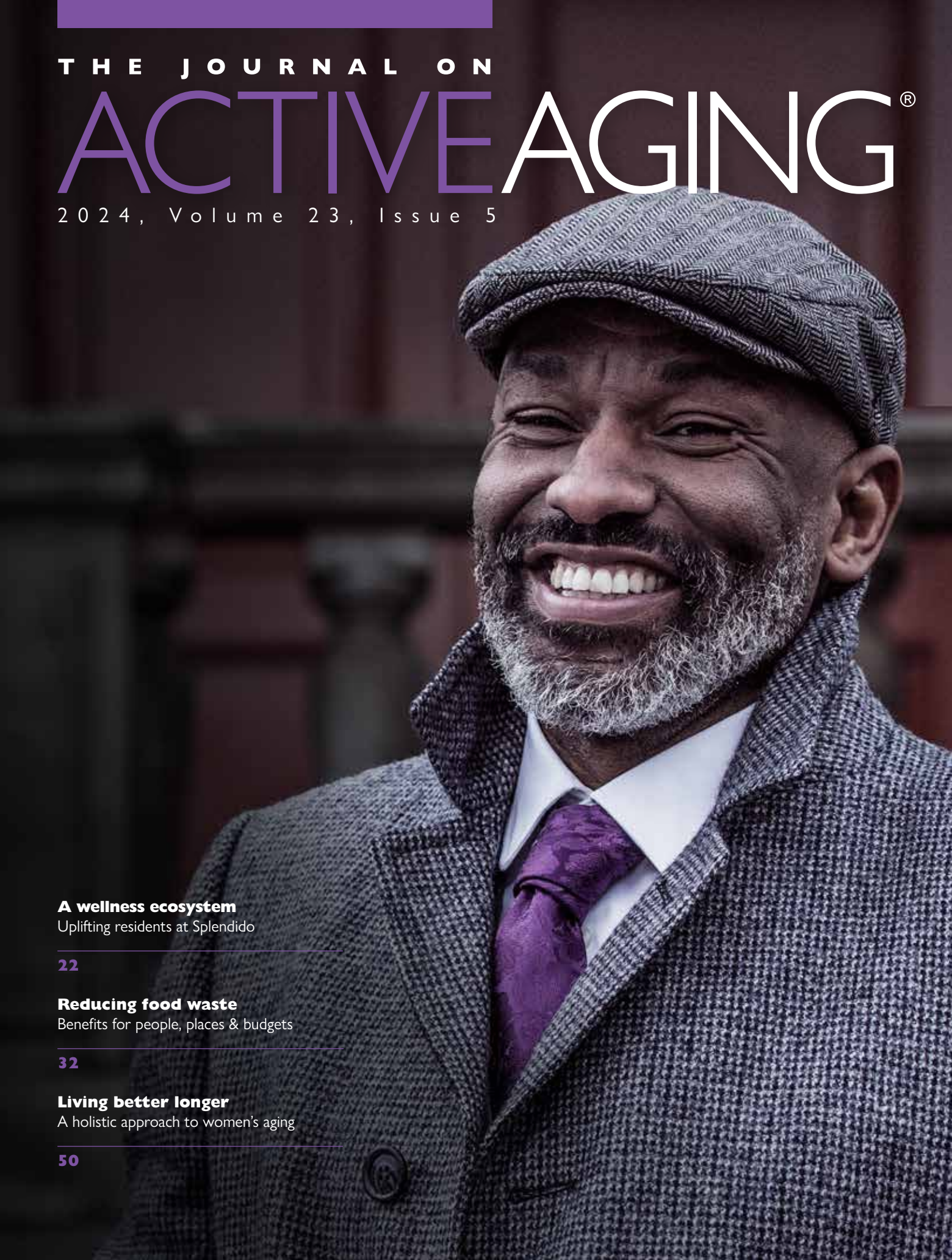


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‘Ageless aging’:

How women can truly win the longevity lottery

What are older women’s needs, wants and challenges to living better longer? ICAA’s CEO talks to a futurist on the forefront of women and longevity—and learns why women being underrepresented has an impact

by Colin Milner

Women continue to outlive men in the United States, where the life expectancy gap started widening again in 2010 after shrinking to its narrowest point “in recent history.”¹ Although “women have won the longevity lottery, they face challenges to living better longer,” says Maddy Dychtwald, a *Forbes*’ Top 50 female futurist, acclaimed public speaker, and thought leader on longevity, aging, retirement, and women’s issues. Contributing to these challenges is the reality that, despite being more than half the general population, women remain underrepresented in significant ways, including in medical research. As a result, their unique needs, concerns, challenges and ambitions do not receive the attention they deserve.

Dychtwald has led numerous studies focused on women and finances and continues to explore the longevity-related

wants, needs and challenges of women as a cofounder of visionary think tank Age Wave. Established in 1986, the Orinda, California-based consultancy specializes in “issues related to an aging population.”² Dychtwald is also a national bestselling author. Her most recent bestseller, 2024’s *Ageless Aging: A Woman’s Guide to Increasing Healthspan, Brainspan and Lifespan*, offers valuable and current perspectives, information and action steps on this vital topic.

As the International Council on Active Aging’s CEO, I had the opportunity to interview Dychtwald about *Ageless Aging* and what women need to know and do to lead longer, better lives. The *Journal on Active Aging*® presents her overview as an educational tool. This article offers a refresher for longtime active-aging professionals, a primer for industry newcomers, and a resource on women’s healthy longevity for residents, members or clients.

Let’s dive in.

‘Within our control’

CM: *Maddy, with so many books, perspectives and approaches on aging available, why did you feel the need to create another with Ageless Aging?*

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Futurist, thought leader and author Maddy Dychtwald prepares for a podcast discussing women and aging, including what they need to live better longer. Image courtesy of Age Wave

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MD: There are lots of books on longevity and aging. What I noticed, however, was that few to none focused on women's longevity. Women live, on average, six years longer than men, but there is a dark side to this longevity that I wanted to address: We often spend fewer years in good health.

The average woman spends the last 12–14 years in a cascade of poor health. It doesn't have to be that way. Most recent science tells us that up to 90% of our health and well-being is within our control, so we have agency over our health. That was point number one.

Point number two: While there are numerous books on sleep, exercise or even purpose, I could not find many—especially when they spoke directly to women—that took a more holistic approach. From talking to over 100 scientists, physicians, academics and medical experts, I realized that living better longer requires a bouquet of different ingredients, which work together in a holistic symphony. These ingredients, like sleep or attitudes towards aging, don't exist in silos; they impact each other.

If you don't have your financial house in order, you may have chronic stress, which turns up in the body as inflammation and sets the stage for disease, such as diabetes or heart disease. That's an example of the holistic symphony that goes on in the body. What that symphony gives us, though, are a lot of different levers that we can pull to age more agelessly.

Too little attention

CM: You mentioned that women, especially older women, maybe aren't aging as well as they could be. Why do you think that is?

MD: Based on my observations of women, we are so busy taking care of everyone else that we don't necessarily pay as much attention to our own health and well-being as we could. Also, the healthcare system is created primarily by men and for men. When we talk about women's health, we're mostly talking about reproductive health—that needs to change.

Consider that it wasn't until 2016 that the US Food and Drug Administration

told pharmaceutical companies it would be a good idea to include women in their clinical trials. Many medicines haven't even been tested on women. That's not okay. It impacts our health.

CM: *If you were to speak to a board of researchers, what would you recommend they focus on to better understand the unique needs and challenges of older women? Are there specific aspects that require more attention to fully explore women's possibilities and address their challenges?*

MD: Well, a lot of studies on aging don't even include people aged 65 years or older—men and women alike. For instance, we know how important sleep is to overall health and well-being, particularly to brain health. While talking to leading medical research hospitals and to sleep experts and sleep physicians, I learned that most of the major sleep studies don't include people over 65. That's crazy!

As we get older, sleep can become more of a challenge. Quality of sleep, not just quan-

tity, is important—as scientists stressed to me—because that’s when the brain cleans out toxins. So, it’s important that we sleep sufficiently long and well enough to allow that process to take place. Because women are twice as likely to suffer from Alzheimer’s disease and all cognitive decline, we especially will want to avoid building these toxins in our brains.

Another example is intermittent fasting. Dr. Valter Longo pioneered this concept after working in Dr. Roy Walford’s UCLA lab, where they did a lot of investigation on caloric restriction. Although caloric restriction has been shown to increase life span, it also stops practitioners from getting nutritional values into their lives, so Dr. Longo came up with the idea of intermittent fasting. His concept is very different compared to what “biohackers” on the cutting edge now do. A lot of biohackers will go 16–18 hours without eating anything, which Dr. Longo told me is bad for a person’s health, particularly for women who have higher needs for protein; he suggested women limit their fast to just 12–13 hours. That’s easy to do. Stop eating at, say, 8 p.m. and start eating again at 8 a.m.

CM: *For those who may not be familiar with the term biohackers, could you explain what it means and how biohacking might shape our future?*

MD: Biohackers are longevity experts for the most part, or people who are experimenting with their own longevity. They focus far more on increasing their life span, or number of years lived, than they do on increasing their health span, or number of healthy years. Their goal is to try to live to be 100 or 120 years old, so they experiment with different things.

I am not so much concerned with length of life as I am interested in making sure that the years lived are healthy. What’s important to me is women having the tools and knowledge to increase their health span and brain span—the number



of years that the brain stays healthy—and to make their next phase of life filled with health and vitality.

Power and positivity

CM: *In your research for your book, was there anything that stood out to you in a “bingo” moment?*

MD: With *Ageless Aging*, I wanted to clear up misinformation and confusion about how to live better longer. To share the knowledge of scientists and physicians and researchers who are dedicated to getting to the bottom of increasing health span, brain span and, yes, even life span. And to provide some action steps that women can take immediately to begin to live better longer. I also wanted a good percentage of those steps to be either low cost or free. One thing that came up—and that’s totally free—is the positivity effect.

Dr. Becca Levy from Yale University did some longitudinal studies and what she found was that people who have a more positive attitude about their own aging

process lived seven and a half years longer than those who had a negative attitude. There’s been further research done more recently. This research not only agreed with the original finding, but it also went further to say that if you have a more positive attitude towards aging, things like the aches and pains of arthritis can go away. By flicking that switch in your brain, it can transform your personal narrative of aging. That’s really something we ought to take seriously.

CM: *Anything else come to mind?*

MD: We need to be the CEOs of our own health and even our own healthcare. As I mentioned previously, we have agency over our own health and well-being because 90% of our health and well-being is determined by our lifestyle and environment. Some people may find that reality scary. I see it as liberating. We can really make a difference in our health just by taking a few steps.

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*Age Wave Co-founder Maddy Dychtwald wrote her new book, *Ageless Aging*, 'to clear up misinformation and confusion about how to live better longer.' Image courtesy of Age Wave*

Almost every expert I spoke to said that if there is a silver bullet, it's exercise. And, yes, exercise can be as simple as walking 30 minutes a day, which is a great place to start if you've never exercised before. But, as you so well know, muscle strength begins to decline naturally as we grow older—even as young as in our late 30s—so not only do we want to stop that decline, but we also want to build more muscle strength.

In fact, some experts I spoke to thought that muscle strength should be a new vital sign, like heart rate, weight and blood pressure—that's how important it is. The work that you and ICAA are involved in has incredible ramifications for both our health span and our life span.

CM: *Absolutely. How can your book help readers in this area?*

MD: Cardio needs to be part of the recipe for exercise. Of course, cardio is not enough on its own. Add three 20-minute sessions per week to build muscle strength, which could mean doing downward dog pose in yoga, working out with weights, or using resistance bands.

When I was 40, I tore my ACL [anterior cruciate ligament] skiing, so I started doing pilates for rehab and 34 years later I still practice it. Pilates builds muscle strength, especially core strength; it's also great for flexibility and balance.

Two other things that people often overlook are posture and relaxation, which is an important element of exercise. Some people may be saying, "Oh, yeah, that's something that resonates with me." For others like me, relaxation is hard. So, I've learned to try breathing exercises and to meditate. There are a lot of mechanisms that we can put into play to make our exercise more effective.

As an example, you might want to take a fast walk as a good cardio workout and then decide to walk outside in a park or on a nature trail. Exercise and exposure to

nature are both healthy for you. You might want to walk with a friend as well, adding socialization to your workout. Socialization is important for increasing health span, brain span, and even life span. So this is a great example of stacking your action steps to live better longer.

Advocacy is crucial

CM: *One concept you mentioned in your book is “pre-covery.” We often exercise and sometimes end up injured—that’s just part of life. Can you explain what pre-covery is, and how it could potentially shift the traditional healthcare model?*

MD: I don’t think I came up with the term, but I certainly put it into play in my own life. Pre-covery to me is what you do to prepare for some kind of life event—maybe a surgery, for example—to be able to go through it more successfully. Let me give you a personal example. I was born with hip dysplasia, but it wasn’t diagnosed when I was a kid and so it was never corrected. I’m 74 today and a big exerciser. When I was in my 60s, I started getting unbelievable hip pain and really limping around, so I went to the doctor, got an MRI scan [magnetic resonance imaging], and found out I was “bone on bone” in both hips. I decided to have hip surgery in both my hips at the same time (a lot of people told me that was crazy), but the surgeon couldn’t take me for months. I asked him what I should do in the meantime. And he said, “Get a cane.” Well, I wanted to continue my active lifestyle. Instead of getting a cane, I called up some experts I’ve been lucky enough to interact with professionally at Age Wave—people like Andy Weil, Mark Hyman, Rudy Tanzi, and a lot of cutting-edge physicians and researchers involved in these subjects.

Although I already had a healthy diet and didn’t eat meat, what I learned was that I should eat a more anti-inflammatory diet. That’s cutting out gluten, dairy and, as much as possible, cutting out sugar. By cutting out those three things, and beginning to meditate and even do some affirmations, all the pain in my hips went away within six weeks.



Doing a combination of all these things is what I call pre-covery. Now, when I did the hip surgery, the doctor told me that I’d be in the hospital for a week, and it would take a month to walk with no assistance. I thought, “No, that’s not going to work for me at all.” I really kept up my exercise and did the things I just mentioned, and I was out of the hospital in one night and walking without any assistance within two days.

CM: *Maddy, you did what too few people do: You advocated for yourself. As you think about these emerging trends, will they get fulfilled if we don’t advocate for ourselves—for example, making sure that research includes women?*

MD: The short answer is it’s crucial to advocate for ourselves and for women in general. I think we need to change the narrative about our health and wellness; to realize we are the CEOs and to take charge of our health and healthcare. Now, that doesn’t mean we have all the medical knowledge and expertise at our fingertips. It’s up to us to put together a strong support team. To find physicians and other

practitioners we can rely on—keeping in mind that healthcare wasn’t designed with women in mind.

Women particularly need to advocate for their health regarding menopause, which few people discussed openly until recently. There was this idea that if you had symptoms such as sleep problems or brain fog, they were unpleasant but not necessarily bad for your health. Frankly, that is misinformation. The symptoms we get with perimenopause and menopause can cause real health problems. I would underline the fact that these issues can be health risks; they can cause cognitive decline, heart health issues, and more. Hormone replacement therapy—HT—is often misunderstood due to the flawed Women’s Health Initiative Study. Bioidentical HT can be beneficial for many women, though it’s not for everybody. Seeking out a menopause specialist and considering bioidentical HT can be a positive step in managing health.

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Significance of social connections

CM: Based on your research for *Ageless Aging and the conversations you had, particularly with women, how significant is the role that community and social connections play in maintaining health for older adults?*

MD: From the work we've done at Age Wave to dig deep into consumer attitudes, expectations and behavior, including a tremendous amount of surveying during COVID, we found that social connections are a very important piece of the puzzle in terms of ageless aging, and in terms of living better longer. Most of us have heard that loneliness is the equivalent of smoking

15 cigarettes a day, and the equivalent of never exercising. We need to make sure we are connecting with people and not just in the way you and I are right now—which I love doing. But it's the reaching out and touching someone, getting a hug, and feeling direct communication and eye contact with someone.

I spoke to a psychiatrist at Columbia University who told me there are two kinds of social connections. One kind is *deep and close*, where you're really connecting with family and friends in a meaningful way. There are also *micro social connections*. For example, you go to the grocery store, make eye contact with the cashier, and talk to

that individual for a minute or two. Or you talk to the barista at Starbucks for a minute when you get your morning coffee, and that person gets to know you. These things are both important.

Social connection is also well connected with the idea of purpose. From studies we've done at Age Wave, we've learned that when we ask people about the number one way they feel a sense of purpose, they say it's through their relationships with friends and family.

CM: For a woman who has just lost a spouse or is single, how does she build or rebuild meaningful connections?

MD: Women are more likely to be single as they grow older and may be grieving a loved one, which makes it even more difficult. But making social connections is a high priority for health and well-being. When we're younger—say, going to school or entering the workforce—we have some built-in, easy ways to create relationships. Those avenues aren't as available as we get older.

I spoke to an expert on solo aging, Sara Geber, who suggested that the easiest way for a single older woman to connect with people is to move into a community focused on older adults. That might mean an active-adult community, for example, with all kinds of activities and ways to meet people. [**Ed.** See the "Resources" sidebar for information about Dr. Geber's 2021 *JAA* article on solo agers and what senior living communities need to know.]

Communal living is also a great idea. Remember television's *The Golden Girls*? Let's say, for example, a woman living alone in a big house doesn't want to give up her home because it holds so many good memories, so she invites a few people to come live with her—maybe people she knows, maybe roommates. And they agree they'll have some communal meals and, occasionally, meetings to make sure the household chores are handled. That can create a sense

Resources



Internet

Age Wave
<https://agewave.com>

Blue Zones
<https://www.bluezones.com/>

Maddy Dychtwald
<https://maddydychtwald.com/>

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Book cover: Image courtesy of Maddy Dychtwald



of community. [Ed. Contributing Editor Beth Witrogen wrote about Garden Spot Communities' Thistledown Cooperative Living model in the *JAA* earlier this year. See "Resources" on page 56 for details.]

Another idea is to seek out connections proactively. My sister-in-law moved to San Diego to be near her grandchildren, leaving behind a huge group of friends in Los Angeles. So, she joined a book club and a mahjong group in San Diego, which helped a little. Then she joined a group involved with the church and they had this newcomer's group, allowing her to meet a group of women who were new to the area as well. By being proactive, she has created a large group of social connections that she feels good about.

So, those are a few examples of how you build or rebuild connections. It *is* hard. It takes work. And people who are more introverted might find it more challenging—but getting out of your comfort zone has the added benefit of being good for your brain.

Longevity wisdom

CM: *Are there any specific recommendations or things that you discovered for those with increased longevity? Or that we could learn from that increased longevity?*

MD: A lot of people are familiar with Dan Buettner's work with super-agers and the Blue Zones. Some of the things they talk about in the Blue Zones really seem to hold true. The social connections element, for example, which we just talked about—saying

hi to a neighbor as you go about your day or going to a coffee shop and greeting people you see all the time. These kinds of social connections can have a very positive effect.

[In Blue Zones] some of the super-agers exercised, some did not. Some had a drink every day, as alcohol helped them relieve their stress. Others were complete teetotalers. So, there are a lot of unknowns. This is an area where a lot of research is taking place.

It makes good sense to follow some of the learnings from the Blue Zones. I talk about a lot of the same things in *Ageless Aging*: eating real food, sleeping well, and enjoying time with friends and family. They're part

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of that holistic recipe to help us enjoy life and live better longer.

One final thing: Some brain scientists told me that alcohol, especially regular consumption, kills brain cells. However, when I spoke to a French researcher at the cutting edge of Alzheimer's research, she pushed back and said, "You know, in France, we feel like it's a great idea to have a glass of wine with dinner. It's relaxing. It brings joy to your life." She suggested—and I heard this from many of the scientists I spoke to—that having joy in your life is really going to help you live better longer. I love that!

A better understanding

While women generally live longer than men, their extended life span can come with its own set of challenges. Women may face poverty, poor health, social isolation, and singlehood or solo living in their later years (see the "Living alone" sidebar

below). Research into these issues, particularly for those over age 65, is limited. More information would help us all become more knowledgeable about how to prepare to live better longer and maximize our opportunities in our later years.

The active-aging industry needs to improve its understanding of the issues that older women face today and how these issues influence their health and well-being. To support the expectations of our clients, residents or members effectively, it's essential that we make the effort to grasp the unique passions, challenges, connections, beliefs, health issues, and preferences of older women. That knowledge can guide us in creating environments, programs and marketing strategies that speak directly to women and support them in thriving during their longer lives. 

Colin Milner, CEO and founder of the International Council on Active Aging®, is a lead-

ing authority on the health and well-being of the older adult. The World Economic Forum has recognized Milner as one of "the most innovative and influential minds" in the world on aging-related topics. The award-winning writer and speaker has stimulated business and government leaders, industry professionals and older adults worldwide with his incisive and inspiring perspectives. In 2010, canfitpro [Canadian Fitness Professionals] presented Milner with its Lifetime Achievement Award for his contributions to the Canadian fitness industry.

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Living alone: A challenge that affects more women

In 2022, the United States had 31.9 million women and 25.9 million men aged 65 and older, according to the US Administration on Aging's *2023 Profile of Older Americans*. That's a ratio of 123 women to every 100 men in the 65+ demographic, and 184 women to every 100 men in the 85+ population, in 2022.

Singlehood and living alone can create challenges for men and women in later life. But many more women live alone, often due to a spouse's death or a divorce, which can affect financial wellness as well. Consider the findings below for community-dwelling adults aged 65 and older, according to the *2023 Profile of Older Americans*:

- Roughly 6 in 10 individuals lived with a spouse in 2023, while 3 in 10

lived alone. (Living alone became more common as people aged: At age 75+, 4 in 10 women lived by themselves.)

- Less than half the women (47%) gave married as their marital status in 2023, compared to 68% of their male peers.
- In 2023, about 9 million women (29%) and 2.9 million men (11%) stated they were widowed.
- Divorced or separated/absent-spouse was the marital status of approximately 18% of women and 15% of men in 2023.

Finally, while the 2022 median income for aged 65+ adults was USD\$29,740, men fared better with a median income of \$37,430, while women had a median income of \$24,630. Plus, poverty rates were higher for individuals living alone (17.7%) than for those living with families (6.6%).

For older women navigating these challenges, senior housing/senior living communities and seniors centers can offer vital sources of community and support.

[Ed. Dr. Sara Zeff Geber discusses the role senior living communities can play in the lives of solo agers in a 2021 *Journal on Active Aging*® article. See the "Resources" box on page 56 for details.]

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