies, Missouri Master Plan on Aging, Utah Master Plan on Aging, North Carolina Master Plan on Aging, New York Master Plan on Aging, and Ohio State Plan on Aging.

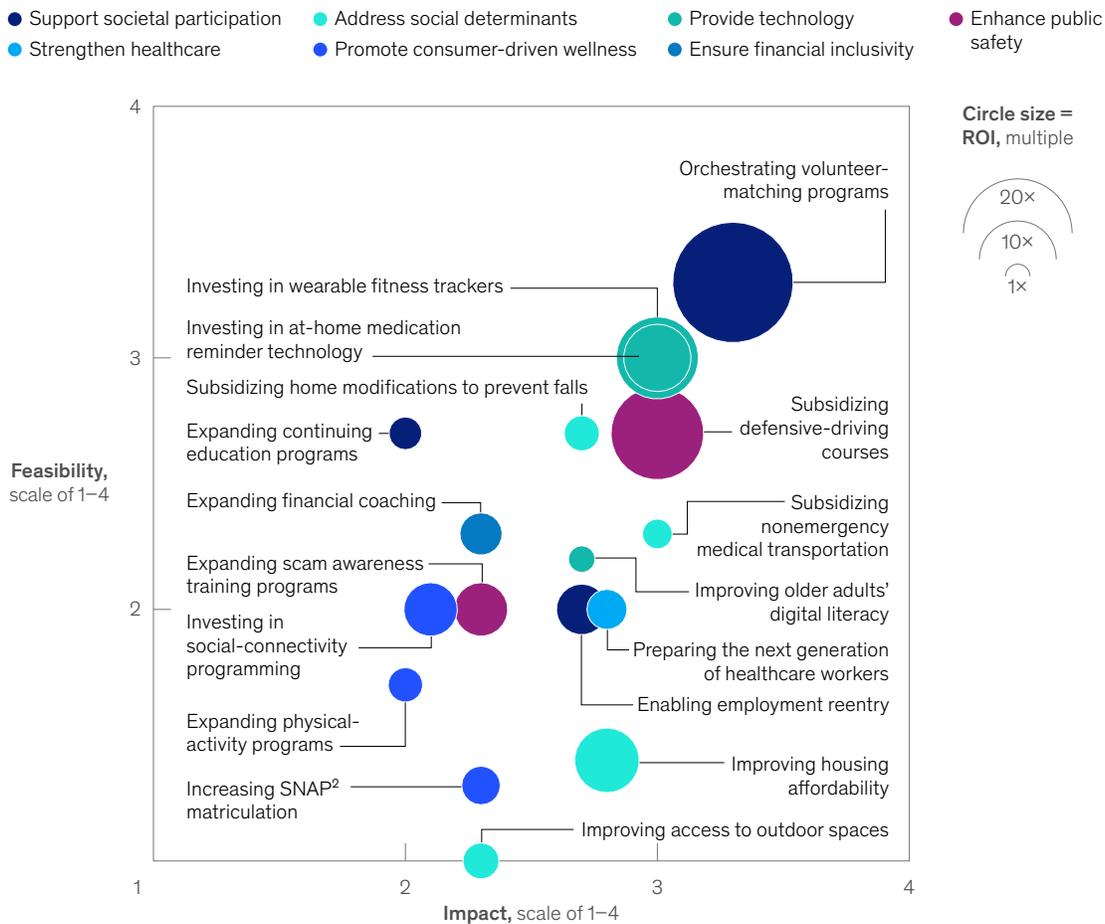
Healthy aging interventions result in positive ROI

Each of the analyzed healthy aging interventions in this model yielded a positive ROI and generated economic value, indicating that investment in these areas may be worthwhile (Exhibit 2). Our analysis showed 1.0 to 24.0 times ROI for the individual *interventions* and 1.5 times (transportation) to 9.6 times (public safety) ROI for the *avenues* for investment, with a median of 3.0 times ROI, suggesting that investment in many of the varied aspects of healthy aging will likely create positive returns for the country through increased economic growth and reduced healthcare spend.

Exhibit 2

Investing in healthy aging generates positive returns across 17 interventions, with ROI ranging from one to 24 times.

Healthy aging interventions, by feasibility, impact, and ROI¹



¹Feasibility calculated by scoring cost, speed, and stakeholder engagement on a scale of 1 to 4, and averaging the results. Impact was calculated by scoring size, novelty of the program, and relevance on a scale of 1 to 4, and averaging the results. Benefits and costs have been projected to occur by 2030 (and annualized), recurring annually. ROI was not evaluated for the “invest in science” intervention in the geroscience avenue, because of its long-term nature, uncertain impact, and the inherent challenges in quantifying future scientific progress.
²Supplemental Nutrition Assistance Program.

Given that one in six people in the world will be aged 60 or over by 2030, more countries are likely to examine the impact and feasibility of these interventions and continue to refine them.⁸ Thus, there is strong latent potential for many of the interventions and other locally relevant interventions within the broader avenues.

Healthy aging interventions yield substantial qualitative impact

In addition to delivering positive financial results, each intervention analyzed has the potential to create meaningful qualitative benefits for society (Table 2), supporting quality of life, life satisfaction, familial interconnectedness, community cohesion, and equity. While placing a numerical value on any of these categories is methodologically and ethically complex, all five are essential components of a holistic approach to healthy aging. Notably, prior MHI research found that meaningful social relationships are among the strongest predictors of health and happiness in old age.⁹ Furthermore, investing in intangible benefits for older adults—such as equity and quality of life—allows them to thrive and contribute meaningfully to their communities, enriching the fabric of society.

Given that these qualitative factors can have substantial effects on health outcomes for older adults, it is important to consider them alongside economic growth when evaluating the impact of healthy aging interventions.

Case studies on select interventions

Several healthy aging interventions analyzed in this publication have been trialed internationally and demonstrated notable results. With additional investment from the public, social, and private sectors, these interventions show strong promise to continue improving lives and livelihoods.

Home modifications to prevent falls

Definition: Interventions that subsidize installing home modifications that support independent movement (grab bars, handrails on stairs, nonslip shower mats).

Case study: Almost every state has a Medicaid program that can help pay for home modifications for older adults. These include ramps, widening of hallways, and even simple improvements like brighter lighting, all of which may support independent living.¹⁰ For example, California's Multipurpose Senior Services Program waiver provides home modifications as a benefit to Medi-Cal-eligible individuals who are 60 years or older and disabled, allowing them to safely remain in their homes.¹¹

2.1 times ROI, normalized at a national level: Falls are the leading cause of injury for adults aged 64 and older (one in four older adults report falling each year).¹² Falls are not only a large economic burden, with over \$50 billion spent on medical costs related to nonfatal fall injuries annually, but they also reduce mobility for older adults and contribute to severe declines in their quality of life.¹³ Home modification interventions have been proven to reduce falls by 38 percent.¹⁴

⁸ "Ageing and health," World Health Organization, October 1, 2024.

⁹ "Aging with purpose: Why meaningful engagement with society matters," McKinsey Health Institute, October 23, 2023.

¹⁰ "Medicaid long term care coverage for home modifications & assistive technology," Medicaidlongtermcare.org, updated July, 14, 2025.

¹¹ "Multipurpose Senior Services Program," California Department of Aging, accessed August 2025.

¹² "Older adult falls data," Centers for Disease Control and Prevention, October 28, 2024.

¹³ "Cost of older adult falls," Centers for Disease Control and Prevention, July 9, 2020.

¹⁴ Susan Stark et al., "Home hazard removal to reduce falls among community-dwelling older adults," *Jama Network Open*, 2021, Volume 4, Number 8.

Table 2

There are qualitative benefits to healthy aging investments.

Benefit	Definition	Sample problem	Sample intervention
Quality of life	Easing daily life for older adults with additional resources and support	Millions of adults miss or delay nonemergency medical care due to transportation barriers. These barriers are more likely to influence older individuals ¹	Subsidizing nonemergency medical transportation for older adults can allow them to attend medical appointments on time, potentially reducing the time they spend in hospitals
Enjoyment/life satisfaction	Increasing enjoyment and well-being through mental and physical health	Many older adults seek opportunities to socialize and integrate into the broader community, helping them find meaning in their day-to-day routines	Volunteer matching programs can help older adults find opportunities to connect with others, contribute to their local societies, increase personal enjoyment, and improve self-esteem ²
Familial interconnectedness	Elevating positive interactions and close kinship within families	Although technology has great potential to help older adults cope with challenges associated with aging, the intended benefits are not always realized due to low digital literacy ³	Sponsoring digital literacy programs for interested older adults can improve family communication and connection
Community cohesion	Increasing connection and mentorship in communities, workforces, and education systems	Older adults are at higher risk for social isolation and loneliness due to changes in health and social connections that can come with growing older ⁴	Promoting and expanding social connectivity (eg, senior center programming) may allow for increased interpersonal interactions, leading to a higher ability to form bonds ⁵
Equity	Improving outcomes for underserved communities (eg, race/ethnicity, socioeconomic status)	Black, Hispanic, and American Indian/Alaska Native adults are likely to have shorter lifespans and worse health outcomes due to a lack of resources ⁶	Investing in safe, clean outdoor green spaces can allow disadvantaged populations to access physical environments that can enhance their physical and mental health while promoting community ties

¹Richard Wallace, Paul Hughes-Cromwick, and Hillary Mull, "Cost-effectiveness of access to nonemergency medical transportation: Comparison of transportation and health care costs and benefits," *Transportation Research Record*, 1956, January 2006, Volume 1.

²"Loneliness and social isolation—tips for staying connected," National Institutes of Health, July 11, 2024.

³Ruth Finkelstein, Yiji Wu, and Mark Brennan-Ing, "Older adults' experiences with using information and communication technology and tech support services in New York City: Findings and recommendations for post-pandemic digital pedagogy for adults," *Frontiers in Psychology*, 2023, Volume 14.

⁴"Loneliness and social isolation—tips for staying connected," National Institutes of Health, July 11, 2024.

⁵American Public Health Association.

⁶Jane M. Cramm and Anna P. Nieboer, "Social cohesion and belonging predict the well-being of community-dwelling older people," *BMC Geriatrics*, 2015, Volume 15, Number 30.

At-home medication reminder technology

Definition: Interventions that subsidize technology like timed pill dispensers and AI-enabled home assistive technology (for example, Amazon Echo with Alexa and Google Nest with Google Assistant) to help older adults with chronic conditions take prescribed medications in a timely manner.

Case study: Many European countries (such as Finland, the Netherlands, and Norway) offer reimbursable medical-adherence-enhancing interventions, such as reimbursable pill consumption reminder devices and smart inhalers. In the Netherlands, the Enerzair smart inhaler and drug dispenser is reimbursed by national health insurance for the maintenance treatment of

asthma/COPD in adult patients.¹⁵ In the European Union, medication nonadherence is associated with nearly 200,000 deaths and up to €125 billion of potentially preventable direct costs (such as hospitalizations and medication waste) and indirect costs (such as work productivity losses) annually. Reimbursements for medication compliance products may reduce these costs.¹⁶

7.6 times ROI, normalized at a national level: Medication nonadherence may occur in 50 percent of older adults, leading to a substantial number of hospitalizations and a reduced quality of life.¹⁷ Medication adherence technology can help older adults by providing consistent reminders, allowing them to manage their conditions with more independence. Because medication adherence devices, on average, are only about \$15.50 a year and can save thousands of dollars in avoided hospitalization costs, investing in them can have a substantial ROI.

Nonemergency medical transportation

Definition: Interventions that provide rideshare or taxi trips for older adults who struggle to independently transport themselves to medical appointments.

Case study: The District of Columbia provides a free transportation service, Seabury Connector, for residents aged 60 years and older. The services help older adults access medical appointments, social service agencies (for example, housing assistance, SNAP), and group shopping trips. Older adults must enroll in the program by calling a hotline and reserving a transportation appointment.¹⁸

1.5 times ROI, normalized at a national level: Older adults struggle with finding transportation, missing nearly one in five trips they plan in a two-week period.¹⁹ The consequences of missing a medical appointment due to a lack of transportation may be quite severe, often leading to costly emergency room visits and delayed medical care. Subsidized transportation for older adults can help avoid an average cost of \$200 per missed appointment and \$2,700 per ER visit,²⁰ thus creating potential savings of over \$17 billion.

¹⁵ Tamás Ágh et al., "Reimbursed medication adherence enhancing interventions in European countries: results of the EUREcA study," *Frontiers in Pharmacology*, June 2022, Volume 13, Number 892240; Przemysław Kardas et al., "Reimbursed medication adherence enhancing interventions in 12 European countries: Current state of the art and future challenges," *Frontiers in Pharmacology*, August 2022, Volume 13, Number 944829.

¹⁶ Przemysław Kardas et al., "Reimbursed medication adherence enhancing interventions in 12 European countries: Current state of the art and future challenges," *Frontiers in Pharmacology*, August 2022, Volume 13, Number 944829.

¹⁷ Zachary A. Marcum, Joseph T. Hanlon, and Michael D. Murray, "Improving medication adherence and health outcomes in older adults: An evidence-based review of randomized controlled trials," *Drugs and Aging*, March 2017, Volume 34, Number 3.

¹⁸ "Free transportation options to Medicaid recipients and seniors in DC," Mayor's Office on Asian and Pacific Islander Affairs, accessed June 2025.

¹⁹ Noelle L. Fields et al., "Transportation mobility and health among older adults: Examining missed trips and latent demand," *Journal of Transport & Health*, June 2021, Volume 21, Number 101069.

²⁰ Brianne Smith, "Emergency room visit cost with and without insurance (2025 update)," Mira, February 25, 2025.

Volunteer match programs

Definition: Interventions that match older adults with a volunteer program that suits their personal interests and accommodates their logistical limitations, with the goal of helping people to improve their mental and social health.

Case study: AmeriCorps Seniors matches individuals aged 55 and older with service opportunities offered by partner organizations. Every year, 143,000 seniors are matched with volunteer opportunities that suit their interests, helping countless organizations generate over 47 million hours of service to date. Volunteers experience decreased anxiety, depression, and loneliness, with 84 percent reporting stable or improving health after one year of service.²¹

[A previously published MHI article](#) further describes the benefits of offering meaningful engagement within society for older adults.

24.3 times ROI, normalized at national level: An MHI Global Healthy Aging Survey revealed that 15 million older adults want to volunteer but do not do so today, presenting an opportunity to connect older adults with relevant opportunities.²² Volunteer match programs have the potential to be both economically beneficial (in the United States, the estimated value of a volunteer hour is \$33) and socially beneficial, as older adults can form new connections and develop a strong sense of community belonging.²³

The success of healthy aging investments lies in a cross-sectoral ecosystem approach

The interventions analyzed in this publication necessitate a cross-sectoral approach. While the public sector certainly has a role to play, numerous other stakeholders have the opportunity to initiate, develop, and collaborate to implement a variety of healthy aging initiatives. Society can only achieve economic growth from healthy aging investments and become truly age-inclusive through a multistakeholder effort. The two examples below demonstrate the ecosystem-level approach required to develop and implement effective interventions (Exhibit 3).

²¹ Brianne Smith, "Emergency room visit cost with and without insurance (2025 update)," Mira, February 25, 2025.

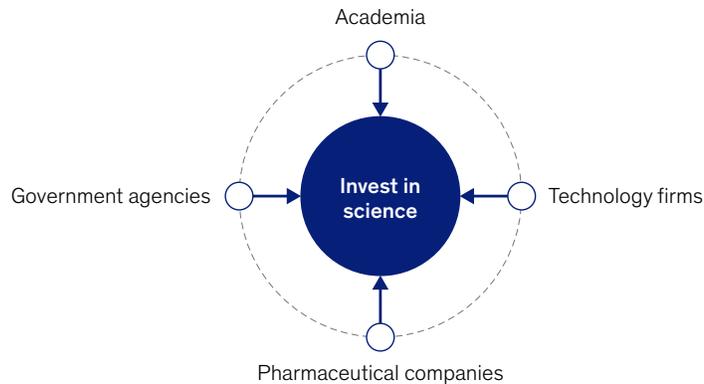
²² "Aging with purpose: Why meaningful engagement with society matters," McKinsey Health Institute, October 23, 2023.

²³ "New value of volunteer time increased 5.3% from year prior," University of Maryland School of Public Policy Do Good Institute, April 23, 2024.

Taking an ecosystem approach could help improve societal participation among older adults.

Example ecosystem

Invest in science



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Ecosystem: Invest in science

Sample intervention: Expand research into common aging pathways that have the potential to treat multiple conditions

Academia: Promote research for common aging pathways (biological mechanisms that universally influence health and longevity) through novel funding and grant opportunities for researchers and labs focused on aging topics

Government agencies: Create supportive policies and funding opportunities that encourage research on common aging pathways

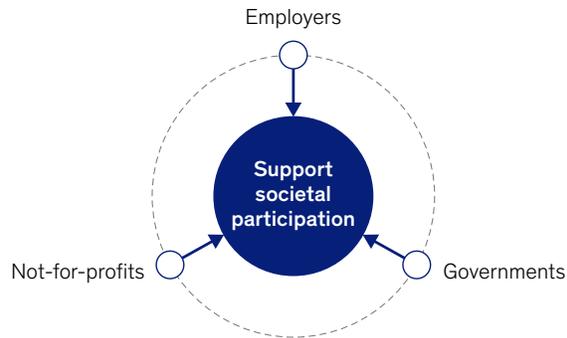
Pharmaceutical companies: Provide capital, infrastructure, and stability for large-scale drug development projects alongside life sciences investors

Technology firms: Streamline drug discovery for common aging pathways with a focus on AI and data analytics through a partnership with academia and the private sector

Taking an ecosystem approach could help improve societal participation among older adults.

Example ecosystem

Support societal participation



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Ecosystem: Support societal participation

Sample intervention: Tackle ageism by creating an age-inclusive work environment

Employers: Implement approaches within the workplace to drive accountability (for example, audit age-inclusive practices, incorporate hiring goals) and strengthen age-inclusive practices (for example, flexible work hours, tailored benefits packages, and career development opportunities)

Not-for-profits: Disseminate resources on how to combat ageism in the workplace

Governments: Combat ageism proactively by implementing policies and making public commitments in partnership with the private sector and civil society

There are key opportunities for involvement within the ecosystem approach (nonexhaustive) for both the public and private sectors.

Public sector

The public sector (including state and local organizations) can play an important role in setting the tone for society to focus on the issue of healthy aging and align stakeholder incentives through strategic programmatic planning. This can include the following:

- *Understanding* the current state of holistic health outcomes for the older adult population in the state today, with data analytics to identify key areas for improvement.
- *Developing* a strategic cross-sectoral plan on aging to address key areas of need for older adults, with a focus on specific populations (for example, rural) or evaluating and assessing existing plans using an ROI-to-value-generation lens.
- *Building* performance excellence mechanisms to track outcomes of state plans to ensure they are generating value.
- *Designing* programs with key partners (for example, private sector players, community organizations) and investing in initial pilots to gather stakeholder buy-in.
- *Scaling* programs with adequate marketing and operational support to inform necessary constituents and deliver with high impact.
- *Utilizing* novel methodologies to socialize the impact of state actions on aging and build cross-sectoral partnerships to fund key initiatives/programs.

CASE STUDY

Public sector

Multiple US States (30+) have developed or are developing aging-specific strategic plans. For example, California drafted a Master Plan on Aging to “build a California for All Ages by 2030,” which serves as a blueprint for state and local governments, the private sector, and philanthropic institutions to prepare the state for demographic changes and organize support for aging populations. The plan lists five broad goals, including 23 strategies, and includes a Data Dashboard on Aging to measure progress and a Local Playbook to drive partnerships. Another example is Ohio updating its State Plan on Aging (2023-2026). The goal—which includes longer, healthier lives with dignity and autonomy—is focused on six priorities. The plan outlines around 20 objectives for the state to achieve and includes quality management for tracking implementation.

Singapore has often been cited as one of the best nations to age in among several countries that have established aging policy programs. In 2023, the government released a detailed Action Plan for Successful Aging with three main aims: empower older adults to take care of their physical and [mental well-being](#), enable them to contribute knowledge and expertise and remain engaged in society, and support them in staying connected to loved ones and society. The government has followed this up by implementing several key interventions suggested in this publication over the past year.

Private sector

The private sector has an underutilized, influential role to play in solving the unmet needs of older adults across several industries. In the United States alone, adults aged 70 and older hold 30 percent of the country's wealth, creating a key opportunity for the private sector to develop products and services for their specific demographic needs.²⁴ Below are a few examples of how select industries may prepare and respond to the shifting demographics:

- *Consumer companies* understand the specific needs of older adult consumers through intentional and detailed customer analysis and segmentation (for example, they avoid treating the entire 65-plus population as homogenous in their needs and wants) and design offerings that directly address their expressed pain points. They also identify channel partnerships that help relevant products and services reach a target audience of older adults (for example, independent-living communities or senior centers) and include older adults in advertising and marketing campaigns (for example, promoting representation and reducing stigma).
- *Healthcare providers* invest in wrap-around services²⁵ to ensure the success of a patient's care journey and to reduce episodes of emergency care and acute challenges (for example, medication adherence and transportation to appointments). They also train employees to have a thorough understanding of local public and private programs that can support patient health and wellness needs beyond clinical care (for example, social programs, physical activity programs) and partner with local community education services (for example, fall prevention programs) to host informational events for older patients so they can better support themselves at home.
- *Payors* develop programs that prioritize follow-up care after particular procedures and offer wrap-around care to holistically support health outcomes and avoid recurring emergency treatments. Their additional services include the following:
 - supporting community-based programs that connect patients with key services such as transportation, meal delivery, and more
 - working with providers to develop care coordination solutions (for example, case managers, digital portals) to ensure older adults have integrated care plans and are aware of them
 - providing reimbursement, training, and support for caregivers who play an integral role in supplying quality care for older adults
- *Employers*²⁶ can conduct inclusivity trainings to limit age bias in the workplace and provide additional technical training for older employees who want to continuously upskill. They can also develop mentorship programs for employees of varying ages so they can learn from one another and provide flexible working models for older employees who may want to contribute but require adaptations.

²⁴ Alexandre Tanzi, "Americans over 70 hold 30% of the country's wealth," Bloomberg, December 19, 2023.

²⁵ Wrap-around services refer to comprehensive, holistic support that goes beyond traditional medical care to address a patient's broader social, behavioral, and day-to-day needs (for example, nutrition and wellness programs, behavioral health services, transportation).

²⁶ Previous MHI research revealed that 19 to 25 percent of older adults do not work but want to find opportunities to work. See "Age is just a number: How older adults view healthy aging," McKinsey Health Institute, May 22, 2023.

CASE STUDY

Private sector

Consumer foods companies have dedicated resources toward establishing teams of healthy aging experts that help develop tailored products for older individuals.¹ For example, the maker of the oral-nutrition product Ensure, Abbott Nutrition, offers nutritional assessments, recipes, and coupons via their website.

Consumer electronics companies have embedded various features in wearable devices to make them more valuable for older adults. This includes fall detection monitoring, which calls emergency services and shares an individual's current location and is automatically turned on for those aged 65 and over. Other tailored features include emergency SOS, which allows people to quickly call 911; health monitoring (for example, heart rate tracking); and caregiver check-ins through apps.²

Payors (for example, large insurance companies) have healthy aging support programs that offer short-term education initiatives designed to assist older adults in managing chronic conditions through personalized coaching and resources. The programs include topics such as nutrition, medication adherence, and effective communication with healthcare providers, helping participants develop actionable health plans tailored to their needs.³

Academic institutions offer phased retirement programs, allowing faculty members to gradually reduce their working hours as they transition into retirement. These programs support older employees by providing them with flexibility while maintaining their involvement in academia.⁴

¹ Jennifer Grebow, "Nestle reformulates Boost adult nutrition drink," *Nutritional Outlook*, August 10, 2018.

² Kari Smith, "Apple Watch for seniors," *Seniors guide*, March 26, 2024; *Fitbit Enterprise Blog*, "Supporting healthy habits for older adults with Fitbit," September 30, 2022.

³ "Healthy aging support program," Aetna Medicare Solutions, accessed August 2025.

⁴ "Faculty/academic personnel phased retirement," UNC-Chapel Hill, accessed August 2025; "Phased retirement," Emory University, accessed August 2025; "GUMC phased retirement program for tenure line faculty (voluntary)," Georgetown University, accessed August 2025; "Contract college tenured faculty phased retirement," Cornell University, accessed August 2025; "Phased retirement program," University of Arizona, accessed August 2025.

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Given the world's changing demographics, society stands at an inflection point where the aging paradigm can be transformed from a societal burden to a dynamic opportunity for economic and social growth.²⁷ By investing in economically sound, cross-sectoral, collaborative interventions that holistically address older adults' well-being, society can create a future in which healthy aging is accessible and sustainable for all.

²⁷ Andrew J. Scott, "The longevity economy," *The Lancet Healthy Longevity*, December 2021, Volume 2, Issue 12.

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