GLOBAL WELLNESS INSTITUTE

AGING WELL ACROSS COUNTRIES

GLOBAL PERSPECTIVES ON WHAT MATTERS MOST

GLOBAL WELLNESS INSTITUTE™
AGING WELL INITIATIVE

AGING WELL ACROSS COUNTRIES: GLOBAL PERSPECTIVES ON WHAT MATTERS MOST

EXECUTIVE SUMMARY

Older adults across very different countries shared remarkably similar priorities for Aging Well, although the relative importance of those priorities varied across social, cultural, and economic contexts. In this international study of adults aged 50 and older in Costa Rica, Denmark, Japan, Nigeria, and the United States, respondents described Aging Well as multidimensional and shaped by both personal circumstances and the environments around them. Overall, the findings suggest that supporting Aging Well requires practical, locally responsive approaches that help older adults maintain what matters most and reduce barriers to living well.

KEY TAKEAWAYS

- **Health is foundational, but not the whole story.** Physical and mental health were central across countries, but respondents also emphasized independence, emotional wellbeing, financial security, connection, purpose, spirituality or religion, cognitive health, joy, and supportive environments.
- **Independence in daily life was closely tied to wellbeing.** Respondents with greater independence across daily tasks, transportation, health care decisions, and financial resources and who lived in their preferred environment were more likely to report higher life satisfaction and lower loneliness and mental distress.
- **Aging Well includes joy, purpose, and continuing to live fully.** Emotional wellbeing, joy and satisfaction, purpose, growth, mentoring, and community engagement all helped broaden the picture of Aging Well beyond health and practical needs alone.
- **Connection mattered, but it was not one-size-fits-all.** Family, friends, community participation, intergenerational relationships, and reliable support each offered different pathways for belonging and engagement, and their importance varied across countries.
- **Financial security shaped whether Aging Well felt possible.** Financial insecurity was one of the most reported pressures affecting respondents' ability to Age Well and was closely linked to lower life satisfaction, higher loneliness, and higher mental distress.
- **Spirituality or religion played a distinct, context-dependent role.** It was not central for everyone, but it was especially important in Nigeria and Costa Rica, where many respondents described it as a source of meaning, emotional support, and regular practice.
- **Supportive environments helped make Aging Well possible.** Access to health care and needed resources, safe communities, and respect for older adults shaped whether later life felt manageable and supported.

For organizations and communities, the findings suggest that Aging Well happens when people have the health, resources, relationships, choices, and environments needed to participate in daily life. Effective strategies should combine individual supports with changes to programs, services, and community conditions while staying responsive to local contexts.

WHY AGING WELL ACROSS COUNTRIES MATTERS

Living longer is one of the most important global achievements of the past century. Global life expectancy has risen substantially, reaching about 72–73 years in the early 2020s and reshaping demographic patterns worldwide (Institute for Health Metrics and Evaluation, 2024; United Nations Department of Economic and Social Affairs Population Division, 2022). By 2030, one in six people globally will be age 60 or older, and by 2050, this group is projected to more than double to 2.1 billion (United Nations Department of Economic and Social Affairs Population Division, 2022; World Health Organization, 2025). The population of adults aged 80 and older is also projected to triple by mid-century, reaching approximately 426 million (United Nations Department of Economic and Social Affairs Population Division, 2022).

Population aging is accelerating in many regions where support systems are still evolving, and two-thirds of the world's older population is projected to live in these regions by 2050 (World Health Organization, 2025). This demographic shift creates both challenges and opportunities: By better understanding what older adults need to Age Well, communities and organizations can support the conditions that allow them to continue contributing accumulated knowledge, social capital, economic participation, community leadership, and care for family members and others (Crane et al., 2022; Jugran, 2025; Woods et al., 2021).

To better understand how Aging Well is shaped by different social and cultural contexts, Mather Institute conducted an international study in five countries: Costa Rica, Denmark, Japan, Nigeria, and the United States. These countries were selected because they offer different perspectives on later life, including differences in population aging, cultural values, family and community structures, health care and long-term care systems, and economic conditions (see Table 1).

BY 2030, ONE IN SIX PEOPLE GLOBALLY WILL BE AGE 60 OR OLDER, AND BY 2050, THIS GROUP IS PROJECTED TO MORE THAN DOUBLE TO 2.1 BILLION.

TABLE 1. COUNTRY CONTEXTS FOR UNDERSTANDING AGING WELL

COUNTRY	COUNTRY CONTEXT AND RELEVANCE
COSTA RICA	Central American context with a rapidly aging population, universal health care, emerging long-term care options, and continued reliance on family-based care (AARP, 2018; Matus-Lopez et al., 2022).
DENMARK	High-trust welfare context with universal health care, strong public long-term care, and aging policies that emphasize independence, self-reliance, and quality of everyday life (Rostgaard & Graff, 2017; Stuart & Weinrich, 2001; United Nations Economic Commission for Europe, 2019).
JAPAN	One of the world's most rapidly aging societies, with long-standing attention to healthy aging, aging in place, community-based programming, and the balance between family-based and formal care systems (Akiyama, 2020; Costantini, 2021; Iwagami & Tamiya, 2019).
NIGERIA	African context with one of the region's largest older adult populations, in which family interdependence, community life, and spirituality or religion often play important roles in later life (Mbam et al., 2022; Okigbo et al., 2025; Oyinlola et al., 2023).
UNITED STATES	Diverse, individualistic context in which independence, cognitive health, purpose, and meaningful connection are especially salient concerns for later life (Delgadillo et al., 2022; Jopp et al., 2015; Minkler & Fadem, 2002; Rowe & Kahn, 1997, 2015).

This study explored two core questions:

1. How do adults aged 50 and older in these countries define Aging Well?
2. Which individual, social, cultural, and contextual factors shape these definitions?

HOW THE STUDY WAS CONDUCTED

From August to October 2025, Mather Institute conducted an online survey with adults aged 50 and older in Costa Rica, Denmark, Japan, Nigeria, and the United States. These countries were selected because they offer contrasting perspectives on later life, reflecting differences in cultural values, family and community structures, health care and long-term care systems, and economic conditions. The study explored how respondents define Aging Well, which priorities matter most to them, and how those views relate to wellbeing, daily life, and the broader conditions that shape later life.

A total of 4,397 adults aged 50 to 98 participated, with an average age of 63.8. Approximately 1,000 people from each country took part in the survey, except for Costa Rica, where the smaller population size was reflected in the smaller sample (United States: n = 1,000, Denmark: n = 1,000, Japan: n = 1,000, Nigeria: n = 1,001, and Costa Rica: n = 396). To help make the

results more representative, responses were adjusted using data weights to better match the age and gender distribution of adults aged 50+ in each country. Because the number of respondents varied across countries, the global results were calculated so that each country contributed equally to the overall findings. Respondent characteristics are shown in Table 2.

TABLE 2. RESPONDENT CHARACTERISTICS BY COUNTRY

	UNITED STATES (*N* = 1,000)	DENMARK (*N* = 1,000)	JAPAN (*N* = 1,000)	NIGERIA (*N* = 1,001)	COSTA RICA (*N* = 396)
AGE					
50–59	34%	33%	29%	53%	40%
60–69	36%	29%	24%	30%	33%
70 or better	30%	38%	47%	17%	27%
GENDER					
Male	46%	48%	47%	49%	47%
Female	54%	52%	53%	51%	53%
EDUCATION					
No formal education	0%	0.8%	0%	0%	0.9%
Primary education	1%	12%	3%	3%	11%
Secondary education (high school diploma)	15%	8%	27%	9%	16%
Some college	18%	13%	2%	7%	10%
Technical school	7%	18%	10%	9%	13%
Associate degree	14%	19%	8%	10%	10%
Bachelor's degree	27%	20%	45%	40%	28%
Graduate/postgraduate degree	18%	9%	5%	22%	11%
EMPLOYMENT					
Retired	47%	56%	32%	29%	45%
Working full time	28%	28%	32%	50%	26%
Working part time	13%	11%	13%	17%	17%
Not retired but not working	12%	5%	23%	4%	12%
GEOGRAPHICAL LOCATION					
Rural	25%	22%	12%	9%	17%
Urban	23%	57%	39%	67%	71%
Suburban	52%	21%	49%	24%	12%

Note: Percentages are based on survey results that were weighted by age and gender.

Surveys were administered in English in the United States and Nigeria and professionally translated for Costa Rica, Japan, and Denmark. Respondents ranked the Aging Well priorities that mattered most to them and described, in their own words, what Aging Well means. They also answered questions about their health and wellbeing, experiences, finances, independence, relationships, and the environments they live in.

Results are presented as overall patterns and trends across the five countries. Differences between countries should be interpreted with caution, as people in different cultures may use response scales differently. Because the survey was administered online, adults with limited internet access or lower digital literacy may be underrepresented, which may mean the findings understate some barriers faced by more digitally disconnected older adults. The survey also captured a single point in time, so the findings show associations between factors but do not prove that one causes another. More information about the methods is provided in the Appendix.

GLOBAL FINDINGS: A MULTIDIMENSIONAL VIEW OF AGING WELL

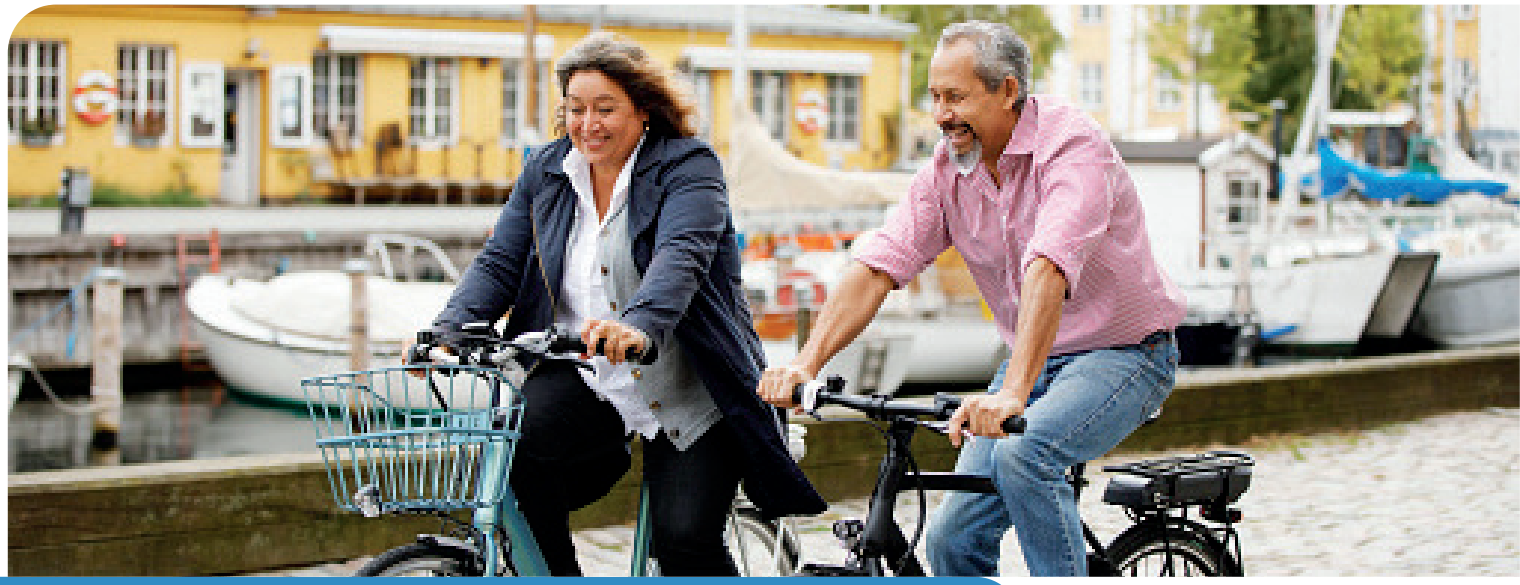
Aging Well is often thought of in terms of health, independence, and physical functioning (Rowe & Kahn, 1997, 2015). Over time, however, both research and the experiences of older adults have shown that Aging Well encompasses much more. It also includes emotional wellbeing, financial security, relationships, purpose, spirituality or religion, safety, access to resources, and the ability to participate in daily life in meaningful ways (Depp & Jeste, 2006; Foster & Walker, 2015; Katz & Calasanti, 2015; Rodrigues et al., 2023; Teater & Chonody, 2020; Waddell et al., 2024).

Building on this broader understanding, the Age Well framework used in this study asked respondents to identify what mattered most to them across 15 domains of later life (see Table 3).



TABLE 3. WHAT THE AGE WELL DOMAINS MEAN

ASPECTS OF AGING	WHAT THIS MEANS
Achieving financial security	Having enough financial resources to meet one's needs
Being able to adapt to challenges	Being resilient when facing change or difficulty
Being spiritual or religious	Drawing on spiritual or religious beliefs or practices
Contributing to one's community	Participating in or giving back to the community
Continuing to learn and grow throughout one's life	Pursuing new knowledge, experiences, and personal growth
Creating a legacy	Having an impact on future generations
Experiencing a sense of joy or satisfaction in life	Feeling happy, fulfilled, and satisfied with life
Having access to services and spaces that make aging easier	Being able to use supports, services, and environments that help with aging
Having a sense of purpose	Having meaning, direction, and reasons to engage in life
Having good mental health	Experiencing emotional wellbeing, including not feeling anxious or depressed
Having strong family and social relationships	Maintaining meaningful connection with family, friends, and others
Living in an area that is safe and has needed resources	Having access to grocery stores, transportation, doctors, and other community resources
Maintaining cognitive health	Preserving memory, thinking, and other cognitive abilities
Maintaining independence and autonomy	Being able to make decisions and manage one's own life
Maintaining physical health	Preserving physical health, function, and wellbeing



WHAT ARE YOUR TOP FIVE PRIORITIES FOR AGING WELL?

Survey respondents were asked:

Please select and rank the five most important aspects of Aging Well to you personally. Rank your selections from first most important to fifth most important and leave the others unranked.

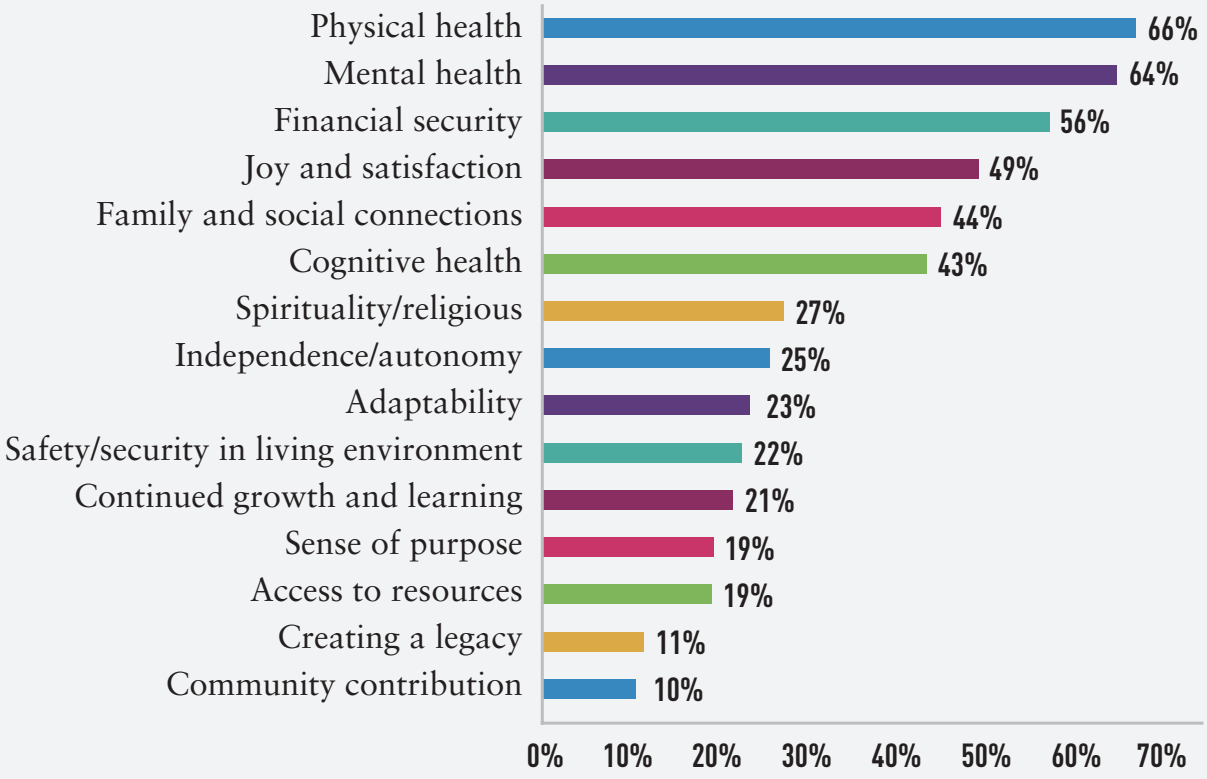
Before reviewing the results, which five would you select?

TOP AGING WELL PRIORITIES

The 15 domains provided a broad way to examine how older adults define Aging Well across different countries and contexts. Across the five countries, **physical health** was the most commonly selected priority, chosen by 66% of respondents. **Mental health** followed closely at 64%, reinforcing that Aging Well involves emotional balance, peace of mind, and psychological wellbeing. **Financial security** ranked third, selected by 56% of respondents, showing that practical stability is also central to what it means to Age Well across countries.

Beyond these top three priorities, respondents also frequently selected **joy and satisfaction** (49%), **family and social connections** (44%), and **cognitive health** (43%). Older adults did not define Aging Well simply as avoiding illness or decline; they also emphasized staying mentally sharp, feeling connected, maintaining stability, and continuing to experience enjoyment and meaning in daily life (see Figure 1).

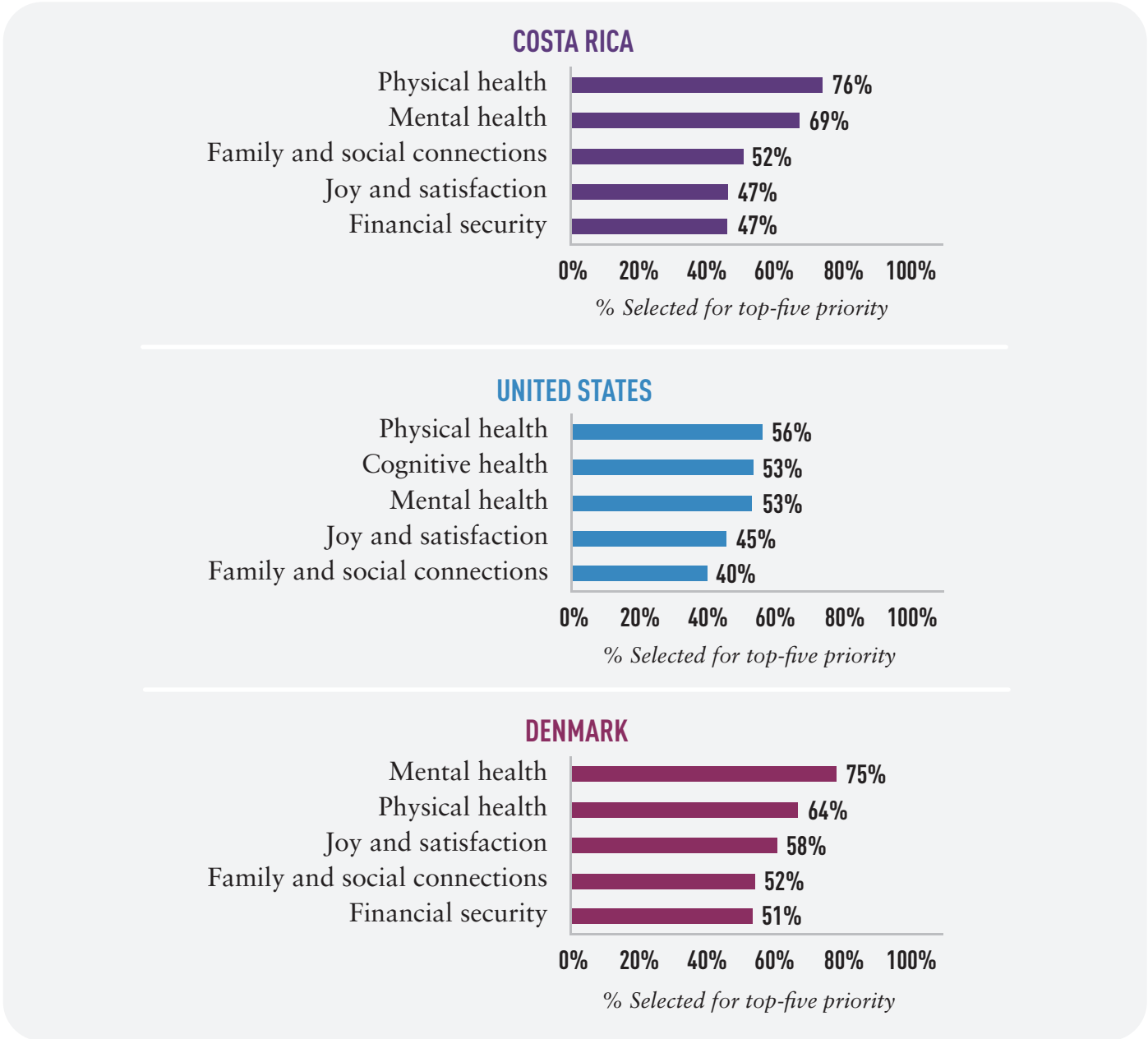
FIGURE 1. GLOBAL PRIORITIES FOR AGING WELL

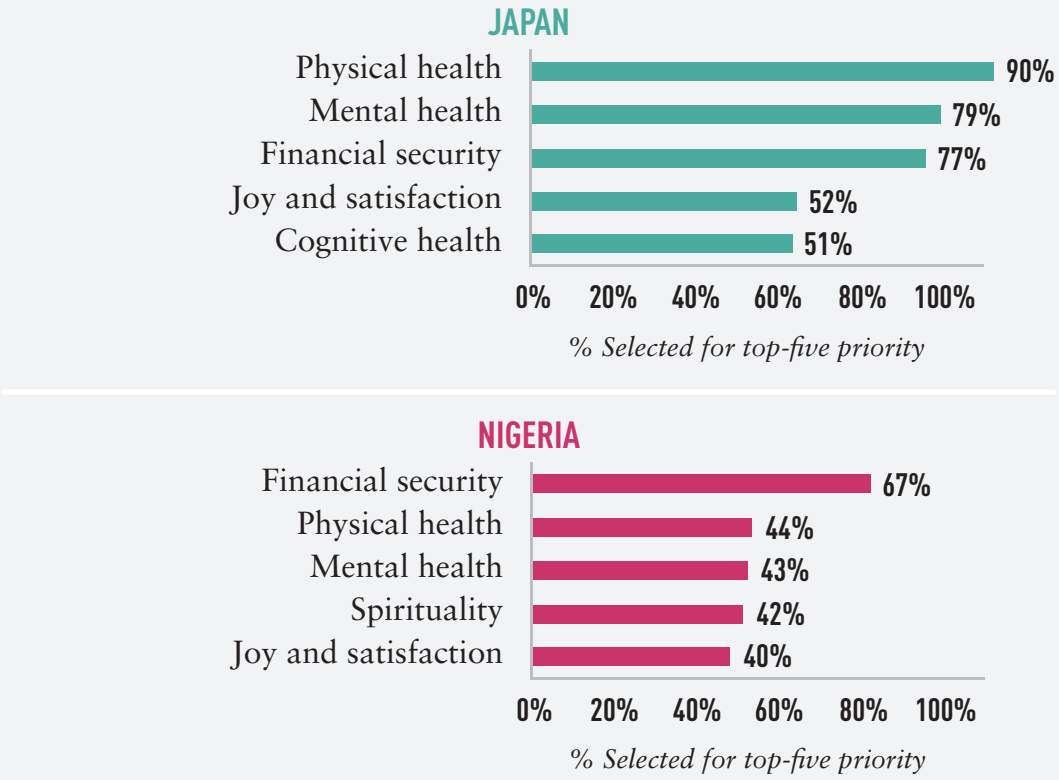


HOW AGE WELL PRIORITIES DIFFER BY COUNTRY

Although the global results point to a shared foundation for Aging Well, country-level patterns reveal important differences. Figure 2 shows the percentage selecting each domain among their top five priorities, while Appendix B shows the percentage ranking each domain as their single highest priority. Overall, the first-place results reinforced the broader pattern: physical health ranked first most often in Costa Rica, Denmark, Japan, and the United States, while financial security ranked first most often in Nigeria. These patterns were reflected differently within each country.

FIGURE 2. TOP FIVE AGING WELL PRIORITIES BY COUNTRY





In **Costa Rica**, Aging Well was most closely associated with physical and mental health. Physical health was selected by 76% of respondents as a top five priority, followed by mental health at 69%. Family and social connections also ranked prominently (52%), suggesting a view of Aging Well that brings together health, emotional wellbeing, relationships, and quality of life. Physical health was also most frequently ranked as respondents' single highest priority (27%; see Appendix B).

In **Denmark, mental health was the domain most frequently selected among respondents' top five priorities (75%)**. It was followed by physical health (64%), joy and satisfaction (58%), family and social connections (52%), and financial security (51%). However, physical health was most frequently ranked as respondents' single highest priority (25%; see Appendix B). Together, these findings suggest that both physical and psychological wellbeing were central to how Danish respondents understood Aging Well.

In **Japan, physical health was the domain most frequently included among respondents' top five priorities, selected by nearly 9 in 10 respondents (90%)**. Mental health (79%) and financial security (77%) also ranked highly, followed by joy and satisfaction (52%) and cognitive health (51%). Physical health was also the dominant first-place priority, ranked first by 61% of respondents—substantially more than in any other country (see Appendix B).

In **Nigeria, financial security was the domain most frequently selected among respondents' top five priorities (67%)**. Physical health (44%) and mental health (43%) followed, while spirituality

or religion (42%) also appeared among the five most frequently selected domains. Nigeria was the only country in which spirituality or religion entered the top five, suggesting that Aging Well was understood not only in terms of practical stability and health but also in terms of spiritual or religious grounding. Financial security was also most frequently ranked as respondents' single highest priority (25%; see Appendix B).

In the **United States**, physical health was most frequently selected among respondents' top five priorities (56%), followed closely by cognitive health (53%) and mental health (53%). Joy and satisfaction (45%) and family and social connections (40%) completed the top five, with financial security close behind at 40%. Physical health was also most frequently ranked as respondents' single highest priority (19%; see Appendix B). **The relatively high top five selection of cognitive health** suggests that maintaining cognitive sharpness may hold particular importance in how US respondents define Aging Well.

These country-level differences should be interpreted within each country's broader policy, accessibility, health care, and support-system contexts. Standout patterns may reflect not only individual priorities or experiences but also the services, accommodations, and social supports available to older adults in each setting.

FINDING 1: HEALTH IS FOUNDATIONAL, BUT NOT THE WHOLE STORY

Physical health was one of the clearest and most consistent priorities for Aging Well across countries. However, the findings also show that Aging Well is about more than being healthy. For many respondents, health was important because it helped them stay engaged, connected, and able to live in ways that matter to them.

Globally, 73% of respondents rated their health as good, very good, or excellent. Positive self-rated health was closely linked to broader well-being: Respondents with good or better health were more likely to report high life satisfaction than those with fair or poor health (77% vs. 39%) and less likely to report higher loneliness (28% vs. 47%) or higher mental distress (28% vs. 46%).

The health findings point to a practical theme: Health mattered most when it shaped what people could do in daily life. Patterns in life satisfaction by health and lifestyle characteristics are shown in Figure 3.

- **Daily life limitations mattered more than illness alone.** Respondents without illness were most likely to report high life satisfaction (72%), followed closely by respondents who had an illness that did not limit daily life (68%). In contrast, respondents with an illness that limited daily life were less likely to report high life satisfaction (51%). Among respondents with illness, those with daily life limitations were also more likely than those without limitations to report higher mental distress (47% vs. 27%) or higher loneliness (43% vs. 30%).

- **Healthy habits were closely tied to wellbeing.** Respondents with good sleep quality were more likely to report high life satisfaction than those with lower sleep quality (82% vs. 51%). Similar patterns appeared for healthy eating (76% vs. 47%) and regular physical activity (76% vs. 54%).

- **Physical limitations varied across countries.** Globally, 30% of respondents said physical health limitations had a strong or high impact on their ability to Age Well. **This was highest in Costa Rica (50%)** and Nigeria (44%), followed by Denmark (26%), the United States (22%), and Japan (21%). Physical health limitations were one of the more commonly reported challenges to Aging Well across the study, reinforcing the importance of health in daily life.

The clearest pattern appeared when these behaviors were considered together. In this study, healthy habits included physical activity, healthy eating, sleep quality, checkups or screenings, and medication or chronic condition management. **Respondents with four to five healthy habits were more than twice as likely to report high life satisfaction as those with zero to one healthy habit (82% vs. 36%)**. They were also less likely to report higher loneliness (25% vs. 51%) or higher mental distress (27% vs. 42%). In addition, 87% of those with four to five healthy habits reported good, very good, or excellent health, compared with 52% of those with zero to one healthy habit (see Figure 4).



FIGURE 3. HIGH LIFE SATISFACTION BY HEALTH BEHAVIOR AND CONDITION

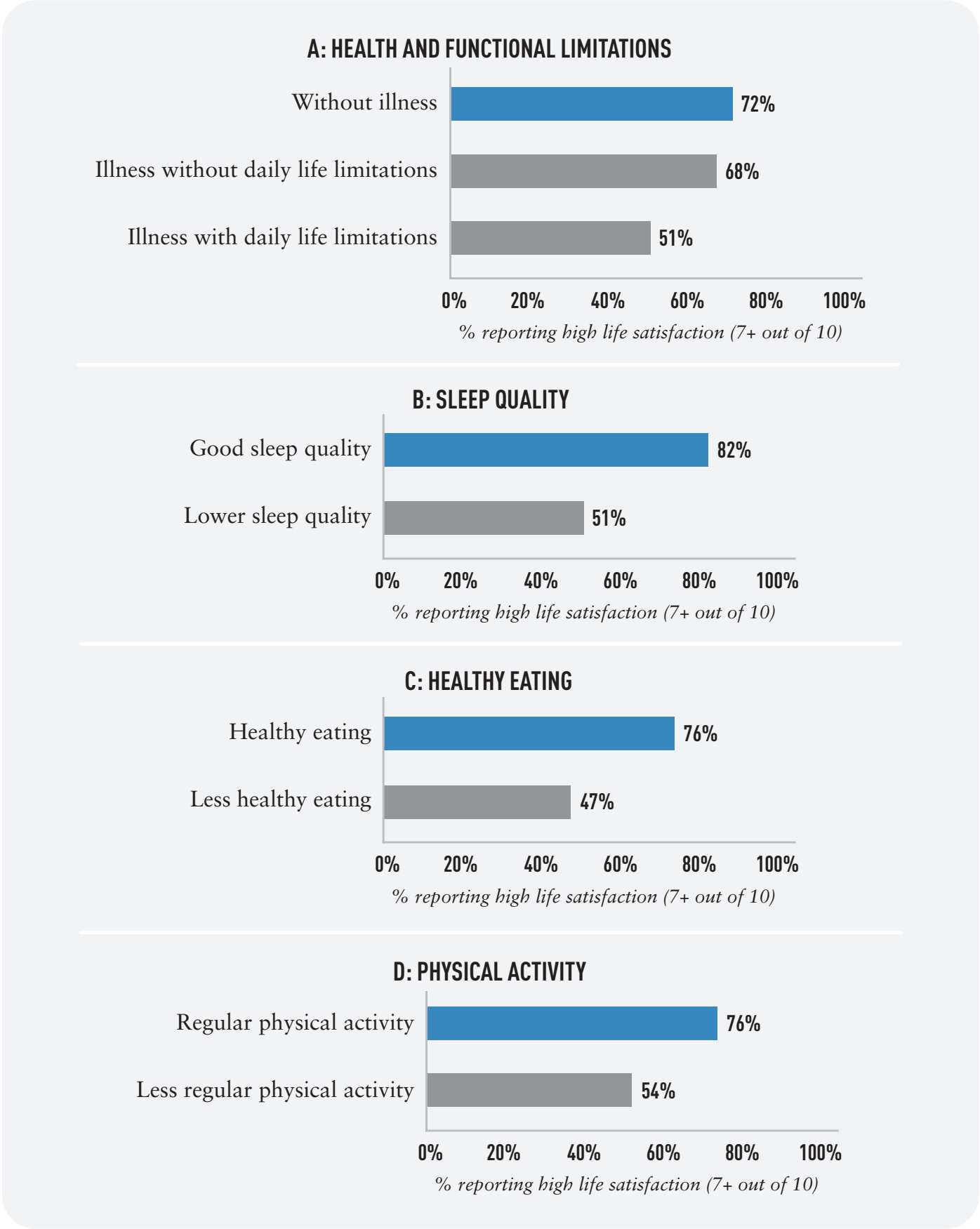
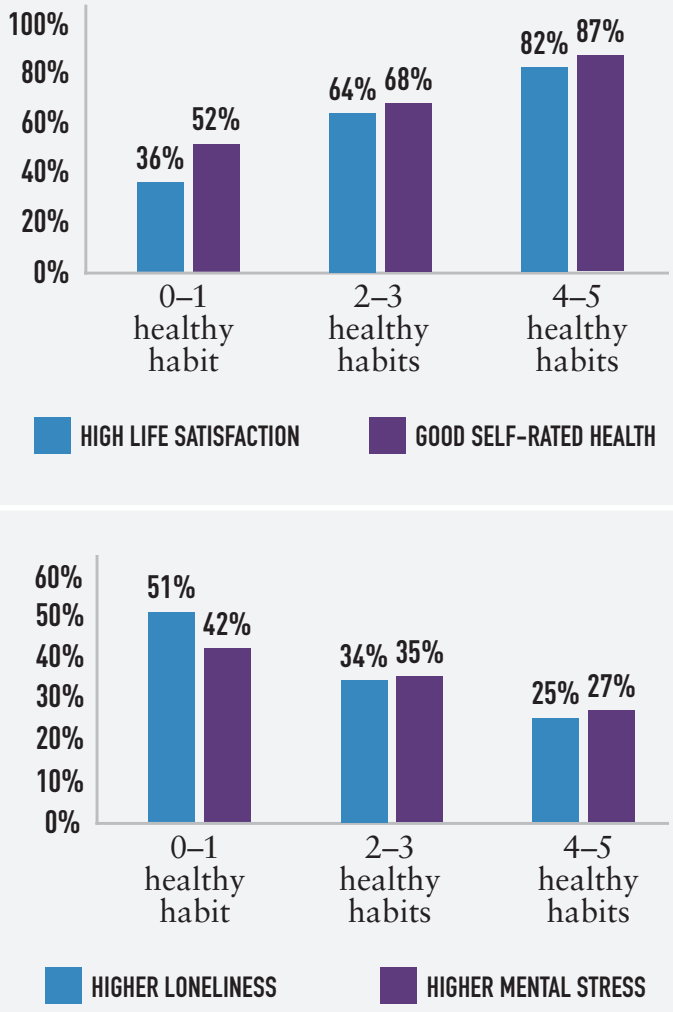


FIGURE 4. WELLBEING BY NUMBER OF HEALTHY HABITS



IN RESPONDENTS' OWN WORDS

The open-ended responses reinforce the central role of health while showing how respondents connected it to independence, peace of mind, purpose, connection, financial security, and meaningful activity. (Note: Quotes are illustrative examples and do not indicate how common particular themes were among respondents.)

Health, independence, and peace of mind:

"Being content, having what you need, [being] able to access needed services, being healthy and independent, having sufficient finances to meet needs, and in general, enjoying the peace of one's sunset years."

— United States



Health, purpose, and contribution:

"Aging Well can be ascribed to the quality-of-life journey relative to contentment, fulfilment of purpose to good health, peace of mind, value to the family and society at large, and hope of a good account to your creator."

— *Nigeria*

Health, security, and relationships:

"To age peacefully without serious injuries or illnesses, with sufficient finances, good relationships, and no threats to one's life, dignity, or safety."

— *Japan*

Health, purpose, and social connection:

"Embracing the passing of the years after 60 by maintaining a healthy diet, an exercise plan, preventative medicine, good social relationships, a purpose in life, and emotional stability."

— *Costa Rica*

Health, joy, and continued engagement:

"For me, aging well means that I can maintain my joy of life, health, and independence for as long as possible. It's about having the energy to do the things I love, being socially active, taking care of my body and mind, and at the same time, accepting the changes that naturally come with age."

— *Denmark*

FINDING 2: AGING WELL MEANS MAINTAINING INDEPENDENCE IN DAILY LIFE

Health is clearly one part of Aging Well. For many older adults, its importance may stem not only from how it feels but from the freedom it provides to remain independent and engaged in daily life. In this study, daily independence was measured using five survey items selected to reflect common dimensions of independence identified in aging literature: being able to live in one's own or preferred environment, manage daily tasks, make health care decisions, have sufficient financial resources, and get where one needs to go. Respondents were also asked whether they felt able to accomplish the things they set out to do, which captured a broader sense of agency.

Daily independence was connected to wellbeing in several concrete ways:

- **High independence was common across most areas of daily life.** Approximately 8 in 10 respondents reported high independence in making health care decisions (80%), followed by getting where they need to go (77%), managing daily tasks (76%), and living in their own or preferred environment (71%). Respondents were least likely to report high independence in having sufficient financial resources, although a majority still did (60%) (see Figure 5).

- **Independence in managing daily tasks was associated with wellbeing.** Respondents with high independence in managing daily tasks were more likely to report high life satisfaction than those with lower or moderate independence (74% vs. 47%). They were also more likely to report good or better health (73% vs. 60%) and less likely to report higher loneliness (30% vs. 44%) or higher mental distress (28% vs. 49%) (see Figure 6).

- **Independence was tied to wellbeing across multiple areas of life.** High independence in



financial resources was associated with one of the largest differences in life satisfaction (80% vs. 48%). Similar differences appeared for transportation (73% vs. 46%), managing daily tasks (74% vs. 47%), making health care decisions (72% vs. 48%), and living in one's own or preferred environment (73% vs. 51%).

- **Agency added another perspective.** About two-thirds of respondents felt highly able to accomplish the things they set out to do (67%). Respondents who felt highly able to accomplish what they set out to do were much more likely to report high life satisfaction than those who felt less able to do so (81% vs. 40%). They were also less likely to report higher loneliness (24% vs. 51%) or higher mental distress (25% vs. 48%) and more likely to report good, very good, or excellent health (84% vs. 51%).

- **Cognitive health was also viewed as important to maintaining independence.** Nine in 10 respondents (90%) said cognitive health contributes quite a bit or a great deal to Aging Well, and 43% selected it among their top five Aging Well priorities. Cognitive sharpness can support everyday activities such as making decisions, managing routines, navigating health care, and continuing to act independently.

Levels of independence varied across countries. The United States had the highest share of respondents reporting high independence in four to five areas (83%). Nigeria, Costa Rica, and Denmark were closely grouped, at 65%, 65%, and 64%, respectively. Japan was lower, at 48%. Japan's lower percentage may partly reflect its older population structure and cultural understanding of independence that place greater emphasis on interdependence and relational harmony than on individual self-sufficiency (Kitayama et al., 2010; National Institute of Population and Social Security Research, 2023). However, the study did not directly assess the factors underlying this difference, so these explanations should be considered possibilities rather than conclusions.

FIGURE 5. HIGH INDEPENDENCE ACROSS DAILY LIFE AREAS

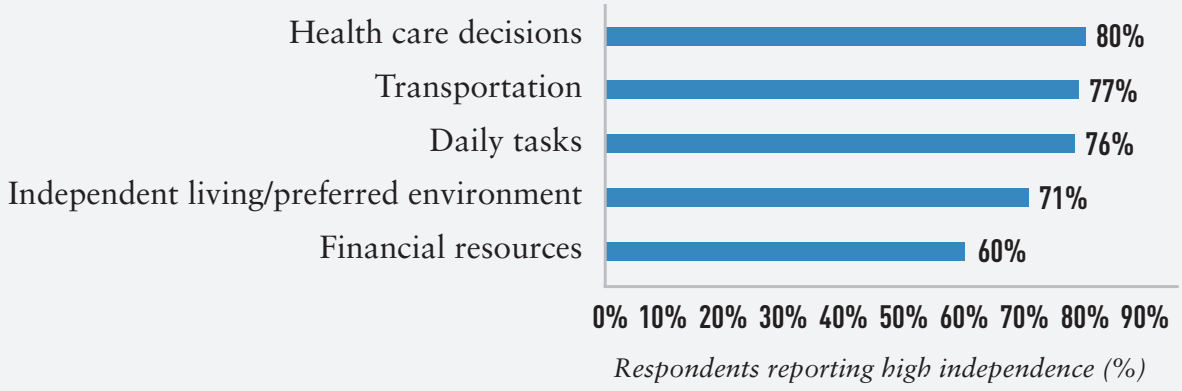
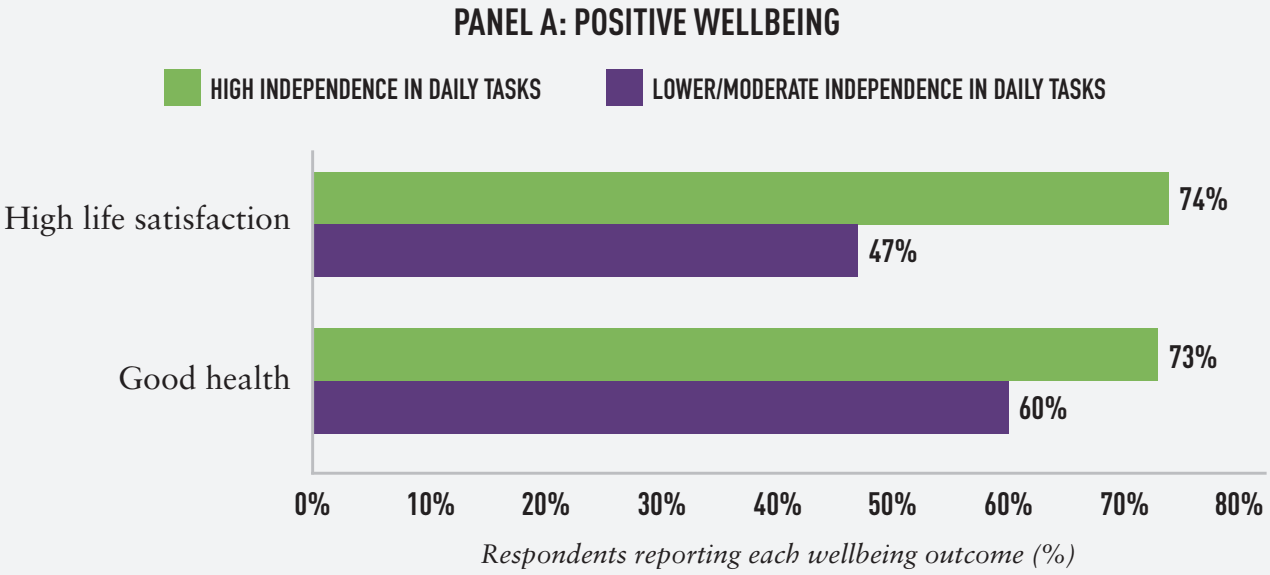
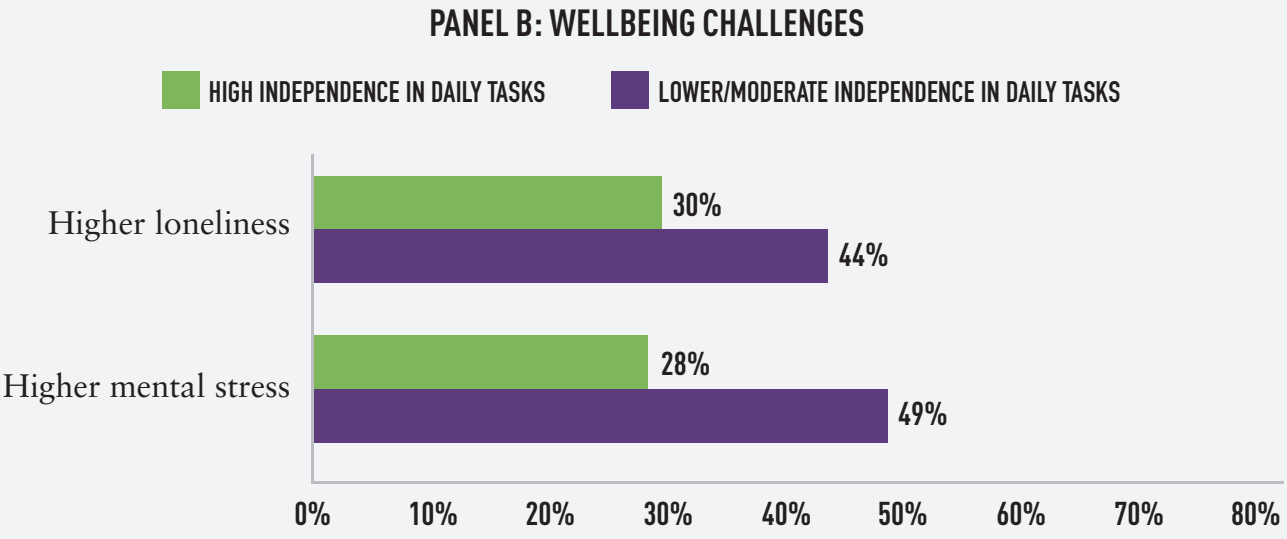


FIGURE 6. WELLBEING BY INDEPENDENCE IN MANAGING DAILY TASKS





COUNTRY SPOTLIGHT: UNITED STATES

The United States illustrates how Aging Well can be closely tied to independence and the ability to manage everyday life. US respondents reported the highest share of high independence across four to five daily life areas (83%). They also reported high independence in several specific areas: making health care decisions (93%), managing daily tasks (91%), getting where they need to go (88%), living in their own or preferred environment (88%), and having sufficient financial resources (71%).

This pattern was also reflected in respondents' broader sense of agency. High life satisfaction was reported by 78% of U.S. respondents who felt highly able to accomplish the things they set out to do, compared with 30% of those who felt somewhat or less able to do so. Open-ended responses also reflected this practical view of independence. One respondent described Aging Well as:

> ***"Living independently, in good health, with sufficient financial resources to cover living expenses, and retaining full use of one's brain and faculties."***

FINDING 3: AGING WELL INCLUDES EMOTIONAL WELLBEING, JOY, PURPOSE, AND CONTINUING TO LIVE FULLY

Mental health was one of the most widely endorsed parts of Aging Well. Globally, 89% of respondents said mental health contributes quite a bit or a great deal to Aging Well, and 64% selected it among their top five Aging Well priorities.

Respondents also placed substantial value on several aspects of living fully in later life. When asked whether each domain contributes "quite a bit" or "a great deal" to Aging Well, joy and satisfaction stood out most clearly: 86% endorsed this domain, and 49% selected it among their top five priorities. Purpose and continued growth were also widely valued, with 80% saying purpose contributes strongly and 76% saying the same about continuing to learn and grow. Legacy and community contribution were less universally endorsed but still mattered to about half of respondents globally (see Figure 7).

Several patterns stood out:

- **Lower emotional distress was closely tied to wellbeing.** Respondents with lower mental distress were much more likely to report high life satisfaction than those with higher mental distress (78% vs. 45%). They were also less likely to report higher loneliness (20% vs. 59%) and somewhat more likely to report good, very good, or excellent health (78% vs. 63%).

- **Emotion management and peaceful aging were both closely linked to wellbeing.** Respondents who reported high ability to manage their emotions were more likely to report high life satisfaction than those with lower or moderate emotion management (80% vs. 49%). They were also less likely to report higher loneliness (24% vs. 47%) and more likely to report good or better health (83% vs. 58%). Respondents with a high sense of aging peacefully showed a similar pattern: 80% reported high life satisfaction, compared with 45% of those with a lower or moderate sense of aging peacefully. They were also less likely to report higher loneliness (25% vs. 47%) and more likely to report good or better health (81% vs. 59%).

- **Joy and satisfaction showed one of the strongest relationships with wellbeing.** Respondents who said joy or satisfaction contributes strongly to Aging Well were more likely to report high life satisfaction than those who rated it as a lower or moderate contributor (71% vs. 44%).

- **Growth and continued learning reflected another way of remaining engaged with life.** Across the factors shown in Figure 8, the comparison is between respondents reporting stronger experiences in each area and those reporting lower or moderate experiences. Respondents who strongly believed that people can continue learning as they age were more likely to report high life satisfaction than those with a lower or moderate belief in continued learning (70% vs. 45%) and less likely to report higher loneliness (31% vs. 50%). Similarly, respondents with a strong interest in growth or learning were more likely to report high life satisfaction than those with a lower or moderate interest (72% vs. 55%).

- **Purpose, legacy, community engagement, and mentoring reflected different ways of staying meaningfully involved.** Respondents who reported high enjoyment of mentoring or sharing knowledge were more likely to report high life satisfaction than those with lower or moderate enjoyment of mentoring (79% vs. 57%). Those with high community or volunteer engagement were also more likely to report high life satisfaction (81% vs. 62%) and less likely to report higher loneliness (27% vs. 35%).

RESPONDENTS WHO SAID JOY OR SATISFACTION CONTRIBUTES STRONGLY TO AGING WELL WERE MORE LIKELY TO REPORT HIGH LIFE SATISFACTION THAN THOSE WHO RATED IT AS A LOWER OR MODERATE CONTRIBUTOR (71% VS. 44%).

FIGURE 7. HOW JOY, PURPOSE, GROWTH, AND CONTRIBUTION FIT INTO AGING WELL

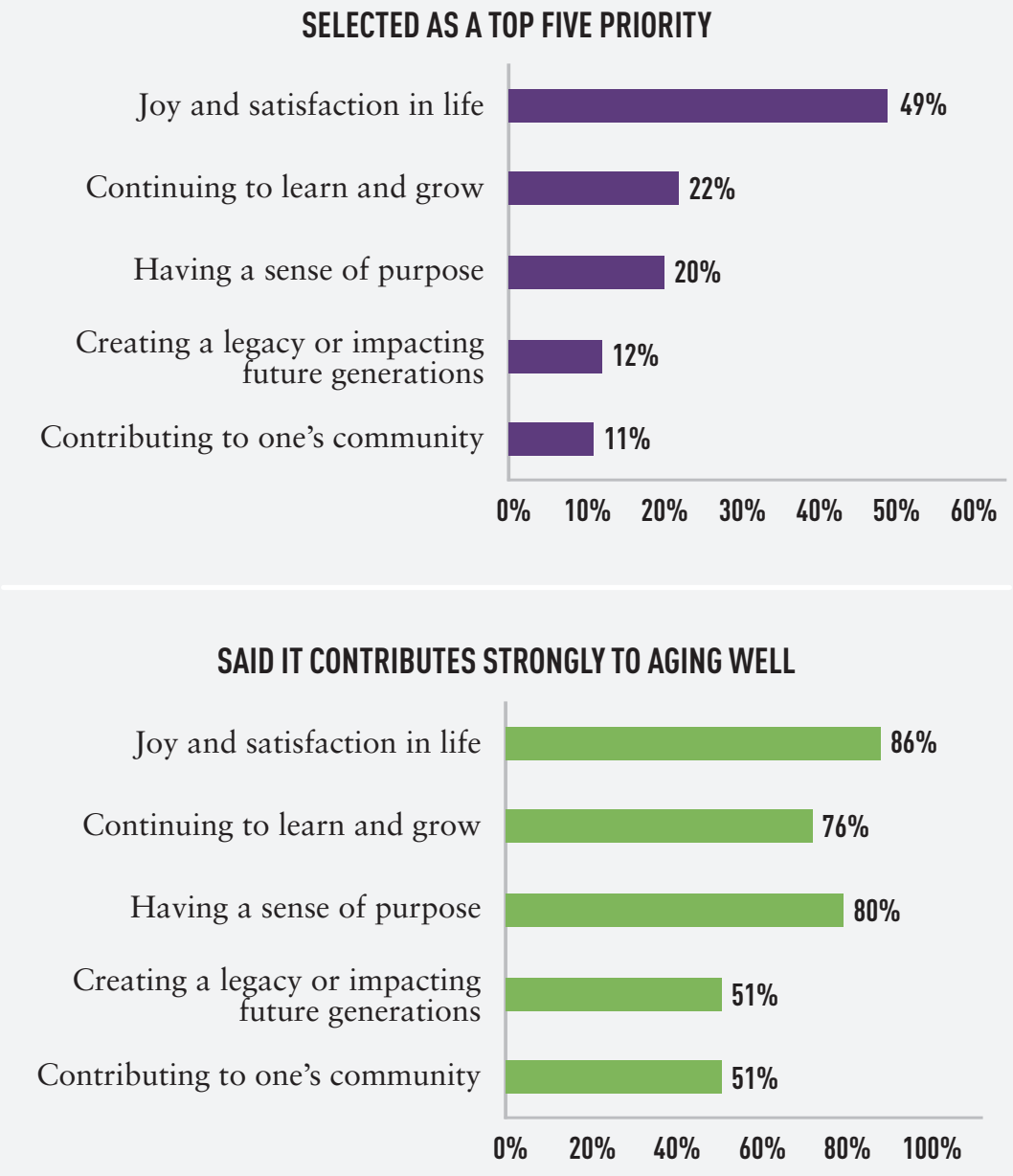
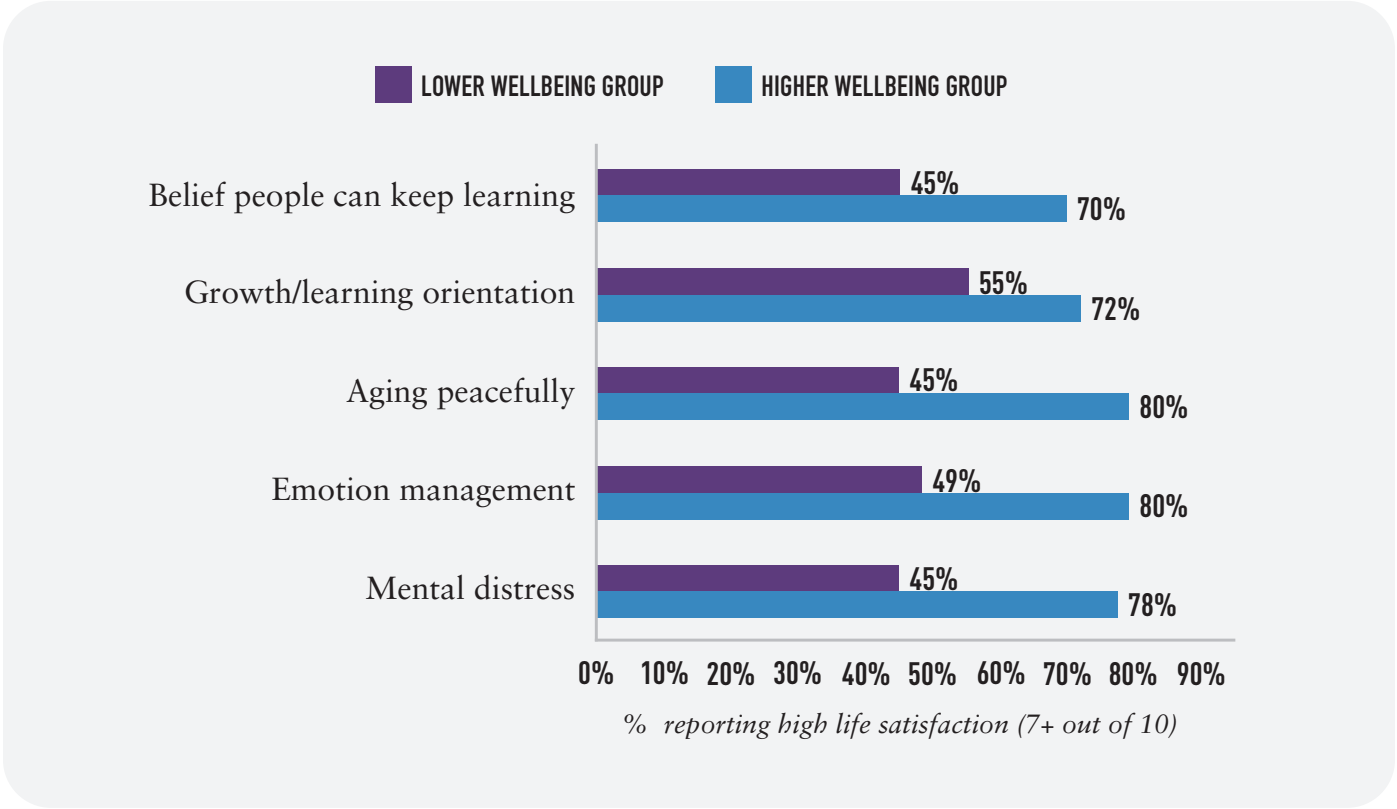


FIGURE 8. HIGH LIFE SATISFACTION BY EMOTIONAL WELLBEING AND LIVING FULLY FACTORS





COUNTRY SPOTLIGHT: DENMARK

Denmark stood out as the only country in which mental health ranked as the top Aging Well priority. Three-quarters of Danish respondents (75%) selected it among their top five Aging Well priorities, and 89% said it contributes quite a bit or a great deal to Aging Well.

This emphasis was also reflected in broader wellbeing measures. Among Danish respondents with a high sense of aging peacefully, 82% reported high life satisfaction, and only 17% reported higher loneliness. Open-ended responses also reflected this emphasis on peace, perspective, gratitude, and continued engagement with life. One respondent described Aging Well as:

> *"To Age Well is to have peace of mind and gratitude. To look back on life with a smile and look forward to what the future holds."*

FINDING 4: CONNECTION MATTERS, BUT IT LOOKS DIFFERENT ACROSS COUNTRIES

Connection was widely viewed as an important part of Aging Well, but it does not look the same everywhere. Family relationships, friendships, community participation, and intergenerational connections all played a role, though their importance and expression varied across contexts.

Globally, 81% of respondents said that strong family and social relationships contribute quite a bit or a great deal to Aging Well, and 44% selected them among their top five Aging Well priorities.

Connection showed up through different relationships, settings, and sources of support:

- **The importance placed on relationships varied across countries.** Across countries, the percentage reporting that family and social relationships contribute quite a bit or a great deal to Aging Well ranged from 65% in Japan to 93% in Nigeria. Relationships were selected among the top five Aging Well priorities by about half of respondents in Costa Rica and Denmark (52% each), compared with 41% in Japan, 40% in the United States, and 36% in Nigeria.

- **Social contact took different forms across countries.** Two-thirds of respondents spent time with family often or very often (67%), while fewer frequently spent time with friends (36%) or participated in community or volunteer activities (26%) (see Figure 9). **Nigeria and Costa Rica were above the global average across all three forms of connection. Japan was below the global average**, particularly

for time with friends and community participation, while Denmark and the United States showed more mixed patterns.

- **Frequent social participation was associated with stronger wellbeing.** Respondents who spent time with friends often or very often were more likely to report high life satisfaction than those with less frequent friend contact (83% vs. 58%) and less likely to report higher loneliness (20% vs. 41%). Frequent community or volunteer participation showed a similar pattern, with higher life satisfaction (81% vs. 62%) and lower loneliness (21% vs. 38%). At the same time, social isolation and loneliness remained an important challenge. **Globally, 22% of respondents said social isolation or loneliness had a strong or high impact on their ability to Age Well.**

- **Intergenerational connection was widely valued.** Eight in 10 respondents agreed that being connected to people from different generations is important as people grow older (80%), and 85% agreed that older and younger adults have valuable things to learn from one another. Agreement was high across countries, suggesting that exchange across generations was broadly viewed as part of Aging Well.

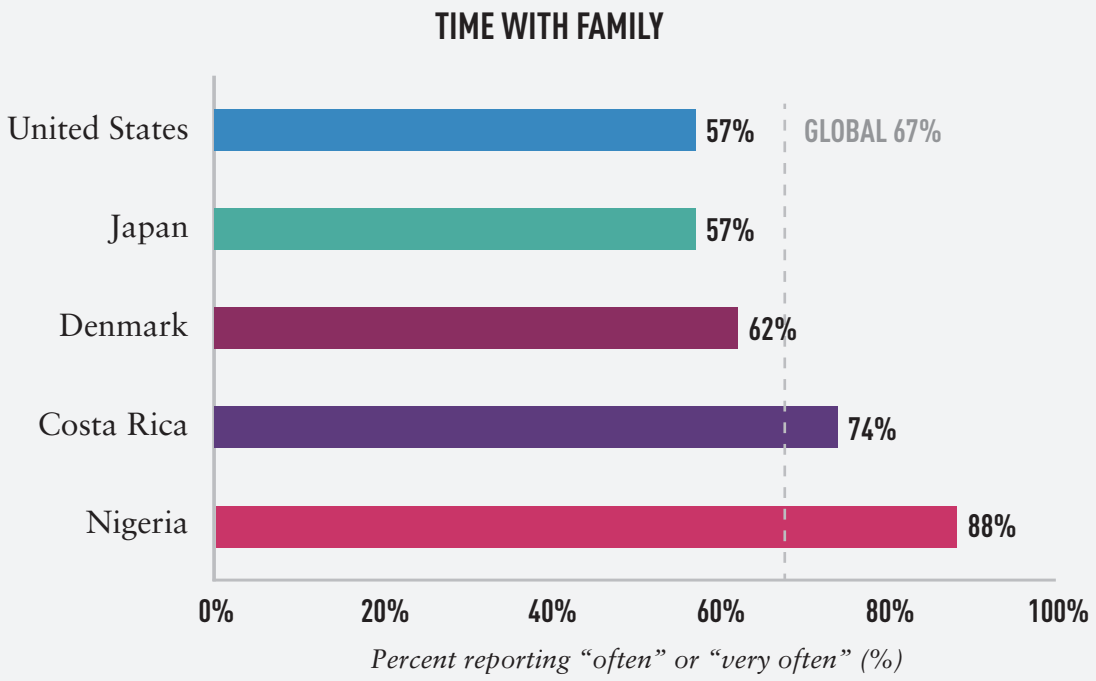
- **Family support was common but not universal.** Seven in 10 respondents reported having family they could rely on for support if needed as they aged (70%). Living arrangements also varied: Living with family was especially common in Nigeria (64%) and Costa Rica

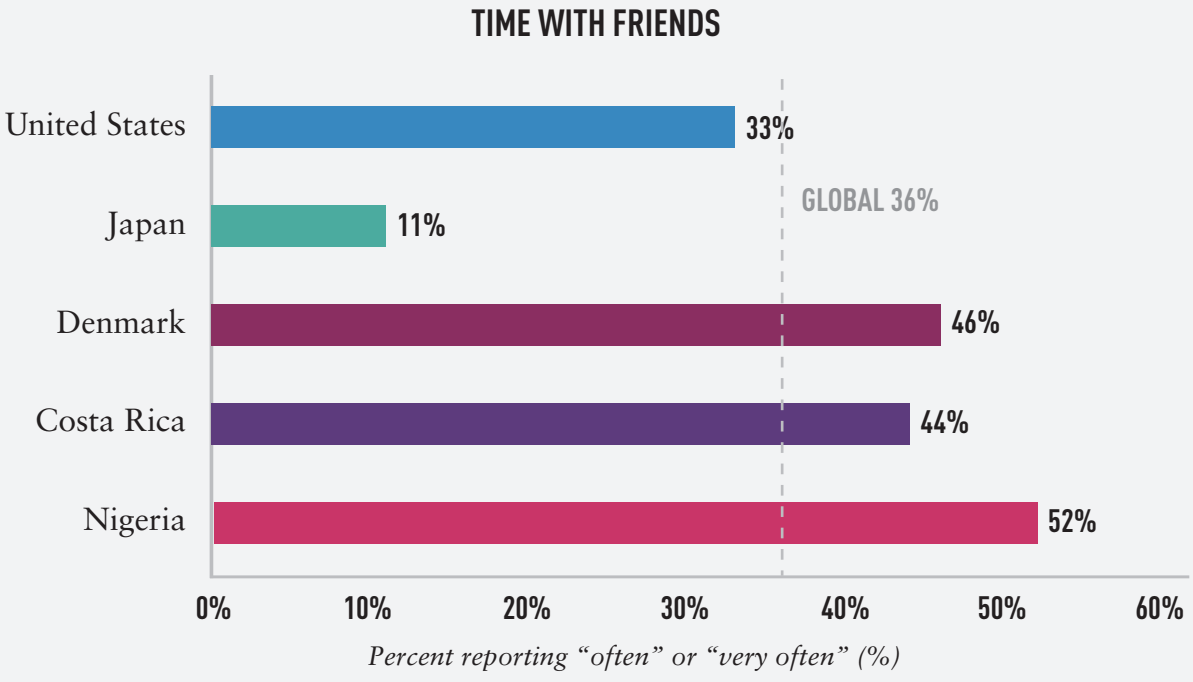


(46%), while living alone was more common in Denmark and the United States (31% each), compared with 22% in Japan.

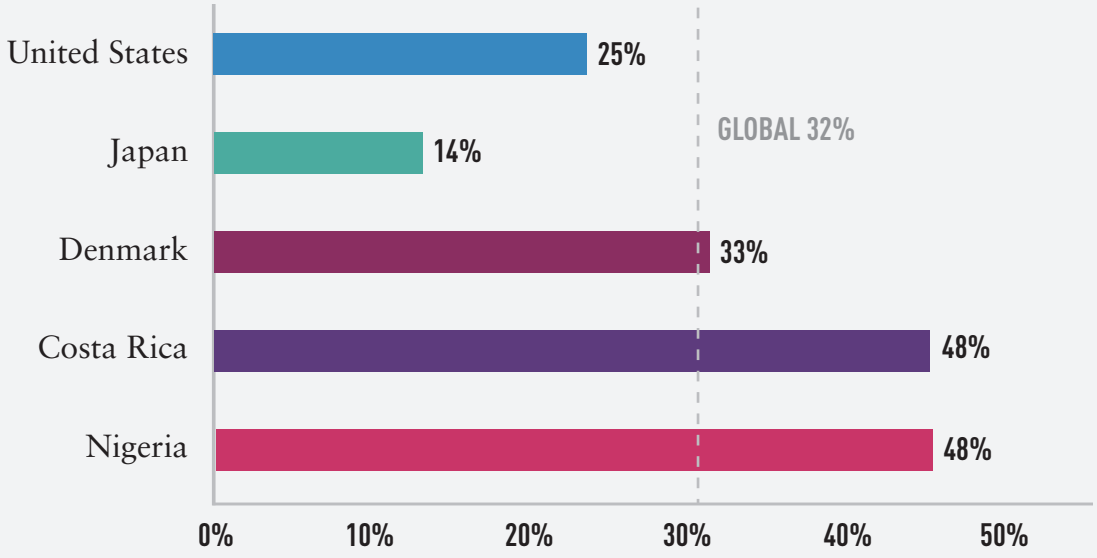
- **Living alone was associated with higher loneliness.** Respondents who lived alone were more likely to report higher loneliness than those who lived with others (41% vs. 30%). Those without family support, or who were unsure whether support was available, also reported somewhat higher loneliness than those with family they could rely on (36% vs. 31%). Together, these patterns suggest that living arrangements and reliable support both matter for understanding loneliness in later life.

FIGURE 9. HOW FREQUENTLY OLDER ADULTS CONNECT ACROSS SOCIAL SETTINGS



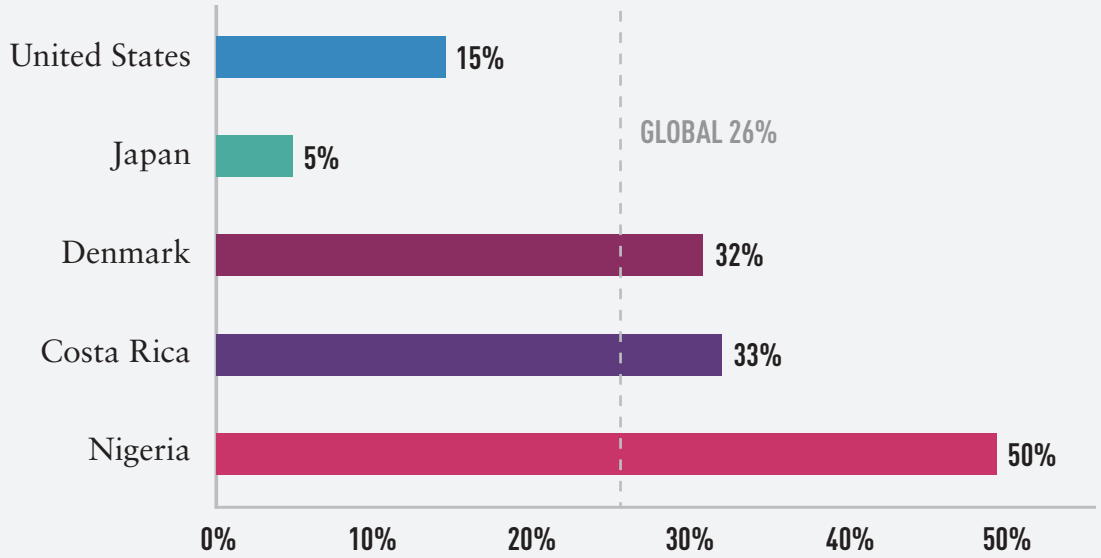


TIME WITH OLDER PEOPLE



Percent reporting "often" or "very often" (%)

COMMUNITY / VOLUNTEERING



Percent reporting "often" or "very often" (%)

COUNTRY SPOTLIGHT: COSTA RICA

Costa Rica offers a clear example of connection extending across several parts of social life. Nearly 9 in 10 respondents in Costa Rica said that strong family and social relationships contribute quite a bit or a great deal to Aging Well (89%), and 52% placed relationships among their top five priorities—one of the highest levels across the five countries.

Costa Rican respondents reported more frequent social contact than the global average in several areas. Nearly three-quarters spent time with family often or very often (74%, compared with 67% globally). Frequent time with friends was reported by 44%, compared with 36% globally, while 33% frequently participated in community or volunteer activities, compared with 26% globally. Costa Rica was also above the global average for frequent contact with younger people (45% vs. 38%) and older people (48% vs. 32%).

Costa Rican respondents also placed considerable value on relationships across generations: 79% agreed that being connected to people from different generations is important as people grow older, and 86% agreed that younger and older adults have valuable things to learn from one another.

One Costa Rican respondent explained:

> ***"Cultivating social and family relationships, because support and companionship strengthen your wellbeing."***

FINDING 5: FINANCIAL SECURITY SHAPES WHETHER AGING WELL FEELS POSSIBLE

Financial security emerged as one of the clearest shared priorities for Aging Well. Globally, 80% of respondents said it contributes quite a bit or a great deal, more than half placed it among their top five priorities (56%), and 13% ranked it first.

At the same time, respondents' financial circumstances varied considerably. Just over half were able to make ends meet easily or very easily (53%), while only 35% reported having enough retirement savings. Together, these measures suggest that some respondents felt able to manage current expenses but were less confident about their longer-term financial preparedness. **More than one-third said financial insecurity had a strong or high impact on their ability to Age Well (37%).**

The financial findings point to three related pressures: day-to-day affordability, retirement preparedness, and the broader strain of financial insecurity:

- **Day-to-day financial strain was closely tied to wellbeing.** High life satisfaction was highest among those who could make ends meet easily or very easily (82%), lower among those experiencing some difficulty (58%), and lowest among those experiencing difficulty or great difficulty (32%; see Figure 10, which shows the percentage reporting high life satisfaction within each financial group). Respondents who could make ends meet easily or very easily were also less likely to report higher loneliness or mental distress and more likely to report good or better health.

- **Retirement preparedness added another layer.** Respondents who reported having enough retirement savings were more likely to report high life satisfaction than those with limited or inadequate savings (86% vs. 57%). They were also less likely to report higher loneliness (20% vs. 40%) or higher mental distress (23% vs. 38%) and more likely to report good, very good, or excellent health (84% vs. 67%).

- **Financial insecurity was a substantial pressure on Aging Well.** Globally, 37% of respondents said financial insecurity had a strong or high impact on their ability to Age Well. Among this group, higher loneliness and higher mental distress were nearly twice as common among those reporting less impact from financial insecurity (49% vs. 24% for loneliness; 46% vs. 25% for mental distress). High life satisfaction was also less common (55% vs. 74%).

- **The impact of financial insecurity varied across countries.** Financial insecurity was most likely to have a strong or high impact in Nigeria (54%) and Costa Rica (48%). It was reported by about one-third of respondents in Japan (33%) and the United States (32%) and by one-quarter in Denmark (25%). As shown in Figure 11, these patterns should be read with direction in mind: Higher percentages indicate greater strain for financial difficulty and insecurity but greater preparedness for retirement savings.

GLOBALLY, 37% OF RESPONDENTS SAID FINANCIAL INSECURITY HAD A STRONG OR HIGH IMPACT ON THEIR ABILITY TO AGE WELL.

FIGURE 10. HIGH LIFE SATISFACTION BY LEVEL OF FINANCIAL DIFFICULTY

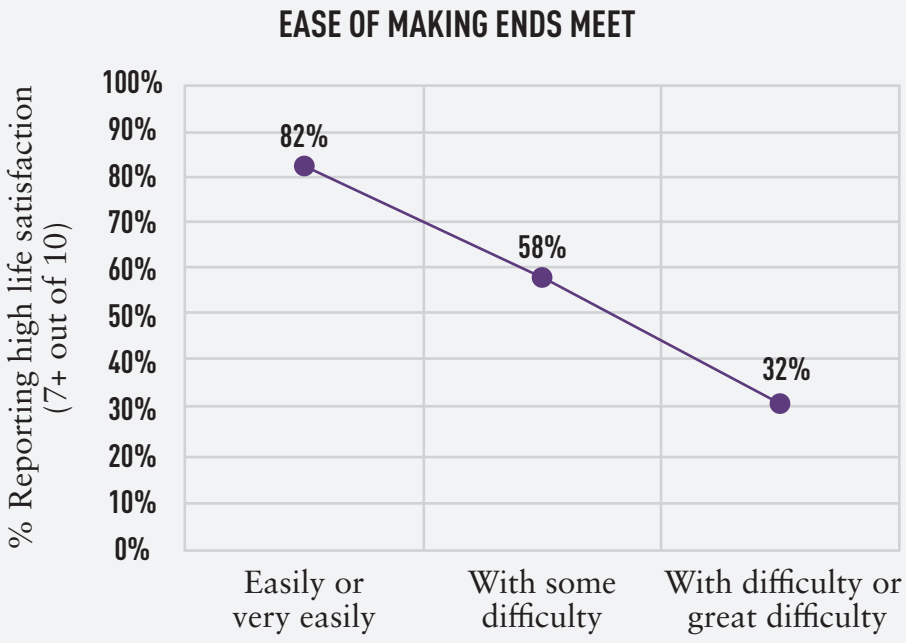
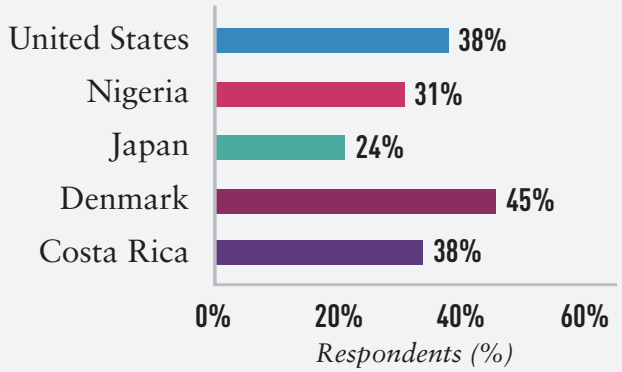


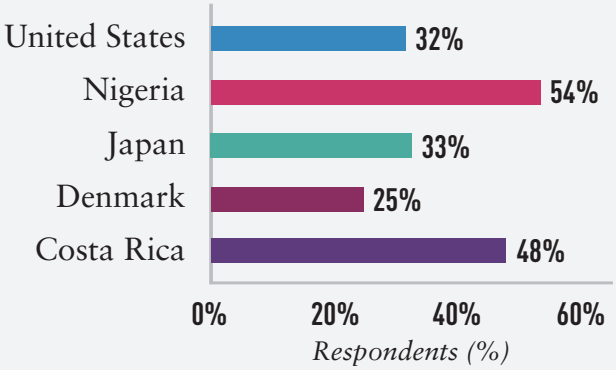


FIGURE 11. FINANCIAL SECURITY AND STRAIN ACROSS COUNTRIES

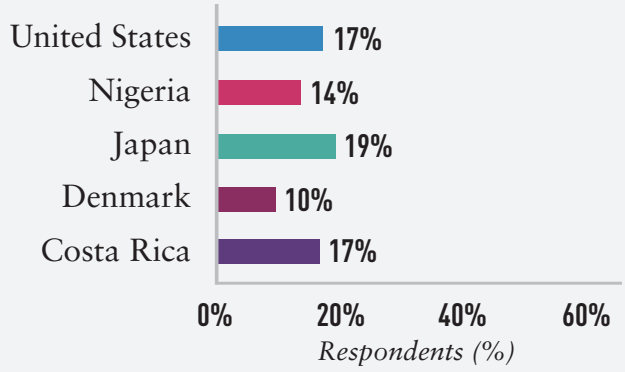
HAS ENOUGH RETIREMENT SAVINGS



FINANCIAL INSECURITY HAS A STRONG OR HIGH IMPACT ON AGING WELL



MAKING ENDS MEET WITH DIFFICULTY OR GREAT DIFFICULTY



COUNTRY SPOTLIGHT: JAPAN

Financial security stood out in how respondents in Japan described Aging Well. More than three-quarters said that achieving financial security contributes quite a bit or a great deal to Aging Well (78%), and Japan had the highest share selecting financial security among their top five priorities (77%).

This strong emphasis appeared alongside more limited confidence in retirement preparedness. Only 24% of respondents in Japan reported having enough savings for retirement, the lowest percentage across the five countries. In addition, 19% reported making ends meet with difficulty or great difficulty, and 33% said financial insecurity had a strong or high impact on their ability to Age Well.

Consistent with the above findings, one Japanese respondent described Aging Well as:

> ***"Being mentally and physically comfortable, financially independent, and living a peaceful life."***

These findings reflect how respondents viewed their own financial preparedness and should be understood within Japan's broader retirement context, including how pensions, benefits, and personal or workplace savings support later life.

FINDING 6: SPIRITUALITY OR RELIGION PLAYS A DISTINCT ROLE IN AGING WELL ACROSS COUNTRIES

Spirituality or religion played a meaningful but more context-dependent role in Aging Well. Globally, 46% of respondents said spirituality or religion contributes quite a bit or a great deal to Aging Well. About one-quarter selected it among their top five Aging Well priorities (26%), and 8% ranked it first. **These findings suggest that spirituality or religion is not a universal priority in the same way as health or financial security, but it remains a meaningful source of purpose, support, and regular practice for many older adults.**

Spirituality or religion stood out in three main ways:

- **The importance of spirituality or religion varied sharply by country.** Spirituality or religion was most often rated as a strong contributor to Aging Well in Nigeria (74%) and Costa Rica (73%), followed by the United States (53%). Endorsement was much lower in Denmark (27%) and Japan (22%). A similar pattern appeared in the priority rankings:

Spirituality or religion was selected among the top five Aging Well priorities by 42% of respondents in Nigeria, 33% in Costa Rica, and 33% in the United States, compared with 19% in Denmark and 8% in Japan.

- **Spirituality or religion was expressed through meaning, emotional support, and regular practice.** Globally, 52% agreed that spirituality or religion helps them find meaning and purpose, 56% said it provides emotional support during difficult times, and 45% reported regularly engaging in spiritual or religious practices such as prayer, meditation, or attendance at services. These experiences were most common in Nigeria and Costa Rica and least common in Denmark and Japan, mirroring the broader country-level differences in how spirituality or religion fit into Aging Well (see Figure 12).

- **Regular spiritual or religious practice was associated with stronger positive wellbeing.** Respondents who agreed or strongly agreed that they regularly engaged in spiritual or religious practices were more likely to report high life satisfaction than those who engaged less regularly (75% vs. 61%). They were also more likely to report good, very good, or excellent health (86% vs. 63%) (see Figure 13). Patterns were less consistent for loneliness and mental distress.



FIGURE 12. HOW SPIRITUALITY AND RELIGION ARE EXPERIENCED ACROSS COUNTRIES

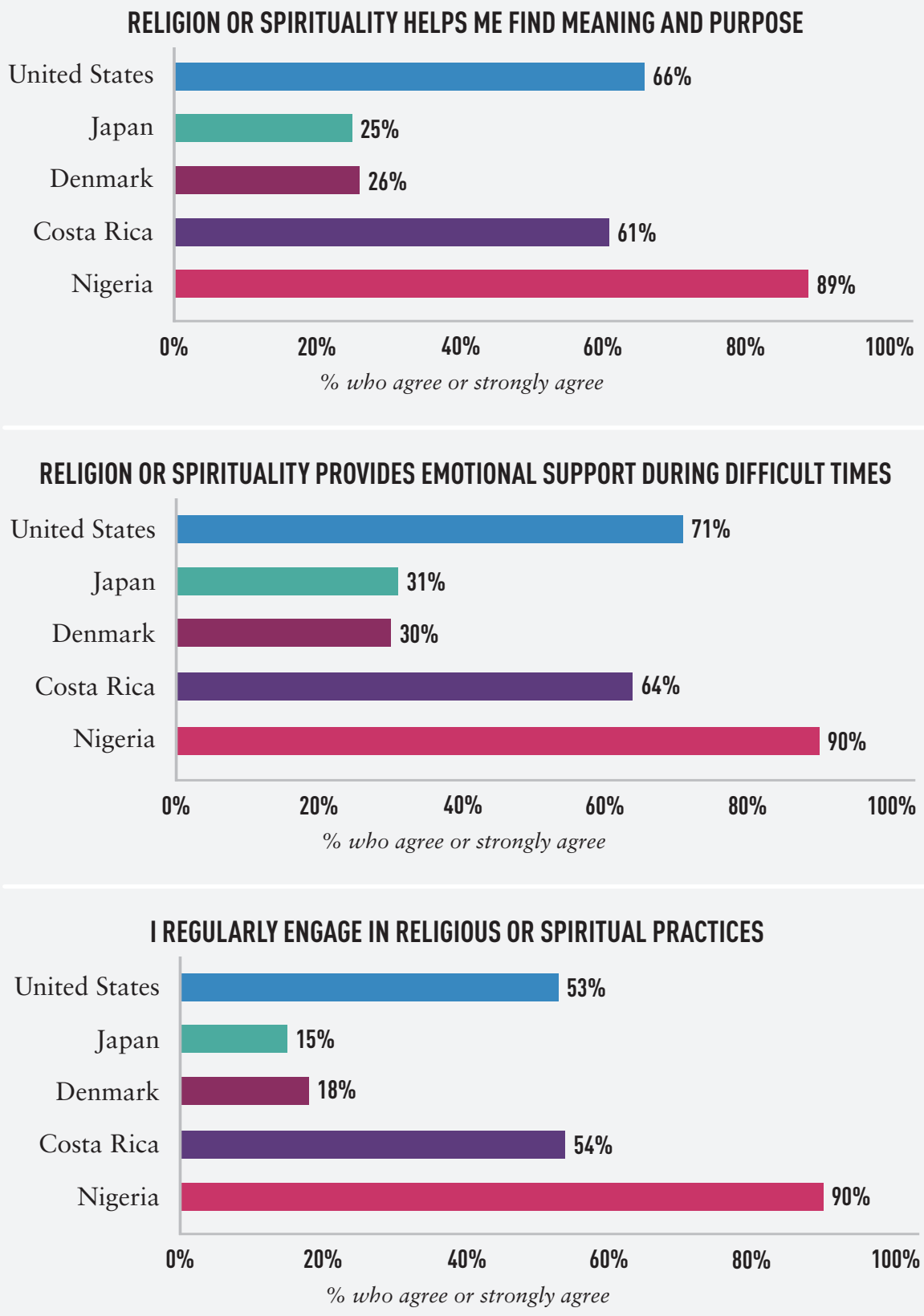
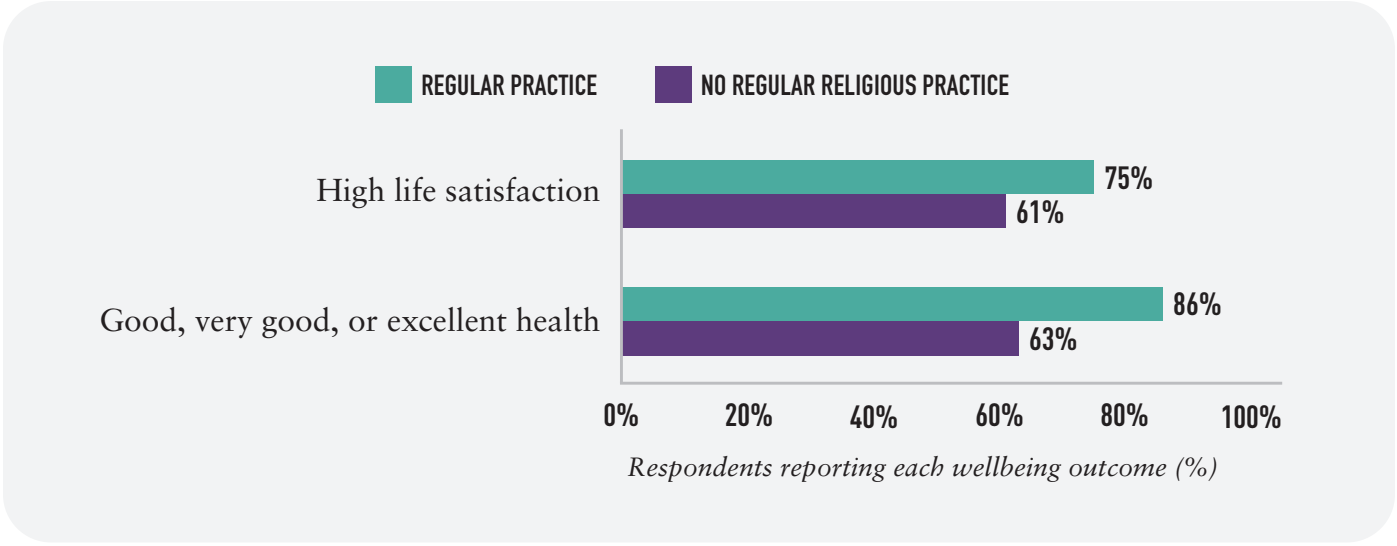


FIGURE 13. WELLBEING BY REGULAR SPIRITUAL OR RELIGIOUS PRACTICE



Respondents reporting each wellbeing outcome (%)



COUNTRY SPOTLIGHT: NIGERIA

Nigeria offers a clear example of spirituality and faith as a central part of Aging Well. Nearly three-quarters of respondents said spirituality or faith contributes quite a bit or a great deal to Aging Well (74%), and 42% selected it among their top five Aging Well priorities.

Spirituality was also reflected in several aspects of respondents' lives. Most Nigerian respondents agreed that religion or spirituality helps them find meaning and purpose (89%), provides emotional support during difficult times (90%), and is part of their regular religious or spiritual practice (89%). These percentages were substantially higher than the global levels of 52%, 56%, and 45%, respectively.

Consistent with this pattern, one Nigerian respondent described Aging Well as having:

> ***"Aging comfortably without disturbance. Good finance, good health like no sickness, stress etc. Resilient etc. Contribute to Community etc."***

FINDING 7: AGING WELL DEPENDS ON SUPPORTIVE AND ACCESSIBLE SOCIETIES

Aging Well also depends on the broader conditions in which people age. Respondents' views of Aging Well were shaped by personal circumstances and by broader social conditions, including whether older adults felt valued and whether communities provided safe environments, accessible services, and appropriate support.

Globally, more than three-quarters of respondents said that having access to services and needed resources (77%) and living in a safe area with needed resources (78%) contribute quite a bit or a great deal to Aging Well. These dimensions were selected less often among respondents' top five priorities—18% selected access to services and 22% selected safety and needed resources. This suggests that supportive environments may function less as stand-alone priorities and more as conditions that help make other aspects of Aging Well possible.

These broader conditions mattered because they could either support Aging Well or make health, independence, connection, and wellbeing harder to sustain:

- **Whether older adults felt valued and respected varied widely across countries.** Globally, 56% agreed or strongly agreed that older adults are valued and respected in their society. **Agreement was highest in Nigeria (89%)**, followed by Costa Rica (59%), the United States (54%), and Denmark (50%). **Japan reported the lowest level, at 29%** (see Figure 14).

- **Feeling that older adults are valued and respected was associated with stronger well-being.** Respondents who agreed or strongly agreed that older adults are valued and respected in their society were more likely to report high life satisfaction than those who were neutral, disagreed, or strongly disagreed (77% vs. 54%). They were also more likely to report good or better health (83% vs. 61%) (see Figure 15).

- **Health care access remained an important societal barrier.** Globally, 39% of respondents said limited access to health care had a strong or high impact on their ability to Age Well. This was highest in Japan (67%), followed by Nigeria (49%) and Costa Rica (45%). The impact was considerably lower in Denmark (19%) and the United States (18%).

- **Support for people with dementia was far from universal.** Globally, 51% of respondents agreed that a person with dementia could receive appropriate support and care in their society. **Confidence was highest in Costa Rica (70%)** and Nigeria (60%), followed by Denmark (47%) and the United States (46%), and **was lowest in Japan (30%)**. These differences point to uneven perceptions of whether communities and care systems are equipped to support older adults living with dementia.

- **Age-based disrespect was also a concern.** Globally, 27% agreed that they had felt disrespected or treated unfairly because of their age. **This experience was most common in Japan (53%)** and Costa Rica (32%), followed by Nigeria (22%), Denmark (17%), and the United States (15%). In addition, 18% globally said age-based unfair treatment had a strong or high impact on their ability to Age Well.

FIGURE 14. PERCEPTION THAT SOCIETY VALUES AND RESPECTS OLDER ADULTS ACROSS COUNTRIES

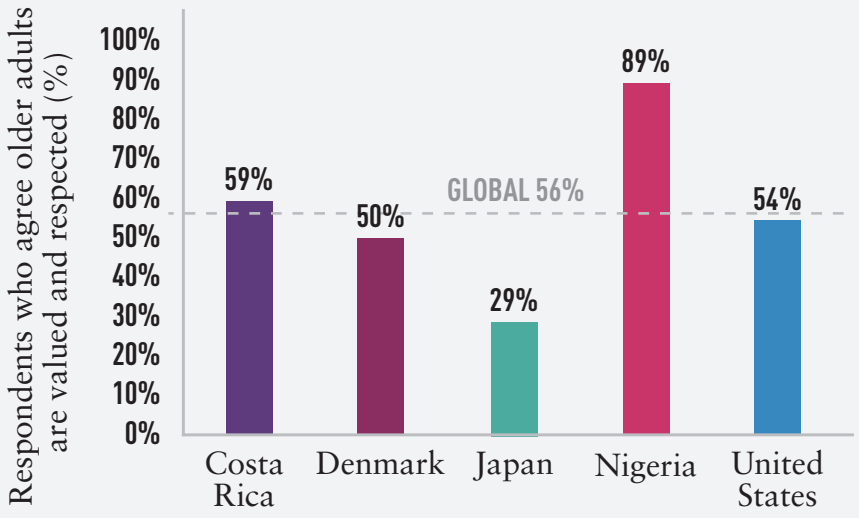
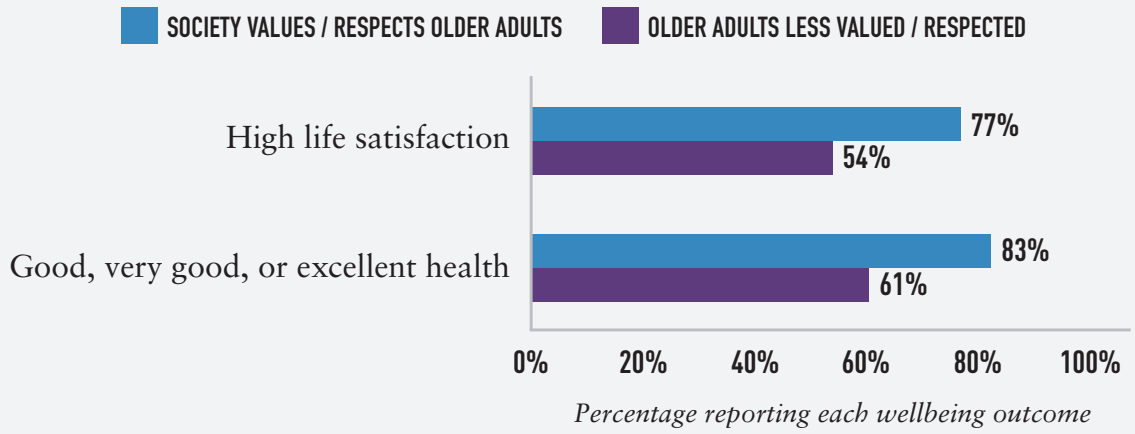


FIGURE 15. WELLBEING BY WHETHER OLDER ADULTS ARE VALUED AND RESPECTED



A COUNTRY-BY-COUNTRY SUMMARY OF WHAT CONTRIBUTES TO AGING WELL

Respondents were asked how much each of the 15 domains contributes to Aging Well. Figure 16 presents the percentages in each country who said a domain contributes "quite a bit" or "a great deal." Each color band represents a different range of percentages: 90% or higher, 80%–89%, 70%–79%, 60%–69%, 50%–59%, and below 50%. Because percentages are also shown in each cell, the figure can be interpreted without relying on color alone.



Across all five countries, physical, cognitive, and mental health emerged as a shared foundation. Looking across all 15 domains also revealed country-level differences in the importance placed on independence, relationships, resources, spirituality or religion, community contribution, and legacy.

FIGURE 16. WHAT CONTRIBUTES TO AGING WELL ACROSS COUNTRIES

DOMAIN	COSTA RICA	DENMARK	JAPAN	NIGERIA	UNITED STATES
Physical health	94%	89%	85%	93%	93%
Mental health	87%	89%	82%	92%	92%
Cognitive health	90%	91%	82%	93%	94%
Joy and satisfaction	88%	90%	76%	93%	86%
Family and social relationships	89%	80%	65%	93%	82%
Purpose in life	85%	81%	65%	90%	83%
Community contribution	75%	42%	35%	77%	40%
Financial security	86%	82%	78%	90%	67%
Spirituality/religion	73%	27%	22%	74%	53%
Adaptability/resilience	86%	79%	62%	87%	79%
Learning and growth	88%	80%	51%	88%	78%
Access to services/resources	91%	77%	56%	88%	80%
Independence/autonomy	85%	68%	56%	85%	91%
Safety in environment	85%	75%	65%	87%	83%
Creating a legacy	78%	34%	29%	85%	44%

BAND
90% or higher
80-89%
70-79%
60-69%
50-59%
Below 50%

To make the country-level patterns easier to interpret, Table 4 highlights the domains most often viewed as substantial contributors and summarizes what stood out across the full set of 15 domains.

TABLE 4. AT-A-GLANCE SUMMARY OF WHAT CONTRIBUTES TO AGING WELL BY COUNTRY

COUNTRY	DOMAINS MOST OFTEN VIEWED AS CONTRIBUTING SUBSTANTIALLY	WHAT STOOD OUT ACROSS THE 15 DOMAINS
COSTA RICA	Physical health (94%); access to resources (91%); cognitive health (90%); family and social connections (89%); joy and satisfaction, and growth and learning (88% each)	Broad endorsement across many domains, including spirituality/religious (73%) and community contribution (75%), which were still supported by nearly three-quarters of respondents.
DENMARK	Cognitive health (91%); joy and satisfaction (90%); mental and physical health (89% each); financial security (82%)	Strong emphasis on health, joy and satisfaction, and everyday stability; spirituality/religious (27%), legacy (34%), and community contribution (42%) were less central.
JAPAN	Physical health (85%); cognitive and mental health (82% each); financial security (78%); joy and satisfaction (76%)	More concentrated pattern, with lower endorsement outside the leading domains; spirituality/religious (22%), legacy (29%), and community contribution (35%) were lowest.
NIGERIA	Cognitive health, physical health, family and social connections, and joy and satisfaction (93% each); mental health (92%)	Broadest endorsement across the 15 domains; even spirituality/religious (74%) and community contribution (77%) were supported by large majorities.
UNITED STATES	Cognitive health (94%); physical health (93%); mental health (92%); independence/autonomy (91%); joy and satisfaction (86%)	Health and autonomy stood out most strongly; community contribution (40%), legacy (44%), spirituality/religious (53%), and financial security (67%) were endorsed less often than the leading domains.

Note: This summary considers responses across all 15 domains.

These results show both shared and country-specific views of Aging Well. Health was central in every country, but respondents differed in how widely they viewed other domains as part of Aging Well. Costa Rica and Nigeria showed especially broad endorsement across domains, while Japan showed a more concentrated pattern. Denmark emphasized health, joy and satisfaction, and everyday stability, while US respondents combined health with a particularly strong emphasis on autonomy.

These country-level patterns can help organizations understand which aspects of Aging Well may resonate most strongly within each setting. They reflect respondents' perceptions of what contributes to Aging Well, rather than evidence that any domain causes better outcomes. Still, they offer a practical starting point for thinking about how programs, services, partnerships, and other supports can be tailored to local priorities and needs.

IMPLICATIONS FOR ORGANIZATIONS

The findings point to a broad, multidimensional view of Aging Well. Across countries, older adults emphasized health, daily independence, mental wellbeing, connection, financial security, purpose, spirituality or religion, and supportive environments. These dimensions often worked together in daily life: Health helped make everyday routines manageable; financial security made other priorities feel more attainable; and connection, purpose, and support helped later life feel meaningful. The implications below highlight practical ways organizations can support Aging Well through their programs, services, partnerships, and local contexts while recognizing that strategies need to be adapted rather than treated as a one-size-fits-all model.

1. Promote engagement and wellbeing. Aging Well efforts should focus not only on disease prevention but also on helping older adults remain active, engaged, and able to continue doing what matters to them. Community-based exercise programs, mobility-friendly activities, and opportunities to integrate wellness into daily life can support health, independence, and continued participation in later life (E et al., 2024; Fien et al., 2022; Finlay et al., 2025; Portegijs et al., 2022; Tuomola et al., 2024). Approaches that support self-determination can also help preserve autonomy, shared decision-making, and practical control in later life (Bölenius et al., 2023; Coulter & Oldham, 2016; Ryan & Deci, 2000). Technologies that support functioning, safety, and everyday wellness may also help older adults remain independent when those technologies are aligned with local living arrangements, caregiving norms, and available resources (Hu et al., 2024; Tian et al., 2024).

2. Design environments that support wellness. Organizations can also support Aging Well by considering how physical spaces, services, and everyday environments make it easier—or harder—for older adults to stay healthy, connected, and involved. Accessible transportation, universal design, activity-friendly environments, and easy-to-navigate services are practical pieces of this broader approach (E et al., 2024; Portegijs et al., 2022). These supports can reduce everyday barriers and make wellness easier to sustain over time. The goal is not to place responsibility only on individuals but to create environments that make healthy, connected, and independent living more realistic in daily life.

3. Strengthen mental wellbeing, purpose, and continued engagement. Instead of solely focusing on reducing distress, older adults should have opportunities for maintaining peace of mind, continued learning, mentoring, creativity, volunteering, and meaningful participation. Programs that create meaningful roles and opportunities to keep learning may help older adults experience

continued growth, participation, and social engagement (Zeki Al Hazzouri et al., 2021; Sung et al., 2023). Denmark's folk high school tradition—adult learning programs that combine noncredit education, community life, and social participation—offers one example of how learning, community, and social participation can be integrated across the lifespan (Hedegaard & Hugo, 2020).

4. Create multiple pathways for connection and support. Organizations should avoid assuming that one model of connection fits all older adults or cultural contexts. Instead, they can create multiple ways for older adults to participate, connect, and receive support. This may include family-based resources, friendship and peer groups, community or volunteer opportunities, and intergenerational programs that create meaningful roles and social opportunities (Fried et al., 2004; Krzeczkowska et al., 2021). In communities where faith is an important source of meaning and support, partnerships with faith-based organizations may also be relevant (Krause, 2003). This aligns with research showing that meaningful social roles, intergenerational engagement, religious meaning, and social connection can support wellbeing and purpose in later life (Fried et al., 2004; Krzeczkowska et al., 2021; Viola et al., 2024).

In this study, living arrangements varied across countries, reinforcing that living alone should not automatically be treated as equivalent to loneliness. The more useful question is whether people have access to relationships that feel meaningful, reliable, and appropriate to their circumstances.

5. Address financial strain as a core Aging Well pressure. Organizations and systems should be aware of the role that financial strain plays in later-life wellbeing and, when possible, offer or refer older adults to financial navigation, benefits access, affordable services, and assistance with costs related to health care, transportation, home-based supports, and other everyday needs (Herd, 2023; Moody et al., 2022; Samuel et al., 2025). Retirement-preparedness resources may also be useful when they help older adults plan for the financial, social, and lifestyle changes that can come with later life (Lassen et al., 2020; Wang & Bartholomae, 2020; Wu & Chao, 2023). The goal is not only to address severe hardship but also to recognize that a limited financial margin can shape whether later life feels stable and manageable over time.

6. Keep cultural context central. Aging Well strategies should be adapted to local values, support systems, and lived realities rather than assuming that one model will fit every country or community (Hawkins, 2005; Kitayama et al., 2020). Programs that work well in one country or community may need to be redesigned in another. The goal is not to create one universal model of Aging Well but to support the conditions that help older adults live well in ways that are meaningful within their own contexts.

The broader message is practical but expansive: Health matters, but Aging Well is ultimately about being able to continue living in ways that feel meaningful, manageable, and connected. That makes Aging Well not just an individual goal but a shared responsibility shaped by the organizations, systems, and communities around us.

APPENDICES

APPENDIX A

SURVEY CONTENT

The survey included structured items and open-ended questions designed to capture both ranked priorities and respondents' own descriptions of Aging Well. In addition to selecting and ranking their top five priorities from the 15 Aging Well domains, respondents completed measures related to wellbeing, social connection, financial security, health, independence, and support. They also provided open-ended descriptions of what Aging Well means to them.

TRANSLATION AND CULTURAL ADAPTATION

Surveys were administered in English in the United States and Nigeria. In Costa Rica, Japan, and Denmark, the survey was professionally translated and culturally adapted to promote conceptual consistency while remaining appropriate to each local context.

WEIGHTING

All analyses used weighted data. Data were weighted separately within each country to align the sample more closely with the national age and gender distribution of adults aged 50 and older. Weighting was used to improve the demographic comparability of each country sample but does not make the samples fully nationally representative.

ANALYTIC APPROACH

Analyses were descriptive and based on weighted survey data. Unless otherwise noted, statistical tests were used to determine whether the differences described in the report were larger than would be expected by chance.

Because the study was cross-sectional, findings should be interpreted as associations rather than evidence that one factor directly causes another. Cross-country comparisons should also be interpreted with caution because survey response styles, cultural norms, and interpretations of response scales may vary across countries. The findings are therefore best understood as descriptive patterns rather than definitive cultural rankings.

GROUPED MEASURES AND INTERPRETATION

Several measures were grouped to support interpretation and reporting:

- High agreement refers to respondents who selected "agree" or "strongly agree."
- High independence refers to respondents who reported feeling "mostly," "very," or "completely" independent.
- Higher loneliness and higher mental distress refer to respondents reporting comparatively greater loneliness or mental distress relative to others in their country.

When measures were administered or coded differently across countries, outcomes were adjusted to a common format before analysis. Health measures were coded so that higher

values consistently represented better self-rated health. Loneliness measures were coded so that higher values consistently represented greater loneliness.

ETHICS REVIEW

Ethics approval requirements varied by country. The Regional Health Research Ethics Committees in the Capital Region of Denmark determined that ethics approval was not required for the project and issued a waiver (No. F-25036160). Ethics approval for the Japan portion of the study was obtained from the Research Ethics Committee of Seikei University (Application No. SREC25-2). The US portion of the study received an exemption determination from the Mather Institute Institutional Review Board (IRB Protocol No. 25-006). The Nigeria portion of the study was approved by the Research Ethics Committee of the Department of Psychology, University of Nigeria, Nsukka (Approval No. D.PSY.UNN/REC/2025-1-002; approved June 27, 2025). In Costa Rica, the study was approved by the CEC-UNIBE Scientific Ethics Committee (CEC-UNIBE ID 57-2025; approved August 29, 2025).

APPENDIX B

FIRST-PLACE AGING WELL PRIORITIES BY COUNTRY

Figures B1–B5 present the weighted percentage of respondents in each country who ranked each Aging Well domain as their single highest priority.



FIGURE B1. AGING WELL DOMAINS RANKED AS THE FIRST PRIORITY: COSTA RICA

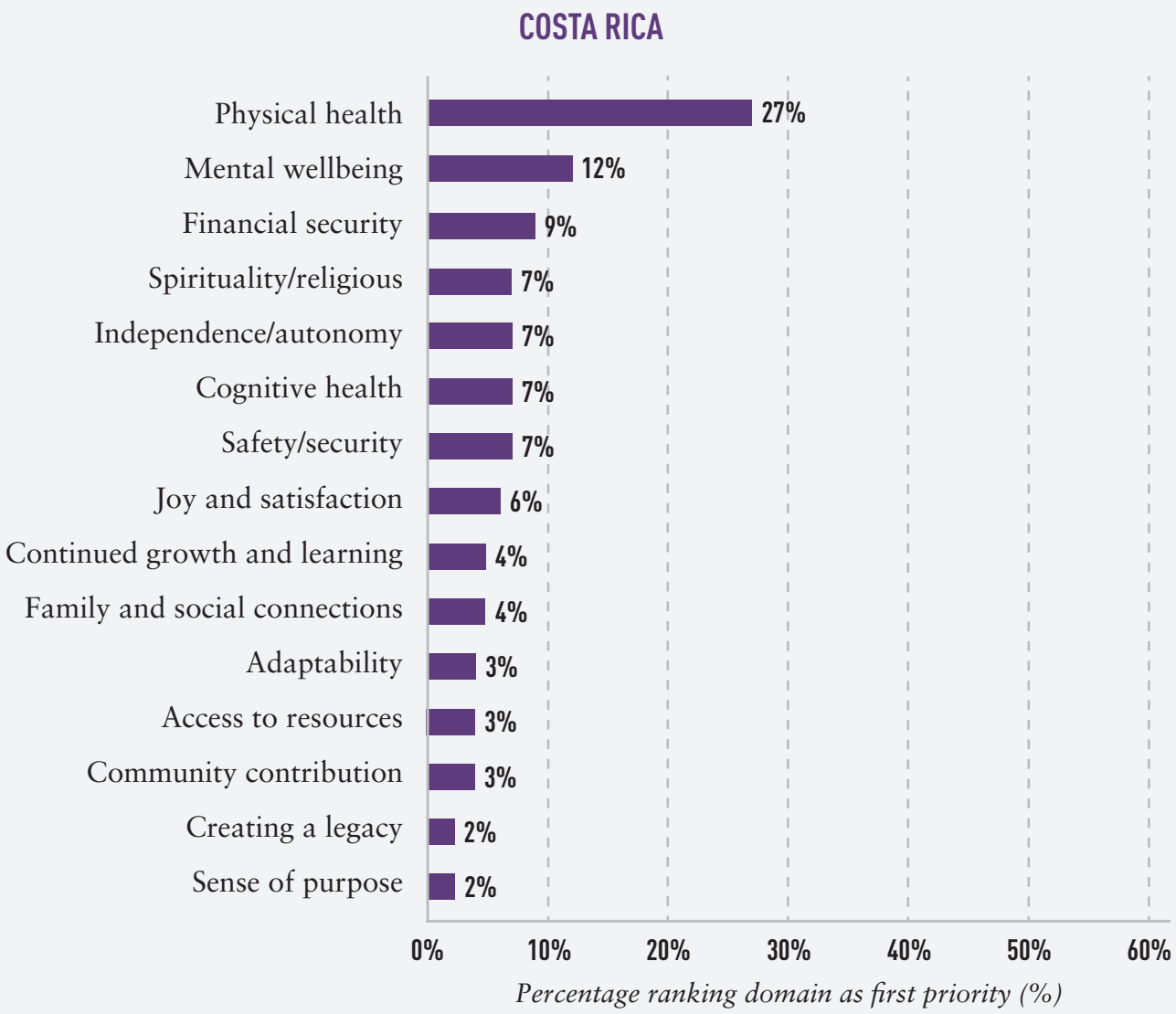


FIGURE B2. AGING WELL DOMAINS RANKED AS THE FIRST PRIORITY: JAPAN

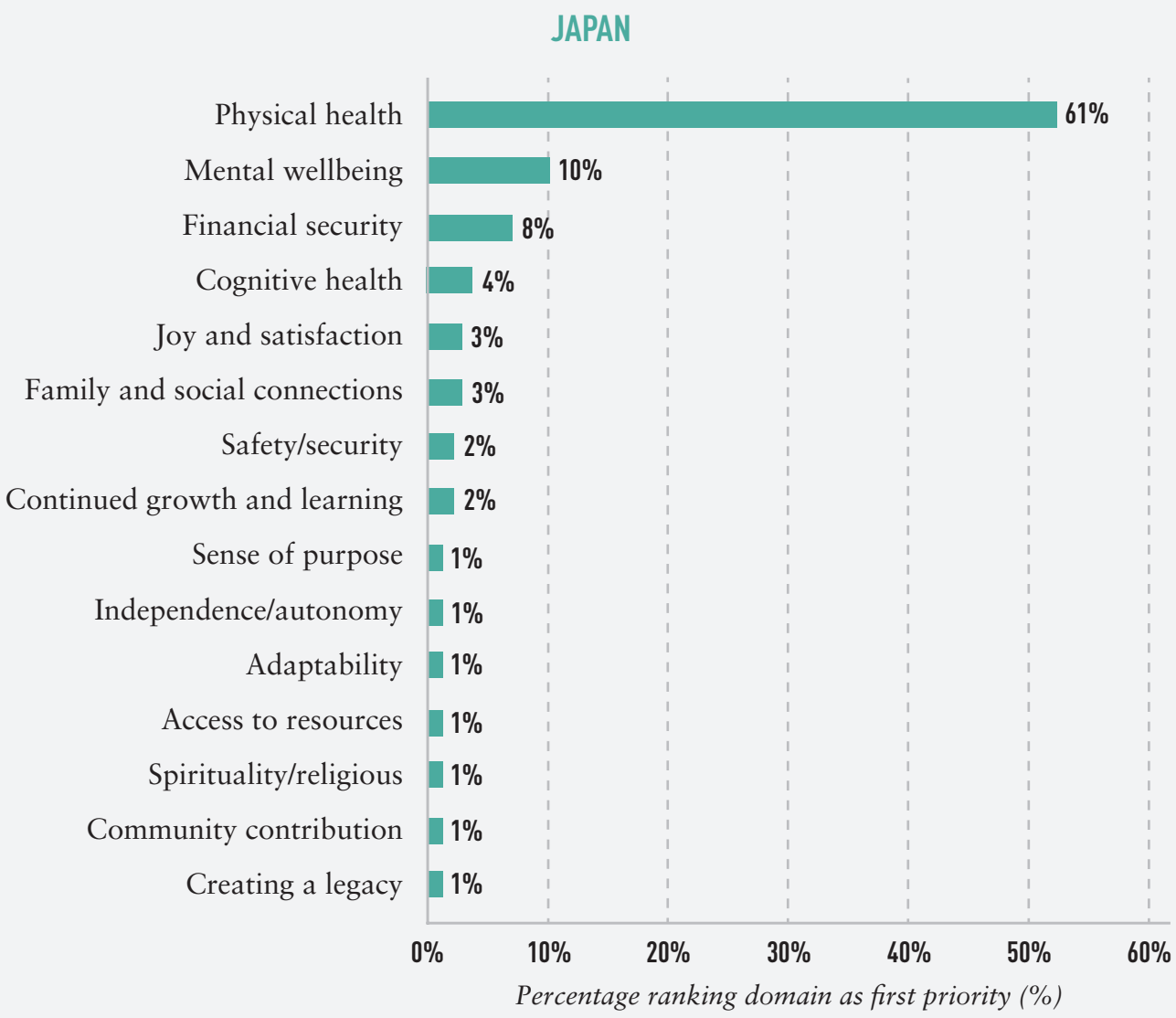


FIGURE B3. AGING WELL DOMAINS RANKED AS THE FIRST PRIORITY: DENMARK

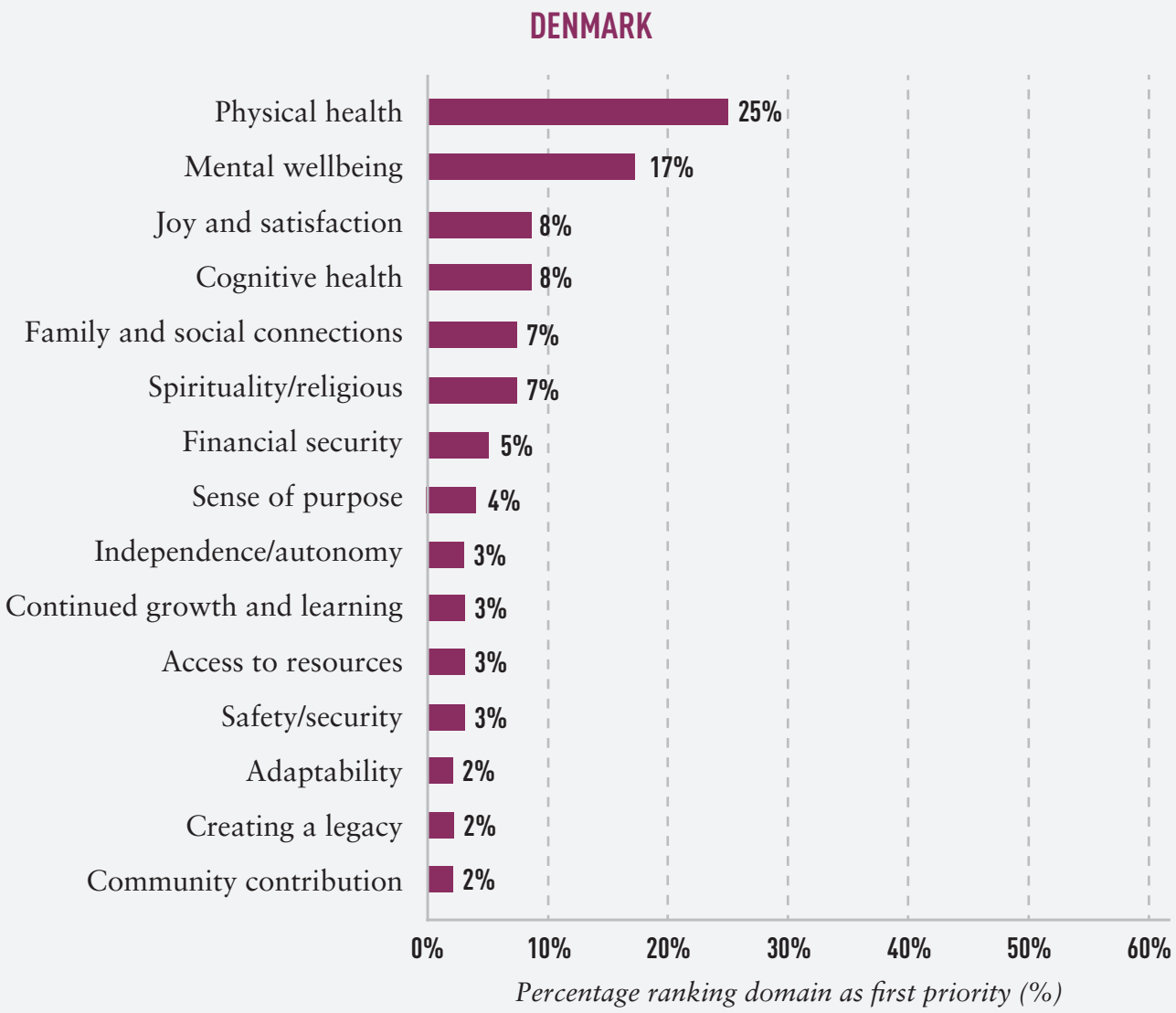


FIGURE B4. AGING WELL DOMAINS RANKED AS THE FIRST PRIORITY: NIGERIA

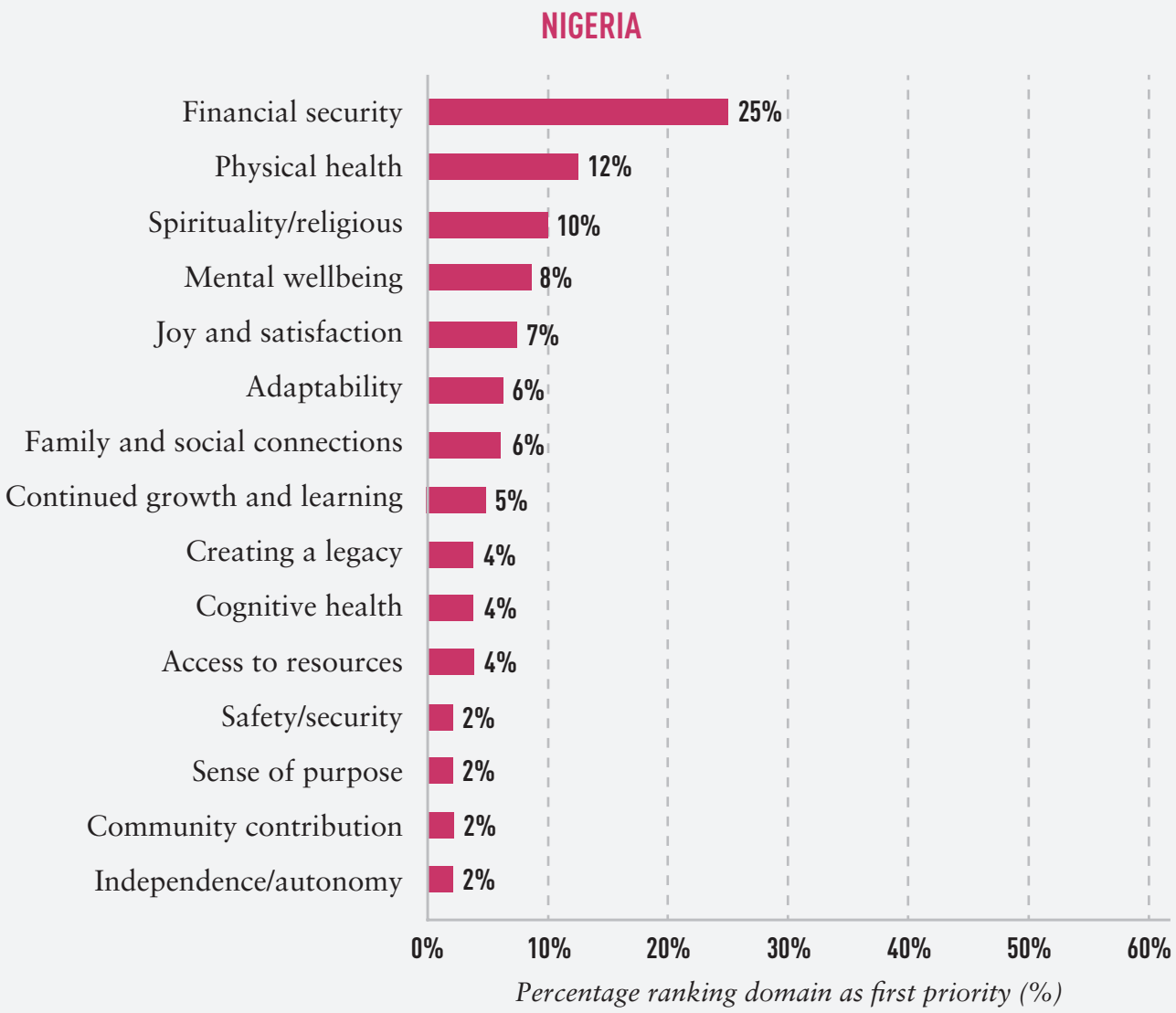
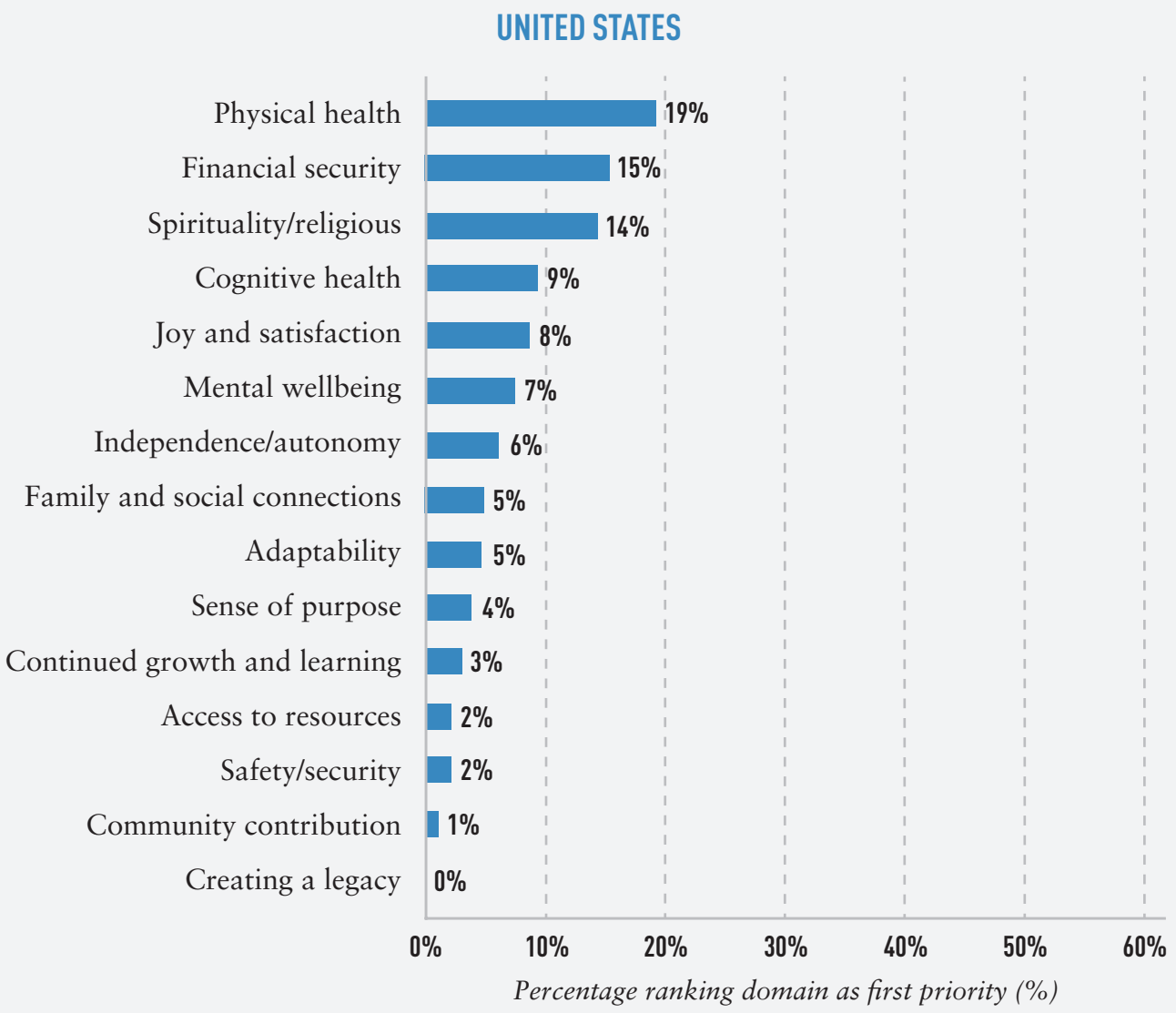


FIGURE B5. AGING WELL DOMAINS RANKED AS THE FIRST PRIORITY: UNITED STATES



Note: Values represent the weighted percentage of respondents who ranked each domain as their number one priority. Percentages may not total exactly 100% due to rounding.

REFERENCES

AARP. (2018). *Costa Rica – The 2018 aging readiness & competitiveness report: Small innovative economies.* Small Innovative Economies, Issue.

Akiyama, H. (2020). Aging well: An update. *Nutrition Reviews, 78*(Supplement_3), 3–9. https://doi.org/10.1093/nutrit/nuaa084

Bölenius, K., Lämås, K., & Edvardsson, D. (2023). Older adults' experiences of self-determination when needing homecare services—An interview study. *BMC Geriatrics, 23*(1), Article 824. https://doi.org/10.1186/s12877-023-04533-6

Costantini, H. (2021). Ageing in place? The community-based integrated care system in Japan. *Gérontologie et Société, 43 / No. 165*(2), Ib–XVb. https://doi.org/10.3917/e.gs1.165.0205

Coulter, A., & Oldham, J. (2016). Person-centred care: What is it and how do we get there? *Future Hospital Journal, 3*(2), 114–116. https://doi.org/10.7861/futurehosp.3-2-114

Crane, P. A., Wilkinson, G., & Teare, H. (2022). Healthspan versus lifespan: New medicines to close the gap. *Nature Aging, 2*(11), 984–988. https://doi.org/10.1038/s43587-022-00318-5

Delgadillo, J. D., Campbell, L. M., Marquine, M. J., Heaton, A., Rooney, A. S., Umlauf, A., Jeste, D. V., Moore, D. J., & Moore, R. C. (2022). Higher religiosity and spirituality are associated with ethnic group membership among middle-aged and older adults living with HIV. *HIV Research & Clinical Practice, 23*(1), 91–98. https://doi.org/10.1080/25787489.2022.2113962

Depp, C. A., & Jeste, D. V. (2006). Definitions and predictors of successful aging: A comprehensive review of larger quantitative studies. *American Journal of Geriatric Psychiatry, 14*(1), 6–20. https://doi.org/10.1097/01.JGP.0000192501.03069.bc

E, J., Bo, X., Qing, C., Buys, L., Susilawati, C., & Drogemuller, R. (2024). Impact of the built environment on ageing in place: A systematic overview of reviews. *Buildings, 14*(8), Article 2355. https://doi.org/10.3390/buildings14082355

Fien, S., Linton, C., Mitchell, J. S., Wadsworth, D. P., Szabo, H., Askew, C. D., & Schaumberg, M. A. (2022). Characteristics of community-based exercise programs for community-dwelling older adults in rural/regional areas: A scoping review. *Aging Clinical and Experimental Research, 34*, 1511–1528. https://link.springer.com/article/10.1007/s40520-022-02079-y

Finlay, J., Westrick, A. C., Guzman, V., & Meltzer, G. (2025). Neighborhood built environments and health in later life: A literature review. *Journal of Aging and Health, 37*(1–2), 3–17. https://doi.org/10.1177/08982643231217776

Foster, L., & Walker, A. (2015). Active and successful aging: A European policy perspective. *The Gerontologist, 55*(1), 83–90. https://doi.org/10.1093/geront/gnu028

Fried, L. P., Carlson, M. C., Freedman, M., Frick, K. D., Glass, T. A., Hill, J., McGill, S., Rebok, G. W., Seeman, T., Tielsch, J., Wasik, B. A., & Zeger, S. (2004). A social model for health promotion for an aging population: Initial evidence on the Experience Corps model. *Journal of Urban Health, 81*(1), 64–78. https://doi.org/10.1093/jurban/jth094

Hawkins, B. A. (2005). Aging well: Toward a way of life for all people. *Preventing Chronic Disease, 2*(3), Article A03. https://pmc.ncbi.nlm.nih.gov/articles/PMC1364512

Hedegaard, J., & Hugo, M. (2020). Inclusion through folk high school courses for senior citizens. *Educational Gerontology, 46*(2), 84–94. https://doi.org/10.1080/03601277.2020.1712773

Herd, P. (2023). Improving older adults' health by reducing administrative burden. *The Milbank Quarterly, 101*(S1), 507–531. https://doi.org/10.1111/1468-0009.12629

Hu, M., Han, S., Ghorbany, S., & Zhang, K. (2024). Healthy aging in place with the aid of smart technologies: A systematic review. *Encyclopedia, 4*(4), 1918–1932. https://doi.org/10.3390/encyclopedia4040125

Institute for Health Metrics and Evaluation. (2024). *Global burden of disease 2021: Findings from the GBD 2021 study*. https://www.healthdata.org/sites/default/files/2024-05/GBD_2021_Booklet_FINAL_2024.05.16.pdf

Iwagami, M., & Tamiya, N. (2019). The long-term care insurance system in Japan: Past, present, and future. *JMA Journal, 2*(1), 67–69. https://doi.org/10.31662/jmaj.2018-0015

Jopp, D. S., Wozniak, D., Damarin, A. K., De Feo, M., Jung, S., & Jeswani, S. (2015). How could lay perspectives on successful aging complement scientific theory? Findings from a U.S. and a German life-span sample. *The Gerontologist, 55*(1), 91–106. https://doi.org/10.1093/geront/gnu059

Jugran, D. (2025). Too well to die; too ill to live: An update on the lifespan versus health span debate. *Journal of Global Health, 15*, Article 03022. https://doi.org/10.7189/jogh.15.03022

Katz, S., & Calasanti, T. (2015). Critical perspectives on successful aging: Does it "appeal more than it illuminates"? *The Gerontologist, 55*(1), 26–33. https://doi.org/10.1093/geront/gnu027

Kitayama, S., Berg, M., & Chopik, W. (2020). Culture and wellbeing in late adulthood: Theory and evidence. *The American Psychologist, 75*(4), 567–576. https://doi.org/10.1037/amp0000614

Kitayama, S., Karasawa, M., Curhan, K. B., Ryff, C. D., & Markus, H. R. (2010). Independence and interdependence predict health and wellbeing: Divergent patterns in the United States and Japan. *Frontiers in Psychology, 1*, Article 163. https://doi.org/10.3389/fpsyg.2010.00163

Krause, N. (2003). Religious meaning and subjective well-being in late life. *The Journals of Gerontology: Series B, 58*(3), S160–S170. https://doi.org/10.1093/geronb/58.3.s160

Krzeczkowska, A., Spalding, D. M., McGeown, W. J., Gow, A. J., Carlson, M. C., & Nicholls, L. A. B. (2021). A systematic review of the impacts of intergenerational engagement on older adults' cognitive, social, and health outcomes. *Ageing Research Reviews, 71*, Article 101400. https://doi.org/10.1016/j.arr.2021.101400

Lassen, A. J., Mertz, K., Holm, L., & Jespersen, A. P. (2020). Retirement rhythms: Retirees' management of time and activities in Denmark. *Societies, 10*(3), Article 68. https://doi.org/10.3390/soc10030068

Matus-Lopez, M. A., Chaverri-Carvajal, A., & Jara-Males, P. C. (2022). The challenge of ageing in Latin America: Long-term care in Costa Rica. *Saúde e Sociedade, 31*(1), Article e201078. https://doi.org/10.1590/S0104-1290202201078

Mbam, K. C., Halvorsen, C. J., & Okoye, U. O. (2022). Aging in Nigeria: A growing population of older adults requires the implementation of national aging policies. *The Gerontologist, 62*(9), 1243–1250. https://doi.org/10.1093/geront/gnac121

Minkler, M., & Fadem, P. (2002). "Successful aging": A disability perspective. *Journal of Disability Policy Studies, 12*(4), 229–235. https://doi.org/10.1177/104420730201200402

Moody, E., Ganann, R., Martin-Misener, R., Ploeg, H., Macdonald, M., Weeks, L. E., Orr, E., McKibbon, S., & Jefferies, K. (2022). Out-of-pocket expenses related to aging in place for frail older people: A scoping review. *JBI Evidence Synthesis, 20*(2), 537–605. https://doi.org/10.11124/JBIES-20-00413

National Institute of Population and Social Security Research. (2023). *Population projections for Japan (2023 revision): 2021 to 2070*. https://www.ipss.go.jp/pp-zenkoku/e/zenkoku_e2023/pp2023e_Summary.pdf

Okigbo, C. S., Freeman, S., Hemingway, D., Holler, J., & Schmidt, G. (2025). Patterns of elder caregiving among Nigerians: An integrative review. *International Journal of Environmental Research and Public Health, 23*(1), Article 2. https://doi.org/10.3390/ijerph23010002

Oyinlola, O., Adebusoye, L. A., Cadmus, E. O., & Afolayan, O. K. (2023). Relationship between family dynamics, spirituality, quality of life, and happiness among older adults in Nigeria. *Advances in Gerontology, 36*(1), 48–56. https://pubmed.ncbi.nlm.nih.gov/37192354/

Portegijs, E., Lee, C., & Zhu, X. (2022). Activity-friendly environments for active aging: The physical, social, and technology environments. *Frontiers in Public Health, 10*, Article 1080148. https://doi.org/10.3389/fpubh.2022.1080148

Rodrigues, C. E., Grandt, C. L., Abu Alwafa, R., Badrasawi, M., & Aleksandrova, K. (2023). Determinants and indicators of successful aging as a multidimensional outcome: A systematic review of longitudinal studies. *Frontiers in Public Health, 11*, Article 1258280. https://doi.org/10.3389/fpubh.2023.1258280

Rostgaard, T., & Graff, L. (2017). Reablement in Denmark—Better help, better quality of life? *Innovation in Aging, 1*, Article 648. https://doi.org/10.1093/geroni/igx004.2299

Rowe, J., & Kahn, R. (1997). Successful aging. *The Gerontologist, 37*(4), 433–440. https://doi.org/10.1093/geront/37.4.433

Rowe, J., & Kahn, R. (2015). Successful aging 2.0: Conceptual expansions for the 21st century. *The Journals of Gerontology: Series B, 70*(4), 593–596. https://doi.org/10.1093/geronb/gbv025

Ryan, R., & Deci, E. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *The American Psychologist, 55*(1), 68–78. https://doi.org/10.1037//0003-066x.55.1.68

Samuel, L. J., Saylor, M. A., Choe, M. Y., Wright, R. S., Kim, B., Nkimbeng, M., Mena-Carrasco, F., Beak, J., & Szanton, S. L. (2025). Financial strain measures and associations with adult health: A systematic literature review. *Social Science & Medicine, 364*, Article 117531. https://doi.org/10.1016/j.socscimed.2024.117531

Stuart, M., & Weinrich, M. (2001). Home- and community-based long-term care: Lessons from Denmark. *The Gerontologist, 41*(4), 474–480. https://doi.org/10.1093/geront/41.4.474

Sung, P., Chia, A., Chan, A., & Malhotra, R. (2023). Reciprocal relationship between lifelong learning and volunteering among older adults. *The Journals of Gerontology: Series B, 78*(5), 902–912. https://doi.org/10.1093/geronb/gbad003

Teater, B., & Chonody, J. M. (2020). How do older adults define successful aging? A scoping review. *International Journal of Aging & Human Development, 91*(4), 599–625. https://doi.org/10.1177/0091415019871207

Tian, Y. J. A., Felber, N. A., Pageau, F., Schwab, D. R., & Wangmo, T. (2024). Benefits and barriers associated with the use of smart home health technologies in the care of older persons: A systematic review. *BMC Geriatrics, 24*, Article 152. https://doi.org/10.1186/s12877-024-04702-1

Tuomola, E.-M., Keskinen, K. E., Viljanen, A., Rantanen, T., & Portegijs, E. (2024). Neighborhood walkability, walking difficulties, and participation in leisure activities among older people: A cross-sectional study and 4-year follow-up of a subsample. *Journal of Aging and Health, 36*(5–6), 367–378. https://doi.org/10.1177/08982643231191444

United Nations Department of Economic and Social Affairs Population Division. (2022). *World population prospects 2022: Summary of results*. United Nations Publication. https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/wpp2022_summary_of_results.pdf

United Nations Economic Commission for Europe. (2019). *Good life in old age*. https://www.sst.dk/-/media/Udgivelser/2019/Gode-aeldreliv-med-trivsel-og-sundhed

Viola, E., Martorana, M., Ceriotti, D., Vito, M. D., Ambrosi, D. D., & Faggiano, F. (2024). The effects of cultural engagement on health and well-being: A systematic review. *Frontiers in Public Health, 12*, Article 1369066. https://doi.org/10.3389/fpubh.2024.1369066

Waddell, C., Van Doorn, G., Power, G., & Statham, D. (2024). From successful ageing to ageing well: A narrative review. *The Gerontologist, 65*(1), Article gnae109. https://doi.org/10.1093/geront/gnae109

Wang, M., & Bartholomae, S. (2020). Retirement preparedness: How important is being financially literate? *Innovation in Aging, 4*(Supplemental 1), Article 445. https://doi.org/10.1093/geroni/igaa057.1440

Woods, T., Manson, B. S., & Page, B. (2021). Living longer better. *Plastic and Reconstructive Surgery, 148*(6S), 7S–13S. https://doi.org/10.1097/PRS.0000000000008780

World Health Organization. (2025). *Global health observatory: Population aged 60+ (% of total population)*. https://www.who.int/data/gho

Wu, J., & Chao, Q. (2023). How older adults fulfill their retirement plans relates to positive mental health: A path model analysis of social activity and self-esteem. *Current Psychology, 43*, 5963–5974. https://doi.org/10.1007/s12144-023-04735-6

Zeki Al Hazzouri, A., Elbejjani, M., Chahine, M. A., Sadana, R., & Sibai, A. M. (2021). Late-life learning and health: Challenges, opportunities, and future directions. *The Lancet Healthy Longevity, 2*(10), e613–e614. https://doi.org/10.1016/S2666-8568(21)00207-5

ACKNOWLEDGMENTS

Country-specific collaborators supported survey review, analysis, and interpretation, including Daisuke Watanabe of Seikei University in Japan; John Bosco Chika Chukwuorji, PhD, of the University of Nigeria; and Rafael Román Quirós of Universidad de Iberoamérica (UNIBE) in Costa Rica.

This report was undertaken by Marielena Barbieri, PhD, Senior Research Associate of Mather Institute, on behalf of the Aging Well Initiative.



11/26KC