

John Rowe

One of the changes in the field of aging over the last couple decades has been a pivot from just thinking about older people to thinking about the life course. It's very obvious that the best strategy to being a healthy 80-year-old is to be a healthy 60-year-old. This is especially important when it comes to work and retirement.

LuAnn Heinen

That's Dr. Jack Rowe, who's been a leading expert and national voice on aging throughout his long career. He was president and CEO of Mount Sinai NYU Health and chairman and CEO of Aetna. He coauthored the book *Successful Aging* and is currently on faculty at Columbia Mailman School of Public Health.

I'm LuAnn Heinen, and this is the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers.

Today, we're talking about our aging society and, spoiler alert, while 70 may be the new 60, age 40 marks the beginning of pre-retirement. We discuss strategies for re-engineering later life and characteristics of people who age most successfully. We get Jack's take on the science of longevity and the noise surrounding it.

Dr. Jack Rowe, welcome to the podcast.

John Rowe

Thank you.

LuAnn Heinen

I'm so glad you're here today. Our listeners may remember you as the very impactful chairman and CEO of Aetna in the early 2000s. That was a turbulent time for the company and you were able to manage a major turnaround and got a lot of credit for that in the press.

But today, I want to go back even further to the late 1980s, when as a medical resident, you were deeply struck by how much age impacted patients you were caring for. At Harvard Medical School, you went on to found a division of aging in the mid-80s, and soon after, the MacArthur Foundation reached out asking you to lead their new research network on successful aging, an initiative that led to the publication of your book, also called *Successful Aging*. You then led a second MacArthur initiative, Research Network on an Aging Society, focused on how major societal institutions need to prepare for the challenges and opportunities of an aging population.

So, number one, you've had a sustained interest in this topic for something like 50 years. And number two, we're definitely experiencing the age wave your work has been previewing for decades. Just recently, you were quoted in *Time Magazine* saying, "what we have is a fundamental change in the age structure of society." Can you tell us what that means?

John Rowe

Well, there have been very important changes in the age structure of our society. They have major consequences and they're often misunderstood. Everyone is familiar with the baby boom, the dramatic increase in births in the United States after World War II, which created a large cohort of individuals who have now gradually moved through our society and are now all in what we call the older age or elderly group over age 65.

When we speak with policymakers about our concerns about our aging society and the implications of the changes in our society, we tell them that it has gone from a pyramid, where there were a lot of young people at the bottom and very few old people at the top, to something that looks much more like a rectangle. Often they misunderstand this and they think that it's all related to the baby boom. They consider the baby boom to be like a swallowed mouse going through a snake and when it goes out the other end, we'll be back to a rectangle. But what has happened at the same time as the baby boom, and since the baby boom, there has been a progressive reduction in fertility rate. So there have been fewer and fewer babies born and that's continuing until the current time.

So lower portions of the base of the population are getting smaller and smaller and the upper pieces are getting bigger and bigger. This has dramatic implications for the core institutions of our society. By that, I mean education, work, retirement, health care. They were not designed to support a population that is a rectangle. They were designed to support a population that is a pyramid and so we have to re-engineer those institutions.

LuAnn Heinen

Have we made any progress re-engineering some of our institutions since the MacArthur Foundation project work came out? It was trickling out 15 years ago, still out there. What have we done?

John Rowe

I think we've made very little progress. There has been some relevant activity with respect to work and retirement, and we may talk about that later, as employers have begun to adapt to the changing workforce needs and availability of individuals at different ages. But education and health care certainly have changed very little. One of the important issues, which is very helpful, is that Europe went through a baby bust when we went through a baby boom. So their population actually aged faster than ours. Germany currently has a demographic profile that we're going to look like in 2050. So we can look at Germany now or Scandinavian countries and see what they're doing to try to adapt, see what their employers are doing. That hopefully will give us some guidance.

LuAnn Heinen

What about our health system? Could we change? You ran a health system at one point in your career, you ran a major insurance company. What needs to change to better accommodate this?

John Rowe

The health system in general, of course, is very oriented in the United States toward cure rather than care, light touch rather than high touch. The older population in the United States, while it represents about 14% of the overall population, accounts for about 50% of health care. So we need to dramatically improve the proportion of our health care resources going to older persons, the quality of the care that's delivered to them. I'm a geriatrician. It's a physician who emphasizes care of older persons in their practice and there are very, very few geriatricians. We've fallen far behind the numbers we need to recruit into the field. It's not an attractive field. It's not very well reimbursed. Geriatricians, in fact, are paid very badly. We need to make major changes in medical education to make sure that all physicians who deal with older persons are familiar with the common core principles of geriatrics. We need to pay geriatricians better. We need to recruit more advanced practice nurses into geriatric care to make up for the deficiency in geriatricians. We're making very slow progress on those issues.

LuAnn Heinen

Let's do a deeper dive into how work and employer strategies will need to evolve. There are a few different topics we might explore. Pre-retirement begins at 40.

John Rowe

One of the changes in the field of aging over the last couple of decades has been a pivot from just thinking about older people to thinking about the life course. It's very obvious that the best strategy to be a healthy 80-year-old is to be a healthy 60-year-old. This is especially important when it comes to work and retirement. We've come to start to analyze and look very carefully at the pre-retirement population, which we see is actually beginning around age 40 because retirement is very, very common in the mid-50s in many types of work. We've been very concerned about the increasing disability rates that I mentioned earlier in this pre-retirement group. There's a fair amount that can be done here.

Back in 1989, there was a famous experience in an English company called B&Q that had a major workforce problem and they basically turned their workforce to older individuals. Their staff turnover went down, their customer satisfaction went up, their profits went up. There's a fair amount of evidence also that mixed age groups in AARP and the OECD have studied this. The Boston Consulting Group has an important study a couple of years ago on this that if you mix older workers with younger workers, you get higher quality and productivity because you get older workers judgment and mentoring combined with the

younger worker's speed and digital skills. These experiences have led a lot of companies, particularly my favorite company is Bank of America, which has done a great job actually establishing financial gerontology as a focus and working on policies that are longevity policies, not old age policies. The key here is longevity means life course. There are a number of policies and approaches in terms of scheduling and financial benefits, menopause support, right? Menopause support, not just old people, right? Menopause support, that are very effective.

When we look at that general issue, work and retirement, I think we have to look at it both in terms of work-related issues and retirement policies. We have to understand that one size does not fit all. The one thing about people as they age is they become less like each other, not more like each other. We have to have a lot of flexibility, LuAnn, to give options to people based on their capacities. We need to consider reform of not just social security, but also job policies in terms of gradual reductions from the workforce, intermittent working, improvements in workforce safety, etc., and working conditions. This is a very, very important area. In my experience, most CEOs just think old people are just not as productive and they're more costly and that's a losing strategy.

LuAnn Heinen

Well, mandatory retirement is still a thing in many industries and companies.

John Rowe

Mandatory retirement is much more common even in Europe. I'm an academician. Academics are mandatorily retired at age 65. Then they come to the United States and try to get a job. To give you one particularly absurd but interesting example is I have a colleague who was the head of the World Health Organization program in aging, and he was retired by the WHO at age 65. These issues are going to be solved one way or another because the economy is going to demand it. Companies are going to need to turn to older individuals to maintain their productivity as the number of younger individuals that are available in the workforce shrinks. So it's going to get solved. It's just, I hope it's not ugly.

LuAnn Heinen

You've said also that moving older employees out of the workforce, which often has been a goal, doesn't necessarily equate to younger people coming in. It doesn't equate to higher employment for younger people.

John Rowe

That's an excellent point. This is called the lump of labor. If you looked at an economist's textbook 20 years ago, there would be the lump of labor theory. The theory was you have to get old people out of the workforce to make room for younger people. Kind of makes sense. It turns out if you looked at an economics textbook from now, it would say lump of labor fallacy because it's been proven over and over again that it doesn't work that way. A strong economy lifts all the ships. There's not a substitution effect and you don't have to get rid of your older employees for younger employees to increase productivity. But people have that in their mind, particularly CEOs, and that's a very, very challenging issue for us.

LuAnn Heinen

What about the health and well-being of older workers and how does that factor in if you're an employer? You might love to retain a productive older group of employees, but then there's the worry, as you said, about perhaps the cost factor or disability. How do you think about that?

John Rowe

Well, in the United States, many older individuals age 65 and up, in fact, almost all who are in the workforce are eligible for Medicare. The system should just be organized such a way that if they're still employed and their employer has an employer-sponsored health insurance program, that Medicare that they have paid into and who are eligible for the benefits of should be the primary payer for their health care benefits, not the employer program. That would provide tremendous relief for the employer program. Now, of course, some of the benefits are different in the employer programs than in Medicare, but Medicare is in general a pretty good plan. So I think that's a solution too often overlooked.

LuAnn Heinen

Another thing you've talked about is that employers might consider taking the long view when it comes to programs like parental leave, especially to help employees secure a better retirement. If they have the financial security of a parental leave program, do you see a connection there?

John Rowe

Parental leave is amazing. Parental leave has been found by some scholars to have an incredibly long reach that individuals, particularly women who get a paid parental leave, actually stay in the workforce longer and in the long run are more productive for their employers. I'm glad you bring this up because this is an excellent example of a kind of midlife program that has benefits with respect to older workers and employers. It provides justification for this perspective I'm talking about of having employers look at the life course of their employees and their beneficiaries, not just the very old.

LuAnn Heinen

If women stay in the workforce, they don't opt out even though more and more localities and states are offering some form of paid parental leave, if they stay with their employer, they'll have a more secure retirement in the long run. So it benefits the employer from a retention standpoint. It benefits the employee.

John Rowe

That's right. You know, there are two issues here. Number one is portability. Some benefits are not portable. You have it if you stay with that employer, if it's an employer benefit. If it's a state benefit or a federal benefit, then you're more likely to have portability and you can take it with you. The second issue that you just mentioned, which is really important, is about leaving the workforce. If you leave, it's almost impossible to get back in. People in their 50s who leave the workforce for whatever reason, and they may do it for illness, they may do it because they have a care burden that they are taking care of a spouse, when that situation is over, they find it very, very difficult to reenter the workforce. Part of this is, of course, mitigated by retraining people so they have skills that are needed in the workforce. But part of it is ageism, which is very comprehensive in our society.

LuAnn Heinen

Let's circle back to your comments about ageism, especially in the workplace. What is its impact? Why so prevalent in our culture and how might we counter it?

John Rowe

Well, if you look at aging in our society, not only is ageism very, very prevalent, but there's also this obsession with anti-aging. You go to a pharmacy and it's filled with rows and rows of lotions and potions that are vitalizing and anti-aging, anti-senescence. Then we get into, well, what about all these longevity clinics where you can go in and you get a comprehensive assessment and they put you in a machine and they charge you a lot of money. You get a tailored analysis of your aging and they do biomarkers, these various aging clocks, and they tell you that your biological age is really 67, even though you're only 62. I'm tremendously skeptical about this. I'm very familiar with the science here and many of my colleagues work in this area. I don't think the application of an age assessment using biological clocks has yet to add one day of life to any person. If they're honest, after they do a comprehensive assessment, they'll tell you, exercise more, control your weight, eat a good diet, don't smoke. We know this.

LuAnn Heinen

Well, yes. It doesn't seem to have translated to extending life. I grant you that.

John Rowe

It certainly hasn't. Not yet.

LuAnn Heinen

But these organ clocks, in theory, I guess they've got 11 different organ systems, including your immune system, your heart, lung, arteries. They can pinpoint the age and compare that to your chronological age. At least there's a metric, so if there were an intervention that could improve your heart or your lung, then you'd have a metric.

John Rowe

No, I don't want to seem extreme here. Here's what I would say. You're absolutely right. Not only did they start with general metrics, Steve Horvath at UCLA was the first one to come up with this 15 years ago and an aging clock and then some people at Stanford more recently have shown that different organs age at different rates. You have a liver clock and a heart clock and a thymus clock and a thyroid clock and a brain clock and an immune clock. The two most important ones probably are the immune clock and the brain clock. What I'm trying to say is that they haven't been applied in such a way that they have been helpful in advancing, turning back the clock of aging. The problem with aging research, to be clear, was that in the beginning, we couldn't just study older people and one group gets X and one group gets Y and we see who lives longer because they would outlive the investigator. If the outcome is mortality, it takes too long to do that study. So we said, okay, in order to study aging, we need to be able to measure it, the rate of aging in people. We need what's called a biomarker and that's what all these clocks are. They're biomarkers, they're attempts to figure out exactly what that rate of aging is. But once we have a biomarker, that doesn't mean we can change aging. Then we have to say, okay, let's do this intervention. Let's give this drug metformin and see whether it changes the biomarker. That's what has to happen next. My point is, that hasn't happened yet so we don't have any of those interventions yet. If you go into one of these longevity clinics, and you can afford it, it's like going into a clock store. They'll give you a bunch of clocks. They'll draw a lot of blood and they'll tell you the results on the clocks and you say, okay, biologically, I'm four years older than chronologically. So what? What are we doing about it?

LuAnn Heinen

What do you think about therapeutic plasma exchange?

John Rowe

I think therapeutic plasma exchange is one of many approaches that have been tried and are being tried. Some of these by very good scientists, such as Rando at UCLA, who did some of the early work in that area. There's another group of individuals who are giving drugs that remove senescent cells, so-called senolytic agents, because the senescent cells are toxic to the other cells. If we can wipe the body out of the aged cells, then we can rejuvenate people. Then there are a lot of different supplements that you can take, NAD, etc., etc. I would put all of these in my own scientific opinion in the category of promising, but not yet proven.

LuAnn Heinen

Then let's chat for a sec about the XPRIZE HealthSpan initiative, \$100 million raised. I think you've been involved with the National Academy's Catalyze program. These are kind of, you know, give money for promising ideas to pursue. Do you think that's a good idea? Are you excited about any of the things that are being funded?

John Rowe

I think it's a great idea. So you look at the XPRIZE, you come to somebody like me, as you can tell, I'm a little cynical about a lot of this stuff. I've been in this field a long time. I feel like Sisyphus, you know, I've been crawling, pushing a rock up the hill every day for a long time. Every morning, it's back at the bottom. We haven't made much progress. I look at the XPRIZE and I say, okay, well, who's running the XPRIZE? And I opened the XPRIZE book, and on page one it shows me who's running it. The person who they hired to run it is an excellent scientist in the field of gerontology, very well respected. She's first class. So that tells me a lot and it's a very strong stimulus to try to find something. It's not the only one. There's an outfit called Alto's Labs in Northern California. Jeff Bezos and others have spent billions of dollars on regeneration for aging. That's another strategy.

LuAnn Heinen

Regeneration of what?

John Rowe

Well, they start with stem cells in your bone marrow, in your brain, and other cells, and they try to get cells to basically go back in their age stages. You know, you go from a young cell to a middle-aged cell to an old cell, and then you die. They're trying to say, can we make the old cell back into a middle-aged cell or a

young cell. They're spending billions of dollars on this. I think it's great. I mean, maybe they'll solve the problem and it would be a great boon to humanity and it would cure Alzheimer's, maybe. I'm all for it. The National Academy Catalyzed Program, which as you kindly mentioned I've been involved with as a member of the National Academy of Sciences, we're giving grants to people. And you say, well, Jack, you don't need to do that, NIH does that. I said, no, no. NIH funds important research, which is pretty safe. You don't get a grant from NIH and pretty likely you're going to be successful. We're looking for out-of-the-box ideas, new ideas, new approaches. We're trying to stimulate that. That's what we're trying to do at the National Academy. I'm all for all these things. I'm raising my hand. I'm joining the committees, etc., but I have to say, as a scientist, when you come to me and say, where are we, I have to say, we're not there yet. We're much further along than we were 10 years ago, but sadly, we're not there yet. If we were there, I would be the first guy in line to take that drug.

LuAnn Heinen

Well, let's wrap with this. It's a rare privilege for us to have someone with your level of expertise and experience in this topic. So how have several decades of research on aging influenced the way you lead your own life and what advice would you give your younger self? It's not going to a longevity clinic. I got that.

John Rowe

No, no, no. Some of us have different views on how much influence we have on our own lives. I think social engagement is important. The one thing I've learned, I've learned several things, but one of the things I've learned is being connected with other people is important. I can't tell you the biology of that, what molecule governs that, but being alone is toxic. You have to be engaged and I mean with people. Sitting home alone in your study, writing an epic poem doesn't count. You're engaged with the epic poem, but you're not interacting with people. That's why I think people need to stay in the workforce and that's why people need to volunteer. Volunteering is as important as working. It's good for your brain and it's good for your body.

I stay engaged. I'm 81 years old. I'm very engaged in volunteer activities. I'm a full-time professor at Columbia University. I teach young people. I do research. I've been lucky, right? Obviously, I'm lucky because I'm healthy enough to do that and I've had other benefits in my career. The second thing is I'm married and I've been married for 60 years. That's good too and I think it's probably good for my wife, although she doesn't agree every day, you know, not to be alone. I think if there was one lesson, I know this sounds corny, here I am, a biophysicist, scientist, member of the National Academy of Medicine, and my message, you have to stay engaged. We found in our studies that this lower middle class group of people who were under stress and doing badly, that subset that had a lot of social support, they did fine. If they had social support at home or even outside the home, they did fine. So maybe that's an opportunity for employers to identify those members of their workforce who are at risk and identify or facilitate social support activities for them.

LuAnn Heinen

Wonderful. Many have employee resource groups, which is definitely a step toward that.

John Rowe

Exactly and/or give them credit for if you're pre-retirement, you're in the last couple of years before retirement, we'll pay you five days a week, if you work four and a half days a week, and you volunteer the other half day. Why would you do that, Jack? Well, I do that because the evidence shows that if you retire, and you are not a volunteer, LuAnn, you have about a 25% chance of volunteering. But if when you retire, you are already volunteering, you have a 75% chance of continuing to volunteer. You need to work your way into it. There needs to be flexibility.

LuAnn Heinen

That's awesome. Thank you so much for this conversation. I really appreciate it.

John Rowe

Well, thank you very much for your interest in this and for that of your members.

LuAnn Heinen

I've been speaking with Dr. Jack Rowe, himself a poster boy for successful aging, about this universal human experience and ways of coping at the personal and societal level.

I'm LuAnn Heinen, and this podcast is produced by Business Group on Health, with Connected Social Media. If you liked the episode, please do rate us and leave a review.