



# RETHINKING CARE APPROACHES FOR ASIA'S GROWING SENIOR POPULATION

Behavior, engagement, and early intervention lead to different health outcomes in later life.

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As people age, medical outcomes are shaped as much by mindset, motivation, and engagement as by clinical treatment. Yet most approaches to care treat seniors as a homogeneous group, assuming similar needs, behaviours, and responses to treatment.



In reality, differences in mindset can dramatically influence engagement with care and rehabilitation regimens. Understanding how seniors think and what motivates them is essential to delivering effective care, sustaining independence, and improving outcomes.

As Asia's population ages and chronic illness becomes a longer term reality, a challenge for healthcare systems—beyond managing disease—will be guiding behaviour after diagnosis.

“Seniors are a segment of the population that our industry has traditionally not served adequately, and doing so is becoming both a business and a societal imperative,” said Stuart Spencer, Group Chief Marketing Officer of AIA. “We have to be much more sensitized and attuned to the multifaceted needs of this demographic and the heterogenous nature of ageing.”

Increases in longevity and falling birth rates mean seniors account for a growing portion of society. Mainland China, Hong Kong SAR, and Korea will soon be “super-aged” societies, meaning more than 21% of the population will be over 60 years old. Malaysia, Singapore, and Thailand are not far behind. Altogether, the number of seniors in Asia is set to reach 1.3 billion by 2050!

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**EXPANDING COVERAGE OPTIONS FOR SENIORS MEANS GETTING A BETTER HANDLE ON WHAT THEY NEED AND HOW INSURERS, HEALTHCARE PROVIDERS, AND GOVERNMENTS CAN BEST SUPPORT THEM.**

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## UNDERSTANDING THE BEHAVIORAL DRIVERS OF SENIOR HEALTH

Research conducted among seniors in Hong Kong reveals critical insights. Older adults do not experience ageing in the same way. Nor do they respond to care in the same way. Broadly, seniors tend to fall into two mindset groups.

One group strives to remain active and independent. They value autonomy, purpose, and movement, and prefer medical care that feels aspirational rather than overly clinical. They are receptive to preventive routines and lifestyle guidance, especially when these help them avoid hospitalisation or institutional care.

The second group is more constrained by ageing. They worry about further decline, feel less confident managing their health, and often defer fully to doctors or caregivers. They respond best to structured, directive support, rather than self-directed wellness programs.

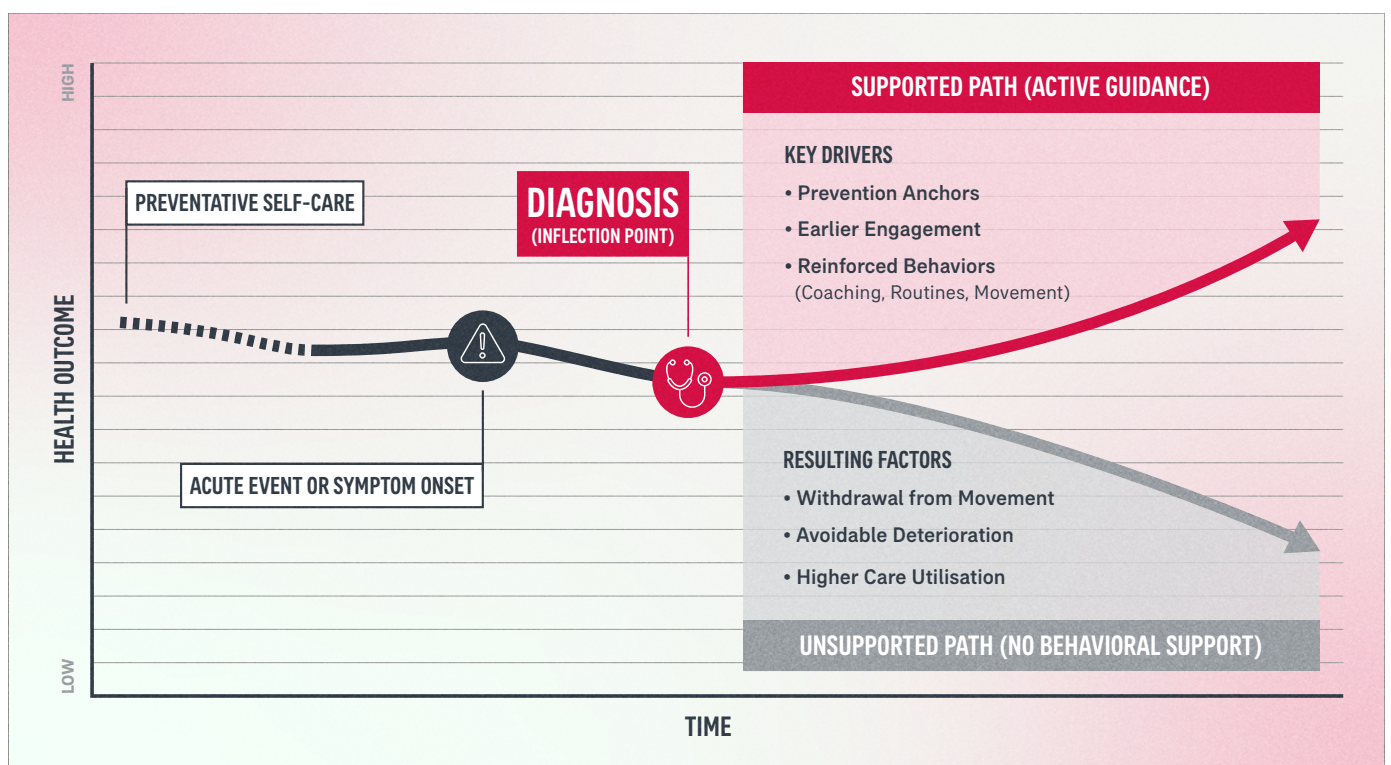
Both groups exist within society. Yet healthcare systems largely treat them as a homogeneous population, rather than tailoring care to different behavioural needs.



## DIAGNOSIS IS AN INFLECTION POINT

A new diagnosis—whether a fall, a cardiac event, or the onset of a chronic condition—acts as a psychological inflection point. For many, it reinforces the belief that age-related decline is inevitable.

Without active guidance, both mindset groups are susceptible to withdrawing from movement, over-reliance on clinical management, or disengaging from recovery routines altogether. The result is avoidable deterioration, increased dependence, and higher long-term healthcare utilisation.



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## RECOVERY: THE HIDDEN RISK ZONE

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Seniors need to be engaged earlier in prediction and prevention of acute conditions. Routines and active guidance that anchor preventative self-care can be the difference between delayed age-related decline and accelerated decline.

**“PREVENTION IS ONE OF THE MOST IMPORTANT INTERVENTIONS. THERE NEEDS TO BE ANCHORS, STRUCTURE, AND GUIDANCE TO AVOID ‘BEHAVIORAL DRIFT.’”**

**Janice Chia**

Managing Director and Founder of Ageing Asia, who conducted the research on behalf of AIA

Also, seniors need an ecosystem of support to navigate the post-diagnosis phase. This is where behaviour determines whether a senior stabilises, improves, or enters accelerated decline. They need prompts, coaching, and guidance from doctors, physical therapists, dieticians, family and external caregivers, and others.

More independent seniors do not need motivation, but rather validation that they are progressing, or guidance to adjust routines. For more dependent seniors, the barrier is initiation and consistency. In both cases, medication alone is insufficient. Recovery requires regular reinforcement, coaching, and coordination across care providers.

Telemedicine and digital tools can extend reach, but are not universally effective. Some seniors lack access, confidence, or the ability to self-administer care. Others benefit deeply from in-person reinforcement. Determining what works digitally versus in-person is part of the care design challenge.

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## RETHINKING CARE TO SUPPORT HEALTHY AGEING

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Today, seniors are navigating diagnosis and recovery largely on their own, without sustained behavioural support. The consequences show up in health outcomes, quality of life, and strains on healthcare systems.

By recognising diagnosis as an inflection point and recovery as a risk zone, healthcare systems and insurers like AIA have an opportunity to intervene where it matters most.

Working with doctors, therapists, caregivers, and families, insurers can help coordinate ecosystems of support that guide seniors through the post-diagnosis phase. If intervention begins at the claim, it can be too late to address the behavioral drivers of recovery.

AIA's Spencer notes: “Our objective is to be relational and supportive, helping customers through what can be a bewildering and frightening journey. That means engaging earlier, coordinating post-diagnosis support, and reinforcing the behaviours that lead to resilience rather than decline.”

## REFERENCES

<sup>1</sup> Kowal, Paul, Hoang T. Hoang, and Nawi Ng. Universal Health Coverage and Ageing in Developing Asia. Mandaluyong City: Asian Development Bank, 2024. <https://www.adb.org/sites/default/files/institutional-document/964861/adpr2024bp-universal-health-coverage-ageing-developing-asia.pdf>

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