Living well, aging well

Navigating the longevity equation

Program

June 12, 2026

Health and Wealth Symposium

TIAA Institute

TIAA Institute

Dear Colleagues:

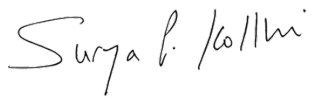
Welcome, and thank you for joining us today.

We live in a remarkable moment. Americans are living longer than ever before, and yet, for too many those added years are marked by financial uncertainty, health challenges, or both. Today's conversations are designed to confront that reality head-on and chart a better path forward.

At the TIAA Institute, we believe that health and wealth are two sides of the same coin. They are deeply interconnected forces that shape not just how long we live, but how well. Longevity is not simply a demographic trend; it is a shared opportunity and a collective responsibility.

Today's program brings together some of the most thoughtful researchers, practitioners, and leaders working at this intersection. From groundbreaking frameworks on healthspan and wealthspan, to new tools for measuring longevity fitness, to the emerging role of AI in shaping longer lives, each session has been designed to spark new thinking and, more importantly, new action.

Whether you work in finance, health care, policy, or academia, you have a role to play in shaping a future where longer lives are also better ones. I am grateful you are here, and I look forward to the conversations ahead.



Surya P. Kolluri
Head, TIAA Institute

TIAA Institute

Health and Wealth Symposium

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Date	Friday, June 12, 2026
Time	9:15 a.m. to 2:45 p.m. ET
Location	TIAA Headquarters 730 Third Avenue, 17th Floor New York, NY 10017

Agenda

9:15 a.m.	Registration, continental breakfast and networking
10 a.m.	**Opening remarks** **Identifying longevity risks** **Achieving longevity fitness** **Surya P. Kolluri**, TIAA Institute
	Morning session **The longevity landscape: Understanding the health and wealth connection**
10:10 a.m.	**Longevity literacy and measuring longevity fitness: The *Unit of Health*℠** **Andrea Sticha**, Stanford University, TIAA Institute Fellow **Paul J. Yakoboski**, TIAA Institute What if we could measure the future return on current investments in our health? This session explores the latest research on longevity literacy, including how a *Unit of Health*℠ measure could impact such daily choices as exercise, sleep, and social connections by projecting them to improved longevity fitness at older ages.

10:40 a.m.	**Key insights on health and wealth from the National Poll on Healthy Aging** **Jeffrey T. Kullgren**, University of Michigan Since 2017, the University of Michigan National Poll on Healthy Aging has surveyed a nationally representative sample of more than 2,000 U.S. adults age 50 and older twice each year, the findings from which are helping shape policy, spark new conversations, and drive real-world change in how we support older adults. In this presentation, we'll highlight some of the most compelling Poll insights on older adults' financial, cognitive, physical, and social health, and explore what they mean for supporting healthy aging across these key domains.
11:10 a.m.	**The longevity dividend: Breaking the health wealth divide** **Haleh Nazeri**, World Economic Forum The greatest opportunities in longevity lie at the intersection of health and wealth. This session explores how simple, often overlooked interventions can unlock the longevity dividend when health and financial resilience are addressed as one challenge.
11:35 a.m.	**The longevity equation: How healthspan and wealthspan intersect** **Dawn M. Carpenter**, Milken Institute Longevity is both an economic opportunity and a moral imperative. Drawing on qualitative analysis and expert interviews spanning health care, finance, and policy, this research introduces the framework (H × W) × T^β to illuminate how health, wealth, and technology shape aging outcomes, and what the private sector must do to build a more equitable future.
12 p.m.	**Inaugural TIAA Institute Louise Whitfield Carnegie Award for leadership excellence in healthcare** **Anne Ollen**, TIAA Institute Introducing this new annual award recognizing a senior healthcare executive for outstanding values-driven leadership, strong workforce practices, and measurable community impact.
12:10 p.m.	**Lunch and networking**
	Afternoon session **Building resilient systems: Healthcare, benefits, and financial security in an aging world**

12:50 p.m.	**AI and longevity: How Americans see the promise, risk, and readiness gap** **Lisa Dropkin**, Edge Research **Michiel Peters**, Global Coalition on Aging AI is transforming nearly every dimension of a longer life, including finances, productivity, health, and caregiving. What are ways that AI is reshaping the longevity landscape in these domains? And how are Americans feeling about what's in store?
1:20 p.m.	**Social determinants of retirement index** **Tamara J. Cadet**, University of Pennsylvania Advancing the retirement well-being of older adults requires a shift in understanding retirement from a purely financial lens only to a perspective that considers non-financial factors. Developing a social determinants of retirement well-being index that considers non-financial factors that accumulate over the life course is important. We will discuss whether and how this index will resonate across disciplines, what is essential to its credibility, and how the index should function.
1:45 p.m.	**The "Double Duty" of family caregiving: Easing the financial burden** **Mary D. Naylor**, University of Pennsylvania, TIAA Institute Fellow With 59 million Americans providing unpaid care, and 90% also serving as financial caregivers, longer lives are reshaping retirement planning in profound ways. This session examines how longevity amplifies caregiving responsibilities across all life stages, and why addressing financial caregiving is essential to building a more equitable and resilient retirement ecosystem.
2:10 p.m.	**Affording a longer life in the era of longevity** **James C. Appleby**, Gerontological Society of America Demographic data, economic analysis, and gerontological research reveal a widening gap between lifespan and healthspan, with income, education, and race among the strongest predictors of how long, and how well, people live. This session translates those findings into actionable strategies for individuals, employers, and policymakers navigating the era of longevity.
2:35 p.m.	**Closing remarks** **Catherine Reilly**, TIAA Institute
2:45 p.m.	**Symposium concludes**

Symposium highlights

Biographies

TIAA Institute Research

Symposium highlights

Introduction

Health and wealth together are essential to sustaining overall well-being over longer lives. Good health enables us to work and accumulate wealth. Wealth enables us to invest in our health and finance our desired lifestyle. Conversely, poor health results in higher health care costs, more workforce exits, and financial stress. Individuals, governments, communities, and institutions all have a stake in ensuring healthy and financially secure aging and must work together on a shared agenda to that end.

The 2026 Symposium builds on the 2025 Health and Wealth Roundtable, which explored the inextricable link between health and wealth and challenges to each. It takes a deeper dive into understanding the health and wealth connection, exploring ways of measuring the link, as well as innovative approaches to the challenges of promoting equitable, healthy and financially secure aging.

Surya Kolluri, head of TIAA Institute, noted the Institute's commitment to understanding and promoting financially secure and healthy aging across racial, gender, age, and income divides. By bridging health and wealth, the TIAA Institute aims to spark new thinking, tools, and policies to help individuals and society fully capture the benefits of healthy aging.

Morning session – The longevity landscape: Understanding health and wealth connection

Longevity literacy and measuring longevity fitness: The *Unit of Health*℠

Andrea Sticha, Stanford University, and Paul J. Yakoboski, TIAA Institute, introduced new research, part of the annual *TIAA Institute–GFLEC Personal Finance Index survey*,[1] that **examines whether the ability to translate current lifestyle behaviors into a measurement of longevity fitness (e.g., a *Unit of Health*℠) would impact individuals' daily choices.** Like retirement planning tools that show how increased savings can improve future retirement income, this approach would allow individuals to track how lifestyle choices today can extend good health and life quality over a longer lifespan.

An initial review of these survey results reveals three notable patterns. First, only one-half of adults are likely to consider how health-related choices, such as diet, exercise, and sleep, affect their quality of life. Yet those who do focus on health behaviors are also more likely to actively plan for retirement, reinforcing the health and wealth connection. Second, slightly over one-half of respondents find quantitative health measurements, including blood pressure, body weight, cholesterol levels, sleep hours, and step counts, useful for tracking their well-being, suggesting meaningful openness to monitoring tools. Third, the ability to project gains in units of healthy life based on specific behaviors would motivate most people to make better lifestyle choices. However, interest in tools that estimate healthy life expectancy is more evenly divided, likely reflecting a well-documented aversion to confronting the limits of one's healthy years.

Participants also expressed interest in further research to understand:

- Relative interest of various demographics in measuring the impact of healthy behaviors on healthy longevity, as well as relative interest in tracking specific healthy behaviors. Understanding varying interest will help tailor incentives to specific behavior changes.

- The relative role of age versus life events in motivating behavior changes. Existing research shows caregiving is a significant driver in creating awareness of and interest in behavior changes that influence quality of life.
- Interest in equating behaviors to a reduction in risk of developing specific age-related diseases such as Alzheimer's, which is a major concern for most adults.
- Whether framing longevity fitness in terms of happy days in addition to healthy days will help motivate interest in behavior changes.

Key insights on health and wealth from the National Poll on Healthy Aging – Awareness of older adults

Jeff Kullgren, University of Michigan, presented insights from the *National Poll on Healthy Aging* (NPHA) regarding **older adults' awareness of and planning for the four interconnected longevity risks identified by the TIAA Institute.** The NPHA was developed under the auspices of the Institute for Healthcare Policy & Innovation (IHPI), the largest university-based community of interdisciplinary health services researchers.

1. **Declining physical health**
   - Just under one-third of **adults fail to get flu or COVID vaccines** that may prevent costly diseases either because they haven't thought about it or are concerned about side effects, especially for the COVID vaccine. One-fifth of adults believe vaccines are not effective.
   - Over one-half of **adults fail to plan for long-term care** because they think they won't likely need it, while just under one-half fail to plan because they simply don't know how. Those who have planned have indicated they have medical powers of attorney, identified loved ones to provide care, and/or made home modifications to help them age in place. Just over one in 10 indicated they've purchased long-term care insurance. Only one in 10 people needing or providing care reported taking advantage of programs such as adult daycare or respite care (for the caregiver), despite significant awareness of such programs.

2. **Cognitive decline**
   - **Fewer than one-half of adults** between ages 65 and 80 **report undergoing screening for cognitive decline**. Most assume their provider would recommend screening if needed and believe screening could inform medical care and advance planning. Privacy, inaccurate results, and lack of successful treatment and prevention were top concerns about the value of screening.
   - **Most older adults are not familiar with blood biomarker tests for Alzheimer's disease** and less than 1% have ever had the testing.
   - **Middle-aged adults are less familiar with ways to maintain brain health (e.g., sleep, exercise, nutrition, and engaging the mind) than older adults despite evidence that mid-life adoption of such behaviors will prevent or slow cognitive decline.**[2]

3. **Financial insecurity**
   - **The top health concerns of older adults relate to costs** of medical care, home care, assisted living or nursing home, prescription drugs, and both private and government health insurance.
   - **Loss of savings due to financial scams and fraud is a top financial concern** reported by older adults.

4. **Social isolation**

   Social isolation is reported by approximately one-third of older adults. While three-quarters overall say they have enough close friends, the percentage **declines for those in poor physical or mental health**. The IHPI will soon release research exploring the heterogeneity of loneliness and social isolation, as well as barriers to socialization and potential solutions and coping mechanisms. **Potential solutions and coping mechanisms are expected to parallel lifestyle changes promoting good brain health**.

   Related to the above, **adults ages 65+ were more likely than adults ages 50–64 to report positive health impacts of work (physical, mental, and overall well-being)**. However, many adults age 50+ reported an inability to continue working due primarily to disability or poor health.

   Overall well-being reportedly increases with age. Over nine in 10 adults over age 65 reported overall well-being (measured by good physical and mental health) compared with three in four of those ages 50–64.

   Most adults report facing some type of aggression-related ageism in their everyday life according to the IHPI's "everyday ageism" scale**.**

   Symposium participants noted **evidence that adults with cognitive decline are more susceptible to financial fraud and mismanagement underscores the health and wealth interconnection**. The MIT AgeLab and AARP held a symposium,[3] which revealed, in part, that for the six to eight years preceding a dementia diagnosis, a household will lose approximately 40% of its wealth on average. A cross-sectional analysis of NPHA polling data and the University of Michigan Health Retirement Study will likely lead to more insights on the relation between cognitive decline and financial fraud.

   Recommendations for the next iteration of research include:

   - Exploring different ways of polling cognitive issues, including interest in pursuing healthy behaviors driving good **brain health**.
   - Adding the shingles vaccine adoption rate to that of other vaccines given new evidence that shingles vaccines provide value in protecting against Alzheimer's disease.
   - Segregating survey results by income to further support the wealth/health connection and help identify income-related barriers to healthy longevity.
   - Identifying policy solutions to address barriers to healthy aging, including promoting defaults and incentives to healthy aging.

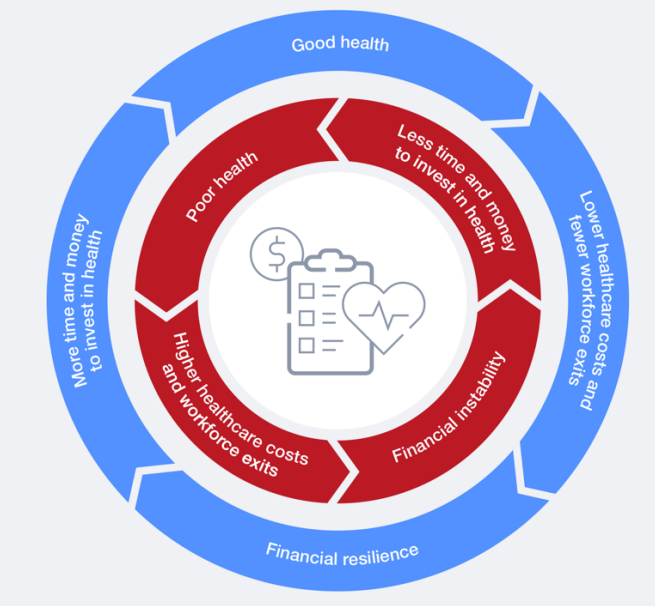
The longevity dividend: Breaking the health and wealth divide

Haleh Nazeri, World Economic Forum (WEF), presented *The Longevity Dividend: The Business Case for Linking Health and Wealth*.[4] This global research was conducted in line with the six longevity principles developed by WEF:

1. Ensure financial resilience across key life events.
2. Provide universal access to impartial financial education.
3. Prioritize healthy aging as key for the longevity economy.
4. Evolve jobs and lifelong skills-building for a multigenerational workforce.
5. Design systems and environments for social connection and purpose.
6. Address longevity inequalities across gender, race, and class.

The research supports not only the health and wealth connection but the need to break down silos between the two and view healthy aging as a spectrum across the life course. Reframing longevity from an "old age" problem to solve into an opportunity for all ages to work toward a healthy aging goal makes the business case for feasible action today that will yield dividends for years to come.

Health and wealth are deeply interconnected –
recognizing the links can turn a vicious cycle into a virtuous one.



Source: World Economic Forum and Marsh

Population aging is not primarily an immediate challenge for Asian and other established countries. Over the next 15 years, older adult populations are increasing fastest in young countries such as Saudi Arabia (115%) compared with Japan (7%) and the United States and the Netherlands (each 28%). By the end of this century, most countries will see their traditional working age populations peak and decline.

Siloed approaches have impeded holistic solutions to address:

- **The relative decrease in women's financial security as a result of caregiving for children**. A single year of caregiving at the age of 30, early in a woman's career, combined with the gender pay gap, can reduce her retirement pension by 24%. After five years of caregiving, it can reduce a woman's pension by one-half.
- **Lost productivity due to ageism**. Across the OECD, ageism in the workforce will result in nearly $500 billion in lost productivity by 2040. This is due to under- and unemployment of adults age 55+ relative to younger workers. It also impacts the financial security and health of older workers who either want or need to remain working as part of a longer life.
- **Financial stress caused by lack of affordable housing,** which primarily impacts younger generations. For many, housing costs exceed one-third of their monthly income, resulting in financial stress and insecurity.

Simple interventions can unlock the longevity dividend when health and financial resilience are addressed because holistically:

- Increasing physical activity would result in the prevention of 8.5 million cases of Type 2 diabetes by 2040.

- Implementing low-tech home modifications to reduce fall rates in the home could spare the global health care systems $5.4 trillion by 2040, while requiring an initial outlay of less than $400 billion.
- Expanding the use of hearing aids to mitigate dementia onset could prevent 2.4 million dementia cases, saving more than $320 billion in health care costs and adding an average of four additional healthy years of age for each prevented case.

Challenges and disincentives to current investment in interventions include siloed systems and a short-term cost/benefit analysis approach. Screening and health promotion cost more in the short term with savings often realized years later, while fees for treatment of existing diseases produce more immediate profits. In addition, the business case for investment now often overlooks the financial benefits that come from higher economic productivity, connection, purpose, and contribution of healthier people across the life course. Policymaking by governments also works within a short-term budget window and is more likely to focus on near-term crises than long-term solutions.

The report calls to action employers to redesign employee benefits with longevity in mind to holistically promote health and wealth, **institutions and communities** to integrate resilience and planning seamlessly across health and financial services**, financial advisors and health care professionals** to ask their clients/patients about health and financial security, respectively, and **governments** to appoint Ministers of Longevity to look at longevity holistically across siloed sectors. Care must be taken to ensure that solutions are tailored to meet specific needs and challenges of various demographics.

Symposium participants noted that positioning health and wealth as a spectrum shows the fluidity by which people can move from personal expectations to reality. The TIAA Institute's report *Closing the Retirement Expectations Gap*[5] illustrates this point. EBRI's Retirement Confidence Survey[6] fielded over 10 years has consistently shown the disconnect between expectations and reality. While people consistently expect to retire at age 62 (the blue circle on the WEF longevity spectrum), many retire earlier due to ill health, disability, or job loss (moving them into the red circle). This is particularly true for low-income workers who engage in physical work. Expectations of income from work in retirement (70%) also vary from the reality that only 25% do receive income from work in retirement.

The longevity equation

Dawn M. Carpenter, The Milken Institute, presented the "longevity equation,"[7] a framework to illustrate how the interrelation of health, wealth, and technology shape aging outcomes. According to the equation *(L ≈ H × W × T^β)*, a longevity outcome is approximately equal to the product of one's **H**ealthspan (the capacity to live healthy, functional years) and **W**ealthspan (the capacity to finance a longer life) multiplied by **T**echnology, which serves as an accelerating force. Technology, ranging from health monitoring devices to retirement income calculators, gives individuals greater agency over their own aging, much as financial and health literacy do. The beta (β) in the equation represents the social return on innovation: The degree to which technological advances are translated into broad-based, equitable longevity gains across all segments of society, rather than remaining concentrated among the privileged few. Health systems, employers, financial institutions, communities, and public policymakers all play a role in improving beta.

Consistent with the WEF longevity spectrum framework discussed above, the longevity equation reinforces the need to support longevity fitness at every life stage. **Silos must be broken down and there must be a shared agenda and vocabulary for longevity to achieve the correct balance (as measured by the equation) and ensure that innovation is translated into human flourishing.**

Symposium participants suggested businesses and institutions create a Chief Longevity Officer, similar to governments' recommended Ministry of Longevity, to ensure a shared agenda and action across silos.

Afternoon session – Building resilient systems: Healthcare, benefits, and financial security in an aging world

AI and longevity: How Americans see the promise, risk, and readiness gap

Lisa Dropkin, Edge Research, and Michiel Peters, Global Coalition on Aging, presented topline findings from the forthcoming *TIAA Institute AI and Longevity*[8] report. This work explores public attitudes toward AI and how AI is reshaping the longevity landscape, specifically in the domains of finances, productivity, health, and caregiving.

Attitudes toward AI are largely age-dependent with a progressively widening gap and net pessimism as adults age. While AI enhanced senior scams is a top concern (especially for those over age 50), AI is also viewed as a significant way to defend against fraud and scams. AI's use in financial fraud targeting seniors has resulted in reported losses of $4.9 billion in 2024 and is up 43% year-over-year with predictions of reaching $40 billion by 2027.

Other significant concerns of AI use, especially for older adults, include the inability to distinguish communications generated by AI versus humans, lack of control and transparency over when and how AI is being used, and surveillance/loss of privacy.

Tremendous support for greater federal regulation of AI exists across age and political affiliation lines. Children, teens, and older adults are considered to be the most vulnerable to the potential harms of AI, while people age 50 and older are progressively viewed as the least prepared for its impact. **Bridging the age gap in vulnerability to and concerns about AI will require AI literacy and preparedness and concrete use cases. Fraud prevention, support for aging in place, and extending healthy life are openings to engage older adults**.

There's greater support for AI's use to improve personal efficiency rather than take over the human element, especially in caregiving. **Support for AI to potentially extend healthy life by 10 years also outweighs privacy concerns in sharing personal data**, especially by those under age 60.

Symposium participants shared additional research consistent with the survey results. An NCOA survey[9] of the use of AI in home-based care found support for using AI to complement (in terms of improving efficiency) rather replace care. Fear of replacement of humans and job loss in institutional care is high. Several surveys on the use of robotics in Japanese homes[10] and nursing home care show general openness to using robots as long as it's beneficial to society but skepticism when it comes to sharing personal information or when robots replace human interaction.

The use of AI as a hiring tool carries a significant risk of enforcing ageism in the workforce. Glassdoor[11] reported a 133% rise in age discrimination complaints in the first quarter of 2025 compared to 2024. In addition, older adults' relative lack of AI literacy and preparedness may ill-equip them for the use of AI in work.

Several remarked on **the ability of AI to improve equity in longevity by facilitating access to tools to increase healthy and financially secure aging regardless of income. AI can also help older adults reduce the harmful impact of social isolation**.

Further research to better understand how AI can be used to break down the health and wealth silos was also recommended.

Social determinants of retirement index

Tamara J. Cadet, University of Pennsylvania, proposes that **advancing the well-being of older adults in retirement requires a shift from a purely financial perspective to the broader social context in which retirement occurs through the creation of a social determinants of retirement well-being index (SDRI).** The SDRI will identify the interplay of social, economic, health, and environmental factors at the individual, organizational/employer, and policy levels that accumulate over the life course with the goal of driving improvements in equitable retirement wellness. Consideration will be given to ranking the factors, determining whether the factors focus on post-retirement well-being, and whether they relate to an individual's current or predicted future states.

Factors affecting retirement well-being to be tracked by the index are similar to those impacting healthy longevity. The Neighborhood Deprivation Index (NDI), which measures the socioeconomic disadvantages at the neighborhood level, is a recommended resource both for the factors to be considered and how the index is constructed. Concern was raised that separating the social determinants of retirement from overall health could jeopardize the positive approach to care resulting from the definition of health to be largely dependent on social and environmental factors. Care should also be taken to ensure that identifying the social determinants of retirement will not undercut the rationale for public policy focus on retirement preparedness.

The value of an SDRI is considered to be its recognition of the multiple factors influencing retirement wellness, as well as its potential to inform public policy, measure progress, and attract media attention to the importance of well-being in retirement. The ability to provide separate geographic indices as well as a national index was recommended to drive local attention and provide concrete examples of successful programs. Care should be taken to properly limit, weigh, and clearly define the various SDRI factors in order to better understand their impact and to tailor public policy proposals to the needs of different demographics. How broadly "retirement" is defined will impact the cohorts of the population that consider it relevant to their own retirement wellness.

Presenting the index as a spiderweb visual and making it interactive was recommended to better drive a narrative and higher engagement, as well as enable individuals and policymakers to see how changes to the various factors would impact overall retirement wellness. A recommendation was made not to have the index provide a single grade as doing so tends to attract focus on the negative.

The intended primary users of the index were thought to be policy makers, NGOs, researchers, employers, the media, and communities. It was recommended that modifiable factors be linked to the stakeholder group that's in a position to make the change.

The "Double Duty" of family caregiving: Easing the financial burden

Mary D. Naylor, University of Pennsylvania, introduced significant data illustrating the financial burden of caregiving, which will form the basis of a TIAA Institute brief to be released in preparation for National Caregiving Month. Unpaid family caregiving is a double duty in terms of both honor and purpose—caring for children at the same time as aging parents, managing parents' finances as well as health, and putting their own financial security at risk to help the health and financial security of their parents needing care.

The following findings will be highlighted in the brief:

- **The need for care is quickly exceeding the number of family members available to provide care.**
- **Caregivers are demographically diverse and include students enrolled in higher education who are significantly more likely than non-student caregivers to struggle to pay basic expenses.** While the typical caregiver is a 51-year-old female, 25% are millennials, 44% are under age 50, 60% are women, and 40% are racial minorities.

- **The financial toll to caregiving is significant**. Eighty percent of family caregivers spend an average of $7,200/year out-of-pocket to support an older adult (or in the case of caring for a loved one with Alzheimer's, $12,000–$13,000/year), 33% have stopped saving, 25% have used their personal savings, 13% have tapped into their retirement and education savings, and nearly 25% have taken on debt.
- **Unpaid family caregivers represent a massive economic contribution**. The cost of replacing unpaid caregivers is staggering and projected to grow exponentially, far exceeding other health care spending. For comparison purposes, Medicaid spending on home and community services totaled $115B in 2021. The economic contribution doesn't take into account the lost productivity of the workforce from employees providing unpaid care or the lost earnings of caregivers who have either left paid employment or reduced their work hours or duties in order to provide unpaid care to loved ones.

Governments, individuals, and businesses are urged to help alleviate the financial burden of family caregivers:

- Governments should enact stalled policy proposals to help compensate unpaid family caregivers (including tax and Social Security credits, direct payment, and paid leave) and new proposals must be tailored to the unique challenges of the demographically diverse family caregivers. In addition, cutbacks in current government health insurance programs should be reversed and funding to existing programs should be increased to keep pace with the growing need for family caregivers.
- Caregivers should be encouraged to establish a plan for their own financial security, take advantage of employer benefits and public programs that support unpaid family caregivers, and establish legal authorizations to enable them to make decisions for their loved ones when they're no longer able to make their own decisions.
- Financial advisors should take a more holistic view of the way they help clients prepare for longer lifespans, including providing advice on the financial risks of caregiving and increased longevity and creating financial plans that contemplate the possibility of time off and extra expenses related to caregiving.
- Employers should offer flex work schedules, geriatric care management, emergency backup care, and paid family leave, as well as audit the use of benefits to ensure equity.
- Colleges and universities can help student caregivers complete their degrees. The National Alliance of Caregivers is working with TIAA to engage higher education and catalyze change to support student caregivers.
- Communities can provide respite care for caregivers and help arrange transportation and coverage for other needs. The Boston College Center for Retirement Research[12] noted that it is putting together data on community-based program designs that help support caregivers.

Affording a longer life in the era of longevity

James Appleby, Gerontological Society of America, noted the widening gap between lifespan and healthspan, with income, education, and race among the strongest predictors of how long and how well people will live.

> *"A longevity society requires focusing not only on the old but preparing the young for the challenges ahead of them."* Andrew J. Scott, The Longevity Imperative (2024)

A recent TIAA Institute and GSA report, *Health and Wealth in the Era of Longevity*,[13] explores shifting demographic trends and societal perceptions of aging and also provides recommendations for action consistent with those discussed during the Symposium regarding the intersection of wealth and health:

- **Society** must rethink retirement, address health care workforce needs, combat ageism, and promote financial longevity.
- **Individuals and families** must improve their financial, health, and longevity literacy as well as work with professional advisors to develop financial and care plans. A recent TIAA Institute report on the *Value of Financial Advice*[14] provides evidence that those who engage financial advisors have double the net worth of those in their same income band who do not have a financial advisor.
- **Employers** are urged to offer age relevant workplace programs focused on action at various life stage issues to support healthy and financially secure longevity, provide tools to align personal retirement expectations with reality, and establish programs offering workers the opportunity to transition into retirement. Such programs lead to more productive workforces (through age diversity) and increase retention of institutional knowledge.
- **Researchers** are urged to increase interdisciplinary research.
- **NGOs** such as the National Center to Reframe Aging should remind society that language is important in combatting ageism. A positive age model is shown to increase lifespans by more than seven years.
- **Higher education** institutions are urged to advance age friendly universities that welcome individuals across the life course.
- **Policymakers are urged** to enact comprehensive policies that reflect the integrated realities of longer lives.

The cost of long-term care needs to be addressed to avoid bankrupting families and the nation. Private insurance covering long-term care costs is expensive. Federal programs are nonexistent or inadequate. States like Washington are beginning to fill the void and to work with the private sector in expanding solutions. However, this is just the tip of the iceberg. **In the absence of adequate solutions to address the skyrocketing cost of long-term care, especially for Alzheimer's, the best thing individuals can do is to take charge of their own health to reduce the risk of needing long and expensive memory care**.

A siloed approach to the challenges of longer lifespans is not adequate, just as increased longevity is not due solely to one industry. Scientific advancements such as those resulting in clean drinking water, the development of social programs, government health care, and retirement savings programs, in addition to medical advancements, have led to longer lifespans. We all have a stake in advancing longevity fitness throughout the lifespan and need to work across silos to accelerate progress.

Closing remarks

Catherine Reilly, TIAA Institute, concluded by thanking the presenters and participants for deepening our collective understanding of how health and wealth shape—and are shaped by—each other across the life course. Symposium highlights include proposals: to translate the impact of lifestyle behaviors into additional years of healthy life; to measure the optimal alignment of health, wealth, and technology in support of equitable aging; to make the business case for a holistic, life-course approach to longevity; and to develop a retirement wellness index.

The inextricable connection of health and wealth is underscored by the finding that the top health concerns of older adults relate to the cost of care and financial fraud.

Research on attitudes to AI and its impact on healthy aging is a new area for exploration. AI both enables financial scams targeting seniors and is one of our best defenses against them. AI can help with caregiving and may prove useful in breaking down the siloed approach to longevity fitness. However, government regulation and increasing AI literacy and preparedness are necessary to ensure the good uses of AI beat out the bad.

We need to recognize that many existing policies around aging apply to a world we no longer live in. We must also take into account the impact of behaviors and lifestyle choices, including work, on healthy and active aging and retirement wellness. However, challenges exist. Many are unable to work longer. AI, ageism, and siloed institutional systems don't respond to the current realities of healthy aging. We have a retirement crisis.

The need for caregiving and long-term care, a recurring theme throughout the Symposium, is both urgent and rapidly growing. This year's TIAA Institute global report will examine how other countries are approaching the financing of long-term care—a comparison that may yield transferable policy lessons for the United States. The challenges facing those who need or wish to continue working in later life are equally pressing. Japan offers an instructive example: Through employer incentives to retain older workers, the country has meaningfully increased workforce participation among older adults, a model worth serious consideration as the United States confronts its own aging workforce.

Older individuals are part of the solution not the problem. We need to view longevity as a continuous cycle and not simply the end life stage. We need to break down silos and establish a longevity agenda shared by business, policymakers, and individuals.

References

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Biographies

TIAA Institute

James C. Appleby

Gerontological Society of America

James C. Appleby is the Chief Executive Officer of the Gerontological Society of America (GSA), the nation's largest interdisciplinary organization devoted to research, education, clinical practice, and policy in the aging field. The Society's 6,000 expert members advance innovation in aging and disseminate research insights for scientists, clinicians, policy makers and the public. GSA is home to major programs addressing the societal implications of increased longevity including its *Longevity Economics* series and *Age Inclusivity in Higher Education* campaign. GSA's National Center to Reframe Aging is the trusted source for proven communication strategies and tools to effectively frame aging issues. The Center is reshaping the conventional negative narrative around aging that dominates public understanding and advancing new strategies to end ageism in American culture. GSA is also advancing policy and clinical practice on major issues affecting us all as we age including improving adult immunization rates, enabling earlier detection of cognitive impairment, improving oral health, and treating obesity & overweight in older adults.

Mr. Appleby holds a BS degree in pharmacy from the Philadelphia College of Pharmacy & Science, an MPH degree from Temple University, and has been awarded an Honorary ScD degree from the University of the Sciences in Philadelphia. He is a member of the National Alliance for Caregiving Board of Directors and serves as Co-Chair of the Mayor's *Age-Friendly DC* Task Force in Washington, DC.

TIAA Institute

Tamara J. Cadet

University of Pennsylvania

Tamara J. Cadet, PhD, LCSW, MPH is an Associate Professor at the School of Social Policy & Practice at the University of Pennsylvania. She holds a faculty appointment at Penn Dental Medicine. She serves as Director of Community Engagement Innovation at the Penn Center for Cancer Care Innovation as well as Assistant Director for Community Engagement Research at the Abramson Cancer Center.

Dr. Cadet is a public health social work researcher who advances health equity by promoting health interventions and translating research to practice. Her work focuses on health disparities of older people, particularly around cancer screening and cancer care. Her work is at the intersection of health and social work, spanning the areas of evidence-based health promotion interventions, facilitators, and barriers to reducing disparities in preventative health behaviors, and health care service utilization among vulnerable populations. Her work has a continuing focus on issues of health among the under-resourced, under-served, and under-represented which has earned her a place as a leading scholar in the arena of social work and public health.

She brings more than 25 years of practice experience in many capacities and settings to her research and teaching. Dr. Cadet has worked in the fields of substance use, adoption, mental health, health care, schools, and oncology with children, adults, families, and older adults, as both a social worker and as a community organizer. Dr. Cadet has a motto that “if she is not thinking about the underserved or under-represented client or patient, then she has forgotten the most important part of conducting research.” This commitment to social justice permeates every aspect of her research.

TIAA Institute

Dawn M. Carpenter

Milken Institute

Dr. Dawn M. Carpenter is Director of Financial Longevity at the Milken Institute, where she focuses on the intersection of contributive justice, financial wellbeing, and healthy longevity. An applied financial ethicist, producer, and educator, her work examines how institutions, markets, and systems can better support human flourishing across longer lives. She is the author of *The Longevity Equation: How Healthspan and Wealthspan Intersect* (November 2025) and *Financial Longevity: Redesigning Economic Architecture for Longer Lives* (May 2026).

Prior to her work in research and thought leadership, Dr. Carpenter spent more than 25 years as an underwriter and financial advisor to social purpose corporations, helping structure and capitalize more than $3 billion in the public and private debt markets. She is also the Founding Director of the Solidarity Economy Workshop at Georgetown University to tell the stories of the social and moral value of economic life. In this role she is the executive producer and host of the award-winning podcast *What Does It Profit* and the director and executive producer of the award-winning documentary film *Interwoven*.

Dr. Carpenter additionally serves as a senior advisor to the Vatican on solidarity economy issues and the intersection of faith, finance, and economics. Her work frequently explores the moral architecture of economic life and the role of financial systems in sustaining human dignity, participation, and contribution across the lifespan. She is also currently serving on the global longevity steering committee of the 2026 World Innovation Summit for Health (WISH), an initiative of Qatar Foundation, through the public health and behavioral science program at Vrije Universiteit Amsterdam.

Lisa Dropkin

Edge Research

Lisa is President and co-owner of Edge Research, a full-service marketing research agency based in the Washington D.C. area. A women-owned business with a team of 15 seasoned researchers and analysts, Edge tells data-driven stories that make clients' brands, programs, and products successful, because they believe in conducting purposeful and impactful work. Lisa both co-leads the nonprofit practice *and* counts Fortune 500 companies among her clients, combining the best practices of the business-to-consumer and business-to-business marketing research world with her desire to support mission driven organizations. Her financial services portfolio includes brand and product research for the Intuit family of brands, QuickBooks, TurboTax and Credit Karma; the Conservation Fund, and the Center for Audit Quality.

TIAA Institute

Surya P. Kolluri

TIAA Institute

Surya Kolluri is Head of TIAA Institute and is recognized as a thought leader in retirement and healthy aging research. The TIAA Institute is a think-tank within TIAA, and conducts cutting-edge research in the areas of financial and longevity literacy, lifetime income, retirement plan design and behavioral finance for higher education, healthcare and the broader non-profit and for-profit sectors.

Surya sits on the board of the Wharton Pension Research Council, the advisory councils of Georgetown Center for Retirement Research, the Stanford University Center on Longevity, the Retirement Research Center of the Defined Contribution Institutional Investment Association (DCIIA), the National Center to Reframe Aging (GSA) and the Global Coalition on Aging (GCOA). He also served on the board of the MA/NH Chapter of the U.S. Alzheimer's Association. In 2021, Surya received The President's Volunteer Service Award via AmeriCorps for his commitment to strengthen communities.

Surya often speaks at high-level forums and is frequently cited in the media. They include the United Nations Silver Economy Forum, the World Economic Forum, Tokyo G20 Summit on Aging and Financial Inclusion, White House Conference on Aging, Testimony to the US Congress, National Governors Association, Dementia Forum X in Stockholm, World Health Organization Convening on Healthy Aging in Geneva, and the OECD roundtable at Oxford University. He also serves on the World Economic Forum Longevity Economy Initiative and has spoken on these topics at Harvard, MIT, Stanford, Brown, Yale, London Business School and the University of Pennsylvania.

Surya joined the TIAA Institute from Bank of America, where he spent 16 years, most recently as managing director of the Retirement Research and Insights team. Prior to that, he spent 14 years in corporate strategy consulting, first at A.T. Kearney and then at Bain & Co.

Surya holds an MBA from The Wharton School at the University of Pennsylvania and a master's in mechanical engineering from Drexel University. He lives with his family in Brookline, Massachusetts.

TIAA Institute

Jeffrey T. Kullgren

University of Michigan

Dr. Jeff Kullgren is the Kutsche Memorial Research Chair and Associate Professor of Internal Medicine and Health Management and Policy at the University of Michigan, where he is also Vice Chief for Research and Innovation for the Division of General Medicine and Director of the National Poll on Healthy Aging. Dr. Kullgren practices outpatient and inpatient general internal medicine at the VA Ann Arbor Healthcare System and is a Research Scientist in the Ann Arbor VA Center for Clinical Management Research. His research aims to help patients and clinicians make sound decisions that will improve the value of health care delivery.

TIAA Institute

Mary D. Naylor

University of Pennsylvania

Dr. Naylor is a pioneer in the design, evaluation and spread of health care innovations that have significantly improved the outcomes of at-risk older adults and their family caregivers, while reducing health care costs. Her efforts, in collaboration with a multidisciplinary team of clinical scholars and health services researchers, has resulted in the Transitional Care Model, a cost-effective advanced practice nurse-led model consistently demonstrated to improve the care and outcomes of older adults who must navigate complex and often fragmented systems of care.

She also has worked tirelessly to advocate for evidence-based changes in health care practices and policies across the globe. As a member of the Medicare Payment Advisory Commission, for example, she advised the U.S. Congress on policies designed to offer a more promising future for Medicare beneficiaries. As a result, the use of evidence-based transitional care is now included in multiple policies designed to foster health care delivery and payment reforms.

She earned her BSN from Villanova University, MSN and PhD from the University of Pennsylvania.

Haleh Nazeri

World Economic Forum

Haleh is a member of the World Economic Forum's Centre for Financial and Monetary Systems. She spearheads the Centre's work focused on individual financial wellbeing, leading initiatives focused on the longevity economy as well as financial education. Haleh has written and spoken extensively on the need for a multistakeholder solution to address growing demographic changes and its impact on financial resilience.

Haleh has been leading the Forum's work on the Longevity Economy initiative since its inception. This holistic and wide-ranging initiative seeks to advance new thinking in the retirement ecosystem, while promoting financial innovations for a more resilient, equitable and sustainable longer life.

In addition, Haleh also leads the Forum's Women in Finance community which brings together over 75 global executives. This cross-industry group convenes leaders across financial services, investing, real estate and government to explore shifting industry priorities and identify action-oriented solutions that can be amplified by the World Economic Forum.

Prior to joining the World Economic Forum, Haleh worked at AIG in several different roles as well as the Council on Foreign Relations. Haleh received her master's degree in Middle Eastern Studies from New York University.

TIAA Institute

Anne Ollen

TIAA Institute

Anne develops and executes the TIAA Institute's higher education program. The program seeks to build and share knowledge important to higher education leaders about drivers of change and innovative solutions and strategies in three broad thematic areas: leadership, academic workforce trends, and higher education operating models. Anne leverages the Institute's pillars of work – research, partnerships, convenings and strategic communications – to bring distinctive value to Institute stakeholders in alignment with TIAA business priorities.

Anne's career spans 30+ years of experience in front-line business, marketing, operational, and leadership roles at TIAA. She was part of the founding team of the TIAA Institute and has shown how inclusive leadership can generate thought leadership that creates business impact and forges influential relationships. A key contributor to Institute research projects on academic trends, longevity fitness, and retirement planning, Anne also helped create and launch several Institute signature initiatives, including the TIAA Institute Fellows Program, Higher Education and women's leadership forums, professional development programs for HR professionals, the TIAA Institute Theodore M. Hesburgh Award for Leadership Excellence in Higher Education and the Louise Whitfield Carnegie Award for Leadership Excellence in Healthcare.

Anne has a Masters in Elementary Education and has obtained the Certified Employee Benefits Specialist (CEBS) designation.

TIAA Institute

Michiel Peters

Global Coalition on Aging

Michiel Peters leads the advocacy initiatives at the Global Coalition on Aging and is a Senior Director at High Lantern Group, a strategic consulting firm that helps position organizations, their leaders, and their ideas in the public arena. He is an expert communications professional and strategist with over a decade of experience in the public and private sectors. Michiel worked on local, state, and national campaigns before serving as a senior press officer in the Dutch Parliament. After eight years in the public sector, he transferred to the private sector to build the corporate and public affairs functions for a large family-owned multinational. At GCOA, Michiel leads advocacy initiatives on a range of topics, from cardiovascular disease and biopharmaceutical innovation to workplace benefits. Additionally, he helps GCOA members with strategic positioning on issues related to our changing demography and its impact on our communities, including healthy aging, financial longevity, and our changing workforce.

TIAA Institute

Catherine Reilly

TIAA Institute

Catherine Reilly is head of applied research and activation at the TIAA Institute. She is an investment and retirement expert, with a focus on retirement income, global retirement systems, and emerging financial technologies. She has served as global head of research for the Defined Contribution team at State Street Global Advisors; chief economist for Pohjola Asset Management in Finland; and management consultant at McKinsey & Company. Most recently, Catherine was employed at Smart, a leading provider of global retirement technology.

She earned a master's in public administration from Harvard University and an MSc in economics from Aalto University in Finland. She is also a CFA charterholder.

TIAA Institute

Andrea Sticha

Stanford University

Andrea Sticha is the Research Director for the Initiative for Financial Decision-Making at Stanford Graduate School of Business and Deputy Academic Director at the Global Financial Literacy Excellence Center. Her research focuses on financial literacy and household financial wellbeing in the United States and internationally, with an emphasis on informing policy and advancing financial education programs. She also serves on the Financial Consumer Agency of Canada Research Committee on Financial Literacy and has lectured at the University of Basel for the past nine years. Previously, she was an Assistant Research Professor at the George Washington University School of Business and worked in global equity market research at HSBC. Andrea holds a PhD in Finance, as well as an MSc and BA in Business and Economics from the University of Basel.

TIAA Institute

Paul J. Yakoboski

TIAA Institute

Paul Yakoboski is a senior economist with the TIAA Institute, where his research examines retirement plan design, individual retirement readiness, financial and longevity literacy, and how plan participants approach the transition from saving to generating income in retirement. Yakoboski also researches workforce issues in the higher education and healthcare sectors. Over the past 35 years, in addition to the TIAA Institute, he has held positions focused on retirement income security with the American Council of Life Insurers (ACLI) and the Employee Benefit Research Institute (EBRI). Yakoboski earned an MA and PhD in economics from the University of Rochester and a BS in economics from Virginia Tech.

TIAA Institute Research

TIAA Institute

Thought leadership on health and wealth

Caregiving

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The case for supporting working parents
Benny Goodman, TIAA Institute; Emily Watson, TIAA Institute; Shelly-Ann N. Eweka, TIAA Institute

Unready: The state of preparedness of current and future caregivers
Surya P. Kolluri, TIAA Institute; Andrew Gellert, TIAA Institute

Financial matters

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Closing the guarantee gap
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The early impacts of the coronavirus pandemic on Americans' economic security
Jeremy Burke, University of Southern California; Arie Kapteyn, University of Southern California; Marco Angrisani, University of Southern California

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Optimizing retirement financial strategies: Integrating annuities, defined contribution plans, and long-term care costs
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Global retirement

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The future of retirement security: An international comparison through the lens of adequacy, sustainability, equity and plan design
Surya P. Kolluri, TIAA Institute; Catherine Reilly, TIAA Institute; David P. Richardson, TIAA Institute

Health and long-term care

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Brent J. Davis, TIAA Institute

The immediate needs annuity and long-term care insurance
Leora Friedberg, University of Virginia; Wei Sun, Renmin University of China; Anthony Webb, New School for Social Research

Do misperceptions about Medicare coverage explain low demand for long-term care insurance?
Padmaja Ayyagari, University of South Florida; Daifeng He, Swarthmore College; Ellen B. Magenheim, Swarthmore College; Jingxin Nie, University of South Florida

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Anqi Chen, Boston College; Alicia H. Munnell, Boston College; Nilufer Gok, Boston College

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Healthcare sector

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Drew Holzapfel, High Lantern Group; Surya P. Kolluri, TIAA Institute; Anne Ollen, TIAA Institute; Charles Pennell, High Lantern Group; David P. Richardson, TIAA Institute

Toward an employee value proposition (EVP) in the healthcare sector
Paul J. Yakoboski, TIAA Institute

Longevity and financial literacy

From longevity literacy to longevity fitness
Surya P. Kolluri, TIAA Institute

The future of higher education in the era of longevity
James C. Appleby, Gerontological Society of America; Surya P. Kolluri, TIAA Institute; Joann M. Montepare, Gerontology Institute University of Massachusetts Boston; Anne Ollen, TIAA Institute; Nina M. Silverstein, Gerontology Institute University of Massachusetts Boston; Mary J. Cronin, Boston College

Health and wealth in the era of longevity
Gerontological Society of America; TIAA Institute

TIAA Institute

Measuring longevity fitness: The *Unit of Health*℠
Surya P. Kolluri, TIAA Institute

The four longevity risks to manage for a fit 100-year life
Surya P. Kolluri, TIAA Institute; David P. Richardson, TIAA Institute

Planning for the unknown: The impact of longevity expectations on retirement readiness
Annamaria Lusardi, GFLEC, Stanford University; Andrea Sticha, GFLEC, Stanford University; Paul J. Yakoboski, TIAA Institute

A decade of tracking financial literacy in America: Findings from the 2026 *TIAA Institute–GFLEC Personal Finance Index*
Annamaria Lusardi, GFLEC, Stanford University; Andrea Sticha, GFLEC, Stanford University; Paul J. Yakoboski, TIAA Institute; Fran Mastry, TIAA Institute

Financial literacy and retirement fluency in America: Findings from the 2025 *TIAA Institute-GFLEC Personal Finance Index*
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Retired for how long? Worker expectations for how long they'll live in retirement
Annamaria Lusardi, GFLEC, Stanford University; Andrea Sticha, GFLEC, Stanford University; Paul J. Yakoboski, TIAA Institute

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Karolos Arapakis, Boston College; Gal Wettstein, Boston College

How longevity and health information shapes financial advice
Abigail Hurwitz, Hebrew University of Jerusalem; Olivia S. Mitchell, University of Pennsylvania

The value of financial advice
Surya P. Kolluri, TIAA Institute; Catherine Reilly, TIAA Institute; Benny Goodman, TIAA Institute; Emily Watson, TIAA Institute

TIAA Institute – GFLEC Personal Finance (P-Fin) Index

How has the variance of longevity changed over time?
Gal Wettstein, Boston College; Yimeng Yin, Boston College

Mental health

Connecting mental and financial wellbeing: Insights for employers
TIAA Institute; High Lantern Group

About the TIAA Institute

Since 1998, the TIAA Institute has helped advance the ways individuals and institutions plan for financial security and organizational effectiveness. The Institute conducts in-depth research, provides access to a network of thought leaders, and enables those it serves to anticipate trends, plan future strategies and maximize opportunities for success. To learn more, visit tiaainstitute.org.

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