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## A life-course model for healthier ageing: lessons learned during the COVID-19 pandemic



The COVID-19 pandemic uprooted assumptions on which societies function, and profoundly changed daily life. Because the disease disproportionately affected people older than 65 years, the pandemic generated a sense of vulnerability in many older people who were previously enjoying a newfound sense of healthy ageing. Older adults face substantially higher mortality rates from COVID-19 compared with their younger counterparts and, even when they recover, present with more severe symptoms. Older people are also vulnerable to indirect impacts of COVID-19, including food insecurity, social isolation, and financial instability. These issues are even more devastating among residents of long-term care facilities that have become hotspots for COVID-19 transmission and mortality.

Amidst the pandemic, we are living through a demographic transition reshaping the global population. Between 2019 and 2050, the number of people aged 65 years or older will increase from 703 million to 1.5 billion, and by 2050, more than two-thirds of the total population of older adults will occur in less developed countries.<sup>1</sup> Although it has been clear for many years that we need to change the ways we live to accommodate longer lives, COVID-19 laid bare just how unprepared we are to empower and protect ageing populations during crises. We argue societies must undergo a shift in how we think about global ageing, and remap the life course to look at unique opportunities to foster longevity.

The Stanford Center on Longevity launched the New Map of Life (NMOL) initiative in September, 2018, and later convened a global conference on the same topic in Bellagio, Italy, in September 2019. Experts identified six principles to guide long-lived societies on a global scale: (1) new roles and opportunities must be created so that people experience purpose, belonging, and worth; (2) education must be a lifelong pursuit; (3) working longer should occur in multigenerational contexts; (4) money: opportunities to earn and save must be available throughout life to ensure financial security; (5) advances in the science of ageing must be distributed broadly in the population; and (6) physical health and the prevention of disease is critical to achieving the promise

longevity presents.<sup>2</sup> The NMOL initiative rests on the presumption that longer lives are not inherently problematic, but rather reflect a mismatch between the cultures guiding us and the length of our lives. Although not guaranteed, added years can enable people to cultivate more meaningful lives.

COVID-19 has taught us important lessons relevant to each NMOL principle. We learned how purpose, belonging, and worth are threatened for people older than 65 years, especially when public health recommendations insist on isolation from friends and loved ones (principle 1). We have seen how education is critical so that communities and individuals stay updated about COVID-19 and preventive measures (principle 2). We witnessed just how different workforce experiences are, as non-manual (so-called white collar) workers retreated to working from home, while manual (so-called blue collar) workers remained on the frontline and were particularly vulnerable to job loss (principles 3 and 4). We experienced how disruptions in scientific advances fostering health equity, such as vaccination distributions, can have detrimental impacts worldwide (principle 5). And, finally, the pandemic underscored the importance of physical resilience, and demonstrated how older communities and individuals living with comorbidities are more threatened by COVID-19 health impacts than the younger population (principle 6).

Societies can learn lessons from the pandemic and develop systems-level changes that align with NMOL principles to better respond to COVID-19 and future crises. For example, in Singapore, the government had been preparing for an ageing population for years, and because of the Asian experience with severe acute respiratory syndrome coronavirus, was prepared to respond efficiently to COVID-19 threats. In addition to protective health measures, the Singaporean Government responded to COVID-19 with initiatives that foster job security, such as the SGUnited Jobs and Skills Package. The SkillsFuture programme, which provides workplace skills training, is being expanded and subsidised to empower individuals and increase older peoples' employability. In addition, the initiative is hosting virtual career fairs and generating

job opportunities for Singaporeans, with financial incentives for employers to hire workers aged older than 40 years.<sup>3</sup> These workforce and learning opportunities enable Singaporeans to remain purposeful, educated, and working (principles 1–4 and 6).

Another strategy that communities are using to build long-lived societies is fostering intergenerational connectivity, which builds purpose, belonging, worth, and mutual respect. In Zimbabwe, since a pilot first began in 2007, grandmother health providers provide mental health therapy for community members at so-called friendship benches embedded across the country. These have been shown to decrease psychological morbidity.<sup>4</sup> During the COVID-19 pandemic, grandmothers continue to serve communities through friendship benches using social distancing or technologies such as WhatsApp. This type of intergenerational connectivity with proper social distancing is timely, because research indicates that in most communities younger adults are more likely to experience psychological distress than older adults during COVID-19 (principles 1 and 6).<sup>5</sup> NMOL implementation should involve the wide dissemination of such interventions, and presents an opportunity to cultivate a better world for after the pandemic.

Low-income and middle-income countries (LMICs) face additional challenges due to limited resources and the dual burden of communicable and non-communicable diseases (NCDs). Associated risks of COVID-19 are disrupting global health programmes that target disease prevention and routine immunisations.<sup>6,7</sup> NCDs are growing in LMICs because of shifts to a sedentary lifestyle, changing diet, increases in smoking, and population ageing. Not only can NCD comorbidities worsen COVID-19 outcomes, but interrupted health services can hinder populations' access to NCD treatment. Countries worldwide can partner with LMICs to build health systems capacity targeting interventions aligning with the NMOL, ensuring that reductions in both communicable and non-communicable diseases improve physical health (principle 6).

The COVID-19 pandemic is highlighting the interconnectedness of the world, and how some populations

are especially vulnerable to the pandemic's impacts. Protecting, while empowering, the elderly is vital to healthy ageing during COVID-19. The NMOL should be integrated into societies' responses to address COVID-19 and carried forward into communities' rebuilding. While the adoption of the NMOL will differ depending on the local cultural context, societies can learn shared objectives and challenges from one another to respond to COVID-19 and future crises. Government-led policies, with coordinated messages and targeted interventions, should be at the forefront of these efforts. It is essential that research targeting COVID-19 treatments and prevention are accessible in all countries, and does not discriminate against an ageing population (principle 5). Ultimately, these principles can guide societies to develop purpose, belonging, and worth throughout the life course, in a world where ageing populations will comprise a growing proportion of our global community.

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\*Ashley Jowell, Laura L Carstensen, Michele Barry  
ajowell@stanford.edu

Stanford University School of Medicine (AJ), Stanford Center on Longevity (LLC), and Stanford Center for Innovation in Global Health (MB), Stanford, CA 94305, USA (AJ)

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