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Adapting to Longevity Societies: 21 Boxes to Check

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Content

Introduction

European countries are increasingly experiencing population ageing, with the number and proportion of older citizens steadily rising as a result of both extended longevity and declining fertility. However, not all additional years are spent in good health, and inequalities across socioeconomic groups and regions remain significant.

A successful transition towards longevity societies requires a change in policy focus, moving away from viewing ageing as a sectoral challenge and towards recognising it as a cross-cutting societal issue. Policies should adopt a biopsychosocial perspective. This involves promoting healthy lifestyles throughout life, coordinating efforts across sectors and levels of government, tackling social inequalities and using technology responsibly to meet individuals' needs. To achieve this, policy frameworks must evolve to adopt a comprehensive, interdisciplinary, evidence-based approach.

This is the main objective of the **Age-It Research Programme (Ageing Well in an Ageing Society)**, perhaps the largest research initiative ever funded on ageing in Europe, a €115 million investment supported by the National Recovery and Resilience Plan of the European Commission and the Italian Ministry of Research for a 3-year period (2023–2025).

The programme was developed and focused on Italy, one of the world's oldest countries. In 2024, data from the Italian National Statistical Office (ISTAT) showed that 1 in 4 people is over 65 years of age, and nearly 8% are over 80. Italians live long (life expectancy at birth was 83.4 years old) and have few children (1.18 per woman). Add to this the significant differences between regions and the limited public funds available, and Italy becomes the perfect place to test new ways of handling ageing populations.

Italy's challenges mirror those in other ageing countries such as South Korea, China, and Japan, where families provide most care for older relatives. Like many wealthy nations, Italy struggles to fund pensions and healthcare as more people age, and this project has been proving effective in identifying innovative, interdisciplinary solutions being validated to support ageing societies worldwide (Vignoli et al., 2025).

To carry out extensive research covering a variety of topics, the programme has been divided into different research centres ('spokes'), each designed to identify critical issues and opportunities for developing effective strategies and social innovations that promote healthy ageing and foster age-inclusive communities.

A foundational priority is to comprehensively analyse large-scale and granular demographic trends that shape the ageing process. This involves leveraging data science methodologies to inform evidence-based policy decisions (Spoke 1: The demography of ageing. A data science approach to decision-making).

Effectively responding to demographic ageing requires addressing several interconnected priorities, such as advancing knowledge of the biological mechanisms of ageing (Spoke 2: Improving the understanding of the biology of ageing), examining the diverse clinical presentations and complexities among older populations, particularly regarding multimorbidity and frailty (Spoke 3: Clinical and environmental factors, functional status and multimorbidity: stratifying progression and prognosis of diseases, frailty and disability); mapping the pathways towards active and healthy ageing throughout the lifespan (Spoke 4: Trajectories for active and healthy ageing: behavioural and psychological determinants); and analysing how care is delivered through both formal and informal channels (Spoke 5: Care sustainability in an ageing society).

The transition to an ageing population will lead to substantial changes in welfare systems, employment patterns, consumer trends, daily living practices and the broader economic landscape, collectively termed the "Silver Economy". This is covered in Age-It under Spoke 6: The Silver Economy: work, participation, and welfare at older ages. Furthermore, the political landscape and cultural fabric of affluent nations will likely undergo considerable shifts due to ageing populations. This topic is covered under Spoke 7: Cultural and political dimensions of ageing societies.

Figure 1: The Age-It model: Hub and Spokes

Source: Vignoli et al., 2025

Additionally, three cross-cutting hubs examine strategies and innovations for minimising age-associated health challenges (Spoke 8: Interventions and technologies to reduce the burden of age-related diseases, disorders, and disabilities), emerging technological solutions that address the evolving requirements of ageing populations (Spoke 9: Advanced gerontechnologies for active and healthy ageing), and approaches to integrating and reforming ageing-focused policy development (Spoke 10: Mainstreaming ageing by building institutional mechanisms for better and future-oriented policy making) (Vignoli et al., 2025).

Methods

To maximise the impact of the Age-It beyond the national level, a strategic collaboration was established with Population Europe. Building on Age-It's broader dissemination strategy, this collaboration seeks to position Age-It within the European policy debate and strengthen the uptake of its results in evidence-informed policymaking (Chiatti et al., 2025). Within this framework, Population Europe acted as a key interface between the programme and European policy and stakeholder communities. A structured methodology combining scientific coordination with

targeted policy engagement was implemented to support this objective. This included: an agenda-setting meeting with Principal Investigators (Florence, 2025) to align thematic priorities and outputs; a European Stakeholder Seminar in Brussels to present and discuss initial findings with representatives from science, policy, civil society and business; the preparation of a policy-oriented Discussion Paper; three online High-Level Policy Expert Meetings on key Age-It themes; the development of concise policy briefings for each meeting; and targeted dissemination activities addressing policy audiences, including through social media.

This paper is a key output of this process. It synthesises the main insights emerging from the High-Level Expert Meetings and the Brussels stakeholder conference (2025–2026). It integrates evidence from across the Age-It programme – including demographic, economic, biological, clinical, care, technological and governance perspectives – and identifies priorities for implementation and scale-up.

The results are presented in the form of 21 policy checks, structured across five thematic areas:

- conceptual framing
- health and wellbeing
- care systems
- economic and technological transformation
- and governance.

Together, these provide actionable, interdisciplinary guidance to inform European policy debates and support the transition towards healthy and inclusive ageing societies throughout the life course.

21 Policy Checks for Longevity Societies

Conceptual Framing	Health & Wellbeing	Care Systems	Economic & Technological Transformations	Governance
01 From Demographic Alarm to Demographic Adaptation	**06** Enabling Independent Living	**11** Valuing Care as a Core Social Function	**14** Environment and Longevity	**18** Co-Design with Older Citizens
02 Moving Beyond Chronological Age Thresholds	**07** Promoting Healthy Lifestyles	**12** Supporting Caregivers' Wellbeing	**15** Developing the Silver Economy	**19** Strengthening Intergenerational Solidarity
03 Tackling Ageism in Policy Design	**08** Improving Early Identification of Risks	**13** Addressing Territorial Inequalities	**16** Promoting Lifelong and Lifewide Learning	**20** Joined-Up Governance for Ageing Societies
04 A Life-Course Approach to Longevity	**09** Multimorbidity as the Norm, not the Exception		**17** Technology as an Enabler, not a Divider	**21** Building Long Term Policy Capacity
05 Closing Gender Gaps Across the Life Course	**10** Shifting Towards Personalised Medicine			

Policy Checks related to Conceptual Framing

01 From Demographic Alarm to Demographic Adaptation

Policy Check: Are demographic trends framed as a structural transformation requiring adaptation, rather than as a crisis?

Population ageing is neither inherently good nor bad; it represents a new societal configuration that brings both risks and opportunities. The central policy question is how to adapt institutions, labour markets, welfare systems and life-course policies to this new reality.

Longevity and low fertility are often portrayed through narratives of decline and emergency. Evidence from Age-It suggests that this framing is misleading. Population ageing is not a sudden crisis but a predictable and manageable societal transformation. Alarmist narratives tend to generate short-term and fragmented policy responses, whereas an adaptive, evidence-based perspective supports assertive long-term investment and institutional reforms.

In this context, the concept of positive demography (Alderotti et al., 2025) offers a constructive alternative. Rather than denying the challenges of demographic change, it recognises the opportunities it creates and promotes proactive responses. This approach looks beyond today's older population and emphasises the need to also prepare younger generations for longer life courses. The focus shifts from fear to adaptation grounded in evidence.

Moving beyond deficit-based frameworks also requires the use of high-quality data to understand demographic trends and its implications for designing strong policies that promote wellbeing, equity, and long-term sustainability. But data alone are not sufficient. Positive demography also requires a shift in perspective – from forecasting to backcasting (Alderotti et al., 2025). While forecasting starts from present conditions and projects forward based on assumptions about future behaviour and policies, backcasting begins by defining a desirable future and then works backwards to identify the actions needed to reach it.

This approach encourages more proactive and strategic responses to population ageing, supports decision-making in rapidly ageing societies, improves the monitoring of population trends, and helps anticipate future needs rather than merely reacting to them.

02 Moving Beyond Chronological Age Thresholds

Policy Check: Are rigid age thresholds replaced, where possible, by functional, needs-based or capability-based criteria?

Chronological age is widely used in public policies to regulate access to rights – such as pensions – and in clinical guidelines to shape eligibility for specific screening and prevention programmes, including cancer screening. It is also often used as a proxy for health or capacity. However, age alone does not reflect individuals' health status, productivity, and care

needs, as demonstrated by the Age-It team. Research on biological ageing and frailty, for example, reveals substantial heterogeneity in health within age groups. Consequently, policies based on fixed age cut-offs risk both inefficiency and inequity.

This perspective also calls for a reassessment of who we define as "young" and "old", as fixed boundaries strongly shape how population ageing is measured and monitored by National Institutes of Statistics and academics, and understood. Equitable ageing policies must therefore be centred on objective approaches that recognise functional diversity and reject age as a shortcut for decision-making (Ungar et al., 2024).

Moving beyond age thresholds can produce a more realistic – and less alarming – picture of ageing societies. People are not only living longer, but many are reaching later life in better health. Evidence from both social and clinical studies suggests that older individuals now show improved physical and cognitive health, with the onset of chronic conditions occurring later than in previous generations (Albertini and Vignoli, 2025).

As longevity increases, policies should therefore respond to more diverse and evolving needs of the population, regardless of their age, reinforcing the case for adaptive, forward-looking demographic strategies (Alderotti et al., 2025).

03 Tackling Ageism in Policy Design

Policy Check: Have implicit ageist assumptions been identified and removed from policy language and design?

Ageism operates subtly through categories, eligibility rules, and narratives. It can reduce participation, reinforce dependency, and undermine policy effectiveness. Addressing ageism is not only a normative concern but a functional one.

For example, older adults are often routinely excluded from clinical trials and preventive care, limiting the evidence base for treatments relevant to this population. In many countries, individuals above certain age thresholds are also denied access to treatment options solely on the basis of age rather than medical need.

This structural discrimination undermines both individual rights and the effectiveness of healthcare systems. Indeed, substantial evidence suggests that ageism incurs significant costs for healthcare systems while exacerbating health conditions (Ungar et al., 2024).

Age discrimination also affects the quality of care across the life course. Older patients are often assessed using tools designed for younger populations, leading to misdiagnosis and undertreatment, while younger people may face barriers to being taken seriously in clinical settings or accessing mental health support. Addressing ageism, therefore, requires systemic change in research, clinical protocols, and professional training.

It is also necessary to create national awareness campaigns, recognition schemes for inclusive employers, and diversity programmes that take generational differences seriously. Societal perceptions of ageing have significant impacts on health and wellbeing. Negative stereotypes about ageing can harm performance, self-esteem, and health outcomes.

Promoting positive self-perceptions of ageing has been linked to healthier behaviours and increased longevity, with some studies indicating these perceptions can add an average of 7.5 years to life expectancy. Programmes that encourage older adults to challenge ageism and societal expectations and focus on their capabilities have proven highly effective (Paoli et al., 2025).

Research shows that interventions encouraging older adults to adopt positive mindsets can improve both cognitive and physical performance.

04 A Life-Course Approach to Longevity

Policy Check: Do policies address ageing as a dynamic life-course process, rather than as a single late-life issue?

Ageing does not begin in old age. Health, employment, caregiving responsibilities, and the risk of poverty in later life are shaped by experiences accumulated across the entire life course. Effective longevity policies therefore look beyond old age alone. They intervene early, address risks as they emerge, and link education, work, family, and retirement policies within a coherent life-course framework.

People's lives unfold through a series of transitions – such as moving from education into work, forming partnerships, or becoming parents. These transitions are influenced by age, socio-economic context, and the institutional settings in which people live. Yet the traditional idea of a fixed life path – from work and family life to retirement – no longer reflects today's reality. Longer lives mean that key life changes increasingly occur at different ages and in different sequences, if they occur (for example, childlessness is a growing reality), gradually reshaping how individuals organise their lives and how generations relate to one another.

Not everyone ages in the same way. Policies that address inequalities early on, through education, employment, or health prevention programmes, are vital to ensuring that older age is not marked by disproportionate vulnerability. Public services should therefore guarantee equitable access to services, particularly for disadvantaged groups and regions, from an early stage.

As these individual life trajectories change, they also transform social institutions. The expansion of education systems in response to the baby boom generations is a clear example. From this perspective, adapting to longevity societies is not simply about caring for a growing number of older people. It is also about how longer lives will reshape opportunities, expectations, and social arrangements across generations and over time.

Finally, evidence from the Age-It Programme shows that later life itself is changing in ways that reinforce the need for policymakers to embrace the life-course perspective. Rather than a uniform period of withdrawal, later life is becoming increasingly dynamic and marked by new choices and transitions. In Italy, the so-called grey divorces, post-retirement residential mobility and participation in education are all becoming more common. These evolving lifestyles, which include behaviours and consumption patterns are not temporary trends but part of a lasting transformation (Albertini and Vignoli, 2025).

05 Closing Gender Gaps Across the Life Course

Policy Check: Do ageing policies adequately account for cumulative gender inequalities in health, income, employment, and caregiving across the life course?

Women's lower employment rates, fragmented careers and disproportionate caregiving responsibilities translate into lower pensions and higher poverty risks. In some European contexts, particularly in Southern Europe, women face significant barriers to labour market participation. Many withdraw from paid work in their mid-twenties due to childcare and caregiving demands, and never formally return to employment.

This results in cohorts of older women who do not officially retire, but instead depend on family income or minimal social support. The long-term consequences are stark: women receive significantly lower pensions than men, even when accounting for differences in education or years worked. Longevity policies must therefore integrate gender equality across employment, care and social protection.

Using data from the Survey of Health, Ageing and Retirement in Europe (SHARE), an Age-It study looked at how informal caregiving affects women's access to economic resources later in life (Maura and Profeta, 2024). The authors found that women who retire in order to care for a relative suffer a much larger loss in earnings than those who retire for other reasons – about twice as large. This difference is not temporary; it persists for at least seven years after retirement. Retiring because of caregiving is mainly a female experience in Europe, and it leads to substantial losses in both labour income and future pension income.

At the same time, inequalities in later life are not limited to income and pensions. Healthy ageing is increasingly understood as a multidimensional process shaped by the interaction between individuals' capacities and the social environments in which they live. Gendered life trajectories – such as differences in employment patterns, income security, caregiving responsibilities and access to health services – therefore shape exposure to both risks and protective factors for health in older age.

A multidimensional perspective also highlights the role of social participation, supportive environments and psychological resilience in maintaining well-being later in life. Activities such as social engagement, lifelong learning and community participation contribute to building "cognitive reserve," which can help maintain cognitive functioning and quality of life as people age.

However, opportunities to accumulate these resources are not equally distributed. Older adults who belong to sexual and gender minorities may experience cumulative disadvantages linked to discrimination, social exclusion, or weaker institutional recognition of their relationships and support networks. These experiences can increase risks of loneliness, poorer mental health, and barriers to accessing appropriate services (Paoli et al., 2025). Integrating gender and sexual diversity into longevity policies is therefore essential to address how structural inequalities across the life course shape health, participation and well-being in older age.

06 Enabling Independent Living Through Inclusive and Age-Friendly Environments

Policy Check: Do policies promote independent living through integrated approaches to housing, urban design, mobility, social participation, and access to services?

Ageing in place – the ability to remain in one's own home and community – is a central aspiration for most older adults. Yet, achieving this depends on far more than individual capability or motivation. It requires accessible housing, walkable neighbourhoods, safe and reliable transport, proximity to essential services, and opportunities for meaningful social participation. These structural conditions are not optional extras; they are fundamental determinants of independence, well-being, and quality of life in older age.

In this context, the concepts of accessibility and walkability become essential policy instruments. Accessibility measures the ease with which individuals can reach people, services, or activities. It can be assessed spatially – by considering the distance between key locations – or individually – by taking into account mobility constraints and time-space limitations. Walkability, the ability to navigate the local environment on foot, represents a practical application of accessibility and is strongly linked to social inclusion, physical health, and overall wellbeing. Both concepts must be interpreted through the lens of older adults and their informal caregivers, recognising that even small environmental barriers can significantly hinder participation in community life (Albertini et al., 2025).

Walkability depends not only on distance and connectivity but also on urban density, land-use diversity, street quality, safety, and environmental perception. These factors are particularly salient in remote or under-served areas, where poor infrastructure can magnify inequalities in service access and social participation. Effective measurement of walkability and accessibility increasingly relies on geospatial tools, including Geographic Information Systems (GIS), which allow for detailed mapping of demographic profiles, infrastructure, and service distribution. Combined with wearable sensors, GIS can capture real-time physiological responses to environmental conditions, enabling policymakers and planners to better understand how older adults experience their surroundings and identify areas for intervention.

Evidence from the Age-It programme highlights the impact of these approaches. For example, a study in Premeno, a small municipality in Piedmont, Italy, used GIS, agent-based simulations, and aerial data collection to assess accessibility to healthcare services. By integrating walkability metrics and collaborating closely with local authorities, municipal offices and medical services were relocated to improve access for frail older adults and their caregivers, demonstrating how spatial planning can directly enhance independent living in remote areas (Albertini et al., 2025).

Ageing well at home, therefore, is inseparable from the broader environment. Cities and communities should facilitate mobility, participation, and social interaction, while digital and service accessibility can complement physical infrastructure. By adopting integrated,

place-based strategies – linking housing, transport, healthcare, urban planning, and social services – administrations can ensure that longer lives are lived in connection with society, rather than in isolation.

07 Promoting Healthy Lifestyles Across the Life Course

Policy check: To what extent are healthy lifestyles enabled by public policies?

Evidence consistently shows that physical activity, good nutrition, restorative sleep, and social participation are central to maintaining health and wellbeing in later life. However, sedentary lifestyles, chronic conditions, and social isolation continue to pose major challenges. Public policies must therefore not only encourage healthier lifestyles, but also enable them.

This involves supporting daily physical activity as part of ordinary life, for example, through walking, gardening or community exercise initiatives, as well as designing exercise-friendly living and working environments. One promising approach is the development of health clinics that prescribe physical activity and exercise, supported by multidisciplinary teams and reimbursed by health systems, similar to dietary or pharmaceutical interventions. Providing targeted incentives, community-based programmes and awareness campaigns that make healthy choices easier and more accessible are also solid strategies.

Such initiatives should be embedded in prevention strategies, recognising that habits formed earlier in life strongly influence health outcomes in later life. Together with regular screening programmes and routine medical check-ups, adopting healthy lifestyles can significantly delay or prevent the onset of chronic diseases such as diabetes, cardiovascular conditions and dementia.

Integrated prevention strategies require the involvement of multiple stakeholders working together. Healthcare providers, social workers, caregivers and local authorities collaborate to design interventions that are clinically effective whilst also being socially and environmentally sustainable. This collaborative approach ensures that prevention efforts address the broader determinants of health, not just individual behaviours (Paoli et al., 2025).

08 Improving Early Identification of Risks

Policy check: Are public health strategies enforcing early identification of risks?

Research on biological age, inflammation, and resilience highlights new opportunities for early identification of risks. While still evolving, these insights support a shift towards precision, prevention and health span-oriented policy.

The goal should be to know not just the overall population risk for certain conditions, but individual risks, because when those at a higher risk can be identified, interventions become more effective. It also involves assessing socioeconomic vulnerabilities individuals may have, and the support network around them.

Policies that identify and address inequalities early on, through education, employment, and health care and prevention, are vital to ensuring that older age is not marked by disproportionate vulnerability.

09 Multimorbidity as the Norm, not the Exception

Policy check: Are existing health and care systems designed to prevent and to address multimorbidity and cumulative functional decline, rather than single diseases in isolation?

Older adults rarely fit single-disease models. Most live with multimorbidity, and it is the cumulative burden of different conditions, rather than individual diagnoses, that shapes functional decline and care needs. Accordingly, treating ageing as a whole, rather than targeting individual diseases separately, is now recognised as a more effective strategy to prevent multiple age-related conditions.

Health status varies widely between individuals, reflecting the interaction of genetics, lifestyle, environmental exposure, disease history, healthcare access, and the development of frailty, among others. Disease-specific pathways tend to overlook the interplay of these factors (Okoye et al., 2025).

In addition, lifestyles – including practising physical activity, balanced nutrition, and supportive environments – improve chances of preserving cellular health, reducing the onset of multiple chronic diseases, and lowering multimorbidity before it develops (Chiti et al., 2025).

Despite these opportunities, older adults often live with multiple chronic conditions that interact with frailty, making health outcomes difficult to predict and care complex. Traditional healthcare systems, designed around single diseases, struggle to provide coordinated and effective care, risking fragmented treatment, medication overload, and poor outcomes.

Managing multimorbidity requires multidisciplinary teams that combine medical, psychological, and social expertise, and that include geriatric competence as a central pillar. The main objectives of interventions should be also aligned with older people's priorities: maintaining adequate functional autonomy and quality of life. Yet, such approaches are still the exception rather than the rule.

Several initiatives within the Age-It programme demonstrate what can be achieved when health systems are reoriented around people rather than diseases (Okoye et al., 2025). For example, multicomponent interventions that combine physical exercise, nutritional counselling, and digital monitoring have shown promise in maintaining mobility independence, and delaying functional decline among frail, multimorbid older adults. Importantly, these interventions rely on coordinated, multi-actor networks that involve municipalities, universities, companies, and NGOs – illustrating the potential of collaborative, cross-sector innovation.

Investing in this approach also leads to a more efficient allocation of healthcare resources and to better early prevention. Coordinated care delivered by multidisciplinary teams, together with patient-centred decision-making, ensure that treatments align with individual priorities and capacities (Iacoviello et al., 2025).

10 Shifting Towards Personalised Medicine

Policy check: Do health systems prioritise personalised strategies for healthy ageing?

Most health expenditure in later life is driven by preventable chronic conditions. Preventive strategies targeting mid-life risk factors, frailty, and resilience can significantly reduce long-term costs and improve quality of life.

The increase in life expectancy represents a remarkable achievement of healthcare systems, fuelled by advancements in social and health conditions, and medical technology. However, these additional years have not always translated into better quality of life. Many individuals experience a significant portion of their lives burdened by illness, disability or impaired function. In this context, preventing frailty becomes a priority for promoting ageing trajectories that support functional independence, autonomy, and social participation.

From a public health perspective, early identification of frailty before it translates into adverse outcomes is crucial. This orientation is reflected in Italian policy frameworks, such as the National Plan for Chronic Diseases (2016) and Decree No. 77/2022 on territorial healthcare reorganisation. These emphasise population stratification, the measurement of physical, cognitive, and social frailty, and the development of easy-to-use tools for health planning – all of which resonate with the integrated, life-course perspective adopted by the Age-It project (Paoli et al., 2025).

A key innovation at Age-It lies in the integration of ageing biomarkers to capture individual trajectories and identify high-risk subgroups, including those exhibiting accelerated biological ageing or suboptimal recovery patterns. Combined with longitudinal clinical and functional measures, these data enable personalised intervention strategies and advanced predictive modelling (Okoye et al., 2025).

Policy Checks related to Care Systems

11 Valuing Care as a Core Social Function

Policy check: Is caregiving recognised, supported, and integrated into welfare, labour, and pension systems?

Family care remains the backbone of long-term care systems in many European countries. Research shows that caregiving occupies a substantial share of adult life, especially for women. However, individuals' efforts to care for older people are barely recognised or financially compensated in Europe.

In the near future, less people will be able to count on family members for care, as a growing number of older adults are ageing without children, whether by choice, circumstance, estrangement or geographical distance. This group faces distinct vulnerabilities, including an increased risk of loneliness; and difficulties with end-of-life planning, including questions of decision-making authority, care arrangements, and inheritance.

For this reason, it is of key importance to reframe care as a shared societal responsibility: legislation and policy guidelines should broaden the legal definition of caregiver beyond cohabiting family members, to include diverse affective and care relationships, ensuring flexible recognition in line with the European Work-Life Balance Directive. Otherwise, expanded support measures will continue to benefit only a narrow group, reinforcing inequalities in access to care-related rights (Albertini et al., 2025). Health and social care provision should also improve access to formal support networks, legal advice, and community-based services.

12 Supporting Caregivers' Wellbeing

Policy check: Are caregivers' physical, mental, and social needs explicitly addressed in care policies?

Care policies continue to focus primarily on care recipients, often overlooking the central role of caregivers themselves. Yet, evidence from Age-It shows that caregivers' wellbeing is fundamental to care quality and to the resilience and sustainability of healthcare systems. Providing care has wide-ranging effects on individuals' physical, emotional, and social health, while also reducing the time available for paid work, rest, sleep, and leisure.

When caregivers experience burnout, this frequently leads to avoidable hospital admissions or premature moves into residential care for older family members, while also seriously harming caregivers' own health (Albertini et al., 2025). Supporting caregivers is therefore not only a matter of fairness, but also a core pillar of effective and sustainable care systems.

Unpaid care, particularly within families, represents a critical yet largely invisible component of Europe's long-term care ecosystem. In addition, caregiver support remains highly heterogeneous, resulting in uneven protection against social and economic risks (Bei et al., 2026).

Across countries, middle-aged women remain the main providers of personal care, often juggling paid employment with intensive caregiving responsibilities. Those simultaneously supporting older relatives and dependent children – and sometimes even grandchildren – form the so-called "sandwich generation". This dual burden has far-reaching consequences for gender equality, mental wellbeing and long-term economic security.

Public policy continues to assume an unlimited supply of informal care, with limited investment in services, protections, or financial compensation. This reliance entrenches gender inequalities and places increasing pressure on families as demographic ageing accelerates.

A shift in perspective means investing in carers' health, education, and wellbeing. Promising avenues are: adopting a more integrated policy approach that systematically combines financial support, labour market integration, and direct services; promoting policy convergence and knowledge transfer, particularly between Northern/Continental and Southern/Eastern Europe; and implementing formal caregiver needs assessments to tailor support to individual circumstances, including financial situation, health, and intensity of care duties (Bei et al., 2026).

Digital training and information platforms should also be more intensively used to enhance the quality of care while preventing deterioration in caregivers' own health, thereby reducing future dependency.

For example, digital platforms can enable caregivers to monitor and manage the health of older adults, communicate more effectively with healthcare professionals, access remote monitoring tools, and develop caregiving skills through targeted educational materials. By leveraging these technologies, caregivers can better support independence and wellbeing in later life, contributing to improved health outcomes and quality of life (Paoli et al., 2025).

Ultimately, investing in caregiver wellbeing and training while tackling policy fragmentation is essential for building a long-term care system that is both socially and economically sustainable (Albertini et al., 2025).

13 Addressing Territorial Inequalities in Ageing

Policy check: Are place-based differences in ageing, care needs and service availability systematically monitored and addressed?

Funding and municipal spending on services for older adults vary widely across regions and municipalities in Europe, reflecting broader inequalities in infrastructure and social investment. However, Age-It research shows that building strong longevity societies depends not only on resources devoted to caring for older people: sustained investment across the life course, particularly in earlier years, is equally crucial.

Specifically, areas with higher public spending on children and families also tend to exhibit higher life expectancy, underscoring the long-term benefits of early-life investment for population health and wellbeing (Brugiavini et al., 2025).

Age-It research also points towards the need for a more systematic and strategic use of local-level data to monitor territorial disparities in ageing, care needs, and service availability, and

to guide the allocation of resources accordingly. For example, in Italy, demographic ageing, internal migration, and the progressive withdrawal of public services from remote areas have generated pronounced geographical inequalities in long-term care (LTC) provision. Many inner and rural areas are now characterised by a "triple deficit" of care, combining reduced availability of informal caregivers due to youth out-migration and rising childlessness, limited access to private care linked to low immigration, and underdeveloped public services.

To capture these emerging vulnerabilities, Age-It has developed a multidimensional, municipal-level LTC risk index, integrating demographic ageing, potential family support, and territorial accessibility to essential services. This index enables the systematic mapping of care needs and resources across local contexts, and provides a powerful evidence base to inform place-based policy interventions, helping policymakers identify high-risk areas and target investments in care infrastructure, services, and workforce where they are most urgently needed.

Beyond geography, Age-It also highlights how territorial inequalities intersect with socioeconomic disadvantage, reinforcing the importance of combining spatial and social targeting in strategies to reduce inequalities in ageing and long-term care (Albertini et al., 2025).

Policy Checks related to Economic and Technological Transformations

14 Environment and Longevity

Policy check: Are environmental and climate policies recognised as longevity and health policies?

Age-It research (Gialluisi et al., 2025) provides robust evidence that environmental exposures, particularly air pollution, represent major and preventable risk factors for neurodegenerative diseases and healthy ageing trajectories. Longitudinal analysis of a large Italian population cohort shows that chronic exposure to particulate matter (PM10) significantly increases the risk of developing Parkinson's disease, independently of socioeconomic conditions, lifestyles, and occupational exposures. Even small increases in PM10 concentrations are associated with substantial rises in disease risk, highlighting cumulative effects of long-term environmental exposure across the life course.

This finding reinforces the need to explicitly recognise environmental and climate policies as central components of longevity and public health strategies. While air quality regulation is typically framed in terms of respiratory and cardiovascular protection, Age-It evidence demonstrates that pollution reduction is also critical for preventing neurodegeneration and preserving cognitive and functional capacity in later life.

Age-It research also reveals that older people remain underrepresented in environmental health research and policy frameworks, despite their heightened biological vulnerability to pollution and heat exposure. Integrating ageing perspectives into environmental monitoring, climate adaptation strategies, and urban planning would allow policymakers to better anticipate risks.

Policies that reduce pollution, improve air quality, and promote healthier living environments not only protect ecosystems, but also deliver long-term gains in longevity, quality of life, and healthcare system sustainability, benefiting both present and future generations.

15 Developing the Silver Economy

Policy check: Are governments strategically leveraging population ageing as a driver of economic transformation, innovation, and inclusive growth?

The growing population aged 50+ represents a major source of demand, skills, and capital. Supporting the silver economy can drive growth, innovation, and employment if barriers rooted in ageism are removed.

Italy's over-50 population represents a substantial and often underestimated economic force. In 2023, this group contributed €655 billion to Italy's GDP – nearly a third of the nation's total economic output. While older Italians are sometimes described as "house rich and cash

poor", holding around 53% of national wealth (approximately €9.23 trillion), their spending patterns reveal a far more dynamic picture than stereotypes suggest.

Beyond the expected expenditure on housing (37%), food (18%), and health (11%), the silver generation invests significantly in transport, recreation, culture, clothing, furniture, and personal services. This diversified consumption pattern demonstrates that the Silver Economy is not simply about healthcare and maintenance, but represents genuine opportunities for innovation, business growth, and boosting demand across multiple sectors. The older population is thus an engine for sustainable economic development.

Supporting the development of products and services tailored to older consumers – not as a niche market, but as a driver of innovation – offers significant economic potential. Addressing the substantial pension gender gap through flexible career models and contribution credits for caregiving periods is both an economic and social imperative. Whilst these policies require investment, the cost of inaction – facing population ageing with outdated approaches and watching GDP per capita decline – will be far greater.

16 Promoting Lifelong and Lifewide Learning

Policy check: Are education and lifelong learning policies systematically integrated into healthy ageing strategies?

Longevity makes longer careers both feasible and necessary. However, extending working lives requires age-friendly workplaces, flexible arrangements, lifelong learning, and the prevention of health decline – not simply raising retirement ages. Without these conditions, policies aimed at prolonging working lives risk increasing health-related exits from employment, deepening social inequalities, and reinforcing exclusion among workers in physically or emotionally demanding occupations.

Education and learning play a central role in promoting older adults' capabilities and well-being, understood in a broad and holistic sense. Beyond formal courses, certifications, or skills training, education encompasses the lifelong and lifewide biological, cultural, and learning processes that shape individuals across the life course. It includes experiences such as reflecting on the meaning of longer lives, engaging in public action, preparing for the future, coping with frailty, managing chronic conditions or loss, and renegotiating relationships and life roles.

Accordingly, national strategies for healthy ageing need to recognise learning in later life as essential, not optional. This strategy should help people understand how important continued education is for wellbeing, keeping mentally active, and staying connected to their communities as they age. Most importantly, older adults themselves must be involved in designing the programmes meant to help them – not just consulted, but genuinely shaping what is on offer.

Getting the funding right is crucial: it is necessary to create stable, national funding to keep good programmes running, help them grow beyond their local areas, and further support initiatives by non-governmental organisations.

Age-It scholars found that current public funding schemes in Italy are challenging to access: applying for funding often constrains non-governmental organisations' flexibility and imposes

heavy bureaucratic and financial burdens that undermine their sustainability and capacity for innovation. Therefore, there is a need for simpler and more flexible funding mechanisms.

It is also important to make stronger investments in stakeholder networks, proven to be key drivers of successful and impactful practices. Networks enable information exchange, collaboration, and more efficient use of resources, whilst reducing fragmentation and fostering a broader cultural change in active ageing.

In terms of methodological approaches for learning, participatory and learner-centred methods stand out as particularly effective, as they build on older adults' needs, abilities, interests, and life experiences. These approaches enhance quality, inclusion, and long-term impact of learning initiatives (Boffo et al., 2025).

National policies for active and healthy ageing should therefore allocate specific resources for learning and education, to support older adults in terms of skills, social participation, meaning, and recognition (Catalano et al., 2025).

17 Technology as an Enabler, not a Divider

Policy check: Is technology used to enhance autonomy and participation, whilst preventing digital exclusion?

Digital health technologies, including wearable devices and online platforms, are opening new possibilities for healthier, more independent lives in older age. They can support personalised prevention, enable continuous monitoring of health, and improve the way services are delivered. At their best, digital tools also foster social connection, for example through platforms that combine health tracking with community engagement, helping people to stay active, informed, and involved.

Yet these opportunities come with significant challenges. Technology must enhance, not replace, human care. The relationships between patients, carers, and professionals remain central to high-quality support, particularly in later life. Digital solutions therefore need to be designed to complement existing routines and respond to real needs, rather than adding complexity or burden. Experience shows that people are more likely to adopt new tools when they fit naturally into everyday life, for instance, through systems that are "sensor-agnostic" and allow users to integrate devices they already own.

At the same time, strong safeguards are essential. Accessibility, affordability and user-friendly design must be prioritised, especially for people with limited digital skills or physical impairments. Robust protections are also needed to ensure privacy, data security, and the ethical use of sensitive personal information. Without these guarantees, trust in digital health technologies is easily undermined.

Looking ahead, more advanced innovations promise even greater transformation. Developments in bio-robotics, intelligent monitoring systems, interactive and haptic interfaces, and precision medical devices could revolutionise health and social care. Crucially, these technologies aim to support people not only in clinical settings, but also in their own homes and communities, bringing care closer to where daily life actually takes place. This is particularly

important for older adults living with multiple long-term conditions or frailty, whose needs often span medical, social, and practical support.

However, technology alone is not enough. Successful adoption depends on systems that are easy to use, widely accepted, and embedded within coordinated models of care. This requires cooperation across primary care, specialist services, nursing, therapy, social care, and informal carers, supported by shared standards and interoperable data systems. Without such integration, digital tools risk remaining fragmented and underused.

Most urgently, the digital divide among older adults must be addressed. Limited access to technology, low digital literacy, and anxiety about using digital tools continue to exclude many people. This creates a double burden of social and digital isolation, restricting access to essential services and increasing the risk of inequality. Without targeted action, innovation may deepen rather than reduce existing divides.

Bridging this gap requires more than simply providing devices or internet access. Effective strategies focus on building confidence, skills, and sustained engagement. Peer mentoring, where older adults support one another, and community-based initiatives, such as intergenerational training programmes, have proven particularly effective.

These approaches provide personalised, empathetic guidance, strengthen social connections, and improve attitudes towards both technology and ageing. Flexible training models, including one-to-one online sessions tailored to individual needs, also show promise, particularly when adapted to personal learning styles and schedules (Paoli et al., 2025). Together, such efforts can ensure that digital health technologies become tools of inclusion, rather than exclusion.

Policy Checks related to Governance Issues

18 Co-Design with Older Citizens

Policy check: Are older people involved in shaping the policies and technologies that affect them?

Meaningful involvement of older adults in policy and technology design improves effectiveness, legitimacy and public trust. When older people are treated merely as passive recipients, policies are less likely to meet real needs and risk reinforcing ageist assumptions.

Evidence increasingly shows that co-designed digital tools, developed with the direct participation of older adults, lead to higher usability, acceptance and sustained engagement. Participatory design approaches have produced mobile health applications with clearer navigation, larger fonts, and voice-assisted features, significantly improving accessibility and adherence. Likewise, digital platforms that combine age-friendly design with personalised feedback help reduce barriers linked to low digital literacy and build confidence in everyday use.

These experiences highlight a crucial lesson: overcoming the digital divide depends not only on training and access, but also on designing technologies that reflect the capacities, preferences and daily realities of older adults. Co-design ensures that innovation adapts to people, rather than expecting people to adapt to technology.

From a policy perspective, this means moving beyond short-term pilot projects and embedding digital inclusion within wider ageing and health strategies. National and regional policies should provide sustained funding for digital literacy and support programmes, ensuring that training becomes a continuous service, rather than a one-off intervention. Partnerships with community organisations, universities and civil society groups can help scale up intergenerational learning and peer-mentoring initiatives that have already proven effective at local level.

Finally, age-friendly design standards should be integrated into procurement and development guidelines for health and social care technologies, guaranteeing that accessibility and usability are built in from the outset. Policy frameworks must also explicitly link digital inclusion to equity goals, ensuring that low-income, rural, and frail older adults are not left behind in the digital transformation of health and social services (Paoli et al., 2025).

19 Strengthening Intergenerational Solidarity

Policy check: Do policies reinforce cooperation, rather than competition, between generations?

Intergenerational fairness cannot be taken for granted; it must be actively promoted. This requires a rethink of how societies allocate resources, design services, and create opportunities.

The quantification of intergenerational justice is still in its early stages. A groundbreaking new study by Age-It scholars offers an attempt to construct an index of intergenerational justice that allows at least some aspects of the differences between younger and older individuals to be measured (Galasso et al., 2025).

The results suggest that older adults tend to fare relatively better in terms of economic indicators: they are less likely to be unemployed, more likely to have stable employment, and often have greater financial resilience. In contrast, younger adults are more vulnerable to precarious work, housing insecurity, and economic shocks – trends exacerbated by the fallout from recent crises.

Access to public goods also tends to favour older groups, though patterns vary by country. Healthcare, social transfers, and environmental quality are not always distributed equitably between age groups or regions. One area where younger adults appear to be better off is relational wellbeing, reflected in social engagement and mental health.

In political life, older adults are significantly overrepresented. They vote at higher rates, are more likely to be politically active, and dominate elected institutions. Meanwhile, younger people report lower levels of trust, participation, and perceived influence in political processes.

These results prompt important questions about how intergenerational fairness is defined and measured, and whether chronological age alone is a sufficient basis for analysis and policy design, particularly when considering the reality of older persons in low socioeconomic status, or older women. Social class, education, family background, and health intersect with age to shape opportunities and constraints.

A fair approach to intergenerational justice means supporting people both when they are young and when they are older. Governments can do this by helping young people find jobs, enhancing childcare and family policies, ensuring stable and fair pension systems, and guaranteeing access to healthcare for everyone, among others. At the same time, they should protect future generations by investing in clean energy and environmentally friendly infrastructure.

It is also important to tackle age discrimination in this context, helping older people use digital technologies, and encouraging programmes that bring younger and older generations together, such as mentoring and community time-sharing schemes. Finally, political fairness can be improved by strengthening civic education, making it easier for young people to vote, ensuring that both younger and older voices are represented in politics, and creating advisory groups that reflect all age groups (Galasso et al., 2025).

20 Joined-Up Governance for Ageing Societies

Policy check: Are ageing-related policies coordinated across sectors and levels of government?

Fragmentation remains one of the greatest obstacles to effective ageing policy. Longevity societies demand long-term planning, institutional stability, and strong coordination across government. Yet responsibilities for health, social care, employment, housing, education

and transport are often spread across separate systems, with limited collaboration. As a result, ageing is still too frequently treated as a narrow health issue, rather than as a broad societal transformation.

In reality, the conditions for healthy ageing extend far beyond healthcare. Housing quality, mobility, lifelong learning, labour market participation and social protection all shape how people experience later life. Mainstreaming ageing across all policy domains is therefore essential, if responses are to be coherent, preventive and fair across generations.

Research consistently shows that investment in social services can reduce pressure on health systems by preventing avoidable hospital admissions and delaying functional decline. This highlights the need for both horizontal coordination between ministries, and vertical coordination between national, regional and local authorities. Coherence between strategic goals and local delivery is particularly important, as municipalities are often the main providers of everyday support for older people.

At the same time, clearer definitions and measurable indicators of concepts such as "healthy", "active" and "successful" ageing are needed. Without shared benchmarks, policies cannot be effectively monitored, evaluated or improved, limiting accountability and learning.

The political momentum behind integrating health and social care offers opportunities, but experience across Europe shows that integration is not automatically beneficial. Poorly designed reforms risk prioritising medical needs while sidelining the social dimensions of care. In Finland, for example, the integration of health and home care services led, in practice, to a dominance of home nursing, with social care largely absorbed into medical tasks. Effective integration instead requires shared governance, mutual respect between professional cultures, and the active involvement of service users and carers.

Finally, fragmentation is not only institutional, but also spatial and social. Regional and local inequalities mean that access to services, skilled professionals, and digital infrastructure varies widely. The central challenge is therefore not merely to connect systems, but to ensure that quality support is available to all older people, regardless of where they live.

21 Building Long-Term Policy Capacity on Ageing

Policy check: Is there sustained investment in data, policy evaluation, and science–policy dialogue?

Ageing unfolds over decades. For societies to understand and tackle challenges, it is of key importance to count on longitudinal data, to be able to follow and analyse life trajectories of individuals over time. It is also necessary to give floor to evidence-based policy experimentation, by supporting strong cooperation between research institutions and policymakers.

Data gaps constrain effective policymaking. Key dynamics such as informal caregiving, cognitive health, social isolation, or functional status are poorly captured in existing data. Improving data availability will improve measurement, and for that, integrating a life-course perspective into policymaking is essential.

Yet, the systems that govern health and social support remain deeply fragmented, shaped by separate institutional responsibilities, funding streams and policy logics. As a result, data are collected unevenly, stored in silos, and rarely linked across sectors or levels of government. This leaves policymakers without a comprehensive picture of older people's needs and trajectories, and too many individuals fall into the gaps between services.

These divisions are increasingly unfit for purpose in ageing societies. The sustainability of care systems will depend not only on increasing resources, but also on using them more intelligently. This requires robust, integrated data infrastructures that support evidence-based policymaking, enable long-term planning, and allow continuous monitoring of outcomes and inequalities.

Linking data across health, social care and community services can additionally help anticipate needs and target support where it is most needed. It can also inform workforce planning, guide investment in preventive services, and strengthen support for informal carers. Crucially, technology can play a central role in this transformation, provided it is deployed in inclusive, ethical, and transparent ways.

Ultimately, investing in data collection, interoperability, and analytical capacity is not a technical add-on, but a core pillar of sustainable care systems in longevity societies. Strong evidence frameworks enable governments to move beyond reactive crisis management towards proactive, preventive and person-centred policies, ensuring that limited resources generate the greatest possible benefit for older people and society as a whole.

Italy is now following the example of countries with decades of experience in longevity-oriented policy frameworks by establishing a dedicated Italian Institute for Ageing – a recommendation put forward by the Age-It initiative. Such an institute will provide the cross-cutting coordination, research capacity, and long-term strategic thinking that fragmented ministerial approaches cannot deliver.

Conclusion

Longevity societies are not a future scenario, but a present reality. The policy checks outlined in this document provide a framework for moving from reactive responses to strategic adaptation. The central challenge is not whether societies can afford to adapt to longevity, but whether they can afford not to.

This transition demands a reorientation of policy, shifting the focus from viewing ageing as a sectoral challenge to recognising it as a cross-cutting societal issue. Policies must promote healthy lifestyles throughout the life course, ensure coordination across sectors and levels of government, provide support regardless of family circumstances, use technology responsibly, and address structural inequalities.

A narrow focus on age-based entitlements is no longer sufficient. What is needed is a broader vision that sees people not as old or young, but as individuals moving through life, shaped by cumulative advantage or disadvantage, and deserving of fairness at every stage.

Intergenerational fairness cannot be taken for granted; it must be actively promoted. This requires a rethink of how societies allocate resources, design services, and create opportunities. By reimagining the social contract for longevity societies, Europe has the opportunity to demonstrate global leadership in responding to demographic change, and in defining what it means to age well together.

A recurring frustration expressed by researchers and practitioners working on ageing is the gap between scientific evidence already available and policy implementation. Whilst European projects have produced strong evidence on effective interventions, few have been scaled up or embedded in national systems. Policymakers often operate on different time horizons and under different incentives.

Supporting boundary activities, where scientists, policymakers, and practitioners can discuss and co-design implementation pathways of solutions, is essential to turn knowledge into sustainable policy change. Similarly, it is important to involve older people and their carers in the design of future solutions.

Moving from pilot projects to large-scale implementation requires several key actions. First, investing in digital infrastructures that are inclusive and accessible. Second, supporting integrated care models that connect health, social, and community services. Third, adopting governance mechanisms that foster cross-sectoral collaboration. And fourth, promoting health equity policies that reduce digital and social divides in ageing populations.

Ultimately, promoting healthy ageing requires coordinated action across sectors, personalised and multidomain interventions, and the strategic integration of digital and technological innovations within a comprehensive health framework. Only by aligning scientific evidence with policy action can societies build resilient systems that support individuals to age actively, equitably, and with dignity (Paoli et al., 2025).

The challenge of adapting societies to the new longevity scenario, requires not only a stronger alignment between research and innovation processes, but also coordinated policy responses. In this perspective, Age-It represents a foundational step towards a more structured and long-term approach. Building on its results and partnerships, the initiative has now evolved into a permanent institutional infrastructure – the Italian Institute for Ageing – aimed at consolidating interdisciplinary research, supporting policy design, and strengthening Italy's and Europe's capacity to address the challenges and opportunities of longevity societies.

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